

Witness Name: Carol Carruthers

Statement No.: WITN1850001

Exhibits: [WITN1850002 –
WITN1850017]

Dated: 3 September 2019

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF CAROL CARRUTHERS

Section 1. Introduction

1. I Carol Carruthers will say as follows. My date of birth is GRO-C 1956. My address is known to the Inquiry.
2. I am the widow of Oliver Carruthers (Ollie) who was infected with HCV as a result of being given contaminated blood products in 1989. Ollie died in 2012 aged 63.

Section 2. How Affected

3. I met Ollie in 2003, we married in 2011. I was his second wife. We were only together for 9 years before he died.
4. Ollie was infected with hepatitis C before we met. He gave oral evidence at the Archer Inquiry. I exhibit a transcript of the evidence that he gave to the Inquiry **[WITN1850002]**. I also exhibit a copy of a letter that was given to the Infected Blood Inquiry by another witness who has been involved in extensive

campaigning [WITN1850003]. This is what happened in his words. As we were not together at this time I can only set out the position as I understand it. I will do so briefly here.

5. Ollie had haemophilia B which means that he did not have enough Factor IX in his system. He required treatment with blood products in emergencies and when having dental treatment. . His medical records show that when first tested in 1974 his factor IX level was 6% which would put him in the mild category of haemophilia B. When he was re-tested in 1977 his Factor IX levels were found to be <1% which led to a diagnosis of severe haemophilia. However in reality his condition was mild, he very rarely had bleeds.
6. Ollie was a patient at the Haemophilia Centre at the Royal Victoria Infirmary (RVI) in Newcastle, and was under the care of haematologist Mr Peter Jones. Ollie was treated with prophylactic Factor IX on several occasions when he had dental treatment in 1977 and 1978 [WITN1850004]. He was never made aware of a risk in infection through using these products. He did not feel any ill effect following this treatment.
7. Ollie lived in America for a couple of years in the early 1980s. While he was there he had to have a tooth extracted, he was told by the dentist that it would be safer to have the blood products on standby, to use only if he started to bleed. The dentist told Ollie that there was a risk of viral infection and that it would be more dangerous for him to have the blood products than to extract the tooth without cover. This was the first that Ollie had ever heard of there being a risk in the use of blood products. This was in 1982. Ollie's tooth was extracted without the use of Factor IX. He did not have an incident of bleeding.
8. In 1989, when back in the UK, Ollie required another tooth extraction. On 15 March 1989 he attended the RVI and met with Mr Jones. He was told that he would need to have Factor IX treatment before the extraction took place. Ollie mentioned the advice that had been given to him when he was in America

and said that he did not want to be given Factor IX if it could be avoided [WITN1850005]. He asked if it could just be on standby. Mr Jones did not acknowledge the risk and said that to have the Factor IX on standby would mean that a dental surgeon would have to attend from the dental hospital, which was on the same site as the RVI, and that Ollie would have to stay overnight for observation. However Ollie left this consultation believing that he would undergo the extraction without being given the Factor IX unless it was required after the procedure to stop excessive bleeding.

9. I understand from Ollie's medical records that his factor IX levels were tested during this appointment and that the results indicated that he had 9% Factor IX [WITN1850006]. This result and the discussion that Ollie had with Mr Jones is reflected in letters to Ollie's GP dated 30 March 1989 and 19 April 1989 [WITN1850007]. However the later letter has a handwritten note on it stating 'will need heat treated factor IX concentrate before blocks or extraction. Can be done as O.P. Does not need Cyklokapron with IK IX. (should have Hep B/ HIV status pre therapy)'.
10. On 16 May 1989 Ollie attended the RVI again for the extraction. He was informed that he would be given the Factor IX and then would go to the dental hospital for the extraction. Nothing was said about the risk of infection. Ollie trusted that the doctors would not knowingly put him at risk and accepted the treatment. He was given a dose of Factor IX, batch number FJA0035 [WITN1850008].
11. Ollie believed that the Factor IX was given for the convenience of the NHS and to save costs. The concerns he had raised in relation to the safety of the Factor IX were ignored. Now that I know that Ollie's Factor IX level was 9% at the time of the extraction I further question the use of products, especially given that he did not want this treatment.
12. Three or four months after being given the Factor IX Ollie became unwell, he was working in Iraq at the time. He returned to the UK early because he was

not feeling well, he described it to me as feeling fuzzy. On his return he arranged an appointment with Mr Jones at the RVI. He had pains in his liver, chest and head, and his skin and his eyes were beginning to look yellow. The haematologist asked if he had an affair whilst he was in Iraq.

