

Witnesses Names: Anne  
Elizabeth Anakin and Gregory  
William Murphy  
Statement No.: **WITN1944002**  
Exhibits: **WITN1944120-496**  
Dated: 22/5/2023

## **INFECTED BLOOD INQUIRY**

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### **SECOND WRITTEN STATEMENT OF ANNE ELIZABETH ANAKIN AND GREGORY WILLIAM MURPHY**

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We provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 6 September 2021.

We, Anne Elizabeth Anakin and Gregory William Murphy, will say as follows:

#### **Section 1. Introduction**

1. As previously mentioned in our first witness statement, this second witness statement covers the time period from Monday, September 5th, 1994 (*post-mortem* period) to present. It tells of a further 29 years of injustices (50 years overall) that the memory of our father, William Murphy, and his immediate family, especially his spouse, our mother, Maureen, have been continuously subjected to, even from the first hours after his death.
2. As per our first statement – ref. “Introduction and Basis” – this is a joint-declaration and, hereafter, Anne and Gregory, unless specifically named

as such, should be collectively understood as "*the family*", or "*we*", "*our*", etc., speaking in a united, third-person voice. Please note that any references to recollections or observations made by Maureen are those which have been relayed to us.

## **Section 2. Chronological Evidence: *Post-Mortem*, 1994 - Present**

### **September 5 - 8, 1994**

3. Just 41 hours after William died, Gregory, with his wife, Paula, returned to the Royal Liverpool University Hospital (RLUH) circa 10am, on Monday, 5 September to acquire the certificate to register his father's death. In the brief time since Saturday evening, we had arranged all funeral aspects; commencing with a **GRO-C** on Thursday, 8 September, followed by **GRO-C** and cremation, in Liverpool, on Friday, 9 September. It was therefore agreed with undertakers that William's body would rest at a funeral parlour from Tuesday, 6 September, to enable loved ones to pay respects. Given the tight timetable (we hadn't wished to endure the following weekend awaiting the funeral), with absolutely no margin for delay, it was essential to register the death that Monday.
4. Gregory was first advised to return to High Dependency Unit 5 (5HDU) where he then experienced the trauma of walking past the area where his father had died and wherein he momentarily saw his fully stripped and empty bed. He rationally accepted this reality; for if he needed to re-visit the ward so quickly, then he reasoned that there was every chance of encountering such a harrowing sight. He could not, though, understand why he was then made to wait almost two hours, in such distressing surroundings, mostly in a small waiting area near to where his father had died.
5. He remembers becoming aware, after some 40 or so minutes, that there was much animated discussion amongst medics, in which it transpired that his father obviously was the central topic (he could hear his name being referred to). In the midst of it all, he received two apologies whilst being assured that staff were acting as quickly as possible.



6. After at least an hour, Gregory recalls being invited into another small room by a female doctor. Inside, he is certain, was at least another female, Alison Jones, the haemophilia nurse assistant to Doctor Charles Hay. He recalls being the only male present, amongst at least three females, not including his wife, but perhaps four, in a cramped room measuring no more than between seven and eight square feet.
7. The lead doctor asked for permission to perform a *post-mortem*. Gregory hadn't anticipated this, presuming the cause of death to be obvious. When he enquired as to the purpose of the request, he was informed that it was to determine the "*exact cause*" of death. Only then did he issue a moderately exasperated refusal, stating that it was surely obvious as to why William had died, especially given that we were all informed, almost exactly 48 hours earlier, that his liver tumour had ruptured, or caused one, so causing a major haemorrhage in turn.
8. Gregory's exasperation was chiefly triggered not only by the still raw memories of the events immediately after William's admission to the RLUH just two days earlier but also those of 7 August, when his father was admitted to the same hospital in an encephalitic state, as described in our first witness statement. On both occasions, we were frustrated by the prolonged questioning that we faced regarding the exact nature of his condition (prior to the first episode, on 7 August, William had only been discharged from the RLUH just 48 hours previously; prior to the second, his discharge had been just three and a half days earlier, on August 30th).
9. Accordingly, Gregory could only interpret the *post-mortem* request as yet another frustrating start-from-scratch episode initiated by medics who were new to William's complexities (a scenario we had been weary of since early 1992 when his varices emergencies first surfaced and Professor Shields initially mistakenly assumed his cirrhosis to have been alcohol related). He couldn't believe that anyone would need to know anything further about his father's demise, for it had all surely been documented *in extenso*. Therefore, he refused at least one more request for the procedure, made some 30

seconds or so after the first, but suspects that even a third and final attempt followed.

10. Gregory recalls that it was then Ms Jones, perceiving his intransigence, who swiftly curtailed any further discussions, for which he was grateful. However, there was an aspect to that finality which left him unnerved; albeit for reasons that he couldn't then define and wouldn't for some time.
11. A key factor behind Gregory's refusal, however, was that he immediately intuited that the procedure would surely block William's body being released by 5pm that day, i.e. the deadline set by undertakers in order to prepare for the funeral [GRO-C] just three and a half days later.
12. After his decision was reluctantly accepted by all parties, Gregory then endured a further 45 minutes wait before acquiring the necessary paperwork and the few belongings that William had been admitted to the RLUH with. This seemingly necessary second wait accordingly made him even more suspicious as to the cause of the first significant delay. Just what was discussed prior to him first being approached? He felt that having to remain for so long in the area adjacent to where his father had died just 42 or so hours earlier was completely unwarranted.
13. At that point, we were not fully aware of the injustices that William had suffered during the previous two years especially, as outlined in our first witness statement (pointedly: Dr Hay's refusal to perform a liver work-up in June 1992; the failures to explore the possibilities of liver transplantation prior to June 1994; and the failure to identify the existence of liver cancer prior to William's ultimately pointless transfer to the Newcastle Freeman Hospital just two weeks earlier). Nevertheless, we had long nurtured a feeling – as did William – that his case was rarely treated with the urgency or proactivity that we had all sensed was necessary from at least the mid-to-late 1980s.
14. Accordingly, it is true to say that it was chiefly in light of our general disenchantment with the RLUH, and especially Dr Hay – a discontent that would only deepen – that Gregory was initially motivated to refuse a *post-mortem*. As such, he remains sure that he would have made the same

decision even if there were an extra day or two to spare within the funeral-planning timetable. Nevertheless, in later years, particularly as we learned the full realities of William's demise, after acquiring his medical records, Gregory began to regret his refusal (and still does). His reasoning was complex.

15. The medical note pertaining to the above episode [WITN1944120] is a very confusing and contradictory document. Chronologically it doesn't make sense. It clearly suggests that it was written in the morning of September 5, anticipating that the family should be "ask[ed] to hospital PM". The note was obviously written prior to the author knowing of Gregory's visit that morning, yet tellingly it already contained details as to the full causes of William's death. Therefore, it must have been penned quite early on that Monday morning. Those aspects tally with our assertion that the cause(s) of death were: fully known on Saturday; communicated to us in detail; and were obviously still considered as a matter of record some 36 hours later – hence the author's clearly assumed ability to sign the death certificate that afternoon (the SHO would not have known how swiftly we'd made funeral arrangements nor the pressing need for us to secure the release of William's body by 5pm that Monday afternoon to meet all undertakers' deadlines). So why was a request for a *post-mortem* made?
16. However, the same note, given in the same hand and prior to the sign-off, also included the following ambiguous, past-tense statement: "*Relatives asked for hospital post-mortem but declined.*" As a side issue, the clumsy syntax doesn't make it clear as to whether we had asked for the procedure or were asked by the hospital for such, nor which party actually declined. The truth, though, was that Gregory was most certainly asked, and he refused, both because of the timetable and that he simply couldn't see the point. The medical note similarly seems to make it clear that it was unnecessary. However, when exactly was it written? In one sense it seems clear that it was written that morning prior to Gregory's visit. In another, it appears to have been written after the conversation concerning the blocked *post-mortem*.

17. Even prior to those curiosities coming-to-light after we had finally accessed the medical records in late 1996, Gregory was always sceptical as to what had really occurred at the RLUH that morning. Nothing seemed to add up. He recalls having an instant feeling of disquiet that something was awry that he just could not put his finger on. The release of the medical records over two years later only served to compound that unease.
18. As alluded to, Gregory was instantly dubious about Ms Jones' seeming support for the blockage of a *post-mortem*. For, he was never fully convinced of her solidarity on the matter which, although appreciated in terms of expediency, was expressed as being borne only of a wish not to deepen any further distress at such an obviously grief-stricken time. However, he can still recall the plaintive, almost desperate, nature of the female medic's request for a *post-mortem* (which is why he believes that she may even have made a third and final appeal) and the look of pronounced disappointment (wincing, almost) at having to accept his decision. Her facial expression has always remained with Gregory, particularly as he felt that it didn't quite match the moment. He retained an instinct that he was missing something about her request, especially given that many of the conversations that he obliquely witnessed, in the RLUH corridors before first being consulted about a *post-mortem*, were hushed and exhibiting clear elements of frustration.
19. It was obvious to Gregory that something problematic was afoot that morning. He remembers many pointed glances between colleagues, almost as though some conversational aspects – even those that he was accidentally privy to – were being conducted almost in code. All told, he was left with the feeling that there was something in the air that he couldn't quite define. Generally, though, in that deeply grieving moment, he was simply relieved to secure the release of his father's body that afternoon and that the carefully laid funeral plans remained intact. He later reflected that had the doctor leading the *post-mortem* requests phrased her reasoning differently, for example, perhaps justifying it for medical research purposes, then he would still have refused, but only due to the funeral timetable. However, although he genuinely couldn't imagine what else needed to emerge about the reasons for his father's death, he knew

that he would have consented to assist medical research had the timetable allowed. For he had no principled objection to a *post-mortem*.

20. Regardless, he remains certain that the issue of medical research, as a *post-mortem* justification, never arose, despite the doctor having several opportunities, even after the first refusal, to frame her requests as such. Instead, he knows that the only reason she gave – perhaps three times – was to discover “*exactly*” how William died. Accordingly, not only was Gregory exasperated at this (especially given the wait he endured) but he could only regard it as odd, typical even of the RLUH, especially given that we were told only 48 hours earlier *exactly* as to why William was dying, and in some detail, even to the point, circa 4pm, as to how imminent it all was.
21. When Gregory received the registrar’s release form listing the causes of William’s death, he immediately noted that the enclosed details precisely matched the medical information related to the family just two days earlier and also that the listing was punctilious, i.e.: *1a. Retroperitoneal bleed; b. Hepatocellular Carcinoma; c. Hepatic cirrhosis due to Hepatitis C (HCV); II Haemophilia A.* [WITN1944116]
22. Tellingly, the death certificate was finally signed on *Monday*, September 5th, as appropriate, by Dr [GRO-D], William’s oncologist, and his *de facto* consultant, although theoretically since only August 18th. William’s corpse was released from RLUH later that afternoon to the undertakers. Yet 24 hours later, Dr [GRO-D] was apparently concerned as to why his dead patient had failed to keep his first chemotherapy appointment at 3.30pm Tuesday, 6 September. The reality that Dr [GRO-D] had authorised the death certificate made the fact that he then telephoned a grief-stricken Maureen in the late afternoon of the next day, to query William’s absence, all the more scandalous.
23. It was typical of William’s case, to its bitter end, that Dr [GRO-D] even if he had forgotten about signing the certificate – anything was possible at a hospital that managed to miss clear evidence, twice, about the existence of William’s cancer – still didn’t think prudently enough to perhaps conduct a discreet investigation as to the possible cause of a known, seriously ill, cancer-patient’s absence. Instead, he opted to telephone a distraught widow of just three days

in order to seek clarification. The insults to both William and Maureen have continued ever since.

24. Further, if one of the stated reasons for delaying William's chemotherapy (in addition to allowing the planned varices procedure of Tuesday, August 30th to proceed) was that Dr [GRO-D] was only available on *Tuesdays*, then how did he certify his death at the RLUH on *Monday*, September 5th?
25. In terms of the medical personnel present at the *post-mortem* request meeting, it was telling (whatever the circumstances) that the only reflection of the crises that William had endured in his last years, and especially his final months, was in the form of Ms Jones' almost token attendance. None of the four leading figures that had dealt with him, even in that calendar year of 1994 – i.e. Professor Shields, and Drs Hay, Gilmore and [GRO-D] – were seemingly available. Other than Ms Jones, Gregory has no recollection of the identity (or identities) of those other female medics he encountered on September 5.
26. Ms Jones aside, Gregory felt that the whole experience of the 48 hours that elapsed between the early morning of Saturday, September 3, to circa midday on the following Monday, was as remote as it was bleak; i.e. dealing with medics who either seemed to know or appreciate little about the true nature of William's prolonged suffering and myriad complexities (and our collective experiences). We hold – given William's and our ever-deepening senses – that ultimately his was a problematic case that just seemed to be passed between departments, especially in his final months. It was ironically symbolic that his death certificate was actually signed by a medic that he barely knew and probably only met just once, just four days prior to death. We had an acute sense that we encountered nobody, between William's admission on September 3, and the registration of his death on September 5, who truly understood the devastation of his final weeks of his life. It was too overpowering a feeling for Gregory as he exited the RLUH that Monday.
27. The sense of almost complete abandonment was palpable. Such a feeling of detachment then only intensified when Dr [GRO-] telephoned Maureen the next day – again, just 24 hours after apparently signing William's death certificate (or so it would appear) – enquiring about his chemotherapy absence.

28. Having always had a sense that there was something untoward at play, as he waited for his father's death certificate, Gregory was therefore extra-attuned to the specific phrasing later employed in Dr Little's expert submission to Maureen's solicitors in 1997, especially regarding the non-*post-mortem*. [WITN1944005]
29. His words almost precisely matched those that Gregory recalled were used by the RLUH doctor(s) on September 5, 1994 almost pleading for such a procedure. As said, he remains clear that the apparent reasoning for conducting a *post-mortem* was purely due to the perceived need to determine the "*exact cause*" of death (he cannot recall what else was said but knows those words were uttered) and that the doctor in question never communicated any other motivation (e.g. medical research). Accordingly, Gregory regarded it as somewhat uncanny that, three years later, Dr Little should similarly state that "... *unfortunately no post mortem was performed so we do not know the exact cause of Mr Murphy's death*". That was despite Dr [GRO-D] apparently issuing some very *exact* causes on the document that bore his name dated September 5.
30. Given the events of September 5-6, and the subsequent revelations that later emerged from William's medical records – and also recalling that key staff members at the RLUH haemophilia department, including Dr Hay and Ms Jones, swiftly left their posts that autumn – we have always remained suspicious about the episode of the certification of William's death. Chiefly:
- a. Given that Dr [GRO-D] certified William's death on that Monday, then why was it the case that he was said to have only been available to oversee chemotherapy on Tuesdays? That apparent fact was one of two key factors that had a direct bearing on scheduling William's first chemotherapy appointment for Tuesday, September 6, despite the fact that he had been diagnosed with cancer three weeks earlier in Newcastle, on August 18.
  - b. How did Dr [GRO-D] fail to connect William's absence from chemotherapy with the fact that he had signed his death certificate just 24 hours earlier?

- c. Was there a nuance that Gregory failed to understand about the terminology behind the request for a *post-mortem*, especially regarding the stated need to establish the “*exact cause*” of death, even though a detailed death certificate was released (*exactly* matching the details given to us verbally in the hours immediately prior to William’s death just 48 hours earlier)?
- d. How, *exactly*, did Dr **GRO-** reach the detailed conclusions that he did as to the stated causes of William’s death in the absence of a *post-mortem*?
- e. Was there a concern amongst those medics who requested a *post-mortem* as to how a patient who had likely suffered from cancer for six months had failed to receive chemotherapy? What was the rationale for wanting to establish further medical details beyond those which were obvious?
- f. If Gregory was correct in believing that heightened conversations occurred between medics, concerning William, around ward 5HDU on September 5, then what was their substance?
- g. Did any internal RLUH inquiry ensue after William’s death as to the nature of his demise and the care that covered his final six months? If not, why not?
- h. Did the Newcastle Freeman Hospital medics ever register concern to the RLUH regarding William, particularly concerning the tests conducted in July 1994 which revealed the existence of cancer; the results of which were completely overlooked?
- i. Were the departures from the RLUH of Dr Hay and Ms Jones (and perhaps others) circa November 1994 in any way connected to William’s case?
- j. What did Dr Little mean when he wrote, in 1997, that the “*exact cause*” of death was unknown despite Dr **GRO-**’s certified attestation of such?

31. **We trust that the Infected Blood Inquiry will investigate the above.**



September 9, 1994

32. As recorded in our first statement, on the day of William's funeral, six days after death, Dr Gilmore wrote a letter of condolence [WITN1944117] to Maureen. It was well received, not least because it broadly reflected the intensity and intimacy of William's case, as perceived by us, especially throughout the summer. It was the absence of such a human connection – and those medics who had known him and the tragic unfolding of his last months – that was among the starkest features of his final days.
33. Given that, at the time, we still had no idea that the RLUH medics were culpable for failing to recognise the existence of William's cancer for perhaps six months, we simply appreciated Dr Gilmore's letter at face value. For at least he had taken time to extend his thoughts, in stark contrast to Dr Hay, whose silence merely reinforced our negative perceptions.
34. Dr Gilmore's postscript stated that we were to "*not hesitate*" to phone his secretary "*if it would help you to talk about any aspect*" of William's illness. We interpreted that very pointedly, perhaps that he was hinting at irregularities (as we perceived them) behind William's prolonged demise.
35. Although we didn't possess medical records at that stage, in order to underpin our growing convictions, we strongly believed William to have been the victim of a second medical injustice; i.e. in terms of the care received – or not as the case was – that only compounded the original injury by being infected with contaminated NHS blood products. Accordingly, we resolved to take up Dr Gilmore's invitation.

September 10 - 29, 1994

36. On 13 September, Dr Hay's assistant nurse, Ms Jones arranged to meet Maureen. Ostensibly, the reason was purely pastoral. Maureen recalls hearing that Dr Hay would always be available for contact if she wished. This aspect became quite relevant given the events that unfolded in Coventry in late November that year (more later)

37. Given that Maureen had many questions about William's demise and death, not all of which were always ready to mind, it was agreed that she and Ms Jones would schedule a series of follow-ups. These occurred on 20 and 29 September, and then the 13 (the day after William's ashes were buried) and 26 October. Another meeting was planned for 1 November but this was cancelled. We don't believe that they met again.
38. Interspersed with her meetings with Ms Jones, Maureen also met the haemophilia department social worker, Linda Smith, on 21 September to discuss various administrative matters, particularly the issue of financial assistance for widows of HCV-infected haemophiliacs. Another meeting was scheduled for 17 October but it was cancelled.
39. As the milestone of the first month since William's death approached, certain realities began to dawn. Whilst we knew of the need to grieve, we equally realised that such could not progress until we learned the truth about his death and also achieved justice for him. We also intuited that embarking on a campaign to secure justice could be unhealthy. But we also knew, as recorded in our first statement, that William himself had contacted the Haemophilia Society in the year prior to his death to start that process. As such, we were caught in a classic dilemma. It has been a double bind that has ensnared us ever since: for our pursuit of justice still prevents closure; however our desire for such is impossible until we overcome the ongoing injustices meted out to William and then, posthumously, to Maureen for almost 29 years and counting. Realising that we had little other choice, we made the in-principle decision to campaign for justice and could only hope that it wouldn't be a prolonged process. Accordingly, we then swiftly identified the very first measures to take.
40. Firstly, we arranged to meet Dr Gilmore in October 1994. However, we had no desire to do likewise with Dr Hay, particularly given that he (unlike Dr Gilmore) hadn't bothered to contact us in the wake of William's death (although this was hardly surprising to us). We also decided to write to the Health Secretary, the Rt Hon. Virginia Bottomley MP. Therefore, on 29 September, Gregory dispatched the very first letter of our justice campaign **[WITN1944121]**, as copied to the Shadow Health Secretary, Rt Hon. David Blunkett MP; and

William's, Maureen's and also Anne's MP, the Rt Hon. Eddie O'Hara, who became a great champion for our cause and established a key relationship with Maureen especially.

41. Even at that early point, we were clear that we were pursuing two, presumably parallel strands of justice: to discover the truth about the nature of care that William had received, or not, over a period of many years (hence our meeting with Dr Gilmore); also financial assistance for Maureen equal to that which had been extended to so-called "HIV widows", like her two sisters-in-law. Our letter to Ms Bottomley, therefore, not only sought to determine the UK Government's position regarding justice for deceased HCV-infected haemophiliacs and their families but also to inform both her and the Department of Health that we intended to push for justice and would not cease until we achieved our aims.
42. We could never have imagined that we had just embarked on a programme of communication – with politicians, journalists, civil servants, medics, solicitors and other legal officials – that would still be ongoing 29 years later. Indeed, it is an extra sting to note that our letter was dated five days before we had even marked a month since William's passing and before even burying his ashes. It was over six months before we finally received a response from the Department of Health (more later) – it was every bit as insulting as we'd, by then, come to expect.

#### September 30 – October 31 1994

43. On 1 October, almost a month after William's death, his GP, Dr Feld, was finally informed of his passing by the RLUH [WITN1944122]. Despite William's death certificate having been signed by Dr [GRO-D] it would seem that the consultant responsibility for him had posthumously reverted to Dr Gilmore. The formal letter of record, written by Dr [GRO-D] Registrar in Gastroenterology, typically related the date of death incorrectly, stating "5.9.94" rather than "3.9.94". We also noted that not only did he omit reference to cirrhosis but also differed, in that respect, from the death certificate that Dr [GRO-D] issued.

44. At 9.15am on Tuesday, 18 October, Maureen, Anne and Gregory all attended the pre-arranged meeting with Dr Gilmore in ward 5Z of the RLUH at which we expressed as many aspects of our dissatisfaction as we could manage within the hour scheduled. Just two days later, he took the revealing step of informing Dr Hay of our meeting. His letter [WITN1944123], on the RLUH headed paper, clearly reflected the dual nature of our push for justice that we had already undertaken: i.e. to discover the full truth about William's demise and death; and for Maureen to be financially assisted.
45. When we eventually acquired William's medical records more than two years later, we were surprised to find this letter enclosed, especially given what else was missing (it was as conspicuous by presence as the copy of Dr Hay's self-excusing letter to Professor [GRO-D] drafted swiftly on August 18th, 1994, in the immediate aftermath of the Newcastle Freeman Hospital's diagnosis of hepatoma, as discussed in our first statement).
46. We were also astounded by Dr Gilmore's tone-deafness in suggesting that the lack of a transplant centre in Liverpool was pivotal to William's case. It was telling that he omitted the fact that both he and Dr Hay had failed to spot a 6-7cm tumour on William's liver during the intensive liver-work-ups conducted in Liverpool in late July and early August 1994 prior to referral to Newcastle ahead of a prospective transplant. Again, though, as per our first statement, it was our understanding at that point that such capabilities were genuinely beyond the expertise of the Liverpool medics; that was certainly the inference William and Maureen had drawn from the team in Newcastle on August 18th when they learned of his pre-existing, since at least July, cancer and the fact that esoteric medical evidence was actually available at that time, just that it had not been spotted.
47. It was therefore some very belated consolation to us that, in 2008, after Gregory had spontaneously re-contacted Dr Gilmore after 14 years – as discussed towards the end of our first statement – the medic admitted [WITN1944118] that he "fully appreciated" that William "was not well served by the NHS or the medical profession overall." We could but not have failed to note, though, that his sentiments could possibly still have been read in light of

his belief that the lack of a liver transplant centre in Liverpool was a central factor in the calamities of summer 1994.

48. Given that three weeks had already elapsed, without reply, since we had written to Ms Bottomley, and further that we were left with more questions than answers after our meeting with Dr Gilmore, we resolved to become even more determined about our double pursuit of truth and justice.

#### November 1994

49. It was a surprise to us that, over the course of five days, between November 10th and 15th, we received two – seemingly independent – replies to the copies of our correspondence with Ms Bottomley, from whom, ironically, we still had received no response.
50. Given what then subsequently surfaced, seemingly out-of-the-blue, in the national media that very week (commencing November 14th), concerning matters of justice for HCV infected haemophiliacs (and without any impetus from ourselves, excepting our initial letter to Ms Bottomley as copied to others, some six weeks earlier), we could only sense that welcome moves were afoot in the background, that we were completely unaware of.
51. Despite the otherwise encouraging signs, as detailed a little further on, we were nevertheless again left with a separate sense that something didn't quite add-up about the sudden developments, particularly given one specific, sinister detail which was included in the then former Shadow Health Secretary, Mr Blunkett's, response to Gregory [WITN1944124], dated 9 November, particularly regarding the fact that he'd already been succeeded in that portfolio by the Rt Hon. Margaret Beckett MP, almost three weeks earlier.
52. Firstly, we wondered as to why our letter to Ms Bottomley on 29 September, as copied to Mr Blunkett, had not been read until 8 November, the date he said that his office received it. Further, it was a mystery as to why it wasn't immediately diverted to Ms Beckett earlier than the stated date – for it was clearly addressed to the "*Shadow Health Spokes*" – given that she had succeeded Mr Blunkett on October 20th.

53. Although we hadn't received any response from Ms Bottomley by that point, which spoke volumes about the Government's attitude towards cases like William's, we were equally conscious of forming an immediate and similar perception about the Shadow front benches. For we were already sensing as much reluctance to urgently advance our cause amongst senior Opposition officials as that which was becoming obvious about the Government benches.
54. It was also astonishing that, in his response to Gregory, Mr Blunkett didn't make even the slightest reference to William's death and the suffering that we had endured. Indeed, it was as detached a letter as it was possible to get – unhelpfully telling us to wait even longer for a response from busy parliamentarians! – and was the first hint to us of the frustrating battles ahead: i.e. that it didn't matter which party governed the country, for the matter of pursuing justice for victims of the Contaminated Blood Scandal (CBS) was of little or no concern on the front benches on either side of the Commons.
55. Somewhat surprisingly, however, on Tuesday, 15 November, we suddenly received yet another very belated Opposition response, from Westminster, in the shape of a reply from Mr O'Hara [WITN1944125] to our copied-correspondence to him of our letter to Ms Bottomley. Again, the timing of his response was curious. Unlike Mr Blunkett, who claimed to have only first seen our correspondence on November 8th, Mr O'Hara didn't suggest any delay in receiving our copied letter to him. Why, then, had it also taken him so long to reply? Moreover, it was also odd that his response followed so swiftly after Mr Blunkett's, subsequent to a prolonged silence. Nevertheless, we were heartened that at least one parliamentarian, albeit on the back benches, could see the seriousness of our case and was prepared to place such conviction on the record. Indeed, it was the first communication from a parliamentarian who would go on to become one of the most valued champions not just of our cause but also that of the whole cohort affected and infected by the CBS.
56. Tellingly, the tone of Mr O'Hara's letter also suggested that he already knew that we had not received a reply from Ms Bottomley. Later that week, the seemingly sudden – albeit significantly delayed – responses from Mr Blunkett and Mr O'Hara were then cast into an even more curious perspective.

57. On Wednesday, 16 November we were astounded to see that *The Independent* newspaper had devoted the top two-thirds of its front page, [WITN1944126], to the HCV-infected haemophiliac aspect of the CBS. The lead article was headlined: "*Contaminated Blood kills 12 – Doctors believe 5,000 adults and children have caught liver disease from transfusions and clotting agent*". The medical editor, Celia Hall, stated that in the previous year, presumably 1993 "*twelve British men with haemophilia,*" had died from Hepatitis C complexities after "*they were given contaminated concentrates of blood.*" She added that "*at least*" 2,000 other people had been infected and that "*four have had liver transplants as a result*". She also made immediate references to non-haemophiliac victims of the CBS.
58. We were utterly shocked at the personal significance of the revelation that 12 haemophiliac men had thus far died from Hepatitis C related complexities subsequent to infection from blood/products. For, depending on the cut-off point of the data cited, it meant that William was either among the first dozen of those to die, or chronologically, given that he had perished only 11 or so weeks earlier, then he was almost certainly in the initial 20, or perhaps even 15, of such fatalities. One thing was certain, however, he was among the very first group of UK haemophiliacs to have lost their lives in what was evidently then becoming a second wave of the CBS, following in the wake of the HIV tragedies that emerged in the mid-to-late 1980s. It wasn't really until those press reports that week that we had grasped the significance of William's demise and death in the greater scheme of haemophiliac travails.
59. The coverage comprised three headline components, plus there was also a "*background*" article on page three, which unfortunately we no longer possess. It was obvious that Ms Hall had spent considerable time, at least several days, working on the stories. The sudden appearance of the articles – as far as we were concerned, and to which we had no known input or influence – suggested that it wasn't coincidental that we received equally surprising letters of reply, only the previous weekend, from Messrs Blunkett and O'Hara, some six weeks after we had contacted them enclosing copies of our letter to Ms Bottomley.

60. Expanding on her revelations, Ms Hall suggested that these "previously unreported" deaths "echoed" the cases of the "hundreds of haemophiliacs" who "caught the Aids virus" through the CBS. In that light, she bluntly stated: *"Now the Haemophilia Society is considering seeking redress from the Department of Health. The society is organising meetings to inform haemophiliacs and is in contact with the department."*
61. She also quoted Simon Taylor, the "vice-chairman of the Haemophilia Society", as follows: *"At this stage, because the information about Hepatitis C is so slight we are not sure about which way we should proceed. The difficulty is the vast majority of haemophiliacs have no hepatitis symptoms because the disease could take 30 years to show itself. There is no medical consensus on diagnosis, treatment or prognosis. One thing we are considering is seeking compensation when people become ill."*
62. The article then concluded by outlining the extent of the battle that the Haemophilia Society and individual patients or bereaved families, like ourselves, faced in convincing the Government of the moral case to answer by ensuring equality between the HIV-infected haemophiliac victims of the CBS and the HCV-infected cohort. A "spokesman for the Department of Health" was quoted saying: *"We have the greatest sympathy for these people. There are no plans to extend the settlement scheme for haemophilia patients who are HIV-positive to patients who have been infected with Hepatitis C. The Government does not have a policy of no-fault compensation. Patients received the best available treatment in the light of medical knowledge at the time."* Effectively and disgracefully that was our response from Ms Bottomley to the letter we had sent her on September 29.
63. Although we were infuriated with the Government's knee-jerking response to the newspaper's coverage of the scandal – declaring to *The Independent* that no financial assistance would be extended to bereaved victims like Maureen – and whilst we were naturally still angered by the ongoing silence from Ms Bottomley, we were nevertheless encouraged that at least the Haemophilia Society, if the press report was accurate, seemed set to support our push for justice.



64. Similarly, although we were disappointed by Mr Blunkett's detached response to our copied-correspondence with Ms Bottomley, we had been buoyed by Mr O'Hara's conviction. Accordingly, we couldn't help but read between-the-lines regarding the coincidental timing of their much delayed Opposition replies and the sudden coverage in *The Independent*, just days later (although it was still concerning as to where the copies of our letters had been for six weeks).
65. All told, it seemed that something was clearly afoot – with both positive and negative aspects – and it was paramount to maintain as much media headwind as we could, particularly given the tenor of the other two related articles carried on that same front page of *The Independent*. Moreover, it was also of heavy significance that the Haemophilia Society's "Chairman's Conference" was scheduled for the following weekend in Coventry.
66. *The Independent's* second HCV-related article of 16 November [WITN1944126] outlined the Government's £42m "out-of-court settlement" with HIV-infected victims of the CBS. The writer, Mary Braid, tellingly recalled that the 1991 agreement, made under Prime Minister John Major had come "only two months after Margaret Thatcher and Kenneth Clarke, the then Health Secretary, had ruled it out." She added: "But William Waldegrave, Mr Clarke's successor, said he had 'seldom seen a stronger humanitarian case'." To any onlooker, it seemed clear that Ms Braid's parallel with the earlier campaign was a hint that, for all that the Government was insistent that there would be no financial assistance for the HCV-infected cohort, there was clear precedent for a *volte face* in policy based on events four years earlier.
67. Although welcome in its broad coverage, the third of the title's three front page stories [WITN1944126] that day was bitter-sweet, referring to the case of Mr [GRO-A], a 46-year-old HCV-infected haemophiliac, from [GRO-A] who had undergone a successful liver transplant earlier that year, at roughly the same time that William's had heartbreakingly fallen through.
68. Ms Hall reported that for "12 years he suffered from hepatitis C, infected by a contaminated supply of the blood clotting agent Factor VIII". It would seem that he was infected in 1982, the year after William. However, it was then cited that, in June 1994 – the same month that William was identified as a potential

transplant recipient – Mr [GRO-A] having been “*extremely ill from a failing liver caused by the hepatitis*”, underwent “*a successful liver transplant*”. He was photographed looking extremely healthy.

69. The report did not specifically state exactly when he was first identified as a transplant candidate, nor how long he had been on the waiting list that summer. However, from the details supplied, it would seem that he endured steep hepatic decline post-1990 when he endured a recurrence of his hepatitis. It would seem that the decision to proceed with surgery was made circa 1993 when he was “*facing liver failure*”.
70. It was impossible not to draw parallels with William. We especially noted that Mr [GRO-A]’s Hepatitis C infection actually post-dated his by a year. Yet the decision for Mr [GRO-A] to undergo ultimately successful life-saving surgery was actually made some 12 months prior to William being considered as a candidate. We reflected that had the RLUH made a similar decision in 1993, or at the latest prior to the likely onset of cancer, circa March 1994, then William perhaps would have survived.
71. It was also stinging that Mr [GRO-A] was also one of three haemophiliac brothers, two of whom had already died (apparently from inability to undergo other surgery). The parallels were several. We could only wince when we read him saying “*at my last test, my blood was clotting normally [...] I still keep pinching myself [...] I can barely believe it,*” as he recalled that due to his transplant he was not only given a new liver but also rendered haemophilia-free. We recalled that those same double hopes were extended to William just five months earlier when he was first alerted to the possibilities of a transplant.
72. We could only reflect with bitter irony upon Dr Gilmore’s glib reasoning, as extended to us only a month earlier – and then repeated by him in his swiftly drafted correspondence with Dr Hay, and perhaps again, however obliquely, as late as 2008 in the aforementioned email exchange to Gregory – to the effect that William’s chances of benefiting from a liver transplant had been beset by the non-existence of a competent medical unit in Liverpool. This skewed rationale was placed firmly into perspective by the facts of Mr

Thorpe's procedure; for the newspaper had recorded that, although he lived in Brighton, he underwent his successful procedure at King's College Hospital, London. It was obvious to us that he had thankfully benefited from the alertness of medics in the south of the country whereas William had been a victim of the inertia (at best) of those in the north.

73. It was obvious that the suddenly heightened media coverage of 16 November – whoever was responsible for coordinating it – had triggered an immediate swell of support amongst parliamentarians seeking to achieve justice for those infected and affected by HCV. Accordingly, it was gratifying that, just a day later, on Thursday, 17 November, *The Independent* again gave front page prominence to the scandal [WITN1944127], under the headline "Government resists calls to compensate hepatitis C victims", as well as devoting another supplementary report on page three to it, and indeed the title's leading article that day (the latter two cuttings we also sadly no longer possess). It was clearly concerted pressure and it seemingly came out-of-the-blue but bore all the hallmarks of having been part of a carefully orchestrated press campaign.
74. The article, by Nicholas Timmons and Martin Whitfield, reported that "*health ministers yesterday resisted cross-party calls for compensation for haemophiliacs who have contracted hepatitis C from contaminated blood products, amid controversy over how many people may be infected by the virus*".
75. In reported speech, it referred to the belief of Alf Morris MP, the former Labour Minister for the Disabled, that "*the principle was exactly the same as that which led to a £42m pay-out in 1990 to 1,200 haemophiliacs who became infected with HIV [...] after being given contaminated Factor VIII*." However, by quoting the Minister for Health, Gerry Malone, the article also indicated both the intransigence of the UK government and the likely extent of the battle that we faced. For he was quoted saying that "*it would be wrong to embark on a system of compensation unless negligence has been proved by those who have been treated in some way or another. That is a principle by which we will stand*."

76. Mr Malone's unequivocal stance was an absolute hammer blow, especially coming just a day after our hopes were raised of a breakthrough. Further, it was devastating to read an unattributed line, though clearly indicating that it conveyed Mr Malone's thoughts, that *"those infected by HIV had been a special case, suffering social as well as clinical problems"*. Resuming their direct quotes, the journalists added that he had said: *"Some people were deprived of their employment, they were not able to obtain mortgages, insurance, things like that"*.
77. It was heartbreaking to read Mr Malone's words and his singular lack of appreciation that William had, for example, endured just as much social and economic pain, not to forget physical suffering, as his deceased brothers. The level of ignorance, at the state's highest levels, about the insidious nature of Hepatitis C was alarming.
78. Perhaps even more disturbing than the Government's stance and appreciation was the article's categorical assertion, contradicting what had been conveyed only a day earlier, that *"the Haemophilia Society [...] had no plans to seek compensation from the Government at this moment"*. An unattributed quote from the Society was then included, which stated: *"It is far too early to say what the needs of people with haemophilia and hepatitis C will be. Our priority is to ensure help and support for people who are unwell as a result of hepatitis C."* It was clear that The Haemophilia Society was all over the place. We didn't know half of it until Maureen and Gregory reached the Coventry conference the following weekend.
79. To read a future tensed quote like that, saying that it was *"far too early"* in matters pertaining to haemophilia and Hepatitis C, when we knew from the bitter experience of everything William had suffered leading up to 3 September that year – only just over two months earlier – that matters were actually already too late, was yet a further devastation, especially coming from the charitable body that we had assumed would be on our side.
80. The only heartening aspect amid the devastation of the article was to read the attributed quotes of the Tory MP for Hendon South, the Rt Hon. Mr John

Marshall, alluding to the truth (as implied by the reported speech) that *"what was at stake was a moral, not legal, issue."* The paper then quoted him directly, saying: *"The parallels with the HIV compensation are very strong indeed. What has happened in both is that a treatment designed to improve the quality of life has become a suspended sentence of death. This is not what people receive treatment from the NHS for. No one is arguing that the Government has been negligent, but it has to answer at the bar of public opinion, not the bar of law, and the former is more powerful."*

81. Although we disagreed with his implication that *"the Government"* had not been negligent, we took his words to be very telling and felt confident that if more people were as appraised of the facts as Mr Marshall evidently was, then attitudes would surely change.
82. For all the positives of that sudden coverage, however, it was deeply disconcerting to read just how entrenched the Department of Health was in its refusal to ensure that equality reigned between HIV-infected haemophiliacs and HCV-infected sufferers.
83. Furthermore it was also devastating to suddenly learn – in complete contrast to the reports a day earlier – that the Haemophilia Society wouldn't necessarily be supporting our campaign for justice. Instinctively we immediately recognised two things. Firstly, we should contact *The Independent* in order to maintain the sudden media momentum, and preferably prior to that weekend's conference. Secondly, that if we were to reluctantly air our family's grief in the public domain in order to bolster public awareness of the second (in perception) haemophilia tragedy, then we would need to use the perspective of William as one of three deceased haemophiliac brothers – but the only one to have (knowingly) been HCV positive whilst being HIV negative.
84. The case for exposing the immorality of the Government's efforts to drive a wedge between haemophilia communities, and even between family members, purely on the lottery basis of the respective diseases contracted through contaminated blood, was overwhelming. Equally, it was obvious that the Haemophilia Society's somewhat sinister declaration, quoted by *The*

*Independent*, that only those haemophiliacs living with HCV were of concern to its ongoing care policies – not those who had already died or been bereaved – had to be challenged. Whilst we could sense that a double – divide and conquer type – approach was being employed by both the Government and the Haemophilia Society, we felt sure that as soon as such inexcusable stances were further exposed in the media – quite literally discriminating between haemophiliac victims of HIV and HCV and moreover between the living and the dead – then public hearts and minds would be instantly reversed.

85. Accordingly, Gregory contacted Ms Hall later on that Thursday, 17 November, with a view to working on a feature for the following Saturday. He also contacted an acquaintance, Clare Stocks, a journalist he knew on the Liverpool morning title, *The Daily Post*. Consequently, on the morning of Saturday, 19 November, both titles carried major features outlining William's case.
86. In *The Independent*, a news-feature interview with Gregory [WITN1944128] was afforded the page three lead under the headline "*Cruel irony in haemophiliac's death*". The chief thrust concentrated on William having been among three deceased haemophiliac brothers but the only one who was HIV negative and knowingly HCV positive. The article's subheading referred to "*the case of a man who fell victim to hepatitis C after 'luckily' avoiding the Aids virus*".
87. Ms Hall wrote: "*The premature death 10 weeks ago of William Murphy, a haemophiliac, was a savage irony [...] [he] died of liver failure brought on by the hepatitis C virus. He was infected by doses of the blood clotting agent Factor VIII. His two brothers [...] died in 1989 and 1990 from HIV infection caught from infected Factor VIII. Mr Murphy was assured after repeated tests that he was free of the Aids virus. His doctors told him he was lucky. His son, Greg, 27, said yesterday: 'At the time my father always said it would not be the end of it, that he could not believe that he was all right. We just said it was Dad being pessimistic'.*" It continued: "*Now Greg Murphy, his mother Maureen and his sister, who has a three-year-old son with haemophilia, are determined*

*to seek compensation. 'My father discussed this with us in the weeks before he died. He said that we should but that we must not become obsessed by it'."*

88. Tellingly, the article touched on one of the central aspects of William's case, that we have referenced several times throughout our evidence statements, namely the rapidity of his demise post-infection with Hepatitis Non-A/Non-B in 1981 leading to death just 13 years later. "[Hepatitis C] *can remain undetected without producing symptoms for 30 years,*" wrote Ms Hall, before adding that *"however, doctors believe that in haemophiliacs the course of the liver disease may be faster. It appears to have been so in Mr Murphy's case [...] [his] family believes the blame lies squarely at the door of the Department of Health. They do not accept the department's line that the blood products were used unwittingly. 'We don't accept that on two counts. First, most of that blood came from the USA which, during the 1960s and 1970s and the early 1980s operated a 'buck-a-time' donation tempter which attracted junkies, street alcoholics and other desperate people,' Mr Murphy said. 'It should have been obvious to anyone with an ounce of common sense that the blood would have been riddled with all kinds of things. But the Government saw fit to distribute it to haemophiliacs who were only too grateful for anything to control their condition. Second, the Government has already set a precedent for settling cases of haemophiliacs who acquired HIV'."*

89. Ms Hall added that we had *"decided to draw attention"* to our case *"after years of silence because of the social stigma attached to HIV."* She quoted Gregory further as saying: *"We have taken so many blows that this latest refusal from the Government is too much."* Ms Hall also described how William *"who needed regular supplies of Factor VIII was, his family believes, infected with hepatitis C in 1981 when he needed emergency surgery for a stomach ulcer. People with haemophilia who need surgery are usually given large amounts of clotting factor before their operation."* She quoted Gregory further as saying: *"That was in November. In December he had hepatitis. I remember [him] being home for Christmas and my father was very yellow with jaundice, very unwell,"* before adding *"then between 1981 and 1992, when he had the diagnosis, it progressed. He had chronic cirrhosis of the liver."* Ms Hall continued to quote Gregory as saying: *"At one stage he was on the list for a liver transplant and*

*all the tests went well. Then in August, more tests showed that he had developed a tumour on the liver so he came off the transplant list. We were told that an infected liver is fertile ground for cancer."*

90. The article's abrupt ending betrayed the fact that we had supplied more details to Ms Hall which, due to clumsy space constraints, she couldn't use. Whilst we were grateful for her coverage, it was frustrating that she couldn't expand on three key aspects (incidentally, it would prove to be just the first time among many down the years since 1994 that we were thwarted from telling William's story with adequate enough detail). Firstly, that the compensation, for want of a better word, sought was in order to financially support Maureen, who, by that stage, had not only lost her own salary due to having to retire early as a direct consequence of stress-related ill-health and her need to care for William in his final years, but also her husband's pay-check, not to overlook the fact that she would further be deprived of his state pension. Given that all of hers, and William's, pension pots had been decimated anyway, and various other policies were cashed-in through necessity (as described later), she was facing a constrained financial future. Furthermore, she had only recently paid for William's funeral – a cost that would have been borne by the state had he been HIV+ in addition to, or instead of, being HCV+.

91. Secondly, she didn't convey the financial discrimination and disparity already prevailing – and still is in 2023—

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It was frustrating that such a key aspect wasn't drawn by Ms Hall's otherwise appreciated efforts (especially considering her sterling media work already that week).

92. Thirdly, although Ms Hall alluded to the HIV/AIDS-related social stigma that we had feared as a family, merely by dint of William being a haemophiliac, she didn't convey the meta-aspects of the wider reality of his HCV infection, particularly given his subsequent liver cirrhosis. For the fact was, as we have related extensively in our first statement, and will do so again in our third submission, that we had also endured parallel stigma-fears: firstly, that we



would be shunned anyway, simply because of the assumption that William would have been HIV/AIDS+ due to his haemophilia (as discussed, he was abandoned by his dentist in the mid-1980s due to the HIV scare); and secondly, that it would also be assumed that his cirrhosis was alcohol related.

93. In our first witness statement, we referred to the casual assumptions of others, even initially by medics of Professor Shields' standing, that William's liver disease was alcohol based. Such was always a very real fear for us in the wake of William's double diagnosis, in January 1992, with HCV and cirrhosis of the liver.
94. Thus, from 1992 onwards, we had always faced a multi-layered dilemma. We had to explain as to why William had retired, and further as to why his health was so visibly deteriorating. Yet we couldn't risk his character being doubly besmirched by him being thought not only to have had HIV/AIDS but also to have been an alcoholic. To provide a cover-story we defaulted by saying that he had stomach cancer. It was an easier and more readily accepted explanation. The reality of that hideously convoluted scenario gives the lie to the oft-repeated myth that it was only the HIV+ victims of the CBS who endured the fear of stigma. Not so.
95. The deep irony, of course, in proclaiming that William had stomach cancer was that when his health then took a serious downturn, in August 1994 – i.e. when it was discovered that he actually did eventually have cancer – and had likely had for at least six months, we couldn't then adequately inform anyone beyond the immediate family about this further, graduated devastation.
96. Gregory recalls a scenario which contextualises the whole harrowing reality of cover-stories, secrets and stigma-averting lies. For in mid-August 1994, when his father suffered the encephalitic coma discussed in our first statement, and we feared that he was just hours from death, he had to risk informing his employers of a worsening stage in the initial cover-story, i.e. that his father's long suffered "*stomach cancer*" (which of course William had never had) had then reached its end stages and that he likely didn't have long to live. Gregory had informed colleagues several months earlier that his father had cancer,

simply in order to justify and contextualise any sudden dashes to hospital that he might ever need to make.

97. Then, when William surprisingly rallied from his coma in early August 1994, Gregory simply stuck to the worsening cancer cover-story. He had also prepared another anticipatory veiling narrative, to explain the much hoped for eventuality that his father might soon receive a liver transplant; accordingly he planned to explain to any inquiries that such a major procedure had finally become necessary because his father had developed secondary cancer, in the liver, following the metastasization of his primary stomach tumour.
98. Yet just 10 days after the shocking encephalitic episode, Gregory was devastated to learn that his father genuinely did have cancer after all – and with bitter irony it was a liver tumour, which instantly curtailed his transplant hopes – and therefore found himself in the position of not being able to tell his employers about an even further-worsened situation, simply because he had already informed them several months earlier about his father's (phantom) cancer. The cover-story had finally become the truth. Utterly hideous.
99. Gregory recalls that, subsequent to William's genuine cancer diagnosis, in late August 1994, he was irrationally wracked with guilt at having long since exaggerated (or so he thought) the extent of William's (non-existent) cancer, simply in order to communicate the seriousness of his overall condition, but without actually realising that his father had unknowingly had the disease, but undiagnosed, for several months. Indeed, when William returned from Newcastle after having been diagnosed with cancer on 18 August 1994, we still never appreciated that his tumour was in fact so developed that it was almost terminal. Thus, once it became obvious, on 3 September, that William wouldn't pull through, and that cancer had finally beaten him, Gregory developed a deep guilt that he had somehow tempted fate throughout that harrowing summer by faking a story to his employers, not only that his father had long since had the condition but that it had worsened considerably as the long weeks of William's constant hospitalisations continued from June 1994 onwards. He was simply trying to explain as to why his father seemed to be permanently in hospital whilst also protecting his reputation and dignity.

100. Perversely, upon acquiring William's medical records, Gregory was almost relieved to learn that, unwittingly, and purely to avoid stigma, he had been inadvertently truthful to his employers without ever realising. For the reality all along, was that William really was dying of cancer, even from early 1994, from roughly around the same period when Gregory first concocted a cover-story in order to convey his devastation about his father's ongoing demise.
101. Moreover, although we hadn't fully realised in the early parts of 1994, we were all – including William – slowly beginning to sense that the stigma surrounding haemophiliacs and the CBS, was being wholly appropriated by the HIV+ community almost as an exclusive sufferance, i.e. experienced only by that cohort. We detected that there was a deepening perception that William and his family hadn't ever endured any fear of exposure simply because he had been fortunate enough (quite the opposite) to avoid HIV and merely get "liver disease".
102. There was a definite sense emerging of there being two tiers of concern towards haemophiliacs, with only HIV+ victims – who had been seen to be dying rapidly – considered as deserving of assistance. Anyone still in denial about whether that default attitude existed from the early-to-mid 1990s, and for frankly far too long, need only consider that a clear dichotomy soon developed in terms of how HCV-victims were viewed in comparison with HIV-victims, indeed it still exists, and ask themselves how that ever came to be. There had to be a reason for it, and there was. In a nutshell, we were all divided and conquered. Not just by the government either.
103. The medical establishment more than played its part in feeding the "otherness" of the HCV-only infected community amongst haemophiliacs. It was as though one group hurtling towards death deserved help, sympathy even, whereas the other bracket just had to put-up, shut-up and be grateful that the scourge of HIV had been avoided. That hideous syndrome, of course, was writ large even within our extended family due to the dismissive attitude consistently displayed in the late 1980s by Dr Hay towards William in comparison with his communicated – and rightful – concern for his two brothers. For ourselves, the ugly sense of "*them and us*" then finally reached

the point of exposure at the Haemophilia Society meeting in Coventry in November 1994, as will be described, just hours after the publication of the aforementioned article featuring Gregory as published in the *Independent* that day. By that stage we'd had enough, though. We simply weren't prepared to walk on eggshells anymore – well at least for a while anyway – being told what we could or couldn't, or should or shouldn't do by the HIV-affected community as though the narrative of injustice was controlled by one camp, that only one collective voice was valid and understood the CBS, and we had no right to mount a full-throttle campaign and more importantly tell the truth, and the whole context of it, whilst doing so.

104. As said, Gregory had also courted local publicity – in the *Liverpool Daily Post* [WITN1944129] – that Saturday in November 1994 ahead of the Haemophilia Society conference in Coventry. The large, double component, news-feature on page eight, was adverted to by a front page photograph of Gregory on his wedding day with his father, two years earlier (taken just weeks after the events surrounding Dr Hay's abrupt cancellation of William's liver work-up as described extensively in our first statement). The photo-headline indelicately stated "*Blood Brothers Battle*" and the accompanying caption read: "*Proud father, William Murphy, right, pictured on his son Greg's wedding day. A happy occasion but William has since died – the third of three haemophiliac brothers to fall victim to contaminated blood products. William's brothers' families won government compensation, but Greg is having to battle for a settlement for his father. He is campaigning for an investigation into the blood scandal.*"
105. The main story inside was also wincingly headlined "*Triple blood tragedy family in cash fight*". Ms Stocks wrote: "*The family of three haemophiliac brothers who all died after receiving contaminated blood are mounting a campaign to force the government to award compensation to thousands of other infected patients. Two of the brothers died from HIV infections and their families have been compensated by a government payout. But there is no similar award for the third brother who also died from infected blood products. William Murphy died two months ago from a liver tumour which he developed as a result of contracting Hepatitis C [...] from infected blood products [...] [he] was one of 12 men with haemophilia who have died in the past year from the*

virus it was revealed this week [...] Mr Murphy's [...] brothers – whose families wish to remain anonymous – died in 1989 and 1990 after contracting HIV from contaminated blood. Their families have already won financial redress from the government as part of a £42m out-of-court settlement in 1990 for HIV-affected haemophiliacs. But the government has refused to extend the settlement [to William] and others like him. Campaigners have vowed to take up Mr Murphy's case. Mr Murphy's son, Greg, who lives in [GRO-C] Liverpool, last night demanded an investigation from the Department of Health Secretary, Virginia Bottomley. A Department spokesman confirmed there were no plans to extend the compensation scheme."

106. A second, accompanying feature, unfortunately headlined "Condition where a bruise can prove fatal", also by Ms Stocks, expanded upon the case nuances. Admirably, she wrote: "There could not be a sadder illustration of the dilemma facing haemophiliacs than the Murphy family [...] it was not until 1985 that the NHS introduced the screening of blood products for HIV and Hepatitis – by then it was too late for 1,200 haemophiliacs who had been infected by the AIDS virus, including William Murphy's two brothers. It now appears it was also too late for Mr Murphy, who believed he had escaped the curse of the infected blood [...] the Murphys are among 60 families who have approached solicitors to seek compensation and the Hepatitis Society (sic) is considering backing their campaign. Conservative MP, John Marshall, who led the campaign to win compensation for HIV-infected haemophiliacs, said: 'Mr Murphy's case seems to illustrate perfectly the inconsistency in government policy towards these two groups of people. All three brothers were infected by the NHS – the first two were quite rightly given compensation and so should the third and his family. It seems to me that the two groups have suffered very much one and the same fate. It is as much a moral issue as anything,' said Mr Marshall who is now pressing Health Secretary Virginia Bottomley to compensate Hepatitis C-infected haemophiliacs."
107. Ms Stocks informatively added: "[...] Mr Murphy, who died aged 59, was one of the 8pc of [Hepatitis C] cases who go on to develop chronic cirrhosis of the liver which is not necessarily fatal but can be a killer if undetected. He is believed to have contracted the virus from blood injected during an emergency

*operation for a burst ulcer in 1981 [...] he was subjected to regular HIV tests but was finally given the all-clear in 1986. But by then both his brothers had been diagnosed HIV-positive, and four years later they were both dead. In January 1992 it was confirmed that Mr Murphy had developed cirrhosis of the liver as a direct result of Hepatitis C and that the condition was terminal. But as late as August this year Mr Murphy's family were given fresh hope with the offer of a liver transplant – which would have not only have given him a new disease-free organ but also eradicated his haemophilia. The blood clotting factors which haemophiliacs lack are produced in the liver. But after a series of tests examining the potential for a liver transplant, a malignant tumour was discovered on the liver. Mr Murphy was discharged to await chemotherapy but 18 days later, on September 3rd, he died of a massive abdominal bleed."*

108. Generally, we were content with the tone that Ms Stocks struck. However, it was an unfortunate, yet inescapable, reality that so much headline emphasis was on the financial aspect of our initial campaigning, specifically to address the glaring inconsistency of the Government's position – i.e. discriminating between HIV+ haemophiliacs and HCV+ sufferers – and to drive home that easily graspable message.

109. We knew instinctively, and from our experiences of campaigning for financial justice for the HIV-infected haemophiliac community – GRO-D

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GRO-D – that the public, and to an extent the media, still didn't readily grasp the nature of haemophilia, let alone complexities like Factor VIII, blood products, pooling methods and plasma production. Therefore, we felt that the story concerning the financial injustice created by the Government – especially given the inconsistency adopted towards three dead brothers – was relatively easier to understand. Essentially, one didn't need schooling in the nuances of haemophilia or the CBS in order to grasp the story's hideousness; it was simply enough to know that the Government had set a precedent of financial redress/assistance in one distinct matter and yet inexplicably failed to do likewise, and was stating that it would continue to remain intransigent, regarding another, directly comparable issue.

110. It was also frustrating that in our early campaigning we could never quite convey our wider call for a public investigation into the CBS. It was a casualty of us needing to prioritise matters, i.e. securing Maureen's livelihood and living standards (she still had several years of her original mortgage to pay; and she later needed to secure a second mortgage).
111. Whilst we knew that we faced an uphill battle, especially given the Government's pronouncements already that autumn, we felt that concentrating on the financial redress issue was an easier ambition to push for, rather than the much harder goal of attaining a public inquiry. The nearest that Ms Stocks got to conveying that bigger ambition was in the photo-caption stating that Gregory was "*campaigning for an investigation into the blood scandal*".
112. Although our decision to prioritise financial discrimination over a public inquiry was a simple case of headline expediency, it had the downside of making us appear money-driven. Nevertheless, we thought it a short-term price worth paying, quite literally, as we naively assumed that sense would soon prevail and the Government would find that its policy towards HCV+ haemophiliacs was untenable, especially given the views of those such as Mr Marshall.
113. We could never have imagined that 29 years later we would be in the position of having secured a public inquiry, albeit not until 2017, and yet the matter of financial discrimination has still not been fully addressed. Nor could we have anticipated that, almost a decade after William's death, the Department of Health, in 2003, would then drive a further wedge between the haemophiliac community – already long since split along HIV and HCV fault-lines – when, under the stewardship of the then Health Secretary, the Rt Hon. John Reid MP, even the HCV-infected community was callously divided into two camps, by the contemptuous disregard for victims like William; simply because he had died prior to an arbitrarily identified date of August 30th, 2003, which was deemed as a cut-off point for financially assisting long-term widows like Maureen.
114. Although we were initially reluctant to air our family traumas in the press, we felt, in the immediate wake of William's death, that we had Hobson's Choice. Consequently, we were content with the general messages carried in both

newspapers on Saturday, 19 November 1994. We felt that most key aspects were conveyed and encouraged, and that there was a groundswell of parliamentary support.

115. Accordingly, although still confused about the mixed messages that the Haemophilia Society had broadcast over the previous few days, (since the *Independent* had first broached matters 72 hours earlier) particularly regarding financial support for HCV+ haemophiliacs and their dependents, Maureen and Gregory headed to Coventry in confident anticipation of the Society's meeting being a positive milestone. It transpired, though, that whilst it was indeed a very significant day, their experience was the very opposite of what they expected.
116. It's no exaggeration to say that the scars from that November day in 1994 – just 11 weeks after William's death – still sting. We would implore the Inquiry to uncover the truth about:
  - a. Exactly what happened at Coventry (as outlined below);
  - b. Why it was enabled; and
  - c. By whom?
117. Due to transport delays, Maureen and Gregory arrived later than most delegates at the De Vere Hotel [WITN1944130]. Naturally, by the time that they had registered, nearing 11am, most attendees – having already been attuned to the national media coverage over the previous three days – were already also aware of our campaign efforts in that morning's press. Whilst we didn't know how many were appraised about the *Daily Post* article, given that its circulation only covered Merseyside, Cheshire and North Wales (although there were many in attendance from those areas), it was apparent that the *Independent* piece was being roundly discussed. Further, Gregory was pictured alongside that story – quite large and in colour – wearing the same green mackintosh as he did at the conference. His presence was conspicuous.
118. Most delegates had already taken their places well in advance of the commencement of the so-called "Conference Welcome" – which proved to be



anything but for Maureen and Gregory – by the time they both arrived. They therefore discreetly sat at the back of the main room, circa 11am. Although Gregory cannot recollect anything specific being mentioned about that morning's press, he just remembers that the media coverage of both that and previous days was being roundly and knowingly referred to amongst delegates as the session prepared to settle. Further, he also remembers discerning very quickly that the general mood was negative, not just about the increased media focus but also about any justification that may be proposed for a Society-backed campaign in support of HCV-infected haemophiliacs

119. Even though the welcome address segment was relatively short, it was a long enough for Maureen and Gregory to quickly discern the extent of the delegates' disapproval about a potential HCV campaign. It was also obvious that Gregory's media campaign was roundly resented. Moreover, it gradually became common knowledge that both of them were present.
120. Accordingly, they endured certain cutting remarks directed half towards the chair and half towards where they sat at the rear. It was unmistakable that they were the objects of ire.
121. The general tenor was to query as to why the haemophiliac community, having suffered so much stigma during the, still fresh-in-mind, HIV campaign, should undergo further media torment. Some delegates reminded the conference that homes were targeted during the AIDS scare and that they didn't wish to endure another prolonged episode with infected haemophiliacs in the national headlines. There were many "hear, hears".
122. Gregory recalls that the support for such sentiment was so palpable that one particular contribution from the floor, extended only notionally towards the top table, has always stayed in his memory *verbatim*; a female stood up, turned sideways on, held a piece of paper aloft, gesturing towards Maureen and him, saying, both condescendingly and with no little ill-temper: "*We've all signed the waiver!*"; a declaration that received audible approval.
123. The overall sentiment was that even were the wider haemophiliac community to be disposed towards such a campaign – which delegates clearly weren't, at

least – it was impossible in any case given the widespread signing, by HIV+ victims, or their bereaved dependants, of the infamous Government-conspired, Macfarlane Trust “waiver” of 1991. The salient text of the agreement, as regarding hepatitis and HCV, was then read aloud (Gregory suspects that it was done so in long-form but cannot be certain), intended as a matter of education for those assumed to have perhaps been unaware of such realities. So presumably the *verbatim* text that was aired was that of the original 1991 legal agreement [WITN1944131].

124. Although Gregory thought, “*well, we haven’t signed any waiver, so it doesn’t apply to us*”, it was still a crushing moment. Both he and Maureen knew that it was specifically aired for their dubious benefit. Gregory immediately intuited two things: firstly, that two distinct haemophiliac communities had suddenly emerged, and that the issue of HCV had caused a schism that was unlikely to be resolved quickly, if ever; secondly, that there was an air of superiority, almost, assumed by those within the HIV-infected, and affected, haemophiliac community – a presumed hierarchy based on relative perceptions of suffering, i.e. those with HIV were the real victims, whilst those infected or affected by HCV had endured no comparable experience.
125. Furthermore, although Maureen and Gregory cannot recall anything specific being said at conference to this particular end, there was an undeniable air that those calling for a HCV campaign were unseemly money-chasers, having witnessed the payouts to the HIV+ community. Although there can be no doubt that, ultimately, it was the Government, through its unwritten policy of divide-and-rule, that caused the rift within the haemophilia community, we are in no doubt that its pernicious effect became entrenched by the initially intransigent stance of the HIV+ population. Furthermore, what was perhaps the most chilling aspect witnessed by Maureen and Gregory at Coventry was that no note of sympathy or empathy was even extended towards them for so recent a loss. It was simply a cold and blunt declaration that no support should be given. Also that it was impossible.
126. We believe that if the Inquiry is looking for the origins of the schism between the HIV+ and HCV+ haemophiliac communities, then the events of 16-20

November, 1994 were seminal. For the effects of that week reached down the years and indeed decades. Indeed, such opposing forces were writ large even

| GRO-D |   |
|-------|---|
| GRO-D | There is no doubt in our minds that the |

discrimination that Maureen is still subjected to today – i.e. being treated entirely differently – was enabled by the attitudes that were already commonplace at least as early as autumn 1994. Such initial divisions then enabled a succession of politicians to only compound matters, most egregiously by Mr Reid in 2003 as will be discussed later.

