Witness Name: Helen Susan Burton

Statement No: WITN1128001

Exhibits: NIL

Dated: May 2021

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF

HELEN SUSAN BURTON

I, Helen Susan Burton will say as follows:-

Section 1: Introduction

1. My name is Helen Susan Burton and I live at GRO-C, GRO-C. My date of birth is GRO-C 1948. My professional qualifications are RSA Stage 2 & 3 in shorthand and typing. I also hold an A level in Psychology. I make this statement in response to the Request under Rule 9 dated 12 April 2021 concerning my time working at Lord Mayors Treloar's school for boys ("Treloar's")

2. I was employed by Treloar's from July 1976 to October 2009. Initially as the Headmaster's Secretary and from 1997 as an Admissions Officer dealing with all aspects of prospective new students. Prior to this I was employed as a secretary by the Army Sport Control Board where I worked for Major Lambert.

a) Ministry of Agriculture, Fisheries and Food, Guildford from about 1963 to 1963

b) Vokes Filtration, Henley Park, 1963 to 1965

c) Health Department Farnborough Council from 1965 to 1968

d) ASCB (Army Sport Control Board) – Fencing, Modern Pentathlon & Gymnastics. 8 years prior to Treloar's from 1968 to 1976.

3. I was made redundant from the ASCB where I worked as a Secretary to a Retired Officer ("ROs") in 1976 when they changed from having ROs running their sports, to Serving Officers. I saw an advertisement for the post for a Secretary at Treloar's and submitted an application form and letter; and following an interview with the Headmaster Alec Macpherson I was offered the post and accepted.

4. I have not provided evidence to or been involved in any other inquiries, investigations, criminal or civil litigation in relation to HIV, Hepatitis B and C or vCJD in blood and or blood products.

Section 2: Treloar's

5. Treloar's is a complex establishment that underwent several changes during my tenure of 33 years, some 43 years since I started. We were a bit like Topsy – we grew and grew and had to adapt over time and put in place procedures as we evolved. We weren't an established Company like IBM or any other large establishment. We were run like a public school with a Headmaster, Housemasters, Matron and a Bursar. I typed the staff lists in the 1970's and managed to put all the staff names on one side of foolscap; the staff list grew to about 10 pages of A4 when it was handed over to the HR Department. (which wasn't even in situ in the 70's early 80's and I did all letters of appointments, references, advertisements etc.) Then computers came in and further changes/challenges. There were no Child Protection Procedures, Training of staff, Induction training, or Health and Safety rules/procedures. These were all established by the excellent leadership of Alec Macpherson OBE Headmaster from 1974 – 1990.

a) The Lord Mayor/Treloar Trust was situated in 'The White House' at Froyle and moved to Holybourne in 2010 when the Froyle site was sold.

b). The Lord Mayor Treloar College referred to subsequently with the Florence Treloar School as the School. Since the amalgamation with The Florence Treloar School in 1978 into a co-educational establishment on two sites; the Lower School at Froyle for students 11-16 and the Upper School at Holybourne for students aged 16+.

c). The Florence Treloar School (for girls) was situated at Holybourne from 1965 to 1978.

d). The Lord Mayor Treloar Hospital was situated at Chawton. The College split from the hospital when the NHS was formed in 1948 and the College moved to Froyle.

e). The Treloar Haemophilia Centre (NHS) was based at the Hospital until amalgamation when it moved to the Upper School in Holybourne in 1978.

6. The Treloar Trust, comprising Governors/Trustees oversaw the College/School.

i) In 1976 when I joined Treloar's the Haemophiliacs went to the Sick Bay on-site at the Lord Mayor Treloar College ("LMTC") to be treated if they had a bleed and could stay as an in-patient. If they had a more serious bleed, they would be taken by bus to the Lord Mayor Treloar Hospital ("LMTH"). There was a dedicated driver and vehicle available for a morning and evening run. Drivers were on-call at night time for emergencies. I believe there was some NHS involvement, (finance) on the Froyle site from 1972 but I cannot be sure.

ii) The Doctor who dealt with the Haemophiliac boys was Dr (Surgeon Rear Admiral) Rainsford and a Doctor who dealt with all other conditions was Dr McHardy. Mrs Dick was the Matron, Mr David Summers and his wife were nurses, Mr Duncan Sneddon was also a nurse. When Mrs Dick retired I think she was replaced by Mrs Weaver, but I can't remember if this name is correct. All nurses dealt with any 'illness' not just haemophilia bleeds. The Haemophilia Sister at the Hospital was Trish Turk, subsequently employed by Treloar's in 1978.