13. In October 1989 Ollie had blood tests and was diagnosed with hepatitis C **[WITN1850009]**. He was told that he was the first person in the North of England, and possibly in the whole of the UK, to be diagnosed with hepatitis C, rather than hepatitis non A non B. Ollie always questioned how he had been diagnosed with hepatitis C in 1989 when it has been reported since that there was no test for hepatitis C until 1991.
14. Ollie later found out that he had Hepatitis C genotype 1a. At that time this genotype was predominately found in America. According to the RVI records all the blood products that he received were British products.
15. Ollie was sure that he contracted hepatitis C from the Factor IX that he was given in 1989. He wrote to BPL, the suppliers of the product. They replied stating that they were not aware of contamination of any of their products in 1989. He wrote to the RVI and received a reply stating that there was no evidence that there was any problem with the batch that he received in 1989. They said that the treatments that he was given in 1977 and 1979 were likely responsible for exposing him to this virus **[WITN1850010]**. Ollie did not accept this explanation. He had not had any symptoms of hepatitis until a few months after being given Factor IX in 1989, he was convinced that it was that dose that infected him.
16. Ollie's medical records show that at the appointment in March 1989 blood tests were carried out. These showed that his ALT level was slightly raised at 85 U/L (reference range being 6 -62 U/L). In October 1989 his ALT level was significantly raised at 332 U/L and in November 1989 the level had reduced slightly but was still high at 172 U/L **[WITN1850011]**.

17. I do not know what information was provided to Ollie at the time of the diagnosis. From what he told me I do not think that he was told how serious Hepatitis C could be. He stated in his statement to the Archer Inquiry [WITN1850002] that the medical information he received was sketchy at best. When he reported pains in his liver he was told "this just proves you are mortal".

18. I believe Ollie was told that he would recover after a few months. When he requested his medical records he found a letter from his haematologist to his GP in 1991 which stated "apparently he had an episode of possible hepatitis C subsequent to his teeth being taken out and given Factor concentrate last year. I am pleased that he has got over this" [WITN1850012]

19. Ollie told me what had happened to him soon after we met. I could not believe it at first, but when I saw his medical records everything that he had said was backed up.

Section 3. Other Infections

20. As far as I am aware the only infection Ollie received was hepatitis C. He was tested for hepatitis B at the time and was clear. He definitely did not have HIV.

Section 4. Consent

21. Ollie raised concerns before being given the Factor IX in 1989. Nevertheless he was given the treatment. It was a different time back then, in those days the doctors were gods and you just did what they said. It was his wish to avoid the use of the Factor IX if at all possible, however they went ahead with the treatment anyway.

22. Around a year after being diagnosed Ollie was offered a liver biopsy. He questioned why this was required and refused the test. Many years later Ollie was told that he could not have a liver biopsy because he was a haemophiliac

and there was a danger of bleeds. In his evidence to the Archer Inquiry **[WITN1850002]**, Ollie describes this incident and concludes by stating “you work it out”. I’m not 100% sure of what he meant by this, although I’m sure he did mention it to me. I suspect it was all about tests being done for the benefit of those doing them and not for the patient, or it could refer to the fact that he was at low risk of bleeds.

23. Ollie felt that he was definitely treated without his consent when being given the Factor IX and was given no information by UK doctors about the risks. He later found out that many haemophiliacs had been treated without their knowledge for the purposes of research and wondered if he too could have been a victim of this. In the first few years after his diagnosis he did not receive regular treatment and was therefore (in his mind at least) virus free at that time. Others have found “PUP”, meaning previously untreated patient, on their medical records. There was nothing like this in Ollie’s notes.

24. Ollie’s medical records show that his Factor IX levels increased as he got older. A Dr Green prepared a paper examining Ollie’s condition. A draft copy of this report is included in Ollie’s medical records. I do not know if this report was ever published. There is a letter in Ollie’s records from Mr Jones informing him of this paper, this letter does not however formally ask for Ollie’s consent to be part of the study **[WITN1850013]**.