127. Whilst there is now a consensus amongst haemophiliacs that the issue of HCV-infection merits as much campaigning for justice as the first wave of infections did, brought to light through the prism of the HIV/AIDS spectre, it should be recorded that such *detente* was a long time coming.
128. Although more recent attitudes of unison have been welcome, it should be recorded that the hurt was already caused for so-called “early” “HCV-widows” like Maureen. Further, the Inquiry should note that one of the largely unrecognised poisonous tentacles arising from the long discrimination against the HCV-infected and affected haemophilic community was that it effectively prevented us from ever waging a more focused emphasis on William’s original CBS infection – namely the insidious and potentially fatal Hepatitis B (HBV). For, once it became obvious that we had a mountainous task to express, even within the haemophilic community, the seriousness of HCV, it then became a case of almost relegating any references, except in passing, to William’s repeated HBV infections. This serious default was brought into sharp focus by Lord Leslie Turnberg FRCP FMedSc on the first morning of the Archer Inquiry in 2007, as described later.
129. We hold that the completely unnecessary pain-of-schism endured by Maureen – and by extension Anne and Gregory – from the immediate weeks after William’s death, and lasting to today, was a very real part of the CBS and should be regarded as such in the final analysis produced by the Inquiry; it was a tertiary scandal (discrimination) within a secondary scandal (the UK Government’s response to all infected haemophiliacs and associated

cover-ups) within a primary scandal (the administering, approval and production of infected blood in the first place). We exhort the Inquiry to investigate every aspect of how such a third iniquity, which first came to light for us circa November 1994, and especially through the events at Coventry, that doubled the pain of widows like Maureen, was allowed to reign for so long.

130. Although they swiftly gleaned that their presence at Coventry was unpopular, indeed they didn't attend the symposium that followed the welcome address, finding it necessary to gather themselves in order to brave the obvious opprobrium that they already knew was surely heading their way over the rest of the weekend, it was really only during the lunch recess that Maureen and Gregory became fully aware of the extent to which they were *persona non grata*. It was obvious that they were the subject of certain conversational groups. Gregory recalls the atmosphere in the hotel's common areas being deeply oppressive right from the start. Despite this, even during the pre-lunch period, neither of them still rushed to total judgement. For, they hoped that perhaps a silent majority existed who supported the campaign but were fearful of speaking and who would maybe emerge over the weekend (it should be noted that Maureen was then unaware of the recently-formed Manor House Group which she would eventually become a firm member of). By the early-part of lunch, however, it was finally beyond doubt that they were being ostracised beyond the point of tolerance. It was also conspicuous that not one delegate they encountered passed a positive comment or extended support for their media efforts. Accordingly, their immediate instincts were to leave.
131. Maureen and Gregory had even waited for a conciliatory message to be extended from those who were 'at the conference top table. However, none came. Ruefully, they finally accepted that there was simply nothing to gain from remaining amid such hostility. Indeed, the truest measure of the disapproval that surrounded them was then finally conveyed, however indirectly, by senior Society figures, including the director of Services and Development, Graham Barker (to whom Maureen had written several weeks earlier, without reply, requesting clarity about the charity's position regarding justice for HCV+ haemophiliacs – we no longer have a copy of that

hand-written note – and also enclosing, we believe, a copy of our earlier letter to Ms Bottomley, although that was perhaps first forwarded to him by Gregory, also). However, very pointedly, the Chairman, Rev. Prebendary Alan Tanner, also let his sentiments be known. Both men discreetly inferred that perhaps it would be wiser if Maureen and Gregory considered whether their presence was a distraction and that it was neither in their interests, nor the conference's, for them to remain. There was nothing specific that was said but it was done artfully enough for the message to be understood.

132. It would be interesting to know if any minutes of the conference were archived by the Haemophilia Society and what they contain, or even if any other delegates at the 1994 Coventry event can testify as to how that infamous day unfolded. For Maureen and Gregory feel that the extent of the tensions must surely have been remembered by others. Gregory's recollection of the exchanges with Rev. Tanner and Mr Barker are such that he remembers being aware, in that precise moment, that although he and Maureen weren't being ordered from the conference, as such, the implications were quite clear. He also recalls thinking that it was somewhat ironic to effectively be asked to leave given that they had already all but decided to do so anyway.
133. Still deep in their grief at the loss of William just weeks earlier, they knew that they had effectively and ironically been sent to Coventry, in Coventry. It was a truly ignominious moment. They just couldn't understand what had happened.
134. Gregory recalls that Maureen's distress on leaving was acute. Indeed, neither of them have ever been able to forget the depression they experienced. Matters then worsened in almost macabre fashion when, upon leaving the hotel, just hours after booking-in, they encountered, of all people, Dr Hay in the foyer. There was no way that either party could escape the other. It's possible that he was only then just arriving, circa 1pm, for his afternoon lecture on "The Management of Inhibitors". Neither Maureen nor Gregory can recall that anything of significance was said, other than a general reference made by Dr Hay along the lines that he was disappointed that the family hadn't approached him after William's death.

135. Gregory recalls, though, that he and Maureen were astonished – even despite their previous experiences of Dr Hay’s self-serving characteristics – at just how self-absorbed he was. However, he cannot be certain as to what their momentary feelings really were, especially given how shell-shocked they still were due to the experiences they had only just suffered with Rev. Tanner and Mr Barker. Regardless of the emotional fog that surrounded their exchange with Dr Hay, and the lack of clarity concerning certain recollections, Gregory nevertheless remains sure that the medic was shocked at the distant demeanour that both he and Maureen exhibited. The truth was that neither of them could find the will to engage in even the smallest talk with anyone at that point – and that Dr Hay was the last person that they would have wished to exchange pleasantries with, anyway. Their distance towards him, therefore, lay more in the fact that they had just been deeply bruised by the conference, rather than in any deep disdain they held towards him, which they did, of course. Further, neither of them, at that point, knew that he had been briefed by Dr Gilmore about the family visit to the latter a month earlier.
136. What was also at the forefront of Maureen and Gregory’s minds was that despite William dying 11 weeks earlier, Dr Hay hadn’t even extended a condolence note. In fact, the family’s last communication with him, such that it was, had been in the week following William’s return from Newcastle, in late August 1994, when he cursorily informed a distraught Maureen in a chance meeting in the RLUH corridors that “*he didn’t have cancer when he left here*” (as discussed in our first statement). It was, of course, the case that Dr Hay’s prolonged *post-mortem* silence concerning William – which surely would have continued had he not chanced on Maureen and Gregory in Coventry – completely matched our perceptions of him over many years.
137. The Coventry episode was the first of a sequence of standout bleaknesses – “*Black Letter Days*”, as Gregory has termed them – that we have endured in our 29-year justice battle; other occasions (suffering knock-back after knock-back) will be listed as this statement progresses. It is sobering to note now, however, that the most recent ones occurred even as late as 2019 with

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and then in 2020 through a deeply bruising episode that involved the IBI itself as will be briefly discussed shortly.

138. After their Coventry encounter with Dr Hay, matters were compounded when Maureen and Gregory then faced several hours of travel delays (and the hassle of rescheduling their return rail bookings) as they journeyed back to Liverpool, indeed not arriving home until very late. The depression was so acute, therefore, both then and in the first immediate days post-Coventry, that there was a temptation to just accept defeat and so avoid the bruises that we almost certainly knew we would endure were we to persist with a justice campaign. For we were starting to realise the sheer extent of the challenge that lay ahead, with opponents even existing where we hadn't expected them to be. However, the mid-part of that week would prove pivotal. Indeed, it was because of the unexpected events in the period immediately after Coventry that we were counter-intuitively spurred to push on and that we're still here today. Nevertheless, we could have had no idea as to how long our still continuing battle would last. We wonder now, though, whether we would have continued fighting had we known then what we sadly do today. Ultimately, though, we concluded that, for our own peace of mind, we had no choice but to push on. For to have ceased our campaigning would surely have been more corrosive than the pains of the last 29 years.
139. Quite unexpectedly, on the Monday after Coventry, Dr Hay had felt moved enough to replicate Dr Gilmore's gesture (i.e. in the very week after William's death) by finally writing to Maureen [WITN1944132]. His letter arrived no later than the Wednesday of that week.
140. It was obvious that his meeting with her and Gregory had jarred him; otherwise we couldn't see any point in him sending the note. The letter's self-serving contents, however, as written on *The University of Liverpool* headed paper (not the RLUH), left us utterly flabbergasted.
141. Leaving aside the fact that he failed to register any condolences to Maureen and the family – talking typically only about how saddened he was (however, some benefit-of-the-doubt should be extended that perhaps he had already done so in Coventry; Maureen and Gregory simply cannot recall) – it was

striking that, once again, he was almost entirely self-consumed. It was a staggering note, not least coming so soon after the Coventry encounter, which should have well conveyed our pain. Effectively, he was again casting aspersions on others (similar to how, only three months earlier, in his swiftly drafted letter [WITN1944111] to Professor [GRO-D] in the immediate aftermath of William's cancer diagnosis, he had blamed the hepatologists for "*dragging their feet*" concerning his care). It was also striking that he implied an element of planning behind Maureen and Gregory's encounter with him at the conference, rather than the truth being that both parties had bumped into each other, that it was pure happenstance.

142. Also, and although neither Maureen nor Gregory can recall the precise details of their encounter with him at the hotel, save terse references to William's futile referral to Newcastle when he was already suffering cancer, it was a surprise that Dr Hay's letter indicated that there was much broader substance to the exchange. As said, they can only recall being shell-shocked after the morning's events and then being in no mood to conduct small talk with anyone, least of all him. Maureen and Gregory recall that nothing else of substance was discussed to merit Dr Hay's conclusion that they "*clearly*" had "*many unresolved questions*" in relation to "*Bill's illness and his management*". However, he was quite correct. Again, then, the benefit-of-the-doubt should be extended simply on the basis that neither of them, given their emotional battering, can recall the precise contents of their encounter with Dr Hay, beyond knowing that they didn't wish to pursue pleasantries. However, the – arguably inflated – nature of his letter seemed more than a little reminiscent of Dr Gilmore's advisory note to Dr Hay, just a month earlier, which had also clearly indicated that we had many unresolved questions. Of course, when we received Dr Hay's letter, we had no idea that Dr Gilmore had issued such an internal correspondence several weeks earlier. However, when we finally saw both letters in William's medical files, circa two years later, we were struck by the similarity, the lack of originality, even.
143. There was further disingenuousness in Dr Hay's letter, insofar as he inferred that he had extended an invitation to Maureen to meet with him in the immediate aftermath of William's death, and that either Ms Jones or Ms Smith,



or both, had adequately conveyed that. Maureen has always emphatically rejected that. Indeed, in a contemporaneous annotation to a facsimile of the letter, made soon after acquiring William's medical notes, underneath where Dr Hay said "*I know that both Alison and Linda Smith told you that I wished to talk to you*", she wrote: "*No, I was told [that] Dr Hay is there if I would like to see him.*" A little further on, underneath Dr Hay's assertion that he "*was a little saddened*" when Maureen "*did not take up the offer*", she also added that "*this did not happen*", referring to her conviction that no such offer was made.

144. Finally, we hold that it is yet another curiosity of William's medical files – especially given what has always been missing (e.g. all of the records from December 1978 to October 1981, i.e. the periods when he was infected with Hepatitis B several times, plus many records from 1981 when he was infected with HCV, and even key documents sent from Newcastle to the RLUH in 1994 such as Prof. Bassendine's letter to Dr Gilmore on August 18 [WITN1944109]) – that a copy of Dr Hay's hastily despatched, post-Coventry letter to Maureen was conspicuously present (as was a facsimile of his letter to Professor **GRO-D** the previous August). Once again, we felt that it was as though he had wanted it to be seen within the evidence and that he had purposefully constructed it in order to provide a different slant to the realities, should they ever be challenged.
145. It was breath-taking, though hardly surprising to us, when we learned, in late 2020, that, in addition to writing to Maureen on 21 November 1994, he had also written to Mr Barker at The Haemophilia Society later in the very same week, yet with an entirely different, indeed potentially defamatory, tone towards Gregory. That truth was eventually exposed to us 26 years later via a deeply upsetting IBI exhibit that our then, but now former, legal representatives, Leigh Day, (more later) had not prepared us in advance for, despite knowing in almost pathetically-exposed detail [WITN1944133] of our sheer trepidation ahead of those hugely distressing two days in November 2020, i.e. having to listen to his testimonies and effectively be back in his company, however virtually, after so many years (despite redactions, the pertinent document that was publicly broadcast could clearly be linked to us and our case by those who know of it, which was once well-known amongst

certain older CBS campaign circles; *n.b.* the IBI sincerely apologised in summer 2021 for this administrative indiscretion, which we accepted without reserve).

146. Incidentally, and to depart briefly from the events of Coventry-1994, we concede that, contrary to our assertion otherwise, on 2 November 2020 [WITN1944133], Dr Hay's appearance to give evidence that month was indeed flagged to us by the Inquiry team/Leigh Day, as per an e-mail sent to us on 26 October that year. Frustratingly, we had overlooked the very message that, counter-intuitively, we were constantly monitoring our e-mails for and therefore the chance to ask him a question, among scores that we have for him, that we had then waited more than 26 years for him to answer, i.e. when he called for William's alpha-fetoprotein test in July 1994 and it returned a reading of 9280, what did he do in response to that result? We should explain below, though, how we maddeningly came to miss the very opportunity that we had waited more than a quarter-century for, the one moment above all that we yearned for at the IBI, despite keeping our eyes constantly peeled for such an occasion.
147. Throughout the autumn of 2020 we became accustomed to the IBI's/Leigh Day's preferred method of flagging-up, via e-mail, the forthcoming appearances of expert witnesses. These were seemingly always set according to the following subject-heading template: "*Questions for Witness X*". For example: "*Questions for [Prof.] Christine Lee*" [WITN1944133] sent on 9 October requesting responses by 13 October (four days); "*Questions for Professor Edward Tuddenham*" [WITN1944133] sent on 13 October requesting responses by 15 October (two days); "[Questions for] *Professor GRO-D*" [WITN1944133] sent on 20 October requesting responses by 23 October (three days); and "*Questions for Professor Franklin, Dr GRO-D and Professor Parapia for w/c 26 October*" [WITN1944133] sent on 14 October requesting responses by 19 October (five days). We just waited for a similarly headed e-mail titled "*Questions for Prof. Hay*" or a variant on that established style. It never came.

148. Accordingly, our suspicions were duly alerted. That was especially so given our experiences of Dr Hay not only pre-1994, but then also concerning: i) how Maureen's claim, 1994-97, of medical negligence against him curiously unfolded; ii) our then, recently acquired (August 2020), knowledge of how we believe he influenced our further pursued claim of negligence against him, through the GMC, 2004/05; *and* iii) finally the restrictions placed on us from being able to ask questions at the opening of the Archer Inquiry, in 2007, about his treatment of William (we had no proof at that precise point of his direct involvement in stymying our evidence on that occasion but we would within days – but we were again sensing, as per 2007, that we were being prevented from asking questions of him).
149. We confess, quite readily, to having a hair-trigger sensitivity, indeed cynicism, when it comes to any matter of due process that involves Dr Hay. We strive to maintain objectivity. However, it's safe to say that by autumn 2020 we had long since identified certain patterns that just seemed to keep surfacing whenever our paths with him would cross, so to speak (however, until he gave his evidence at the IBI just a few days later, we really didn't know the half of it, and suspect we still don't know the rest).
150. When we queried this seeming exception to Leigh Day, assuming that Dr Hay had been afforded a privilege by the IBI that no other medic had enjoyed, i.e. not having to face questions from CBS victims, we learned that an e-mail requesting submissions to him had indeed been sent to us, on 26 October, albeit only allowing Core Participants two days to submit their queries, similar to the process concerning Prof. Tuddenham but a noticeably shorter timetable than for all of the other medics that we have mentioned above.
151. When we checked our emails we still couldn't find the missive in question. The only communication it seemed that we had received from the IBI/Leigh Day on 26 October, 2020 was one headed: "*Summary of 20 to 22 October Hearings*". Accordingly, right in the midst of our triangularly strained relations with the IBI/Leigh Day that unfolded between August 2020 and early 2021 [WITN1944133] – which we stress was one of the most distressing sequences we have endured, despite stiff competition, in our 29 years-long campaign for

justice – we wrote the following [WITN1944133], admittedly intemperately (but we were quite tested), but also reflecting the familiarity that we thought we enjoyed with Leigh Day, on 2 November, i.e. just two days prior to Dr Hay's witness appearance: *"We note that we've been afforded the right to submit questions ahead of all the witness appearances this autumn - but signally not regarding our late father's haematologist (though probably just as well; actually, maybe if the Inquiry team could ask him what he thinks an alpha-fetoprotein reading of 9280 might ever indicate in a Hepatitis C positive haemophiliac with cirrhosis of the liver diagnosed at least two years earlier! or whether he thought liver biopsies were suitable for determining the extent of liver disease in haemophiliacs circa, say, June 1992, the eighth of that month to be precise?). We wonder why not? Actually, we really, really don't, because we've got long and deeply jaded experience of that man, and can already see that he's being afforded different treatment to all other witnesses. Why aren't we surprised?"*

152. It was in response to the above that we were nonplussed to receive the following from Sarah Westoby at Leigh Day: *"I am [...] sorry you did not get our email requesting questions for Prof Hay. I have checked with our team here and understand this was sent out on Monday 26th October 2020. If you are having problems receiving such emails please do let me know and I will check here to see if we need to amend anything. We will send your questions for Dr Hay below to the Inquiry team in time for Wednesday and Thursday's hearings. If you want to send us any other questions you have for Dr Hay before 10am tomorrow I will ensure they get to the Inquiry team."*
153. Upon a closer examination of the email that we received on 26 October, that certainly did not have Dr Hay's name in the subject bar – in complete contrast to all of the other witnesses – we finally noticed that deep within the body text of the message (indeed on the third page, when that document was converted to a PDF), almost as though there was no desire for the matter to be advertised, was the following: *"Questions for Professor Hay – On 4 and 5 November 2020 the Inquiry will be hearing live evidence from Professor Charles Hay. We are writing to send you a copy of his statement and to invite any questions you may have for him."*

154. There were still two days to go before he gave evidence yet we were already battered by even remote-involvement with matters concerning Dr Hay. All of our usual alarm-bells were ringing. Also, we were by then drained from our recent experiences, post-August 2020, with the IBI/Leigh Day and simply didn't have the fight in us that week to point out as to just how unacceptable that reply from Leigh Day was to a very legitimate concern, rooted as it was in decades of experiences of personal dealings with Dr Hay and his hinterland. For it was surely obvious as to why we had missed the missive, apparently inviting questions for him. Did no-one stop to think that we deserved a better response than that? Although it was a fact-based reply, for sure, it was both disingenuous and dissonant and yet we were just expected to accept it. This was the IBI in process and that was how we were expected to be treated? It was obvious that our complaint was, at the very least, technically justified. There had undoubtedly been a marked departure from the established norm in flagging-up requests for questions to expert witnesses, and it just happened to have benefited Dr Hay. Why weren't we surprised?
155. **We also noted that our questions for him were never asked by the IBI.** So, ultimately, it was yet another occasion, like so many down the years, when we had failed in our efforts to have our queries raised directly to him. We just had to let the matter go. In any case, we were already on the point of withdrawing our proactive involvement with the IBI, given our post-August 2020 experiences. Then, given the unacceptable treatment we experienced via his evidence submissions to the IBI just days later – replete as it was with slurs against Maureen and Gregory, concerning Coventry 1994, not to forget the revelations that also emerged in those sessions of his before the IBI which all but proved that he was also behind the appalling injustice we had endured on the first morning of the Archer Inquiry in 2007 – we were finally on the point of eventual defeat after some 26 years. Even the IBI had battered us.
156. We could then only look wryly at the next missives that came our way from the IBI/Leigh Day concerning so-called “*Questions for Witnesses*” and duly noted that – again hardly surprisingly – normal service was resumed immediately after the e-mail pertaining to Dr Hay's evidence. For example: “*Questions for Dr Al-Ismail & Dr Giangrande*” [WITN1944133] was sent on 4 November,

2020, requesting responses by 9 November (five days); and even the conspicuously similar missive to that of 26 October – that which had curiously missed Dr Hay's name from the subject heading – which was compositely titled "*Summary of Last Week's Hearings & Questions for Dr Mitchell*" [WITN1944133], sent on 9 November requesting responses by 11 November.

157. So, we simply had to accept that it was a complete coincidence that the email subject-header format had changed only once, and it just happened to concern Dr Hay. Let it be stressed that this was more than just a passing injustice amidst the scores that we have endured over the decades. For, from the very moment that the IBI was called, we had waited for that single instant. That one moment. That final – probably literally – chance to at last speak truth to power. To at least ask just one question. Yet we were denied it. Think of the visceral pain we endured in November 2020 realising that we had missed something that we had waited and campaigned some 26 years for and apparently it was caused by an email muddle that just happened to let Dr Hay slip from our questions yet again; **but we stress that, according to Leigh Day, our questions were put to the IBI.**
158. We trust that the IBI/Leigh Day now more fully understand the breadth of our angst that unfolded from August 2020 – as detailed in the painful email sequences of those truly draining months [WITN1944133] (and we draw especial reference to emails 1, 3 and 11) – that so nearly saw us withdraw from the process, and furthermore appreciates why we will always feel so utterly vexed by the subject of Dr Hay at every turn. Our overriding feeling in late 2020/early 2021 was of that classic "be careful what you wish for" syndrome. Because, for so long we had pushed for a public Inquiry into the CBS and yet it seemed that the very thing we had pinned our hopes on to finally deliver justice had become the vehicle to ride roughshod over us yet again, much like the sinister experiences we endured at the Archer Inquiry in 2007 (more later) – and we were only just learning in November 2020 that Dr Hay had, after all, been the root cause of that long-suffered pain. Ultimately, though, the knock-on effects of the events of late 2020 caused a significant delay in the submission of our evidence and we just have to accept now that our words can now only effectively be for the record.

159. Returning our concentration to the events that transpired immediately after the Coventry conference of November 1994 and the revelations that emerged in connection to such through the IBI process in November 2020, we were astounded at the complete difference in tone, tenor and temper between the letters to Maureen and Mr Barker that Dr Hay dispatched in the week after the event. That type of disingenuousness, though, we have long since recognised, is a typical trait of his written and oral output. Contenance is not his forte. Furthermore, we also learned at that IBI juncture in late 2020, through his written – and signed – declarations to the IBI that his recollections about all of the events of late 1994, not just those at Coventry and our early press activities, but even pertaining to William's death were seriously flawed to the point of being utterly unreliable. Furthermore, not content with having impugned Gregory's character some quarter-century earlier, we noted that he disgracefully seized the contemporaneous opportunity, in his signed submission of October 2020, to scandalously denigrate the character of Maureen – then almost 83, if he'd stopped to consider the biological chronology of the intervening 26 years, and in very ill-health. It was arguably the lowest he has ever sunk.
160. We contend that the 5 November, 2020 IBI exhibit [HSOC0005123], showing Dr Hay's letter to Mr Barker, dated 25 November, 1994 – i.e. the Friday after the Coventry conference – was disgraceful, even if its clumsy ambiguity could be claimed by the author as a defence of its contents. For in stating that Gregory *"the son of one of my patients whom I never saw during his life, despite having a close relationship with his parents"*, Dr Hay, at the very least, raised a potential slur against his motivations for publicising William's case, particularly when juxtaposed within the context of the question of *"compensation"* in respect of those *"who have contracted Hepatitis C"*, which Dr Hay tellingly went on to mention in his very next sentence.
161. If his literal intention was not to convey the impression that Gregory was purely financially-minded in his campaigning efforts, then the doctor should have been more judicious in his language. Again, though, that's never been his strong suit. As for his stream-of-consciousness concerning Gregory's apparently *"particularly ill-informed"* viewpoint being *"full of all the 30 years out*

*of date rubbish about skidrow blood banks"*, we can again only state, as per our first statement, that he had used the exact same phrase in The Haemophilia Society newsletter of May 1991, indeed that's where we got it from. Moreover, was he seriously suggesting to Mr Barker, in the wake of a conference event just six days earlier conspicuously sponsored by Alpha Therapeutic UK Ltd, Armour Pharmaceutical Co. Ltd, Bayer PLC, BPL Immuno, Pharmacia and Speywood Pharmaceuticals Ltd [HSOC0005123] – that the provenance of imported blood/products was somehow free of "skidrow" contamination by 1964? Dr Hay has long had a tendency to write first and think later.

162. It was nigh on unforgivable, though, when we learned, via his IBI evidence in November 2020, of his gross distortions concerning Maureen and Gregory's chance meeting with him in the De Vere Hotel, Coventry, 26 years earlier. For, she did not 'berate' him, 'loudly' or otherwise, as he claimed, and we deeply resent any suggestion that she did, especially one now given so publicly amongst the IBI arena. It is unfortunate that our only response to him can be here. Accordingly, we advert to the response we gave to the IBI just 10 days after Dr Hay's oral evidence on 5 November 2020 – which formed part of the aforementioned email sequences [WITN1944133] between ourselves, our former legal representatives, Leigh Day, and the IBI engagement team between 13 August 15 November, 2020 – and surely the real reason as to why he was suddenly so motivated to write to Maureen, in somewhat conciliatory, if still self-centred, tones on the Monday after the Coventry conference.
163. For we wrote, as submitted to the above parties on 15 November 2020 [WITN1944133]: *"What was even more egregious, though, was to then read – again unpreparedly – the further gross distortions contained in the medic's written submission. Particularly his accusation that our mother had 'berated' him 'loudly' in a hotel foyer in November 1994 (shortly prior to drafting his appalling letter to Mr Barker a week later). The witness then added, in his written submission, that 'she then attempted to litigate me' [...] we would further draw your attention [...] to our transcription of the letter [...] that our father's haematologist sent to our mother just two days after the meeting in Coventry, i.e. the very first working day thereafter and his first, evidently*



*anxious, opportunity to do so, presumably having mulled over matters through the remainder of the weekend prior. Does it read like a letter that someone would write to another who had 'berated' him 'loudly, and implicitly publicly, in a hotel foyer just 40 or so hours earlier? Or does it rather read like a letter from someone who knew he had something to be very concerned about? As said, our mother does not 'berate' anyone (not any of us). We can say that, categorically, simply because not only would she never do so through her own sense of self-dignity, but she actually does not possess the animal ability to do so even were she ever so inclined. [...] Rather, she has always possessed a more powerful and unnerving ability to turn occasions like her meeting with our father's haematologist into an ice-filled, socially-freezing episode. She does not suffer fools. Through well-honed combinations of stares, silences and facial expressions, she, rather than 'berating' him, left him completely unnerved. That much was evident as Gregory can testify to, despite both his and his mother's lack of wider recall of the finer details of the moment, for the disturbing reasons [already] given [...] The medic, having encountered our mother for the first time since our father's death, had attempted an air of saccharine unctuousness, extending belated condolences, and an inappropriate over-familiarity. He was met with a glacial wall in human form. He was not 'berated'. Hence his nervous letter just two days later attempting to placate matters. Furthermore, it was obvious to us then, and even more so now, having been made aware of his other actions around that precise period, that another large cause of his anxiety was that he then surely realised, perhaps for the first time, that she knew far more about the precise sequence of medical events surrounding our father's referral to the Newcastle Freeman Hospital in August 1994 than he had ever imagined [...] We would stress [...] that the meeting in Coventry was the first time our mother had encountered the medic since a very brief episode in the RLUH corridors very shortly after our father's return from Newcastle in August 1994. Apart from that chance encounter, lasting just seconds, we believe that our father's haematologist was largely absent from our visibility from circa June 8th, 1994. We note also that the medic stated that he wrote a report at that time about the events in question, i.e. in the later parts of 1994 (and perhaps earlier, we don't know),*

apparently numbered WITN3289072. **Why have we not been able to see this?**

164. Although we will further discuss later the matter of Maureen's failed claim of medical negligence, 1994-97, against Dr Hay, it's apt at this point to record two other aspects of his written IBI evidence [as per para 122.3 of that document] submitted in October 2020 concerning his recollection of the events of late 1994, regarding William's death, the meeting at Coventry and Maureen's attempt, in his words, "*to litigate me*". For he referred to her as "*the widow of one of my patients, who had sadly died from hepato-cellular carcinoma after I left Liverpool.*" He said those words. He proof-read that script. He then signed it. **Yet his statement was patently untrue.** William died in September 1994. Dr Hay left Liverpool in November 1994; although, for reasons given in our first statement, we would not be surprised if he has convinced himself that his version of the story is the correct one, for he was almost entirely absent from William's final crises of late 1994, much like those of spring 1992, save for blocking him from undergoing a liver work-up in June 1992. We mentioned earlier, though, in our first statement, that we had long since recognised a frequent and convenient tendency of his to dissociate himself from events when it suited.
165. Further, he said that Maureen's "*allegations*" against him were "*also reported to the press*" by her and "*her family and printed in the Liverpool Echo*". No, they weren't. Unsurprisingly, he said that he did not have "*cuttings from that time and was unable to find these on-line and so cannot give further details*". There's a very good reason for that. We would just offer the following observation: did he never stop to think-through as to why he maybe has no press-cuttings – or is indeed unable to find them online – from what was surely a very notable libel case that he would undoubtedly have contested against the *Liverpool Echo* and ourselves for printing allegedly defamatory and career-damaging allegations about him? As we also said earlier, Dr Hay also has a tendency to speak or write first and then think later.
166. Finally, he told the IBI that his "*contemporary report*" to the Trust (presumably The Royal Liverpool and Broadgreen University Hospitals Trust, merged circa

1994) and later to the GMC (in 2004/05) was/were attached within his evidence. Presumably, he mentioned William, Maureen, and ourselves within that? **Are we allowed to see this?** He also said that Maureen's "*complaints*" agin him were "*dismissed and no proceedings ever issued because the allegations were completely without foundation*". No, as will be shown, and has been more than alluded to in our first statement, the allegations were actually not "*dismissed*". Further, we still stand by every word Maureen ever submitted to Irvings Solicitors in 1997, and the GMC in 2004.

167. Though depressed by the Coventry events, and distressed at Dr Hay's attitude, we became conversely fired-up by them, although we barely knew the half until finally accessing William's medical records in 1996 (let alone hearing and reading his IBI evidence in November 2020, as well as being made privy to an earlier evidence-reveal in August 2020 concerning our appeal to the GMC in 2004/05 citing medical negligence against him). Accordingly, Maureen resolved, in that first week post-conference, to pursue a claim of medical negligence against: at least the UK Government/Department of Health; perhaps also the RLUH; and, if applicable, Dr Hay and possibly Dr Gilmore. She also began preparing written briefings to assist evidence gathering. As such, she met with Ms Ann Irving, of Irvings Solicitors, Tuebrook, Liverpool, on 23 November.
168. It was beneficial that the recent press coverage about William was a handy aide. Although the earlier cited report in the *Liverpool Daily Post* on 19 November had stated that we had already approached a legal firm, the truth was that Maureen had merely sounded-out Irvings at that stage. Furthermore, we had no idea until the press revelations of that week that some 60 families were prepared to take legal action, which is presumably why Dr Hay believed, as told to the IBI in 2020, and even arguably alluded as much to it in his letter to Mr Barker in November 1994, that such approaches were part of an orchestrated effort. Naturally, we cannot say as to why other families were moved to seek legal recourse specifically in autumn 1994, but we can comment for ourselves and state that the only reasoning as to why Maureen finally decided to take action at that particular time was three-fold: firstly, William had only just died; secondly, it was already starting to sound like the

Government would treat her differently from the HIV-widows; and thirdly the experiences of Coventry – Dr Hay especially – simply cemented her resolve all the more. She acted completely independently.

169.

GRO-D

GRO-D

Therefore, given Irvings' obvious experience, and despite there being closer legal firms, Maureen not only trusted Irvings to pursue her cause but trusted that they also had crucial understanding of the CBS complexities. Thus began the first venture towards what we now consider the six major milestones (almost all having failed thus far) in our long pursuit of justice, namely:

- a. claim for medical negligence against Dr Hay, potentially Dr Gilmore and other parties; Irvings, 1994-97;
- b. submission to the General Medical Council citing medical negligence against Dr Hay and potentially Dr Gilmore, 2004-05;
- c. submission, as the very first witnesses, of **deliberately mangled evidence** to the Archer Inquiry, 2007;

d.

GRO-D

e.

GRO-D

- f. the ongoing Infected Blood Inquiry, 2017 - present.

170. It's hard to accept that Maureen first pursued legal justice in November 1994, aged 56, and not only is still awaiting it 29 years later, aged 85, but in fact is still being actively discriminated against – as she first was at Coventry almost

three decades ago – by the ongoing disparity between herself, and, for no closer example, her two bereaved sisters-in-law.

171. What was already a seminal week in our campaign then continued on 24 November when we received three signal communications and became aware of two major developments that had surprisingly transpired since Maureen and Gregory had prematurely left Coventry the previous weekend. Firstly, Gregory received a missive (transcribed with our commentary [WITN1944134]) from the local parliamentarian, Rt Hon. David Alton MP, with whom he was regularly in contact, and whom, it transpired, had read the recent coverage about William. Secondly, both Maureen and Gregory also received letters that same day [WITN1944135, WITN1944136], from Mr Barker, of the Haemophilia Society, whom they had met the previous weekend at Coventry. He enclosed a copy of what seemed, to us, the counter-intuitive conference resolution that was apparently passed after they had both departed early from the conference. He implicitly acknowledged their brief presence at Coventry and the (correct) likelihood that they may still be unaware of subsequent events.
172. Given the experience at Coventry, we simply couldn't fathom how such forthright support was issued from such a hostile conference. Naturally, though, it was hugely encouraging. However, it would have been appreciated, ahead of the event, to have known that such an unequivocal stance would be proposed and, reading between the lines, likely adopted, for it may have given Maureen and Gregory confidence to remain. Moreover, there had been an obvious opportunity, at lunch, for both Rev. Tanner and Mr Barker to communicate as much to them, which could have prevented much distress.
173. Moreover, although the previous weekend's press coverage, especially featuring Gregory, had assisted Maureen's first discussions with Irvings earlier that week, it would have been especially invaluable had she also been able to inform them of the Haemophilia Society's seemingly full support for the HCV campaign. Nevertheless, Mr Barker's communication was well received, especially after such a tumultuous eight days, the real substance of which had begun, without warning, when the *Independent* first brought the plight of HCV-infected haemophiliacs to national attention.

174. We have nevertheless made allowances for certain caveats concerning the sequence of conference events, especially given Maureen and Gregory's conviction that they could never have predicted such a policy statement later emerging. For the reality was, as already shown, the Haemophilia Society had issued very mixed messages prior to the conference. Indeed, Rev. Tanner and Mr Barker had both been equally ambiguous during their brief lunchtime encounter with Maureen and Gregory. Equally, though, there can be no doubt that Ms Hall's coverage in the *Independent* was conveniently timed and incredibly well informed (as said, it very noticeably emerged just days after we had also finally received unexpected acknowledgements, after a prolonged silence, from Messrs Blunkett and O'Hara, concerning the copies of our letter to Ms Bottomley six weeks earlier). It was obvious, therefore, that Ms Hall was tipped-off and well-briefed. Unless it was all a complete coincidence, we suspect that certain parties must have orchestrated the developments of those several days leading up to the Coventry conference, which, in turn, had given Gregory the confidence to pursue his own publicity drive.
175. It was also evident that the Haemophilia Society was in a state of flux as to how to address the nascent justice campaign. For, in Ms Hall's first article, on 16 November, she had declared, bleakly, that the Society was merely "*considering*" seeking redress from the Government. A day later, however, two of her colleagues pessimistically stated that the Society had "*no plans to seek compensation from the Government*". Further, Mr Barker had also not acknowledged, prior to the conference, the copy/copies of our letter to Ms Bottomley that we sent to him (Maureen certainly did so, however we have no record as to whether Gregory definitively did); a silence which we felt spoke volumes. Nevertheless, the Society was suddenly cohesive enough to issue a statement that represented an apparent *volte face* in support of the HCV campaign. Furthermore, Mr Barker was even imploring Maureen to keep him informed of any reply from Ms Bottomley, whilst requesting assistance from both her and Gregory in using William's story – to contrast with those of his deceased, HIV+ brothers – in future publicity.
176. Moreover, in his communication to Gregory, he also imparted that there would be a debate in the House of Lords on 1 December about the matter in order to

*"generate political pressure."* It was, therefore, an encouraging and very un-expected end to a truly tortuous week for us all – but the scars of Coventry would always remain. Indeed, we believe that the divisions that had already set-in amongst the haemophiliac cohort by November 1994 at the very latest were, sadly, then exploited by the Government – the very authors of such discord, of course – to perpetuate the two-tiered injustices that remain even to this day. Ultimately, we believe that even by autumn 1994 the Haemophilia Society was already acting too late, as the ensuing decades of injustice have largely proven.

177. Whilst Maureen and Gregory have no doubts that they didn't mis-read the conference tenor, nor the implications from Rev. Tanner and Mr Barker, concerning the awkwardness of their presence, nevertheless they consider that perhaps their attendance at Coventry was deemed too much of a touchstone distraction that might prevent the Society from passing a resolution that senior figures already suspected was clearly unpopular in certain quarters. For there is no doubt that once it became known that Maureen and Gregory had arrived, then their presence was most certainly resented by those who were against any HCV-related campaign and were quite determined to say so. Furthermore, the general thrust of Dr Hay's agitated letter to Mr Barker post-conference – although we didn't become privy to it for 26 years – certainly reflected the truer tone of the event that Maureen and Gregory experienced prior to their swift exit. Quite ironically, though, when we did gain sight, in November 2020, of his November 1994 letter, we were quite in agreement with the doctor, for once, about his being nonplussed about the Society's position on the matter of HCV and its future intentions as things stood in autumn 1994. For, so were we. Accordingly, it will always remain something of a mystery to Maureen and Gregory as to how such a resolution was seemingly passed at that very conference, especially also in light of the mixed press-communicues that had been disseminated from Westminster Bridge Road even in the week prior to conference.
178. As said, there is a possibility that vehement opposition to such a policy was anticipated by senior Society figures in the days leading-up to the Coventry conference and they could not have expected a controversial media episode

to blow-up even on the very morning of the event, nor the presence of the central protagonist, Gregory, who had acted quite unilaterally and spontaneously by contacting Mss Hall and Stocks at the respective newspapers that covered William's story, only on the Thursday prior to the conference. A second benefit-of-the-doubt can be extended on the basis that Rev. Tanner and Mr Barker may simply have been concerned for Maureen's and Gregory's wellbeing on the Saturday lunchtime at Coventry and merely recommended their departure as being for the best, which was then misinterpreted as a clear sign of not being welcome. Then again, as said, neither of them recall any sympathy or empathy from either Rev. Tanner or Mr Barker, let alone appreciation of Gregory's media efforts, which ironically were exactly of the nature that the latter, just days later, said that he wished to see more of.

179. Perhaps, then, Maureen and Gregory's original instinct was correct all along, i.e. that by lunch at Coventry, the conference as a whole, including senior officials, didn't wish for them to remain and, furthermore, that there really was no inclination amongst anyone to support the HCV campaign (although that last aspect wouldn't explain how such a resolution was passed later). Running parallel to that – though not necessarily mutually exclusively – the events that Maureen and Gregory experienced may ultimately have been caused by nothing more than one of the oldest human traits: the silent majority eventually prevailing.
180. Later in that last week of November, Gregory sought to continue the media focus, especially seeing that December 1st would mark the sixth "*World Aids Day*". Given that William, until his forced retirement two years earlier, due to his twin diagnoses with HCV and cirrhosis of the liver, had worked for the Catholic Archdiocese of Liverpool, he penned an article **[WITN1944137]**, based on his experiences of the previous decade, for the *Catholic Times* weekly newspaper, with a 30,000-strong readership across the UK and dependencies. It was published in the edition dated November 27th, 1994.
181. Another UK weekly Catholic title, *The Universe*, with a circulation over 60,000, also picked up William's story. The journalist, Paul Burnell (now BBC), largely



based his front page news story [WITN1944138], as published in the edition for November 27th, on the coverage in the *Independent* the previous Saturday.

182. We felt it crucial to keep as much spotlight on our campaign as possible and were doing everything we could on several fronts, whilst also preparing materials for Irvings, should it prove that they could represent us.
183. In the week commencing November 28th, Gregory again heard in writing from Mr Alton, who communicated that the HCV campaign was continuing to be aired in parliament, specifically through his own questioning of Mr Sackville, the official record of which he enclosed [WITN1944139]. Although covering many of the same themes as Mr Morris the previous week, he also broached significant additional aspects, not least the extent to which Ms Bottomley had been approached by campaigners and whether she had yet replied or would be prepared to make a public statement.
184. At that stage, Mr Alton knew full well, as did many MPs on all benches, that we, for just one example, had written to Mrs Bottomley as long ago as September 29th but had yet failed to receive any reply (it should also be stressed that we still hadn't had any acknowledgement from Ms Beckett either; indeed the only written responses we had were the curiously belated missives earlier in November from Messrs Blunkett and O'Hara). We therefore knew that his question was framed with full knowledge of our situation in mind and were grateful for his implicit support.
185. Given that there had evidently been a significant development within The Haemophilia Society since we had last spoken to Ms Stocks at the *Liverpool Daily Post*, Gregory re-contacted her to appraise her about what had emanated from the Coventry conference. Accordingly, she continued her coverage of our campaign [WITN1944140] in the edition dated 26 November.
186. Under the headline "*Tragedy family welcomes help for blood victims*", she wrote: "*The family of a haemophiliac who died after contracting hepatitis C from contaminated blood has welcomed the announcement of a campaign to help them get compensation from the government. William Murphy died four*

months ago from a liver tumour which developed as a result of the hepatitis C virus. Mr Murphy, 59, was one of 40 men with haemophilia who have died from the virus in the past 18 months. But Mr Murphy's widow and children and 40 other families have been ignored. Now the Haemophilia Society, which led the campaign for HIV-infected victims, has announced it will be lobbying the government on the issue. Chairman of the Haemophilia Society, the Reverend Prebendary Alan Tanner, said: 'Over 3,000 people with haemophilia have been infected with this potentially life-threatening virus through treatment with clotting factor concentrates before 1986.' He said victims were not told of the risk of hepatitis and were infected in exactly the same way as more than 1,200 people with haemophilia contracted the AIDS virus. Until 1985 donated blood was not screened for HIV or hepatitis. Although HIV-affected haemophiliacs won financial redress from the government in a £42m out-of-court settlement, the Department of Health has never recognised the plight of hepatitis C haemophiliacs. Mr Murphy's case is being highlighted as a perfect example of the inconsistency of the government's position – his two haemophiliac brothers died from HIV-related illnesses contracted from contaminated blood and their families were catered for in the settlement."

187. We also drafted a briefing aide **[WITN1944141]** detailing the facts and realities of William's story. These information sheets – which we updated year-on-year formed the original bedrock of the written part of campaign for over two decades; to be used as and when required as a quick reference for inquirers – were initially circulated as widely as possible along with covering letters, to: the Prime Minister and all cabinet members; other MPs and Law Lords, and especially health ministers; national and local media channels; the Haemophilia Society; and Irvings Solicitors.
188. Maureen also began crafting her own, more personalised, briefing notes – which now exist only as drafts **[WITN1944142]** – concerning William's suffering and her own loss, both emotional and financial, and particularly with a view to informing Irvings' decision as to whether to represent us; she styled them to be understood by anyone unfamiliar with either haemophilia or the CBS.

189. She wrote: "[Background realities] [...] In the late 1970s, a new treatment was introduced. It was to be the beginning of a new lifestyle for all who suffer from haemophilia; no more bleeding into joints [or] muscles, which caused severe arthritis in later life for sufferers; less missed days from school and work. What wonderful news. WRONG. This wonderful new treatment resulted in these patients being infected with dreadful diseases with fatal consequences (HIV, Hepatitis of so many strains) [...] they had a chance with Factor VIII for a normal, average life but that was denied them – it cost them their lives. The haemophiliac is born with this genetic disease as are others who suffer hereditary disorders. They have to learn to accept their condition and whatever pain goes with it. They also like to prove they can be equal with everyone else, so always have to work that little bit harder, very often under great strain and pain. After leaving school in 1950, my husband was never out of work. Even after being made redundant in 1988, he was unemployed for only one week. [...] My husband would go to work at times in great pain, afraid to stay off for fear of losing his job. Being a haemophiliac you always try to work hard at your job. You never [tell] people of the problem only because employers may think that they could do that job. He was always trying to prove that he was no different. He knew, of course, the jobs he could not do. [He was] never able to talk freely about his condition [especially in later years] when he knew his time was limited. His last working day was 5/12/91. Employers and the general public [believed] that [by] being a haemophiliac [...] you could bleed to death [from a cut]. So employers would not take the risk [of knowingly employing someone with haemophilia]. The [fictional] TV programme "Medics" [1990-95] did nothing to help matters by their screening of a patient with haemophilia dying from a nosebleed. My grandson [Christopher] who suffers from the complaint was to start school. So after the showing of the programme the school staff were terrified wondering how they would cope with Christopher. People need to be educated that haemophiliacs are normal people with a medical problem like lots of others. The sufferers themselves learn their limitations and they get on with life if they are allowed to. My husband's uncle lived until well into his 70s. He was the 'lucky one' [,] he never received Factor VIII."

190. Continued Maureen: "[Family realities] [...]: *In my husband's family there were many family members suffering from haemophilia.. [e.g.] his uncle lived until well into his 70s. He was 'lucky' that he never received Factor VIII. Sadly we have lost [other] family members [William and his two brothers] through receiving contaminated blood products; they were infected with either HIV or Hep C. It has been very hard for all family members to handle – this loss. But we also have the added problem that the family members who lost their lives through HIV [William's brothers] [...] have had recompense by the Government, and rightly so. But the member who died from Hep C [William] the Government will not recognise. Why? My husband died from liver cancer as a result of Hep C infection, so I receive no recompense. At the time [of the HIV payments in 1991] it would appear that the haemophiliacs with Hepatitis C were slipping through the net and it was the HIV patients [who] were thought of as being the most serious. The Government has stated that it [will only pay] recompense to the haemophiliacs with HIV because of the stigma attached. I feel that the Government should start looking at the suffering that both HIV and Hep C haemophiliacs have had to cope with. They are indeed very brave men. There are many [haemophiliac] families in the country who are split in this way. In fact haemophiliacs throughout the world have been treated very badly. Many countries [have accepted] their role in this very sad way that they treated haemophiliacs but the British Government does not. [They] say they have no intention of doing so. Why did you compensate for HIV? Explain the difference between the two viruses [HIV and HCV] that haemophiliacs suffer from. Both are infections. Both are contracted from blood product Factor VIII. Death [has been] the result of both. Hepatitis C has been referred to as a "sneaky virus" [by the renowned hepatologist, Dame Sheila Sherlock 1918-2001; Founder, and later President of the British Liver Trust; Founder of the American Association for the Study of Liver Disease; see further below for context] [The Minister for Health] Mr [Gerry] Malone stated [the Independent, 17 November, 1994] that there were 'special circumstances' regarding HIV, clinical as well as social. He mentions the social side e.g. [issues of] employment, mortgages, insurance. [However, the] 'special circumstances' [regarding] Hepatitis C [infection, also covers issues of] employment, mortgages, insurance and many clinical problems. Having witnessed both*

*viruses in a family of 3 [haemophilic] brothers [I can say that] Mr Malone has no idea as to how these viruses are not only similar [but also that] they both kill. All the families are disappointed at the Government's approach. For at the end of the day, three brothers have died; we have three widows; a mother who has lost her three sons; children who have lost their father; and grandchildren who will never know their grandfather. Our marriage was very good which made the illness hard to accept. I find it all very sad. My husband was a lovely, caring, and also very brave man who did not deserve to die in this way. I miss him so very much."*

191. Continued Maureen: "[Emotional realities] [...] *Becoming a widow has been the hardest thing I have ever had to cope with. The loneliness, the fear, the loss of companionship, is the greatest mountain I have ever had to climb. The loss is intolerable. The [former] daily routine of going to work, coming home, discussing over evening meal how our day has been, [even] simple things like TV [and saying] 'what a load of rubbish' the programme is, or 'would you like a cup of tea?', 'shall we go for a run out' [in the car]; bedtime chats; planning decorating and buying new things for the home; planning holidays; someone caring for you when you are feeling ill; small simple things but they are the biggest loss of all. All decisions now are my own; [my] social life is non-existent; house maintenance; constant worry, security, constant worry, money, constant worry. All of the above are true of most widows but life can be a little easier if you know that your finances are not a constant worry. I'd like to be able to drive, buy a car [...] but could not afford to do so."*

192. Continued Maureen: "*What the medical profession say about Hepatitis C:*

- a. *Hepatologist, Dr Geoffrey Dusheiko, RFH [said it is] one of the diseases he would least like to have.*
- b. *Pathologist Dr Amar Dhillon, RFH [said that] over a year the liver will be completely destroyed, liver cell cancer is frequent. After cirrhosis, clinical complications are such that the patient cannot survive without a transplant.*
- c. *Dame Sheila Sherlock, RFH [said that] it is a very sneaky disease. [Also that] it had been known about for a number of years [as NANB]. [And that] it*

*was very serious and was blood spread and leading to cirrhosis and liver cell cancer."*

193. Maureen also laid down a rudimentary financial forecast [WITN1944142], for the same interested parties, in order to demonstrate the potential monetary cost of her ongoing widowhood. Her calculations included known amounts like funeral expenses as well as forecastable sums, such as William's lost future wages and pension rights.
194. *After the deaths of his brothers [GRO-B]1989 and [GRO-B]1990, my husband decided that any insurance policies should be cashed [...] for fear of haemophilia being [considered to be an excluding condition] which had not been declared when taking out the policies. He [also] knew that he had a problem but no one was picking-up on his liver problem [i.e. prior to his joint diagnosis with Hepatitis C and Cirrhosis of the Liver in January 1992]. This cost the loss of a lot of money. [Also] mortgage protection was refused in 1971 [even on the basis of William's ulcer condition; so it stood to reason that any declaration of haemophilia would be a precluding factor also, given the gastric haemorrhaging crises that he had endured especially between 1968 and 1970]. [Also] due to being made redundant in early 1988 [from an employment begun in 1973], his firm's pension was frozen. In 1990 pension rules changed which enabled my husband access to his pension [pot]. This was withdrawn [releasing a lump sum of just £1400] for fear of what may be used by the insurance company [as an excuse] to make the pension null and void. This policy was [also] cashed early and [represented] a great loss of money. [Also] his last employment was for four years [May 1988 to August 1992], so his pension when he left [retired, due to ill health subsequent to his worsening cirrhosis of the liver] was very small [...] I live now on a pension [occupational] for my husband of £196pa / £3.75pw [n.b. up to 2020, this rose by the paltry amount of just £60.28, to the risible sum of a mere £256.28pa / £4.92pw]. [My] weekly income [in 1995] = £146.27; weekly expenditure £103.05; balance £43.22".*
195. Continued Maureen: "[I have lost]:
- *Companionship;*

[I have endured the cost of]:

- *independence [and] services;*

- *Expense buying a car and driving lessons to be able to gain independence;*

*All household maintenance;*

- *Funeral expenses = £1,361;*

- [Lost] *Expected earnings* [between William's enforced retirement in summer 1992 and expected retirement date of November 7th, 1999] = £100,000;

- [Lost] *Occupational pension* [had William remained in-service until retirement on November 7th, 1999, aged 65, starting @] *approx £129pm* = [to date], £31,476;

- [Lost] *State Pension* [had William retired on 7th November 1999, aged 65] = [to date] [£140,000 min];

[Potential] *Loss of Widow's Occupational Pension Rights* [payable upon William's death at any time after November 7th, 1999, had he remained in-service until retirement on that date, aged 65, comprising: initial lump sum @ £1,400; subsequent annual payment @ £770]"

196. Although Maureen could never have envisaged, just three months after William's death, that she would still be seeking due recompense from the UK Government some 29 years later, we have nevertheless updated the known items that she included in her December 1994 financial forecast in order to reflect the period to 2020 (when we undertook the exercise in preparation for this statement; obviously the amounts have likely increased since), to offer an insight into the possible extent of the financial impact she suffered due to William's enforced early retirement and premature death.

197. All told, it is a fair estimate that, by 1995, Maureen, assessing the period between William's death in 1994 and his expected retirement in 1999, was already looking at an actual financial deficit of £101,361 (funeral expenses and lost earnings). By including the other maximum losses that potentially would have applied had he still been alive in 2020, aged 86 (*n.b.* his mother lived until near 92, but against that there was the obvious factor of his basic haemophilia), then it's a rough calculation that her overall deficit to that point may even have been circa £273,000 (by also including his occupational and

state pension rights). Even had he survived only until his 76th year, in 2010, it's fair to suggest that her overall deficit would have been at least £186,000. These are the financial factors of reality which must be borne in mind when anyone refers to the concept of "compensation" concerning CBS victims, for it's highly likely that any payments would barely cover the cost of lost income and entitlements over so many years.

#### December 1994

198. We know from William's medical files that on 19 December, Professor **GRO-D** **GRO-D** Director of the Sheffield Haemophilia and Thrombosis Centre, replied **[WITN1944143]** to Dr Hay's questionably motivated, and factually incorrect, letter **[WITN1944111]** sent on August 18th (as discussed in the first witness statement).
199. When we eventually saw Professor **GRO-D**'s letter (in 1996), we could only wince at his suggestion that "*we ought to do it*" (note, not "*must*"). The almost resigned tone, as though an eventual acceptance of a long since unfolded crisis, summed up, in our view, the lack of urgency and response that had prevailed in medical circles concerning cases like William's. It should also be noted that the question of alcohol formed part of Professor **GRO-D**'s queries about William, which of course goes to the issue of stigma that we have repeatedly referenced. We also noted that he included the matter of HBV; which also goes to our contention that William's co-infection with that particular disease was just as pernicious as that of HCV. It is perverse to think that because of political realities and sheer expedience – having to essentially choose which battles to fight – we have had to relegate the matter of his multiple infections with HBV almost to the back-burner for 29 years as though it were a minor issue. Only amidst the ongoing injustices of the CBS could something so serious be considered so relatively inconsequential purely as a matter of necessary focus. That, though, is yet another hidden measure of the CBS' in-folded toxicity.
200. It was surprising that Professor **GRO-D** seemed not to know of Dr Hay's transfer to Manchester a month earlier. We could deduce therefore that the



latter had failed to inform the former of such; his tardiness in doing so contrasted with the speed at which Dr Hay rushed his initial letter (of self-absolving convenience) to Professor GRO-D just a day after William's cancer diagnosis the previous August.

201. Subsequent to her visit to Irvings in late November, and with a view to funding her prospective case, Maureen had been advised to undertake a complete review of her personal finances to be submitted to the Chester Area Office of the England and Wales Legal Aid Board. It was an arduous task that she would have wished not to have occupied herself with just weeks after losing William and indeed preparing for her first Christmas period as a widow.
202. Thus we ended 1994 having done all that we believed we could possibly have in the short period since William's death in order to mount a cohesive campaign for justice in the coming year. The whole calendar year had been from hell. It had started with William's all-round health markedly deteriorating, as he was beset, within only the first three months, by agonising eye-infections ongoing since the previous summer (eventually requiring surgery), worsening ascites, oedema, and hernia complexities, which in turn prompted further surgery (including the removal of a testis – which then prompted months of crippling scrotal bleeding), and by which stage it was already likely that he had developed hepatocellular carcinoma in addition to his underlying liver cirrhosis and HCV-related travails, not to mention his basic haemophilia.
203. The cruelty then continued into the tortuous summer when he was finally referred to a hepatologist before immediately and hideously undergoing urgent and intensive liver work- ups – already at least two years too late – **with a view to undergoing the potential liver transplant that he was initially allowed to dream of, the chances of which had already been rendered impossible because of the cancer ravaging him that nobody detected for almost six months, despite him being constantly under the care of a raft of highly skilled medics and a hospital in-patient for weeks on end.**
204. It was a year in which the latter parts unleashed an absolute battering of our collective psychologies, as we were initially buoyed at the prospect of a liver transplant for William – despite being a period in which we had also witnessed

him suffering a **terrifying episode of encephalopathy, an apparently always highly likely event for which nobody had ever prepared us for** – only for us to then swiftly suffer the hammer-blow realisation that such a monumental and potentially life-saving and life-changing procedure was never going to happen.

205. Then, as the year entered its final tormenting quarter, we underwent the end stages of William's life, as he eventually and inevitably succumbed to the battering he had been subjected to for decades but ironically just days prior to undergoing chemotherapy. Finally, in the end throes of a truly tortuous 12 months, whilst deep in grief, we had managed to summon the strength to navigate the following distresses:
- a. Conducting necessary correspondence with the Secretary of State for Health (without reply) and various other MPs;
  - b. Mounting a media campaign to publicise the horrors of HCV and the rank injustice suffered by William and later Maureen;
  - c. Being publicly blackballed by fellow members of The Haemophilia Society;
  - d. Meeting both of the chief medics (one scheduled, the other by chance) who had cared for William throughout the bulk of 1994;
  - e. Enlisting a solicitor with a view to pursuing litigation against the Government and/or the medics who had been charged with William's care;
  - f. Undertaking a complete review of Maureen's finances in order to submit an application for Legal Aid.
206. The whole year had utterly drained us. Yet we sought to muster the collective resilience to see our push for justice through to its culmination. We instinctively knew – especially based on the already expressed Government intransigence and the prolonged process of securing (highly dubious) justice for the HIV+ haemophiliac community – that it wouldn't be a quick battle. We therefore mentally budgeted for the likelihood that at the end of 1995 we would still be fighting but also that we would have made solid progress.
207. Reasonably, we expected to still be fighting even in late 1996. Nevertheless, we dared to hope that by, say, early 1997, our struggle would be over –

especially given our overwhelming moral case – and we could soon achieve closure and properly grieve. The last thing that we anticipated was that we would endure a further 28 New Year's Eves – and counting – hoping for “next year” to finally bring justice.

208. Therefore, given the sheer length of our, still ongoing, campaign, it will be impossible to reflect every aspect of it in the remainder of this second part of our statement. For even by including just those signal elements that we do regard as salient ensures then our submission will still be hugely extensive.

#### January 1995

209. On 6 January, Dr [GRO-D] of the RLUH Haemophilia Centre responded [WITN1944144] to Professor [GRO-D]'s aforementioned letter to Dr Hay the previous month [WITN1944143]. It was noticeable that on the RLUH's hard copy, acquired through accessing William's records, a memo was scribbled stating “*Bill Murphy, get notes please*”. That informality (repeated in Dr [GRO-D]'s eventual reply) suggested that the medics remaining at the RLUH haemophilia department remembered him well.
210. Typically, though, yet another RLUH correspondence concerning William, again mangled his details and employed bafflingly inappropriate present tenses. For the record, William never reached 60, which Dr [GRO-D] incorrectly stated was his death age. That milestone would have come eight weeks after death. Although he was well turned 59 when diagnosed with hepatocellular carcinoma on 18 August, 1994, the reality was that not only should that have been detected from the alpha fetoprotein test, requested by Dr Hay a month earlier, but also that he had likely first developed cancer circa March 1994, just three months after reaching 59. Also, he died on 3 September, not 5, as she also erroneously stated. They're only small matters, relatively, but it was always noticeable that whenever the binary choice of getting things right or wrong arose, the RLUH would always excel in the latter.
211. In the absence of a *post-mortem*, it was notable that Dr [GRO-D] stated that the immediate cause of death was only “*assumed*” to have been a bleed into

his hepatoma, or a retroperitoneal bleed. Therefore, the precise death certificate details given by Dr [GRO-D] were not as fixed as they seemed. On the day of William's death, in fact only hours after his re-admission to the RLUH (again, he was previously discharged just three and a half days earlier), we learnt that he was in fact enduring such a bleed. Indeed, later that day, we saw an on-screen liver scan, at his bedside, which was almost completely occluded by a blood swirl, to the point where his liver was all but obscured. We also draw attention to Dr [GRO-D]'s repeated use of "Bill", which again indicates how familiar the medics were with him.

212. On 12 January, Irvings formally submitted Maureen's claim for Legal Aid, although she wasn't at all sure whether this was a solution that she wished to pursue. For, in addition to attending to details of William's estate, she also knew that she had to address many aspects of her own, completely revised, financial commitments given that she had lost the support of William's household contributions, chiefly through the various benefits that he was afforded in the final two or so years of his life following his retirement. Moreover, she knew that there were financial implications surrounding any application for Legal Aid.
213. The first thing, therefore, that Maureen needed to do – but had barely had a chance in the short period after William's death – was to finally establish her own financial outlook for the draining years ahead before she could even begin to qualitatively assess the implications of any application for legal funding. Nonetheless, it was considered expeditious to at least lodge her claim to the Benefits Agency in principle.
214. On 16 January, the BBC *Panorama* programme contributed to the growing awareness of the HCV aspect of the CBS by broadcasting a documentary investigation which was damning of the Government's policy failures and which we felt sure would swiftly curtail any need for us to continue to push long and hard with our justice campaign. Gratifyingly, the broadcast's incriminating exposures were duly amplified in various quarters of the following day's serious press. *The Times*, for example, (part-transcribed [WITN1944145]) proclaimed that "Blood test delay 'put lives at risk'".

February 1995

215. On 6 February, Mr Barker of the Haemophilia Society wrote to Maureen [WITN1944146] seeking her assistance in the justice campaign for HCV+ haemophiliacs and requesting that she contact the Macfarlane Trust. Accordingly, she wrote to the Trust [WITN1944147] on [GRO-C] her first widowed birthday and what also would have been her 36th wedding anniversary.
216. Although she was content to co-operate with Mr Barker's very welcome efforts – and implicitly with the cohort of supportive MPs – which was why Maureen replied so swiftly, she knew that he was simply asking her to submit the letter as a mere formality, purely for-the-record, knowing that, as a smoking-out exercise, it would be replied to negatively and likely callously, if at all.
217. These episodes also were, and are, the further hidden and hideous tentacles of the CBS, that have generally occurred beneath-the-radar for the last 29 years, that we wish to expressly draw to the Inquiry's attention. It had only been six months since William's death, yet we were having to partially suspend our grieving and attend to practical matters of a completely desperate nature; it was simply soul-destroying to draft a letter detailing the most distressing episode of our lives knowing that ultimately it would be a sheer waste of time. That was the dehumanising state that the Government had reduced us to within just months of William dying.
218. Perhaps the only saving grace about the ignominy was that John Williams, Administrator for the Macfarlane Trust, took just a week to reply. We interpreted his succinct but swift response [WITN1944148], dated 21 February, to be at least a gesture of good-will; not wishing to subject us to any undue delay. The letter sharply brought the base iniquity of the Government's stance into perspective. Rather than "*giving assistance*" to all "*people with haemophilia*" who had acquired life-threatening diseases "*through contaminated blood products*", the Trust was purposely created only to provide help to those suffering from just one infection. As underscored by the text of the aforementioned, so-called 1991 "*waiver*" [WITN1944131], the Trust's

intentions, from inception, were always more exclusive, i.e. regarding hepatitis contamination, than ever they were inclusive regarding HIV infection.