iii) In 1978 after amalgamation boys were treated at the Haemophilia Centre alongside the Medical Centre at the Holybourne site. The Haemophilia Centre was funded by the NHS and was separate from the College. Again, there were dedicated drivers and vehicles to transport boys from the Lower School at Froyle to Holybourne for treatment. The medical centres at both the Lower and Upper Schools were staffed 24 hours a day. If necessary, boys were sent to Basingstoke Hospital for treatment if a bleed, or other problem, could not be managed at Holybourne; students were also transferred to other hospitals in the UK, I believe the Oxford and London hospitals but cannot be sure. Students with other disabilities went to a specific hospital or their home hospital to be treated too.

iv) There was an agreement in 1978 with the NHS to pay for some staffing (reimbursement), although Treloar's did the employing and Letters of Appointment. This was mainly for the Haemophilia Sister, staff nurses and some nursing auxiliaries. The Doctors were employed solely by the NHS. I believe there was an agreement between The Trust and the NHS for joint/part funding of the actual building, but I cannot be sure.

v) In 1990 Alec Macpherson retired after 16 years as Headmaster and Mr Hartley Heard was appointed as his successor. I believe it was 1997 when Mr Hartley Heard, then Educational Director, of both Lower and Upper School left and the Lower School became Treloar School and the Upper School renamed Lord Mayor Treloar College of Further Education, in its own right.

7. Treloar's was and I believe still is a residential, co-educational establishment providing education and care for physically disabled students aged 11-16+. Over time the age range changed to take younger students and those with learning disabilities as well as physical disabilities. Day students were also admitted. Treloar's fulfilled its aims by providing excellent teachers and a wide curriculum from Advanced Level to Pre-entry level, 24 hour medical care with fully staffed medical centres, 24 hour Care provision, physiotherapists, occupational therapists, speech & language therapists, rehabilitation engineers, counsellors: excellent up-to-date hi/low tech provision, AAC equipment; numerous extra-curricular activities, including trips abroad, Duke of Edinburgh activities, etc. All provided by caring and experienced staff.
8. Most students were admitted via their Local Education Authority ("LEA"), usually after a Statement of Special Educational Needs ("SEN") was prepared. Some students were funded jointly with a Social Services Department, very few were funded through private means or came from abroad. When the College and School 'split' the Further Education Funding Council ("FEFC"), later the Learning and Skills Council, funded 16 year+ students, and LEA's the students up to 16 years. Nomenclature has changed since I left in 2009.
9. I remember dealing with over 40 LEAs, from Scotland down to Cornwall, but this changed over time. Increasingly parents found it extremely difficult to get funding to

what was a 'non-maintained' special boarding school as LEAs obviously preferred to fund in their own, cheaper, schools. One had to help and advise parents so that an application to their LEA would be successful. So, latterly, enquiries usually came from parents, social workers, etc rather than a direct official approach from an LEA.

10. This is a very difficult question as I am taxing my memory over 45 years! Treloar's regularly produced films over the years and one of these would give you a better understanding of its complex establishment. A short Vimeo film produced in about 1976 would be a good introduction as it showed the treatment of the boys as haemophilia was one of the major 'disabilities' at that time and was made about the time when home treatment (Factor VIII) was coming in.

i) Teaching Staff: Head, deputies, heads of departments, teachers, teaching assistants. Educational Psychologist.

ii) Care: People who looked after children's day to day living. Always split into Houses since its inception: Housemaster (latterly called Care Managers), Deputies, Unit Leaders (responsible for about 12 students), House parents (latterly called Carers/Care Staff).

iii) Therapy: Physio, Occupational and Speech, each had its own Head with a complement of staff. There was a Head Therapist over all 3 disciplines but not sure if this is still so.

iv) Rehabilitation: Head Rehab engineer with staff of 3 or 4 engineers. Mike Loxley

v) IT: Own department with Head and staff.

vi) Counselling: Often headed/liaised with Chaplain. Music therapist, psychotherapist etc.

vii) MEDICAL: There has always been a Medical Officer (MO) – usually a local GP, Sister/Charge Nurse in charge of each Medical Centre (on both sites), staff nurses, auxiliaries and a secretary. In addition, as mentioned earlier in paragraph 6, a haemophilia doctor responsible for boys with Haemophilia.