25. I am not sure that Ollie knew very much about his fluctuating factor levels. When he was under the care of the Haemophilia Centre in Basingstoke his levels were <6%. He told me that he had been <1% at the RVI and when he lived in America. He did not know why they had changed and in fact his doctors at Basingstoke did test for Factor V Leiden and were baffled. It makes me think that the paper may not have been published. Ollie never mentioned the letter, so either it was never sent to him, was lost in the post or he forgot about it. I find it difficult to believe that he would have forgotten as he was so interested in what had happened to him. I can’t be certain, but if he never received the letter this implies that he was not aware that he had been part of this study.

Section 5. Impact

26. Ollie told me that he had no idea how serious Hepatitis C could be until he researched it himself and got in touch with other infected persons some time later. At first he thought that the reports of the disease were exaggerated, but then he realised that he too was suffering in the same way and that he had been trying to ignore or play down his own symptoms.
27. The brain fog was a big thing for Ollie. Before being infected with Hepatitis C he had held down quite a responsible job, he used to travel all over the world. Then after being infected in 1989 he felt that he could not think straight, he started to suffer jaundice and fatigue.
28. Initially I think he was in shock and denial. He was angry and upset. He met Carol Grayson and Peter Longstaff through the organisation Haemophilia Action UK. It was through talking to them that he found out about how many people were affected by contaminated blood. Up until that point his haemophilia had not really bothered him and he had not taken much notice of it, he was not part of the haemophiliac community so to speak.
29. Ollie first had treatment for Hepatitis C before we met. In his statement to the Archer Inquiry **[WITN1850002]** Ollie explained the difficulties he experienced in getting treatment. My understanding is that he had found out about Interferon and Ribavirin through his own research and through talking to others. When he asked the haemophilia centre about this treatment he was told that he would have to wait until the next financial year, he waited and waited but heard nothing. The Haemophilia Society wrote to the Sunderland Heath Authority who confirmed that funds were available. Ollie eventually decided to contact his MP and local newspapers. One paper ran his story alongside another about a prisoner who was complaining about the attitude of doctors whilst having the treatment. Ollie was shocked that he could not

access the treatment but that it was being offered to people in prison. After the publicity Ollie started treatment the following January (2001).

30. Ollie was given Interferon and Ribavirin, whilst under the care of the Freeman Hospital in Newcastle. He received the treatment for approximately 10 months but unfortunately did not clear the virus. He only ever told me that he was very unwell with the treatment and that he spent a lot of time in bed and being physically sick.

31. In 2003 Ollie agreed to a further treatment with Pegylated Interferon and Ribavirin but he felt so unwell after the first injection of interferon that he decided not to continue. In 2004 he agreed to try a different course of treatment. There was however a delay in this being available to him. During this time he moved to **GRO-C** to live with me and his care was transferred to the North Hampshire Hospital in Basingstoke.

32.

33. In 2005 Ollie attempted the treatment again whilst under the care of Dr Brooks at Basingstoke Hospital. He was given PEGylated Interferon. The doctors tried to persuade him that it would be different this time around, he had a go but just could not tolerate it at all. It was horrendous, he felt so ill. He had brain fog, lethargy, you name it he had it. Ollie always said that he thought that the treatment was as bad as the disease, the treatment is so slow and you feel it there and then.

34. During this course of treatment Ollie had lots of problems with his breathing and was eventually told that he had drug induced pulmonary fibrosis **[WITN1850014]**. This was the point that they stopped the treatment; he had been on it for 11 weeks. . Ollie felt that the first course of treatment in Newcastle may also have caused damage to his lungs. Dr Brooks in Basingstoke was experienced in the treatment of Hepatitis C and monitored his reaction and symptoms regularly. The care that he received in Basingstoke caused Ollie to be concerned about the treatment he had

received previously which had been overseen just by haematologists without the involvement of the liver specialists.

35. After this round of treatment although he did not clear the virus Ollie's symptoms improved. He did however continue to suffer with fatigue. He would often need to go for an afternoon nap, he would get up in the morning but would feel very tired by the middle of the afternoon and so would have to go and lie down. The number of hospital appointments that he had impacted both of our lives. His haemophilia, hepatitis and the other conditions such as pulmonary fibrosis meant that he was always in and out of hospital for one reason or another.

36. Ollie believed that his haemophilia became worse after the HCV infection. His Factor IX levels actually increased as he got older but symptomatically his haemophilia became worse. He had not really been affected by excessive bleeding previously. He had as many bleeds in the short time that he lived with me in **GRO-C** under the Basingstoke treatment centre, than he had had in his lifetime.