March 1st - 13th, 1995

219. On 1 March, after five disgraceful months of silence, the Health Secretary – or rather the NHS Executive/Department of Health – finally sent a reply of sorts [WITN1944149] to Gregory's letter of 29 September. Quite insultingly, it made no reference to William's death – not a single word of condolence – and was clearly a boiler-plate, generic response. The signatory, J.P. Nash, had apparently "*not been able*" to reply earlier but stressed that the Government believed that there was no "*negligence*" in connection with William's infections with Hepatitis A, B and C and therefore had "*no plans to make payments to such patients.*"
220. The letter cited what had become the well-worn mantra, since the Department's press communications the previous November, as cited earlier, that "*these patients*" – a truly lamentable turn of phrase – "*received the best treatment available in the light of medical knowledge at the time.*" Incredibly, though, there was an implicit contradiction right at the heart of the reply, which was astonishing given that the Department had five months to prepare its response. For in saying that "*most haemophilia patients were infected with hepatitis C before blood products were treated to destroy viruses*", and therefore that was the rationale for denying compensation or assistance, s/he seemed to be completely oblivious that payments had already been made to haemophiliacs who had been infected with HIV in exactly the same way. It was a complete illogicality. Yet that was the type of determined dissonance that we had to compete against for decades.
221. Thus, it was finally official: there were two tiers of haemophiliac victims of the CBS: those who merited payments and those who didn't. Tellingly, the letter was even sent using second-class postage.
222. After duly dispatching a copy of Mr Williams' letter to Maureen onwards to the Haemophilia Society, she received an acknowledgment [WITN1944150] on 6

March from Mr Barker. The following week, we were informed by him that the Haemophilia Society would soon be releasing a public statement ahead of a scheduled House of Lords debate which would use William's case to highlight the immorality of the Government's stance.

March 14th, 1995

223. In the early afternoon, Gregory was alerted by Ms Stocks at the Liverpool *Daily Post* to an embargoed (until 3pm) story filed by the Press Association [WITN1944151]. On the same day, Stephen Irving drafted his first written update [WITN1944152] to Maureen about her pursuit of a legal challenge against the Government and/or the RLUH, and/or Drs Hay and Gilmore (at least).
224. Since her first approach in November, we had been appraised of two central factors concerning any potential case(s); namely that any challenge must be lodged within three years of William's death, therefore by September 2nd, 1997; also that the scope must be limited to the immediate three years prior to his death, therefore from September 4th, 1991 to September 3rd, 1994.
225. The letter effectively addressed the central dilemmas concerning any prospective legal challenge. Other than being confident about suing the Government concerning the basic matter of William having been infected with HCV via the NHS, despite the Department of Health response to Gregory earlier that month, Maureen couldn't make any qualitative decision about what further cases to pursue until accessing his medical records. Similarly, she couldn't make any informed decisions about whether to commit to a legal case(s) without knowing the implications or costs, or whether she would be successful in securing Legal Aid and indeed whether that was a financial option that she wished to pursue. The entire horizon facing her was daunting.
226. No family should have been placed in such a series of legal dilemmas and administrative practicalities as those in which the Government put us in early 1995. Our abiding hope was that the State would: see moral sense and, at a stroke, remove the intolerable pressures that we were facing; also ensure that

Maureen would be adequately provided for; and finally enable us to grieve properly without having to almost daily revisit the harrowing facts of William's demise and death.

227. Accordingly, we placed great store by the planned House of Lords debate and felt that surely William's case, being aired at the highest national level, would eventually influence the Government.

March 15th, 1995

228. The aforementioned Lords' debate, on The Macfarlane Trust, was conducted. We have duly paraphrased the proceedings, with our own commentary, and what we considered were the salient points, especially regarding William's case which was liberally aired before the House [WITN1944153]. It was a despicable afternoon which still looms large in the memory
229. Lord Ashley of Stoke called attention to *"expanding the role and function of the MacFarlane Trust"* (sic). He said that there were two reasons for the debate: firstly, the *"principle that the Government should give special protection to those especially vulnerable to damage from NHS treatment – particularly if they have very little choice whether to receive that treatment. This applies to haemophiliacs."*; also, the failure of Baroness Cumberlege, the Parliamentary Under-Secretary of State for Health, *"to respond reasonably to Questions in the House and her apparent inability to see the justice of people's claims."* He added that the House should not be *"fobbed off"* on *"issues of this kind."*
230. His Lordship made it clear that his address was *"concerned only"* about those *"who have become seriously ill [from Hepatitis C infection] and the families of those who died."* He added: *"I want to re-emphasise that we are discussing those people and those people alone."* Referring to the origin of the contaminations, he added that *"the source was exactly the same [for HIV and HCV infections], the outcome was exactly the same; and so the payment should be exactly the same."* He continued: *"There is no justification for making a payment to a haemophiliac who is dying as a result of HIV infection"*



*and for refusing it to someone dying from Hepatitis C.*" Essentially, he said, the purpose of the debate was to bring *"her (the Baroness) to account today."*

231. The debate touched on the fact that on 30 January, 1995, and then on 21 February, the Government was asked to expand the Macfarlane Trust. It was rejected by the Baroness because of the so-called "*floodgate*" argument [a theoretical fear that it would trigger various other claims for recompense] and it was crassly said by her that appealing for compensation or litigation risked becoming "*a national sport*" that would cripple the NHS. In dismissing those prior assertions, Lord Ashley told the House that the matter was a "*moral not legal issue*", adding that "*these people are exceptional in their dilemma, the risks involved and the consequences.*" He concluded his opening submission by saying "*never has it been so easy for a Government to achieve moral justice.*"
232. Lord Campbell of Croy – who was at the forefront of the campaign for justice for HIV+ haemophiliacs – then extended some questionable support, at best, to Lord Ashley's call. Disappointingly, he compounded the canard of Hepatitis C not being considered as serious as HIV/AIDS. Despite this, though, His Lordship averred that the Government should be inclined to "*examine, sympathetically, afresh every way in which the lives of haemophiliacs [...] infected with Hepatitis C [...] can be made easier.*" Notably, though, he stopped short of extending that sentiment to bereaved families, especially widows.
233. In his submission, Lord Addington underscored the Government's inexplicable response to the Hepatitis C campaign by noting that "*the minister [Baroness Cumberlege] shakes her head*" to assertions made during the debate that the disease will "*certainly*" do damage to an infected person. His Lordship then cited William's case – the first of several occasions over the years that it was aired at Westminster – in order to expose the indefensibility of the State's position. Although he didn't cite names specifically, we were aware, as said, that the Haemophilia Society was seeking to shame the Government into action, and therefore briefed parliamentarians who were supportive of our

cause about the injustice meted out to both William and Maureen and others like them.

234. His Lordship said: *"I have been provided with an example of the absurdity of the situation. It is a case where three haemophiliac brothers all received treatment. Unfortunately, two of them were infected by the HIV virus because the blood products that they had used had not been treated as is currently the case. Those two brothers died, but the third brother was infected with the Hepatitis C virus. He, also, subsequently died. The first two brothers received compensation for their loved ones and their family and assistance when they were actually ill. However, the third brother did not. What is the ultimate difference to the individual? They are dead because of an infection that they acquired through medical treatment."*
235. Lord Addington then sought to impress upon the minister that Parliament should think *"very hard"* about why assistance had been denied to Hepatitis C-infected haemophiliac victims, yet granted such to *"people who simply caught another virus through exactly the same means."* Adding that it was a question of *"logic"*, he concluded his opening remarks by recommending that a new body be set up to assist Hepatitis C-infected haemophiliacs and their families if the provisions of the Macfarlane Trust could not be expanded. He said: *"As we have already accepted that anyone who has acquired the one virus needs assistance, surely those who acquire the second, and who may not require as much assistance, should also receive it."*
236. Following on, Baroness Jay of Paddington then also referred directly to William's case. Although she conceded that the wider matters of the scandal were complicated, she contended that the narrower aspects were *"relatively simple"* and *"illustrated [...] most clearly in the example that [Lord Addington] gave to the House of the three brothers, one of whom had been infected with the Hepatitis C virus and did not receive any recompense, while the other two brothers who were infected with the HIV virus did."* She further asserted that: *"We are discussing a simple request for an ex gratia payment to a limited*

*number of people who received an infection which was acquired as a result of medical treatment under the National Health Service."*

237. As said, although we appreciated certain aspects of what Lord Campbell of Croy had earlier stated, we were nevertheless disappointed that he had expressed a belief that the Hepatitis C virus did not lead to a disease that was as bad as infection with HIV. Accordingly, we were therefore grateful to Baroness Jay for stating that *"we should not underestimate the chronic liver problems which are already being suffered by several people in this category and the potential for cirrhosis and liver cancer which had already been described."* She added: *"I also think that if we are considering those people who already have haemophilia we should not underestimate the difficulties and unpleasant nature of that condition which in itself may well reduce life expectancy."*
238. Arguing that the point of the debate was not to discuss comparisons between the two diseases, Baroness Jay also stressed that it was *"irrelevant"* as to whether groups of victims were *"ill, very ill, or dying."* Rather, she contended: *"The point is that all of them received these contaminated blood products through NHS treatment. Some of them have been recompensed but some of them have not."*
239. The Baroness then furthermore adverted to the reality that Hepatitis C-infected victims had also experienced problems concerning matters of life insurance and employment, in addition to other testing aspects of life simply arising from basic haemophilia. Once again employing her theme of *"simplicity"*, she added: *"[...] this is a simple case of relative injustice in applying one standard to one group of people who have had their infection caused by one result and not to another who have contracted a different infection but through precisely the same cause. As my noble friend Lord Ashley of Stoke said, there really is a moral case here."* Tellingly, she then concluded by stating that the Haemophilia Society is now *"coordinating another campaign on this subject which may ultimately force a decision on the Government."*

240. In her cursory responses, the Parliamentary Under-Secretary of State for the Department of Health, Baroness Cumberlege, typically issued what had already long since become the clichéd and standard Westminster response to the CBS, namely that victims like William had *"received the best treatment available in light of medical knowledge at the time"*. She seemed completely oblivious to the self-contradictory and illogical nature of her argument, advanced as it was to justify refusal of support to William's estate. For his two deceased, HIV-infected haemophiliac brothers had presumably also received the so-called *"best available treatment"* at the time of their respective infections, yet their plights were met with Government recompense, however derisory.
241. Moreover, she then disgracefully used the setting of Parliament to drive home even deeper the wedge that had slowly become apparent over recent months concerning the contrasting attitudes towards HIV+ victims of the CBS and those like William who were Hepatitis C+. It was, of course, a demarcation that Maureen and Gregory had first experienced in shocking terms the previous November at Coventry. The Baroness blithely stated that HIV+ victims were in a different position to HCV+ victims not only insofar as the former cohort had been *"expected to die very shortly"* but also because they had been subjected to *"significant social problems, including ostracism."* She added: *"For instance, people were treated as lepers. They had their doors daubed with graffiti; they lost their jobs; and their children were not allowed to mix with other children at school. They were denied a normal married life."*
242. Quite astonishingly, the Baroness then added that HIV-infected victims had also suffered health, social and financial disadvantages as a basic result of their haemophilic status, the negativities of which were then compounded by the effects of the CBS. The logical corollary of her argument, of course, was that Hepatitis C-infected haemophiliacs like William had presumably suffered nothing like the disadvantages and prejudices endured by the likes of his two brothers. Yet, as we have described, William was subject to a panoply of injustices as a result of both his haemophilia (e.g. lack of life insurance and mortgage protection, and constant fear of losing his employment, and the loss

of his dentist) and his later Hepatitis C status (e.g. having to hide the fact that he was suffering from liver cirrhosis lest anyone assume that he was an alcoholic, which unfortunately was a misapprehension that even leading medics unfamiliar with his case lazily concluded).

243. Incredibly, the Baroness then stated that "*proof of causation*" was still needed concerning the infection of haemophiliacs with diseases contracted from contaminated blood. Scandalously, she added: "*It may be just as difficult to establish that the medical treatment has caused injury as it is to prove that someone has been negligent. It also has to be demonstrated that it was not a foreseeable and reasonable result of treatment.*"
244. It was astonishing that, even as late into the unfolding CBS as 1995, a senior Government politician such as Baroness Cumberlege could still say such things in Parliament, which flew in the face of evidence that was available both at the time and in some cases had been for many years (e.g. medical journal reports, TV documentaries). Moreover, as has since been proved by those Government documents that have been released, up to and including 1995, the Baroness must have known that "*proof of causation*" could no longer be disputed by senior Whitehall officials who will have well known that "*medical treatment has caused injury*" in the case of William and others.
245. In saying that she did not wish to "*minimise*" the tragedy, the Baroness added that those haemophiliacs who had died of Hepatitis C related complexities were a small number when "*weighed in the balance of the good that treatment has brought to many of these and countless other haemophiliac patients.*"
246. Lord Ashley responded to Baroness Cumberlege by saying: "*The Minister said that Hepatitis C is different from HIV. I explained in my speech how different it was. However, I also sought to emphasise the similarities. If a man is seriously ill from Hepatitis C, he is in the same position as someone who is seriously ill from HIV [...] If a man dies from Hepatitis C, he is just as dead as someone who dies from HIV caused by contaminated blood. Admittedly, the social points about ostracism and so on are different. But the essence is illness and death. We are talking about the small minority who are ill and those who have*

*died [...] I admire the Minister very much; I am fond of her. But we must try to attain some understanding on the issue. We are talking about that small minority."*

247. Again, it was disappointing, in passing, that Lord Ashley had under-estimated the ostracism and stigma effects that beset chronic Hepatitis C sufferers and indeed the many complexities that the disease entails, especially cirrhosis of the liver and its close connection with alcoholism. However, we were grateful that, just six months after William's death, he had placed on record, however brutally, in the highest forum of the State, that William was "*just as dead*" as his two brothers. Naturally, though, we were devastated to learn of the Baroness' Governmental standpoint.
248. That debate, coming so relatively early in Maureen's widowhood, effectively provided the perfect platform for the Government to curtail the suffering and worry that she had long endured for many years as William's health had deteriorated towards death. It was six months to the week since his funeral – a period in which we had laid bare our souls and private lives, to our city and nation, and pushed the slew of bureaucracy uphill in order to find justice. Yet the Department of Health, by virtue of the above debate had been offered a truly propitious moment to draw a line underneath the Government's prior intransigence. Perhaps it could even have cited, however disingenuously, that new information had come to light which ministers had not previously been aware of concerning Hepatitis C. Instead, though, Baroness Cumberlege ignored such opportunities, turned a deaf ear to William's story and Maureen's plight, and chose to double-down on the Government's position, deepening its intransigence and furthermore insulting us and William's memory in doing so. She had said that she didn't wish to "*minimise*" the tragedy, yet that is exactly what she did.
249. **In light of the aspects that we have highlighted, in what was a seminal Parliamentary debate – which occurred almost at the inception of our long-running justice campaign – we would implore the Inquiry to invite Baroness Cumberlege to its hearings.**

250. For we would like to know if she still stands behind her position of 1995. However, if she doesn't, then just what has changed her mind since 1995, that she didn't already know then? Further, what information did she rely upon to reach her decision in 1995, which effectively set the standard for subjecting Maureen to almost three decades of unnecessary suffering and unclosed grieving?
251. Is the Baroness, perhaps, embarrassed by the sheer immovability that she demonstrated in Parliament all those years ago? Finally, what was her justification for so determinedly avoiding any reference to William's case in the Lords which was so eloquently but brutally laid bare by Lord Ashley as a test-case to which there could surely have been no counter-argument?
252. We would particularly like to hear from her in light of the statements she made in summer 2020, concerning her leadership of the Governmental review into historical NHS treatment of patients with: Primodos; vaginal mesh implants; and the anti-epilepsy drug sodium valproate.
253. We make no comment about the 2020 "*Independent Medicines and Medical Devices Safety Review*" (IMMDSR), [RLIT0001379] except to consider the Baroness' hard-hitting observations accompanying its publication which made national headlines across the UK, even amidst the tumult of the Covid-19 pandemic. We would especially highlight the following quotes she made to the media in general:

*"We were invited by Jeremy Hunt when he was secretary of state for health, to review three medications and a medical device, because these interventions had caused avoidable harm to thousands of people, tens of thousands of people [...] if this Government and the healthcare system ignores our review, and another medication, a medical device damages people, to the extent that we have witnessed, they will and should not be forgiven [...] we travelled around the UK and met over 700 women and their families and I have to say, it made such a lasting impression on us [...] and some of those stories I will certainly take to my grave [...] their experiences were harrowing [...] we learnt*

*about damaged families under immense strain, relationships that have been destroyed and careers broken. And as a result, financial ruin [...]*

254. Indeed the Baroness stated that she had ***“never encountered anything like this”***, before then adding: ***“The intensity of the suffering. The fact that these conditions lasted for decades. And the sheer scale that these interventions have done to women and their families [...] and what is truly shocking, no-one knows [the] exact numbers affected by these three interventions, but it’s in the thousands, tens of thousands [...] these families have to fight, fight to be listened to and fight to be taken seriously [...] we were astonished to find how the health system is disjointed, it is siloed, unresponsive and defensive [...] it doesn’t recognise that the patients are the very purpose of the healthcare system [...] and it fails to listen to their concerns [...] it fails to acknowledge when things go wrong. It fails to take action, for fear of blame, and litigation.”***
255. We wonder whether the Baroness has any idea of the fury and heartbreak which we – arguably more than anyone else involved with the CBS – experienced when we heard her words accompanying the so-called ***“Cumberlege Review”*** of 2020?
256. How can she reconcile her words of 2020 with those that she callously uttered in the Lords 25 years earlier, especially in response to the moving story presented to her by her fellow peers concerning William and the illogicality of the Government’s attitude towards him which she helped to establish? How can she reconcile effectively condemning Maureen, in 1995, to a decades-long push for justice alongside her view, 25 years later, that ***“women and their families”*** have been subjected to suffering due to the issues rightly raised in the IMMDSR that has, in her words, ***“lasted for decades”***?
257. Finally, how can she possibly reconcile her words of 2020, stating that the ***“health system”*** of the UK ***“fails to take action, for fear of blame and litigation”***, when she herself egregiously stated in 1995 that to provide financial assistance for HCV widows like Maureen would risk an opening



of the "*floodgates*" and that such appeals for compensation or litigation would become "*a national sport*" that would cripple the NHS? Let us re-state that she dismissed Maureen's request for financial assistance as something akin to "*a national sport*"! There have been some vile things said in connection to the CBS down the decades but that one was truly from the gutter.

258. Let us be clear: it was William's story that she so flagrantly chose to ignore in Parliament in 1995. It was Maureen's plight that she then compared to the beginnings of a "*national sport*" (truly indefensible). Accordingly, we now request that the Inquiry brings the Baroness fully to account before its proceedings. Any failure to do so would surely be a failure of its remit, especially given the Baroness' still very highly prominent presence – by her own volition – in the national consciousness in 2022.

March 16th - 31st, 1995

259. Sadly, there was only limited media traction concerning the Lords debate. We were slowly realising that the Government's line, that CBS victims like William had "*received the best possible available treatment at the time*", had all but shut down any potential interest in the disaster's second wave. The willingness to accept the Department of Health's party-line was also reflected in the lukewarm House of Commons exchange just two days after the Lords' debate.
260. In questions put to Mr Sackville (standing in for the Health Secretary), the Shadow Health Secretary, Mrs Beckett – who still hadn't acknowledged the copy of our letter to Mrs Bottomley from the previous September, which we know she had possessed since at least November – raised a series of apparent concerns about "*HCV*" [WITN1944155].
261. Initially, Mrs Beckett limply ventured a query as to "*what research*" the Department of Health was "*doing on hepatitis C?*". Mr Sackville almost lackadaisically fielded by stating that, through a "*centrally commissioned research programme,*" there was "*a project [...] looking at behaviours*

*associated with exposure to hepatitis C, hepatitis B and HIV infections."* We know exactly what he meant, but did it not occur to Mr Sackville to apply a caveat of sensitivity, care even, concerning those infected with contaminated blood, unless he thought that haemophilia was a "behaviour"? He then blandly added that *"the Medical Research Council" was "also funding a number of projects researching into hepatitis C."*

262. With more precision, Mrs Beckett responded by seeking answers as to when *"the Department first became aware of the risk of transmission of hepatitis C through blood transfusion products; when blood transfusion products were first screened for hepatitis; and when the blood test for hepatitis C was first available?"* Accordingly, Mr Sackville responded, saying: *"It has been known since the 1970s that, despite the introduction of testing for hepatitis B, some recipients of blood and blood products continued to develop hepatitis which was neither hepatitis A nor hepatitis B—NANB. In 1988 a virus called hepatitis C was reported in scientific literature, which was thought to be the main cause of NANB transfusion-associated hepatitis. The first anti-hepatitis C tests were reported in scientific literature in March 1989, but did not become available until later in the year. Expert advice was that these tests should not be introduced because of proven deficiencies. These first tests had a large number of false positive and false negative results and no satisfactory confirmatory tests were available. In due course, the test was improved considerably and also confirmatory tests became available. Routine testing of all blood donations for antibodies for the hepatitis C virus was introduced in September 1991, when the expert advice was that sufficiently reliable tests were available."*

263. He could not have made the facts plainer, that haemophiliacs like William had been among those *"recipients of blood and blood products [who] continued to develop hepatitis which was neither hepatitis A nor hepatitis B—NANB [i.e. later identified as Hepatitis C]."* Barely believably, just days earlier Baroness Cumberledge had still been talking about the need for *"proof of causation"*. Yet, the causal connection between the administration of contaminated blood products and the subsequent infection of haemophiliacs with viruses like Hepatitis C, was then laid bare before the Commons – not that it needed to be

– almost as though it was hidden-in-plain-sight. He'd just related both the cause and facts of a national disaster to the House and yet nobody seemed to bat-an-eyelid

264. It didn't seem to matter that men like William were in a second cohort of haemophiliacs killed as a result of sub-standard NHS treatment. For the controversy surrounding the CBS had been all but spent on the prior revelations concerning the slew of HIV infections several years earlier. It was as though a new syndrome – Contaminated Blood Scandal Fatigue – had set into the national consciousness.
265. Indeed, the almost benign attitude towards the plight of Hepatitis C+ haemophiliacs was then suitably reflected by Mrs Beckett's almost diffident follow-up. For she then asked if Mr Sackville would "*make a statement on any plans she (Mrs Bottomley) has to compensate patients developing hepatitis C from transfusion of NHS blood products?*" Despite the revelations he'd made just moments earlier – which somehow had managed to convey a scandal that had been completely denuded of any shock value – he felt confident enough to blithely and summarily state: "*The Government have no plans to make payments to patients who have been infected with hepatitis C as a result of national health service treatment.*" And that, seemingly, was that.
266. Mrs Beckett, as though signalling that her interest was purely expressed in order to tick-a-box of concern, declined to register even the slightest objection to such naked Governmental arrogance. It is impossible to believe that she had not been briefed about the matter of William which had been aired in the Lords just 48 hours earlier; i.e. the so-called case of "The Three Brothers", as it regularly began to be known in Parliamentary and haemophilic circles. Moreover, we ourselves had alerted the Shadow health benches to the matter (in the shape of our autumn letter to Mrs Bottomley as copied to Mr Blunkett which he himself forwarded to Mrs Beckett – apparently, anyway). It was the perfect opportunity for her to appraise the Commons of the injustice meted out to William posthumously and to Maureen, yet she declined.
267. Although we didn't know it at the time, Mrs Beckett's lukewarm attitude, at best, was a foreshadowing of the disregard that the future Labour

Government, that would be elected just over two years later, would demonstrate towards our campaign which not only compounded the intransigence of the fading, eventually 18-years-long, Tory administration but also managed to deepen the state's ambivalence towards such suffering. It was a staggering moment. In amidst the slew of Parliamentary words about the CBS over the last three decades, that singular exchange, we have always felt, was one of the most devastating not only for its almost blithe revelations (such as they were) but also for the inherent Governmental contradictions and ambivalence laid bare – to the point of absolute cognitive dissonance – which the Opposition seemed completely disinterested in exploiting.

268. The CBS had suddenly lost the power to shock and largely because leading – i.e. “career-minded” – parliamentarians on both sides of the House had decided for themselves not to be discomfited any longer. It was the politics of convenience. An almost casual conspiracy of nonchalance, clearly already ingrained in the national attitude by spring 1995, that formed the rotten base upon which decades of inertia, lies and injustice were subsequently heaped. Admixed with such evident political disinterest at the highest levels was the almost palpable sense of resignation amidst medical circles – almost stoically accepting a second-wave of disaster, as though death and devastation were almost factored-in – and even the reluctance of far too many in the haemophiliac cohort, then, to re-galvanise, however understandably, for a battle renewed. In turn, it was almost inevitable that the media would then default to a state of disinterest, unless suitably stirred, about a still unfolding national tragedy of truly mammoth proportions. An oft-heard refrain now from many commentators is that they are astonished that it's taken so long for a public inquiry into the CBS to be held. Yet it should be no great surprise as to why. The explanations, the ingredients behind such detachment have been evident for decades. Like we said, hidden-in-plain-sight.
269. Naturally, we were devastated to hear, twice in a week, just how entrenched the Government was. Nevertheless, we were heartened that many back-bench Parliamentarians were supportive. Accordingly, although we could barely muster the energy, we devised a letter-writing campaign by which we

could encourage friends and family to alert their MPs to our case, drafting a template [WITN1944156] for their convenience.

April 1st - May 31st, 1995

270. Among the replies triggered by our letter campaign, the most significant early response that we received was from the Rt Hon. Sir Roger Moate MP, the Conservative member for Faversham, who by proxy informed us of a written response he had received from the Department of Health [WITN1944157]. The Minister was replying to a missive that Sir Roger had earlier sent him, wherein he had enclosed a letter from one of his constituents.

GRO-C

GRO-C

June 1995

271. On 8 June, after having made an in-principle decision to at least explore the possibilities of acquiring Legal Aid, in order to finance a litigation case contending that William had been the subject of medical negligence, Maureen again heard back from Irvings [WITN1944158]. Naturally, such an undertaking was a hugely emotional and administrative task, and perhaps also a significant financial risk. Nevertheless, she felt that she had little choice but to fight for justice for her late husband. Irvings advised her to swiftly complete a "*financial application form*" (CLA4A) – which she did, almost by return-of-post – hoping that this would be submitted to the Legal Aid Board within two weeks.
272. On that same day, it was encouraging to learn that 239 MPs had already signed an Early Day Motion raised by Alf Morris [WITN1944159]. However, it was disappointing that many of our local Labour MPs failed to sign (excluding the Shadow Cabinet member, Rt Hon. Peter Kilfoyle MP, Liverpool Walton – who was then both Gregory's representative, and that of the widow of

William's older haemophiliac brother who had died of HIV-infection in 1990 – who, by accepted custom, wouldn't necessarily have been expected to have added his signature; also the Labour Whip, Rt Hon.

GRO-B

GRO-B

GRO-D

GRO-D

GRO-D

Most noticeable amongst

those MPs conspicuously absent at that stage, however, and who would have been expected to support the motion were:

a.

GRO-B

the representative

GRO-D

GRO-D

GRO-D

and

- b. Bob Wareing, Liverpool West Derby, the representative of William's 90-year-old mother, Catherine, who had written to him seeking his support

273. It was becoming apparent that, although many Labour members supported Mr Morris, there was unexpected reluctance in various pockets of the Opposition benches to challenge the Government's intransigence. Mr Blunkett's delayed and inadequate response to our original communication with him the previous autumn, followed by Mrs Beckett's subsequent foreshortening in the Commons, were among the first signs that we could not fully rely upon Labour members. However, it was the failure of significant names on the Opposition benches to even support Mr Morris that finally confirmed to us that we were effectively fighting significant elements on both sides of the Commons.

274. Particularly, though, it was Mr Wareing's absent signature that stung most, especially given that even the plight of William's mother, who had lost three of her sons to the CBS in the space of just five years, failed to move him. Consequently, Maureen was spurred to write to him [WITN1944160] later in June when it was apparent that he was not supportive. To the best of our knowledge, Mr Wareing never replied. Certainly, though, he never signed Mr Morris' motion, even though names were still being added as late as November 1995.

275. On 19 June, Maureen heard again from Irvings [WITN1944161] who informed her of the progress of her application for financial legal assistance, referencing the somewhat daunting "*standard letter explaining the Statutory Charge*", which was then further explained in a separate missive enclosed [WITN1944162]. A widow of barely 10 months, having experienced years of suffering due to the CBS, should not have been left to endure such legal anxieties; it was hard to know her best course. This was further intensified when, on 29 June, Maureen received a missive [WITN1944163] from the Benefits Agency - Legal Aid Assessment Office enclosing a "*Legal Aid - Request for more information*" form, sent by a Mrs K. Fowler, ironically stating that "*in order to assess your application quickly I **must** (with bold emphasis in original) receive this information by 12/7/95*". Essentially, Maureen was required to submit as many bank statements and pass books as possible.
276. Not only were significant doubts forming in Maureen's mind about applying for such assistance – not least that it already seemed to signal that there would be yet a further drain on the statutory three-year timetable that she had to submit her case – but she was also becoming quite fearful of what was beginning to appear a very daunting procedure, with many potential pitfalls. However, an application for State Legal Aid seemed her only possibility of mounting a case for justice. She was trapped in something of a Catch 22 legal situation.
277. It was quite brutal that the Government had reduced her to a position in which she was completely out of her depth whilst also at her most vulnerable. Generally speaking, we all harboured reservations not just about Legal Aid but also about Irvings' general commitment to our cause.
278. Regardless of all the above, Maureen felt that she had to continue the course embarked upon, not least because vital time was ebbing. The first anniversary of William's death was swiftly approaching and, therefore, the first of the three years in which we had to present our case had almost expired. Also, she knew that, on balance, she would have to remain with Irvings

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279. Towards the end of the month, we received the Haemophilia Society's quarterly newsletter *The Bulletin* (No. 2, 1995), [WITN1944164]. We took special note of the slew of articles – some of which were of direct relevance to William's case – which conveyed the extent of the new-found corporate commitment to pursuing justice for HCV+ haemophiliacs and their families.
280. We had, of course, noted the front headline of the first *Bulletin* of 1995, wherein the Society announced: "*Hepatitis C Campaign Now Launched*". That had followed in the wake of the infamous Coventry meeting and subsequent press release the previous November. Nevertheless, we still remained reserved as to how committed the Society really was. Reassuringly, however, the plurality of references to, and stories about, HCV-related matters in June's *Bulletin* indicated that something of a sea-change had occurred.
281. Stating that there had been "*a number of developments in the hepatitis C campaign since the last edition,*" the publication placed front page emphasis on the all-party meeting of MPs held in the Commons in late April, attended by some 20 members, which triggered Mr Morris' aforementioned Early Day Motion which, said the newsletter, called "*for the Government to recognise the plight of people with haemophilia infected with Hepatitis C, and to consider providing help in a similar way to that already given to people who are HIV positive.*" In the editorial column, on page 2, the editor, Andy Cole, made a pointed reference to how the "*articles on the hepatitis C campaign and liver biopsy show our concern over hepatitis.*"
282. The clear emphasis was immediately evident on page three, with a trio of articles of great significance. The first, the lead story on that page, seemingly underscoring the commitment to pursuing justice, was headlined: "*Hepatitis worker appointed*", i.e. Mandy Cheetham's arrival as a temporary "*hepatitis research worker on a six month contract to explore the needs of people with haemophilia and hepatitis C.*" She was quoted saying that she would be "*investigating the special problems that the combination of haemophilia and HCV cause.*" There was also a separate story, headlined: "*New Information and Advice Worker Post*". It detailed how another new appointee, Shanit



Marshall, would also provide advice for haemophiliacs on subjects such as *"treatment, HIV, HCV, mortgages, insurance and benefits."* Finally, the photo-article on that page could hardly have failed to capture our attention, headlined: *"New centre director for Liverpool"*. It read: *"The new Director for the Haemophilia Centre at the Royal Liverpool and Broadgreen University Hospitals NHS Trusts took up his post in March. Dr Cheng Hock Toh graduated with honours at the University of Sheffield in 1985, and brings to Liverpool his clinical and research experience from both Sheffield and Queen's University, Ontario, Canada [...] Dr Toh, who is also Senior Lecturer in Haematology at the hospital says that for the future of the Centre there is 'an emphasis on the multidisciplinary approach which has incorporated not only the skills of a new Professor in Orthopaedics, Simon Frostic, but also that of a Consultant Hepatologist, Dr Ian Gilmore and Consultant Virologist, Dr William Tong."* Again, Dr Gilmore was only introduced into William's orbit in June 1994, by Dr Mark Hartley from Professor Shields' gastro-team, two years after Dr Hay had cancelled a liver work-up for William. As Dr Gilmore told us: *"I got him too late."*

283. That last item was bitter-sweet to digest. On at least four levels. Firstly, to note that less than six months after William's death, the haemophilia team that had supposedly cared for him throughout his final decade had completely dismantled (whether this was voluntary or not we do not know). Secondly, not only was a new team in place but it had opted to follow the type of sensible *"multidisciplinary"* approach that William's case (at least) had been crying out for since circa 1987 when he began to exhibit very obvious wider complications as a result of his co-infections with Hepatitis B and C; yet time and again he felt that he was falling between departmental stools as his health worsened. We note that in his evidence to the IBI in 2020, Dr Hay asserted that such structures were in place throughout his own tenure at the RLUH. To that we would strongly argue that such was not the reality that William ever faced. **Thirdly, it was obviously hard to learn that so soon after his death, the Liverpool Haemophilia Centre would also work in synch with a dedicated Consultant Hepatologist, namely Dr Gilmore – the very man who was brought into William's case far too late, and then not even at**

the behest of Dr Hay; and in any event who then completely missed the existence of well-established liver cancer in his newly acquired patient. Fourthly, Dr Toh's connections to the University of Sheffield Medical School were, of course, of significance, given Dr Hay's extensive connections to the same.

284. Given that those headline local developments occurred so swiftly after William's death, we are still inevitably bound to ask as to whether his demise and death played any part in influencing the sensible strategies then adopted. **Essentially: was William's loss of life, in turn, to the enduring gain of other local sufferers, and therefore not totally in vain? We'd very much like to know.**
285. The prominence of the issue of Hepatitis C was further writ large on page four of the publication, firstly with a profile of Philip Dolan, elected onto the Executive Committee only the previous month. The article declared that he *"has three prime areas of interest" listed as: "strengthening local groups, which he sees as the backbone of the Society"; also "Hepatitis C – which he sees as becoming an even greater cause for concern as time goes on"; and "the quality of haemophilia care, which he believes should be uniformly high throughout the country and sensitive to the needs of those treated."* However, it was a major article titled *"Liver Biopsies"* [WITN1944164], By Dr Chris Ludlam, the Haemophilia Centre Director at the Royal Infirmary of Edinburgh, that was of the most significance to us among all the related coverage in that Bulletin, although we didn't fully appreciate the extent of such at that precise moment, chiefly because we hadn't yet acquired William's medical records.
286. It is astonishing to reflect now on the fact that, just three years to the very month prior to the publication of Dr Ludlam's article, William was denied such a biopsy, by Dr Hay, which had been planned as part of a full liver work-up battery of tests (as detailed extensively in our first statement), presumably on the basis of his residual concerns about safety. It is hard to imagine that Dr Ludlam, in 1995, was writing about a procedure that had scientifically progressed so exponentially in the three short years since 1992 to the point

when, what had been deemed apparently unsafe just 36 months previously, was then considered almost routine, then with the added benefit of being *"usually undertaken with the help of ultrasound"* and indeed was, in any case, *"a well established technique"* that had *"been used for many years."*

287. It is even more disturbing to consider that some nine years after Dr Ludlam's article, the General Medical Council was still citing the danger of liver biopsies as a reason as to why it ultimately sided with Dr Hay against our allegation of negligence on his behalf toward William, especially concerning his unilateral decision to cancel, at the very last minute, the planned liver work-up tests scheduled for June 1992 for which William had already been admitted to hospital only a day earlier.
288. The near-blanket coverage continued on page seven of that almost seminal issue of *The Bulletin* with another brief story headlined *"Hepatitis Campaign continues"*, which unequivocally declared the following which Maureen especially took to heart, as will be amply shown: *"Letters to MPs are still needed! The more pressure that can be applied the better. So if you feel able, carry on writing and pestering your MP, so that they bring pressure on the Government. We also need people who have suffered illness as a result of their hepatitis, who are willing to speak to the press."* It was then also very telling that almost the whole of page 11 (there were only 16 in total) was devoted to another campaign article of major significance for us, headlined *"News from the Manor House Group – the MHG give their view on hepatitis C."*
289. It was the tone of the MHG article [WITN1944164] that was most especially revealing, especially given that Maureen and Gregory had never doubted that their collective perceptions of what they experienced at Coventry in November 1994 were accurate. It was obvious to them that the Haemophilia Society had undergone a deep corporate schism concerning hepatitis C which then, for whatever reason, seemed to have given way by the following summer to a very clear and swift show of support. Indeed, it was as though the article was

implicitly referencing those events but without wishing to reopen recently healed wounds.

290. The unsigned writer immediately expressed awareness that the MHG objectives may cause concern to certain members who *"would prefer"* not to be *"drawn into situations"*, particularly concerning *"the publicity surrounding our cause"*. Further, it stated: *"This article may also be upsetting to those of you who have already endured the same pressures as a result of the HIV campaign."*
291. However, in stating that the MHG's objectives are to *"give support and seek recompense for those of us who have hepatitis C (HCV)"*, the script then pointedly declared that the group *"hopes"* to *"achieve its objectives by working in harmony with the Haemophilia Society"*, adding that the group was *"grateful"* for the *"support we have obtained"* (it was an irony that haemophiliacs were expressing thanks to the Haemophilia Society, of which they were members, for even supporting them). However, in saying that the MHG *"fully supports"* the Society's efforts in *"raising awareness and the seeking of compensation in the same way that these were achieved for those with HIV"*, the article expressed the view that *"there are number of aspects of the hepatitis issue that differ fundamentally from the HIV campaign."*
292. Two things were implicitly clear, without the writer actually stating so bluntly. Firstly, there had obviously been a very marked division within the Society and that the issue of Hepatitis C was undoubtedly the fault line. Secondly, even though there was now the appearance of a united front, there was still less than total faith that the national body fully understood the severity of the issue and furthermore that the initial corporate reluctance to bring matters to the fore had instilled a lack of confidence amongst those infected with, and affected by, the curse of Hepatitis C.
293. Essentially, it boiled down to a reserved feeling that the Society perhaps would not be as wholeheartedly committed as it had been to the previous HIV campaign. In short, then, the writer's inference seemed to convey that it was better for justice to be spearheaded by a united MHG, with natural recourse to

Haemophilia Society expertise, as and when required, rather than leave the whole issue in the hands of a body that was united only on the face of things but still inevitably harbouring deep misgivings within its membership (and perhaps Executive) about the need for a public campaign to support Hepatitis C-infected haemophiliacs and families.

294. The article pointedly continued: *"The case for HIV was successful because there was – quite rightly – tremendous public sympathy and support as well as a moral obligation. The Society, in their present campaign, are using the same moral argument, but because HCV is not perceived to be as sensational as HIV, MHG feel that additional arguments need to be developed."*
295. Given that William was, in our view, "co-infected" with both Hepatitis B and then later Hepatitis C, the remainder of the article's thrust had particular resonance, stating: *"It is our belief that the problem was preventable. At the time when the contamination of blood supplies took place it is quite true to say that the hepatitis C virus was undetectable and unknown; but the medical profession were aware of the risk of transmitting hepatitis B but nothing was done to prevent it. It is our contention that blood products should have been virally inactivated in order to remove the risk of transmitting hepatitis B at an earlier date. This would have prevented the transmission of hepatitis C as well as hepatitis B. It is shocking to think that action taken at the right time to prevent an infection risk associated with blood and blood products (hepatitis B), a risk that has been recognised for a very long time, could conceivably have prevented both of the infections (HCV and HIV) that have had such tragic consequences for so many. Of course, HIV and HCV do have different implications for the patient and HCV is generally not as devastating in the majority of cases as HIV but it does lead in many cases to chronic liver malfunction and it can have noticeable effects from very soon after the initial infection. In the early stages, psychological effects apart, HCV is likely to disrupt the patient's lifestyle. Patients often suffer regular episodes of extreme fatigue which can seriously affect their ability to stay in regular employment and to enjoy happy family and social lives."*

296. As though reflecting William's experiences with Dr Hay during the late 1980s, who repeatedly expressed that there was nothing wrong with him, especially after he had been known to be HIV-, in sharp contrast to his brothers, the article then described a scenario that we were learning had been all too commonplace: *"For those who are not infected the implications can be hard to grasp – have you ever been told that it is all in your mind? This is the reason, we believe, that the medical profession have, for the large part and for a long time, overlooked the seriousness of liver disease in people with haemophilia and von Willebrand's disease. We are well aware that hepatitis C has caused some people more problems than the haemophilia they have been treated for."*
297. The writer further stated that the Government has an "obligation" to help *"everyone who has contracted hepatitis C through the use of blood products."* It is, *"once again"* it added, *"a case of not exercising due care in the use of a medical treatment; it is a case of using one without due consideration for its side-effects."* Then, pre-empting any suggestions that hepatitis C was *"an acceptable risk"*, the writer declared that this was a *"totally unacceptable stance"* and added: *"It is surely one that must be rejected out of hand by those who have suffered the consequences of yet another unwanted insult to their bodies. How many of us were consulted before we were prescribed with this acceptable risk?"*
298. It would be a lie to say that we didn't feel vindicated after reading the MHG article. Indeed, it was such episodes that just about re-galvanised us enough to push on, always believing that the next development would be the game-changer swiftly leading to a successful conclusion of our fight. Consequently, although we were already tiring in our efforts, even just 10 months after William's death, we were repeatedly spurred-on, always believing that victory (for want of a better term) would soon come. We now know that this psychological torment was as big a trial as any that we have endured since. For the record, elsewhere on page 11 of that landmark issue of *The Bulletin*, complementing the news about Ms Marshall's appointment, an article headlined *"Hepatitis C and life insurance"*, even gave advice to members affected by the disease who were experiencing the type of financial prejudice

and dilemmas that had long beset William and Maureen. Things had certainly changed since Coventry the previous autumn. Unfortunately, though, as the next two or more decades were to prove to us, the more things changed for us, the more they stayed the same.

299. All told, the tenor was very welcome. It was also re-assuring that the Society's membership was implicitly being informed, without ambiguity, that there would no longer be tolerance of discrimination between haemophiliacs and their families infected with, and affected by, HIV, and those later discovered to have been similarly battered by HCV (the irony of which, of course, lay in the fact that both groups mostly overlapped anyway).

#### July 1995

300. On July 5th, we were, again naively, encouraged by the news that a new Secretary of State for Health, Stephen Dorrell, had been appointed. Mrs Bottomley's departure meant that, in the nine-plus months that had elapsed since she had received the very first letter of our campaign, dated September 29th, just 26 days after William's death, she had completely failed to provide a personal reply to us, or even a departmental one acknowledging the detail that we had provided about William. We dared to hope for better under Mr Dorrell; at the very least common courtesy.
301. On July 11th, Maureen's solicitors re-contacted her, in writing **[WITN1944165]**, concerning the myriad queries she had expressed about her Legal Aid application. The response that she received adequately conveyed the extent of her generally increasing disquiet. Ironically, on that same day, Hambro Legal Protection, an insurance company that Maureen had also contacted, for the purposes of potentially securing a separate means of financial legal assistance, responded in writing **[WITN1944166]** to her initial enquiries.
302. On July 22nd, Maureen's fears concerning her application for Legal Aid were realised when she received an incredibly unnerving and distressing further communication from the Benefits Agency – Legal Aid Assessment Office. **[WITN1944167]**. Whilst Irvings had led her to believe that she had "*no reason*"

to "*be concerned*" about her application, the benefits officer, Mrs Fowler, having undertaken an in-depth search into Maureen's finances, began to cite matters of "*law*". This was what the State had reduced her to; a distressed widow, not exactly in the best of health herself, unable to grieve for her late husband and now being genuinely fearful of perhaps even facing prosecution.

303. On July 24th, we were informed of the first of two further developments consequent to our requests to family and friends that they contact their MPs in support of our campaign. Mr M.C. Malone, of Liverpool, angry at the fate that had befallen William, had contacted the Rt Hon. Eddie O'Hara (also Maureen's MP) who replied positively [WITN1944168].
304. On July 26th, Maureen responded [WITN1944169] to Ms Fowler at the Benefits Agency regarding her Legal Aid application and certain financial transactions she had performed earlier in the year. This was completely demoralising and un-dignifying especially given her vulnerabilities and the way she had been treated in recent months and years. The whole stress and anxiety of her application was causing her to lose sleep. It was almost impossible for her to explain the complicated reality of her seemingly counter-intuitive financial transactions in the immediate wake of William's death, which were actually, and inextricably, linked to the generally unanticipated Governmental injustices that she had encountered in the very first months of her widowhood. She felt trapped in the most heartless of vicious circles.
305. On July 31st another of Maureen and William's friends, Mr J.P. Chaveau, of Liverpool, was sent a letter from the NHS Executive Headquarters/Department of Health, whom he had contacted on our behalf as part of our letter writing campaign. However, apart from initial courtesies, the letter [WITN1944170] was effectively a boilerplate copy of Mr Sackville's letter to Sir Roger Moate [GRO-C] the previous month [WITN1944157]. Accordingly, we have underlined those segments which were a verbatim copy of the pat-responses already sent to Sir Roger Moate [GRO-C] – and no doubt repeated in hundreds of other letters to campaigners country-wide.



## August 1995

306. William and Maureen's friend, Mr Malone, received another response [WITN1944171], dated August 1st, to his letter-writing campaign, this time from the Merseyside MP, David Alton, who, of course, was still very supportive of our campaign.
307. Mr Alton had said he would write to the Health Secretary. Good to his word, he seemingly contacted Mr Dorrell immediately. For, nine days later, on August 10th, he received a swift reply which was forwarded to Mr Malone and then onwards to us [WITN1944172]. Unfortunately, Mr Dorrell followed up, once again, with a reply that aligned to his standard regurgitations.
308. It seemed that there was no difference between Ms Bottomley and Mr Dorrell. Moreover, it was becoming increasingly obvious that the Departmental tone was set in stone.
309. In the first week of August, in anticipation of the first anniversary of his father's death, on 3 September, Gregory drafted another newspaper feature [WITN1944173] in review of the tortuous year that we had experienced, and the suffering that William had endured. As 3 September fell on a Sunday, he submitted it to the *Sunday Telegraph's* "Sunday Review" magazine along with copies of previous press coverage featuring William's case. It was implicit in the article, intended as a pull-out/focus feature that the Review already knew about the CBS hence why Gregory made no overt appeal to prove the fact that William was an obvious victim of the tragedy. On 15 August the magazine contacted Gregory declining publication of the article [WITN1944174]. It was a difficult article to write and it arguably didn't flow well. Also, though, at the very least, it was a lesson that the basic facts of the CBS – i.e. what it was, who it affected, and how, why and where – would always have to be reinforced time after time. It couldn't ever be assumed that the media, let alone the public, knew just by basic references to haemophilia, Hepatitis C and HIV, what the CBS was all about. It just didn't have any easy media hook, like The Titanic disaster or The Hillsborough tragedy, that didn't necessarily require an on-the-nose, up-front, reader-reminder every time. Moreover, catastrophes like

the Titanic and Hillsborough really only demanded a one sentence restatement of the facts in the narrative flow. The CBS needed several paragraphs, and then some. That reality was always one of the greatest obstacles that stood in the way of gaining better media traction over the decades.

310. On August 19th, Maureen received a deeply worrying letter from Mrs Fowler, regarding her financial transactions from early 1995 [WITN1944175]. It was the last thing that she needed both on the first anniversary since learning of William's cancer diagnosis in Newcastle the previous August, and also, of course, just a fortnight or so prior to the first anniversary of his death. Reducing her to tears of distress, she simply had no choice but to pen a swift return letter [WITN1944176] plaintively outlining the reality of her dealings. Preempting the likely timescale of Mrs Fowler's next reply and with the anniversary of William's death approaching, she implicitly requested that a degree of sensitivity be applied in any further imminent correspondence.
311. On August 21st, Mr Malone received another reply [WITN1944177] to his letter-writing campaign using our template. This time from another Merseyside area MP, Ms Jane Kennedy. Although, as a Labour Whip, she hadn't signed the Early Day Motion that was still inviting signatures, it was encouraging that a senior Opposition official appeared not only to be supportive of our campaign but also understood certain fine nuances. To the best of our knowledge we never did find out what Labour proposals emerged from the apparent "*consultations*" that Ms Kennedy said were ongoing with the Haemophilia Society.

#### September 1995

312. With crass insensitivity, the Benefits Agency - Legal Aid Assessment Office, sent yet another financial investigation letter [WITN1944178] to Maureen on September 1st, which arrived on Saturday, September 2nd, a year to the weekend since William's death; the very thing that Maureen had sought to avoid in her letter of August 19th.

313. Incredibly, despite Maureen having lodged her Legal Aid claim the previous January – and having supplied all documentation to the Benefits Agency officials some months previously, with complete transparency – the assessment was not only still raking the queries already raised by Mrs Fowler but also digging further into matters, particularly concerning transactions earlier in 1995. Furthermore, the cursory way in which Maureen was addressed – on a Benefits Agency memorandum template – completely devoid of any civility, was another low blow. There seemed to be no understanding that the immediate period after a spouse's death inevitably triggers a concerted period of complex financial readjustments and transactions, which defied the type of succinct description that the Benefits Agency required.

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316. It is somewhat pitiful now, in 2023, to reflect that even in the period between 1992 and 1994 there was still a naive family hope that William (and Maureen's) plight would be justly addressed in the same manner that the catastrophe that had befallen his two haemophiliac brothers (and their families) had been, however inadequately so.

317. Whilst Maureen's financial transactions in early 1995 suggested one thing on the documented surface of things, certainly as far as the Benefits Agency was concerned, the underlying complex reality was counter-intuitively quite

different.

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like the Benefits Agency. The irony, of course, was that it was the callousness of the State that lay at the root of the complexities in the first place.

318. The ongoing and deepening saga of her Legal Aid assessment was a completely undignified way for Maureen to be treated – essentially by the Government – on the very eve of William's first death anniversary. It also further gave the lie to Irvings' repeated assurances that she had nothing to worry about. For the strain of the intensifying investigation – which was becoming more interrogative – could not but induce deep worry for her.
319. The stress of the whole 365-day period from 3 September 1994 had been intolerable for her and she was near to breaking-point. There was simply no way that she could mentally undertake a further financial review exercise on that weekend of William's memorial. Against that, though, she knew that time was of the essence and there was barely a day to waste, especially given that the first 12 months of the three-year statutory timescale for lodging her medical negligence case had now officially expired. Pragmatically, she had to resign herself to attending to further Benefits Agency requirements from Monday, 4 September, as soon as William's anniversary had passed. That's how brutal the realities were.
320. On September 3rd, then, we duly marked the first anniversary of William's death. We could only reflect upon a year of mental torture, like all those since 1978. When he died, we simply hadn't expected to be plunged into a war-of-attrition with the Government; we just naively expected that, although matters wouldn't likely be resolved overnight, the morality of our case would be swiftly recognised, particularly given the precedence of the financial settlement for those haemophiliacs infected with HIV, and also because

William, of course, was a brother of two of them. The ethical merits of the case were obvious.

321. Not only were we embroiled in a battle with the Government but we were also enmeshed in a prolonged legal quagmire rapidly getting more complicated and beyond our capabilities by the week. All told, we faced William's first anniversary in a collectively depressed state. The pressures and strains were impacting on all of our lives and yet we couldn't see a swift way out of the morass that we had been plunged into through no fault of our own.
322. On 4 September, Maureen undertook a further comprehensive study into her financial transactions of the entire calendar year. She had completed this exercise by 7 September and dispatched her response [WITN1944179] to Ms Uszylo that day. Anticipating even further delays and queries, Maureen opted to expedite matters by extending her hand-written disclosure (she didn't possess a computer at that stage) beyond the specific requests of Ms Fowler/Uszylo and supplied them with a detailed analysis of her wider financial transactions. She only revealed as much detail as was necessary concerning [GRO-D] her finances as she really needed to. The whole process was as distressing as it was undignified.
323. In mid-September we were sent a questionnaire (which we swiftly answered) [WITN1944180] by the aforementioned Ms Cheetham whose appointment as the Haemophilia Society's "*Hepatitis C Research Worker*" was announced in the June *Bulletin*. It appeared that she was making good on her promises to investigate "*the special problems that haemophilia and HCV cause*".
324. Although we understood that her survey was directed towards those living with HCV, we implicitly understood to provide details on behalf of William posthumously. We were able to fill this in, and quite accurately, not only because of our experience and recent memories but also because we still had copies of the two submissions in 1992 [WITN1944181] and 1994 [WITN1944182] that he had made to the Benefits Agency in respect of his claims for Disability Living Allowances. It is quite easy to infer the deterioration in his condition when one compares the details that he supplied in early 1992, whilst he was still hospitalised after his repeat knee operation (January 1992)

and less than a month after being diagnosed with both HCV and cirrhosis of the liver, with those that he made two years later, in the year of his death.

325. We would stress that the details in the documents [WITN1944181] and [WITN1944182] really speaking should have been included in our first witness statement, in the appropriate chronological sections. Their omissions were an oversight on our part simply because the documents were stored in conjunction with the questionnaire as part of our chronological sequencing. Regardless, it is beneficial for William's voice to be heard here directly – as a timely reminder – and therefore in both parts of our first witness statement, as per [WITN1944001]
326. On September 28th, we all accepted an invitation from the Haemophilia Society to attend the Merseyside event of one of five regional meetings (the others being in Glasgow, Cardiff, Belfast and London) – described as a "Hepatitis Day" – to discuss "*the treatment and implications of Hepatitis C*" which were to be "*addressed by a leading hepatologist*". In our case, for the event at the Logwood Mill Hotel, Knowsley, the guest speaker was Dr David Mutimer, of The Queen Elizabeth Hospital, Birmingham, who, just five months later, would submit an eventually published, co-authored medical article [RLIT0002139] titled "*Liver transplantation for fulminant hepatic failure: importance of renal failure*", concluding that those who underwent transplantation due to chronic liver disease and were suffering no pre-existing renal failure (e.g. as would have been the case had William received a transplant), were vastly more likely to survive than others who already exhibit renal failure. It's yet another bitter sting to know how close William may have been to a likely successful transplant only 14 months prior to Dr Mutimer's address in Knowsley.
327. The esteemed medic had also been one of the guest speakers at the infamous Haemophilia Society Coventry conference the previous November. Unfortunately, the subsequent event in Knowsley, some 10 months later, was yet another occasion of notoriety and effectively made a mockery of the executive's commitment to its so-called "Hepatitis C" campaign. Essentially, the first seeds were sown that night for Maureen to fully withdraw her

cooperation from the Society's broader publicity drive less than three years later. Again, she was at breaking-point anyway.

328. Astonishingly, the evening began with a clear message from Mr Barker, Director of Services and Development: *"Tonight is not the night to talk about the campaign."* It was our first attendance at a Haemophilia Society event since Coventry and it was frankly insulting to be met with yet another block from the executive, especially given how we had cooperated with Mr Barker throughout the year, as we have described. Immediately, Gregory drafted a hand-written letter of complaint [WITN1944184] and passed it to Mr Barker at the tea-break. He wrote: *"One could be forgiven for thinking [...] that the '[Hepatitis] Day' would at least touch-on – even minimally 'the Campaign'. Not so it seems. To be informed that 'tonight is not the night' was a hard-pill to swallow. When, Mr Barker, will it be the night, or day, to talk about 'the Campaign'? It certainly wasn't the day at Coventry. Now almost a year on we learn that it isn't the time at Liverpool."*
329. Gregory reminded Mr Barker about the nature of their strained exchange at Coventry the previous autumn, and expressed his reservations about the Society's commitment to *"the Campaign"*. He also communicated his intention to pursue publicity through his own means regardless of whether the Society approves.
330. Other than to hear a leading medic underscoring the devastating realities of HCV, and at least the ironic, default relief in not having to endure a meeting wherein the politicking between the haemophilic factions divided by the issues of HIV and HCV was to the fore, we didn't learn anything of huge significance regarding William's experiences, save that Dr Mutimer's address, focused on the ongoing plight of the suffering, was another vital communication, especially for those who still needed convincing, that Hepatitis C was every bit as pernicious as HIV – if not more so – and that those who had perished from the disease or were still battling it were implicitly just as deserving of equal-terms justice.
331. Signally, though, it was a meeting at which the Manor House Group (MHG) naturally made its presence very visible and vocal, without being obstructive.

332. Accordingly, Maureen – feeling with some justification that she was getting nowhere in her continually obstructed pursuit of justice and the questionable commitment of the Haemophilia Society – made it known that she would be clearly aligning her future campaigning efforts with the group. The previous autumn she had left the Coventry conference early and in distress without hearing what the then newly-formed MHG would have to say at one of the workshops advertised on the events programme. By the following September, however, she was fully committed to the ever-strengthening organisation.
333. Finally, on September 30th, Maureen received through the post a formal "*Offer of Legal Aid*" [WITN1944185] from the Benefits Agency. Although she had always known that she wouldn't have the resources to finance a court case herself, she equally had never been comfortable applying for Legal Aid. This was solely due to the unforeseen aspects of the process that she had never, naturally, been able to identify in advance, but had always been wary of, despite her solicitor's advice.
334. She was also very anxious, from a very early stage after having approached Irvings, that the application process would not only be an invasive one – and, as it transpired, an interrogative episode – but also very time-consuming. As proven. It had been almost a year since she had first approached Irvings – again, chiefly with the intention of advancing a case against the Government – and only at the very start of October 1995 was she finally in a position to know that she would at least have the benefit of legal funding for certain. That attrition of time, however, meant that the first 13 of the 36-months statutory timetable for lodging her case had been swallowed.
335. Even though she finally had funding in place, however, Maureen still had no real appreciation or understanding of the shape of the case that Irvings would agree to eventually present. Her experience in that regard had been limited only to occasional insights proffered by her solicitors. For their emphasis had always – and she understood that this was not without business justification – to concentrate first on whether legal funding would ever become available rather than exploring the minutiae of a case which might never proceed beyond even the earliest stages.



336. In addition to all the above dissatisfaction was the fact that Maureen was necessarily expected to contribute significant amounts of her own monies to the Legal Aid funding. Indeed, based on the first payment required of her – (£2299.30) followed thereafter for an indeterminate length, and presumably for as long as the case lasted, by monthly instalments (£74.30) – we calculate that, adjusted to reflect inflation over the past quarter-century plus, those initial and then monthly payments in 2022 would have been: £4,453 and £144.
337. It was indefensible that a retired widow, shorn of pensions and insurance safety-nets, and facing a financial shortfall of over £100,000 over the immediate future years due to her suddenly straitened circumstances, and deemed by the Government, in the shape of the Benefits Agency, to have just £5101 so-called “disposable income”, and £5225 of apparent “disposable capital”, was being called on to provide such weighty amounts to co-fund a potential case against the same Government – or so Maureen thought – that had been the originating cause of her predicament. It was also an ongoing bitter reflection that, just a year earlier, she had needed to spend £1361 on William’s funeral (£2400 at 2022 adjustments), a sum that would have been met by the Government had William contracted HIV and not HCV.
338. Having expended so much crucial time in progressing her application for Legal Aid, Maureen felt that she had no choice but to forfeit the funds that were being requested of her. She not only hoped that sense and decency would soon prevail and that the Government would finally admit to its moral responsibilities and provide financial assistance to her and other so-called “Hepatitis C widows” but that the legal process would be a relatively quick one simply due to her belief that the evidence that would shortly be forthcoming (or so she also naively thought) would be so overwhelming.

#### October 1995

339. It had been almost a year since Maureen had approached Irvings hoping to pursue legalities. Undoubtedly, we felt that we were hardly any further on. Also, though, it was becoming apparent that she and her intended solicitors

were following different thought paths and, further, that interchangeable terms, e.g. "*medical negligence*", "*legal aid*" were only complicating matters.

340. Although Maureen had decided, in principle, to continue litigation, she had misgivings about the advice she was receiving. Again, though, there wasn't anything that she could define. Although her reservations were deepening, she was reluctant to switch solicitors, especially given that the first of the three years in which she was likely granted to lodge her case had already expired. Moreover, whilst she had decided to continue, she felt it prudent to err cautiously and acquire insurance funding given that she had concerns about the Legal Aid pitfalls, especially given that she still didn't know, via Irvings, as to the exact nature of her case(s).
341. On 4 October, Gregory received a response [WITN1944186] to the hand-written note he had personally submitted to Mr Barker at the Knowsley hotel the previous week. Whilst generally defending the broad intentions of his opening address, to not discuss "the Campaign" – probably keen to avoid another Coventry episode – Mr Barker did "*accept*" that "*people may also have wanted to hear*" about it (we would certainly have appreciated an update). He added: "*You may be right that more people wanted to hear about the campaign and that a report should have been included as part of the meeting.*" In saying that he would incorporate such into future meetings, he also more broadly touched-on the arduousness of drumming-up publicity, and intimated that Ms Hall, whilst still at the *Independent* – and who had first broken the news to a national audience, the previous autumn, about a second-wave of the CBS – had perhaps cooled on the story. As will be described later in our statement, this was a regular syndrome we identified over the years – and experienced not just by ourselves – wherein journalists, after an initial keenness to follow the story, would suddenly cool, often never to return to it. Again, when it comes to the question of the perception of slow media-traction regarding the CBS over the decades, this was/is a factor that must be borne-in-mind. Whether it was fatigue, or pressure, or complexity, or perhaps other variable elements, that same pattern of journalists suddenly shying from the issue emerged time-and-again.