viii) As regards pupils' health: any member of staff could refer a student to the medical centre if they were worried about anything, or to his/her Housemaster.

ix) Pupils could self refer and often did. In the 'olden' days a boy just needed to mention that they had a bleed to their Housemaster, or anyone, and could go to the medical centre to be seen and treated. The 'beauty' of this was the immediacy; no waiting for a GP to call, an ambulance to come, and a long trip to hospital (not necessarily one experienced in haemophilia), or long periods of time away from school and education. At Treloar's students could continue with their studies in their beds as teachers were timetabled to these duties. Also, therapy was on-site; hydrotherapy in an 82 degree heated pool with a specialist hydro therapist or latterly a physiotherapist in the swimming pool to ease and help swollen and affected joints. This immediate attention, coupled with 'home' treatment was the biggest selling point for boys with haemophilia, alongside sports, extra-curricular activities.

11. Treloar's had a multi-disciplinary approach therefore this is difficult to answer. I believe only Haemophilia staff liaised with the hospital. Whilst there was a Lower School and Upper School several staff worked on both sites, including some teachers, the Headmaster, me and transport department, etc.

12. As in paragraph 10 above Staff worked as a team and disciplines worked together to provide the best care for all students.

13. Pre-admission: Interview staff comprised: Teacher, Care, Physio, Occupational Therapist, S&LT, Medical Officer or Head Nurse. Pre-admission papers circulated to the Admissions Team. Statement of SEN in main office, each department kept their own files plus pertinent parts from Pre-admission papers. Latterly kept on computer, Databridge for the College. The School had its own system but I forget its name. Care and medical staff now have their own databases, but I don't have knowledge of that. As the Medical Officer ("MO") was usually the pupil's GP the NHS notes were transferred to the Medical Secretary ("MS") and kept quite separate from any School/College files. I have no idea about any haemophilia records; I presume the MS had access to the students' GP records and to any School/College records. I do not know if any staff had access to the student's GP notes, I presume not as all disciplines kept their own notes and would ask the Medical staff for any information if necessary or as required. Certainly, most staff came to the main office to read students' files or used the computer system for basic recording.

14. I am sure that there were 53 pupils with Haemophilia, including Christmas disease when I arrived in1976 or shortly afterwards. I think there was a total of 104 pupils in total at that time at the boys' College at Froyle. I remember student numbers increased during my tenure and over the years averaged about 250 over both sites.

Over time the numbers of haemophiliac students decreased because of the 'better' treatment, namely home treatment of Factor VIII (IX). In the late 1970's and early 1980's there were quite a few haemophiliacs (it's polite to say boys/pupils/students with haemophilia but I'll use the term haemophiliacs for ease). Most students were boarders; I only remember one who was a day student. The number of haemophiliacs also decreased because of their untimely deaths however most died after they had left school/college. I do remember the first haemophiliac died about 1983 as his parents found it very difficult to deal with and communication wasn't really possible. He must have been in his early 20's and he was the son of a vicar.

Section 3: Treatment of pupils with bleeding disorders at Treloar's

15. There were regular clinics held at the respective medical centres, including I believe the Haemophilia Centre. The MO visited regularly; at least 3 times a week. As mentioned earlier, students could self-refer or indeed anyone could contact the medical centres with any worries about the health of any student. Obviously, one would usually go through the 'House' or Head of Department but this wasn't necessary as the care of students was everybody's responsibilities. In 1976 haemophilia and, probably, Spina Bifida were the major disabilities, over time both these decreased and Cerebral Palsy was the main disability with Duchenne Muscular Dystrophy, and other debilitating conditions/Syndromes. There were quite a few students over the years who had died whilst on roll and some unfortunately, actually in our medical centre, but this was not a common occurrence.

    There was a badge system in place, in the 80's I think, which flagged up by its colour either green or red activities which the haemophiliacs could or could not participate in. Therefore, all staff were alerted to being careful. Generally, contact sports were discouraged and swimming, archery etc were encouraged; haemophiliacs did play football though, maybe 5 a-side.