37.

38. Ollie was the sort of person who enjoyed a drink. Following the diagnosis Ollie certainly could not drink to excess, in fact he could hardly drink at all. One night he went out with his brother, he was very affected by the alcohol and began to feel unwell. He was physically unwell in the taxi on the way home and was so ill that he could not even help to clean it up.

39. Ollie had a lot of faith in the doctors at Basingstoke Hospital. In 2007 Ollie was diagnosed with bowel cancer. I am not sure if this was linked to the hepatitis C, some people think that it is but who knows. He had an operation during which artificial blood products were used. A short time later he was given the all clear on this front. He continued on and we lived our lives and just got on with things.

40. There is a letter in Ollie's medical records from a haematologist at Basingstoke Hospital to his previous Haemophilia Consultant in Newcastle which was sent in advance of Ollie's surgery for bowel cancer [WITN1850015]. It asked for confirmation as to whether Ollie had been exposed to blood products that were at risk of vCJD. The response from the Newcastle Haemophilia Centre [WITN1850016] states that Ollie had not been exposed to vCJD however it states that he had received pooled UK plasma in 1980, 1981, 1989, 1997 and 1999. This letter does not mention the Factor IX treatments that he was given in 1977 and 1978 as referred to above. As far as I am aware there is no mention in Ollie's records of his receiving Factor IX in 1980 or 1981. Ollie always said to me that before the Factor IX products he was given in 1989 he had not received treatment for over 10 years, which ties in with the 1977 and 1978 dates. As Ollie is not here to ask, all I can do is question these dates.

41. Ollie was told that his pulmonary fibrosis was not going to get worse, however he did then start struggling more with his breathing. The haematologists and the respiratory doctors were telling us different things. The respiratory doctors were angry that he was not referred to them immediately, it was only when Ollie's breathing got worse that they started inviting him for regular scans.

42. In July 2012 we went on a cruise. During the trip I got a nasty cold, Ollie then developed a cough. We did not think anything of this at the time; we just thought that he had caught my cold. After a couple of weeks Ollie was still coughing, he could not get rid of it. He went to see his GP who gave him antibiotics and then a week of steroids; still the cough did not clear. He was referred to the respiratory team at Basingstoke Hospital. He went in for a bronchoscopy on a Monday in late August, an appointment was made for Ollie to discuss the results the following Tuesday.

43. That week Ollie was really struggling. He returned to the GP who referred him back to the hospital on the Friday of that week as he thought that Ollie had

fluid on his lungs. The Consultant said that the full results of the bronchoscopy were not in, but that he thought that Ollie may have lung cancer.

44. Ollie was kept in hospital overnight and fluid was drained from his lungs. He was discharged the following morning even though he was not breathing very well. Once home I struggled to get him up the stairs. The next day all he was able to do was sit on the sofa, he said he thought that he should be in hospital.

45. Ollie died two days later, on 28 August 2012 the Tuesday that he was supposed to be given the results. It was all very sudden and was such a shock for me. I could not have told his story if I had been asked to do so six years ago.

46. The lung cancer must have been very aggressive as his lungs were being regularly scanned by this point and it had not been picked up. I was told that the lung cancer was not linked to the hepatitis C. However Ollie was told that the pulmonary fibrosis had been induced by the Interferon, and I have been informed that the HCV virus can itself cause pulmonary fibrosis. I made sure that hepatitis C was included on Ollie's death certificate.

47. The doctors in Basingstoke were quite happy to record Hepatitis C on the death certificate as an underlying condition. However they refused my request for a full post-mortem. They did agree to carry out a liver biopsy which showed a degree of liver damage, but not fibrosis or cirrhosis. The biopsy was done late, after I complained, and there was already a certain amount of degradation following death. The letter and report of the biopsy **[WITN1850017]** imply that I requested the post mortem and biopsy just to see if I was eligible for further Skipton payments. This was not the reason. Ollie believed that the virus, although predominately causing liver issues, was also affecting other organs in his body and before he died he carried out quite a bit of research into this. As this was something that he had always wondered

about I wanted to find out what damage had been done to his liver and other organs.

48. Ollie always had trouble getting the correct dental treatment however I am not sure whether this was because of the hepatitis C or because he was a haemophiliac. He lost several of his teeth. Every time he had to have dental treatment, apart from the appointment in the states in 1982, he would be told that he would need to have a clotting treatment before they would do anything.