342. From 10 October, a series of key correspondences began with Irvings which only served to deepen our concerns. The first phase of those exchanges [WITN1944187] underscores the sheer stress of the period. The sequence clearly betrays our growing anxiety. Once again, it was scandalous that the Government had reduced us to such a harrowing state barely a year after William's death, especially after the traumas that we had endured in the decade or so prior.
343. It is also evident that we were completely out-of-our-depth in such a legal wrangle; which nobody in our situation should ever have been left to face. Nevertheless, there was a counter-intuitive flip-side, for we knew William's case details, and the history of the HCV aspect of the CBS, far better than Irvings. Eventually, the misgivings that we harboured were proven correct, as the dichotomy between what we had expected when Maureen had first approached Irvings, and what service it was prepared to offer, was tortuously exposed – and not to our satisfaction.
344. First, on 10 October, Irvings updated Maureen about the slow progress of matters [WITN1944187]. Ironically, on the same day, Gregory dispatched a letter to Irvings, on behalf of Maureen, detailing our general confusion [WITN1944188]. Both communications crossed in the post. Although Irvings responded swiftly, it was obvious that Gregory's letter wasn't well received, judging by the response [WITN1944189] from the senior partner, dated 12 October. It was clear that relations were straining. The exercise had at least served purpose, though, albeit negatively, insofar as we finally had clarity about the firm's intentions.
345. It was the first time that we had heard that Irvings were not prepared to represent us against the Government. The exploration of such had been a central plank of Maureen's decision to approach the firm in the first place. It was hugely distressing to realise that Irvings had no intention of calling the Government to account despite [GRO-D]  
[GRO-D] In fact, it was astonishing to read Mr Irving effectively doing Mr Sackville's bidding, by citing the red-herring of the "*issue of the date*

*of knowledge of the existence of the hepatitis none (sic) A, none (sic) B (hepatitis C)" as being a factor militating against a legitimate challenge against the Government, i.e. citing the basic scandal that William was infected with HCV through NHS products in much the same way that his eldest brother was infected with HIV (the latter of which the firm had determinedly contested).*

346. It was becoming obvious that we were again being effectively discriminated against, along virological lines, and that Irvings had only been willing to progress with the HIV litigation chiefly because of the groundswell of other cases that had undoubtedly made progress that much easier – not to mention the requisite public sympathy and awareness – whereas the less well-known matter of HCV infections represented a more arduous undertaking.

347. Nevertheless, whilst we appreciated that it would be harder for Irvings to drive Maureen's case against the Government, we had specifically chosen the firm simply because we believed that the partners could emphasise the morality of such a stance in a far stronger way than any other local advocates, simply because they

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348. We felt that, from a legal perspective, it was a hugely powerful case to pursue, in as much as the Government was so obviously discriminating between two

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We had naively assumed that the firm would sense the obvious injustice and also, from a corporate reputation perspective, would welcome such a potentially high-profile undertaking, the obvious illogicality of which had already been laid before both the House of Commons and the Law Lords earlier in 1995. Furthermore, we also knew that some 230 MPs had signed the Early Day Motion supporting justice for HCV-infected haemophiliacs, plus the Haemophilia Society had (belatedly) thrown its weight behind the campaign. The only way we could understand Irvings' rationale, in tacitly accepting the Government's position, was that, actually, our case was too big an undertaking, whereas the previous litigation was relatively clear-cut.

349. A further anxiety about Irvings' decision was that, at that stage, we did not know how probable our potential case against Dr Hay was. Although we knew

that William had suffered medical negligence at his hands, at least, and arguably also at those of several other medics who had overseen his care at the Broadgreen and Royal Liverpool University Hospitals between, at least, 1978 and 1994, we didn't know for certain whether the documentation would adequately support our assertion. Moreover, we also knew, instinctively, that the pursuit of such would entail much arduous private research, whereas what – we believed – could have been a straightforward allegation against the Government didn't necessarily require us to delve much deeper than the basic facts that William was infected due to Department of Health/NHS errors. Further, given that we likely already had less than two years in which to present our case versus Dr Hay, we knew that both our time and domestic lives would be severely impacted by such an undertaking.

350. Besides those practicalities, Maureen's innate wariness about pursuing a case against (at least) Dr Hay, lay in the simple fact that it would necessarily become adversarial, against a named individual, and would be bruising. Mentally and emotionally she was hardly equipped to undertake such attrition at the best of times, let alone when still so grief-stricken and having also endured a decade (at least) of suffering.
351. Generally, we felt that Irvings didn't empathise with our predicament and had never been clear about intentions anyway, especially given our financial limitations. Accordingly, Maureen, anxiously knowing that she would have to address matters herself (without interventions from Anne or Gregory), dared to contact the firm for further final advice about the practicalities were she to only initially press a case against Dr Hay. However, her plaintive telephone contact, circa 15 October – seeking further reassurance about a monumental personal undertaking – was met with discernible exasperation, evidenced by Irvings' poorly drafted response [WITN1944190] of 17 October. It was therefore somewhat ironic that Maureen then finally received her "Legal Aid Certificate" on 25 October.

November 1995

352. Maureen, feeling quite alone, had spent the weeks since Irvings' response of 17 October contemplating her decision. Ultimately, she realised two things. Firstly, and primarily, she still knew residually that she had to continue to fight for William, however much she was out-of-her-depth. Secondly, it was far too late to approach another legal firm, and that she had no choice but to remain with Irvings – even though she felt the firm wasn't fully invested in her plight – and therefore abide by the partners' advice. Accordingly, knowing of the significant gamble, she fully activated her insurance option with Hambro. Having done so, she then heard from Irvings on 9 November [WITN1944191]
353. We were baffled by Irvings' assertion that the "*date of incidence*" concerning injury to William was 1993. For example, such an arbitrary time-point was long after his diagnoses with: HCV; cirrhosis of the liver; his first descent (that we knew of) into so-called "*liver failure*"; and his triple variceal emergencies (spring 1992) – let alone the basic viral infection of 1981.
354. We couldn't fathom whether such a date choice exposed how little Irvings appreciated the nuances of William's case (vastly more complicated than the relatively straightforward cases under the HIV litigation) or whether there was a method of madness. Unfortunately, due to the strained relationship, we no longer felt confident advancing such queries. Maureen had to resign herself to complete passivity; hoping for the best – which we believed, deep-down, was also Irvings' position – and monitor the financial meter.
355. Generally, as 1995 neared its end, we had already abandoned hope with the legal case, even before it had barely begun. Essentially, we adopted a policy of letting it unfold, as though it had no connection to us any longer. We regarded it as something that Irvings would let run its course. Thereafter, as the documentation relates, correspondence was kept to a minimum.
356. We do not include such negativity about Irvings as a deliberate criticism. Rather, we cite the above purely to underscore the intolerable circumstances that surrounded every turn of our justice pursuit.
357. To an extent, Irvings could hardly be blamed for adopting its default position. It is our belief, though, that the company, like ourselves, was out-of-its-depth

and was emboldened with a false sense of expertise simply because of its perceived success(es) on the HIV-litigation front, which had gathered a wider momentum towards an inevitable conclusion that wasn't necessarily due to the skill of individual legal firms.

358. We will always believe, though, that Irvings, once it became apparent that there were significantly harder challenges to negotiate in the HCV-litigation, should have honestly admitted as much and advised us that we would have been better seeking other representation. We now consider that approaching Irvings, ironically as a legacy of the HIV-litigation, was our poorest decision.
359. On November 15th, to coincide with the State Opening of Parliament, the Haemophilia Society issued a press release [WITN1944192] to announce the perceived success and progress of the aforementioned Early Day Motion, which was the first to be tabled in the new parliamentary session. Ironically, on the same day, Maureen had to travel to Irvings – a seven-mile round trip (she has never been able to drive) – to deliver urgent documentation. A day later, the firm acknowledged this via a letter [WITN1944193] which essentially underscored how haphazard the legal pursuit had become and the time-sapping extent to which matters were left to go-through-the-motions.
360. On 17 November, the *Liverpool Echo* then used the angle of the Early Day Motion news story – and that of a Merseyside MP, the Rt Hon. Angela Eagle, who had been among its chief sponsors – to further publicise our family's specific push for justice, in a report headlined "*MPs' blood battle*" [WITN1944194]. It was the first local, secular press-coverage that we had secured for almost a year.
361. It was ironic that our legal representatives were distancing themselves from our push for Governmental justice just as it was gaining further political and media traction. We could only hope that Irvings would look at aspects like the Early Day Motion and our own media efforts and reconsider its narrow take.

December 1995

362. On 6 December, Maureen finally heard back from Hambro about the legal insurance process. The letter [WITN1944195] was as daunting as it was draining and demanding; essentially yet another bureaucratic stage was leading to another.
363. On 19 December, Maureen, true to her announced commitment to the MHG at the Haemophilia Society meeting in September, became fully proactive in the sub-group's specified cause by accompanying another five member-delegates to Westminster to meet with various members of the Parliament, including the Health Secretary, Mr Dorrell, and also Mr Morris later. It was the first of many justice-pursuing trips to London and Parliament that she would make.
364. Judging by a letter sent to Maureen [WITN1944196] on 20 December, it evidently took Irvings a further fortnight, until 20 December, to comply with Hambro's request from 6 December and finally respond by outlining Mrs Irving's professional experience. Effectively it meant that the year's already fading clock was drained to its very final business hours prior to the Christmas closure. Inevitably, it then meant that Hambro, in turn, would not be able to progress further with Maureen's insurance cover until business resumption in the new year. In turn, it also meant that there would be no further advancement overall, which meant that almost 16 of the allotted 36 months that we had to mount our case had expired.
365. As said, we had already mentally dissociated quite significantly from the legal case, knowing that it would fail. It was a self-protective policy – borne of realism not pessimism – that we had already swiftly adopted, and that we would only hone in future decades of multiple set-backs. Without such mental reserve, we doubt that we'd have survived the desperations of the past three decades.
366. We therefore ended 1995 utterly drained and exhausted. We again felt – as at the end of 1994 – that, in the first full calendar year since William's death, we simply could not have done any more. In just 16-months we had slowly learned just how big a mountain we had to climb. To an extent it was a relief that two of the major strands of our campaign were then beyond our control and that we had no choice but to wait for the passage-of-time to prove what



we knew, deep-down, would lead to short-term failure. For we knew that, however encouraging it was that so many MPs had supported the Early Day Motion, it would take something monumental to shift the Government. Furthermore, by the end of 1995 it was already obvious that the long Conservative administration, since 1979, would be ending in spring 1997, to be replaced by the unstoppable New Labour train under Tony Blair. Therefore, we knew that the Government was already a lame-duck and that the CBS had already been shelved as a problem for the future administration (as said, we also already suspected that the incoming Labour Government, some 16 months later, would not provide us with justice either).

367. Ironically, the year had started promisingly, with the BBC's damning *Panorama* exposé of the HCV aspect of the CBS, which we had naively believed would swiftly force the Government into accepting the morality of our case. It was therefore all the more distressing to note at the very close of the year that we were arguably further from justice, due to the Government's intransigence. In recognising this, Alf Morris essentially bookended a devastating year by submitting a hard-hitting letter to *The Times* [WITN1944197] which inadvertently led to William's case again featuring in the national press in the earliest days of 1996.
368. As well as facing the sheer frustration of the stymied parliamentary aspect of our justice campaign, we also knew at the end of 1995 that there was little that we could immediately do in order to expedite legal matters with Irvings (regardless of our belief that our case was already doomed; although we could never have anticipated as to how exactly it would eventually fail, and so scandalously, to the point that it left even us flabbergasted). We just had to let matters run their course up to the point when the legal clock would also likely and finally expire on 2 September, 1997, three years after William's death.
369. Essentially, then, at the end of 1995, we already knew that 1996 would effectively be politically dead. We were reduced to waiting for: the General Election of spring 1997, and whatever might emerge; and then whatever legal machinations would transpire up to the late summer of that year. Accordingly, we approached the second New Year's Eve since William's death, still hoping

against hope – as we had a year earlier – that justice would finally be delivered “next year”. Viscerally, though, we already knew that, come New Year’s Eve 1996, we would still be no further, due to political and legal circumstances beyond our control. It was with that sense of utter helplessness, laced with complete exhaustion, that we ended 1995.

370. Mr Morris’ aforementioned letter in *The Times* had ended by saying that “it is the Government’s bounden duty to alleviate this suffering. If it will not and the campaign has to go on, then go on it will for as long as it takes to let right be done”. [WITN1944197] We could never have imagined that almost three decades later – and even 11 years after Mr Morris’ death – that fight would still be continuing.

#### January 1996

371. It was as early as 2 January when William’s case was again aired nationally, on *The Times* letters page [WITN1944198], as Mr John Marshall MP re-iterated his valued support for our campaign and Mr Morris’ efforts, by specifically responding to the latter’s letter published in the same paper over Christmas [WITN1944197]. Later, on 4 January, Gregory drafted his own response [WITN1944199] to Mr Morris’s and Mr Marshall’s letters, and faxed it immediately to *The Times* letters page. His intention, chiefly, was to underscore the fact that both MPs were referring to William’s case in the context of the “Three Brothers”. As the text also makes clear, the General Election of 1997 was already looming large in our thoughts even in the very earliest days of 1996.
372. Disappointingly, the letter, to our knowledge, wasn’t published. Although this wasn’t an undue concern, we were starting to notice a pattern. For, although we had managed, through our own efforts, to garner some significant media coverage of William’s case in the months immediately after his death, it was becoming increasingly so that – apart from in niche titles – we were more often than not failing; of course a reality already made clear by Mr Barker in his communication to Gregory the previous October [WITN1944186]. It seemed that the only way to put national focus on William’s case – and by

extension the wider injustices suffered by the whole HCV-infected haemophiliac community – was through supportive MPs.

373. Circa 12 January, Maureen received Mr Barker's discussion paper entitled, "*Hepatitis C Campaign Settlement*", designed to aid delegates attending a seminal meeting the following week, in London – which Maureen would attend – when the Haemophilia Society hoped to ratify its response to Governmental intransigence [WITN1944200]. Undeniably, the Society had progressed significantly since Maureen and Gregory attended the infamous Coventry conference of November 1994 and to an extent even since the Knowsley event only the previous September. However, it was telling that, even in early 1996, it was still only producing a "*discussion paper*" responding to a tragedy that began to unfold years earlier.
374. We noted that in section B, "*Regular Payments*", the Society referred to medical conditions representing so-called "*trigger points*" in order to justify such financial assistance. The cited conditions, under the umbrella of "*severe functional damage to liver*" were: "[...] *cirrhosis, esophageal varices, encephalopathy, liver failure and carcinoma*". In other words, the litany that William suffered from, at the latest, 1992 onwards. Regardless of its slow progress, it was at least re-assuring that the Society seemed determined to impress upon the Government how debilitating HCV is.
375. A week later, Maureen received a copy of Mr Barker's personal "*notes*" recounting the London meeting [WITN1944201]. Although delegates hadn't advocated for haemophiliacs who were co-infected with HIV and HCV to receive additional assistance, the "*discussion paper*" only served to concentrate minds about what was perceived as an inherent illogicality. For it naturally seemed hypocritical to call, on the one hand, for those infected by HCV to be financially assisted, only to then, on the other hand, consider that certain HCV victims be excluded simply because they were also infected by another virus, for which they had earlier received monetary recognition. It effectively implied that infection with one virus was equal in gravity to infection with two.

376. These were the hidden consequences of the bind that the Government had imposed upon the haemophiliac community since its so-called "HIV waiver" in 1991, upon which its subsequent intransigence towards those infected with HCV rested. Also, the apparent inconsistency was not lost on those HIV+ haemophiliacs co-infected with HCV (in reality the vast majority) who gradually sensed the growing traction of a second potential challenge to the Government for financial assistance. Hence the pointedness of the Society's "*discussion paper*", which now historically reflects a particularly vexed point-in-time during the long justice campaign for HCV-infected haemophiliacs.
377. The very fact that the Society's "*discussion paper*" used such prescriptive and exclusive phraseology like "*only those who have not received HIV payment*" in order to identify who should not benefit from any successful outcome of the "*Hepatitis Campaign*", as much as those who should, simply underscored how potentially untenable such restrictions could prove. We recall that the undocumented rationale for effectively suggesting that further payments should apply to "*HCV only*" victims, was two-fold.
378. Firstly, it primarily rested on a sympathetic foundation, i.e. to at least ensure that all those infected with at least one blood-borne virus – whether HIV or HCV – achieved parity first and foremost. Secondly, it was considered that, ultimately and quite brutally, all infected haemophiliacs were then in either one or another of just two logically mortal positions. Either, obviously, having just the one life remaining and therefore facing only one set of financial commitments, regardless of how many viruses they were infected by; or they had, obviously, suffered just one death, and consequently their dependents ultimately faced but a singular grief.
379. Accordingly, it was considered that a single payment, recognising the injustices meted out to either survivors or dependants, was justified and that any notions of duality were flawed; in any case they were viewed as the result of the Government's irrational response to the original emergence of the CBS. Further, it was regarded that the original "*HIV recompense*" was a misnomer. For, essentially, the payments were on the basis that haemophiliacs were exposed to, and infected by, an array of life-threatening viruses, not on the

identity of the viruses *per se*, or the number of diseases subsequently contracted. Ultimately, the thinking reflected that there had been only one CBS, regardless of the reality that it unleashed multiple viruses, also including, of course, the potentially fatal HBV which William had additionally been “co-infected” by.

380. Notwithstanding the above, tortuous as it all was, it was obvious then, amidst the still nascent “*Hepatitis Campaign*”, that there was a glaring inconsistency in essentially calling for justice for some HCV-infected haemophiliacs but not necessarily all. Reflecting the ethical-gymnastics facing campaigners – an entirely unexpected consequence of the mounting “*Hepatitis Campaign*” – Gregory submitted a paper [WITN1944202] to the MHG which was to discuss the dilemma at a scheduled meeting in Stoke – attended by Maureen – on the Sunday following the Haemophilia Society’s London meeting (January 1996). Although it’s possible to look back now and judge Gregory’s submission as a classic example of truly muddled thinking, which he really admits to (essentially, he was calling for certain haemophiliacs who had been infected with HCV not to be financially assisted, which, of course, was the very antithesis of what our campaign was about, and even, as he wrote himself, that was against his own core beliefs) we still have no hesitation including the paper in our evidence. For, it remains a document rooted in the very nuanced historical context of that very precise time, those specific weeks in fact, wherein the terms of reference seemed to be shifting almost by the day. At the heart of the problem was a semantic argument – a true fault line within the Haemophilia Society and its community of members – that was bound to erupt sooner or later. The cause of that tectonic pressure was the Government’s despicable, virus-centric – i.e. not infection *per se* – “waiver” policy of 1991. At a stroke, and clearly by design and not accident, it purposefully pitted HIV against HCV and HBV and indeed any form of hepatitis, which in turn had driven an irrevocable wedge between distressed and desperate groups of people who should have been united but were instead rent by internal divisions and a blood-soaked Gordian Knot that could have been classically solved with ease but instead was allowed to entangle very vulnerable people in their own web-of-discord, as will be shown later.

381. On the day after the Stoke meeting, Maureen wrote to Mr Barker [WITN1944203] saying that she was in favour of a lump sum and the creation of a Trust Fund. Also on 22 January, Maureen wrote to Mr Dorrell [WITN1944204] informing him of the extent of William's travails and the inconsistencies of the Government's position towards his estate in comparison with the financial assistance afforded to her two sisters-in-law, as so-called "HIV widows". She also felt the need to impress such detail on the Health Secretary given that we had never received a personal reply from his predecessor, Mrs Bottomley, to our original, September 1994, letter. Maureen's correspondence with Mr Dorrell also served to underscore – lest he was unaware – that the oft-repeated story (in the media and at Westminster) about the so-called "Three Brothers" was indeed about William.
382. A day later, Maureen was informed [WITN1944205] that Hambro Insurance had finally instructed Irvings to represent her in the potential medical negligence case against, at least, Dr Hay. As we'd predicted at Christmas, Irvings' delay in responding to Hambro's previous communication of early December – not replying until 23 December (i.e. the very end of the business year) – had indeed meant that several weeks were lost from the likely three-years period which we were allotted in order to mount a legal challenge. Effectively, it meant that six weeks had elapsed in return for the exchange of just two letters. It left just 19 months remaining of the original 36-months timetable.
383. Irvings again conveyed mild dissatisfaction that Maureen had chosen legal financial assistance through private insurance. That decision, though, as illustrated earlier, was a purely pragmatic one simply because we never felt that we had an adequate grasp – based on Irvings' explanations – of the Legal Aid ramifications, especially in such a complicated case. Quite simply, Maureen considered that she had more security through Hambro, however "limiting" that may occasionally be, according to Irvings. Again, to a considerable extent, the matter was already somewhat secondary, given our conclusion that the case had little chance of progression, not least because of our visceral feeling that Irvings was foreshortening its ambition. Regardless, it

was encouraging that the process of acquiring William's medical records had finally commenced. We were naturally anxious to see what details would emerge.

February 1996

384. On 10 February, we were astonished to learn from Irvings [WITN1944206] that the firm still required the address of the "*Newcastle hospital*" which had treated William in August 1994, despite apparently having written to the hospital at least 17 days earlier [WITN1944207] to acquire that portion of his medical records. We could only conclude that just one of two possibilities applied: either Irvings had lied when telling us, on 23 January, that "*we have written to the Royal, Broadgreen and Newcastle hospitals*" and, further, that the firm even expected "*within a few weeks*" the "*request for payment from the hospitals in relation to the copying of records*"; or the wrong city hospital was contacted (perhaps the Royal Victoria). We didn't know which was the most disappointing explanation (and we never discovered what actually happened). For even the slightly more acceptable latter explanation would have underscored our belief that Irvings was tired of our matter. In any case, it was incredible that Irvings, 15 months after Maureen had first made contact, did not have "*Newcastle Freeman Hospital*" listed in its case notes.
385. Maureen's long belief was that Irvings, initially, only ever paid lip-service to her detailed explanations of William's complex history, arguably because of an original assumption that the case would follow the same trajectory as the HIV litigation; presumably why the partners agreed to potentially represent her. More recently, though, after it had become apparent that the HCV legal challenges were more complex than the HIV-related cases, she felt that she was no longer being listened to and was even a nuisance (a not unjustified suspicion given the tenor of some written communications in late 1995, and Irvings' admission that the partners had no intention of challenging the Government). It was depressing that, almost 18 months after his death, the pursuit of arguably the most crucial evidence concerning William's case, i.e. the Newcastle records, still hadn't progressed beyond first request. Moreover, it beggared belief that Irvings effectively regarded this as an after-thought,

even relegating the request for the hospital address beneath the seeming priority of the discharge of Maureen's former Legal Aid certificate (the matter of which – executed by her immediately by return of post – would mean that at least she would be shortly reimbursed with the considerable monies that she had already paid out).

386. It was just 21 days shy of 18 months since William's death when we received Irvings' deflating letter. Not only had our campaign dominated virtually every day of the new year of 1996, but barely a week had elapsed since September 1994 when it hadn't consumed us. So to finally realise, in the wake of such correspondence, that we were justified in having long since concluded that our legal pursuit would be futile, simply because we didn't feel actively represented, seemed somehow more dispiriting than many other setbacks endured since William's death. Combined with the ongoing Governmental silence – an ominous sign that our other initial pessimism, that 1996, politically, would effectively be a dead year, and further that much of 1997 would also be swallowed by General Election matters – we felt completely choked by the stultifying experience of our nascent campaign. We really doubted that we had progressed even a metaphorical inch in 18 months. Accordingly, we reached late winter 1996 feeling exhausted.

#### March - April 1996

387. It was scandalous that a month after discharging her Legal Aid certificate, Maureen was sent a default notice on 8 March by the Legal Aid Board informing her that she was £74.30 in arrears with her contributions. "*We have written to your solicitor,*" wrote the chief executive, S. M. Orchard, "*asking him/her to do no more work under your Legal Aid certificate until you clear this debt.*" S/he added (in bold and capital letters): "**IF PAYMENT IS NOT RECEIVED WITHIN THE NEXT 14 DAYS YOUR LEGAL AID CERTIFICATE WILL BE DISCHARGED. IT WILL NOT BE POSSIBLE TO REINSTATE THE CERTIFICATE AND YOU WILL NO LONGER BE LEGALLY AIDED IN THIS CASE.**"



388. It was an insult too far for Maureen, reducing her to tears. Naturally there followed an acrimonious telephone contact with Irvings which reduced the already strained relationship to a barely functioning one. The only correspondence that she had expected was a cheque reimbursing her for some £2500 in funds, not one stating that she was a debtor and had 14 days to make amends.
389. Almost a month later, Maureen finally heard again from the Legal Aid Board, formally stating that her certificate had been officially discharged. However it was still ambiguous as to whether the matter was reactively triggered by her perceived payment failures, or as a proactive result of her positive decision to use her insurance policy for legal assistance rather than lever the State provision. The discharge certificate simply stated that: *"The certificate has been discharged because the assisted person has requested/consented to its discharge."*
390. Maureen had no idea as to whether she was still required to make a final payment of £74.30 or even if her credit files might be affected if it was falsely recorded that she had somehow defaulted on her instalments. She was finally able to gain telephone clarification about the matter from Mrs Irving on 17 April, informing her that there were no additional payments required. It had been 13 February when Maureen had formally discharged her Legal Aid certificate and yet more than two months had elapsed without her receiving any reimbursement of funds or indeed peace of mind concerning her status. The whole period was intolerable. Again, these were the isolated day-to-day realities of the CBS that the Inquiry should hear of.
391. Given our general lowness, it was a blessing that little of note occurred on the wider front for much of the late winter and early spring period, for it allowed us some much needed reflection. It was just as well, for it enabled us to recharge our energies ahead of the first releases of William's medical files, in May 1996.
392. If ever we'd thought of cutting-our-losses regarding our legal case, then that milestone, i.e. acquiring records from Newcastle only galvanised us further. The information-drip began to confirm our suspicions that William's demise, particularly in 1994 – notwithstanding his overall 1980s decline – was

exacerbated by negligence, so compounding the original scandal of his co-infections with HBV and HCV. Accordingly, although we'd somewhat flagged in our motivational energy in early 1996, for the first time since William's death, we conversely became more determined than ever to continue our pursuits.

393. It was disconcerting to infer from the Newcastle records that what we had first assumed was something of an excusable professional mistake by the RLUH – in failing to recognise, during William's extensive liver "work-up" tests in July 1994, that he had cancer – was likely anything but. To contextualise our knowledge and understanding up to that point:
394. We knew – since being informed of such by the Newcastle team in August 1994 – that data showing that William had cancer was always evident within the records carried by Maureen to the north-east. Furthermore, we were appraised that the "marker" (i.e. alpha fetoprotein - AFP) was present in his blood many weeks, if not months, prior. However, we believed, based on the explanations given to William and Maureen at Newcastle, that such information was akin to a rare statistic, and therefore easily missable.
395. It was our understanding that the data, in any case, only surfaced by default, almost accidentally, as an unintended by-product of other deliberate tests. Therefore, although we were informed that such information was indeed listed on William's medical sheets, we believed that it wasn't a statistic that was necessarily being looked for, specifically, at the RLUH. Our complex understanding was rooted in lay-ignorance. For we had naively thought that the Liverpool medics could not be faulted for missing such nuance (so we imagined), simply because the RLUH had no ability to understand such detail, even had it been conspicuous, purely because it wasn't a transplant centre.
396. Generally speaking, although we considered that the Newcastle journey was a waste, we perversely thought, initially, that it was at least worthwhile on the basis that the medics were able to interpret such rare data. To an extent, we even imagined that we were fortunate. For, upon hearing of William's cancer diagnosis, we recoiled at the thought that, had he not been transferred to the Freeman Hospital, then his tumour might have gone undetected in Liverpool

for several months, perhaps until it was too late. Yet, although we still didn't know so for certain, by May 1996, that very scenario, in fact, was ironically what had already long since happened, and probably since circa March 1994, without us ever suspecting so. Also, we tentatively understood, or thought, that one of the additional reasons for Dr Gilmore sending William to Newcastle was to ensure that nothing was lurking beneath the surface – and therefore beyond Liverpool's professional capabilities to recognise – that would nullify his transplant hopes. Ironically, we thought him ultra-diligent.

397. However, on reading the Newcastle documents, several things became clearer, even given our limitations. For, in reading Professor Bassendine's letter to Dr Gilmore [WITN1944109], referring to the previous Liverpool AFP test, it indicated that the data wasn't as rare as we thought. She stated: *"On review of his Liverpool medical records we unearthed an alpha-fetoprotein from blood taken on 15th July of 9280, confirming that he has developed a hepatocellular carcinoma, on the background of his hepatitis C cirrhosis."* There was a clear inference that she didn't need to explain further; the detail spoke for itself and that it would be instantly understood by Dr Gilmore.
398. We also learned that the Newcastle medics had discussed withholding from William the news that he had cancer. Instead, it was mooted that the Freeman team intended only to tell him that all tests were complete and that he would learn the outcomes in Liverpool. We were grateful that, for whatever reason, somebody of seniority in Newcastle – initials "COR" – opted to inform him first-hand of the devastation. Nevertheless, as we perused the files we could only conclude that there must have been much more behind those decisions and counter-decisions than met the eye.

#### May 1996

399. On 22 May, William's case was again aired in Parliament, for the third time in 12 months (in addition to having been the subject of MPs' letters in the national press). Mr Morris secured an Adjournment Debate [WITN1944208] about the HCV justice campaign, referring in the Commons to *"a grave injustice"* and the need *"to secure for its victims the humane ministerial*

*response they crave". We were grateful that he highlighted: the severity of HCV; the lack of media traction (especially compared with the coverage being afforded to the emergent Creutzfeldt-Jakob Disease [CJD]) concerning the injustice meted out to HCV-infected haemophiliacs; and the inconsistency of the Government's response to HIV-infected haemophiliacs and HCV-infected haemophiliacs – which he illustrated by citing William's case within that of the "Three Brothers" which had become the national test-case of illogicality.*

400. Said Mr Morris: *"The fate of three brothers says it all about the depth of the injustice to the 3,100 people with haemophilia who were infected with hepatitis C. All three brothers had haemophilia. Two were infected with HIV by NHS treatment and the other with hepatitis C. All have subsequently died from the infections. The brothers with HIV received financial help from the Macfarlane Trust and so were able to make some provision for their families. The brother who died from hepatitis C went to his grave having been denied financial help. He was thus unable to make any provision for the future well-being of his family. All three brothers became terminally ill. All died as a result of infection through NHS treatment, yet only two received help. For anyone to call that fair or even tolerable is to bark not just up the wrong tree, but in the wrong forest."*
401. In the wake of the debate, and upon hearing that there was to be a meeting of the All Party Parliamentary Group (APPG) on Haemophilia in Westminster in June, we conducted another mailing campaign [WITN1944209], in Maureen's name, to selected MPs asking them to attend.
402. In addition to asking a select group of MPs to attend the APPG, we also coordinated another mail-shot [WITN1944210] around family and friends, asking them to contact their MPs requesting support for the stated aims of the Haemophilia Society's HCV campaign. We edited a template letter drafted by the Society in order to insert William's case into the text.

#### June 1996

403. On 4 June, Maureen heard back in writing [WITN1944211] from her MP, Mr O'Hara, who sent advance apologies for inability to attend the APPG, yet

reassured her of his support for its aims and that of the Haemophilia Society. It was the beginning of a relationship between them both that would bear much fruit in the coming years.

404. On 6 June, William's story, as part of the "Three Brothers" case was again aired nationally, in *The Times*, within a lengthy article [WITN1944212] by Mr Morris, headlined "*A tale of two viruses*", which was largely a transcript of his address [WITN1944208] to the House of Commons Adjournment Debate of 22 May. For the purposes of anonymity, Mr Morris changed the name of William to "*Fred*" and also those of his two brothers (one he ironically called "*Bill*", the other "*Tom*").
405. On 12 June, Mr Irving telephoned Maureen to indicate that the RLUH was experiencing a problem regarding the release – hinting at potential legalities – of the remainder of William's medical records, but would offer clearer news soon. Accordingly, on 14 June, he wrote again to Maureen [WITN1944213] stating that we had to wait some further weeks due to the "*voluminous*" files, again implying that the release was subject to legal monitoring. The letter again also mildly hinted at the lack of solicitor-client accord regarding her Legal Aid reimbursement. Despite having formally discharged her Legal Aid certificate in mid-February, four months had elapsed without her receiving any payment, which was bitterly ironic considering the way that she had been pursued by the Benefits Agency the previous year about her financial transactions in early 1995.
406. Again, the episode only served to underscore that relations with Irvings were merely basic and cordial. It was this aspect, as much as anything, that we believe stymied our progress. Essentially, we were completely hamstrung by the ongoing bureaucracy and inertia swirling around us on every front.
407. Even though we were being asked to wait only for a further fortnight in order to finally gain sight of William's medical records from Liverpool, it was nevertheless a significant contextual delay given that it was 23 January when Irvings first told us that they had already written to the RLUH (and also the Freeman Hospital – albeit curiously without knowing the address). It would therefore mean that five months, at least, would eventually elapse before we

could even begin to piece together the indicators of William's demise post-December 1978.

408. We also regarded it ominous that "*solicitors acting for the Health Authority*" were clearly active in the release of records. It was hard not to conclude that, although we harboured convictions that Irvings weren't chasing matters as assiduously as possible, the Health Authority's solicitors (especially given their previous experience of the HIV litigation) were chiefly responsible for the delay. It was a nuance that we wished to explore with Irvings – based also on our suspicions of what was afoot and knowledge of other similar cases – but there simply no longer existed the type of open, solicitor-client communication.
409. It was hardly surprising – yet soul-destroying – that when the further fortnight passed, and when we should finally have accessed William's medical records from Liverpool, that Maureen was again informed, on 29 June [WITN1944214], of a likely even longer delay. Irvings cited that the £450 cost of acquiring the records was prohibitive and that our arrangement with Hambro (to a £1,000 limit) was hampering matters.
410. We couldn't understand why this wasn't foreseen much earlier. For it was obvious, given the manifold occasions that William was admitted to both the Broadgreen and the Royal Liverpool University Hospitals in the city, between 1978 and 1994, that his records would be "*voluminous*" and so costly to copy. There seemed to be no clear communication between Irvings and the Health Authority, and that the former, in any case, was only pursuing a minimal, diary-prompted, pursuit of our case. :
411. When combined with the reluctance of the Health Authority (and the Department of Health) to expedite matters, we felt trapped in a swirl of inertia, fighting against the clock. Even just knowing that further negotiations needed to occur between Hambro and Irvings, and then the Health Authority, we intuited (correctly) that more vital weeks, if not months, would inevitably be drained from the remainder of the three-years timetable within which we were allowed to present our case. As things stood, on 29 June, we had just 14 months and three days in which to:

- a. access the remainder of William's records, but only after negotiations between Irvings and Hambro, and then Irvings and the Health Authority;
- b. peruse the files ourselves and then draft our own statement;
- c. acquire expert reports; *and*
- d. finally submit the case

412. As said, we had long concluded that we didn't stand a chance of progressing with the case simply because of the lack of urgency that seemed to beset it. By the end of June 1996, though, we also knew that our gut-feeling was probably highly accurate from a chronological viewpoint. For there was simply no way that all of the attendant parties – Hambro, Irvings, ourselves, the Health Authority, and perhaps two medical experts – could collate all the necessary strands upon which the case rested within the likely timetable. It was another devastating realisation. We didn't hear from Irvings again until 9 October.

413. Ironically, on the very same day that Maureen received the above correspondence from Irvings, she finally also received a reimbursement cheque from the Legal Aid Board for £2522.20, which was the full amount of her initial contribution and three monthly instalment payments. It had taken more than 19 weeks after she formally discharged her certificate to finally receive the monies due to her.

#### July 1st - 8th, 1996

414. On 4 July, Maureen, having had no reply to her January letter to the Secretary of State for Health, Mr Dorrell [WITN1944204] – in addition to us never having received a personal reply from his predecessor, Mrs Bottomley, to our letter in September 1994 – was moved to write [WITN1944215] to the Under Secretary of State for Health, the Rt Hon. John Horam MP. Again she outlined the extent of William's suffering, and highlighted the injustice meted out to him particularly through the prism of the "Three Brothers" test-case.

415. In specifically adverting to the Westminster address that Mr Morris had recently made in the Commons Adjournment Debate – which, as shown, had also focused heavily on the discrepancies between how William and his two brothers were regarded by the Government – she essentially was calling on Mr Horam's support for the Haemophilia Society's justice campaign for HCV-infected haemophiliacs.
416. On the same day, Maureen also re-contacted her constituency MP, Mr O'Hara, asking [WITN1944216] for further general support. Specifically, she enclosed essential "*Hepatitis C*" campaign materials produced by the Haemophilia Society and also a copy of her letter [WITN1944215] dispatched that day to Mr Horam. She was also keen to point out the cross-party support that existed by highlighting the "*sterling*" efforts of Mr Morris, from the Labour benches and Mr Marshall on the Government side of the House.
417. Also on 4 July, in an attempt to further court Opposition support – or at least clarify Labour's position regarding justice for HCV-infected haemophiliacs, Maureen wrote [WITN1944217] to the Rt Hon. Harriet Harman MP, without realising she had ceased being Shadow Secretary of State for Health just 72 hours earlier.
418. The unfortunate timing of Maureen's letter perfectly encapsulated one of the starkest problems that had always beset our campaign; trying and largely failing to encourage cohesive support for our cause from the Shadow cabinet. For, Ms Harman had been the third Shadow Health Secretary since William's death just 33 months earlier; following Mr Blunkett who departed in October 1994, and then succeeded by Ms Beckett who held the responsibility for only one year until October 1995 (during which she never replied to our communications, passed to her by her predecessor in any case).
419. In turn, Ms Harman – who met the MHG earlier in 1996 – was only *in situ* for less than nine months, to be replaced by Rt Hon. Chris Smith MP, becoming the fourth Shadow Health Secretary since autumn 1994. Although Maureen's correspondence would undoubtedly have been passed-on by Ms Harman to Mr Smith, it effectively meant that it was a dead-letter on arrival. It also meant that any meaningful relationships that MHG or other campaigners sought to



build with Opposition benches always failed to gain impetus, as indicated in Maureen's letter. As stated, we had long since realised that 1996 would be politically dead, and by extension most of 1997, also. Nevertheless, we simply hadn't reckoned on our efforts being compounded by a constant turnaround of key office-holders at Westminster.

420. To our knowledge, Maureen never received a reply to the above from either Ms Harman or Mr Smith. Also on 4 July, she wrote her personal thanks to Mr Morris – which we have no record of – for his unstinting efforts in our cause and for specifically highlighting William's story as part of the "*Three Brothers*" test-case on many occasions and within various fora. Just four days later, Mr Morris' office responded with a note of gratitude [WITN1944218].

July 9th - September 4th, 1996

421. It was hardly surprising that the Parliamentary recess marked the first period of campaign inactivity that we had experienced since William's death. Our forecast that 1996 would be politically dead was borne out.
422. We'd been wrung-out for the whole period since late 1994 when we should instead have grieved. Yet, as we marked the second anniversary of William's death, on 3 September, we could only ruefully reflect that, if anything, our efforts had regressed. For not only had we not gained even a glimmer of hope from the almost 18-years-long Thatcher/Major Government that had overseen the largest period of the unfolding CBS, since the late 1970s – and knowing that, barring a political earthquake, it was a spent administration that would lose power in 1997 – but we also hadn't gained a single encouraging nod from what was almost certainly the Blair Labour Government-elect.
423. Also, as the likely three-years legal clock within which we had to lodge our case of medical negligence ticked down its remaining time measurement into months, not years, it was obvious that our litigation would never be lodged. By 3 September, having not heard from Irvings for over eight weeks (we still wouldn't for a further month), we faced a monumental battle to tie every legal strand together within just 364 days. It was already a logistical impossibility.

424. Accordingly, as we entered the third year *post-mortem* William, our collective spirit was as low as ever. Once more, it is to record incidentals like this that we have purposefully been so descriptive and episodic in our statement. **We are aware that the Inquiry understandably will concentrate on the headlines of the past 30 or so years, but it is important to underscore the sheer bleakness of the week-to-week realities; it was a constant grind with no let-up in sight.**

September 4th – October 3rd, 1996

425. It was heart-rending to receive the September 1996 edition of the Haemophilia Society's quarterly newsletter "*The Bulletin*", which coincided with the second anniversary of William's death. For it carried a lengthy article [WITN1944219], submitted by the wife of [GRO-A], a HCV-infected haemophiliac, describing how his life was completely turned around thanks to a liver transplant earlier that year.
426. It was devastating to learn that almost a year earlier – circa the first anniversary of William's death – [GRO-A] was identified as a candidate for such major surgery and that he was successfully operated on seven months later.
427. It was also instructive to note that he lived 125 miles south of the Birmingham transplant centre where he was treated and that this distance hadn't hampered his chances. For, we recalled Dr Gilmore's spurious contention, expressed when we met him after William's death, that Liverpool's lack of such a facility affected his chances of benefiting from such surgery. It was a difficult but seminal read. Once again, we re-galvanised our push for justice, realising, not for the first nor last time, that we had no moral choice.
428. Although it was a distressing article, especially given the "*what ifs*" that we could only torment ourselves with concerning the devastating blow that William was dealt at Newcastle in August 1994, we considered, at the very least, that such a prominent first-hand-experience article would prove, beyond a shadow of doubt, that our contention of medical negligence against at least Dr Hay simply could not be gainsaid. However, it was distressing to realise

that however unassailable our case was, it would ultimately be the ongoing bureaucratic delays – against a non-negotiable deadline – that would likely prevent it from ever securing justice.

October 4th - 9th, 1996

429. On 4 October, we were devastated to hear of the Government's compounded intransigence and that the Department of Health was formally "*refusing*" to "*help*" those "*with haemophilia infected with hepatitis C*". The Haemophilia Society's press release [WITN1944220] was truly distressing to read.
430. Although we generally agreed with the press release, we couldn't align with the acceptance that there hadn't been "*NHS negligence*". Over the two years since William's death, we had become increasingly alarmed that this commonplace view – aired often in Parliament – was an accepted truth. It seemed that, initially, it was disingenuously used as a compromise signal to the Government, extended by those who were most supportive of the cause for financial assistance for HCV-infected haemophiliacs. Essentially, it was an assurance to ministers from fellow parliamentarians that no demands would be made to ever uncover the truth of the CBS, provided that the ongoing plight of those who were infected – either the dead or suffering – and that of the bereaved dependants, was financially eased.
431. It struck us that this was a dangerous negotiating tactic – which was how we viewed it – and of a piece with the received and erroneous wisdom that those HCV-infected haemophiliacs hadn't suffered as much as those who contracted HIV, or indeed faced social stigmas as a result. Our frustrated view was that such default opinions only served to seriously foreshorten our campaign and, in any case, were ironically only enabling the Government – watching its long administration tick towards its inevitable conclusion in April 1997 – to remain so resolutely stiff-necked.
432. We believed then – and naturally more so now – that had the Haemophilia Society taken the truthful charge of a serious case of NHS negligence to the Government in the mid-1990s, then it would have bolstered the media impact of our campaign. As it was, we considered that the "no negligence"

compliance ultimately only served to neuter the very campaign it was seeking to front. Furthermore, whilst this may appear churlish (although we certainly make no apologies for anything, having failingly campaigned for justice for three decades), we were always circumspect about the fact that Rev. Tanner was a constituent and personal friend of Mr Marshall's. Maureen had been on-the-brink – since September 1995 and the unseemly treatment we had received at the Knowsley hotel event, i.e. Mr Barker's less than diplomatic censure that *"tonight is not the night to discuss the campaign"* – of refusing to co-operate any further with the Society, feeling that it was not being straight with her, or in its intentions. After the press release of autumn 1996, which we regarded as a huge strategic error, and a fundamental reason as to why it was essentially getting nowhere in its campaign efforts simply because it didn't have a clear corporate mind about policy, she was as close as ever. Only a sense of loyalty to Lord Morris and Mr O'Hara kept her onside at that stage. By 1998, though, as we will show, her patience finally snapped.

433. Just three days later, on 7 October, the ITV documentary series *"World in Action"* – which first highlighted the potential CBS in the mid-1970s, before revisiting the subject in 1985 – aired an episode entitled *"Tainted Blood"*. Although we no longer have access to the broadcast or transcript, Maureen's immediate letter to Mr Horam – who featured significantly in the programme and to whom she expressed *"anger"* [WITN1944221] – spoke volumes about its content.
434. It was hard to believe that even as late as autumn 1996, Government ministers were still employing the clichéd canards first used in the 1970s in order to mitigate the tragedy of the CBS; chiefly that men like William had *"received the best possible treatment available at the time"* when treated with infected NHS blood products. Yet it was not difficult to see that such glibness was made all the easier to air in a climate wherein the Government had been assured – even by those who were most publicly vocal in support of our campaign – that there were no wider accusations of negligence. We hold that the litany of lies and obfuscations, such as *"...the best treatment available at the time..."*, *"...no suggestion of negligence..."*, *"...HCV sufferers were not*

*stigmatised...*", and *"...HCV infection wasn't as serious as that with HIV..."*, ultimately all combined over the decades to stymie our campaign.

435. Although we had only been campaigning for just over two years since William's death, we had, sadly, become adept at reading between the lines of any support that we ever received, however grateful we were for such solidarity, qualified or otherwise. Accordingly, it wasn't difficult to conclude that, despite appearances, the spirit of the Coventry meeting in November 1994 – and to an extent that of Knowsley 1995 – still lurked just below the surface of Haemophilia Society communications.
436. We were firm in our belief that, essentially, there was an unspoken view that, although there was a moral duty for the Society to call for financial assistance to achieve parity between HIV and HCV-infected haemophiliacs, there was an equal desire to simply achieve this and then quickly draw a line under the whole CBS and move on.
437. We remain firm in our view that ultimately the Society – as roundly expressed at Coventry in November 1994 – did not, deep down, wish for haemophiliacs to feature again in national news headlines. Whilst this was understandable, to a degree, it seemed that the senior figures, and indeed members of the Parliament, could not see how, through a policy of misguided pragmatism, perhaps even outright appeasement, they were undermining the very justice campaign that they were insistent would not rest until it was morally resolved.
438. We have no hesitation in saying that the semi-shackled campaign advanced by the Haemophilia Society from the mid-1990s was a key factor behind the denial of justice that is still in force even in 2023.
439. On 9 October, Maureen eventually heard from Irvings [WITN1944222] for the first time in almost three-and-a-half months about the progress of the (in our view, already doomed) medical negligence case against Dr Hay. Frustratingly, though, the correspondence was merely to state that Hambro had simply sent payment to Irvings in order to finally obtain William's outstanding medical records – i.e. the bulk – from *"the solicitors acting for the Royal Liverpool*

*Hospital*" (sic). She was told that it would be yet another "week or so" before they would finally be accessed.

440. We have no idea as to why it took some three-and-a-half months just to acquire the monies in order to request purchase of William's records; the delay may have been at Hambro's end, or perhaps Irvings'. Either way, the correspondence only served to further underscore our long belief that Maureen's case was already hopeless. For the so-called "legal clock" that we almost certainly faced would surely only have 10 months remaining – of the original three-years allotted in which to lodge our case – by the time that the records were finally accessed. Irvings had first told us on 23 January that the firm had *"written to the Royal, Broadgreen and Newcastle hospitals requesting copies of Mr Murphy's medical records and have intimated a claim against the Royal Liverpool Hospital"*.
441. Therefore, it was already a chronological certainty that at least 10 months, since that first request, would inevitably have elapsed before we could even begin to peruse the undoubtedly *"voluminous"* files.
442. It was not only iniquitous that we were subjected to such protractions – all parties knew that we were almost certainly facing a fixed time-limit – but also that the Liverpool hospitals demanded such an extortionate fee (some £800 by 2022 rates) for evidence relating to a scandal caused by the NHS that, morally, we should have been able to access freely. Further, the very fact that Irvings said that such dealings would necessarily need to be conducted directly with the RLUH *"solicitors"* – surely employed as a consequence of the hospital being informed, the previous January, of a potential claim – also strongly suggested that we would be lucky even to see the records much before the year's end.
443. It was at least re-assuring that Hambro had also advance approved the funding of necessary medical reports to be sought from the already approached haematological expert (as per [WITN1944214]), namely Professor Samuel Machin, and the newly-referenced hepatologist, *"Dr Davies"*, who appeared to have replaced the originally intended Dr O'Grady

among Irvings' medical contacts (and had still to confirm his likely costs). We do not recall when we first became aware of Dr Davies replacing Dr O'Grady and do not recall any prior written correspondence to that effect. It was ominous that Irvings did not anticipate even the swiftest submission of their respective expertise for "*a further 2 to 3 months*" (i.e. late January at the earliest).

444. All told, Irvings' update confirmed every long-standing fear we had about the chronological improbability that our case would reach fruition. It was as well that we had resigned ourselves to such as a coping-mechanism. For, the sheer stress of the time-challenged process would have been too much to deal with had we still been harbouring naive hopes of success. Regardless of our default, though, we were understandably anxious that we could also reach a point whereby we would finally acquire the expert medical reports – which we were, of course, also naively confident would fully endorse our complaint – and yet we would be barred from proceeding only due to the likely legal technicality of the three-years statute of limitations. We knew that would be hard to bear.
445. At the very least, though, we reckoned that the acquisition of such expert evidence would still strengthen our approaches to the Government; and of course we intended to highlight such a further injustice by bringing it to the attention of both supportive parliamentarians and the Haemophilia Society.
446. We just simply weren't prepared for the hammer blows that would come in 1997. As it was, we actually wouldn't hear from Irvings again until 25 February, with just six months and six days remaining of the "three-years clock".
447. It was ironic that Mr Irving's final paragraph indicated that the extent of the injustice that Maureen had suffered, as a so-called "Hepatitis C widow", fully seemed to have dawned. Yet he still had no intention of contesting this with the Government, as per her hope when she first approached him only weeks after William's death.

October 10th - 31st, 1996

448. On October 25th, Maureen received a reply [DHSC0041262\_126] – after a fashion – from Mr Horam, to her letter of October 8th, criticising the views he expressed on the aforementioned *“World in Action”* documentary. He didn’t have the courtesy to reply directly, instead deputing a departmental official, Mr Malo Harvey, to write. It was clear that Mr Harvey was intent on dismissing her primary complaint, specifically that Mr Horam had seemingly referred to HCV+ haemophiliacs as being beneficiaries of *“...the gift of life from the blood products they received, some have got Hepatitis C but first of all they are alive”*, and furthermore saying so with a misjudged benign smile.
449. Rather than apologising for such crassness – given the compounded tragedy that befell William – it was also apparent that Mr Harvey was solely intent on actually justifying the Health Secretary’s ill-judged rhetoric. For he didn’t convey an ounce of remorse, let alone sympathy, for William’s death within his detached reply. The clear inference was that, despite his final agonies, William should have counted himself fortunate to have lived so long thanks to the *“gift of life”* offered through blood products regardless of contamination.
450. Accordingly, Mr Malo, using *“NHS Executive - Headquarters”* notepaper, wasted little preamble reiterating that it would *“not be appropriate”* to offer *“financial compensation to haemophiliacs who have been infected with Hepatitis C”*. Moreover, he stated that the Government did not *“accept that there has been negligence on the part of the NHS”*. We’d entered the third year post-William’s death and were becoming used to such callousness, not realising that we would still experience it even 27 years later.
451. Perhaps most egregiously, though, he resorted to the Departmental playbook of standard, pat-lines – quite incendiary in their tactlessness and discourtesy – by re-parroting Baroness Cumberledge’s heartless and crass dismissal of William’s case in particular in the Lords some 19 months earlier, on her infamous *“national sport”* day [WITN1944153] by again justifying as to why HIV victims of the CBS were deserving of *“payments”* yet HCV victims, even within the same family, were not. Obviously the only way to for Mr Harvey to square the illogicality of a two-tier CBS payment policy was to resort to his



own un-researched unoriginality by effectively implying that William's brothers had suffered stigma and hastened death, and "*very special circumstances*", whereas he hadn't. "*Those affected*," he wrote about the HIV-haemophiliac cohort, "*were all expected to die very quickly and were subject to significant social problems, particularly ostracism*." Apart from one word, it was the Baroness' sham soundbite from March 1995 replayed *verbatim* – almost as though it was a political national sport to just churn out any old trite toxicity. It was the page-filling, response-sending, tick-box mentality of "that'll do". Yet William had been abandoned by his dentist circa 1985/86 simply for being a haemophiliac, regardless of whether he was HIV+ or not. He was also assumed to have been an alcoholic by a whole slew of medics – even Professor Shields – simply for having cirrhosis of the liver. And his family had to invent hideous lies about him having stomach cancer and not cirrhosis for fear of societal judgmentalism. Apparently he wasn't subject to stigma or ostracisation, though. No "*special circumstances*" applied to William, it seemed.

452. Incensed by Mr Harvey's response, Anne immediately drafted a letter, on 29 October, to the Prime Minister, the Rt Hon. John Major MP, a copy of which we no longer have, although we have his proxy-reply, as will be shown.
453. Maureen was also immediately prompted to follow up Mr Harvey's dismissive communication but instead contacted Rev. Tanner at the Haemophilia Society [WITN1944224], particularly regarding the more nuanced matter of financial grants – "Section 64" – available through the charity, as highlighted by the Department of Health. The desperate nature of her letter – essentially requesting a paltry £500 (equivalent to £1,000 in 2022) – was not only a reflection of her straitened circumstances (she was later forced to secure a second mortgage simply to finance much needed home improvements) but also the still gnawing injustice that, just two years earlier, she'd had to pay for William's funeral, which, of course, she wouldn't have needed to had he been a haemophiliac infected with HIV.

November 1996

454. On 29 November, Mr Harvey, yet again, replied [WITN1944225] to Anne's letter of 29 October to Mr Major. It was noticeable that, apart from the introductory and signature portions, his response was exactly that which he had earlier sent to Maureen on 25 October. It was obvious, therefore, that the Department of Health wasn't prepared to engage with the CBS victims' families about specific matters and simply had a fixed policy of issuing a standard reply to any and all communications, however nuanced or personal they may be.
455. It was the second time in a month that Mr Harvey, and by proxy the Department of Health, opted not to extend even the briefest of condolences concerning William's death. Furthermore, the extent of the Governmental arrogance was inadvertently exposed in his final paragraph, wherein he referred to his previous letter to Anne, "of 25 October".
456. However, she hadn't written to him prior to 29 October. Indeed the prior response, dated 25 October, to which Mr Harvey erroneously referred, was actually his recent reply to Maureen. Inadvertently, therefore, he had indicated how conceited the department had become about HCV+ haemophiliacs.
457. For, not only were responses completely devoid of sympathy or empathy but disinterest was such that officials even failed to distinguish between the identities of individual correspondents and duly extend basic courtesies.

#### December 1996

458. On 1 December, Gregory had another article [WITN1944226] published in the *Catholic Times* concerning William's case within the context of the anonymised "Three Brothers" story. It was to coincide with the ninth World Aids Day.
459. On 6 December, the dramatisation titled "*Hillsborough*", reflecting the 1989 football stadium tragedy in Sheffield, which eventually claimed 97 lives, was broadcast on *ITV*. In the immediate wake of transmission, and inspired by the playwright, Jimmy McGovern's, sensitive treatment, Gregory tentatively dispatched a letter to him with the hope that he may turn his creative attention

to the CBS, and especially use William's case and the "*Three Brothers*" story as a narrative arc. Included within the materials he sent was the aforementioned newspaper article published only that week [WITN1944226], along with a slew of other media and parliamentary references to William's case.

460. The following week, on 11 December, William's case, and that of the "*Three Brothers*", was again aired in the House of Commons [WITN1944227], thanks to Mr Marshall's continuing efforts in support of our campaign. It was a very rueful moment to consider that 1996 was ending in much the same way that it had begun, i.e. with an MP highlighting the injustices of William's case within the context of the "*Three Brothers*" case (a year earlier it was Mr Morris in the letters pages of *The Times* on December 27th [WITN1944197]). Moreover, Mr Marshall's address – speaking in an Adjournment Debate that he was granted on the specific subject of "*Haemophiliacs (Compensation)*" – was also something of an ironic bookend to the year insofar as he himself had recourse, some 50 weeks earlier, on 2 January, to also publicly advert to William's case, again on *The Times*' letters pages [WITN1944198], in direct response to Mr Morris' recent letter.
461. Although we disagreed with Mr Marshall in one aspect he stated before the Commons – immediately prior to the Christmas and New Year recess – namely that HCV+ haemophiliacs did not suffer the same "*prejudice*" as HIV+ haemophiliacs, an annoying and deeply ignorant view that he had previously and consistently expressed – it was nevertheless heartening that the extent of the injustice meted out to William and Maureen was still being aired at the highest national levels. Indeed, it was perversely reassuring that the "*Three Brothers*" story had necessarily been publicly aired throughout the whole of 1996, although it was also sobering and depressing to know that another entire year had passed without any progress at all, let alone resolution.
462. It was abundantly clear by the end of 1996, if not earlier, that the "*Three Brothers*" story was the obvious, default example by which to clearly highlight the illogicalities of the Government's continued intransigence. The bald facts, especially when also considering that William's mother was still alive and

nearing her 92nd birthday, succinctly encapsulated several layers of injustices and served as a cross-section of the whole CBS. As such, we felt an enormous responsibility to continue campaigning. For we knew that the Haemophilia Society, parliamentarians and the media would return to William's story time and again for easy reference. However, it was daunting that so much emphasis was placed upon us, leaving no scope for respite.

463. Shortly prior to Christmas, Gregory heard back from Mr McGovern [WITN1944228], regarding the possibility of dramatising the CBS. It was something that he felt he could not attend to.
464. Although his response was somewhat expected, and eminently understandable, it was nevertheless disheartening. For, we strongly believed that the publicity that someone of his standing could lend to our campaign would cut across many layers of injustice and bureaucracy at a stroke. Also, whilst we were grateful that he kindly recommended the services of Mr Cottrell Boyce, we ultimately decided not to follow this; a decision which Gregory now regards as a significant error, especially given the prominence that the playwright has subsequently risen to. Nevertheless, the subject of the Hillsborough disaster, particularly in regard to our ongoing campaign for justice, had struck a chord with Gregory – who knew many people who had suffered terribly in connection with that tragedy – especially in consideration of the similar push related to the CBS. It was just a nascent thought, at that stage, but it stuck with him. It was a comparison, a parallel, and a publicity-focusing reference that he gradually developed and brought to the fore, as will be described later in detail, some 16 years later, long before it apparently and only finally dawned, circa 2010 – although we dispute that date – on now lauded campaigning-parliamentarians such as Mr Andrew Burnham, about whom much more later; that, in itself, of course, being a damning indictment of just how far the victims of both tragedies still had to go in the pursuit of justice.
465. Thus, we were facing our third Christmas and New Year since William's death knowing that we still hadn't achieved justice for him, and Maureen was still counting every half-penny, almost. The year had been utterly draining.

Moreover, it had unfolded almost exactly as we had forecast in the latter stages of 1995; i.e. political intransigence on both sides of the Commons, given that the whole period effectively acted as a prelude to the much anticipated 1997 General Election.

466. Although it was somewhat welcome that the incumbent and deeply intransigent Conservative government would be, barring a major political surprise, voted from office in spring 1997, it was all too ominous to reflect that yet another year of campaigning had passed and we still didn't really know what the Labour Government-elect's policy was towards our campaign.
467. Further, not only did we anticipate that the political year ahead would not begin to stabilise until well into spring – and in reality not gain full momentum until after the summer – but we also feared that we would end 1997 in much the same way that we were drawing a line under 1996; still fighting.
468. Our only hope for 1997 was that although we knew instinctively that our medical negligence case against Dr Hay would not be lodged in time, prior to the near inevitable cut-off at 2 September, we knew – or thought so – that the long awaited expert reports would nevertheless be surely so damning that we would at least be able to use that evidence to further our cause at Westminster.
469. For, in the immediate pre-Christmas period of 1996 – we cannot recall the date – we finally acquired what we were expected to consider were the remainder of William's medical files from his various hospital stays in Liverpool between 1978 and 1994. **In reality, the deposit was anything but complete, with almost total gaps in the documentation covering the crucial period from 1978 to October 1981, and then certain sections from November and December 1981, i.e. the periods when William was "co-infected" with both HBV and HCV.**
470. The irony was that, although such revelations were perversely welcome in the context of proving our case, we recognised that William's story was even more complex than even we had anticipated. It was something of a cold comfort that we had already emotionally adjusted to the reality that we had already

effectively run out of time in which to present our case, even prior to the receipt of the medical documentation.

471. The nature of the details within the files that we received in very late 1996 simply entrenched our beliefs even further. Nevertheless, we had already begun to prepare a different tactic; namely, that it was purely because William's story was so complex that we were unable to lodge the case within the statutory time and consequently that this amounted to a hideous legal injustice in itself, to add to all those we had already suffered in the 29 months since William's death.

472. However, we simply had no idea of the serial devastations that awaited us in 1997, as described *in extenso* in our first witness statement.

January - September 1997

473. 1997 was just an attritional waste of time – and the real start of our litany of failures that cascaded down the years, decades even. Even by 6 January, Mr Barker at the Haemophilia Society had already sent Maureen a two-lines covering letter [WITN1944229] confirming that her request for financial assistance, made on 29 October [WITN1944224] through the grants provision, had predictably failed. He actually didn't even bother to say so outright. Instead, he just resorted to resigned, almost cryptic language, stating: "*Dear Mrs Murphy, please find enclosed a copy of the reply from the Department of Health regarding the use of section 64 grants. I am afraid the answer is as we anticipated.*" We no longer have the Department's reply.

474. Everything about the year reeked of refusals, obstacles and the whole gamut of dispiriting negativity. For example, as said, we'd long since realised, for at least a year, that we were heading for failure as regards Maureen's potential litigation against Dr Hay, citing medical negligence, simply intuiting that the three-years clock that she was likely allowed in order to press-the-case would surely be all but diminished before we could even begin to think clearly about Counsel's final opinion, which we could already see wouldn't arrive much before the summer of 1997, if not even later. What we hadn't expected,

though, was to finally receive that key report, based in-turn on the supposedly independent expert reports, with just hours remaining before the filing deadline.

475. In mid-January, our bleakness was compounded by the death of William's mother, Catherine, who had watched all three of her haemophilic sons perish as a result of the CBS. It was a truly depressing period which we felt acutely, as though we'd lost even more of William than we already had, and certainly the link to his early history. We remained determined, though, to honour her trenchant support for our justice campaign. **"Fight for my son," she had told us on several occasions since William's death some two-and-a-half years earlier. We were doing so, of course, but it was acutely distressing to know that we were losing on virtually every front.**
476. The eventual, final madness of Maureen's clientship with Irvings actually didn't even commence until 25 February, meaning that, incredibly, almost the whole of the year's first two months were inactive. Indeed, when she finally was re-contacted it was the first such communication since 8 October, and only the second since June 1996; the whole time whilst a three-years-clock was ticking. Incredible. Even then, the update she received was that Counsel would be sending initial opinion within *"the next few days"* [WITN1944230]. Yet we know from documentation [WITN1944231] that Mr Scott Donovan, of Refuge Assurance Chambers, had already signed the document on 19 February. Yet it still took until 13 March – with less than six months of the three-years-clock to run – for Irvings to finally send it. If we'd still been motivated enough about the case, *per se*, then that type of inexcusable time-draining would have left us furious. As it was, we really didn't care any longer because we'd long since known that, chronologically, there was just no hope of progression anyway. Maureen was effectively just letting Irvings go through the motions, as though the case itself was irrelevant. It was a method of mental self-protection, pure and simple. We just wanted to see what the medical experts would say and how damning they would be.