16. As mentioned earlier, the medical centres were staffed 24 hours a day, and I believe with a Doctor on call; indeed, Dr Muneer Wassef a haemophiliac doctor, lived on site at Holybourne very close to the medical centre. A driver was also on-call for emergencies. Boys were taken to Basingstoke Hospital where they had a

Haematology Department within that large hospital if necessary. Dr A Aronstam and Dr Roy worked there as well as seeing haemophiliacs at the College Medical Centre. I believe Dr Wassef was mainly based at the College as I saw him regularly; he sometimes took lunch with the students in the dining room. There were also therapy staff available, some of whom lived on site. All Houses had night staff and Care Managers lived on site too. There was a qualified night nurse 'attached' to a House so care staff could contact them who would physically visit the student, rather than the student having to visit the medical centre. I cannot be sure if this was so whilst there were haemophiliacs on roll, but the Medical/Health Care was second to none at Treloar's. All staff were sympathetic and empathetic to the students and for their welfare. We felt like a family and even the NHS Doctors were looked upon as 'one of us'. I believe this made all staff approachable by students so there were absolutely no worries about contacting staff in an emergency as they trusted them.

17. In the 1970's when cryoprecipitate was replaced by Factor VIII (IX) boys were taught by the medical staff to self-transfuse on site within the Medical Centres. After care for affected joints were also treated by physiotherapists. Later throughout the 1980's haemophiliacs were still taught how to inject themselves with the clotting factor and how to self-care. This took place in the Haemophilia Centre at Holybourne. I don't believe boys were ever taught in their Houses, but I could be wrong.

18. In the 1970's blood products were kept on the premises in the Sick Bay at Froyle in fridges. In the 1980's I believe a supply was kept in the Medical Centre at Froyle as well as the Haemophilia Centre at Holybourne but I cannot be sure about the former, but I suspect so. The blood products were handled by nurses and doctors (and possibly auxiliaries but I don't know about that). Products could have been kept in the boarding Houses but I suspect not but can't be sure.

19. I have no knowledge about any records about off site travel of pupils so cannot comment but assume records were kept.

20. Each day a list of in-patients in the Medical Centre was put on the staff room notice board, given to the Headmaster and various departments. I believe this was done by the Sister in Charge. Regular daily staff meetings were held at 08:45 at the School and if I remember correctly, weekly at the College. The Headmaster from 1970's - 1990's always insisted that parents were informed if their child was in 'Sick Bay'.

LEA's were also informed about in-patient stay or when students were at home; I believe this happened termly or half-termly in the 2000's. Certainly, there were medical records of when students were treated in the Medical Centres but I cannot comment on the type of records kept other than the record of them attending; one would assume that obviously records were kept. Later, of course, recording was done on the computer systems in addition to, or instead of, paper copies.

21. I very rarely spoke to staff at the Haemophilia centre. House staff and probably therapy staff would contact the medical centre or Haemophilia centre to check on their students: teaching staff also had to liaise to see if they were well enough to have lessons if an in-patient or about their health if they had any concerns in the classroom. I believe medical staff kept in close contact with hospitals regarding Treloar students who were being treated either as an in or out patient. Dr Arronstam had regular weekly meetings with the Headmaster as did Dr Pat Tomlinson the Medical Officer. I think I have covered this earlier as a general method of communication. I cannot comment about precisely what medical or haemophilia staff did as regards communicating with parents. As a general rule, it was deemed necessary by the Headmaster to keep parents informed at all times. However, once students reached 16 years of age and were legally able to consent and to make their own decisions they had to give their agreement for parents/guardians to be informed about any aspect of their welfare. Although we were in 'loco parentis' I believe we had to adhere to this, I am not certain though.

22. I have covered this earlier in this statement. If boys had pain or bleed or were unwell for any reason, staff would refer them to the Medical/Haemophilia Centre.

23. I set out below my understanding of any role the staff at Treloar's had in making decisions.

    a). Haemophilia staff; Doctors Aronstam, Wassef and Roy. MOH Dr Pat Tomlinson or latterly Dr Terry Cubitt. I do not know what decisions they were able to make.

    b). Above Doctors I would think would have primacy.

    c.) I can't think of any but cannot speak for those 'in power'.

    d). Prior to admission parents/guardians were asked to sign a form allowing medical intervention in an emergency if consent could not be given in time. This is possibly still part of Pre-Admission papers that are sent out now. I recall at the time parents were made to sign a waiver stating that they wouldn't hold the school responsible for anything that went wrong.