49. Before being diagnosed with bowel cancer Ollie had a colonoscopy, that day he was the last in for this treatment. He was informed that because of his HCV the equipment could not be made sufficiently sterile for use on other patients, if a biopsy needed to be taken, and would have to be destroyed.

50. Ollie's career was curtailed by the HCV. Before being infected he travelled all over the world working as a service engineer fixing machines. He worked in China, Iraq, Thailand, Poland, and Bulgaria. He worked in a supervisory position for as long as he could however after a while he could not keep this up. He started to react to the chemicals which were used in the factories that he was visiting. At first he did not know what was happening, however eventually he realised that it was because his liver was weak and was not getting rid of the toxins around him. He started having to take up lesser jobs which paid less money. His salary was halved. This impacted on his children and the financial help that he could give them. When I first met Ollie he was working 2 or 3 days per week. When he moved to **GRO-C** he started to work full time again, but he was doing machine maintenance rather than working as a full service engineer.

51. Eventually Ollie had to give up his job. He was taking significant amounts of sick leave and was suffering with fatigue. I had been lucky enough to take early retirement and he decided to join me. His employer was supportive of this decision due to the amount of sick leave that he had taken.

52. Ollie always felt that his having Hep C may have had an impact on his first marriage and on his children. He was always very careful around his family. They knew about his Hepatitis C but if he was bleeding he would not let anyone help him. If there was any of his blood anywhere he would get bleach and clean it all up. He never wanted to risk passing the infection to anyone. Ollie's daughters lost their dad at quite an early age. He was 63 years old. These days' parents tend to go on until their 70s and 80s.
53. The biggest impact for me was when he died. Both Ollie and I had been married before and so we had our own income, without that I would have struggled after his death. I do not get anything from any of the funds. I would like to receive compensation because I have not got Ollie anymore. I do not need the money, it is not about the money, I miss Ollie but they can't give him back to me.
54. At Ollie's funeral his brother said to me that I had given Ollie another nine years. Our time together was limited because of his illness but we did an awful lot in the years that we were together. We did lots of travelling, we went to the Arctic, the Antarctic, South America, France and Italy. We had a caravan and had not long bought a new one when Ollie died. Ollie did not want me to think about his illness all the time. This did not mean that it was not there but he was the kind of person who just got on with things.
55. We often had to pay high premiums for travel insurance, however the premiums tended to be less to do with the hepatitis C and more to do with Ollie's related medical conditions. Because Ollie was not a bleeder, he did not have to take prophylactics and this brought the premium down. When he was diagnosed with bowel cancer the premium was astronomical, we were quoted almost £1,000 for two weeks, but once he had been clear of the cancer for a year the premium did come down.

56. I do not believe that the stigma around HCV is the same as around HIV. Most people don't even know what HCV is. Ollie was generally happy to talk about it. I think sometimes when he explained it to people they could be a bit funny about it, but then when he said that it was from bad blood people were less judgemental. Ollie's family and friends were horrified that it had happened.

57. One of the things that used to annoy Ollie was the idea that HCV is curable and HIV is not. Even doctors would imply that there was a cure, but the treatment offered to Ollie was only 30-50% effective, and even when clear of the virus the health conditions continue. This is not a cure.

58. Ollie was one of the founding members of Contaminated Blood Campaign (CBC). They had been members of Tainted Blood but did not feel that this group represented people with HCV that were at stage 1 rather than stage 2. Ollie always said either you have something or you don't. Ollie felt that having HIV or AIDS was comparable to having HCV which is why he and the others started the group. Being part of CBC made him feel as if he wasn't taking what had happened lying down, it made him feel as if he was doing something about it.

Section 6. Treatment/Care/Support

59. Ollie did not really struggle getting treatment other than the initial issue with getting the Hepatitis C treatment.

60. Counselling was not made available to Ollie. Counselling was never offered to me either.

Section 7. Financial Assistance

61. Ollie was very involved with the campaign groups and so knew what was happening within the community. I imagine he would have found out about the financial assistance as soon as the schemes had been announced.

62. Ollie received the Skipton Fund Stage 1 payment of £20,000 in two instalments of £10,000. After that he did ask for assistance from the Caxton Foundation on several occasions. He referred to Caxton as the begging bowl, because he would have to go along and prove his income and expenditure in order to claim any additional payments. Ollie had to take early retirement and his pension was reduced as a result, he felt as if he was owed this money.