477. Essentially, Mr Donovan's advice would have moved Maureen no further on anyway, even had she still possessed the will to fight. For, it simply confirmed that the main thrust of the claim concerned the events of 1991–94 (thus within the limitations – which she already knew) and that she had until 2 September to “institute proceedings” (which she'd known since late 1994 would almost certainly be the case). It was also clear, though, that Mr Donovan, with some justification, really didn't understand the true depth, breadth and nuances of the case, other than providing the understatement of the year, and again no criticism of him here, by stating: *“This is clearly a complex case and no doubt the enquiries will be equally complex.”*
478. If we hadn't already set our mentality in readiness for defeat before even starting the contest, then we would have done so for certain by then. Accordingly, Maureen thereafter simply went through the formalities. In May, therefore, she submitted a finalised statement [WITN1944028], as the required basis of complaint, having finally, from Christmas 1996 onwards, been able to pursue the tortuously-accessed clinical records which had underscored that our initial instincts about medical negligence were correct all along – but probably understated if anything – for all the reasons that we described in our first statement to the IBI.
479. Irvings was also failing to appoint medical experts in a timely fashion, with all manner of delays and hindrances. It was nearing summer by the time that the various experts were finally lined up and that was obviously too late. For, in order for Maureen to have stood any chance of success, we needed to have gained access to the medical experts' opinions by spring 1997 at the latest.
480. It was almost as though we were then looking at the process sideways, like we were no longer involved but still intrigued enough to see how it would unfold. It was also something of a reflection of those despairing days we had endured at the Royal Liverpool University Hospital (RLUH) in 1994 when William was admitted as an emergency and the clerking medics just wouldn't listen to us, initially, about how complex his case was (and that it wasn't alcoholically caused), and we'd finally just have to default to passively letting it all unfold



around us, eventually. For, Maureen had told Irvings since the first day that William's was a nuanced case, that it wasn't as straightforward as the HIV-litigations they'd previously handled. The true realisation of that, though, just didn't seem to dawn on them until spring 1997. We were also starting to sense that, as much as Irvings probably wished that they didn't have to deal with the matter, perhaps also any potential medical experts didn't want to touch it either. None of the communications from Irvings ever seemed to make sense to us about the process of appointing the experts, anyway. Irvings was probably relieved that Maureen barely bothered to respond.

481. For example, a further fortnight elapsed before they recontacted her [WITN1944232] on 24 March to say that a Dr Barry Hoffmann may be able to "assist us" with the medical expert reports and that the company would therefore write to him that very day. Where did they get his name from? Why didn't they ring him, rather than write? Why didn't they contact him either way before letting us know his name and the mere potentiality that he only may be able to assist, rather than tell us they were only just about to start to find out? The inertia was almost palpable. There were just five months remaining of the legal timetable and yet Irvings was then only *writing* to a potential case-reviewer! It would have been astonishing but, sadly, Maureen had grown used to such inattention since late 1994. But she was also beginning to sense that the three-years-clock was being deliberately allowed to tick-down, perhaps by Irvings, perhaps by external parties, perhaps by both as mutual conveniences converged. There was something almost sinister about the whole thing that we could never define. We'll now likely never know. But it's telling that Dr Hay, by his own admission, became aware that Maureen had sought to litigate him. When, exactly, did he discover that and how much influence did he have in ensuring that the case essentially ran out of time?
482. Predictably, yet another fortnight elapsed before Maureen received another letter [WITN1944233], dated 7 April, to tell her that Irvings "*have written again to Dr Hoffbrand*" and that they would re-contact as soon as they had "*received his report*". That actually made it sound as though he'd agreed to the undertaking. Yet we know that Dr Hoffbrand was never enlisted. So what

happened? Did he agree to do it but then declined, having seen the evidence? To the best of our knowledge we still have no idea. Then, a further three weeks elapsed before Maureen received yet another almost pointless update from Irvings [WITN1944234] on 28 April, stating that the partners had to "*write to obtain the name of a Consultant general Surgeon to obtain a report from in the first instance.*" What? To whom did they have to write, in order to "*obtain*" a "*name*"? Mr Irving said he anticipated "*forwarding the papers*" once he had "*received the appropriate name of the expert to the expert (sic) within 7 to 10 days.*" Moreover, he would also "*ask the expert to let me know how long it will take him to prepare a report.*" Question: if he didn't yet know the name of the "*expert*" how did he even know it was a male?

483. Jaw-droppingly – or not – yet another six weeks went by until, on 10 June, with less than three months of the legal timetable remaining, in a "*very complex case*", Maureen finally learned from Irvings [WITN1944235] that the papers had been sent to Professor Machin and Dr Davies. The latter, apparently, said he could "*produce a report within about 3 to 4 weeks*" but no such timings could be gleaned about the former's preparedness until he "*returns from holiday on about 17th June.*" The situation had gone from painful to farcical. Had she still been mentally invested in the case, Maureen would have been frantic with anxiety at that point. The fact that she wasn't, was testimony to just how sensible it was that she had cut her emotional losses perhaps even a year earlier. The stress would have been explosive rather than merely corrosive. Truly, the long years and decades of the CBS almost demanded of its victims that they develop their own vital and unique coping-mechanisms which few on the outside would probably ever understand.
484. Again, as much as we already knew the case was chronologically hampered – whether deliberately or not we can never prove – we actually still didn't expect, even circa May/June 1997, for the clock to run right down to the late August 1997 deadline. We still, despite already reaching that desperately late point, naively thought that Counsel's final opinion would reach Maureen with maybe as little as 10 days to spare. We simply could never have anticipated what

actually did unfold, though, that the case eventually came down to hours not even days.

485. In the meantime, Mr Barker at the Haemophilia Society re-contacted Maureen, on 3 July [WITN1944236] to say that the executive's forthcoming meeting with the "*new Health Ministers*" (i.e. the freshly elected Blair regime) may be "*our one and only opportunity to present our case*". That was the language of defeat and resignation writ small. His plan was to send "*4 or 5 case studies of the impact of HCV on a range of people's lives, in particular the psychological and economic consequences.*" Accordingly, he asked her "*as a widow whose husband died from infection with HCV,*" to write some 200-300 words by 14 July, describing "*the impact on your lives and your fears for the future*". Three hundred words?! We understood the need for economy but how on earth could we explain William's story in such an abstract, almost? Again, this goes to why we have been so expansive (but ironically not exhaustive) with our lengthy submission to the IBI of the near-totality of William's story and its effect on Maureen. For, we believe that the repeated inability of us to be able to do so in various constrained fora down the years since 1994 (e.g. to Irvings solicitors in 1997, to the Haemophilia Society in 1997, to the GMC in 2004/05, and to the Archer Inquiry in 2007) has been one of the key factors in prolonging the injustice that Maureen, in particular, has faced.
486. Naturally, of course, Maureen complied – unfortunately we no longer have a copy of what she submitted – but we could have told Mr Barker there and then that, much as she knew she had already wasted her time with the medical negligence litigation against Dr Hay, and our general campaigning for justice since 1994, that this would be yet another completely pointless venture, especially in just 300 words – which of course it was – particularly given the signals from the Blair Government-elect over the previous 18-24 months. It was truly dispiriting to take part in yet another exercise already knowing that it would lead literally nowhere, whilst all the while waiting for Counsel's final opinion about the parallel medical negligence case that we had already long since known was futile.

487. Again, the only aspect of that desperate summer that kept us going was that we still naively believed that the individual doctors' reports, even if they were too late to use, legally speaking, would still be valuable and powerful evidence for us going forward in our three-pronged justice campaign: achieving a public inquiry; proving medical negligence; and securing financial assistance for Maureen. We were hopeful, indeed expectant, that we would still be able to tell anyone who would listen as to just how badly William had been treated and perhaps even that his case was typical of how HCV-infected haemophiliacs were treated in the 1980s and 1990s. We just didn't know how wrong we would be even about that, though. The approaching stench of failure, rejection and injustice was almost too much to bear as those summer months of 1997 unfolded, yet we still didn't yet know the half of it.
488. Maureen didn't receive Dr Davies' devastating summation **[WITN1944006]** until late July – with just six weeks remaining of the three-year timetable – despite him having completed it on 9 July; it still didn't seem to occur to any of the parties that, especially at that stage, literally every day counted. To say that its contents knocked us sideways is beneath an understatement.
489. The sheer bleakness that descended over us, upon reading the Davies submission was, counter-intuitively, so intense that we actually had to re-motivate ourselves to at least challenge some of his points within what little of the time-frame we had left, bearing in mind that we still hadn't taken possession at that juncture of either Professor Machin's or Dr Little's summaries (we have no record of when we became aware of Dr Little's appointment). As it transpired, we then had to wait until 15 August for Dr Davies' clarifications **[WITN1944006]** – which only compounded our despair, something which we thought was impossible – and, incredibly, we still hadn't received either of the other two reports...with just two weeks remaining! All we could hope for, at the very least, was that the other reports would outweigh Dr Davies'.
490. Maureen finally received Dr Little's submission **[WITN1944005]** circa 17 August. Although his overview wasn't quite as shattering as Dr Davies', it was

nevertheless a final hammer-blow to Maureen's hopes. For she then knew that even if Professor Machin's report was favourable, the scoreline would still be a 1.2 defeat. We simply could not fathom how either of the two medics had reached their conclusions. Again, though, legally-speaking, the matter had perversely become irrelevant to Maureen, having long since reconciled herself to the fact that there wouldn't be enough time to progress the case anyway, especially given the likely time-consuming need to qualitatively assess all of the attendant materials in the wake of the expert reports. As said, though, we had always, of course, pinned our hopes on at least acquiring three medical reports that proved beyond doubt that William was subjected to intolerable medical negligence over a period of at least three years (1991-94) but perhaps as long as seven dating back to 1987. Yet in the wake of the Little submission, following on from Davies, it was clear that we wouldn't even have those perverse benefits.

491. We were totally floored by the Davies and Little reports. We kept on reading and re-reading them looking for the "eureka" moments, almost, where we'd finally realise as to why we'd been so wrong, and what, exactly, it was that we hadn't understood due to the limitations of our lay perspective. But for the life of us, and the death of William, we just couldn't see it. We still can't – and that's not just denial speaking.
492. We can't actually remember as to when Maureen finally received Professor Machin's report – which sadly we no longer possess; we assume that we had to pass it to the GMC in 2004 and have never had sight of it since – but we know it was later than 18 August, i.e. with just two weeks of the three-years-timetable remaining. Frustratingly, it didn't really help us that his viewpoint was far short of Dr Davies' and Little's. Although, from memory, and the quotes that we do have possession of through other means (e.g. via final Counsel opinion citations), it has to be said that it wasn't exactly a ringing endorsement of our complaint, even though there were notable discrepancies between his views and those of the other two medics. At best it was neutral.

493. It was just as well, ironically, that Maureen actually still didn't have a major legal decision to make – having long since defaulted to the mindset of cutting-her-losses anyway – because, in the wake of Professor Machin's report, we really wouldn't have been able to make head-nor-tail of whether it would have been wise for her to proceed or not, even were we to have had the luxury of being able to decide that matter qualitatively. In any case, we still had to await Counsel's final report, with the legal-clock having just days remaining anyway. Even that had become almost irrelevant. Truly, we were out-of-our-depth.
494. In the end, after almost three years of failing efforts, Maureen was theoretically given just a matter of hours to make a monumental decision to either press forward with the case (which she knew was a gamble not only because she would have to fund it herself, but also, and especially, based on the contents of the expert reports which essentially went against her), or to give up there and then. Ultimately, though, she knew that the clock was exhausted anyway and that she simply didn't even have time enough to weigh measures, even if she had been inclined to proceed.
495. Counsel's final opinion [WITN1944034] was sent to Maureen on Thursday, 28 August. She was only able to read it that night. Theoretically, she had only until Tuesday, 2 September in order to lodge her case which would have been titled: *"In the Liverpool County Court between Mrs Maureen Murphy (Administratrix of the estate of William Augustine Murphy (deceased)) [plaintiff] and Royal Liverpool and Broadgreen University NHS Trust and/or The Royal Liverpool Hospital [defendant]"* (n.b. not titularly "Maureen versus Dr Hay" *per se*). She spoke to Mr Irving, as requested, on Friday, 29 August. Had she wished to pursue her case (and there were actually several grounds on which to proceed; *n.b.* it was not "*dismissed*" as Dr Hay has since asserted) – then, theoretically, it would have left just one working day – Monday, 1 September – in order for that whole nuanced process to be completed. To further compound matters, Mr Irving informed Maureen that he would be on holiday the following week anyway. Accordingly, she just defaulted into doing nothing – which she'd known she would likely do for almost a year, not that Mr Irving then knew

(although he was doubtless relieved) – and so let the final hours of the clock tick by.

496. It was not only barely believable that the whole matter had effectively come down to a matter of hours, but that the whole insensitivity had spilled almost inevitably into the period of the third anniversary of William's death on 3 September. His anniversary had now become a legal milestone, as well as a heart-breaking one, the doubly-bleak symbolism of which was almost too overpowering. The sense of despair was simply immeasurable. Also, that very weekend and the whole subsequent week – whilst Maureen's legal limitations were finally ticking down to the very last hours – were marred by the death of Princess Diana on Sunday, 31 August, 1997. Those few days were just surreal at every turn. Really, the smell of death, powerlessness, injustice and numbness was all too pervasive. To say that the week has lived long in our memory is probably too glib by half.
497. With classic timing, we were also further informed that week [WITN1944237], by Mr Barker of the Haemophilia Society, that, instead of merely meeting with the new health ministers to discuss matters of HCV and haemophilia, as he'd previously indicated, the charity's executive would actually, and seemingly imminently, have a chance to put the whole case directly to Rt. Hon. Frank Dobson, the new Health Secretary, complete with the previously requested testimonials, including Maureen's, being submitted "*unedited*". We instinctively knew that it would be nothing more than lip-service. It's easy to say that in hindsight but, genuinely, we could barely register any reaction to the so-called development. We'd already developed a CBS-radar by that stage – it took just three years, maximum – and it rarely faltered thereafter.
498. So, by September 1997, three years after William's death, Maureen had failed, beyond even her worst fears, in her quest to prove that he had been the victim of both macro- and micro-medical negligence. It's one thing being beaten, it's another suffering an absolute hammering. Essentially, she ran out of time and money; although it should always be stressed that there were enough avenues of pursuit, *per* Prof. Machin's report, however limited, and even

despite the verdicts of Drs Davies and Little, that she could have pressed had she possessed the opportunity. Perhaps ironically, though, we have now lodged – in our first statement to the IBI – many of the complaints that she would have asserted in 1997, had she possessed both the means and ability back then.

499. As a final footnote to that disastrous outcome, and given that the case never actually progressed, we should say, as mentioned earlier, that we've always been curious as to **when, exactly, Dr Hay became aware of Maureen's intentions, and through whom he did so? What legal protocols applied there? It would be interesting to know.**
500. We therefore had to come to a dead stop and take stock. Theoretically, we were meant to come to "closure" and move on and grieve for the first time since 1994. The previous three years had been a sheer waste of time, energy and emotion. But it was impossible to just stop.
501. Irving's courtesy closure arrived on 12 September [WITN1944238]. Mr Irving's final paragraph almost defied belief: *"I am sorry that the outcome of the investigations could not have been more successful in the circumstances but hope that there may be a more positive outcome in the future if the Government decide to take a more positive and favourable view of haemophiliacs who were infected like your husband. I am extremely grateful to you for having instructed our firm and again am sorry that we could not have had a more favourable result at the end of the day having concluded our enquiries."*
502. Maureen's defeat was three-fold; it was a financial non-starter without legal aid; also the medical expert evidence completely undermined us; and the clock had finally run down. After three years of intense activity, in which we were knotted with anxiety for the whole period, we were faced with what felt like a classic dead end. It was psychologically shattering.
503. Without even realising, though, we had already been plunged into yet another year of attrition. For, if we'd been told in late summer 1997 that it would then



be almost a further year before we heard of the Government's response to the call to financially assist HCV-victims of the CBS – and that it would be a resounding refusal from Mr Dobson anyway, despite our hopes having been falsely raised, month-by-month, by the ongoing silence, which we naively thought at one point was in our favour – then we simply dread to think of the impact it would have had.

504. As counter-intuitive as it sounds now, however, we were reluctantly steeled for a swift and imminent dismissal from the Blair regime in the autumn of 1997 and would actually have preferred that instant rebuff. For, we were already on the floor in September, so to speak, after the failure with Irvings. So, it almost didn't matter, then, if we'd likely receive yet another insult to the injury, probably sometime before Christmas, which is exactly what we expected, just to put a lid on things. Our thinking was that we may as well just absorb all the bad news at the same time and then start afresh in early 1998 by taking stock of how we could progress, or even if we could, with all avenues of justice having been closed-off.

505. Deep-down, though, the sense of injustice was burning so intensely within us that we were already realising that the classic dichotomy we had always faced – i.e. whether it would be more damaging to us psychologically to press ahead, or to simply quit meekly and cut-our-losses – was always tipping-us towards the former, proactive approach. For, we knew we would always have to carry-on because at least that way there would be no "what-ifs?" at the end of the line, even if it took decades of failure. Essentially, silence was never an option. At the very least, the existence of this Inquiry is testimony to the fact that we, and scores and scores of others, made the right decision to just keep-on keeping-on in our own different ways.

#### 1998-2001

506. Following the hammer-blow that was the non-starter of our claim of medical negligence, we did indeed regroup in early 1998 – we had no choice – and determined to lobby Westminster as hard as possible. Maureen also continued regular trips to Stoke to attend Manor House Group meetings. In the early new

year she also visited the surgery of hers, and Anne's, MP, Eddie O'Hara, which was a close relationship that was starting to gather genuine momentum and mutual understanding. Crucially, she knew that his support was sincere and moreover that he understood the nuances of the CBS and her two remaining, specific pushes for justice: compensation, or at least financial assistance; and a public inquiry into the CBS. At least that was one, albeit dark, benefit to the failure of the medical negligence case; for, we were now fighting on only two fronts, not three.

507. As a matter of urgency, given that several months of silence had unfolded since the Haemophilia Society had met with the Health Secretary, Mr Dobson, Maureen pressed Mr O'Hara, at his surgery in the early new year, to write to his parliamentary colleague to enquire about the delayed response.
508. On 10 February, Mr O'Hara replied **[WITN1944239]** confirming that he had written both to Mr Dobson and also to the Wythenshawe and Sale East MP, Mr Paul Goggins, who was heading-up the cross-party group supporting the Haemophilia Society's campaign, and another figure who, a decade later, would become prominent in our story, as will be shown. By late February 1998, though, it was really becoming a deep concern that the Health Secretary still hadn't reached a decision, even after almost six months of deliberations.
509. Maureen, therefore, using the ambiguous – perhaps dubious – interim to her advantage, urgently sought to increase her activities whilst she could and so contacted a whole slew of other MPs – regardless of the protocols about non-constituent communications – who had previously shown support for the campaign and requested their continued commitment. Her pace was relentless and, really speaking, had been almost from the very moment William had died (it was a physical timebomb that was bound to explode sooner or later, which it did just over a year later). Perhaps the only other beneficial legacy of the failed medical negligence case of 1994-97 was that we were able to make good use of the already prepared fact-sheets **[WITN1944141]**, detailing William's story, that we'd submitted to Irvings solicitors. Sadly, we continued to update those documents year-on-year to

include details of every passing injustice, even right up to the very calling of this Inquiry in 2017.

510. It was indicative of the strength of feeling amongst certain MPs that they brushed aside non-constituency etiquette and swiftly offered Maureen support, e.g.:

- a. Margaret Ewing (SNP, Moray, 5 March – “[...] *It is my intention to continue supporting this worthwhile campaign* [...]” [WITN1944240]);
- b. Robert Syms (Conservative, Poole, 6 March – “*I have put many questions to the Secretary of State [...] calling for [inter alia] [...] compensation for those infected with Hepatitis C* [...]” [WITN1944241]);
- c. Sir Patrick Cormack (Conservative, South Staffs, 6 March – [WITN1944242]);
- d. Paul Goggins (Labour, 9 March – “[...] *I have been pressing the Secretary of State for Health to respond to [the] just claim for recompense [...] I was deeply moved by the details of your own experience* [...]” [WITN1944243]);
- e. Betty Williams (Labour, Conwy, 11 March – “[...] *I shall certainly do what I can to help* [...]” [WITN1944244]);
- f. Patrick Nicholls (Conservative, Teignmouth, 11 March – “[...] *I believe the moral case for HMG to compensate those who have suffered in this way is unanswerable* [...]” [WITN1944245]);
- g. Cynog Dafis (Plaid Cymru, Ceredigion, 12 March – “[...] *I shall of course continue to press the Government for proper compensation* [...]” [WITN1944246]);
- h. Alice Mahon (Labour, Halifax, 15 May – “[...] *it is unjust that there is a distinction between HIV haemophiliac deaths and Hepatitis C haemophiliac deaths. You have my full support for your campaign for recompense* [...]” [WITN1944247]).

511. In the meantime, Mr O'Hara continued to appraise Maureen of his activities. Initially, following another of her visits to his surgery in late March, he sent another letter [WITN1944248] informing her that he had sent “a reminder” to Mr Dobson “to ask if he is now in a position to respond to the representations made by the Haemophilia Society.” Later, on 16 April, he re-contacted

Maureen [WITN1944249] to tell her that he had received a reply (enclosed to her) from the Department of Health, through the minister, Baroness Jay of Paddington, who advised him that, quite incredibly, it had *"still not been possible"* to reach a decision concerning *"a special payment scheme for those with haemophilia infected with hepatitis C through NHS treatment."* The Baroness told Mr O'Hara: *"I do appreciate Mrs Murphy's wish to bring the matter to a close, but I hope she will accept that this is a very complex area and that Mr Dobson remains committed to exploring it fully before arriving at a decision."*

512. It really wasn't *"complex"*, though. What we'd tried to fight through Irvings was perhaps complex. What we were trying to convince Mr Dobson about was about the least complex case of simple, moral justice as he'd likely ever encountered.
513. For his part, Mr O'Hara told Maureen that, via a recent meeting of *"concerned MPs and representatives of the Haemophilia Society,"* he had gleaned that the *"general view"* was that *"Frank Dobson is genuinely concerned to be sympathetic and positive but that his advisers are warning him of technical difficulties."* It was apparently agreed at the meeting that a *"joint letter"* (seemingly from MPs and the Haemophilia Society) would be sent to Mr Dobson. He added that he believed that *"the Haemophilia Society were happy with the outcome of our meeting."*
514. It was arguably Mr O'Hara's letter that April, as well intentioned as it was, that gave us false hope that, closing-in on four years since William's death, we may finally be about to receive justice in at least one of our three campaign aims, namely financial assistance for an increasingly straitened and physically and emotionally-exhausted Maureen.
515. Against all instincts, we were daring to hope that perhaps the delay in Mr Dobson's response was actually rather more indicative of an inclination to see the simple, moral justice – the straight-forward objectivity at the heart of the matter, not the apparent *"complexities"* or situational-ethics – in recompensing

the haemophilic-HCV cohort in the same way that the previous administration had for HIV-infectees. Even if he did have advisors warning about the pitfalls of precedents, we intuited that the fact that he hadn't yet responded was perhaps a good sign, insofar as he hadn't capitulated to traditional Whitehall pressure and remained clear-eyed. We stupidly thought him to be fighting the good-fight, fending-off civil service intransigence. We hadn't yet had every vestige of trust in the establishment knocked from us. It wouldn't be long before it was, however. Once lost, never regained.

516. By early June, we felt that our cause had finally reached an unassailable point. For, once again, the case of the "Three Brothers" was aired in parliament [ **RLIT0002154** ], in the Lords, by the newly created Lord Morris of Manchester, who simply transferred his Commons support for us to another place. In rising for the debate titled "Haemophiliacs and Hepatitis C", he immediately asked the Government *"what new help is intended for people with haemophilia who were infected with hepatitis C in the course of NHS treatment or, in the case of those who have died, for their dependants?"* He added: *"My Lords, there is a deep sense of injustice among people with haemophilia and their families, one of the most vulnerable groups in Britain today. The tragic story of three brothers explains why."*
517. He continued: *"All three inherited haemophilia, a life-long bleeding disorder that requires continuous medical treatment. Two of the brothers were infected with HIV by contaminated blood products used in their NHS treatment and died of AIDS-related illnesses. They received financial help from the Macfarlane Trust, funded by the Government, and were able to make provision for their families. The third brother escaped HIV infection but was infected with the hepatitis C virus (HCV), also by contaminated blood products used in his NHS treatment, and died of liver failure. For him there was no financial help. He went to his grave unable to make any provision for his family. Each of the three brothers had become terminally ill and died from the same cause: contaminated NHS blood products. But one was denied the help given by a government-funded trust to the other two. That contrast in treatment not only suggests but shouts of injustice."*

518. We were particularly, if somewhat macabrely, grateful that his Lordship then outlined the realities of hepatitis C before the House, the ignorance about which, we felt, was one of the key stumbling blocks to achieving justice for victims like William who were still, unfathomably, being deemed to have been fortunate to have escaped HIV. It *"attacks the liver and is potentially life-threatening,"* he declared. *"Current medical opinion is that up to 80 per cent. of people infected will develop chronic liver disease. Of these up to 20 per cent. will develop severe liver problems such as cirrhosis, many of them liver cancer. Based on death certificate information, mortality from liver disease is now 16.7 times higher for haemophiliac males than for the general population and 5.6 times higher for liver cancer. Over 90 haemophiliacs have already died as a result of being infected with hepatitis C."*
519. In perhaps one of the most powerful speeches about the CBS he ever made, his Lordship added: *"In none of the parliamentary campaigns I have been closely involved in over 34 years in Parliament—even thalidomide and that for statutory recognition of dyslexia—have I had so strong a sense that no campaigning should have been necessary to right so obvious a wrong. Enormous cross-party backing has been given by MPs to Motions calling for parity of treatment. As each successive Motion has shown, the issue is regarded not as one of Right and Left, but of right and wrong. It is just as demonstrable that, given the nod by Ministers, both Houses could end this huge scandal within an hour. For all of us know that in truth anyone claiming to see any difference in principle between the claims of those infected with HIV and HCV will have no difficulty whatever in spotting from afar the smallest needle in the biggest haystack. There are many celebrated texts on the undoubted wrong of delaying justice. My choice today is Magna Carta which famously declares, 'To no one will we delay right or justice'."*
520. Lord Morris concluded with the clarion he had issued in the letters pages of *The Times* at the end of 1995, having cited William's case even then. *"But if [this] campaign has to go on I am in no doubt—nor should anyone else doubt—that go on it will until right is done."*

521. If that were not enough, Lord Robert Winston then, we naively thought, rather sealed the issue beyond all gain-saying. Again, though, he had to resort to gruesomeness in order to knock sense into those who still hadn't grasped the enormity of HCV-infection. Indeed, he may as well have described William's eventual demise to a tee, stating: "[...] *one cannot escape the terrible fact that death by liver failure or liver cancer is a particularly horrible end. There is a slow inexorable decline, with severe fatigue and malaise [...] [they] feel sick, have no appetite and lose weight. If they have liver cancer often they have severe pain that is quite intractable. The end is a mixture of a decline, with mental confusion and finally coma [...] [as] the noble Lord [Morris] has eloquently pointed out, there is no difference between HIV and hepatitis C that is produced in this way. The cause is the same, a virus, and it comes from the same source, blood products. Yet, sadly and oddly, there is discrimination by the Government. With one exception, there is no logic to it. The exception, sadly, is mere expediency [...] [the] precedent is already there. The fact is that patients with HIV have already been compensated to a large extent by government action. A decision on the basis of expediency is not moral.*"

522. Accordingly, with a growing number of MPs and Law Lords backing our case, and the perversely welcome but protracted delays in Mr Dobson's response (especially given that he could have capitulated to departmental pressure, even prior to Christmas 1997, to dismiss the calls for financial assistance for HCV-victims just as summarily and heartlessly as the previous administration regularly had), plus both Lord Morris' and Winston's thundering addresses in the Lords serving to double-underscore the morality and reality of the matter, then we genuinely believed, in mid-June 1998, that, finally, at least one strand of justice would be imminently delivered. We again dared to think that, before long, Maureen might at least, and at last, be able to sleep just a little easier and, more importantly, start to grieve. Within weeks, though, we were thrown into complete turmoil realising how wrong we were – again.

523. What was perhaps dismissed by some as a mere semantic argument in the immediate periods after William's death proved to be anything but, and the

earthquake that had threatened to tear apart the Haemophilia Society for three years, at least, finally shook the landscape and exposed the pressurised fault-lines for exactly what they were. The type of "*muddled thinking*" that Gregory admits he gauchely exposed in his submission to the Manor House Group in January 1996 [WITN1944202] had in reality proved to be anything but.

524. For whilst the execution of his argument, then, was hardly a model of clarity, the central premise was entirely valid, namely that it was implicit in the very genesis of the Haemophilia Society's so-called "*Hepatitis C Campaign*", circa early 1995, that the financial assistance it was originally lobbying for was to specifically help those who hadn't received the earlier, derisory HIV-payments rather than to secure further payments for HIV-HCV co-infectees as well as. It was perhaps an oversight by the Society, when it belatedly launched its activities not to say so specifically. Then again, it may have been felt that there was no need to be so prescriptive; that the matter was implicit. Doubtless some will disagree with our recall.
525. We maintain, though, that the prevailing mood that we earlier described concerning the infamous Coventry conference of November 1994 was accurate – despite the counter-intuitive reality that a Society proposal to support a Hepatitis C campaign was actually passed at the event – and that there was detectably no mood amongst the deeply-bruised HIV-haemophiliac cohort to again court publicity so soon after the 1991 settlement. Further, we again assert our belief that even the Haemophilia Society was reluctant to mount yet another, headlines-seeking campaign but ultimately felt that it simply had no choice. We would even say, quite strongly, that, deep-down, the Society had actually not wanted to address the issue of hepatitis-infections and related justice for quite a very long time prior to Coventry 1994; indeed the very fact that a so-called "*campaign*" wasn't "*launched*" until 1995 speaks loudly to that.
526. However, almost imperceptibly throughout 1995 and into 1996, and for a myriad of overlapping reasons, many of those within the HIV-cohort who had



also been once opposed to the HCV campaign, and until very recently beforehand, were by then actively supporting it. It's hard, and wrong, to generalise individual circumstances and motivations as to why there were gradual shifts in attitude, which differed from person-to-person, or rather victim-to-victim. It's also probably impossible to prove that the kernel of the Haemophilia Society "*Hepatitis C Campaign*", right at its very conception, was truly an urgent matter of "parity" as we assert. (indeed, even as late as June 1998, in his parliamentary address, Lord Morris had spoken of "*parity of treatment*".) We would argue, though, that it was commonly understood and accepted, even if not spelt out in precise terms, that such was the point at the heart of the financial aspect of the Society's wider campaign.

527. Really, though, the argument should always have been about the egregiousness of infection – *per se* – through dirty, contaminated products, not the names of the actual virus(es), or the (erroneous) perceptions of gravity or social stigma notoriously attached to said germs. The moment, though, that the Major government created that indefensible distinction between HIV – as a "*special*" case (for a whole panoply of reasons, both medical and cultural) – and HCV, HBV and hepatitis in general, it created an invalid argument. There should never have been a "waiver" that cast aside, at a signature stroke, those who were apparently "*fortunate*" enough to have avoided HIV but instead, and only, contracted the "*particularly horrible*" HCV, as Lord Winston said in June 1998, "*from the same source, blood products.*" He rightly called it "*discrimination*". He correctly pointed out its illogicality.
528. By that very time, though, the ambiguous language of being "co-infected" had gained irreversible traction – and again perhaps justifiably so – within haemophilic circles and was being accepted as common-speak. Yet even within that term there was further discrimination given that it was exclusively understood to mean only HIV-and-HCV co-infectees, not HCV-and-HBV co-infectees (or any other virological combination).
529. Crudely, the challenge against the illogicality of framing a financial-assistance argument around co-infectivity was that infection with two viruses – or even

three or four – still didn't equate to victims having multiple mortgages to pay, however incendiary that blunt argument may now sound. William, for example, was triply "co-infected" – but we would say co-battered – by HCV-HBV-HAV. His trajectory-of-death, from his first, categorically known, infection with HBV in 1978, to his final end in 1994, was no more than just 16 years, i.e. arguably way short of the suggested time-scales of potential fatality that infection with just one of HCV or HBV are said to involve. Yet Maureen was seeking to be "financially-assisted" just once, for the basic matter of him being infected through contaminated blood products. She wanted to at least achieve "*parity*", and indeed had been calling for such from as early as just three years after the signing of the notorious waiver by the HIV-infected haemophiliac cohort.

530. The fundamental question, we contend, should never have been about the viruses but rather as to whether haemophiliacs should ever have been compensated (yes), or certainly "financially assisted" (absolutely, at the very least) for the basic matter of having been infected through contaminated blood products which they received in good faith (unquestionably). Again, though, another counter-argument could be levelled against the belief that the virus particulars were, logically, but a secondary issue against the primary matter of basic infection. For, there is a world of difference between a singular infection with, say, HAV – no matter how nasty that disease can be – and those of HBV or HCV. Then again, should it ever have been the case that haemophiliacs were exposed even to the comparatively benign HAV?
531. Relative-thinking, along virological lines, could tie you in knots. It was always better and more logical, we held, to return to the basic objectivity: infection, regardless of virus particulars. Ultimately, blood/products should never have been contaminated and people should never have been poisoned. But, having been so infected, they then should have been fully compensated, or certainly financially-assisted at least, as indeed the HIV-infected cohort rightly was, in 1991.
532. No matter which way the argument(s) were addressed, though, the stumbling block was always the 1991 "waiver" – as demonstrably and theatrically

flagged-up, above head-height, in classic thou-shalt-not-pass style, for Maureen's and Gregory's express attention at Coventry in 1994, as though they hadn't understood the realities of the CBS or certainly the implied exceptionalism of HIV. That latter, and assumed, aspect always dominated the debate, however. And it was the perceived priority of HIV, due to the notoriety and headline-alarms that were connected to AIDS, especially in comparison to HCV, that overshadowed all else and clouded the matter of basic infection being rather the fundamental premise upon which payments should be made.

533. In turn, and for matters of argumentative expediency, that inappropriate comparison – i.e. HIV v HCV – then quite staggeringly sidelined, from the whole conversation, the hardly small matter of HBV – described by the World Health Organisation as *"a potentially life-threatening liver infection [...] a major global health problem [which] can cause chronic infection and puts people at high risk of death from cirrhosis and liver cancer"*. It's simply astonishing that HBV was so rarely mentioned in dispatches connected to the CBS. Yet that was the end result of the 1991 waiver.
534. In many ways, the scandal of contaminated materials that the settlement sought to address was done so through a means, a compromised product – i.e. the so-called waiver – that in itself was contaminated; riddled with illogicalities and shot-through with injustice, discrimination and community-division. It was an evil situation worsened by a truly contemptible solution.
535. It was preposterous that the natures of the viruses were ever considered to be the starting points of any settlements, simply because one virus/disease, had been at the centre of a media-storm, an international death-panic for almost a decade by the time that the 1991 waivers were signed. Meanwhile, at least one, or even two other viruses had merely been wreaking insidious and silent havoc amongst their victims, but without headline recognition – or in the case of HCV, without even a proper virological name until 1989 – for probably a lot longer.

536. It's not just easy to say all the above with the benefit of hindsight, either. For, as we pointed out extensively in our first statement, one very noted medic had long-since co-asked the question, even at the relatively late research-stage of 1985: "*Progressive liver disease in haemophilia: an understated problem?*" It was more like a problem "waived" aside than under-stated, even ultimately by the same author-medic in question.
537. As the months and years post-Coventry 1994 unfolded, then, the inexact nature of the Haemophilia Society's "Hepatitis C Campaign" was shown to be the exercise in blurred lines that it always was; chiefly, in our opinion, stemming from the initial reluctance to even implement it. Initial inertia eventually caught up with itself.
538. It was inevitable, understandable, justifiable even, that those who had been infected with HIV and had received payments, but had also been infected with HCV and perhaps had already died from its complications (perhaps unknowingly) or were still battling its daily, vile-lottery of random complexities, were again seeking redress through the "HCV campaign". Why wouldn't they? That's exactly what the campaign was called, after all. It was inclusive by title, whereas the 1991 "waiver" was demonstrably exclusive.
539. It would have been preposterous to have expected them to honourably sit back, suffer and perhaps hurtle towards their deaths and not seek any further recompense until widows like Maureen, or continuing sufferers of HCV-only, finally secured their first payment just to balance things out. Then again, it was utterly scandalous that those latter categories were ever excluded in the first place, through the very signing of the 1991 waiver.
540. For the record, we, and Maureen, have often asked ourselves whether we would have signed the 1991 waiver had William been infected with HIV and unknowingly with HCV. Of course we would have. However, we have also asked ourselves as to whether, certainly as late as 1994, we would have supported those HCV-only victims or families, right from the start, who were seeking to be similarly assisted. We know, viscerally, that we would have done

so by spring 1995 at the latest by which stage the true nature of that disease had been laid bare to the Haemophilia Society, the Commons, the Lords and indeed the nation – finally – through belated press coverage, circa late 1994 and early 1995, however muted it seemed in comparison with that attendant to the HIV headlines.

541. The HCV-only victims were given no choice but to resort to such early publicity, against much opposition, simply in order to change hearts-and-minds about the true nature of HCV and hopefully garner support right across the haemophilic cohort. Instead, having done so, to surely prove the insidiousness of HCV, we were then lambasted for having brought haemophilia back into the headlines. Essentially, we were expected to accept that no financial-assistance was on offer and furthermore keep quiet about it. Yet the irony was that it was surely headlines, and media coverage/panic that had made HIV the so-called “special case” that it continued to be considered as. Without the headlines, and people courageously exposing their personal tragedies, there actually wouldn’t have been the 1991 settlement.
542. It was always implicit to us that the key aspect of the Haemophilia Society’s call for financial assistance in recognition of infection with HCV was initially disowned from within the membership’s own ranks simply for putting haemophilia and blood infections back in the national headlines. It seemed that the prior pain of the, barely recompensed, HIV-cohort again had to take precedence over the completely un-assisted but equally tormented HCV-cohort. It was the former population dictating what the latter could do or say.
543. That scenario – the assumed moral superiority of the HIV-cases – was played out on both macro- and micro-levels amongst the CBS communities. Ultimately, the grave responsibility for that is on the respective Governments, from circa 1988 onwards, and all those within them who held ministerial capacity and never spoke out forcefully enough, let alone failed to resign on

principle. For, it was a shameful and deliberate policy to divide and ruin the vulnerable and heart-broken.

544. Suddenly, though, albeit late, even the Haemophilia Society, circa 1995, saw how indefensible its former, pre-Coventry-1994 stance was, hence its flawed "Hepatitis C Campaign". It was every inch a parity-push. We took that to be acutely obvious from the very fact that Mr Barker [WITN1944146, WITN1944147], less than six months after William's death, asked Maureen to contact the Macfarlane Trust to effectively ask for its remit to be expanded to include HCV in an "as well as" settlement.
545. Of course it was refused, because apparently it had to be. Nor could an equivalent, so-called "reverse-waiver" ever be conceived by the Government (i.e. concerning a trust to assist only those with HCV who hadn't already received payments). **The reasoning was simply because HCV was not HIV.** One virus came amid "special circumstances" and headlines, the other never did and, really speaking, still hasn't; for Maureen's status as a CBS-widow (she really isn't a "Hep-C-widow") is still lower-class (indeed fourth tier as we will demonstrate) in terms of financial assistance to this day.
546. Although we cannot recall the precise catalyst for her withdrawal of co-operation with the Haemophilia Society in the earliest months of Ms Karin Pappenheim's tenure as chief executive in spring/summer 1998 (and we intend no juxtapositional sleight), it was certainly subsequent to strained conversations with her that she finally and reluctantly resigned from campaign proactivity having not acquired the key assurances she required. We do know, though, that through various dispatches then circulating – none of which we can attest to, let alone document – Maureen had learned that the Haemophilia Society had told Mr Dobson that the call for financial assistance in recognition of HCV-infection also necessarily included all those "co-infected" (a term we take exception to given its cohort-connotations, but nevertheless need to use in context) with HIV who had already received payments circa 1991.

547. Maureen believed that whilst Mr Dobson was sympathetic to the pure objectivity of the matter – i.e. that haemophiliacs infected with HCV should, of course, be assisted in the same way that those who had been infected with HIV had – and was disposed towards the narrower-solution, namely helping those who had never yet received any help, and only those, he was being constrained by the expanded, “co-infected” nature of the request which, of course, had a direct budgetary implication. That broader call, perhaps unwittingly, in-turn bolstered the arguments he was hearing from those in the Department of Health advising him against any further assistance at all, citing not only the closed nature of the 1991 “waiver”, but also the apparent dangers of setting-precedents for all manner of compensatory claims, beyond the haemophiliac or general-transfusion cohorts. It was essentially Baroness Cumberlege’s aforementioned “national sport” argument being played out.
548. To what extent Maureen’s belief was grounded in fact or speculation we cannot say. To her it made perfect sense of the apparently nonsensical delays in Mr Dobson reaching his decision. For, it was on 3 July, 1997, that she was first asked by Mr Barker to be among the “*four or five*” to make submissions outlining William’s and her suffering to the Health Secretary. Yet exactly 12 months of hardship later, there had been nothing but silence from him, even after his meeting with the Haemophilia Society the previous September. There had to be a reason for the impasse and it didn’t take a genius to conclude that, on some level, it inevitably concerned finance.
549. By mid-summer 1998, Maureen started to fear that, contrary to the recent hope she had built that Mr Dobson’s delay might actually be in her favour, that after all he was likely to refuse help – simply because the likely claimant cohort had grown too big. Perhaps that was intuition, or maybe she was basing her fears on information received. Accordingly, Maureen contacted Ms Pappenheim in late June to ask her pointedly as to what the Haemophilia Society’s policy was concerning the request for payments in recognition of HCV-infection. Essentially: was it to assist the previously un-assisted, HCV-only singular cohort? Or did it also extend to the HIV/HCV co-infected cohort?

550. Ms Pappenheim asserted that it was the latter, and always had been, as could be proven by documentary evidence (whether that argument was proffered disingenuously or not, it seemed to be a fact that the indistinct terms of reference that the Society had used at the inception of the campaign came back to haunt it). Maureen disagreed with her characterisation of the nascent campaign circa 1994/95, citing that *"the spirit"* of the post-Coventry 1994 push was to *"assist the unassisted"*. It was almost impossible, though, for her to be able to prove her point about an unwritten policy, and Ms Pappenheim surely knew so. Both women were ultimately at the mercy of previous campaign oversights.
551. Ms Pappenheim, arguably too fastidiously using emphases (underlined here, but conveyed in italics in the original [WITN1944251]) told Maureen on 2 July that *"personally" she felt "sorry" that she had "decided to withdraw from the campaign, particularly as I have stressed that our campaign message and objective have not changed in any way."* She added: *"We are still fighting to make Government accept that it has the same moral responsibility to provide financial assistance for people with haemophilia who are HCV infected as has already been done for those who were HIV infected through their NHS treatment."*
552. It was an unresolvable claim and counterclaim. We believe that Maureen told Ms Pappenheim that persistence in the wider request for assistance would ultimately prevent those who had never been helped from perhaps receiving any payment that might have been achieved through the narrower focus. Within a month she was proven correct.
553. Of course, that irreconcilable exchange also had the telling contextual backdrop of the announcement of an impending law-suit – citing the strict liabilities under the Consumer Protection Act 1987 – against the National Blood Authority brought by non-haemophiliac victims of the CBS who were infected with hepatitis C through various NHS treatments after 1988 – which necessarily excluded virtually every haemophiliac, certainly William. It was



amidst the immediate fall-out of the long-awaited outcome of that case, in March 2001, GRO-C

GRO-C

554. On 5 July, some 10 days after Maureen had contacted Ms Pappenheim, who in turn assured her that William's case was "*removed*" from the Society's "*press/MPs briefing pack*" and that the press officer had been notified "*not to use your case history in future*", Lord Morris wrote an article for *The Observer* ("*End these Bad Blood Relations*" [WITN1944252]) which was essentially an echo, in large sections *verbatim*, of his address to the Lords the previous month. Conspicuously, though, unlike in parliament, he made no reference to the "Three Brothers" case, having been informed of Maureen's decision. Again he cited "*parity of treatment*" and stressed that "*the Haemophilia Society simply wants the terms of reference of the Macfarlane Trust to be extended*" to include HCV victims, as per Mr Barker's communications with Maureen in early 1995.
555. Of course, one could interpret Lord Morris' words as a clear endorsement of Ms Pappenheim's view that all haemophiliac HCV-victims of the CBS should be recompensed even if it meant a second payment for the so-called "co-infected" HIV-HCV cohort. Or it was possible to read his Lordship's plea as a plain call for "*parity*" to simply bring the HCV-only population at least financially-level with the previously assisted HIV-victims. Words mattered, and they had since 1991.
556. It was a sombre moment to read Lord Morris' article denuded of William's case-study that he had so often cited. Accordingly, Maureen felt that she at least owed him a letter of courtesy [WITN1944253], which she sent on 10 July. She told him how she appreciated "*the way you have highlighted my particular case which – to use your words – 'shouts of the injustice between HIV and HCV'.*" Added Maureen: "*When I joined this campaign in 1994 – after the death of my dear husband – it was for the purpose of gaining justice for all Haemophiliacs who had been infected with the Hepatitis C virus and had not received recompense. I now understand that the campaign is to include all*

*Haemophiliacs infected with HCV regardless of the fact that some of them might already have received recompense for being infected with HIV. I wonder that this may be the 'complex issue' which the government keep saying is holding things up?"*

557. Saying that she could no longer let William's case be used, for it *"no longer highlights the injustice that it once did,"* she thanked Lord Morris, saying that were it not for people like him *"then the injustices that some people have to bear would never come to light."*
558. Ironically, though, Maureen was still committed to the overall effort to lobby parliament whilst there was still time prior to Mr Dobson's announcement, whenever that would be; the summer recess was fast-approaching. Accordingly, she travelled to London on 11 July to meet key people within the campaign and to make plans to stage an imminent, hopefully headline-grabbing silent protest at Westminster.
559. Lord Morris kindly replied to Maureen on 13 July [WITN1944254] saying that it was *"good"* of her *"to refer so warmly"* to his efforts, before adding: *"[...] I entirely agree with the point that you make and you have my kindest regards and warmest best wishes."*
560. Running parallel to her communications with Ms Pappenheim and Lord Morris, and despite her blockage of William's story, Maureen had duly agreed, in London on 11 July, to participate in a joint Haemophilia Society/MPs lobby of parliament, on 22 July, which was to be led by Mr Goggins, hoping to finally persuade Mr Dobson of the moral case to answer. It meant two draining trips to London and back for her within just 11 days.
561. She had also received key updates from Mr O'Hara in those hectic weeks. The first, on 30 June [WITN1944255] was clear evidence of the growing concord between them. He assured her that he would be able to see her in London if she were to be there on 22 July, and also included a transcript of the recent Lords debate in which Lord Morris had mentioned William's case, in the

event that she hadn't yet seen it. Further, he told her that he would enquire further about acquiring a copy of the joint-letter "*sent to Frank Dobson in April by an all-party group of MPs.*"

562. Just a fortnight later, on 14 July, Mr O'Hara duly wrote again [WITN1944256] enclosing the said letter, acquired via Roger Godsiff, the MP for Small Heath and Sparkbrook, which, on 29 April, had spoken of the "*request for financial assistance for those infected with the Hepatitis C virus through their NHS treatment prior to 1986.*" Whilst Mr O'Hara's letters to Maureen were, essentially, ones of due courtesy and diligent attention to administrative matters, it was re-assuring that such a strong relationship was so evidently forming. It would be of some significance at a later point, as we will show.

563. It's hard to say which was the most devastating revelation from Mr Dobson's announcement [DHSC0006894\_097] to the Commons on 28 July: his point blank refusal to assist HCV-victims of the CBS, or his supporting rationale. The extent to which it left Maureen reeling, though, and surely also set-in-train a health demise that almost cost her life the following May, cannot be overstated. Whilst she had certainly anticipated such a stiff-necked response from a year earlier, at the start of the Haemophilia Society's submissions, it was conversely true that, for several months in early 1998, she began to be naively optimistic, interpreting the ongoing delay as a good sign. Only in the last weeks prior to the announcement, though, did she finally revert back to her initial pessimism, realising that the answer would be no. (again, we cannot recall the precise intelligence she had in that regard.) Accordingly, she was somewhat prepared for such a set-back but ironically not for the crass insensitivity broadcast by Mr Dobson as he sought to justify his decision.

564. In side-stepping the self-contradictory nature of what he said, through the caveated usages of the words "*special*" and "*inadvertent*", his address, which was laced with ignorance at every turn was part idiotic – if not outright moronic (we make no apology for the term) – and part sinister. For, he tacitly admitted that men like William "*have been infected with hepatitis C through National Health Service treatment,*" but swiftly added that they "*should not receive*

*special payments*". His reasoning was that assistance should be "*paid out only where the NHS or individuals working in it have been at fault.*" So, how did William get HCV, then, or, for that matter, HAV and HBV, the latter repeatedly? Was nobody, i.e. no "*individual*", working for the NHS "*at fault*"? Did nobody make the decision to source and administer infected blood/products? Those materials, then, just landed on the doorstep of the NHS, presumably, and William became infected by them almost by magic?

565. No prior decisions or individuals were involved it would seem. The whole process was an "*inadvertent harm*", said Mr Dobson. Without wishing to speak too ill of the dead, it has to be said that the levels of semantic gymnastics he resorted to that day, in order to defend a complete indefensibility, and the lack of even rudimentary analytical skills were a sheer insult to us on several levels and probably betrayed a considerable intellectual deficiency. What other conclusion was there?
566. William's "*inadvertent*" travails and demise were apparently of a category that should have been assisted only through "*benefits available to the population in general.*" Frankly, no pun, that was disgusting. However, clearly anticipating the obvious contradiction that HIV-infectees had been previously assisted, he then callously claimed that "*the circumstances were different: the stigma around HIV at the time the original decision was taken, the fact that it was generally considered a sexually transmitted disease and that haemophiliacs could inadvertently infect their partners were all important considerations which do not apply to hepatitis C.*"
567. **Once again, only HIV was deemed "special" enough – as had been repeatedly rammed down our throats since 1991 – to merit "*special payment*". It was breathtakingly offensive.**
568. The corollary, once again, was that no "*stigma*" surrounded Hepatitis C. Yet William was abandoned by his dentist in the mid-1980s simply for being a haemophiliac. Further, his cirrhosis was all-too-often lazily assumed to be alcohol-related. As regards the sexual aspect, we simply have two questions:

we wonder whether Mr Dobson would have been prepared to take the risk of intercourse with an infected partner?; also, why did Maureen need to undergo the ignominy at the RLUH of at least two HCV tests? Did no such stigma apply there? Also, let it not be overlooked, she had been advised several years earlier that if William's repeated HIV tests at the Royal Liverpool Hospital were eventually returned as positive, then she would have to undergo a test also.

569. Perhaps, though, the greatest disrespect that Mr Dobson paid Maureen – and William – that day wasn't realised by us for another 16 years until we learned, upon his retirement as an MP and a dubious press interview he gave RLIT0002150 that he not only was given to being openly and publicly disparaging about others, with a clear and classless taste for gratuitous offensiveness – giving us no qualms about our sharp criticism of him earlier – but that a year before refusing to assist Maureen he'd traumatically suffered the death of his own brother to liver cancer and so surely had an insight into the hideousness of the disease that befell William most probably right throughout the last six months of his life.
570. An apparent political tactic of Mr Dobson's was to "*crack a good joke at [others'] expense, people remember it.*" That rather spoke to his character. What he dealt to Maureen in July 1998, though, was neither good, nor a joke – but we've certainly always remembered it.
571. Following quickly on from the Government's refusal, earlier that year, to hold a public inquiry into the Hillsborough disaster, Mr Dobson's decision laid bare that the New Labour promise of righting social wrongs, was shown to be the sham that it always was, as we'd anticipated even in 1995, long before being elected. For two of the biggest scandals – if not the biggest pair – that the new administration had the chance to pursue justice for, were summarily and cold-bloodedly dismissed within months of each other. The comparisons between certain aspects of the two disasters, particularly the Government's respective responses, continued to strike a chord of gradually-developing thoughts within Gregory as he watched both campaigns unfold from close quarters. He resolved to simply keep monitoring the respective progress of

each, or lack of, but for purposes that he couldn't yet define at that point, save for his basic, keen interest in both.

572. The most dispiriting aspect of the twin responses – to Hillsborough and the CBS – from the Blair regime in early 1998, though, was surely the realisation that, barring a political earthquake, the shallow-minded New Labour administration was highly likely to remain in power for at least another election, or more, to come; you didn't have to be a Westminster expert to sense such in 1998. The chances, therefore, of a public inquiry into either the CBS (let alone mere financial assistance for HCV-victims) or Hillsborough seemed as improbable under the still new Government as they had under the previous long-running one.
573. Moreover, the sinister practice of relegating key news about the CBS to the very last day of parliamentary sessions – which figures like David Cameron and Andy Burnham would only take to new depths in the decades that followed – was seemingly begun by Mr Dobson in July 1998. For it was indeed on the last day prior to the summer recess that he spoke, deliberately giving little time for reaction. Accordingly, he didn't just leave behind him a parliamentary insult but also a Westminster template in how to repeatedly lowball CBS victims. As we will show, there were simply too many coincidences down the subsequent years for them to still be considered political accidents rather than deliberate designs.
574. The extent of Maureen's devastation was laid bare in the response she penned to Mr Dobson, of which we only have the drafts [WITN1944259]. Asking him to *"take time to read my letter before you condemn it to the waste paper basket for being another one of those letters from the haemophilia community, to whom you've already given your reply back in the summer,"* she laid out William's sad history. *"It is hard to understand the government's decision to only consider recompense for haemophiliacs with HIV because of the stigma attached,"* she added. *"You obviously believe that a social stigma is harder to deal with than the knowledge that you will die before your time,"* she added, before stating that unwitting victims like William left *"their families with*

*the usual responsibilities that don't go away just because they have died."* She added: *"This as far as our family was concerned was what the campaign was all about and not social stigma."*

575. Informing Mr Dobson that she was still *"involved with the Manor House Group"*, she stressed, as per Lord Morris, that *"we will continue our fight"*. Added Maureen: *"It is hoped that the government will eventually see the great injustice that is starting them in the face and admit that all the haemophiliacs treated with contaminated blood products from the late 1970's to 1985 were in effect murdered."*
576. Due to our strained relationship with the Haemophilia Society, we naturally didn't assist with any of the media fall-out from Dobson's announcement, despite William's case being a perfect encapsulation of the obvious injustice. In any case, Maureen felt utterly battered and just didn't have the will nor the energy. Anne, meanwhile, was deeply anxious about Christopher's fate given the VCJD scare that was hovering like another spectre over the haemophiliac community like HIV and HCV had. Furthermore, Gregory was told, just a day after the awful Dobson news, that he would be made redundant from his job in Manchester, effective from October 1998. The three of us were left spinning.
577. It had been four years of absolutely relentless campaigning – using every angle that we possibly could have, in a still analogue world, not to forget – and yet we had failed on all three fronts of our justice pursuit. There was to be no public inquiry into the CBS; William hadn't, apparently, been the subject of medical negligence; and Maureen was denied any financial assistance; she wasn't even to get a retrospective reimbursement of William's funeral costs which the state would have paid for had he been HIV-positive. We couldn't have failed any worse; we'd lost resoundingly on every single front. How are you meant to cope with that? How do you pick yourselves up from that?
578. Those major, back-to-back defeats, effectively just 12 months apart (August 1997, with the collapse of the medical negligence case, and then late July 1998 concerning Dobson's insult) literally floored Maureen. She had somehow

managed to just about pay-off her original, 25-years mortgage, taken out when the family returned to Liverpool from Leeds in 1973, without any extra assistance or insurance help, let alone the loss of hers and William's incomes and full pensions. Yet, depressingly, she knew that had the terms of the Macfarlane Trust been extended to her, even seven years after the 1991 waiver, then the minimum £32,000 she would have received would have been akin to a life-changing amount of money. For example, using Bank of England inflation adjustments, a payment of £32,000 in 1998 would have been equivalent to £50,000 at 2021 rates; moreover, in 1991, it would have been equivalent to £59,000 by the same measure.

579. Those factors are often forgotten when people casually refer, without economic context, to the historical amounts that were granted under the Macfarlane Trust. For, whilst they were indeed risible in terms of reparation and certainly ongoing living-costs, they were nevertheless comparatively significant in terms of, say, house prices; e.g. the average UK house value in 1991 was £53-55k; then, by 1998, it was £60k. Therefore, had Maureen been granted circa £32,000 in 1998, then (even disregarding any retrospective readjustments) she would have effectively received half the value of the house that she had finally just about managed to pay off, four years after William's death. After the Dobson devastation of 1998, though, she was forced to part remortgage the property simply in order to survive – and naturally the rates that she was offered were hardly favourable, especially given her limited income which comprised her depleted pensions, William's pitiful legacies, and the few meagre benefits she was entitled to. Dobson and New Labour had effectively condemned her to a life of penury.

580. Throughout the remainder of 1998 and early 1999, as the three of us had to re-adjust our lives in separate ways, it became, by default, the quietest period in terms of campaigning that we had yet experienced since William's death. We knew that even though we were essentially already 0.3 down in our contests, to use a sporting analogy, that we still had no choice but to somehow keep plugging away even risking a heavier defeat. Mentally, we simply had no choice. However, we had no idea which way to turn even had



we been in a position to at that point, and certainly not until: Maureen managed to re-shape her financial future (what there was of it) finally knowing that she would have to press ahead without any assistance; Anne managed to evaluate the wider picture of information re. the VCJD scare in terms of Christopher's prospects (she also had two sons, aged just 13 and 11, to look after, of course); and Gregory secured re-employment.

581. It was a truly shocking period for us all. Christmas 1998 was about the lowest we've perhaps ever felt collectively in the, still ongoing, 29-years remorseless fight that we've mounted to get to this late-Inquiry point. We knew that we would re-galvanise ourselves, though. For, as much as we'd have liked to just put a lid on things at new year 1999 and try to forget it all, it was nigh on impossible anyway, and probably deeply, repressively unhealthy to do so. Indeed, it was probably the only benefit to our prolonged and ever-failing campaign that it perversely enabled us to deal with our demons as we went, rather than bottling-up the whole CBS tragedy and pretending that it hadn't happened; ironically the repeated failure became our counsellor, inasmuch as we had to keep talking about the scandal, although we wouldn't ever recommend it to anyone as a coping strategy. So, it was just a case of regrouping and rebuilding new reserves of mental energy as soon as we were able to. It was a simple case of knowing to never give up. **At least now we can look back, however this Inquiry ends, and always say to ourselves: we never stopped fighting.**

582. Unsurprisingly, though, the long-effect on Maureen of the Dobson devastation finally took its toll on her health. A particular poignancy was that on St Valentine's Day, 1999, she and William should have celebrated their Ruby Wedding anniversary, and perhaps would have done so had he benefited from a liver transplant perhaps some time in 1995, if not even in the latter stages of 1994 as foreseen by Dr Gilmore. She could therefore only reflect on what might have been. However, that milestone, combined with the ongoing injustices she had faced in her then four-and-a-half-years of widowhood, hit her hard. By the following May, utterly exhausted and emotionally distraught, she was admitted to Whiston Hospital, Merseyside, as an emergency case of

pneumonia and said to be in a potentially life-threatening state. We were devastated at the thought of losing both of our parents within just five years aged just 59 and 60. It really was a frightening 36-hour period. Thankfully, she rallied but soon after it was discovered that she had a shadow on her left lung which would have to be monitored for the rest of her life.

583. Despite having never been a smoker, it was discovered that she had a severe respiratory debilitation which would restrict her significantly going forward, and of course demanded a long period of convalescence. Combined with an inherent heart-defect that she had suffered since childhood, she was essentially told that the remainder of her life would have to be taken at half-pace. Accordingly, she marked the fifth anniversary of William's death – which apparently counted for nothing in the state's eyes – truly ill, drained, exhausted, and emotionally and mentally-battered. Counter-intuitively, though, she knew that she would only get worse the longer that the CBS injustice continued – which looked like being the case given the New Labour juggernaut – so corrosive were its effects.
584. When people ask us, as some have over the years, as to why we've continued to push-on, year-after-year, fighting like so many other hundreds and hundreds of CBS victims for this Inquiry – that, let's not forget, still didn't even start for two decades after the devastation of Dobson 1998 – the answer is that, mentally, we all had no choice. As we keep saying, we were continually faced with the dilemma to either be passive and injured, knotted-up by attritional injustice, or at least to be active and wounded but still fighting with hope that justice would one day be served.
585. As the millennium dawned, then, we were undoubtedly in our quietest phase. Our records show hardly any activity throughout 1999, save for Maureen's eventual return to Manor House Group meetings late in the year (even the treks to Stoke, though, were becoming a huge toll). That whole fallow period coincided directly with her slow recuperation after the illness of spring 1999. By late 2000, we were still relatively inactive and still wondering how best to revitalise our calls for justice when, once again, we were given no choice but

to fight-another-fight in the face of yet another devastation. Very quickly, thereafter, there came yet another.

586. Whilst we might have entered a new century, millennium even – for all that it mattered; as was said in the Commons in 1995, William was still “just as dead” – but the same old 1990s-type of conveyor-belt insults and injuries just kept coming at us. And to think that we were meant to just accept this and stay silent. It was never going to happen.
587. In summer 2000 we were effectively jolted from our default dormancy on receipt of the Haemophilia Society’s dubiously structured “*Hepatitis Campaign Questionnaire*” [WITN1944260] which reeked of an intention to dilute (if that were possible) its commitment to every strand of the justice push, particularly given that it was asking recipients to select the “*one*” (emphasis in original) most important aim amongst five HCV-connected battle-lines: financial assistance; publicity; the best treatment for sufferers; raising awareness; *and*, finally, calling for a “*full public inquiry [...] as has happened in Canada and Ireland*”. We smelled a rat.
588. We’d been detecting for a while that calls for an inquiry and financial assistance were gradually being seen as mutually exclusive: i.e. choose the former and forfeit an investigation, or achieve the latter perhaps at the expense of many years of deliberations and therefore delayed payments, even were any likely to come. We just couldn’t understand why the Society had structured the survey like that if it was committed to every campaign aspect. It felt like a smoking-out exercise. Further, anyone with an experience of the science behind questionnaires knows that the order of questions is never accidental, there is always a method. We knew that would especially be so with the Haemophilia Society.
589. Accordingly, Maureen chose her best way to circumvent any intrinsic calibrations. In choosing option A (financial assistance) as the “*one most important aim*” (the Society’s words) she answered the next question, i.e. “*Do you think the campaign should have any different aims [...]?*” by bluntly

stating: "[Yes]. *To aggressively press for and pursue a full public enquiry: witness Canada/Ireland.*"

590. Perhaps, though, the next question was the most leading and therefore potentially sinister: *"If you believe the Society should continue the HCV campaign, how would you like to see it conducted in future?"* That type of question clearly wasn't drafted on the proverbial back-of-a-fag-packet in The Nag's Head. It was literally laced with nuance. Maureen again attempted to call-the-corporate-bluff stating: *"Aggressive parliamentary lobbying. Full and concerted programmes to educate MPs about the extent of and reasons for the tragedy."*
591. The subsequent question, which clearly hinted at one of the key reasons for the questionnaire, was also batted back bluntly. For, in answer to *"Given the limited resources of the charity, are there any parts of the Society's current work which you would drop in favour of campaigning?"*, she wrote, with a reciprocal, forked-pen: *"Drop everything else bar the HCV campaign, and bring the matter to a conclusion."*
592. In no mood to suffer fools or questionnaires she fired both barrels in the end-bucket under *"any other comments"* stating: *"The Society pressed full tilt for the HIV campaign. There is no indication that the Society is as committed to the HCV campaign in as vigorous fashion. A combination of procrastination and half-hearted approach work has played into the government's hands and has prompted the current impasse."*
593. And with that, we were effectively re-energised, bristling with indignant motivation and once again back in campaign mode. It was just as well given the hammer-blow that was about to be unleashed.
594. It was announced in October 2000 [NHBT0006559\_007], at the publication of the BSE Inquiry report – an entirely justifiable and proper investigation – that the infected and affected victims of the VCJD tragedy, i.e. the dead (then numbered at 80), the suffering and the bereaved, would rightly receive

compensation consequent to what the Minister of Agriculture, Fisheries and Food, Nick Brown, described as "*a national tragedy*." Once again, though, we were simply astonished at the Government's lack of circumspection and crass insensitivity when announcing the rationale for such recompense, regardless of it resting yet again on another "no fault" basis.