Infection with hepatitis B and/or hepatitis non-A non-B/hepatitis C and/or HIV

24. a) The staff assumed all haemophiliac students had Hepatitis B so none of the students were treated differently.

    b) I don't think non-medical staff were aware of Hepatitis C or any distinction with Hepatitis B.

    c) This was kept completely confidential. I don't believe even the Headmaster knew. I don't know if it was written/recorded in their medical records – certainly not in College/School records. It is very important to note that Dr Aronstam was keen not to have any student discriminated against. Therefore, the staff were to assume that all blood to be infectious and to be treated with the utmost diligence. Notices were put up about how to treat spillages, etc. A full staff meeting was called when HIV/HCV was discussed. There was a Q & A session after he spoke where staff's fears were allayed. I remember a particular question about whether someone could be infected in the swimming pool and Dr Aronstam emphatically said that with the amount of chlorine in the pool the blood would be rendered safe as soon as it touched the water. He did his best to explain that HIV was no worse in transmission purposes to Hepatitis, in fact it was less so. This meant razors, cups and flannels should not be shared; sexual intercourse which was against the College rules anyway should only be undertaken using a condom. I typed out notices explaining spillages should be cleaned with solution of Milton. I am sure that 99.9% of staff did not know who was HIV positive. Treloar's was a very caring establishment as all our students had some form of disability and I am absolutely certain that no discrimination occurred there.

25. I can't remember other than mentioned above about the vicar's son dying about 1983. Obviously once the Panorama programme was aired HIV became known more so. I think probably lots of students were infected in the early 1980's maybe 81/82 but we weren't told until there was a death. We knew of no distinction between HIV or HCV: it's only personal knowledge that has made me aware. HIV was the 'big thing'. I am not even sure Hepatitis C was ever discussed. We just had to assume that all

boys had Hepatitis B and to be careful about blood spillage. I believe that staff were encouraged to have a Hepatitis B vaccine.

26. I know nothing about this. It certainly wasn't within the Headmaster's remit. I assume the Haemophilia doctors or the Medical Officer dealt with this. It was kept EXTREMELY confidential. We, as above, assumed that all haemophiliacs were affected. I have a memory of one mother of two boys (maybe twins) who was considered an 'over-protective' mother who insisted that her boys were only treated with British Factor V111 not commercial and neither boys were infected with HIV. Similarly, a boy from the Channel Islands only received British blood and he was never infected either. This isn't a false memory and might not be of any use or significance; it's just mentioned as a memory of mine. I remember the name of the brothers if it is necessary to identify them.

27. I am unable to answer this. I know only that students had 'opportunistic' diseases which happens with HIV which itself is not a disease. It was absolutely heartbreaking to see some of the boys with weight loss, rashes, loss of teeth etc. I remember a boy, an ex-student, visited and he came into my office, a shadow of his former handsome self, to say hello. He smiled at me and said, 'You don't recognise me do you?' I didn't. But then we had a cuddle and he left and that was the last I saw of him as both he and his brother died.

28. As mentioned in paragraph 24 above. Staff were informed by the Headmaster (Alec Macpherson) An extraordinary staff meeting was called where Dr Aaronstam explained the position of the boys with HIV. I am not sure if Hepatitis C was mentioned; or what the risks were to staff and other students and how transmission of the virus could be lessened. He was very keen that we should not know who was HIV positive and how we could be kept safe. I cannot remember whether specific details of the virus were discussed other than the hygiene reasons.

Treatment of pupils who had been infected

29. All staff were supportive of the boys; we were aware of the stigma surrounding AIDS but I do believe we were sympathetic and empathetic to their situation. It was an open and approachable establishment and care/medical staff in particular were available for the students' needs. It was an emotional support that was provided. I do

not recall counselling sessions being set up, it was expected that the children would ask for assistance if they required it.

30. We had a team of counsellors; at one point, I believe, headed by Professor Joan Bicknell: visiting psychotherapists were Alex Dubinsky from Tavistock Clinic, Philip Shapiro from Aldershot Centre for Health and Jo Herman – educational psychologist (a post formerly held by Pip Wallace). There were other counsellors but I cannot remember the timeline. Sue Cubitt who was the wife of the MO Dr Terry Cubitt was in post too but probably in the 1990's. I kept the log for students to be seen by the above but I do not recall there being a structured or organised arrangement for all haemophiliac students to be seen as a matter of course. Any member of staff could refer a student to a counsellor. Alternatively, a student could request counselling such as this service and was just part of what Treloar's offered.