63. Ollie made a few applications to Caxton while we were together. Even before we were married he was required to include my earnings in the application form, as far as I was concerned my salary had nothing to do with them. Their responses to applications seemed really hit and miss, sometimes you would get what you had asked for and other times you would not. I think there was a precondition when applying to the Caxton Foundation which meant that you could not apply for more than one thing in a month.

64. The Caxton Foundation paid for some decorating in the house and for some fences to be put up in the garden. If Ollie had been well he would have been able to do this work himself. When suffering with fatigue you just cannot do these things.

65. When Ollie died I was given a grant for the funeral from the Caxton Foundation. Now I get the winter fuel allowance from EIBSS, this is the only assistance available that is not means tested. I would not be eligible for any of the other payments. I have my own income, we did not meet until I was 48 so had my own career and income and pension.

66. I have never made an application to Skipton or Caxton myself. I received the funeral grant when I phoned and told them that he had died, I think the winter fuel allowance was automatically moved to me. However I have noticed that EIBSS are always very last minute when they want any information from me. For example if a payment is due on 1 December they will contact me on 29 November for my bank details.

67. I think that the way that the Caxton Foundation worked was unfair on the people that relied on that support. To have to apply for funding every time you want or need something, and then having to wait a month for a response which may not be what you hoped to hear, is not really how people want to operate. It would be much better to move towards a more regular income so that people can just live their lives rather than having to beg every time they need a new appliance.

68. I do not believe that this kind of financial assistance is the right way to compensate people for what happened. I think that they should be provided with full and proper compensation, a sum which they can invest to give them income for the rest of their lives. These ex gratia payments are not sufficient. There are people who are injured through medical negligence and you hear of them getting half a million pounds.

69. Ollie wanted proper compensation for what had been done to him and others. The monthly payments are not compensation, they are ex gratia payments. It had affected the lives of his children and may have contributed to the breakdown of his first marriage.

70. If people infected with contaminated blood were given enough money to invest, this would mean that their families would be able to benefit from this money after their death. At the moment there is lots of discussion about whether the ex gratia payments should be made to widows, parents, children. If proper compensation was paid in the first place all of these issues would fall away, it would be up to those infected, or their estate, to distribute the money how they saw fit.

Section 8. Other Issues

71. I hope the Inquiry finds out what happened, when people in power knew about it, and why they did not act immediately. It is my understanding that by the time that Ollie was infected the Department of Health knew about the issues

and the risks related to the contaminated blood. Despite knowing the risks of the Factor IX it was given to Ollie anyway, despite there being a low chance of him having a bleed. The doctors knew about hepatitis C, yet Ollie still faced questions about misbehaving whilst on a work trip and comments about his having got over the infection.

72. By pooling blood products they thought that they were diluting the infection but in fact the pooling increased the risk of infection. Ollie always believed that there was a slight difference between the haemophiliacs and the whole bloods who contracted the infection. He would say that there was a different level of risk of infection through blood products as compared to blood transfusions.

73. Of all of the times that Ollie was given Factor IX, none were life or death situations. If there was any risk of infection the blood products should not have been used. Everyone trusted the doctors back then. These blood products should only have been used when there was no other way to stop someone bleeding. To use these products as a preventative measure when a patient did not really need them is ludicrous. I think that this was a really key thing for Ollie, that as well as the cover up of the whole scandal.

74. In my mind it is obvious from what has been coming out recently that documents have been destroyed. It would be good to get to the bottom of this, hearing about documents being lost or destroyed certainly makes you think that they are trying to hide something.

75. I would like to find out why Ollie and others were infected in 1989 after being told that the blood was clean. Were they using old stocks? If this was the case it is an issue in itself.

76. Ollie believed that Dr Peter Jones definitely knew the risk of infection and decided to treat him with the Factor IX anyway. Dr Jones was the one person that Ollie would have loved see brought to account. Dr Jones was a revered haematologist, whenever Ollie heard his name mentioned he would be

spitting blood and feathers. The Archer Inquiry could not compel anyone to give evidence. I would like to see this Inquiry compel people to give evidence.

77. More than anything Ollie wanted recognition of what had happened. This is at the heart of why I said I would give a statement. He would have wanted to give evidence at this Inquiry, he would have wanted his story to be told. Ollie wanted to find out the facts and to make sure that others knew the truth.

Statement of Truth

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

Signed

GRO-C

Dated3 September 2019....