595. Signally, Mr Brown referred to the "*special circumstances*" of the VCJD infected, adding: "*This dreadful disease has [had] a devastating effect on victims and their families.*" That key use of the word "special" – which by then we regarded as a trigger-word, a dog-whistle almost, had all the hallmarks of the Government's repeated references to HIV as being "special" in order to justify its inaction concerning HCV.
596. Indeed, a contemporaneous report in *The Guardian* [WITN1944262] duly quoted the latest New Labour Health Secretary, Alan Milburn – implicitly criticising previous administrations – and tellingly juxtaposed the planned VCJD payments alongside the HIV-settlements of nine years earlier. It stated: "*Mr Milburn said he had said 'sorry to the families for the pain and suffering they have experienced. It is clearly for those who were in the position of power and responsibility at the time to make their own apologies' [...] Government sources said it was up to families to decide whether they wanted to pursue legal action but suggested agreed compensation arrangements were better than drawn out and uncertain passage through the courts. A trust set up in 1987 to compensate people who were infected by HIV or Aids through blood transfusion had so far paid out £93m to nearly 1,300 victims.*" Certainly, the office of the Health Secretary might well have changed whilst we had been relatively inactive with our personal campaigning across the millennium period, as Mr Dobson gave way to Mr Milburn, but still the same old, gross insults poured from Westminster.
597. As well as Mr Milburn's seeming lack of awareness, or care – it had to be one of the other – concerning the inconsistencies inherent in his Government's treatment of HCV victims, it was equally revealing that it simply didn't seem to dawn even on a newspaper like *The Guardian* that there was a glaring

omission from the contextual overview it presented juxtaposing the financial assistance offered to HIV/AIDS-infected haemophiliacs in 1991 and that promised to VCJD victims in 2000. We also judged that the announcement of the Government's response, and the accompanying national narrative, was an indirect reflection on the Haemophilia Society's strategically misjudged and far-too-belated HCV campaign, especially at a time when it also appeared, through its very ambiguous recent questionnaire, that it was planning to foreshorten its efforts even further. What could we do, then, as 2000 drew to a close? Remain defeated and stay silent? Or fight a seemingly ever-worsening injustice? The question answered itself.

598. Incensed by the Government's exclusive rationale accompanying the VCJD compensation, Anne immediately wrote to her MP – also the same as Maureen's, the ever-reliable Mr O'Hara – on 1 November, which we no longer have a copy of. She also alerted many family members, including her in-laws, to her actions requesting them to contact their own MPs.
599. Mr O'Hara's response to Anne [WITN1944263], on 6 November, was swift. *"Like you," he wrote, "I cannot understand the anomaly that they [HCV victims] be treated differently from those who contracted HIV (your father and his borthers [sic] make the case as clearly as can be). Like you, I find it strange that there can now be compensation for those infected with VCJD, who are an unknown and probably very large group, and not haemophiliacs with Hepatitis C who are a finite group."* He added that he had contacted Lord Morris urging him to *"take up the issue again in the light of recent events."*
600. A week later we were made aware of Mr O'Hara's continued commitment through his correspondence with Maureen's sister, Mrs M. Servini, on 13 November [WITN1944264]. Just two days later, on 15 November, Mr George Howarth, the MP for Knowsley North and Sefton East, wrote [WITN1944265] in response to our cousin-in-law, [GRO-C] who had also followed Anne's recent campaign-lead. Mr Howarth assured him that he had written to Mr Milburn *"concerning haemophiliacs infected with Hepatitis [and] would be grateful for [his] observations on this matter."* He also further informed Mr

Baker that: *"Lord Alf Morris has agreed to meet Eddie [Mr O'Hara] next week to discuss how they can further the campaign."*

601. A month later, on 13 December, Gregory's wife, Paula, then received a return communication [WITN1944266] from their MP, Mr Peter Kilfoyle, thanking her for her *"recent letter"* and assuring her that he *"will ask Eddie O'Hara MP how I can help on this."*
602. As much as we were encouraged by these political shows of support, the reality was that we were left to face the seventh New Year's Eve since William's death – again, it was always the default day that we had chosen in order to take annual stock and wonder whether the next 12 months would finally bring justice – acknowledging that not only had we still failed to achieve justice on the three main fronts of our campaign – i.e. still calling for a public inquiry into the CBS; financial assistance for Maureen; and exposing the medical negligence that William had been subject to – but were arguably even further behind in our aims than in 1994. In the long-running pantheon of our annual, new year reflections – now 29 and counting – we consider 2000 to be another amongst the very bleakest. Little could we have imagined that things would worsen even further by spring.
603. It was impossible to escape the news in [GRO-C] 2001 – announced on Maureen's 63rd birthday, no less, and what would have been hers and William's 42nd wedding anniversary – that the Government would, as a first gesture of recompense, be offering the then 86 families identified as VCJD victims of the BSE scandal a £25,000 interim payment (equivalent to £38,000 at 2022 rates) whilst the fuller financial packages remained under further discussion. Maureen reflected that even being in receipt of that meagre amount, some seven years after William's death, would have gone a considerable way to preventing her from necessarily having to remortgage her home, simply to finance herself going forward. As despondent as that effective start to the year was, it was nothing compared to the volley of developments which doubly rocked-us the following month.

604. We'd always been aware that, during our letter-writing campaign of the previous autumn, subsequent to the initial VCJD compensation announcement, that Anne's in-laws, [GRO-C] had contacted their (Labour) MP, Janet Anderson, the member for Rossendale and Darwen, who in turn had promised to write to the Department of Health on their behalf and indeed assured them she had done so in November 2000, and would update them in due course. By the end of February, though, it was conspicuous that no reply had been received. On 13 March she finally wrote back [WITN1944267] not only apologising "*that this reply has taken so long*" but also attached copies of the correspondences she had just received from the Government health minister, Lord Philip Hunt, who, in turn, had enclosed a formal apology-for-delay from the Permanent Secretary/NHS Chief Executive, Nigel Crisp, both of which were dated 5 March. The former enclosure was truly devastating.
605. Mr Crisp, for his part, in apologising to Ms Anderson for the "*very long delay*," said it was caused by "*a failure of our internal management systems*," which had meant that "*some very old correspondence [had] not been dealt with*". Perhaps cynically, we could only consider that, as a combined-euphemism for arrogance, complacency and disinterest, it was surely a nuanced classic of the dismissive Departmental-genre – "DOH-speak" – that CBS campaigners have grown wearily used-to over the decades. Nevertheless, with some credit, he added that it was a standard that had "*fallen well below what Ministers and the public should expect from a Government Department*." That was as good as the communications got, however. For, Lord Hunt's enclosed letter was, and remains, as unpalatable a missive as any we have received in the long CBS decades.
606. Also describing an "*unacceptable delay*", he made it clear to Mrs Anderson that Mr Crisp's accompanying letter was the official apology "*for the Department's poor performance in dealing with your correspondence*". Without self-awareness, though, he then delivered an overview of the subject concerning the refusal of compensation for Hepatitis C haemophiliacs that, rather than being merely poor, was truly abject, and again riddled with the type



of self-contradictions, other illogicalities and routine insults that we'd been showered by for almost seven years.

607. He said he was *"only too well aware of the hardship and distress people with haemophilia and their families have suffered, first from the Human Immunodeficiency Virus (HIV) and then from hepatitis C."* We doubt that. He called it a *"tragedy"* resulting from *"state-of-the-art treatment beginning in the early 1960s and up the middle of the 1980s."* He added that the Government had given a *"great deal of thought to all the circumstances, including the fact that there is a special payment scheme for people with haemophilia infected with HIV in the 1980s."* However, Lord Hunt depressingly continued: *"The conclusion was that the introduction of the HIV scheme was unique."* Those *"who had the virus,"* he stated, *"faced the prospect of developing Acquired Immune Deficiency Syndrome (AIDS) and a consequent short life expectancy at that time".*
608. Whereas it had taken a whole year for Dobson to reach the warped conclusions that he did in 1998, it took just four months of apparently *"careful thought"* for Lord Hunt, since Ms Anderson's letter, to come to those careless convictions. It's hard to say which was the most damning indictment.
609. In adding that *"as soon as a technology became available to make blood products free from hepatitis C the NHS introduced it,"* his Lordship stated bluntly: *"There is therefore no legal liability to justify compensation for people with haemophilia and hepatitis C."*
610. His coup-de-(dis)grace, however, came in the penultimate paragraph, when he, like so many others beforehand, surely anticipated his own glaring illogicality and so jack-hammered his way through his own inconsistency and insensitivity by stating: GRO-C *have asked why the Government has decided make [sic] compensation payments to the victims of variant Creutzfeldt-Jakob disease (CHD) but not to haemophiliacs infected with hepatitis C. Variant CJD is a particularly distressing condition. It is incurable, inevitably fatal and devastating in its impact on sufferers and their families*

*alike.*" Sometimes, throughout the long years of the CBS, we were faced with an official response that was simply so barefaced that it took our breath away.

611. It was almost – emphasis – akin to Baroness Cumberlege's vile "*national sport*" insult of 1995, as described earlier, in reference to calls for compensation in redress of tragedies like the HCV-aspect of the CBS. We again seek to underscore, by comparative means, the depth of our conviction that she should be called before the IBI to explain her comments of 1995 – especially made, as they were, in immediate reference to William's story aired in parliament as part of the oft-cited "Three Brothers" test-case. For, although we certainly hold Lord Hunt's 2001 communication to have been contemptible (as per Dobson's in 1998 and Milburn's in 2000), it was actually, in our view, still somewhat short of the Baroness' deplorable 1995 outburst, and surely wouldn't merit appearance before the IBI in explanation on that basis alone.
612. We say the above because, essentially, we detected that his ill-informed, classless and woefully out-of-touch response to Ms Anderson was probably more borne of innate and unthinking – and likely entitled – boorishness. Conversely, we have always held that there was something more sinister and calculated – probably quite literally – that lay behind the Baroness' earlier "*national sport*" invective. At the very least, therefore, we would like to read a statement from her explaining to the IBI the thought processes that underpinned her despicable 1995 commentary, again especially given that she had just listened – we assume – to William's story. No doubt, though, that she would likely cite the passage-of-time – such is the long history of the CBS – for a failure to remember what led her to speak in such terms back then.
613. All the above said, however, Lord Hunt, whilst of course right to say what he did to Ms Anderson about VCJD, clearly betrayed his lack of knowledge of the gravity of HCV through his tactless contextual-juxtaposition. Again, it was clearly a heinous case of pitting one horrible virus against another, with Hepatitis C again losing. Being generous, though, it's perhaps possible that he

was erring-on-the-side of plausible-deniability by not actually stating that HCV, in comparison to VCJD, wasn't as "*distressing*" and "*devastating*" maybe because he genuinely realised that he didn't know that, for sure, and so refrained from actually saying so, but still lazily assumed as much, especially given the recent-era media headlines associated with the latter, which of course were redolent of those that accompanied HIV emergence a decade earlier. Ultimately, though, it was still all-too-easy to read between the gauche lines which surely betrayed his sub-consciousness. **Clearly, the health minister, even in 2001, hadn't the slightest inkling of the horrors of HCV.**

614. However, there is the possibility that although he really did know about the vile nature of the virus he nevertheless elected to use the tactic of a steel-fist, (i.e. bluntly rejecting redress for one tragedy, namely HCV-infections) hidden within a velvet glove (i.e. due recognition for another, namely VCJD infections) in order to make his ham-handed point. It was a truly low trick if so. Yet, we have always given him the benefit-of-the-doubt and simply believe that his offensive blundering was rather more rooted in the former scenario, i.e. basic ignorance of HCV which could lead to a disease which, as cited earlier, Lord Winston had already described as being "*particularly horrible*".
615. **It's no stretch, then, if we were right in our assumptions, to say that Lord Hunt's implicit ignorance about HCV rendered him unfit for office – and we would say as much to his face.** We note also the evidence laid before the IBI in 2020 concerning his similarly unacceptable, we would say, correspondence(s) further in 2001 with other parties, some months after his communication with Ms Anderson, and suggest that it was clear that by then he had obviously developed a fixed-mindset that was typical of the corporate culture-of-denial that dogged Governmental responses to any matters concerning the CBS – most particularly regarding Hepatitis C – for decades on both sides of the political divide and would continue to do so for many years beyond 2001.
616. Moreover, we also recall the scathing denunciation of Lord Hunt's general and seemingly ongoing dismissive attitude towards the CBS in general, and again

particularly the matter of HCV, as made by Lord Morris in the House, on 23 April that year [HSOC0009296], commenting on his fellow Lord's failure to appear at the "Hepatitis C" debate.

617. In underscoring the work undertaken earlier in 2001, in the other place, of Maureen and Anne's MP, Mr O'Hara – at least in part due to their campaigning efforts in the previous autumn and winter – Lord Morris stated: "[... the] *further absence this evening of the noble Lord, Lord Hunt, as a Health Minister, will be disquieting to the haemophilia community, more particularly in view of the Prime Minister's letter of 30th January to Eddie O'Hara MP—copied to me and clearly also to my noble friend—about compensation for people with haemophilia infected with hepatitis C, which stated that, 'Lord Hunt in the Department of Health has responsibility for this policy issue'. My noble friend Lord Burlison will, I am sure, want to explain, when he comes to reply this evening, why the Minister cannot attend a debate that is so very important to the haemophilia community.*"
618. **We would say, then, that there is sufficient evidence to prove that by early 2001 there was something entrenched about Lord Hunt's attitudes towards HCV-infected victims of the CBS that seemed to exceed blind-adherence to policy. It was a bloody-mindedness, proved several times over, that almost seemed to border on personal animus. Only he would be able to answer as to why he ever behaved so remotely and clearly without empathy.**
619. We note, though, with interest, his Lordship's current membership, along with, truly ironically and somewhat disturbingly, Baroness Cumberlege, on the "*First Do No Harm*" All-Party Parliamentary Group, as established in 2020 in the wake of the aforementioned report of the "*Independent Medicines and Medical Devices Safety Review*" (subsequent to the earlier cited Governmental review about the use of the hormone pregnancy test Primodos, the anti-epileptic drug sodium valproate, and surgical mesh) seeking "*to ensure the implementation of the recommendations by the UK Government and others.*"

620. We find it simply astonishing that parliamentarians of the ilk of Baroness Cumberlege and Lord Hunt have seemingly now, almost Damascene-like in their conversion, discovered a late-career (pointed emphasis) morality about certain appalling national health injustices, having previously demonstrated in their more ambitious earlier years – and supported by evidence that is beyond dispute – such arrant disregard for one of the biggest that they would ever encounter. Whilst we know that the ultimate responsibility for allowing at least three decades to elapse before the IBI was finally called in 2017 must surely lie with the parade of prime-ministers who deemed such unnecessary, certainly from John Major onwards, it was also the unswerving attitudes of those within Government, names like Cumberlege, Hunt, Dobson, Milburn *et al*, who ensured that a second scandal-within-a-scandal festered for so long.
621. For, as Lord Morris also said in the Lords on 23 April, 2001, at the debate which Lord Hunt couldn't bother to attend: *"That no public inquiry has yet been held into a medical disaster on this scale—leaving 95 per cent of patients with the devastating complications of two life-threatening viruses—is without precedent in the modern era. And it does nothing to assuage the anguish and anger of the victims and their dependents to hear Ministers saying that such a grave disaster is now best forgotten; that it is time to 'draw a line' under what happened; and that the haemophilia community should 'move on'. Indeed, they regard such statements as offensive and bereft of any understanding of the extent of sorrow and grief in their small, closely-knit community as more and more of them become terminally ill and die of infection by unclean NHS blood products."*
622. He added: *"[...] no one has been held to account and no apology has been made. There have quite rightly been public inquiries into the spread of BSE, paediatric cardiac care in Bristol and the retention of human tissue at Alder Hey [Liverpool]. Public inquiries have also been held, again quite rightly, into the sinking of the 'Marchioness' and the Paddington rail disaster. But far more people have died through the mass infection of haemophilia patients than in*

*all these cases. Why, then, does this much bigger disaster not merit a public inquiry?" Why indeed?*

623. We would say that attitudes like those of Cumberlege and Hunt – who now stand squarely and quite overtly behind the maxim to *"First Do No Harm"* – were hugely responsible for ensuring that such an ongoing secondary harm, compounding that which was first done in the 1970s, if not earlier, then persisted for so very long. We would argue that perhaps the APPG that they are now conspicuous members of should be fittingly re-titled: *"First Do No Further Harm."*
624. By the time of Lord Morris' address to the House in April 2001, however, we'd been rocked even further back than we had been following Hunt's deplorable insensitivity. For, the long-awaited judgement in the aforementioned High Court case, first mooted in 1998 citing the limitations of the Consumer Protection Act, was delivered on 26 March ordering that 114 non-haemophiliac victims of the CBS be awarded damages ranging from £10,000 to £280,000 in respect of their HCV-infections post-1988 (the implementation of the Act).
625. It was another bitter-sweet moment, realising that a judge, Justice Burton, had cut through the Government's sophistry like Ockham's Razor and simply declared that the product (i.e. blood) judged as such under the Act, *"was defective by virtue of its infection with the Hepatitis C virus [...] the defect was the virus in the blood and the damage was the virus in the patient."* That, of course, was the entire CBS in a nutshell, not just concerning HCV but also HIV, HBV, HAV and all other toxins that swirled around the defective blood/products administered to thousands by the NHS.
626. It was cold-comfort, though, realising that William's case, and Maureen's ongoing suffering, had fallen between yet more stools and that the pool of people not to have received, or be about to receive, financial redress for the CBS horrors was getting ever smaller. They were now effectively fourth-class victims, considering those cohorts addressed by the settlements in respect of infections with HIV (1991), VCJD (2000), and HCV (2001 – but only amongst

non-haemophiliacs contaminated after 1988). We could never have believed, though, that yet another callous separation – perhaps the worst – would follow in 2003.

627. We were utterly bereft after the Burton-ruling – right and just though it was – given the mental battering we had already endured in the first three months alone of 2001, let alone the previous six-and-half-years since William's death, notwithstanding the suffering of the previous 20 years, most especially his. We simply had no choice but to resume publicity activities. Although we could not gain any national traction post-Burton, we attracted local interest in both the (Liverpool) *Daily Post* (morning) [WITN1944269] and *Liverpool Echo* (evening) [WITN1944270] on 27 March, the latter publication merely lifting from its sister title earlier in the day. It was our first conspicuous activity since 1995 and again – but necessarily – had the drawback of making us appear only financially-motivated.
628. Gregory was pictured prominently alongside both articles under the contrasting headlines: *"Family given hope of compensation"* (*Daily Post*) and *"It's Blood On Their Hands"* (*Echo*). The fuller account in the former stated: *"A Merseyside man whose father died after receiving a contaminated blood transfusion has renewed his demand for compensation [...] after a court ruling yesterday."* It cited William's case as *"a haemophiliac" who "contracted Hepatitis C from infected blood products and died in 1994 from a liver tumour caused by the virus."* It added: *"Two of William's brothers, also haemophiliacs, had earlier died from HIV infections after receiving contaminated blood and their families were compensated by a government payout. The government has previously refused to extend the settlement to Hepatitis C-infected haemophiliacs and their relatives."*
629. Gregory was quoted in both accounts (though with the fuller version being in the morning *Daily Post*) as follows: *"How on earth can the Department of Health still keep saying we are not entitled to compensation? It will be interesting to see if this case will put pressure on them to see the injustice. Just two weeks ago Health Minister Lord Hunt said there was no legal liability*

*to justify compensation. It's a hideous and inconsistent injustice. Most right-minded people will be able to see through this. This case might be the straw that breaks the camel's back of resistance. My mother had to retire early through ill-health and deserves compensation. Hopefully the Department of Health will recognise this injustice which is staring them in the face."*

630. Both titles quoted a Departmental spokesman stating: *"The judgement is very long and complex and it would be inappropriate to offer comments at this stage."* Unfortunately, though, the evening title omitted not only Lord Morris' quotes, as carried that morning, and additional crucial details, albeit brief, about the insidiousness of Hepatitis C and the acute misfortune suffered by William, viz: *"[He] was one of an estimated 3,600 haemophiliacs infected with Hepatitis through transfusion [and] one of the 8pc of cases who went on to develop chronic cirrhosis of the liver, which can be fatal if undetected. He may have contracted the virus from blood injected during an operation in 1981."*

631. We believe that the omission even of those scant medical details, and the significant quotes of Lord Morris, perhaps inadvertently triggered irreparable

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Lordship was cited in the morning title saying (*inter alia*): *"This is a landmark judgement of huge importance to thousands of other people, in addition to those specifically in this case who have been infected with Hepatitis C by NHS blood products. The unmistakable logic of the ruling is that they, too, should now be urgently compensated."*

- 632.

GRO-D



GRO-D

GRO-D By default, of course, we effectively had been silent since 1998 due to Maureen's earlier communication to Ms Pappenheim. However, the truth was that we had always struggled, anyway, especially beyond 1995, to gain any concerted media traction.

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GRO-D We were essentially being informed that whilst we were free to tell our story, we couldn't relate the key facts, which essentially made it pointless even bothering. It was clear that they could neither understand how hard it was to garner publicity, nor why we would ever wish to, and had a significant lack of appreciation of the horrors of HCV in comparison to HIV, and that essentially we were purely financially motivated.

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GRO-D We also suspect that they may have thought we were catastrophising what seemed a relatively innocuous virus. For the blunt reality was that HCV was simply not understood to have the gravity of HIV, nor even VCJD – Lord Hunt had pretty much proved that. That, though, was fundamentally one of the reasons behind our campaign: to correct the public mis-perception of HCV. Essentially, in addition to fighting for justice for William, we had implicitly campaigned on a broader cause, i.e. the medical recognition of the seriousness of HCV - the magnitude of which always seemed to be completely overlooked in the public domain. Of course, that was also the

attitude we had long since gleaned until very recently from across the general haemophilia cohort.

635. Maureen has always been timid in nature. Accordingly, coupled with the poorer health she had experienced since May 1999, she agreed to desist from campaigning publicly. However we chose not to. Indeed, it was something that we disagreed with intensely. That was the start of some five years of campaigning disunity between the three of us that was deeply distressing.
636. A month later, on the day after Lord Morris' pivotal address in the Lords (23 April – as cited earlier), Gregory, totally against Maureen's wishes, indeed her instructions, re-contacted the *Daily Post* journalist, Alan Jewell, with whom he had made good progress previously and had invested considerable time explaining the nuances of the CBS (by 2001, it should be noted, younger members of the media could perhaps be even in their early 30s without any professional memory of the first phase of the CBS and the long-running campaign eventually leading to the 1991 HIV-settlements). We felt that it was particularly pressing to communicate that our long-running push for justice had two remaining strands (in addition to the original third aspect, namely exposing that William had surely been subject to prolonged medical negligence), and that our calls for a public inquiry into the CBS were just as strong as our hope to secure secure financial assistance for Maureen, then aged 63.
637. Accordingly, Mr Jewell penned an article [WITN1944271], without any accompanying photograph of Gregory, published on 24 April, headlined: *"Fresh call for probe into blood scandal."* He wrote: *"A Merseyside man whose haemophiliac father died after receiving a contaminated blood transfusion last night backed a Labour peer's call for a public inquiry into thousands of similar cases. Lord Morris, president of the Haemophilia Society, yesterday demanded an urgent public inquiry into 'the worst treatment disaster in the history of the National Health Service' – the infecting of nearly 4,000 haemophiliacs with life-threatening conditions by contaminated blood products. Greg Murphy [...] welcomed Lord Morris's move, and accused the*

*Department of Health of treating victims with contempt and arrogance. Mr Murphy's father, William, contracted hepatitis C from infected blood products and died in 1994 from a liver tumour caused by the virus. Two of William's brothers, also haemophiliacs, died earlier from HIV infections after receiving contaminated blood. Their families were compensated by the Government but officials refused to extend the settlement to hepatitis C-infected haemophiliacs and relatives."*

638. The article then continued with the very pointed and deliberate quotes that Gregory had related: *"A problem we have had in our campaign is that it's been very difficult to generate publicity and raise public awareness of the ongoing injustice. However, Lord Morris has been a constant support to our quest by raising the matter at Westminster on several occasions. We are very grateful for his call for a public inquiry and can only hope he manages to influence the Department of Health whose contemptuous and arrogant dismissal of hepatitis C-infected haemophiliacs is beyond belief. I hope it will tweak a few consciences and lead to a public inquiry."*

639. It is regrettable that we have to include the following details in our statement, but we feel it necessary, especially to fully expose the routine, common horrors of the CBS. For, Maureen, considering the publicity constraints that she (emphasis) had agreed to, objected vehemently to Gregory's coordination with Mr Jewell – against her express wishes – whereas Anne was supportive. Consequently, and for the next few, crucial years, there was a policy-split between us – bluntly, Maureen vs Anne & Gregory – when it came to future CBS campaigning. Our view, as affected children, was to continue without constraints or fears at all, even returning to the fully open-policy that the three of us had operated under between 1994 and summer 1998, prior to Maureen's active instruction to Ms Pappenheim, and by extension Lord Morris, to stop using William's story as a test-case, even though her nuanced reasoning for that earlier, elective decision was (apparently) completely separate to the later restrictions [GRO-D] in March 2001.

640. We swiftly reasoned that there was simply no possibility of continuing to campaign – which, ironically, was what Maureen ultimately wanted – whilst, on one-hand, refusing, for one specific reason (since 1998), to allow William's story to be used in parliament, yet simultaneously still hoping to almost magically achieve generic press coverage of the injustice meted out to him and his family whilst agreeing to strangle the full details of his tragic story in order to comply with the requirements of another set of reasons (since March 2001).

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641. Above everything, though, we always knew that we had to remain clear-sighted and somehow maintain our inner-family unity – for it would have been the ultimate insult to William had the

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over how to best campaign for justice for him. To distort, with further irony, a popular proverb, we instinctively knew that blood-was-thicker-than-campaigning. We became experts in compartmentalisation, albeit strewn with eggshells: our life as a family-trio was one thing; the CBS campaign was entirely another.

642. We had to somehow reach a common understanding between the three of us and proceed with caution and sensitivity. Naturally, that was a slow, internal-family process – i.e. we had to accept and understand Maureen's deep fears and reasons, genuinely believing that she would be taken to court, whilst she knew to appreciate our deeply-held frustrations. Unfortunately, though, that near inertia completely saturated a crucial period of time that, in retrospect, we can now see was utterly pivotal in the overall history of the CBS, especially concerning our particular campaign.

643. A first, unfortunate by-product of our disunity was that the policy that Maureen had first implemented in 1998, restricting use of William's story in parliament, meant that, although Gregory had cited it in the press in March 2001, Lord Morris was then still unable to refer to it in his aforementioned critical address to the Lords on 23 April – even though, between the three of us, we had ironically agreed that the original, cited reason for her embargo (conveyed to

Ms Pappenheim) was probably no longer relevant. For, the CBS campaign had evolved considerably in just three years between 1998 and 2001, no matter how valid Maureen's views were at that earlier point – i.e. her belief that The Haemophilia Society should, first and foremost, have sought compensation for those HCV-infected haemophiliacs who had never received financial assistance through the Macfarlane Trust, simply in order to achieve parity. That very nuanced view, as exclusive as it now sounds, should be historically understood as being specifically contextual to a very precise moment-in-time.

644. By early 2001, however, she knew that the wider call for financial assistance for all HCV-infected, haemophilic victims of the CBS was understood as the broad policy of both The Haemophilia Society and individual campaigners – although Maureen continued with her determined support for the Manor House Group, often returning home from her long Sunday treks to Stoke and back in tears of despair. She stoically accepted that evolution. Accordingly, then, that spring of 2001 would otherwise have been the perfect moment to lift Maureen's original embargo and so allow William's story to be aired once again, in full, in parliament as it was many times from 1994-98. However, given the later constraints that she had agreed to locally adhere to, from March 2001, she again felt that she couldn't assist the national campaign by use of the story at Westminster, lest it reach the press, especially regionally.
645. Naturally, our opposite view was that the formerly oft-cited, at Westminster, test-case of the "Three Brothers" was completely central to the overall national campaign. However, the ability to re-approve parliamentary use of that story surely lay within Maureen's gift, not ours, and so we reluctantly had to accept her decision to maintain the embargo, even though we knew it was then in force for a different reason to that which she had first held in 1998. It was also especially frustrating for us, inasmuch as Lord Morris' near seminal address conveyed clear distaste for Lord Hunt's absence and attitude. Sadly, we also felt that we couldn't inform his Lordship about the appalling letter that his fellow peer had sent to Ms Anderson earlier that spring, in respect of Mr & Mrs Lees' citation of William's case.

646. It was also greatly distressing to us that later, circa summer of 2001, and much to our exasperation, Maureen felt that she even had to turn down a potential offer for a *News at 10 - ITV* interview with Trevor McDonald. We were so very frustrated at this, knowing she was refusing what could have been pivotal publicity. Ultimately, though, our anger is not directed towards GRO-D but rather the Department of Health who put us all in this position; demarcating arbitrary fault lines of HCV and HIV, even amongst relatives.
647. Maureen's traumatic recollections of those schismatic days of 2001 – which reminded her of the ostracisation that she and Gregory first suffered at Coventry in 1994 – were amply reflected by her in a tellingly entitled "*Hepatitis C (HCV) Discrimination Questionnaire*" circulated by the Haemophilia Society – thanks to the focused efforts of the Hepatitis Worker, John Morris, which she duly completed but perhaps not in the way foreseen [WITN1944272].
648. In answer to the section "*describe the impact of any discrimination that you may have suffered from*", she wrote: "*After going public with details of my late husband's condition (The Independent - Nov 94) I was shunned by a majority of delegates in attendance at a Haemophilia Society conference in Coventry (11/94) to the point where I had to leave the weekend event after only three hours:* GRO-D"
649. Then, responding to the question "*what has been your experience of discrimination because of the HCV status of your family and friends?*", she stated: "*The illogical and immoral distinction, maintained by successive administrations, between HIV and HCV over the matter of compensation, is a daily distress and heartache. It is insufferable and iniquitous.*"
650. Finally, when asked to "*provide more information on how you have experienced stigma or discrimination*", she replied, albeit within a limited field (a half-page of A4 paper): "*The ongoing refusal of Westminster to address the HCV compensation issue has unfortunately forced me [...] to seek various*

episodes of publicity (11/94 to present) regarding the injustices of my husband's circumstances. Central to the publicity surrounding my husband's case is that two of his haemophilic brothers were also infected due to contaminated blood products. The two brothers contracted HIV which led to their deaths in 1989 and 1990 respectively. Both of their distressed and bereaved families were compensated. Heinously, though their brother (my husband) has received no such recognition [...] this gross 'test-case' injustice which highlights the whole despicable irony of my circumstances has naturally been the angle I have sought to bring to media attention. GRO-D

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| GRO-D | The result of this is that I have had to conduct a truncated publicity campaign for seven years now |
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651. Although we still remained divided as an immediate family trio regarding how to continue to push for justice on the two remaining fronts of our original, three-pronged campaign, we collectively intuited in late 2002 that we could no longer continue to essentially do nothing by default. We saw the express need to be proactive particularly in light of the slew of salient developments that publicly emerged [ DHSC0006564\_055 ], and seemingly coincidentally – to us anyway, especially given our relative inactivity and recent remoteness from the fray – around the late August period, most prominently surrounding the former UK Health Secretary, Lord David Owen.

652. His pointed revelation that he was made aware, by 1988 at the latest, that key parliamentary papers of his were pulped was a sinister and shocking reminder of what we had always suspected was the true depth of the CBS. His accompanying demand for a public inquiry, and associated calls for Hepatitis C-infected victims to be compensated, were also signal moments.

653. Additionally, the fact that the Haemophilia Society was then seemingly focusing its call for compensation in more specific and costed terms, rather than the previously broad appeal, i.e. the apparent push for a £522m settlement over a 10-years period, at least seemed to be a marked step forward overall.
654. Furthermore, the news that independent haemophilia groups were pressing ahead with potential criminal prosecutions against the various British Governments embroiled in the CBS – and especially the fact that such developments were gaining some degree of media traction – was a further sign to us that we simply couldn't afford to remain disunited, in any way constrained or indeed silent.
655. It was, though, perhaps the blunt revelation in the *Sunday Express* around that period [WITN1944274] – that *"health officials ignored repeated warnings that blood products used in the UK were potentially lethal"* – which most spurred us to remount our activities. We were also most appreciative of the editorial line that stated: *"[...] patients infected with hepatitis C, quite as nasty a condition as being HIV positive, have received no compensation at all. This is a disgrace."*
656. That, of course, was again our case in a nutshell and it was striking that a national newspaper, in order to make its point, simply had to juxtapose HIV alongside HCV in order to highlight the disparity of treatment much as we had done in our previous publicity campaigns. Our belief, which deep-down was also Maureen's, was that to remain silent, or even slightly constrained [GRO-D] was simply not an option. We had to redouble our efforts to re-commence participation in the overall national campaign, whilst still always respecting the external need for key anonymities – but nothing more than that – and fight on.
657. The problem, of course, was that between the three of us we still couldn't agree a common way forward. Effectively, we were still silent by default, save for Maureen's attendances at the Manor House Group meetings. Without



going into further detail, we simply cannot over-emphasise

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GRO-D – had on the three of us. These were the further hidden tentacles of the CBS that the IBI should know about.

658. We could never have anticipated, though, that arguably the most unjust moment of the whole CBS campaign, lay just around the corner, in August 2003 (more later), which subjected Maureen to even deeper levels of pain, especially inasmuch as – due to the third-party constraints that she had agreed to abide by – she still felt that she could no longer publicise the ongoing injustices that were being poured out on her seemingly on an almost annual basis.
659. In the 12 months prior to the truly egregious moment of August 2003, we intuited that we had to somehow re-activate ourselves as a campaigning family-unit whilst still having no clear sense of direction, yet all the while knowing that it was imperative not to allow our rupture to run any deeper. Although we had no agreed method of progressing, we just trusted that there was enough residual unity, love and collective desire-for-justice that we would eventually find a way through the deadlock. We also had to face our old, familiar dilemma head-on. For, psychologically, despite how conflicted we were, we also knew for certain – indeed once and categorically for all – that we could not do nothing.
660. As repeatedly said, if only for reinforcement, we had realised with unfolding certainty, since 1994, that we were always mentally battered if we chose that silent option. Ironically, then, perhaps the only hidden benefit of the first period of disunity that prevailed amongst the three of us from early 2001, to late 2003, was that it gradually underscored just how corrosive it was to remain essentially inactive, especially realising that so many others were still fighting-on whilst we, once formerly in the vanguard of the overall campaign for CBS-related justice, had allowed ourselves to become hand-cuffed and all but silent throughout a truly crucial period. We simply had to act. Yet, we also knew, from our whole post-1994 experience, that it would be mentally taxing to

crank-up the publicity gears again. We again just had to choose the lesser of two evils, in principle, and elect to push on but in a way that we couldn't readily identify.

661. Perhaps by elimination we eventually and collectively saw a pressing need to secure possession of all of William's medical records once-and-for-all, certainly from 1978 (emphasis) to 1994, bearing in mind that in 1996, at Maureen's first request, we had only received those dated from 1981 onwards, and then knowing that even that tranche was incomplete. The chief motivation for a second application was the alarm that we collectively felt, though not necessarily surprise, at hearing Dr Owen's on-the-record revelations concerning his pulped parliamentary papers. We feared that perhaps much of the older clinical documentation pertaining to the earlier years of William's demise might also have been "lost".
662. We were specifically concerned about the times in 1978, 1979 (twice), 1980 and 1981 when he was hospitalised at Broadgreen Hospital, Liverpool, also the very frequent *ad-hoc* visits he made in order to receive blood products. Accordingly, on 28 August, 2002, Maureen wrote [WITN1944275] to the chief executive, Mr A. Wilks – using the recorded delivery facility – stating specifically that she must "*obtain all*" of William's records "*whilst [he was] a patient at Broadgreen Hospital, of which there were many occasions throughout the period from 1970 until his death.*"
663. It was at least encouraging that the records office at the combined "Royal Liverpool and Broadgreen University Hospitals" trust returned correspondence [WITN1944276] on 9 September requesting that Maureen necessarily complete and submit an enclosed application request, which she duly did by return-of-post. However, two months then elapsed before she heard back. Quite typically, it was on what would have been [GRO-C], on 7 November, that Maureen was advised [WITN1944277], again hardly surprisingly, that she would need to pay the maximum £50 charge for what were described as, in *ad-hoc* hand-writing, "*very extensive case notes.*"

664. A week later, Maureen was sent "*photocopies of original documents*" for her "*perusal*" [WITN1944278]. Astonishingly, though, there were no notes enclosed pertaining to any of William's hospitalisations at the Broadgreen site, which, of course, was the whole point of her second request. Instead, she was essentially sent a duplicate set of records referring to his treatments at the Royal Liverpool University Hospital from November 1981 onwards, as per the files she was first sent in 1996. Tellingly, though, we noted that even this later file was shorter than the one Maureen had first received through Irvings solicitors six years earlier, in connection with her potential medical litigation. Unfortunately, we no longer have a record of those documents which were not included in the 2002 submission and we cannot now say as to the significance of the records that were not enclosed in the second release. We believe that, other than records of William's episodic visits to Broadgreen Hospital for factor injections, we have never gained possession of any of the notes attendant to the major hospitalisations he endured at that site, where he was most certainly infected with hepatitis B in December 1978 and quite possibly even hepatitis non-a, non-b.
665. As alluded to, another reason for requesting William's medical records for the second time – in the naive hope that we would eventually gain access to them all – was that it was a unifying campaign process that didn't require us to seek publicity. For, we were simply keen to appraise ourselves of exactly what decisions about William's treatment were taken in some of the key years right in the midst of the unfolding CBS, circa 1978-81, and also to see exactly what products he had received. It was also good for us to work together as a trio however and whenever we could. We at least felt that we were being proactive in our own remote way.
666. Although we didn't acquire what we had requested – which, of course, only intensified our general sense of injustice and further cemented our conviction that a multi-level cover-up of the CBS had occurred – the focused re-assessment of William's medical records, without having to face a rushed legal deadline as per 1997, afforded us a more rounded awareness of the

wrongs he had endured. Previously, when Maureen had first acquired his clinical notes, in late 1996 – after a very protracted and time-saturating process which we were always suspicious about, she faced the limitation of needing to make a more informed statement to her solicitors in order for potential litigation, citing medical negligence, to proceed by 2 September, 1997, following the receipt of the medical expert reports necessarily responding to her submitted bases of complaint, which were required by spring 1997 at the latest. That daunting task, then having to sift through a huge amount of case-notes for the very first time whilst being constantly aware of looming deadlines-within-deadlines (not to forget very recent bereavement), inevitably prevented us from developing a more considered overall view of William's case. However, the greater freedoms that we experienced in late 2002, without the pressure of a legal deadline, afforded a much clearer perspective.

667. Also, in the intervening six or so years between early 1997 and early 2003, our general understanding of the insidiousness of HCV had increased significantly. Accordingly, given the lack of time constraints working against us, and our greater understanding of the nuances of William's case, we became even more convinced than we had earlier that he was subjected to intolerable medical negligence. Essentially, in late 2002 into early 2003 we took time to re-appraise our earlier convictions circa 1994-97 and, if anything, concluded that we had perhaps understated the original case. **We simply could not understand how the appointed medical experts of 1997 – through a process we remain ignorant of to this day (who, for instance, recommended the names of Drs Davies and Little, and Professor Machin to Irvings solicitors?) – reached their decisions, especially in light of the abundance of evidence surely proving that William was the victim of continued medical negligence between at least December 1991 and September 1994.**

668. Essentially, by early 2003 we had gradually formulated the full case that we effectively, and ironically, used as the framework around which the evidence in our first statement to the IBI was woven. We just didn't realise it would take us

so long before we could expose it all in full. Our doubly confirmed conviction, reached beyond doubt by summer 2003, was not only contending that William had suffered a huge medical injustice beyond the basic infections he was subjected to through the CBS but that he was also posthumously betrayed by the medical experts who reviewed his clinical notes.

669. It was a perverse benefit that the exercise we undertook was, as said, at least a unifying – albeit horrific – one for us. Because it was a purely internal campaigning process that didn't require us to seek publicity, it inadvertently afforded us a vital period of reflection, working together again in a trio (united in some respects but not others), to consider the damaging discord that had arisen between Maureen and ourselves as to how best to continue campaigning for justice for William and indeed herself. By doing so, and completely without realising, we had essentially laid the groundwork for what became, although to a hugely constrained extent, the basis of Maureen's later submission to the General Medical Council (GMC) in early 2004, specifically alleging that Drs Gilmore and Hay were culpable of medical negligence in their care of William.
670. In mid-2003, of course, with our burning sense of injustice fired even further – something we had not thought possible – due to the repeated failure to access all of William's medical records, and our re-appraised conviction that he had suffered so many layers of clinical injustice – we simply had no idea of the further violations that awaited us at the hands of the GMC. For, lodging such a complaint with the leading medical body – as much as we would have wished to, having only recently identified that such an outlet existed – simply wasn't on our campaign-radar because we had justifiably assumed that the timeframe for pursuing such had long since expired anyway. Rather, the reality was that, after reviewing William's case, and as much as we were emboldened by our renewed convictions, we were initially left exasperated in the belief that we had no forum left open to us in order to pursue justice.
671. We were beyond frustrated because we also knew that it was hardly a story that readily lent itself to any external publicity even if we'd been inclined to

pursue such activity. In any case, it was surely fraught with legal pitfalls. Moreover, it wasn't exactly a case-history that we could have cohesively brought to the attention of MPs or The Haemophilia Society, not least because the wider attentions of the national campaign for justice were firmly and rightly fixed on securing a public inquiry into the CBS and compensation for HCV-infected haemophiliac victims of it, rather than the narrower individual stories of parallel injustices concerning those like William, no matter how disturbing. It was a case of first-things-first and we realised that.

672. It was deeply depressing, therefore, that we knew that we had a rock solid case but no available avenue of pursuit, or even the financial ability to proceed. We could only hope, then, that the twin-push, nationally, for compensation and a public inquiry, would be doubly-successful and thereby we may be afforded some forum or means through, or by, which we could eventually expose our convictions on the third front of our long-running campaign, namely to prove that William had suffered compounded medical negligence. It was perhaps as well that we could never have anticipated, in summer 2003, that we would have to wait until the inception of the IBI in 2018 before we could finally begin to present our evidence in, hopefully cathartic, detail.

673. It was chiefly for the foregoing reasons that we were deeply angered yet again by Dr Hay – the occasions have been countless over the decades – in his written submission to the IBI in autumn 2020 wherein he alleged that Maureen and ourselves had taken our allegations of medical negligence agin him to the local press. That simply did not happen, neither between 1994 and 1997, in connection with Maureen's initial pursuit of litigation and when we were not subject to any GRO-D GRO-D nor later circa 2003/04, when we again explored what options were open to us, if any, in order to expose the injustice that we maintain William underwent in his care and most certainly didn't pursue any avenues of publicity (for a multiplicity of reasons).

674. **What Dr Hay alleged was categorically untrue.** For, not only would no responsible media title have reported such allegations without being absolutely certain of our contentions – something which would have taken perhaps even a year, minimum, of journalistic dedication to ensure, which of course no outlet could afford to commit itself to – but also, in the later period, Maureen was actively avoiding external publicity anyway. Indeed, the inherent irony that lay at the heart of our second pursuit of exposing the medical negligence that befell William – which eventually became the case lodged at the GMC in 2004 – was that we had largely embarked on that process purely because it was an internal activity around which the three of us could unite specifically without any need for recourse to publicity. Unfortunately, though, we realised, by summer 2003, having conducted

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675. That visceral sense of injustice, however, was as nothing in comparison to the horrific insult that Maureen was then subjected to in late August that year when she was cruelly led to believe that, at last, she would be financially assisted by the Government, through what came to be known as The Skipton Fund, only to later learn, several months later, that, once again, she would be excluded.

676. Even today, words truly fail to convey the full hurt of that late summer period which was especially painful given that it began to unfold almost on the eve of the ninth anniversary of William's death, and exactly six years since the devastating collapse of Maureen's planned medical negligence litigation. It remains an almost unspeakably appalling injury in which she was abused twice over. The precise episode, described below, must be seen in the unfolding context of the layers of injustice that had already tumbled forth against her and us since September 1994, and unbelievably would continue to do so until the calling of the IBI in 2017.

677. It was an absolute hammer blow when the latest stiff-necked Health Secretary to roll-off the New Labour conveyor-belt of cold-heartedness, John Reid,

confirmed – in January 2004 – that the hopeful headlines that first emerged in late August 2003 were dangerously misleading, and rather that only those HCV-infected victims of the CBS who were still alive on 29 August, 2003 would be assisted and that widows would not qualify for payment. Brutally, because William had carelessly succumbed to death well before that date, his estate was excluded.

678. We simply couldn't believe it. We'd fallen through every possible stool of hope – a relative term – that had emerged on the CBS landscape and its hinterland between 1994 and 2003. Not only had William stupidly caught the wrong disease from the infected blood lottery but he also elected to die at the wrong time. As the glib phrase has it: you couldn't make it up. Except that was what a whole slew of politicians had done, seemingly on-the-hoof, throughout the entirety of our justice campaign.
679. A check-point of the headline CBS insults we had long endured – even prior to William's death – and the repeated campaign failures we had racked-up since September 1994, stood as follows at late 2003:
- a. exclusion from the Macfarlane Trust (1991) due to William contracting HCV (as diagnosed in January 1992) and not HIV;
  - b. exclusion from the Eileen Trust (1993) due to William being a haemophiliac victim of the CBS, and infected with HCV anyway;
  - c. prevented (September 1997) from pressing a case of medical negligence against both HM Government/NHS and/or specific medics on the bases of complacent legal advice and highly dubious expert reviews of evidence;
  - d. further deemed by HM Government (October 2000) of being un-worthy of financial assistance as mere third-class victims (then), of the CBS, despite payments rightly being extended to VCJD-victims of the BSE scandal, with officials breathtakingly citing the precedent of the (derisory) settlements offered to HIV-victims of the CBS as justification;
  - e. excluded from the qualifying criteria for damages – as ordered by the High Court (March 2001) – awarded to HCV-victims of the CBS due to William's



infection with such being prior to the 1988 implementation of the Consumer Protection Act;

f. privately ordered (March 2001) GRO-D

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– and therefore the true facts of the injustice meted out to him, which in turn led to a rupture between GRO-D;

g. the ongoing failure to secure a public inquiry into the CBS;

h. the double-failure to secure all of William's medical records;

*and finally*

i. excluded (August 2003) from the soon-to-be implemented Skipton Fund, which would finally provide financial assistance to certain HCV-infected haemophiliac victims of the CBS, on the basis that William had died eight years and 360 days too early

680. **And we were somehow expected to accept all of that and, moreover, keep quiet about it all, or at least strip-away the most salient facts if we were to approach the press?**

681. **It had been almost a decade of fruitless campaigning by us on three main fronts: failing to secure a public inquiry into the CBS; failing to ensure Maureen received financial assistance; and failing to prove that William was a victim of compounded medical negligence. Since 4 September 1994, we hadn't recorded a single success. Indeed, a bigger catalogue of repeated failure would be hard to imagine.**

682. As rueful as it is for us to now truthfully record this, we knew instinctively, even by late 2003, that the original embargo (as ordered by Maureen in July 1998) on allowing William's case-history to be aired in parliament, and then the second constraint which she reluctantly agreed to (as ordered by third parties in March 2001) not to publicise his full story, played right-into-the-hands of the Department of Health in the years and months leading to the implementation of The Skipton Fund. The pool of victims who had either been infected or affected by the CBS and hadn't either received or been told to expect financial recompense, was decreasing almost by the year. By then, William was

something in the region of a sixth-class victim of one of Britain's worst-ever tragedies. His life wasn't deemed worthy of a single penny-piece.

683. Whilst we were not so naive, again even then – and still had arguably bigger and failures ahead, that we could never in our worst nightmares have imagined (more later) – to think that we could have altered political history, we concluded that the double removal of William's story from the public arena, especially at such a crucial juncture, whereas it had once especially been a key case-history, used most particularly in parliamentary citations, was a campaigning mistake of incalculable proportions.
684. That said, Maureen's initial (July 1998) rationale for placing an embargo on her evidence was rooted in her belief that the Haemophilia Society (HS) was itself making strategic-error after strategic-error and had for years. No matter how intransigent the Department of Health has always been regarding the CBS, the HS as a corporate body, must also accept blame for the fudge-and-fiasco that was the original implementation of the Skipton Fund in late 2003. Ultimately, Maureen was proved right, indeed twice over (given the devastation of the Dobson announcement in 1998 prior to the Reid disgrace five years later), that the HS' policies would eventually exclude her from financial assistance.
685. Really speaking, though, the roots of The Skipton Fund travesty could be traced right back to the prolonged delay, complete inertia even, in the HS' realisation of the need to undertake a focused HCV-centred campaign. Indeed, it's no stretch to say that the outrageous developments that unfolded from August 2003 were the end-result of the Society schisms that were already entrenched along HIV v HCV fault-lines in evidence at the Coventry conference of 1994 which we referred to extensively earlier in this second statement. For, even by November of that year – just weeks after William's death – the charity had already shown itself to be acting too-little and far-too-late to be of fully effective influence. Thereafter, it was always playing catch-up and on the back-foot.

686. As said, an oft-forgotten poison of the initial Skipton Fund announcement in August 2003 was that the original press communications lulled Maureen into believing that finally she was to receive financial assistance to alleviate her ongoing hardship. Accordingly, she swiftly submitted an application to the Department of Health to register her details with the impending payment scheme. By mid-autumn, though, it was rumoured that so-called HCV-widows were likely to be excluded, as exposed in *The Guardian* [HSOC0014989] on 29 October. Accordingly, and again fighting-against-the-clock, we dispatched what were perhaps the very first e-mails to parliament of our long-running CBS campaign, also sending, but by post, copies of our long-established and regularly updated briefing papers about William's case [WITN1944141] (it was bitterly ironic that, as the domestic-PC and broadband era became commonplace, we were shackled from telling the story through the media just when it became easier than ever to communicate).
687. The only records we have of those two dispatches – both sent on 4 November – from Maureen to hers and Anne's MP, Eddie O'Hara [WITN1944280], and from Gregory to his representative, Peter Kilfoyle [WITN1944281], are partial, field-format print-outs typical of the time. Citing, *inter alia*, the story in *The Guardian*, Maureen wrote – which she backed-up with a telephone call to Mr O'Hara's office, anxiously explaining the publicity constraints that she had fearfully agreed to adhere to: "[...] *it is a hideous thing to say, but perhaps it would have been better for me had my husband been infected with HIV. After all, he ended up in the same place as his brothers.*"
688. It was a measure both of the importance and urgency of the matter, and also the potential speed of e-communications, that two responses were dispatched almost immediately. Mr O'Hara, in his reply [WITN1944282] to Maureen, dated 5 November, informed her that he had: spoken to Lord Morris, read the report in *The Guardian*, and would likely attend the AGM of the All Party Parliamentary Group (APPG) on Haemophilia scheduled for the following week. Referring to the wider scope of the likely packages of financial

assistance for HCV-infected haemophiliac victims of the CBS, he tellingly added: *"At the moment, it looks as if the proposals merit one or at the most two cheers, certainly not three."*

689. For his part, Mr Kilfoyle replied to Gregory [WITN1944283] in the form of a copied letter he'd swiftly dispatched to Reid on 6 November. He told his Labour colleague: *"I have enclosed a background paper, produced by the late Mr Murphy's family, which covers the issues in graphic and shocking detail, and covers the injustice in far better way (sic) than I could in any letter to you. Mr Murphy's widow has never received a penny in compensation for any of her suffering, or for that matter of her husband's. Could I ask you to look at this case with a view to righting a wrong?"* The unspoken and eventual answer to that last question was an emphatic no.
690. Within days of both missives, there were two further updates sent through Mr O'Hara and Mr Kilfoyle's offices. On 11 November, the former informed Maureen [WITN1944284] that he had indeed attended the APPG's AGM when it *"was agreed that members of the Group would now seek an urgent meeting with the minister."* Mr Kilfoyle simply enclosed to Gregory [WITN1944285] the curt response he had received from Reid, also on 11 November, which was in the soulless form of a two-line acknowledgement signed by the Department of Health's "Team Leader - Correspondence Management." Reid's silence spoke volumes. The only detail of note in the shockingly compassionless missive was to inform Mr Kilfoyle that a "PO reference number" had been assigned to the correspondence which he could quote *"should"* he *"have any queries."*
691. In early December, in what was effectively a last-ditch attempt to reverse the looming exclusion of so-called HCV-widows from the planned *ex-gratia* payments, likely to be confirmed in the early new year, Maureen and Gregory travelled to London to join The Haemophilia Society's "Field of Lilies" commemoration/protest highlighting the continuing injustices of the CBS. They met as many of the APPG as possible – later lunching separately, just as a trio, in the Commons dining-room with the group-chair, Michael Connarty MP

– and were finally able to brief Lord Morris, face-to-face, to discuss the ongoing sensitivities surrounding external publicity of William's case. His Lordship impressed upon them the need for as much media support as possible, and that the "Three Brothers" test-case could be absolutely vital in helping to reverse the likely restrictions on the forthcoming payments. Maureen, though, to Gregory's silent chagrin, explained that such simply wasn't possible, so fearful was she of repercussions.

692. As a potential compromise, Lord Morris requested that he at least be allowed to re-commence his, always anonymised, citation of the case in parliamentary dispatches, essentially asking Maureen to reverse the embargo she had first introduced in July 1998 with Ms Pappenheim. She agreed but with absolute, almost childlike, trepidation – **such that Gregory attests that it was truly pathetic to witness** – but then effectively begged him to refuse any external publicity that may ensue, so that she could at least claim with good conscience

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she had agreed to be bound by almost three years earlier, since March 2001. His Lordship assured her that she had no need to worry. However, she typically still did so upon her return to Liverpool knowing that William's case would at least be imminently cited, once again, at Westminster. **It remains barely believable to us that this extra torment had reduced her to such panic.**

693. Accordingly, in the Lords' debate titled "*Hepatitis C*" on 11 December [HSOC0003140], Lord Morris again cited the iniquity that no public inquiry had ever been held into the CBS despite such state fora having already examined other disasters like the 1989 sinking of The Marchioness pleasure boat in London (51 fatalities), or the Paddington rail tragedy in the capital (claiming 31 souls), which he, though sensitively, said did "*not begin to compare in scale with the loss of life caused by the contaminated NHS blood and blood products disaster.*" He also condemned the previous Governments' "*wilful act of dividing the victims of that disaster, not on the basis of the effects of their infection but simply its classification,*" which he said was without parallel in both the UK and around the world.

694. Although he praised the Health Secretary for the in-principle announcements, made since late summer, to the effect that *ex-gratia* payments would surely be extended for the first time to haemophiliacs infected with HCV through the CBS, he added, knowing of the likely exclusion of widows like Maureen, that his "*principal concern*" was "*to ensure that the pledge of 29th August is implemented with social fairness.*" **To bolster this, His Lordship then aired William's story – in its full but anonymised context, indeed as always in both press and parliament – at Westminster for the first time in over five years.**
695. Inescapably, sensibly and logically, he immediately juxtaposed the difference in treatments meted out to HIV- and HCV-infected haemophiliac victims of the CBS in asserting his point. Indeed, how could he ever have avoided doing so and still adequately conveyed the context of William's (and Maureen's) tragedy? Said Lord Morris: "*How can anyone possibly justify the decision to give financial assistance to patients infected with HIV by their NHS treatment, but not to those fatally infected by the same route with hepatitis C and bereaved families? Yet that remains the position until John Reid's pledge is implemented. The profoundly moving story of three brothers explains its stark inhumanity. All three brothers inherited haemophilia. Two were infected with HIV by their NHS treatment and died of AIDS-related illnesses. They received financial help from the Macfarlane Trust, set up and funded by the then government in 1989, and were able to make provision for their families. The third brother escaped HIV infection but was infected with hepatitis C, also by contaminated blood products used in his NHS treatment, and died of liver failure. For him there was no financial help. He went to his grave unable to make any provision for his family. Each of the three brothers had become terminally ill and died from the same cause: contaminated NHS blood and blood products. But one was denied the help given by a government-funded trust to the other two. That contrast in treatment not only suggests but shouts of injustice.*"

696. A week later, Maureen's (and Anne's) MP, Mr O'Hara, contacted her, on 18 December, out of courtesy [WITN1944287] apologising for his inability to have met her (and Gregory) earlier in the month at Westminster, but added: *"Alf Morris tells me he met you on that occasion."* He also referred to his Lordship's *"very powerful speech"* the previous week *"on the problem in general and the pending offer in particular."* Added Mr O'Hara, enclosing a copy of the address: *"You will note that [...] he mentions your family not by name but without doubt."* He concluded: *"Alf and I continue to keep in regular contact over this matter and will continue to maintain pressure on the Government for a just solution."*
697. It was reassuring to us that, evidently, certain influential figures at Westminster were working, and more importantly liaising, to influence the Health Secretary to alter the leaked terms of the payments, likely excluding Maureen. However, we had grown used to the smell of failure and already feared the worst. Accordingly, we marked the tenth New Year's Eve since William's death in a state of depression, desolation and continued division. It was a seemingly never-ending hell which, if anything, managed to serve-up ever newer torments by the year. We could never, though, even considering the trials we had endured since 1994, have imagined ending 2003 facing as hideous a looming-injustice as that which surely awaited us in the early new year in the shape of The Skipton Fund.
698. In the end they kept us waiting until 26 January – fully five months since the abusive August press-release – and couldn't even be bothered to proof-read the date on the letter [WITN1944288] which confirmed Maureen's exclusion; it was erroneously dated 26 January, 2003. An R.M. Gutowski, Head of Blood Policy at the Department of Health, referred to her *"expression of interest in the payment scheme for people inadvertently infected with hepatitis C as a result of treatment with NHS blood or blood products."* It was said that she had been contacted because her *"contact details were on a confidential mailing list"* when she *"first contacted the Department of Health following the announcement, in a press release of a scheme in August 2003."*

699. The Gutowski missive then summarily laid down the "key elements". Maureen's assumed eligibility, and posthumously that of William's, was shot dead by the first bullet-point, which exclusively stated that: *"Every person who was alive on the 29 August 2003 and whose hepatitis C infection is found to be attributable to NHS treatment with blood or blood products received before September 1991 will be eligible for the scheme."* It didn't matter that William was infected at least by 1981, for he was just far-too-dead-and-buried to matter, and Maureen was far-too-widowed to count.
700. Just to add insult to her injury, the third bullet-point reduced her to tears, as it all but recited the details on William's death certificate and echoed the final months of his torment in summer 1994: *"Payments to eligible claimants will comprise an initial lump sum payment of £20,000 on validation of their application, followed by an additional £25,000 if they develop cirrhosis, liver cancer or if they require a liver transplant."* In further classic "DOH speak" - read heartless, disingenuous and cowardly - Gutowski seemingly couldn't use plain English to tell Maureen the bad news, instead letting her work it out for herself. *"Having read this,"* the pitiless script continued, *"you will be in a better position to decide whether you [...] are eligible for the scheme."* It truly would have been better had the following last sentence sign-off never been written: *"I hope this information has helped to put your mind at rest and once again I thank you for your patience."* The fact that Gutowski never once considered the crass insensitivity of that final remark revealed everything about the make-up and mindset of Reid's team. For, it would have taken an empathetic human to realise how inappropriate it was. We had long since realised that there was no such being at the Department of Health.
701. We could never have anticipated, though, that the final insults of Reid's rejection of William's worthiness would respectively come some six, and then 18 years later. In the first instance, in 2010, amid the fallout of the UK MPs' expenses scandal, it became a matter of public record that the former Health Secretary, who had deemed William's life to be worth not even a single penny, was essentially compensated by the taxpayer [RLIT0002155] to-the-tune of almost £65,000 to enable him to "adjust" to non-parliamentary life. Moreover,



the eye-opening, publicly available list of his expense-claims, even down to recouping a £1.50 bar-tip, plus the cost of a toilet-seat, left much to be desired, particularly as a still financially-un-assisted Maureen was continuing to literally count the pennies she needed to make ends meet from one week to the next. In the second instance, we refer to paragraph 12.10 of Reid's written submission to the IBI in summer 2022 [ WITN0793001 ].