31. I have responded to this question in paragraphs 24.c. and 28.

32. Please see paragraph 24 above.

33. Ditto above

34. There was certainly no issues of stigma at Treloar's. I believe all staff were extremely shocked and saddened at the news about HIV and were very supportive of the students and did their best to help in any way they could. It was what Treloar's was all about, being a caring, supportive establishment. Obviously, we were aware of how the 'outside' society were responding to this new virus but can categorically state that I knew of no case of anyone discriminating against the boys. In fact, I am sure this would have been dealt with speedily and with disciplinary action against such persons if it had arisen. I certainly remember the case of a family from Birmingham who had suffered abuse at their family home; we had one of the boys with us at the time and staff were available to support. I cannot comment specifically at how, or when, care/medical, or indeed any other staff, supported the boys. It was their job to look after the students' welfare and it just happened. I am unaware of any formal structure put in place to offer support.

Consent

35. I know nothing about this. What happened within the Haemophilia (NHS) Centre wasn't promulgated outside. I certainly wasn't asked and took no action to inform parents of anything pertaining to blood testing. If this did happen it possibly was within the Haemophilia centre or at the haemophilia centres at their home centres. I did hear that some boys were taken to the Oxford Haemophilia Centre under Dr Rizza but I have no knowledge about this.

Research and clinical trials

36. I am not aware of any of the school pupils being engaged in medical research.

a)I do not believe so. As an antecedent the MO did a paper for a professional qualification and she did it on something 'obscure' like whooping cough or some other childhood illness and I thought she would maybe have done it on spina bifida and the results of hydrocephalus and how it affected education etc. She had so much knowledge and experience of this, far more than most hospitals as students had a poor time there as not many doctors understood the ramifications of a blocked valve. However, she chose to do it on something far removed from any disability our students had. I mention this just to show that in no way were our students 'used' to my knowledge. What other doctors did regarding taking blood for possible research I cannot comment as I have no knowledge and only learnt of this subsequently from the boys. Nothing to do with this but I do know of one haemophiliac in the early 90's (HIV affected) whose Centre wanted him to give blood samples to test for familial transmission, I think that it was St Thomas' but it could be another London hospital. He refused saying 'they've had enough of my blood over the years, they can use some of the samples they've already got'.

b). No. As above. As mentioned before, students over 16 were deemed adults and parental permission need not be sought.

37. I am not aware of any external organisations who may have engaged in medical research or the funding of any research

Section 4: Media coverage and publicity

38. a.) I recall the Panorama programme but not the detail. I am sure the Yorkshire Post did an article on haemophiliacs who attended Treloar's. The film Blood Brothers was produced which focused on two haemophiliac brothers and their deaths. The Times was involved in various articles about heat treated blood with an ex-student from Birmingham. I can give his name if needed but he has died.

b), c.), d), e) I cannot comment other than in a) above.

f.) We were always told by the headmaster not to speak to the press b. We had a special department which dealt with enquiries called the Appeals and Publicity department. Over time we were keen to differentiate between the Treloar school/college and the Treloar Haemophilia Centre. The latter being part of the NHS of which Treloar's had no control over.

Section 5: Other Issues

39. I have no knowledge and nothing to add really. I just remember that Dr Aronstam mentioned once that he was treating students whose legal representatives were suing him which was a dichotomy but he continued to look after the boys in his care. I think this was about the time of the Archer or Penrose Inquiry.

We thought Dr Peter Jones was an expert in haemophilia and recommended his book 'Living with Haemophilia' to parents of haemophiliacs. We also believed that the Oxford Haemophilia Centre, run by Dr Rizza was a centre of excellence.

I can only add that although we were 'used to' deaths at Treloar's because of the nature of the disabilities the students had, which were often life limiting conditions like Cystic Fibrosis, Muscular Dystrophy/Atrophy, heart conditions. Haemophiliacs were not thought of as having life threatening conditions, indeed they didn't, and weren't expected to die. I remember Professor Bloom saying if a haemophiliac had a brain bleed he needed Factor VIII otherwise they could die and I thought anyone who had a brain bleed had a high chance of dying too!

The haemophiliac boys at Treloar's were incredible! They were able to participate in activities usually 'forbidden' to them and had an excellent education, they were lively, naughty, funny and handsome. This was an absolute tragedy and should never have happened. Treloar's advertised Factor VIII as a panacea, a miracle treatment which was welcomed by all and transformed lives and yet killed over 75 of them.

I do not wish to give evidence and I do not require anonymity.

Statement of Truth

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

Signed GRO-C

Dated 21st May 2021