702. He referred to a correspondence between Lord Morris and Lord Warner, in February 2005 – i.e. some 18 months after the initial announcement about what would become The Skipton Fund – in which the former referenced the fact that excluded widows, like Maureen, were "*deeply upset*". According to Reid, Lord Morris also "*set out the argument*" concerning "*the differences in treatment between those widowed as a result of HIV infection and those widowed as a result of Hepatitis C.*"
703. Reid told the IBI that he "*fully*" understood "*the sincerity and passion with which these various feelings were represented to the Government, and did so at the time.*" We sincerely and passionately doubt that, for his actions proved otherwise. But then he outrageously added: "*However, I hope that a balanced view might set, alongside any criticisms of the inadequacies of the scheme, at least a degree of credit for the fact the Government tackled the issue at this time, or did what it considered possible under the prevailing circumstances.*"
704. His inferred suggestion that those who extended "*these various feelings*" –presumably about a compounded, almost 30-years-long, scandal, plus the ensuing injuries and resulting deaths, and the ongoing injustices, hardships, penury, frustrations and rejections arising – were somehow not "*balanced*" was horrendous. If he didn't mean to covey that somehow widows like Maureen were not objective in their assessment of matters, then what did he mean by immediately juxtaposing his appeal of "[...] *however, I hope that a balanced view [...]*".
705. Reid said he would like "*at least a degree of credit*" for his actions. Well, he can have it. For we have no hesitation in crediting him with the

authorship of one of the worst three moments Maureen ever experienced in her long battle against the injustices of the CBS; quite something that, considering all that we have listed in this statement already, and what remains. We further credit him with first allowing her to believe, in late August 2003, ahead of the ninth anniversary of William's death just five days later, that she would finally be in receipt of financial assistance for his death – make that manslaughter – at the hands of the British state. We also credit him with the approval of an ill-considered press release which was nothing but an emotional abuse of people, lasting several months, who were already in a state of long-suffering grief (where does “balance” apply there?). We duly credit him for understanding, apparently, “*the sincerity and passion*” of widows like Maureen but then pathetically either not having the courage of his convictions to help her, or demand through the powers of his office that she be helped, or resign his position upon realising that, again apparently, the state could not or would not help her, or perhaps simply choosing to ignore her. We'll let him choose which of those alternatives he would prefer to be credited with. We certainly credit him with subjecting her to at least another decade or more of penny-counting – which made the revelations about his claimed parliamentary expenses truly nauseating. Ultimately, though, we credit him with not only compounding her sorrow, but completely disregarding William's long-demise and brutal death.

706. The fact that even 19 years after the announcement of The Skipton Fund, in the midst of the IBI and the long fight for justice, Reid – in his own writing, no less, which was presumably proof-read and was therefore a very considered account – sought to convey himself as historically hard done to, a victim almost, was breath-taking. However, it was entirely typical of a man whose self-indulgence was writ large throughout the records of his claimed parliamentary expenses. **Instead of appealing for sympathy, he should be sat in a locked room and not released until having read every word of our three statements. Let him then decide if he still wants any “credit”.**

707. Like Dobson, Hunt and Milburn before him, and like Alan Johnson and Andy Burnham after (more later), Reid embodied the New Labour fakery that, for 13 devastating years, screwed-down the lid on the callousness of the former Tory administration that, for 18 scandalous years previously, had allowed the CBS to wreak havoc and misery wrecking thousands of lives over several decades and counting (notwithstanding the shortcomings of earlier Conservative and Labour administrations prior to 1979).
708. Undoubtedly, the attitude of the long Thatcher/Major Governments (and all who served therein, and again, of course, **we will never forget Baroness Cumberlege and her “national sport” insult**, as recounted earlier in this statement) was beneath contempt in how they treated those like William and Maureen. However, “on a balanced view”, to cite a pertinent quote from Reid, New Labour – pretending to ride a social-justice bandwagon that heralded a new national dawn in May 1997, famously claiming that “*things can only get better*”, proved nothing but a power-grab. Too many of them were frauds, to a man, woman and two prime ministers, and ultimately as culpable as the previous administration for the long-suffering endured through the CBS. Indeed, it’s telling that it was only when the unrestricted grips on power were finally loosened from both of the two leading sides of the Commons – through the toppling of New Labour in the 2010 General Election and the subsequent hung parliament that yielded the Conservative/Liberal Democrat coalition – that we finally witnessed even a partial breakthrough in the long push for CBS-related justice. It was no coincidence.
709. The 2010 election effectively ended some 31 years of merciless arrogance towards the CBS – i.e. from the Thatcher triumph of 1979 to the defeat of Gordon Brown – the true Governmental attitudes of which were revealingly exposed episodically by the IBI’s work post-2018: e.g. and to cite just three: former Health Secretary, Kenneth Clarke’s, appalling demeanour whilst giving evidence; the former Prime Minister, Major, suggesting that victims had endured “*bad luck*”; and Reid hoping for a “*degree of credit*”.

710. **The latter was – and seemingly still is – the epitome of that New Labour sham; a party-archetype, riddled with cognitive dissonance, claiming credit where none is due. Indeed, we wonder how many expenses he ever claimed after attending to official CBS-related business?** Finally, and without wishing to depart too much further into national politics, we cannot forget that whilst Reid was disgustingly preparing to exclude Maureen from the Skipton Fund in late 2003 – whilst no doubt simultaneously ensuring that no penny of reimbursement was ever missed from his expenses – his Government committed the UK to the expense of billions of pounds (and many lives) supporting the Iraq War that commenced earlier that spring.
711. Perhaps the most stinging irony of The Skipton Fund travesty was that it inadvertently restored a degree of campaigning unity between Maureen and ourselves. Possibly it would always have required another major injustice for that to be realised but unfortunately it arrived in the most twisted way imaginable. For, her sense of hurt, post-Skipton, realising that she and William were entrenched lower-class victims of the CBS, indeed the lowest by several levels even, was so deep that we immediately realised that as much as we wanted to shout out the injustice of it all, to quote Lord Morris, indeed scream it across every media outlet, we simply couldn't add to her pain by seeking publicity. Bitterly, then, we had no choice but to adhere, by default, to Maureen's request to follow the strictures laid down GRO-D All we could do was to reluctantly refrain from media exposure (even if such traction were ever possible, which was far from a given) – which of course only exacerbated the injustice we felt – and hope to gradually influence Maureen to change her mind and cut-loose from the externally-imposed hand-cuffs that she felt bound by. It was a dreadful time. Consequently, we endured one of the worst episodes of our CBS experience but counter-intuitively stayed silent; ironically, not a single press-cutting relates to us throughout that awful period, despite William's case having been mentioned in parliament just weeks before the Skipton details reveal.
712. Accordingly, we immediately assessed the absolute wreckage of our triple-campaign in January 2004 and concluded that of our three original aims

in 1994, only one of them could, theoretically, be pursued, if only we knew how. For, we knew that, with just a year or so remaining, in all likelihood, before the next General Election, that there was no way the Government would change its mind regarding financial assistance for Maureen; indeed, our deepest fear was that Labour would be re-elected, as seemed highly likely – Iraq war or no – given the corporate shambles of the equally shameful Tory party, and that such an eventuality would surely condemn her to having to wait until circa 2010 for any change of heart at Westminster (which is precisely what happened; again, you didn't have to be a political clairvoyant to foresee all that).

713. Similarly, it was simple logic that our fight to secure a public inquiry was also dead. Given that the Government had refused to even offer Maureen a penny of assistance, it followed that there wasn't a hope of it spending millions on the open scrutiny of one of the biggest disasters in UK history. Therefore, by elimination, only the third aspect of our original campaign – proving that William was subjected to intolerable medical negligence – had any theoretical viability. However, that, too, seemed to have been effectively killed seven years earlier after Maureen's 1997 failure to progress her planned litigation to that effect. We also knew, or thought so, that even the GMC route was a non-starter given that almost a decade had elapsed since William's death.
714. Regardless of the campaigning carnage that surrounded us on every front, we resolved to pursue two micro-courses of action at least. Moreover, as solace for Maureen, we knew that we could at least remain united in doing so. Firstly, we committed to continuing to apply parliamentary pressure, indeed moral shame, on Reid *et al* for rejecting both William and Maureen so callously (it's a regret that she didn't submit an entirely pointless, boilerplate application to him, and Gutowski at the Department of Health, formally seeking Skipton Fund help simply to see whether they would have had the guts to issue an official letter of rejection; after all Mr Barker at the Haemophilia Society had requested, in early 1995, that she did that very thing in order to smoke-out the Macfarlane Trust **[WITN1944146, WITN1944147 and WITN1944148]** – indeed had she done so we could have completed our set of rejection letters).

Secondly, we were determined to see if there was any other method by which we could expose the negligence that William had endured at the Royal Liverpool University Hospital, most especially between 1991 and 1994. **We initially toyed with the idea of writing-up the entirety of our commentary on William's case, much like we have now submitted in part one of our statement to the IBI, and sending it, like a loose grenade, to all those cited therein, and then waiting to see what unfolded. We also genuinely considered writing an anonymised, legally-proofed account of it all with a view to external publication.** We just knew that we had to do something. We also knew that, given the advent of home-computing and most especially domestic broadband since the arduous and devastating years of the original litigation between 1994 and 1997, that research and communications would at least be easier in 2004, by several orders of magnitude.

715. Parallel to that latter course, we also resolved – fatefully – to at least telephone the GMC to find out, for the absolute record, whether any remote grounds of appeal existed through which we could perhaps request that a near 10-year-old case could be considered, or indeed whether any other bodies existed that could help. (e.g. what did the then new PALS [Patient Advice and Liaison Services] do?) Our only expense would be the price of a phone-call, or so we thought. Unwittingly, though, that conversation (more later) led to a process, lasting some 12 tortuous months, that emotionally and mentally cost us far more and was yet another of the very bleakest episodes that we ever encountered. The fact that it came so hard-on-the-heels of the Skipton scandal only served to intensify our unremitting despair. Yet we admit to having, albeit unsuspectingly, walked straight into that personal disaster – which we genuinely never saw coming – because we felt that we had no choice, and ironically thought it mentally healthier than to do nothing.

716. Instead, then, of completely flooring Maureen, Reid's announcement in late January 2004, as devastating as it was – which inadvertently prompted us to adopt the default, double-focus that we committed ourselves to by early February – ironically became the catalyst that further fuelled her to fight-on (especially knowing that we wouldn't be seeking external publicity) and so

curiously restored our immediate family unity, of sorts anyway. So we also “credit” him with that. He gave her the adrenaline of anger to re-steer our campaign albeit in nuanced, perhaps unique, ways (more later).

717. Immediately after Maureen received her confirmation of the Skipton Fund terms, Gregory received a letter, dated 27 January [WITN1944291], from Harriet Harman MP, the member for Camberwell and Peckham but more crucially the Solicitor General for England & Wales – and indeed a former Shadow Health Secretary, and to whom Maureen had long ago written in 1996 [WITN1944217] – in reply to an email he had sent (which we no longer have the original of). Although she was, of course, bound by parliamentary protocol – and indeed stated so – we interpreted the personalised nature of her missive as an implicit nod of understated support. Saying that she was “*very sorry to hear of the death of your father from such illnesses,*” she stressed her “*hope*” that Mr Kilfoyle, as Gregory’s constituency MP, would be able “*to make representations on your behalf on this important issue. Please accept my very best wishes for the future.*” It was only a small gesture but well-timed and much appreciated. It was also important to note where pockets of parliamentary support might lie, especially among higher officials. During a decade of campaigning, we’d developed a sense of being able to read-between-the-lines when it came to MPs’ often carefully couched communications.

718. A day later, Maureen received a reply [WITN1944292], dated January 28, from Mr O’Hara whom she’d e-mailed two days earlier (again we don’t have the original) immediately after officially learning of her exclusion from The Skipton Fund. “*I share your distress that bereaved families have been excluded from the scheme,*” he wrote. Tellingly, he added: “*You will be aware that a deputation from our All Party group wrote a ‘last ditch’ letter to the Secretary of State seeking a meeting to put our case for a more generous scheme than was seen to be emerging, including provision for bereaved families.*” Mr O’Hara also said he had received Reid’s response only that morning but elected not to send it to Maureen as she “*already*” knew “*the details.*” **We would have been keen to see what he wrote, however, and**

perhaps trust that the IBI could locate it if possible. He also enclosed the contact details of Maureen's Euro MEP, Terry Wynn, about whom she had expressed a keenness in contacting, and asked to be kept abreast of any dealings.

719. Essentially, we spent February 2004 assessing our options but also coming to terms with the fall-out from Reid's rejection of Maureen. In any case that month is always signal in our family given that the [GRO-C] [GRO-C] all fall within a fortnight of each other, and not to forget the annual sting, on St Valentine's Day, of what would have been [GRO-C] [GRO-C]. That month would have seen them married for 45 years, yet Maureen could only reflect that since 1978 her life had been battered by the avalanche of ongoing CBS injustices that then began to cascade upon her, seemingly unceasingly.
720. A month later, circa 16 March – we can't recall the precise date – Maureen made her fateful call to the GMC. Although we can't recall to whom she spoke, or the conversational specifics, we recall that there was enough of a gleaned slither of hope, though not much more, that convinced us that we wouldn't be wasting too much further time sending an almost routine, exploratory letter to Manchester, enclosing some base campaign materials that we had long since prepared (even as long ago as 1996/97 in connection with Maureen's originally planned litigation). Accordingly, it can be seen from the very first letter (more later) that she sent that it was: a) handwritten; and b) enclosing only rudimentary evidence. It was every bit as *ad-hoc* as it seems.
721. We mentally budgeted for the GMC to issue an immediate rejection of our submissions and so, on that basis, and the price of a stamp and an exploratory phone-call, we thought we were nothing lost in taking a punt, even one which seemingly had a less than 0.1pc chance of success. At least such an expected refusal would have told us that, effectively, every single one of our original campaign aims was officially dead. Furthermore, we thought we could then counter-intuitively utilise the fact that even the GMC had rejected



us in our three-pronged, and completely failing, push for justice – even though we absolutely anticipated such. For, it would have been yet another moral line with which we could shame the Government.

722. Just two days later, Gregory received another relatively encouraging, non-constituency MP's response [WITN1944293], dated 17 March, to his earlier email submissions which had previously prompted the aforementioned reply from Ms Harman. This time it came from the Labour member for Birmingham Northfield, Richard Burden, whom Maureen and Gregory had witnessed, in the previous winter, supporting The Haemophilia Society's "Field of Lilies" memorial press-event, and judged to be a man of principle and a potential rising voice at Westminster. It also helped that he was a Liverpool native. Although necessarily citing non-constituency protocol and largely referring the matter to Mr Kilfoyle – Gregory's MP – he helpfully added: *"However, I can tell you that a constituent of mine with haemophilia contracted Hepatitis C and I was active on his behalf. In December, I attended a gathering organised by the Haemophilia Society outside 10 Downing Street to commemorate those who have died from the disease and to raise awareness of the issue."*
723. Again, like Ms Harman's response, it was only a small courtesy but it was enough for us to keep-on-keeping-on and fine-tune our future course. We'd been reduced to low-level and almost hidden campaigning but were undaunted. Just two weeks later, however, our whole outlook changed and, without initially realising, we were falling headlong into yet another emotional disaster and injustice. In the meantime, it was all that we could do to further shame Reid into reversing his callousness in excluding Maureen from the Skipton provisions.
724. Accordingly, on 29 March, a still bitterly angry Maureen sent a fulminating letter [WITN1944294] to him in which she sought to get right-to-the-nub, once again, of the CBS – a disaster about which no public inquiry had yet been held – whilst outlining William's suffering and what she was enduring post-Skipton.

725. She opened with three pertinent, deliberately simplistic and basic rhetorical questions: 1) *"Did the U.K. Government import blood from America during the late 1970's & early 1980's which was infected with viruses identified as hepatitis C & HIV (sic)?"*; 2) *"Was this blood used in producing factors VIII & IX to treat British haemophiliacs?"*; 3) *"If the blood wasn't imported or used in the production of factors VIII & IX, then could you inform me of how the factors became infected with blood borne viruses?"* She then detailed William's demise before adding: *"[...] the neglect of the Royal Liverpool Hospital failed to identify early enough - in my opinion - the seriousness of my husband's condition. The negligence left him not being eligible for a liver transplant, which could well have proved successful, and therefore he could soon have been receiving £45,000 in recognition of his suffering."*
726. The method she employed was something of a third-way of campaigning that we had identified, especially given that she: 1) felt constrained GRO-D from seeking external publicity – genuinely fearing a restraining-order; 2) likely had no formal avenue to expose the negligence William endured; and 3) was cruelly rejected by Skipton. She was also, though, stung deeply that the infamous and cowardly Gutowski letter from the Department of Health in January 2004, effectively confirming her non-eligibility, was so pointedly descriptive in its qualifying criteria as to refer to HCV-infection prior to 1991 (as William's was), and the development of cirrhosis, liver cancer and even the requirement of a liver transplant (all of which were signal tragedies that befell William). She wanted to knock some moral sense into Reid whilst turning Skipton's own criteria back on him, as a means to expose – without using external publicity – the medical negligence that William had endured.
727. Essentially, she was stating that it was ultimately because of the lack of care he had received from the NHS – not forgetting the original infections that he had received via that same organisation – that he had died when he did, prior to 29 August, 2003. Had he received the requisite care, then, on the basis that he developed cirrhosis and perhaps received a liver transplant prior to developing cancer, he may well have become a recipient of Skipton funds. Her letter was shot-through with that circular logic and was a means to hopefully

shame the likes of Reid, Gutowski *et al* into finally doing the right thing. The Department of Health/NHS essentially killed William by infecting him with diseases like HCB and HCV and then subsequently neglecting him, but then refused to assist his widow because he'd already died prior to an arbitrary cut-off point identified by that same Government guilty of manslaughter. The hideous, triple-injustice was screamingly evident. Maureen also enclosed details of William's *"last two years of living with hepatitisC (sic),"* and asked Reid to *"take the time"* to read it (he evidently didn't **but we now ask that he reads all of our statements submitted to the IBI**). She finally and pointedly asked him to *"rethink"* the *"recent decision to exclude widows from the ex-gratia payment scheme and consider the suffering of my husband, my family and other families in a similar position."* Her letter was effectively a prototype of how we intended to proceed. We identified that we could at least bombard parliamentarians with materials that not only highlighted William's suffering, but also exposed the negligence he suffered and the illogicality of the Skipton provisions.

728. We really just needed Reid's inevitably negative response and also the likely, and surely imminent, rejection from the GMC to bolster our messaging. We were spurred to do so given the evidence that we had gradually built – as shown previously several times, concerning missives in both in 2000/01 and also earlier 2004 – insofar as several MPs were circumventing non-constituency protocols by supplying almost non-reply-replies of implicit support, especially given that key figures like Ms Harman had extended such signal courtesies.

729. We knew we were at the bottom of the mountain again, almost back in 1994 in terms of square-one-zero-progress, but we were determined to let every single MP, MEP and Law Lord know exactly what William and Maureen had suffered and she was continuing to endure subsequent to Reid's rejection (we could also hope that she would soon abandon the third-party constraints on publicity that she had agreed to adhere to). Again, given the advent of e-mail and faster internet, we intuited that the process wouldn't be too

labour-intensive once we'd prepared relevant materials (many of which were long since drafted). 2004 was our new 1994. A day later everything changed.

730. Ahead of the next few sections, regarding our involvements with the GMC across 2004/05, we suggest it would be more cohesive to flag-up that most of the documents/references we cite concerning that subject, unless otherwise stated, can be found in: i) the composite (IBI created) file numbered **[WITN1944133]**, and **[WITN1944034]** (respectively comprising those papers pertinent to the bulk of Maureen's communications with the GMC between 2004/05); also ii) our – wrongly presumed necessary – response **[WITN1944133]** to the IBI on 20 August, 2020, subsequent to the aforementioned evidence reveal that we were made privy to on 13 August concerning a third-party witness of note. Moreover, we were advised by the IBI, through our former legal representatives, Leigh Day, on 18 September, 2020 **[WITN1944133]**, that our aforementioned, and seemingly gratefully received but ultimately unwanted, indeed "*lengthy*", reply of 20 August would be more "*appropriately reserved for inclusion within [our] witness statement.*" (admittedly it exceeded 17,000 words, for which we don't apologise; however, we rather felt that, much like our three main IBI statements, it largely reflected the enormity and complexity of William's case and Maureen's suffering, plus the routine chicanery of the GMC, and the sheer duplicity of Dr Hay and his legal representatives – three mammoth and truly vexing subjects which we defy anyone to commentate on with economy – and didn't see how we could have written less, especially in six-days from scratch, with no time to edit.)
731. Accordingly, although we provide episodic narratives below describing how our disastrous involvement with the GMC chronologically unfolded throughout 2004/05, we don't feel the need to duplicate the main substance of the testimony that we submitted to the IBI/Leigh Day in August 2020, save for certain salient points, in-passing, concerning certain central characters, or other pertinent aspects that we frustratingly overlooked in our rush to meet the six-days deadline we were afforded in August 2020. Rather, we're content to let the key document **[WITN1944133]**, stand as a

statement-alongside-a-statement, as it were; certainly integral to this second part of our IBI submission but standing separate, largely for sensible reasons of practicality.

732. The very last thing we expected on 30 March, 2004, a fortnight after Maureen's initial submission to the GMC [WITN1944133 page 37] was a response [WITN1944295] that implicitly was anything but a closed door. Further, although Mr Tim Cox-Brown, the Caseworker, Fitness to Practise Directorate, informed Maureen that "*no decision has been made yet about whether we can take action on the matters you have raised,*" he requested both copies "*of all correspondence relating to any previous complaints you may have made to other organisations on this matter,*" and "*all of your late husband's relevant medical records (if you have them).*" Further, he required (his bold emphasis) submissions "*within seven days of the above date, i.e. by 5 April 2004.*"
733. We were then faced with three questions: 1) should we expend more considerable effort than we had mentally budgeted for, in order to maximise an unexpected opportunity, or pragmatically limit our exertions, and therefore further emotional strain, given that we still ultimately expected a refusal?; 2) could we, in any case, even collate the minimum amount of materials required within the ridiculous time-frame (more later)?; 3) should we provide the medical experts' reports from Professor Machin and Drs Davies and Little, as acquired through Irvings solicitors in 1997, also Counsel's opinion?
734. Inescapably, the deadline realities surrounding question 2 dictated our response to question 1. Mr Cox-Brown's letter, dated 29 March, reached us on Tuesday, 30 March, however we could only discuss it, as a trio, for the first time that evening. Effectively, that meant that we couldn't even begin work on the response until Wednesday 31 March. At the other end of the time-frame, we knew we had to get all materials to Manchester "*by*" the following Monday, 5 April, presumably by 5pm at the latest. Obviously, that meant posting materials on Sunday, 4 April – but, of course, no Post Offices opened on Sundays, indeed not after 2pm on Saturdays. So, in reality, Mr Cox-Brown's

deadline practically afforded us just three-and-a-half working days (Wednesday, 31 March – Saturday, 2 April at 2pm) in order to collate and dispatch materials, that's if we wanted to trust Parcel Post with a timely delivery and William's medical records which we didn't have time to copy (however, we had two sets: as acquired in 1996 and then again in 2002). By process of elimination and fear, we eschewed the option of Parcel Post and decided to hand-deliver the materials prior to the close of business in Manchester on Friday, 2 April (as said in our formal response to the IBI about the matter [WITN1944133] we didn't even trust whether the GMC's requirement of materials "by" 5 April even excluded delivery "on" that date). We weren't about to take risks. We were beggars-without-a-choice and so acted ultra-conservatively to seize the chance for all that it was worth. So we hit the ground-preparing, as it were, and abandoned everything else, aiming to meet a deadline of travelling to Manchester no later than 1pm on Friday, 2 April in order to hand-deliver our materials.

735. Regarding question 3, and whether to enclose the medical experts' reports/Counsel's opinion from 1997, we considered three further things: 1) Mr Cox-Brown, as far as we were concerned, had shown rank bad-faith in imposing such an unjust deadline on a 66-years-old, physically-compromised widow, still fighting for justice almost 10 years after the manslaughter of her husband (he was not to know that we could share the workload between the three of us; she could have been childless for all he knew); 2) we hadn't actually issued a formal "*complaint*" to any "*organisation*", *per se*, save Maureen seeking legal advice from Irvings solicitors as to whether to do so, which, officially she never did; 3) we'd been shafted at every turn since 1994 by an array of third-parties conspiring against us to prolong our injustice.
736. Accordingly, we identified yet another middle-way: we'd make transparent reference to the thwarted 1994-97 case but without submitting the medical experts' highly flawed reports at the first hurdle. For, we were more keen to get our materials under the GMC's noses, or rather fresh eyes, and let the officials reach their own conclusions first, without the prejudice of earlier opinion(s). We perhaps recall thinking, somewhat fancifully, that if the case

progressed, then the three 1997 reports would inevitably be required at some point; maybe by then, though, if things slipped-through-the-net long enough, we may be afforded the opportunity of underscoring a major discrepancy: i.e. if the GMC had already reached a prior viewpoint that opposed those of Drs Davies and Little, and Professor Machin, then how could they explain the verdicts reached seven years earlier? We were as keen to expose Dr Davies, particularly, as much as Dr Hay (*n.b.* we also extended our citation to include Dr Gilmore at that point). However, ultimately, we expected an immediate rejection and were only surprised that we'd reached a second-letter stage.

737. We readily admit that we creatively interpreted Mr Cox-Brown's words – but he wrote them. **However, we weren't about to lose sleep, certainly not given the truckloads of lies, deceit, outright corruption, deviousness, delaying tactics, unfair deadlines, sophistry, arrogance, and all-round general dishonour that we'd been subjected to by a whole cast of varying characters, measured by the score, since 1994. We didn't owe anyone a thing.**
738. Accordingly, as proved by Maureen's response to Mr Cox-Brown **[[WITN1944133] (** page 56 **)]**, she enclosed within her submission to the GMC her final statement to Irvings solicitors in 1997 **[WITN1944028 et seq]** stating that it was *"used as a statement of complaint, as part of a medical negligence case, conducted through my solicitors, Irvings (Liverpool) at that time."* That was as transparent as we were prepared to be. It was then just a matter of waiting for either the inevitable rejection or the request for the medical experts' reports from 1997.
739. Astonishingly, though, another week elapsed and Maureen received a second letter **[WITN1944296]**, dated 7 April, from Mr Cox-Brown indicating that the potential case was at least still alive. We dared to hope that we had a 2pc chance of success. He informed her that the complaint would *"be referred to a member of the General Medical Council who will decide whether our involvement is merited."* He further stressed that *"procedures do not generally*

*allow us to take direct action where the events giving rise to a complaint occurred more than five years ago."*

740. We didn't know how to read that last remark. Our instinct was that we were being primed for the rejection we'd originally anticipated and reasoned that the aggregate cost to us, by that stage, was still only: a phone call, a stamp, petrol to Manchester and back and maybe some five days' work. We were still within our bounds of pragmatism, having expended only minimal energy prior to the predictable refusal that was surely coming. Equally, though, we reasoned that Mr Cox-Brown could have cited the five-years-rule even during the first phone call circa 16 March, or certainly in response to Maureen's first speculative letter. It was telling that he hadn't. So we waited again.
741. In the meantime, matters pertaining to our general campaign moved at a snail's pace and somewhat confusingly. On 15 April, Mr O'Hara wrote to Maureen [WITN1944297] thanking her for copying-him into her correspondence with Reid on "7 April" (sic) in which "*you seek his advice on three important questions relating to the use of imported blood*". He added: "*To ensure that your letter is given careful consideration by the Minister, I have now forwarded a copy of your letter to him, together with a covering letter supporting your case and requesting that I receive a copy of the response which is sent to you in due course.*"
742. We confess to a dating discrepancy concerning the above that we cannot resolve. For, our records show that the letter to which Mr O'Hara referred was dated 29 March not 7 April – but the details certainly matched. Furthermore, we couldn't fathom as to why a copy of that same letter, but subsequently sent by him, would be the means by which to "*ensure*" that it would be given "*careful consideration*" by the "*Minister*". Yet Maureen had written to the Health Secretary (although we long knew, even then, how Westminster departments operated). Of course we'd noted that she hadn't yet received a response from Reid. However, it was only a fortnight or so since our dispatch. Therefore, with the Easter break having occurred in between, we weren't unduly insulted, for once, by his failure to reply by that point. Nevertheless, it seemed that Mr



O'Hara knew, perhaps by instinct, of the need to circumvent the issue, lest Maureen's missive be left to gather DOH-dust, or perhaps another "*failure of internal management systems*" as per Lord Hunt and Mr Crisp of recent departmental history. Perhaps, though – and it's entirely possible – our draft records are misleading and maybe the letter that was originally dated 29 March was finally dispatched with a date of 7 April (subsequent correspondence suggests that this may have been the case).

743. Maureen finally heard back again from the GMC at the end of the month in a letter dated 30 April [WITN1944298]. Mr Cox-Brown apologised for the "*delay*" and explained that the matter had been "*referred to a medical screener*" in order to determine whether the five-years-rule (our term) could be waived. To our absolute astonishment – we genuinely cannot state that enough – he wrote that the screener had decided that the "*we should consider your complaint about Dr Hay but not your complaint about Dr Gilmore.*" It seemed that the "*circumstances*" merited such action concerning the former as "*an issue of public interest*" but there was nothing to "*justify*" such regarding the latter. There was no way to interpret that other than to conclude that the screener had obviously examined, in depth, William's medical records, which we knew supported our materials and contentions, in order to have formed such a nuanced view to discern between Dr Hay's and Dr Gilmore's actions.
744. We were informed that due process required a copy of our complaint to be sent to Dr Hay to invite "*his comments on the matters you have raised*" but that he was "*under no obligation*" to do so. However, "*should he choose to do so*", we would be provided with a copy of his comments. Moreover, we would then have a chance to "*add further comments*" by way of response which would then "*also be disclosed to Dr Hay.*" Beyond that point, it appeared that the case would be referred again to "*a screener*" whose role was to "*consider complaints about doctors' conduct and performance, and to decide whether the GMC can take action on them.*" We were advised that such could take "*several weeks*" which we regarded as encouraging.

745. Although we recall being confused about the second-stage of screening – for what had the first screener done, especially in order to determine that the five-years-rule could be waived – other than to consider our complaints about the “conduct and performance” of Drs Gilmore and Hay and whether “the GMC can take action on them.” Regardless, we dismissed that concern as being the product of our more limited lay-perspective and nothing necessarily to be anxious about. We appreciated that the GMC wheels had to keep turning and so just trusted the process. In fact, rather than being concerned about it, we actually thought quite the opposite, that we had set-in-motion an unstoppable train which would surely arrive at the only verdict possible: that Dr Hay had negligently managed William, and we believed grossly.
746. We felt that, finally, we had achieved breakthrough, a whole decade after William’s final demise and almost 10 years since Dr Hartley, almost literally right at-the-death of matters, justifiably referred him to Dr Gilmore to break the two-years-long medical impasse that had prevailed since Dr Hay had blocked Professor Shields’ planned liver work-up procedure of June 1992, which had followed in the immediate wake of the near-fatal triple episode of variceal crises (and staved off encephalopathy, unwittingly and largely due to William’s own quick thinking to self-refer himself to hospital in time) earlier that spring. It was a truly ground-breaking moment for us. Indescribable, almost.
747. Our inner caution, though, prevented us from getting too-far-ahead of ourselves. That was especially so, given that only seven or so months earlier we had thought we had achieved similar breakthrough on another of our three campaign fronts, following the first announcement from Reid and the Department of Health that surely indicated that Maureen would finally be getting financial-assistance in respect of William’s demise and death, only for her to then be left shattered by the callous exclusion that followed. Nevertheless we couldn’t deny that we had grounds-for-hope, most especially given that, against-all-odds, we’d even overcome the GMC’s seemingly strict five-years-rule. Indeed, given that William’s death was 10 years earlier, it was fair to conclude that we had surmounted that daunting obstacle twice-over. We could only view that as being indicative of just how serious the case was. We

stupidly thought the hard bit was over, though. We couldn't believe what we'd achieved essentially through a phone call, a stamp and some petrol.

748. Naively, we even dared to imagine that the inevitable GMC censure of Dr Hay would be the instrument through which we could lever open the pathways to justice on our two other campaigning fronts. For if it was to be proved that Dr Hay – a renowned scholar who had done much to shape the national medical response to the effects of the CBS; he was a pivotal figure and then some – was guilty of such negligence, then surely that would set-in-motion a sequence that could only end with a public inquiry. Indeed, at such a point we would willingly bring the medical experts' reports from 1997 into play as indictable materials: just how had Messrs Davies, Little and Machin (the latter to an extent) reached their verdicts? **Indeed, who ensured that they were the ones to oversee Dr Hay's case, and what was it that they hadn't seen that we always had, and that the GMC had seemingly identified within just six weeks?**

749. In turn, if a public inquiry were to be granted, then surely Maureen would eventually receive financial assistance to help her through her looming eighth decade. Indeed our only concerns were that: 1) if all the above was to come-to-pass, would she finally agree to loosen the publicity shackles placed on her by third-parties that she had frustratingly agreed to be bound by?; and 2) a public inquiry, even if called in 2005, might not conclude until circa 2010 and that she may have to wait until perhaps 72-years-of-age before receiving financial help. As both of our statements have made clear thus far – and will continue to after this point – irony has always been a constant companion of ours throughout our long campaigns.

750. Once again it was just a case of waiting. However, as much as we were afforded some much needed respite given that the necessary and likely slow, but surely careful, due process had to take place at the GMC, about which we could do nothing, we were afforded no such temporary ease by the ever-vexing Department of Health. On 21 May, a response [WITN1944299] to Maureen's letter to Reid of 29 March (according to our records - but perhaps 7 April) was finally dispatched by Melanie Johnson, Under Secretary of State for

Public Health. To be more precise, it was actually a response to Mr O'Hara's follow-up letter of 15 April [WITN1944297] to the Department, which, in turn, had re-forwarded Maureen's original letter. It seemed that he correctly intuited that, unless he stepped-in to the fray, we likely would not have received a response from Whitehall for several months (we'd grown used to that since the opening months of our campaign and our first missive to the Health Secretary, Virginia Bottomley, in September 1994 which went unanswered for five months) and then probably only a cursory line or two. Instead, it appeared that Mr O'Hara's intervention indeed secured a fuller reply. However, it was as outrageous a communication – and again shot with illogicalities and contradictions, a DOH trademark concerning the CBS – as we'd ever received.

751. Thanking "Eddie" for his letter of 15 April to Reid, Ms Johnson said that she hoped Maureen would accept the response to Mr O'Hara as the *"reply to the letter she sent to John Reid on 7 April"* (again, our records show that it was dated 29 March, which may be erroneous). Well, she really had no choice, did she? Common courtesies were never a departmental strong-point.
752. Ms Johnson then effectively copied-and-pasted the standard graveside condolences for William's death, so veiling a tissue-of-lies, that we'd grown tired of. *"The Government takes the issues around haemophilia and blood products very seriously, and has great sympathy for anyone who has suffered harm as a result of NHS treatment."* She should have stopped right there and said something to the effect of "that's why we've finally decided to help." Instead, she added that: *"Ministers do understand the hardship and great distress [...] [that] families have suffered, first from HIV and then from hepatitis C, and deeply regret that so many people were infected through blood products."* There it was, the inescapable juxtaposition of the two viruses in the same sentence. And yet, we could already tell before we'd read the rest that there was a massive "but" looming in which she would again display the department's unique cognitive dissonance by somehow regarding the former virus as being more serious than the latter. It was just a case of whether she would callously bother to underscore that falsehood, as so many officials before her carelessly had, or just leave the matter ignorantly dangling amidst

its own inexplicable contradictions and illogicalities, also as so many of those who had gone before had. It was basically a choice between stupidity or cowardice. She chose the latter.

753. She then treated Maureen to a potted history of the CBS. To an extent she'd asked for it given the pointed introduction to her letter of 29 March/7 April which sought to remind officials of the disaster's historical roots. It should have been obvious to Ms Johnson, though, that Maureen's opening gambits were deliberately rhetorical questions but such nuance was evidently beyond her wit. Having decided to determinedly school Maureen about the CBS origins, she then performed what can only be described as a DOH magic trick: she conveniently made HIV disappear from the 1970s/80s backstory and concentrated only on HCV. *"Regardless of the manufacturer or the plasma used,"* she wrote, *"all products were potentially contaminated with the hepatitis C virus as a result of the need for pooling and the prevalence of the virus in blood donor populations around the world."* She evidently assumed Maureen knew none of this. *"By the time viral inactivation was introduced in the mid 1980s,"* Ms Johnson continued, *"almost all people with haemophilia receiving treatment had unwittingly been infected [with HCV]."* She then, after recounting the apparent safety protocols (or lack of, in our view) post-1971, gymnastically employed a sleight of negative terms stating: *"It is therefore not the case that these products were, for their time, not the best products available."* Ms Johnson really wanted to say that those like William had received *"the best available treatment at the time"* but detectably she knew she couldn't bring herself to, probably because she knew that wasn't true, yet instead resorted to reversing the whole false narrative that the Department had traded-on for years, as though that would somehow make it less of a lie.

754. Maureen was then taught about the apparent evolution of hepatitis non-A, non-B into HCV, almost to the point of indicating that the application of the definitive term in 1989 somehow made it a new, previously undetected virus – the mysterious, biological powers of the medical alphabet – or at least a new paradigm. Then, finally, Ms Johnson reached her "but" moment. *"Mrs Murphy has expressed disappointment that the payment scheme has not been extended to dependents of those who have died following inadvertent infection*

with hepatitis C," she wrote. That was yet another of the DOH dog whistle codes that she and scores like her assumed we'd either not notice or just accept with docility: i.e. William was infected "*inadvertently*". It was "*not an easy decision to make*," she unctuously lamented (again it was the peculiar Reidian legacy at the DOH that somehow the officials, too, were victims – they shared our hurt and we should acknowledge their pain too). And then she hit us with the baseball bat that was seven paragraphs in coming.

755. "*The payments are not designed to compensate for bereavement*," she wrote with a steel-fist before then reaching for the Department's favourite velvet-glove, "*although I fully appreciate the hardship and pain experienced by families who cared for loved ones who have died*." If she did, truly, truly did, then she would have resigned had she had anything of principle about her – and that goes for everyone in that Government who sought to defend the absolute wreckage that Reid wrought through his Skipton exclusions. And then came the understatement of the decade – indeed, we were just four months short of the tenth anniversary of William's death: "*I realise that this is little consolation*," she wrote (so just resign in solidarity, then, Melanie) "*but I hope that you can understand that the health care budget is not unlimited*" (and that's why she didn't resign, for she was simply an on-message, career-focused trumpeter of the Blair-Government lies; as Lord Morris had long since pointed out, there was no need to provide compensation for CBS victims from the health budget and Ms Johnson knew it). In any case, the health budget may not have been unlimited but, by May 2004 it was obvious to anyone with eyes and ears that funds for the catastrophic Iraq war indeed were.

756. The tactic was meant to guilt-trip us into accepting, as a false-dichotomy, that the payments could only extend to "*help alleviate the suffering of people living with the virus*." Like William had. And with that, describing the 29 August 2003 date as an "*unavoidable cut-off point*" – read: subjecting a still grief-stricken Maureen to a life of penury – she apparently assumed she had somehow explained a "*pragmatic solution*" and signed off. Yet she was completely unaware of the pitfalls of her own baseless argument, particularly as she had assumed to give Maureen a 101 history lesson into the origins of the CBS. So,

wasn't HIV part of that unfolding CBS disaster in the 1970s and 1980s? Wasn't that once an unidentified virus? Didn't that enter the blood-product pools? Didn't that also undergo a terminological evolution – e.g. LAV, HTLVIII etc. – before HIV became the accepted universal term? Did haemophiliacs die as a result of being infected with HIV? Were their widows left grief-stricken? Accordingly, was the Macfarlane Trust, to paraphrase Ms Johnson, therefore also “*designed to compensate for bereavement*”? So how could she explain that glaring discrepancy between it and The Skipton fund? She didn't say.

757. Ironically (that word again - as frequent to us as “*inadvertent*” was for the DOH), as much as we were furious at Ms Johnson's letter – indeed Maureen dispatched a letter back to her almost immediately, which we frustratingly no longer have a copy of – we weren't necessarily as hopeless in our outlook as we would have been even just a month earlier. For we trusted what was happening in the background at the GMC and that the inescapable verdict it would eventually reach about William's case would help to blow wide-open the whole UK landscape of the CBS. A public inquiry would almost certainly follow the exposure of Dr Hay's negligence, for the broader point was whether William was just an isolated case or whether hundreds of haemophiliacs like him around the country had suffered equal mismanagement as typical treatment, thus compounding the original injury of the CBS infections. Perhaps even Ms Johnson might also be called to explain as to how she could justify the Skipton Fund not mirroring the Macfarlane Trust. As we've said many times, our naivete knew no bounds.

758. Some four days after Ms Johnson sent her reply to Mr O'Hara, he formally forwarded-it to Maureen, given that it was conveniently meant to stand as Reid's proxy reply to her. It was utterly typical of the DOH's arrogance and routine lack of courtesy that neither of the two original parties to the first letter in the correspondence – namely Maureen and Reid – were either the responder or receiver of the eventual reply. The original recipient couldn't be bothered to reply, and his deputy opted instead to respond to someone else. That, though, was the DOH's core ignorance demonstrated in all of its ingloriousness. Yet, as Ms Johnson opined to “Eddie”, she and her colleagues

*"fully appreciate the hardship and pain experienced by families who cared for loved ones who have died."*

759. Mr O'Hara's covering letter [WITN1944300], dated 25 May, simply dripped with resigned defeat. *"I know you will find this outcome unsatisfactory,"* he lamented. *"I am very sorry we have not been able to persuade the Secretary of State to extend the scheme to include circumstances such as yours."* There was little more that he could say, or that we would wish to hear. Still, we had the GMC as emotional insurance. It was nevertheless sobering to note the almost final tones of Mr O'Hara and realise that two-thirds of our original campaign aims were either officially or implicitly dead: there was zero chance of Maureen receiving any financial assistance, Ms Johnson had compounded that brutal reality, and it therefore logically followed that no expensive public inquiry would follow either.
760. Thankfully, we didn't have to wait too long for the next phase in our GMC involvement. For, on 2 June, Mr Cox-Brown submitted Dr Hay's response [WITN1944301] to us, or rather that of his solicitor, Ms Catherine Longstaff, of the Medical Protection Society. We were, if anything, encouraged for she didn't offer a single detail of defence on behalf of Dr Hay in response to the medical specifics that had formed the basis of our submission claiming that he had negligently treated William. Rather, her first seven paragraphs were taken up by an appeal to procedure – chiefly as to why the five-years-rule should not be overridden (although we thought it already had, but we weren't too vexed about that detail, at that point, anyway) – and then much of the remainder of her letter concerned the difficulties that Dr Hay would encounter in defending himself given that 10-13 years had elapsed since the events in question, especially since he seemingly had only *"some recollection of this patient"* (yet ironically, as he told the IBI in 2020, he believed that Maureen had taken her allegations about him to the press, presumably circa 1994-97).
761. We were, though, disconcerted by one particular revelation in Ms Longstaff's submission, specifically the level of knowledge she had, by proxy from Dr Hay, about Maureen's thwarted medical negligence litigation against him in the mid-1990s. She knew that Maureen had *"the benefit of legal advice and*



*assistance*" in *"investigating"* the claim, *"and that an independent report was obtained on her behalf."* It was curious, also, that Dr Hay believed that only one report was produced. We wondered then, and now, whether he was only specifically referring to Dr Davies' submission. **We again pose the following query: when, exactly, between November 1994 and September 1997, did Dr Hay learn of Maureen's planned litigation, who informed him, and how did he learn about the existence of an *"independent expert report"* which he rightly said was *"never disclosed"*, especially considering that, in Ms Longstaff's words *"civil proceedings were never issued"*?**

762. Regardless, we dismissed those concerns – and we only realised the danger of that complacency some 16 years later, in August 2020 – as a secondary, almost desperately-cited, matter. It was more telling, we stupidly thought, that only in her final paragraph did Ms Longstaff touch directly on the allegations we had made, and then only generically. It was almost as an afterthought that she, almost incongruously given the rest of her deflection, wrote that: *"Dr Hay would like to make it clear that he firmly refutes all the allegations and criticisms made by the Complainant, and reserves all his rights to provide comments on the substantive issues if this proves necessary."* **We were encouraged to hear that. For, we wanted to hear, for the first time in a decade, exactly what he had to say for himself. Sadly, 29 years after William's death, we're still waiting.**
763. Maureen's specific response to Ms Longstaff, dated 15 June 2004, can be found in the documents drafted in August 2020 **[[WITN1944133 (PDF page 63)]]** and indirectly in **[WITN1944133]**. We were grateful that Mr Cox-Brown, following his missive of 2 June, had allowed us almost two weeks to formulate our response (a luxury compared to the time-frame we were afforded originally) and we weren't about to spurn it. Finally, by using the framework of Ms Longstaff's letter as the method around which we built our response, we had the chance to delve into the fine specifics of William's case in order to reinforce the broad-stroke submission we had made originally. We had waited 10 years for that moment and were prepared to maximise it.

764. We were also encouraged that Mr Cox-Brown, despite knowing, indeed since our original correspondence, that Maureen had intended to litigate Dr Hay (at least), and also from Ms Longstaff, including the fact that an expert medical report (singular) was produced, still didn't ask for any of the materials produced by Drs Davies, Little and Professor Machin. It seemed that the process was following exactly that course that we had first anticipated and hoped for: i.e. a fresh investigation, not prejudiced by previous opinions. This was a new forum and it appeared to be acting as such. We therefore spent many days refining our response. For the first time since March, we felt that we weren't wasting our energy. Indeed, we believed that we were rapidly nearing the stage that our case was proven. Ms Longstaff could cite procedure all she liked, we considered. What mattered, though, was the substance. Dr Hay, we anticipated, would eventually have to explain the events of 1991-94. We concluded, therefore, that Ms Longstaff was merely playing for time whilst her client prepared the body of his defence. The best he could hope for, we thought, was damage limitation.
765. We didn't really know how to interpret the request from Mr Cox-Brown in his subsequent correspondence [WITN1944302] with Maureen, dated 21 June 2004, wherein he requested a copy of the "*expert report (sic) obtained as part of your previous legal activities regarding this matter*". On the one hand we feared that the highly skewed, we would say flawed, nature of those earlier documents, could dangerously prejudice the later investigation. However, on the other, we reasoned that sufficient time had already elapsed, and enough materials submitted by us had surely been studied, since March, such that an in-principle decision had very likely been made that something had gone terribly wrong in William's care under Dr Hay.
766. Certainly, it seemed obvious to us, despite Ms Longstaff's attempts to invoke the five-years-rule, that the case would progress. Mr Cox-Brown's latest letter seemed proof of such. Perhaps, we thought, in the interests of complete transparency, given that the subject of a medical expert report (sic) had cropped-up in recent correspondence, he deemed that it was only due procedure to let the 1997 document(s) form part of the evidence. Accordingly, we were simply grateful that we hadn't supplied such right at the outset, and

that a fresh investigation of William's case had clearly been undertaken and was evidently favourable.

767. We even dared to think that perhaps the GMC would be astonished at the verdicts of the medical experts in 1997, and that maybe wider questions would be asked about not only what happened between 1991 and 1994 but also in the three years afterwards. For the record, we believe that we submitted all three of the 1997 reports and perhaps mistakenly forgot to copy Professor Machin's (marginally more favourable) report prior to doing so, for we don't believe we have seen it since. We cannot recall, though, whether we sent the Counsel's opinion [WITN1944034 et seq] from August 1997.
768. Having done so, we would never have anticipated that we would never hear from Mr Cox-Brown again. Moreover, we couldn't have guessed that it wouldn't be until 31 March, 2005 that we would finally hear back from the GMC at all – in the most devastating way imaginable – and that, in turn, it wouldn't be until 13 August, 2020 that we would discover exactly what had occurred throughout the remainder of 2004 and early 2005 in order to completely scupper Maureen's case.
769. So, we waited for the wheels to turn with the GMC and again naively judged that the longer the matter took, the more favourable it would be, presumingly indicating that a thorough, cross-referencing search of all the attendant materials was underway. In the meantime, we could only keep-on with the only other available avenue of campaigning, namely to maintain the moral pressure against Reid and the Department of Health.
770. On 13 August, a Mr [GRO-C] of "The Blood Policy Group" at the Department of Health sent a reply [WITN1944303] to Maureen's letter to Ms Johnson the previous May. It was incredible: her original letter was to Reid, but he forwarded it to Ms Johnson, who instead replied to Mr O'Hara in the belief that would suffice; so then Maureen responded to Ms Johnson, who then immediately deferred the matter to Mr [GRO-D]. It was even in those very acts of complete discourtesy – regardless of supposed working methods – that the Department, the Government, demonstrated its disdain towards Maureen and those like her. Neither Reid nor Ms Johnson, quite evidently, could be

bothered to reply to her directly. It was only because Mr O'Hara stepped-in, unsolicited, that a proxy response from the latter ever came.

771. [GRO-D] said he'd *"been asked to reply"* and apologised *"for the delay in writing back"*. That was another giveaway. For, every time that a departmental official used that line – as though they tried to infer that it was an isolated incident – it exposed that they were completely oblivious to the fact that we'd actually heard it time-and-again for years-on-end (at least he didn't euphemistically blame *"a failure of internal management systems"*, as per the Lord Hunt era). *"I have great sympathy for those who have lost loved ones as a result of these tragic events,"* wrote Mr [GRO-D]. Yet that was what Ms Johnson had written in May, that the Government had *"great sympathy"* for Maureen. He then said: *"[...] I also realise that these words bring little consolation."* That, too, was what she had written in May, i.e. *"I realise that this is little consolation."*
772. As well as being a rank discourtesy, it was actually disconcerting, indeed quite unsettling, every time we received a letter we had effectively received before but from a different official, just with some words moved around a bit, as though the authors were more automaton than human, triggered by certain signals or commands to use stock-phrases or sentiments: human algorithms.
773. He said he felt it was *"important"* to *"reiterate the reasons behind the decision not to extend the payment scheme to families of those who have died."* Mr [GRO-D] wrote those words, apparently. He considered them appropriate: i.e. it was *"important"* to *"reiterate"* the refusal. Yet, he'd earlier sought to convey that he had *"great sympathy"* for Maureen. Just breathtaking. It was a balance between *"a desire to act compassionately"*, he added, *"and the need to provide a high quality service to all patients,"* as though they were mutually exclusive aims. You cannot be compassionate and offer high-quality service. It was the guilt-trip again. Maureen seemingly fell into the gap *"on where that balance should lie,"* whilst William had long since been discarded, sympathetically, of course, into the policy oblivion, fitting no known criteria.
774. Of course, Mr [GRO-D] simply had to use *"inadvertent"* at some stage – no DOH letter would have been complete without the code-word of all code-words – in reference to the *"hepatitis C infection"* of William and those like him. The living

sufferers had to *"take priority"*, he wrote. Quite literally, the dead didn't matter. *"Therefore,"* he added, lifting from Ms Johnson's playbook, but with Reid's *imprimatur*. *"The scheme was not designed to compensate for bereavement."* It was *verbatim*. Ms Johnson may as well have just resent her letter of 20 May (to Mr O'Hara), in reply to Maureen, who'd actually written to Reid.

775. There were *"no plans to accommodate dependants of those who had died,"* added Mr GRO-D. Accommodate! He actually wrote that. He thought it appropriate. Again: *"Accommodate"*! Did they ever stop to think how hollow their *"sympathy"* sounded when they trotted-out corporate, business-speak like that in response to one of the biggest tragedies that this nation has ever witnessed? The question, of course, was not only rhetorical, but an exposure of the basic truth that prevailed in the DOH for decades: for, deep-down, none of them, especially in sinister-sounding sub-strata like the "Blood Policy Group", really believed that it was that big a disaster. Sympathy could be extended, of course, because that cost nothing, but thereafter words like *"re-iterate"* and *"accommodate"* revealed how authentic that sentiment really was.
776. *"I realise you will be saddened by this position,"* wrote Mr GRO-D, signing-off, *"but hope that this response will at least help you to better understand our actions."* So the department was offering *"help"* to Maureen after all! Truly, the groupthink had gone beyond astonishing, it had actually become sinister because it was becoming rapidly obvious to us that these people genuinely believed what they were writing. Again, like Ms Johnson, he was completely unaware of the contradictions in his own position, namely that so-called HIV widows had been assisted but HCV-widows had not. Everything that both he and Ms Johnson had written could be undermined at-a-stroke by recalling that basic precedent, that central illogicality. Yet they were oblivious to the weakness of their own argument. Furthermore, it appeared that they actually craved *"understanding"* of their position. It was, if anything, quite disorienting to deal with almost a Department of Health 2.0, a new Reidian mutation of the crassness that had gone before.

777. Whereas, in former eras, we'd simply been assaulted by the classlessness of Lord Hunt, for just one example, Reid seemed to have introduced a new ethos across the department, one that was not only convinced of its own corporate rectitude (industrial denial, basically) but also seeking to portray officials as victims, almost. Ms Johnson said in May that *"it was not an easy decision to make"*. Mr [GRO-D] wrote in August that he hoped Maureen would *"better understand our actions."* We detected straightaway that odd shift in departmental-speak that Reid had ushered in. It was the DOH as hard-done-to, misunderstood, craving sympathy, almost. Yet we couldn't quite define it or articulate it, then. However, in 2022, Reid finally unlocked it for us in front of the IBI. He and they actually wanted *"credit"*. The worst aspect of it was that, whatever type of corporate personality disorder that he'd ushered in – but we'd wager that narcissism wouldn't be far from the mark – his successors simply compounded it, right up to 2010, because they could no longer recognise it for what it was, or think or act for themselves.
778. Despite the slow confidence that we were developing that the results of Maureen's GMC case might eventually render matters like the DOH's intransigence irrelevant, she was nevertheless moved instantly to fire-off – the appropriate phrase – an immediate reply [WITN1944304], on August 16, to Mr [GRO-D]'s appalling letter. In possibly her most short-tempered missive of our entire, now 29-years-and-counting, campaign she let rip. If Reid and his cohorts couldn't be bothered to extend basic courtesies to us, why should she reciprocate? *"It is you that needs to understand the situation here, not me, I have lived through it,"* she wrote in her opener. Pointedly, she asked him: *"My letter to Melanie Johnson did ask questions which you have not acknowledged, they were [:] Were my husband's brothers more important than he was, why were their deaths to be recognised.? (sic) In what way are the widows of H.I.V. different from the widows of H.C.V.? I would very much appreciate an answer as to why H.I.V. widows received ex gratia payments."*
779. Inevitably, weeks rolled by without a response. Also, there was continued silence from the GMC which we, again, interpreted as a positive. Naturally, though, 3 September 2004 was a deeply sombre day as we marked the tenth anniversary of William's death. We could only reflect that in a decade of

absolutely relentless, heart-breaking, sleep-depriving, emotionally-abusing campaigning, we had got precisely nowhere on all three of our fronts. Nevertheless, we had cause for hope and continued to trust that the GMC would finally help to break the deadlock and we could turn a corner. Having said that, we bitterly recalled that just 12 months earlier we had spent the period around the ninth anniversary of William's death falsely buoyed by the reckless press-release in which Reid strongly suggested that Maureen's long wait for financial assistance was finally over, only for her expectations to be wrecked in the most heartless way five months later.

780. Although we were patiently awaiting developments on the GMC front in autumn 2004, there was more direct and immediate encouragement in the shape of the unexpected speech given at the Liberal Democrat party conference that September by Patsy Calton, the member for Cheadle. As Junior Health Spokesperson for the third-biggest parliamentary party, she addressed, head-on, the inexplicable lack of a public inquiry into the CBS. Although it was far from a surprise that she was so committed a supporter of justice for victims of the disaster – for she had been gradually increasing parliament's focus on the tragedy for a while, and most particularly in 2004 – it was quite a departure to hear the matter addressed so forcefully at a party conference, with a policy motion carried in support. It was virtually impossible to imagine that ever happening at either a Labour or Conservative gathering, so toxic was the subject to all but a few across their parliamentary members.
781. As reported in *The Guardian* on 22 September [WITN1944305]: "*Junior Lib Dem health spokeswoman Patsy Calton said all those affected by the contamination of blood products, including haemophiliacs put at risk of exposure to HIV and hepatitis C, as well as vCJD, were entitled to an inquiry. 'The families of the over 780 individuals who died as a result of the failing in blood products deserve answers,' she said. 'To provide closure to the victims and to ensure there are no further scandals in this area, the government should hold a full independent inquiry into the failures of the past.'*"
782. Frankly, it was a breath of much-needed fresh air to hear such plain-talk, especially contrasted with the spin-and-denial tactics of the Labour

Government, largely aided by the Conservative opposition who were in no position to criticise. Accordingly, Maureen swiftly sent a courtesy message of thanks (which we no longer have a copy of) to Ms Calton and we regarded her as a potentially huge future voice at Westminster on behalf of all CBS victims. We sensed that, slowly, things might be just about to turn a corner, especially with champions like Ms Calton added to our side, and what we cautiously hoped would be a positive verdict from the GMC. We were conscious, though, of the true perversity of our position; we wanted to hear that William was indeed subjected to intolerable medical negligence. A horrible position.

783. On 18 October, Ms Calton kindly replied to Maureen [WITN1944306] with an even more encouraging response – eschewing constituency protocols – than we could have anticipated. *“When I became a Shadow Health Minister and was first alerted to the Hep C issue I could scarcely believe the injustice involved,”* she wrote. Further to the policy motion carried at the party conference, she added: *“[...] I thought that you would like to see the text of the Early Day Motion which I propose to table.”* Titled *“Contaminated Blood Products Public Inquiry”*, it couldn’t have stated the aim clearer at the outset. The text, *inter alia*, stated its support for the *“Haemophilia Society in its call for an Independent Public Inquiry into the contamination of blood products since the late 1970s.”*
784. It was devastating though, despite Ms Calton’s EDM being duly tabled on 24 November, to note that only 49 members of the Commons signed, including, of course, Maureen’s and Anne’s MP, the ever-dependable Mr O’Hara. It was a particular blow to Gregory that his MP, Mr Kilfoyle – despite being a vocal critic of the Blair Government, and free as a backbencher to sign the motion – didn’t add his name. Thereafter, their relationship was never the same.
785. By mid-December it had become indefensible, although typical, that Maureen had still not received a reply to her aforementioned letter [WITN1944304] to Mr [GRO-D] on 16 August, of the Blood Policy Group at the Department of Health. Accordingly, she wrote to him perhaps the shortest ever letter [WITN1944307] of our entire campaign on 12 December. *“Dear Mr [GRO-D] I am still awaiting a*



*reply to my letter of the 16th August 2004. Thanking you, Mrs Maureen Murphy."*

786. We can't recall exactly when he did reply – because he forgot to date his letter. He also omitted his signature, his title, a reference number, and indeed the address of the office from which he was writing [WITN1944308]. For convenience, we'll extend the benefit-of-the-doubt and include it, for the record, within our campaign activities of 2004. It was yet another shocking DOH missive.
787. He wrote: *"I am sorry it has taken me such a long time to get back to you I am afraid I misplaced your original letter and was therefore unable to respond."* He should have just repeated the sentiment given at the start of his previous letter in August and just apologised without adding any further insulting detail for this second delay. For, it was yet another in the long litany of reasons and excuses – going back a decade – as to why DOH officials were "sorry" for being tardy with their responses to Maureen. We were almost at dog-ate-homework territory as proffered explanations. At least merely misplacing Maureen's letter was still some way short of the Lord Hunt era's *"failure of internal management systems."* Ultimately, they just couldn't be bothered. Mr [GRO-D] not even supplying the date, his signature, a correspondence reference no., his title, or indeed his office address spoke volumes, as did the contents.
788. To his credit – a loaded word given the context of this statement – he did *"apologise if I gave the impression that I understood what you and your husband have been through, or that what I said would be of any consolation I meant only to express my sympathies."* He then, though, simply moved to *"repeat the rationale"* for excluding Maureen from The Skipton Fund. He still couldn't stop himself from again repeating the party-line mantra of Ms Johnson from earlier in the year: *"The scheme has not been designed to compensate for bereavement."*
789. Then, though, he arguably issued one of the biggest Governmental contradictions of the whole CBS era, and it was utterly damning of both his cognitive and professional abilities that he ever wrote the final paragraph he

submitted to Maureen. No wonder he didn't sign it. *"In no sense is it the governments (sic) view that the deaths of HIV sufferers are more significant than those of Hepatitis C sufferers."* **Yes it was! It was screamingly evident in every "sense"!** Widows of the former group were financially assisted whilst the widows of the latter were not. The facts spoke for themselves. It was just breathtaking that a Government official could write those words and think that they made, to use Mr GRO-D's term, "sense".

790. He continued, though, to dig himself deeper into the hole of his corporate denial. *"The schemes administered by the Skipton Fund for people infected with Hepatitis C and the Macfarlane trust (sic) for people infected with HIV have been established for different purposes and are two distinct schemes."* Well, we knew that. That was the point of our protest. That was the nub of our assertion that the treatment Maureen had received was *"different"* and indeed *"distinct"* in every "sense" from those who were so-called HIV-widows. It was as open-and-shut, *prima facie*, *de facto*, or as blindingly obvious as we'd always said. Mr GRO-D was effectively agreeing to that duality whilst essentially denying that it existed. That was the truly disturbing Reidian-effect on the Department of Health writ-starkly. They knew that they couldn't defend their argument so they tried to pretend that it actually didn't exist.
791. His note of tedium in the final paragraph, and again he didn't even bother to reach for a pen to sign his name, was clear. *"As I have already stated I am aware that these answers will be a grave disappointment to you,"* – at least he got that right – *"but I do not see that there is anything more I can add."* The Reidian tactics of blunt denial, cloaked in feigned sentiment, almost made us yearn for former years when some trenchant missives gave the impression of officials almost spoiling for a fight. At least you could detect a human pulse then, however unwelcome. The Reid era – when his robots not only tried to argue that black was white, or two-and-two made anything but four, and genuinely seemed to believe it – was both eerie and repugnant.
792. We ended 2004 somewhat conflicted. Our annual New Year's Eve status-check – the 11th of our campaign – was ultimately another record-of-failure. However, it was not without promise. It occurred to us that a

year earlier we were reconciled, ahead of the likely Skipton exclusions in the early new year, to the likelihood that all three of our aims were as dead as William long had been. Indeed, for several weeks that spring, our whole push seemed to have irreversibly flatlined. Then, though, we were given unexpected hope through the GMC angle investigating the medical negligence William endured.

793. Later in the year, Ms Calton had also breathed life into the calls for a public inquiry. Of course, it was sobering that only 49 MPs signed her EDM but we reasoned that – taking into account certain ministers who could not sign as a matter of procedure, or others that may have failed to for other circumstantial but not necessarily substantive reasons – that maybe the true support could be as high as 75 members. It was at least a start. Or a restart.

794. Curiously, then, we concluded that, against every expectation there was undeniably strong life in at least one of our campaigns (proving medical negligence), but also a re-emerging vitality in another (calls for a public inquiry). It was devastating, of course, that Maureen still hadn't received a penny in respect of William's death but some two-thirds of our campaign aims were still alive, to varying degrees, which was something that we could never have imagined even 10 or so months earlier. It was bitterly frustrating, naturally, that we'd spent 2004 – marking a decade since William's death – arguably as busy as we'd ever been, certainly this side of the thwarted 1997 medical negligence litigation. It should never have been so. **Yet we reasoned that it was only because we refused to give up, and that we, and hundreds like us, just kept on fighting, that we still had any hope. It's sad, but that's how you get justice.**

795. **It had been 10 years of failure, yet we could hold up our heads knowing that we had at least kept-on.** And at the end of 2004, though, completely counter-intuitively, we really dared to dream that, at long last, 2005 would be the year that we finally turned a corner. Instead, it nearly broke us and it's true to say that we still haven't recovered – either from the hammer-blows of that horrendous 12 months or those that followed in 2007. This is why we have written so longly in our statement. **The Inquiry, MPs, Government officials,**

medics, the media, and other third-parties of note, all need to know what we've endured, for 29 years and counting. We wish we could have submitted a pithy statement to the Inquiry much earlier in proceedings, perhaps even four or more years ago, we really do, but, mentally, it just wasn't possible.

796. Our first notable activity of 2005 was a classic of the almost humdrum but incessant nature of campaigning that we wish to convey. **For, it's exactly what a near three-decades-long push for justice is made up of: the remorselessly necessary grind.** Maureen wrote to Mr O'Hara on 25 January (which we no longer have a copy of) and it prompted his reply on 1 February [WITN1944309]. He wrote: *"Thank you for your letter [...] with which you enclosed the article 'NHS knew blood for transfusions was contaminated with hepatitis...' in the Sunday Herald on the 23rd of January 2005 [which we also no longer have a copy of]. It reinforces my view which you will know that the treatment of this issue has been wrong from beginning to end."*
797. He said he would forward the article to the chair of the APPG on Haemophilia, Mr Connarty (whom Maureen and Gregory had met and lunched with at Westminster in December 2003) and to Lord Morris *"to consider how we might respond to it. I am grateful to you for drawing my attention to it."* **That was campaigning. That was what had to happen: almost workaday episodes, as though entirely normal, just building and preserving networks, sharing intelligence, just keeping-on. Justice campaigns are not made up of headline moments. Instead, they comprise phone-calls, letters, visits to MPs' surgeries, scanning the press, informing the media, reading relevant literature and a whole host of soul-draining aspects. In other words: the drudge. It was un-ending. We had to refuse to be knocked-down but, if we were, we had to get up.** By the end of March, though, we just couldn't see how to any longer.
798. The flat-out rejection of our case by the GMC, and with it the crushing of all of our inter-linked hopes, came straight-out-of-the-blue. Not only did we not expect defeat, despite how wary and battle-hardened even we long were, but we also could never have anticipated such a hammering, **especially given**

that it was built on what can only be described as a web of lies which, unless someone can prove otherwise, remains stark and undeniable evidence of corruption – a strong word and we use it consciously – at the very least collusion. At this point, it's probably pertinent to let it be known that we have kept abreast of the make-up of GMC officials, past and present, and their connections, familial or otherwise.

799. The communication of Mr **GRO-D** [WITN1944034], as featured extensively in our first statement to the IBI, which seemed to be predicated almost entirely on Dr Davies' expert submission in 1997 – which Maureen was effectively forced to finally submit to the GMC in mid-2004 – was, at best, based on creative interpretations (of an already highly-flawed document) or **outright lies**. Of course, we had no idea, then, as to what had unfolded in the background between late June 2004 (Mr Cox-Brown's final missive to us) and March 2005, due to the skilful machinations of Dr Hay's legal brief, Ms Longstaff.

800. When we were finally made privy to that information through the IBI in August 2020, it simply underscored what we had long suspected, i.e. that something sinister had occurred in the nine months that we awaited the decision. Indeed, why did it take so long if the conclusions were as simple and blunt as Mr **GRO-D** conveyed? If the answer is that William's medical records were so voluminous that the case naturally took so long to resolve, then that throws up a core discrepancy. For, we contend that if that key-period was spent diligently studying the clinical documentation – which of course is exactly what we wanted and expected – then it would have been simply impossible to reach the verdict that was eventually handed-down. However, we have long suspected that the nine-months delay was naught but a ruse, to make it appear that an in-depth process had occurred, and that the reality was that as soon as we submitted Dr Davies' flawed report, the decision to reject Maureen's case was lazily made. (and why was so much emphasis seemingly placed only on that one document; **indeed why did Dr Hay and Ms Longstaff believe that only one medical expert was sourced in 1997, and how did they even get to know that anyway?**)

801. Mr [GRO-D] wrote: "[...] *you instigated a civil action for damages and we have copies of the opinions on file. They do not support your allegations and accordingly your solicitors dropped the action.*" **Not true**. There were many quite serious aspects of both Dr Little's and Professor Machin's reports that actually did support our contentions, and, with more financial and chronological leeway, we could have explored those. It was also untrue to say that Irving's solicitors "*dropped the action.*" Rather, that was Maureen's decision, as outlined extensively earlier in the second statement to the IBI.
802. Mr [GRO-D] added: "*Cirrhosis of the liver was diagnosed in 1992 following knee surgery. There is nothing to indicate that this surgery was contraindicated or had any adverse effect on Mr. Murphy's liver disease.*" **That was simply untrue, also.** The surgery was inadvisable to say the least, in fact Dr Hay stated that had he known the "*severity*" of William's liver disease that he wouldn't have recommended the procedure in the first place. Moreover, to suggest that William wasn't then plunged into a prolonged phase of decompensated liver disease post double-surgery (Dec 1991 and January 1992) is as detached from the truth as it is to say that the sun appears to set in the east.
803. He added: "*Your expert hepatologist [i.e. Dr Davies, conspicuously] confirms that this is the case [...]*"; we don't deny that he did, and our central contention was, and remains, that we hold it impossible to believe that he, in particular, read the notes and so reached his conclusions through that same process. That was precisely why we sought to withhold his submission, and those of Dr Little and Professor Machin, for as long as possible.
804. Mr [GRO-D] added that "*earlier diagnosis via biopsy would have been very unusual practice at the time.*" **Not so**. We have proved, in our first statement to the IBI, how prevalent liver biopsies were, even amongst haemophiliacs, and further how instrumental such procedures were for Dr Hay and his peers as they developed their research-based knowledge from the 1980s onwards.
805. He added: "*A full liver work-up may have involved risk-laden procedures such as liver biopsy, the complications from which are multiplied in patients with a bleeding disorder such as haemophilia. Professor Shields discussed the pros*

*and cons with the haemophilia specialist – Dr Hay, who can be said to have been acting in his patient's best interest.*" So why did much of Dr Hay's knowledge-base rest on the research acquired through liver biopsies performed on haemophiliacs? Why, in fact, was William admitted for such a procedure as part of his "work-up", indeed just 72 hours after Dr Hay had seen him in another medic's clinic?

806. Again, the blunt fact was that William was actually sat in a hospital bed awaiting the start of his liver-work-up when it was summarily cancelled at the very last minute, unilaterally, by Dr Hay, because, in the near scathing words of another medic, the *"prognostic indicator"* was not *"vital"* to him. Moreover, when, exactly, did Dr Hay and Professor Shields discuss the *"pros and cons"*? Furthermore, two years later, with William almost at death's door, Dr Hay not only supported a liver transplant but was critical of the hepatologists for *"dragging their feet"* on the matter. We would suggest that a liver transplant is a lot more *"risk-laden"*, to use Mr [GRO-D]'s word, than a biopsy.

807. Mr [GRO-D] added: *"As to the allegation that Dr. Hay failed to refer to a hepatologist, Dr. Hay was an experienced consultant and it was reasonable for him to manage Mr. Murphy's care himself."* We were actually pleased to read this because it, probably unwittingly, betrayed a central nuance that we had long stressed, namely that a crucial medical distinction existed between Professor Shields' reactive, gastro-surgical care of William – especially concerning his expert management of the three, near-fatal variceal (and averted encephalitic) episodes of spring 1992 – and that of Dr Gilmore, indisputably a hepatologist, who later told us that he got William *"too late."* Our point was always that Dr Hay had indeed largely *"managed [William's] care himself"*, save for emergency episodes in theatre and immediately thereafter when the expertise of Professor Shields' team was required. Indeed, that was precisely why Dr Hay so fatefully over-ruled Professor Shields in June 1992.

808. Mr [GRO-D] added: *"Regarding the allegation that Dr. Hay failed to refer for or recommend a liver transplant, at the time it is [sic] clear that liver transplantation was a last resort measure, particularly with the increased morbidity and mortality associated with patients who had haemophilia."* That

"last resort" should have been in January 1992 (diagnosis of cirrhosis and liver failure), or in mid-April 1992 (varices haemorrhage 1: with encephalopathy only just averted), or late April 1992 (varices haemorrhage 2), or May 1992 (varices haemorrhage 3), or June 1992 (admission for liver work-up). Instead, a liver transplant wasn't mooted – and only eventually by Dr Gilmore – until June 1994 when William had already developed liver cancer, which went completely unnoticed by both doctors, despite him having spent several weeks in hospital that summer and being intensively tested.

809. Mr **GRO-D** added: *"When his liver function deteriorated, Mr. Murphy was referred."* **No, he wasn't! Categorically wrong!** His liver function began to deteriorate from 11 December 1991 onwards, post-first-surgery. William wasn't "referred" to a hepatologist until June 1994. He added: *"Unfortunately, this deterioration coincided with the diagnosis of a malignant liver tumour so removing transplantation as an option."* **That was as disingenuous a reading of reality as it was possible to get. It was an outright lie!**
810. Mr **GRO-D** added: *"With respect to the allegation that Dr. Hay failed to refer Mr. Murphy to Dr. Gilmore, Mr. Murphy was referred."* **Yes, he was, but not by Dr Hay!** The evidence was there in the files in black and white. Instead the referral came through Dr Mark Hartley of Professor Shields' team, who finally took it upon himself to break the two-years-long impasse, to the very day in fact, that Dr Hay had enforced due to his unilateral cancellation of a liver work-up on William in June 1992.
811. He added: *"Unfortunately it [the referral] was at a stage when the hepatoma was diagnosed."* **No, it wasn't! That was another flat-out lie!** William was referred to Dr Gilmore in June 1994. The hepatoma was not diagnosed until late August, indeed at Newcastle, and both Drs Hay and Gilmore were completely oblivious to it. He continued: *"There is no evidence that Dr Hay or any other doctor failed to act on evidence that would have led to an earlier diagnosis."* **Not only had he cancelled a liver work-up in 1992, with William literally sitting in a hospital bed having been admitted for such, but he then also requested an alpha feto-protein test in July 1992 which returned a reading of 9280 and did nothing about it. Fact.**



812. Mr **GRO-D** added: "As regards the allegation that Dr Hay failed to diagnose and treat liver cancer early enough, the blood test result indicating a possible hepatoma was first recorded in excess of 9000 in July. By August it was greater than 1000000 (sic) [n.b. it wasn't, it was 100,000 according to the NFH records]. This is a large rise in a short space of time and occurred in combination with Mr Murphy's worsening clinical condition." Yes, that was our point. Dr Hay called the test in July which unequivocally proved, with a result of 9280, that William had liver cancer – even Dr Davies couldn't deny that – yet he did absolutely nothing about it. It took until William travelled to Newcastle for that result to be, in Professor Bassendine's word, "unearthed", before the cancer was diagnosed several weeks after it should have been. Either Dr Hay, or Dr Gilmore, or both, had also ignored the results of William's liver ultrasound in July 1994 showing a mass of 6.5cms. By the time he reached Newcastle and the cancer was finally diagnosed, and all the previously ignored evidence was pieced together, it was 7cms.
813. We were completely floored after receiving Mr **GRO-D**'s decision, which had no room for appeal. We just couldn't understand why the GMC had bent its own rules to consider our case, despite theoretically being time-barred, only to then reject it in so wholesale a manner, especially on the basis of so many factual errors, at best, or flat-out lies at worst. As said, we think the slightly more favourable expert report from Professor Machin was sent to the GMC – which we haven't had sight of for years – but even that didn't seem to help. For, although he wasn't completely on our side, he was certainly more sympathetic than the other two so-called experts.
814. Unlike Dr Machin, for example, Dr Davies was emphatic that we had absolutely no case for negligent treatment. Indeed, he was detectably annoyed that we had even pursued such a claim and it seems that his stance must have been pivotal with the GMC. As discussed in Part 1 of our statement we had deep misgivings about his report in particular. For example, when we were first compiling our evidence for the IBI circa 2018/19 there was curiously no trail, certainly that we could find, anyway, to one of the key medical papers that he cited in 1997 as being a central plank behind his rebuttal of Maureen's claim. Nor could we even find any information

about the medical author of such. Yet, we readily found numerous other contemporaneous publications, from circa the mid-1990s, that could have been cited in support of our stance instead, or at least considered as balance. We have always wondered why the GMC didn't look at these.

815. After an IBI evidence-reveal in August 2020, when we finally saw the contemporaneous archive documentation from Dr Hay's legal team, in relation to our claim against him in 2004, we finally discovered what we hadn't known back then when our case was finally dismissed by the GMC. We were able to see, as per our response to the Inquiry [WITN1944133], that our efforts failed as the result of an absolute stitch-up. That's why, in addition to Dr Hay, we are now so keen to, at the very least, keep the GMC, as well as Cumberlege, Reid, and the Archer Inquiry and Mr Burnham (more later about the two lattermost), as key points of headline focus in our evidence; basically all those highly-prominent and public third-parties, or occasions, who either betrayed or served to obstruct us over the years so causing the most pain.
816. The failure of our claim at the GMC circa 2004/05 was every bit as devastating as Reid's announcement in January 2004. The earlier occasion had abused us, in August 2003, by giving us initial hope that Maureen would finally receive financial assistance only to then devastate us by excluding her some five months later. Similarly, when the GMC bent its own rules and allowed our case to progress, we were given genuine hope for the first time since William died that we would finally be able to prove that he was the victim of medical negligence. Yet, once again, we faced a brutal rejection further down the line, made all the worse by the lies that were used to support the final verdict.
817. Twice in just 14 months – January 2004 and March 2005 – we were lifted up only to be thrown down with brutal force. We'd assumed that the documentation we provided to the GMC was a smoking gun, and that Dr Hay would be finally called into question. Yet, we were never given a truthful answer. To this day he has still never answered a single question of ours about his treatment of William circa 1991-94, if not earlier. We were frustrated because the GMC only drew upon the expert reports of 1997 and seemingly

only one, namely Dr Davies'. Again, we just didn't understand why, especially having bent their own rules so markedly to let our case be considered, officials then relied, seemingly exclusively, only on pre-existing, and in our view flawed, seven-years-old evidence only to reach the same decision as before. Why even bother? What had changed in their eyes from initially accepting our case, only to later declare that there wasn't any negligence. It was yet another bombshell. We were so devastated that the period immediately thereafter is a bit of a blur.

818. We were faced with institutional-denial on two fronts of our three-pronged push for justice. Both the Department of Health and the GMC were arguing that black-was-white and that two-plus-two equalled anything they decreed. You just can't deal with that type of obduracy. Our campaign was in tatters. Effectively we were back where we assumed we were at the start of 2004, knowing that we had failed to: secure financial assistance for Maureen; prove William was a victim of compounded medical negligence; and succeed in our calls for the establishment of a public inquiry into the CBS. Some 11 years of campaigning had not only proved fruitless but we effectively knew that there was nothing else we could do; especially knowing that the GMC verdict was a permanent dead-end with no right of appeal. How are you meant to pick yourselves up from a triple-devastation like that? Yet, viscerally, we knew we had to, purely because of our anger at the nature of the GMC's decision.

819. Whereas the DOH's immovability was based on classic, subjective denial, purely in terms of believing its own skewed argument – to the point where it was frankly unnerving to see apparently intelligent human beings completely and repeatedly unable to see the flaws in their own position – the GMC's intransigence was based largely on lies. Had the screeners been faced with an entirely subjective case, or even a textbook she-said/he-said dispute, then it might have been easier to bear the outright rejection, and it may have made what effectively amounted to the death-knell of our overall campaign a degree more acceptable. Of course we would still have been devastated. However, they took the evidence we presented them, re-shaped it almost completely, and then made us wait for nine months – which we stupidly thought was a good thing – before

delivering a verdict based on a series of events that simply didn't happen.

820. That only served to make us furious and determined to carry on, temporarily at least. The only irony was that we knew for certain that the medical negligence aspect of our campaign was over, based on the GMC dead-end. We were finally, then, reduced to only being able, theoretically anyway, to fight on two fronts of our campaign, both of which also seemed as dead as our case to prove medical negligence was. Yet our adrenaline had once again been fuelled by sheer anger. We wanted to fight-on but we just couldn't see how. The only, very remote, hope was that a General Election loomed, which was called just days after Maureen received her GMC verdict. Although the Blair Government was bound to be re-elected it was hoped that a significant enough dent in Labour's popular vote due to the Iraq war – which is what happened – would be enough to dispel the hubris that had set in over the previous eight years and lead to some humility. It didn't. If anything, things got even worse, indeed for the entirety of the Governmental term.
821. Perhaps the only bright spot was that Reid's tenure as Health Secretary ended at the 2005 General Election and he was replaced by Patricia Hewitt, who was the sixth incumbent of our campaign (incidentally, a number that now stands at 14). There had been nothing, really, that we could do in the previous six weeks that had unfolded since the GMC's refusal of Maureen's assertion of medical negligence given the immediate onset of the election. There had been no channel through which to vent our frustration, our anger. In retrospect it was perhaps just as well. However, just days after the start of the new Government, Maureen barely missed a beat and submitted yet another letter [WITN1944310] to the Department of Health, dated 10 May, addressed to Ms Hewitt.
822. After describing William's tragedy, she wrote: *"I have written many, many letters to the Department of Health regarding this matter. My first letter was to Virginia Bottomley in 1994, and I have written to every Health Minister since."* She added: *"HIV infected haemophiliacs and their dependents received recompense in 1990 for their suffering and rightly so, but no offer was made*

*for the haemophiliacs infected with hepatitis C until 2003 and that came with conditions, and the amount payable far less. The offer made was only to those who were alive at the 29th August 2003, no thought was given to those who had suffered and died or their families before this date."* She concluded: "[...] maybe, just maybe you will be the one Minister who listened (sic) and looked again at the injustice shown to the hepatitis C dependents."

823. The only credit – that word again – that we could extend to the 'new' DOH was that Maureen received her reply from Hazel Mendonca of the "Customer Service Centre, Department of Health", dated 20 May, within 10 days. Then it began: a letter that we had already read time-and-time before. It was like our own version of Groundhog Day. She first said "sorry" for William's death, like all who had gone before her. Tick. Then she basically copied-and-pasted the whole of her second paragraph from Ms Johnson's infamous letter of May 2004. Double tick. Her third paragraph was then plagiarised from Ms Johnson's ante-penultimate paragraph a year earlier, but with special inclusion of her "*pragmatic solution*" sign-off. Triple tick.
824. The rest was a regurgitated tombola of Departmental favourites, all previously performed by Messrs Johnson and Hill: "*the difficult decision*", "*unavoidable cut-off point*", "*I recognise you will be disappointed*", "*careful consideration was given*", "*great sympathy*", "*tragic events*", "*these words bring little consolation*", "*reiterate the reasons*", "*strike a balance between a desire to act compassionately and the need to provide a high quality service*", "*where that balance should lie*", "*targeted to help alleviate the suffering of those living with hepatitis C infection*", and then finally her grand, steel-fisted finale: "[...] *the scheme was not designed to compensate for bereavement.*"
825. Pretty much the only original words of Ms Mendonca's whole missive were in her last paragraph: "*I am sorry that I could not be of more assistance to you and thank you again for writing.*" Given that she had copied-and-pasted everything that had gone before, but mixed things around for variety, probably hoping that we wouldn't notice, we concluded that her earlier "sorry" for William's death was also plagiarised. Accordingly, was she really "sorry" that she couldn't be of more assistance?

826. There might have been a general election but nothing had changed. Reid may have gone but the robots were still in charge (later, we expand more about our use of that term), and they were clearly programmed to grind us down. That was how victims of one of the UK's worst ever tragedies were still being treated in 2005 – and indeed for much later, as we will show. Disdain is an understatement.
827. The period immediately thereafter was perhaps a symbolic crystallisation of the whole failed landscape of our campaign. Although we were running-on-empty, we faced as frenetic a micro-period of activity as we ever had. We were fuelled by anger caused by the GMC's corrupt, dead-end verdict – there's no other word for it when you compare the evidence against the decision – yet we had to vent our fury elsewhere. We were clearly heading for a crash without realising it but somehow found the last reserves of energy to negotiate the gut-wrenching, and deeply sad, weeks of late spring and early summer 2005. Looking back, we have no idea how we managed, given how utterly depleted we were. It was our campaign equivalent of the classic dead-cat-bounce. And then we were floored, seemingly for good.
828. The period started with as seminal a Lords discussion as there ever was about the CBS, on 26 May [HSOC0028509]. In yet another debate simply entitled "Hepatitis C", Lord Morris specifically asked the Government as to *"what further consideration they are giving to providing financial help for the dependants of patients who have died in consequence of being infected with hepatitis C by contaminated National Health Service blood and blood products?"* In response, Lord Warner, Minister of State, Department of Health, simply parroted Messrs Johnson, [GRO-D] and Mendonca. Every trite phrase or code they had issued to Maureen over the previous 14 months tumbled forth. *"Great sympathy for the pain and hardship suffered by the widows and dependants"*, *"inadvertently"* (of course), *"not intended to compensate for bereavement"*. There was literally nothing new under the sun or woolsack.
829. Lord Morris tried another angle. *"Why,"* he asked – much like Maureen had previously quizzed Mr [GRO-D] – *"by ministerial decree, are hepatitis C widows*

*denied financial help available to HIV widows? What social justice or morality is there in denying parity of treatment to widows in identically the same tragic position?" Lord Warner responded, with detectable tediousness, saying with complete illogicality and contradiction "no negligence was involved" and "it was not a bereavement compensation scheme no matter how much sympathy we had [...]". It was a constant din of denial. It was hard to know whether these people, operating at the highest levels of the state, but clearly unable to follow a question and respond accordingly, were genuinely slow-of-mind (a charitable term) or unashamedly Machiavellian.*

830. **Lord Roberts cut across the nonsense with as prescient a contribution as the long CBS years have ever heard. "[...] in view of what the noble Lord [Morris] said about this being the worst self-inflicted disaster in the history of the NHS, should we not have a public inquiry, particularly into the consequences for victims' relatives, especially widows? There is no point in the Government trying to brush this under the carpet; it is bound to re-appear."**

831. Then Lord Warner issued one-of-those self-exposing phrases that have pock-marked the entire CBS – from **Cumberlege's "national sport" disgrace in 1995** to Major's *"bad luck"* in 2022 – which always served to reveal exactly what the Government's attitudes were, deep-down. ***"There has been no negligence; it is one of those tragedies. There is no need for a public inquiry."*** There it was: it was just one of ***"those tragedies"***. Just disgusting.

832. Frustratingly, instead of Warner being taken to task for such offensiveness, Lord Turnberg – especially given that he, two years later (more later) became one of the very few over the decades to offer a piercing insight into, and appreciation of, William's demise – somewhat allowed his fellow peer an escape route, which of course he didn't recognise for what it was. *"[...] I do not think that there is any question of compensation and negligence in this matter,"* he said, more than a little disappointingly, whilst going on to implicitly praise both the Macfarlane Trust and The Skipton Fund. However, he followed up with a very pointed observation: *"The question now is whether the Minister*

*can extend the Government's magnanimity to the dependents of haemophilia patients who have died of hepatitis C."* Warner then typically expressed his "sympathy" again but inevitably issued a flat no.

833. Not even Lord Corbett, who told him that *"both governments got it wrong"* – referring to the current and previous administrations – and suggested that he should *"decline to stand up"* in future *"to justify a position where different treatment is given to victims of dirty blood on the basis of whether they got HIV or hepatitis C,"* was enough to sway the barefaced Warner. It was just one of those tragedies.
834. Coming so soon after our GMC debacle, and the post-election realisation that nothing had changed at the Department of Health, the tone of the debate, specifically Warner's responses, left us hollow. Our whole campaign was dead. It had taken three mortal blows in just two months flat; one punch was delivered by the GMC (William hadn't suffered negligence), and two came in a salvo from Warner (there would be no financial assistance for Maureen and no public inquiry into *"one of those tragedies"*).
835. Two days later we heard of the death, from cancer, of the MP, Patsy Calton, aged just 56, and who, only the previous autumn, had tabled her EDM calling for a public inquiry into the CBS, which she had earlier graciously alerted Maureen to. If she did learn in her final days of **Warner's categorisation** of the CBS as *"one of those tragedies"* – and we would suggest that, like with **Cumberlege and her "national sport" disgrace** of 1995, he, too, should explain to the IBI exactly what he meant by those callous words – then she surely would have been heart-broken. Her death, so soon after the election and just days after the appalling Lords debate of 26 May 2005 seemed almost symbolic. The bleakness was unremitting.
836. A week later in the Commons, Maureen's and Anne's MP, Mr O'Hara, at least signalled his unstinting support for our cause in asking Ms Hewitt *"what the reason was for the decision not to pay the same level of compensation to the widows and dependants of those who have died from hepatitis C contaminated blood products administered under the NHS the same level of compensation paid to widows and dependants of those who have died from*



*HIV/AIDS contracted similarly?" Unless we missed it, we're still awaiting an answer 17 years later.*

837. On 9 June, Mr O'Hara contacted Maureen out of courtesy, by letter [WITN1944312], to inform her of the recent developments in the Lords and Commons – no matter how bleak and outrageous – and also to pass on the "best wishes" of Lord Morris. He noted that *"once again, the Minister ducked the issue."* He said he would continue to liaise with "AIF" and *"expected to be contacted soon by the Haemophilia Society to continue the campaign in the new Parliament."* Pointedly, due to a misunderstanding about Gregory's professional capacity, he touched on an issue that went to the heart of our **then five-years-long media silence, due to the GRO-D constraints that Maureen had agreed to.** He wondered whether we would *"be prepared, as and when appropriate, to give publicity to any initiatives which we take on this matter – as we intend to."*
838. Maureen immediately telephoned Mr O'Hara's office to thank him for his message and also to check whether he would re-register with the APPG on haemophilia which he later swiftly confirmed by letter [WITN1944313], on 14 June. She wasn't able to speak to him concerning the sensitivities around our lack of publicity and so contacted him by letter, which she did [WITN1944314] on 21 June. She informed him first that she had already written to Ms Hewitt since the election *"and received the usual standard reply"*, as enclosed. Then she sought to clarify the misunderstanding surrounding Gregory's occupation and the delicate issues about media exposure of William's story.
839. She informed him that we had *"vainly sought to publicise our case over the years"* but had not had *"much success since 1999"* (although ironically our activity in March 2001, our first for six years, led to the constraints she agreed to thereafter). Wrote Maureen: *"We did have coverage in the Liverpool media and The Independent shortly after my husband's death in 1994 but apart from very sporadic local coverage since then we've hardly been able to manage any."* She then added pointedly: *"As you can imagine, the best angle for the media to cover our case was to feature the wider story of our tragedy, emphasising that my husband was actually one of three haemophilic brothers,*

the other two having died of AIDS-related illnesses as you know. Sadly, as I've explained to you,

GRO-D

GRO-D

840. She added: *"As you can imagine, being prevented from mentioning the totality of my husband's case [...] somewhat dilutes our story and as a consequence we have found it an even harder battle than it originally was to garner media publicity."* Indicating a slight loosening of her restrictions, Maureen then explained a certain nuance to Mr O'Hara. She wrote: *"It does not, of course, prevent the whole story of my husband's case being cited in Parliament or Westminster circles, though, and should the wider context of my husband's case somehow reach the media through that route - i.e. not through my direct influence - then I view this as a very different matter."* That was at least a departure from her previous stance.
841. However, she then added – disappointingly for us – having hoped that the hammer-blow of the Skipton Fund and GMC rejections and the ongoing intransigence of the Department of Health regarding an inquiry – three massive setbacks in just 15 months – would change her mind: *"As it stands, though, I've been rather handcuffed [...] in terms of my fight for publicity regarding the injustice of this very unfair Skipton Fund."* With that, it was clear that, although Maureen had agreed to some relaxation concerning parliamentary citations of William's case, i.e. no longer anxiously requesting figures like Lord Archer or Mr O'Hara to refrain from any spill-over publicity, generally-speaking the restrictions of 2001 were still in place. We knew that Maureen was still too raw and anxious to have any more stress piled on her and so reluctantly agreed to re-adhere to her wishes to continue to respect the embargo, much as we actively had since early 2004 (post the Skipton terms) but also by default since March 2001 after which we had failed to gain traction anyway, despite trying.

842. Two days after her letter to Mr O'Hara, Maureen again wrote to Ms Hewitt [WITN1944315], on 23 June, pointedly referencing Ms Mendonca's recent reply and the pat-responses that the Department of Health unashamedly continued to regurgitate; every bit as deep an ongoing insult as Warner's recent statement in the Lords that the CBS was just **"one of those tragedies"**. She wrote (bold emphases in original): *"I have noted that, by and large, all letters I have received [...] have the same format. They start: 'Sorry to hear your husband died from HCV as a result of NHS infected blood products'. They then go on to say how much you 'understand'; have 'great sympathy' for me; they say that the scheme is to 'alleviate those alive and suffering'; 'it was not designed for'; etc etc."*
843. Changing emphasis, she continued: *"Might I ask, why has the dateline 29.08.03 become difficult for you? How can you have arbitrary cut-off dates for deaths as serious as those that my husband and others endured before that date? What, may I ask, was the cut-off date for HIV-widows?"* Added Maureen: *"During the general election, Mr. Blair spoke of listening and respect. I therefore ask Mr. Blair to please listen to the bereaved families of haemophiliacs, and show respect for what we have had to suffer. Why is it that you feel you have to treat HCV families in a different manner to that of HIV families?"*
844. Clearly heading towards the crisis point that was looming for all three of us, as a delayed reaction to the GMC rejection just two months earlier, and the gross insults aired in the House of Lords effectively condemning the rest of our 11-years-long campaign to the scrap-heap, **her final paragraph was pitiful. It is hard to relate the sheer brokenness of it, but the IBI and, we hope, as many of those external parties who had militated against us up to that point, so compounding her ongoing suffering, need to know the stark truth.** She wrote: *"Just what is so different about us? Why are you being so unjust about what is so obviously a moral case requiring no more than a (sic) instinctive reaction from yourselves that you should 'do the right thing' by us? I implore you to please reverse this disgraceful and hurtful decision. Stop this pain. Stop this injustice. Allow me to start grieving unhindered for my husband some 11 years after his death. Stop*

***treating us as second-class victims. Surely you can see that those who have died have already lost the most, their lives, in so horrible a manner (my husband's death was vile)? The Macfarlane Trust and the Skipton Fund should both run on an equal basis. It is that simple."***

845. She was clearly reaching breaking point, as we all were. On 27 June, Mr O'Hara responded [WITN1944316] to Maureen's most recent letter thanking her for the clarifications over publicity matters and noting "*with sadness the difficulties*" surrounding that issue. He added: "*This is a further tragedy for your family on top of everything else.*" He told her that he was staying in touch with Lord Morris who was "*doing a wonderful job in keeping the matter alive in the Lords*" and that the APPG would be reconstituted the following month "*which will enable us to renew the campaign in the current parliament.*"
846. Tellingly, though, he also informed her that he had "***a problem in the Commons in that the Table Office keep watering down my pointed questions about the difference between the Macfarlane Trust and Skipton Funds so that the answers keep sidestepping the main question which is how the Department justifies the difference between them. I am awaiting the opportunity to put this orally, if I can catch the Speakers' eye.***"
847. Naturally, we weren't surprised to hear more bad news about literally any CBS aspect. However, we were shocked at Mr O'Hara's revelations about the un-democratic Commons machinations. The "***watering down***" he referred to was more akin to the standards of totalitarianism. It was sinister and didn't require a parliamentary expert to know that the Department of Health had extended its dark arts within the Mother of All Parliaments. It was one thing churning out careless, stock-answers to us but another, entirely, to hear that free-speech was essentially being suppressed at Westminster.
848. Although we know that the Department was hardly a model of fairness prior to 2003, we have no hesitation in stating that the type of underhandedness that Mr O'Hara highlighted began in earnest under Reid. We haven't been glib, previously, referring to a "Reidian effect", or departmental robotics. They

weren't rhetorical devices. We meant them in all seriousness. For, we had detected a departmental tonal shift under him. Doctrinaire, almost. Officials all wrote and said the same thing, in complete lock-step, perfectly rehearsed, to the point not just of being sinister but unnerving. **And there were clearly moves afoot to suppress discussion. That is dictatorship and we don't think it hyperbole to state so.** We could only await Ms Hewitt's, or likely Ms Mendonca's, reply to Maureen's pitiful letter of 23 June. Incredibly, it came the very next day.

849. At the risk of sounding churlish, contradictory, or hard-to-please, especially given how appalled we had been over the years at the routine tardiness of replies to Maureen, it was counter-intuitively disturbing to receive a response [WITN1944317] from Ms Mendonca – of course – within just five days, dated 28 June. It not only smacked of target-hitting – she was, after all, part of a “Customer Service Centre” – but it betrayed a complete lack of appreciation of the sheer sorrow that Maureen had exposed. For, she had written to Ms Hewitt in absolute despair. She was appealing to basic humanity because it was the only avenue remaining. And Ms Mendonca underscored in triplicate that none existed at the post-Reid department, even under his successor.
850. Of Ms Mendonca's three paragraphs, the first and third were essentially copies of those written on 20 May. The substance of the middle was a master-class in institutional intractability. *“I can only reiterate that the Government does not accept that any wrongful practices were employed and cannot be held accountable for the tragic deaths of those who died as a result of receiving infected blood products. Donor screening for hepatitis C was introduced in the UK in 1991 and the development of this test marked a major advance in microbiological technology, which could not have been implemented before this time.”*
851. Leaving aside, for now, the plaintive humanity of Maureen's letter that Ms Mendonca may as well have thrown in her face, and the fact that she, like so many others beforehand, simply ignored the wider catalogue of straightforward questions, literally begging for answers, that Maureen had asked over the years, the first part of her response was scandalous. **There**

were no *"wrongful practices"*, apparently, and the Government *"cannot be held accountable"* for the CBS deaths! That's quite a categorical assertion from a "Customer Service Centre" official. How can you negotiate with such bull-headedness? In reality, you can't.

852. To a certain extent, then, we could only thereafter watch matters unfold from afar, as it were. Perhaps that had some benefits, looking back – but we can't say for sure. Certainly, we began to see things that we perhaps hadn't previously appreciated. For example, due to the all-consuming, nuanced aspects of our campaign, we hadn't quite grasped that the old – let's call them "Coventry '94" – wars and schisms within the haemophilia community, along the original HIV v HCV lines, were over. Of course, the advent of web-technology altered things massively and we could only admire the sheer steadfastness that ongoing campaigners, looking at the broader CBS landscape, had. We actually felt guilty not being part of that late-"noughties", second-wave. That said, and this was definitely something recognised only in retrospect, **we were burnt out, all three of us.**
853. We realised certain other aspects, circa summer 2005. Primarily that, as much as we wanted to continue campaigning, there was almost nothing that we could do anyway, and therefore we became almost dormant by default. Until that point, as mentioned several times already, we had always faced-down the perennial dilemma at the heart of our activities, i.e. whether it was more injurious to us to keep campaigning, almost knowing in advance that it would be fruitless, or cut our losses and accept defeat, by choosing the former, however reluctantly. For, we had already experienced enforced episodes of default inactivity (e.g. in 1999 whilst Maureen recuperated from near fatal illness) and found them to be more mentally corrosive than being exhaustively and endlessly proactive. **In short, it was easier to cope with the injustice whilst fighting it, rather than sitting-back and still letting it gradually corrode us.**
854. By mid-2005, though, completely exhausted anyway, we realised we had no choice but to cease activities, save Maureen's continuing attendances at the Manor House Group meetings. Apart from anything else, given that our

triple-campaigning was so nuanced, we just couldn't see a way ahead. All three of the doors we had pushed against had not only been slammed-shut but bolted. We really feared how caustic our inactivity would be; as said, we'd experienced it before and it wasn't beneficial. Again, these are the type of hidden instances that only those inside the CBS could ever know of, and that the Inquiry needs to hear. There were layers of almost inexplicable, unpredictable effects.

855. The reality was, though, that as much as we felt that we personally couldn't campaign any further, and might well have been burnt-out (but only sensing that subconsciously, if even that), we also knew that we couldn't really thrust ourselves into the wider, national activity because of the enforced constraints on our public activity anyway. **We could hardly have joined forces with the growing army of steadfast activists whilst being unwilling to publicise such a powerful, arguably pivotal personal story. It was hideous.**

856. Although we stress again that we haven't been exhaustive in our statements, indeed there have been many signal episodes relevant to both submissions that we have overlooked, it's revealing just how thin our archives are covering the period from summer 2005 until late 2006. That void, so distinct from all other years since 1994, save 1999 following Maureen's illness, stands as testimony to our general dormancy at that time. We could only hope that there would be developments at some point that would render our inactivity irrelevant – at least regarding the calls for a public inquiry and for financial assistance for Maureen – but we really feared that we were facing a long impasse. Consequently, as we faced our annual New Year's Eve status-check in 2005, the 12th since William's death, we just didn't know what lay ahead, but all-too-ruefully knew how brutal things had been since 1994.

857. The injustices had piled up and had taken such a toll that we simply didn't know how to progress. We at least knew two things, though. Firstly, we wouldn't waste a second in reacting even where the slightest glimmer of breakthrough appeared. Secondly, we would never again allow our hopes to be raised only to have them slammed down again, as per 2004 and 2005 through our respective experiences regarding the initial announcement of the

Skipton Fund payments, and then the first-phase acceptance of Maureen's case by the GMC, despite a decade having elapsed since William's death. We were twice bruised and thrice shy. Incredibly, naively, even stupidly, though, we were just 14 months short of making that same mistake yet again. Indeed, by mid-2007, after being hit hard for a third time, not only were we finally, finally resolved to never drop-our-guard again in terms of hope, but **we would also never again trust any third-party attendant to the CBS**. As 2006 bleakly dawned, though, we were just about able to raise our heads enough to keep even remote tabs on developments, never mind raise our hopes.

858. Whilst we broadly agreed with The Haemophilia Society's denunciation [WITN1944318] of the Government's long-awaited report, in February 2006, titled "*Self Sufficiency in Blood Products - a chronology from 1973 to 1991*" [WITN1944319] – and obviously it was subjective by nature, presenting but one perspective of the unfolding tragedy – we also bitterly, perversely welcomed it. For, it underscored so much of what we'd argued since 1994, pointedly regarding our contention that William was subjected to compounded medical negligence over at least three years, if not some seven or perhaps even 13 or more.
859. To know that even the state's version of events inadvertently – to use one of the Government's favoured codes – confirmed the substance behind our allegations was both vindictory and horrific. It was also astonishing to reflect that not only had the Department of Health considered his life, and wife, to be worth less than a penny of financial assistance, but also that there was still no realisation of how hideous it was that no public inquiry had even been held into such an episodically catastrophic event. Moreover, the very fact that the report covered a period 18 years was inherent proof of the need for such a transparent investigation.
860. It was self-evidently ludicrous that the Government's own report recorded such a calamitous series of highly injurious, often fatal events, affecting thousands of its own citizens, and yet no public examination of such was ever deemed necessary. That report possibly represented the zenith of the Government's institutionalised cognitive dissonance about the CBS. Even



though it was designed to exonerate the state, the very fact of its publication, its intrinsic horror, stood as an implicit justification for a public inquiry. Yet public officials just couldn't see the wood for the trees. The 49pp of text stood as a literal paradox: self-evident recognition of an unfolding, blood-soaked disaster on a truly monumental scale, and yet it was deemed that full, public accountability was unnecessary. At best it was an unnerving kind of persistent, pathological myopia, on an industrial scale, at worst it was the most sinister type of state-sponsored truth-suppression.

861. For us, though, it was truly disturbing on two counts. We finally had proof and truth, admitted by the Government, no less, about the veracity of our contentions, yet we couldn't do anything about it, not least because we were being obstructed by the very same State that sponsored the report in the first place. It was a vicious, spinning circle that we were simply powerless to stop.
862. It was both heartbreaking and frustrating to read, for example, an acknowledgement by the Government that, in 1989, there was at least a good indicative test for HCV available (which, of course, we knew anyway). Although short of being confirmatory, it would certainly have been a vital assessment of the ongoing hepatological state of a patient like William who was known to have been non-A, non-B positive in 1981, and HCB positive in 1978 and arguably earlier, and HAV positive circa the late 1960s/early 1970s. Our argument was always that Dr Hay both could and should have erred on the side of caution by assuming, at least by the end of the 1980s, that the long-term effects of his several hepatitis infections a decade and more earlier had exacted a chronic effect. **The evidence proves that he didn't.**
863. The determined, chronological argument that was always routinely used against us (e.g. by the medical experts appointed in 1997 to judge our evidence, and then the GMC in 2004/05), to deny that William was negligently treated, was always baseless: i.e. that there was apparently no way of knowing that he had chronically suffered subsequent to his non-A, non-B infection in 1981, simply because HCV wasn't isolated until 1989, and furthermore that a reliable test wasn't available until September 1991. In any case, just for argument's sake, even that last date was still three months short

of the double-surgery that he underwent in winter 1991/92, the disastrous aftermath of which triggered such a serious phase of liver-decompensation that it almost led to his death by April 1992. Again, we stress that, in the immediate wake of his parlous hepatic state only finally becoming apparent in January 1992, following the surgery of December 1991, Dr Hay admitted, in writing, **that had he known of the "severity" of William's liver disease that he wouldn't have recommended such a procedure.** What more proof was needed that **he hadn't adequately monitored his patient's hepatic status** up to that point, knowing, since his arrival at Liverpool in 1987, that he'd been infected with non-A, non-B exactly a decade earlier?

864. Even the Government's own "*conclusions*" stated that by the mid-1980s "*it became apparent*" that non-A, non-B hepatitis "*was associated with long-term chronic sequelae, including liver failure, cirrhosis and hepatocellular carcinoma*" (page 29), in contrast to the former period when it was assumed that effects were "*mild and asymptomatic.*" The report also referred to the oft-cited Dr J. Craske – whose published medical papers circa the late 1970s/early 1980s were hardly alarmist about the hepatic calamities that were then already blighting the haemophilia community – suggesting that **even by October 1980 he'd issued a caveat to his research to the effect that non-A, non-B "might cause chronic liver disease"** (page 43).
865. Again, we stress – **because seemingly nobody ever gets it** – that William was knowingly affected with non-A, non-B in November 1981, and that Dr Hay became his haematologist in 1987 knowing so. Yet, by January 1992, by his own admission, having agreed to William undergoing significant surgery (and indeed having long since pushed for it), **he had no idea of the "severity" of his patient's liver disease which had already progressed to cirrhosis and liver failure.** Quite damningly, the report's "*Chronology of Events*" unequivocally stated: "*1982/83 – Studies published that indicate that NANBH is more serious than previously thought.*" Yet, almost a decade later, Dr Hay, a world expert, was apparently oblivious to what was right under his nose. Worse still, six months later, in June 1992, after discovering exactly what the extent of the "*severity*" of William's liver disease was, especially given that he'd almost died in April 1992, **he unilaterally elected, at the very last**

minute, to cancel a liver work-up procedure on his own, truly beleaguered patient, even after he'd been admitted to hospital for such; a decision which was proven to be fatal given the disastrous series of events that unfolded throughout the spring and summer of 1994. Repeatedly, though, we were told by the medical experts of 1997, and the GMC of 2004/05, that no negligence had occurred. Even in 2020, in his evidence to the IBI, he asserted that our allegations were "fictitious". Just staggering.

866. It was also utterly galling to note the several printed references to "Hay et al" – underscoring his hugely significant standing in haematological research circles – whilst knowing of his failures with William which seemed to make a mockery of his reputation. Indeed, it was bitterly ironic to read the Department of Health citing the seminal 1985 paper that he co-authored (as referenced many times also in our statements; our bold emphasis). It stated: "*They [Hay et al] postulated that progressive liver disease in these patients was an understated problem after observing that **serial liver biopsies** revealed chronic active hepatitis or cirrhosis in 21% of patients, and that there was evidence that these conditions had progressed from chronic persistent NANBH infection. On the basis of studies by Aledort et al. [...] and Hay et al [...], it has been estimated that 20% of patients with abnormal transaminase levels will develop cirrhosis within 10 years of infection [...] Hay et al. therefore concluded that it seemed apparent that liver disease would become an increasing clinical problem for patients with haemophilia in the future.*" Yet just 12 months earlier, the GMC had rejected any notion of negligence, specifically in reference to Dr Hay's unilateral cancellation of a liver work-up on William in 1992, stating that: "*[It] may have involved risk-laden procedures such as liver biopsy, the complications from which are multiplied in patients with a bleeding disorder such as haemophilia.*"
867. It was beyond hideous to note that even the Department of Health was unwittingly providing evidence to under-pin our central contentions about not only the obvious first negligence that befell William and those like him, i.e. concerning the basic matter of being multi-infected by contaminated NHS blood/products, but also the subsequent treatment failures he was subjected

to, most certainly between 1991 and 1994. Further, although it was an ambiguously motivated reference, it was notable that the report referenced a July 1981 article in the British Medical Journal (BMJ) on post-transfusion hepatitis which stated that surveys in patients with haemophilia had reported *"changes in the liver architecture consistent with chronic persistent and chronic active hepatitis, and of cirrhosis."* It went on to assert that: *"The authors also stated that 'in some cases early death from liver disease might prove to be the price paid by patients with haemophilia for the improved quality of life afforded by the easy availability of clotting-factor concentrates.'"*

868. Our low opinion of the Department was such that we instinctively intuited that the inclusion, in its own report, of that infamous "price to be paid" (BMJ) reference was intended as code; an almost subliminal, dog-whistling, reminder-exoneration, indeed justification of the Governmental shortcomings regarding the CBS. (although plausible-deniability of course applied regarding the conspicuous citation, given that it was a seminal quote from the era.)
869. Yet even if we were correct as to the Department's motivation for including that scandalous reference, it spoke volumes about the macabre position that we were reduced to by 2006. For, even the most skewed, subjective and highly selective of reports, produced by one of our recurring nemeses, the Department of Health no less, couldn't avoid reinforcing – however unwittingly – the strength of our contentions that William was subject to intolerable medical negligence over several years. We'd always known that truth, of course, but to read it, writ-so-boldly, even by departmental authorship, was a twist that was almost too acidic to digest.
870. We had finally found ourselves in the most contorted of campaigning positions, and about which we could do absolutely nothing given the reductively self-cancelling reality of it all. For, we were almost grateful for the obvious sleights-of-text issued by the Department of Health, of all bodies, inasmuch as they inadvertently supported so much of what we had always contended specifically about Dr Hay's role concerning William's treatment, amidst a much broader scandal of fatalities and injuries, which the very same Government department – effectively decreeing that his life wasn't even worth

a penny anyway – was implicitly denying the overall importance of, given its repeated refusals to agree to a public inquiry. It took us quite a while to allow our emotions to subside after the battering of early 2006 following the publication of the Department's report. It was perhaps as well that we could never have anticipated what 2007 would deliver.

871. We can't recall exactly when, in 2006, The Haemophilia Society circulated its questionnaire to the "wives/partners or widows/bereaved partners", but, whenever it was, Maureen's responses [WITN1944320] cut across a swathe of CBS aspects and consummately summed-up the long-failures of our campaigning, and the un-remitting bleakness.
872. Regarding the specific issue of "consent" that was raised by one of the questions, she pertinently touched-on an always troubling aspect of William's treatment that we had not necessarily amplified previously, such was our necessary focus on certain other specifics (again, like we stress that our statements, though extensive, have been far from exhaustive, much the same applied to our campaigning). She wrote: *"Testing was carried out without the patient's consent; nor were they told the results of the tests. My husband discovered in January 1992 that he had been infected with HCV 10 years earlier in December 1981 following an operation for an ulcer. After that operation he was told he had hepatitis which would settle down eventually. On receipt of his medical records after his death, I was shocked to find a letter dated March 22nd 1979 stating that he had, in fact, already had a positive 'Australian antigen' test, possibly due to receiving cryo-precipitation. This letter also stated that he had: dilated ducts and abnormal liver function tests usually indicative of serum hepatitis. Another letter dated February 5th 1982 stated that he had suffered an acute attack of non-A, non-B hepatitis as a result of receiving Factor VIII at the time of the operation for his ulcer and that his liver function tests were not yet back to normal. We were never informed of any of the tests taken."*
873. Asked as to how she thought *"the government has responded to the contamination of haemophiliacs/wives/partners with blood borne viruses"*, her withering reply was if anything understated, and almost certainly reflective of

her campaign-fatigue. She wrote: *"I think they have demonstrated a complete disregard of haemophiliacs and their families concerning the pain and sufferings that they have had to endure due to the infections in contaminated blood. The various governments over the years have always maintained 'no fault' on their part regarding the distribution of contaminated blood used in the treatment of haemophiliacs, which ultimately led to the death of my husband at the age of 59; his death certificate reads: i) hepatocellular carcinoma; ii) cirrhosis of the liver; iii) hepatitis c; iv) haemophilia A."*

874. Similarly, her reply to the question about The Skipton Fund was naturally beleaguered, though no less damning: *"I find the decision to exclude widows unbelievable given the fact that we have suffered the most. I experienced all of my husband's sufferings. I cared for him. I gave up employment in order to do so. We had to live on Disability Living Allowance and what meagre savings we had. Due to the early surrender, on the likely - and ultimately correct - assumption that they would not have eventually been paid out upon his death given the nature of his illnesses, we had no insurance policies to cash-in. Similarly we had no mortgage protection as we were never able to secure such a policy given my husband's condition. I had to continue paying the mortgage after my husband's death. I live on just my state pension and a small works pension of £1,400pa (net) from a former employer. My husband has now been dead 12 years and what savings I did possess have now been completely exhausted. At the age of 68 I had to take out an interest-only mortgage to carry-out necessary repairs to my home costing me £68 per month, which I can ill-afford."*
875. Tellingly, when asked about the role that the pharmaceutical companies had played in the CBS, she was equally damning, although that, again, had long been a very limited aspect of our campaigning given the breadth of other elements that we had always had to concentrate on. *"They should be held responsible for supplying contaminated blood products along with the governments that bought and used them in the treatment of haemophiliacs,"* she wrote succinctly. She added: *"They should also be made to pay compensation for the lives they have ruined. After all, if customers purchase an item in good faith, only to then find it faulty, it is naturally assumed that they*

*should seek recompense or redress. Similarly, HCV widows are owed for the loss of husbands. Someone must hold their hands up and admit responsibility for this disaster which in my opinion was manslaughter."*

876. Despite how relatively benign her relationship with The Haemophilia Society was at that point, she could not forget the long-hurts that she had historically suffered over the previous 12 years when asked to provide her views about the organisation's campaign activities. Pulling no punches, she simply stated: *"The Society has never given us the support we truly deserved. They have never really fought our cause. Lord Morris, I feel, is the one person who has shown us the most support. In the 27 years since my husband was first treated with contaminated blood products I have had very little support."*
877. Her jadedness was also detectable in her answers to queries about the roles that the legal profession and the media had respectively played in the CBS. Regarding the former, she said: *"[...] I believe the legal profession has generally been sympathetic to our cause, and fully understanding of the injury and injustice. Ultimately, though, they have been impotent in their ability to be successful as they have been hampered from really exposing the truth of this disaster, due to cover-ups and inaccessible information."* Concerning the latter, she said: *"Generally the media response has been lukewarm. Part of the reason for this is that I don't think the media has ever been able to get to grips with the complexities of this tragedy and as a consequence have largely ignored it. However, I have also wondered if another reason for the media's general silence has been that they have been handcuffed from investigating the matter by the government. Also it has been very difficult to garner media coverage simply because it is very painful for families to publicly expose their heartache. Like many people, I have related my story to the media and this has resulted [GRO-D] which will never be resolved. I believe that the government has traded on the general reluctance of the haemophiliac community to expose itself to such scrutiny."*
878. We viewed her responses almost as a valedictory statement about the CBS, for we knew we were beaten and that there was seemingly no avenue of campaigning open to us any further, despite Maureen's continued attendances

at the Manor House Group meetings; indeed she thanked its membership for having "empowered" her *"greatly over many years and I thank them for their support."* Again, though, she took aim at The Haemophilia Society, for the exact opposite, stating that it had "disempowered" her *"through its lukewarm response over the years."*

879. Despite the overtly resigned nature of her responses, almost communicating a final acceptance of her fate, barring a miracle, she wrote plaintively: *"I never give up hope that one day my late husband will receive the justice he truly deserves. Although they are tragic, a written statement he made about his condition nine months before his death [WITN1944004], gives me the motivation to continue fighting for him and this in turn leads me to continually live in positive hope."* That, in a nutshell, was why we then so stupidly exposed ourselves to the later damage that awaited us in 2007, ignoring all of the past lessons that we should well have learned by then.
880. She added further: *"Being the widow of a haemophiliac infected with contaminated blood is not easy to come to terms with compared to being a widow due to more naturally accepted causes of death. It's hard sometimes to continue with life and to grieve naturally because you know that your husband didn't die from more common causes such as a heart attack, or an accident or cancer (although he did have cancer, this was as a direct result of being infected with HCV). You tend to feel that you are always fighting for justice and you do get days when you just want to surrender. Indeed you may even forget about it for a few days but then something happens to trigger it off again and it all comes flooding back. I want it to end. I want someone to say they are sorry. I want someone to tell the truth as to why this tragedy was allowed to happen. I want to get on with the rest of my life. It is the hope that I will achieve all of these things that ironically keeps me positive."*
881. We can't recall exactly what the catalyst was for Maureen later re-activating her campaign made on 6 October, 2006 but know that, notwithstanding her response to the Haemophilia Society questionnaire (indeed, it's possible that was even later than October), we had been effectively dormant as a campaigning-trio since mid-2005 subsequent to the two hammer-blows



endured in the 16 or so months immediately prior (i.e. the formal exclusion from The Skipton Fund in January 2004 and the rejection of medical negligence claims by the GMC in March 2005). As said, even the release of the Government's report into self-sufficiency, in early 2006, hadn't spurred us into pro-activity, partly because it seemed that there was no avenue for us to pursue, and also because of the ongoing publicity restrictions placed upon us. Whatever the spur was, though, it's clear that she was at least prepared to remount her push for justice by early October.

882. Although we no longer have a copy of the letter that she wrote to the Department of Health on 6 October (it's possible that the Inquiry might have sourced this), the response she received on 11 October [WITN1944321] was every bit as despicable as those she was receiving right up to summer 2005. Indeed, the only ongoing positive was that a different official had evidently desisted from offering faux-"sympathy" for William's death, much as Ms Mendonca had finally ceased from doing, perhaps directly in response to Maureen's conveyed repugnance about the nauseating tendencies that had crept into departmental communications under Reid and then subsequently Ms Hewitt, who was still the Secretary of State for Health, and indeed to whom she had written, yet again, on 6 October.

883. Disregarding the boilerplate spiel in the first paragraph, explaining why Ms Hewitt had delegated the need for a response to the "Customer Service Centre", Kalpana Chauhan could hardly have communicated the corporate disdain for Maureen more clearly. *"[...] I note that my colleague Hazel Mendonca replied [...] to you on 16 May and 28 June last year, respectively. These replies outlined why the Government would not be extending the eligibility criteria of the payments. The information given to you by Ms Mendonca is the most up-to-date and accurate available, and I am afraid that there is nothing further I can add to this. The Government's position remains as set out in Ms Mendonca's letters."* It was abundantly clear – and indeed had been for a long time – that Maureen was viewed by the department with nothing but tedium. What a despicable way to treat a grieving, still financially-unassisted widow of a CBS victim! **That type of hard-faced rhetoric was, though, we maintain, first honed under Reid's departmental**

tenure. He can take as much "credit" as he wishes for the fact that his legacy was such that the dehumanised department that he re-shaped truly became a corporate exemplar of pitiless implacability. That was his legacy.

884. As said, whilst we cannot be sure of the precise order of events that served to, briefly, revitalise our campaigning vigour in autumn 2006, after some 16 months of dormancy, we also know that a significant contributory factor was the *BBC Panorama* documentary "*The Price of Blood*", broadcast on 8 October – i.e. just two days, curiously, after Maureen had written to the Department of Health for the first time since May 2005 – which left us absolutely enraged, but also feeling utterly helpless.
885. The programme prominently revolved around seemingly dubious practices concerning the transportation and supply of likely contaminated blood/products – notably referred to, in context, as "*stuff*" in the narrative – particularly in Europe and with large emphasis on Italy, and the business dealings of **David Mills, the apparently estranged husband – though later reunited – of the former Public Health Minister, Tessa Jowell (then the serving Secretary of State for Culture, Media and Sport)**. Accordingly, Gregory swiftly dispatched, on 16 October, an email [WITN1944322] to her, and copied it to the prime minister, his own MP – Mr Kilfoyle – and also the *BBC Panorama* team.
886. Using the apparent and flippant contextual references to "*stuff*" – uttered by articulated lorry drivers, shown in re-enactment, charged with transporting their loads which contained allegedly highly suspect quantities of blood/products – as the opening angle of his communication to Ms Jowell, he wrote: "[...] *who in the British government could ever criticise these two men for being so crass in their references to the blood products under discussion because, at repeated junctures since May 1st 1997, the administration of which you have been a central member, has demonstrated an even more casual attitude to the plight of haemophiliacs (either alive or dead), their dependency on clean blood products and the heartbreak and suffering experienced by their families, especially those who have been bereaved. As*

*the son of a still uncompensated widow of a deceased haemophiliac, my father, who died as a result of contracting Hepatitis C from an infected batch of NHS administered blood products (i.e. "stuff"), I would contend that, relatively speaking, the cursory way in which the two Italian workers referred to their truck-load frankly pales into insignificance when compared with the haphazard manner in which the current government has addressed all matters concerning haemophiliacs during this last decade."*

887. He then related William's tragedy before stating that it was *"strongly suspected that the source of [his] infections lay in the surfeit of imported and tainted blood products from the United States into the UK in the late 1970s and early 1980s,"* mostly under the previous, 18-years-long Tory administration that finally ended in 1997. Querying as to why a Labour Government, for *"some mysterious reason"* hadn't then *"deemed it appropriate to expose the obvious incompetence of the previous Conservative administration from 1979 onwards,"* he simply asked: *"I wonder why this is so?"* He added: ***"Why is it that this government feels no moral compulsion to investigate this scandal and expose those gravely at fault? One can only conclude that there is evidently something to hide - relating either to current government figures, certainly to previous Tory-era individuals and perhaps also to Labour ministers in the 1970s."***

888. Gregory then asked a series of questions about *Panorama's* specific allegation that a batch of blood/products had gone missing from the said lorry consignment in Italy. He wrote: *"Where to? When? Who to? Had the contents been administered? Destroyed? Was the missing batch still in storage somewhere? Furthermore, from exactly where did the residual volume that was discovered in Italy originate?"* He also cited the long suspect processes that had operated in **Arkansas, USA,** ***"as part of the notorious, Governor-approved [by the future US President, Bill Clinton], cash-for-blood schemes held in state prisons [...]"*** Furthermore, how old were the products located in Italy? Did they date back to the 1970s or 1980s?" There were questions-upon-questions that could have been asked. As Gregory wrote: *"[...] I'm sure you can see the pressing need for a public enquiry. Because surely if, in the course of just one letter to you, referring to*

*just one British TV programme, I can rattle-off a volley of questions that need answering, then it stands to reason that there is so much more that needs exposing. Agreed?"*

889. He then touched on a wider swirl of allegations that had long cast suspicion on the global aspect of the CBS, i.e.: documentary evidence pertaining to the Italian consignment featured in *Panorama* that was lost (having apparently been blown out of an office window during an electrical storm); of course, missing UK Government papers relevant to the CBS; **the similar disappearance of key documents in Arkansas, from the Governors' mansion; indeed a timely fire in an Arkansas prosthetics clinic which completely destroyed the records of blood-product batch numbers; a similarly convenient break-in at the Canadian HQ of that nation's equivalent of the Haemophilia Society, apparently on the same night as the Arkansas fire; and last but certainly not least, the missing batch numbers from William's own medical files.** The list of queries and suspicions was seemingly endless. Yet nobody in the UK Government – past or present – seemed to consider that a public inquiry, certainly pertaining to the British aspect of the CBS, was ever considered necessary.
890. Am I *"being naive"*, asked Gregory, *"and is it more a case that this Government's constant and pointed refusal to hold a public enquiry speaks volumes about the global cover-up to which it is party?"* Then, directly addressing Ms Jowell's close proximity to the matters exposed, as they specifically concerned Mr Mills, he wrote: *"Through your husband, Panorama alluded to your indirect - and obviously entirely circumstantial - involvement in this whole scandal and I naturally would refrain from repeating any inferences made by the BBC. However I will say that sadly I will never, ever be able to watch you on television or read about you in newspapers without thinking of even the remotest possibility that you, of all people, someone who has held high office in this country's public health department, had connections, however coincidental, to the blood scandal which brought about my father's death. And I naturally would shudder to think that even in the remote case that this was true, it has somehow influenced this Government's continued stance*

*in refusing to hold a public enquiry into the biggest health scandal - and possibly biggest scandal full stop - that this country has ever known."*

891. Added Gregory: *"I am also left to wonder if you were one of the ministers who were party to the heinous and prolonged policy refusal to pay recompense to the haemophiliacs involved in this tragedy who contracted HCV. And although this intransigence has been alleviated to a derisory degree through Skipton Fund payments for those still suffering from the daily horrors of HCV (trust me, it's horrific), there are still aspects of the old cold-heartedness in clear evidence through the ongoing refusal to recognise the widows, like my mother, of those who, like my late father, paid the ultimate deathly price."*
892. On 18 October, Maureen also sent a personally-adapted version [WITN1944323] of the e-letter that Gregory had already dispatched, conveying it directly and only to Ms Jowell. As far as we are aware, save for the auto-response sent to him through the prime minister's e-mail service on 16 October [see also WITN1944322], and Ms Jowell's similar default to him on the same day [WITN1944324], neither he nor Maureen received an official reply from her. Indeed, the only response, *per se*, that came our way was a succinct one [WITN1944325] from Gregory's MP, Mr Kilfoyle, also on 16 October, stating: *"Thank you for sending me a copy of your email to Tessa Jowell MP, the contents of which I have noted with interest."*
893. As far as we can ascertain, our only other activity of note in 2006 was a further letter to the Department of Health that Maureen sent on 18 October (which we sadly no longer have a copy of) which elicited another arguably terse and somewhat confusing response – especially given our ignorance of the contents of Maureen's original – from Kalpana Chauhan [WITN1944326] on 30 October. We remain ignorant of the context of matters under discussion.
894. Thereafter, we believe – after that brief flurry of early autumn activity – the remainder of 2006 was marked by our return to the default-dormancy that we had reluctantly adopted in mid 2005. Indeed, that would remain so until well into 2007. Accordingly, we marked our 13th annual New Year's Eve campaign-status-check again reflecting that we had made zero progress on all

three justice-pursuits that we had embarked on in September 1994 which already seemed an eon ago.

895. The truly desperate nature of our seemingly completely stalled push-for-justice was reflected by Gregory in late January 2007 when he participated in a *BBC Radio FiveLive* blog-experiment [WITN1944327] of the typical 'time-capsule' style. It was no more complex than an invitation for members of the public to log-in to a specially constructed blog in order to record what was most pre-occupying them that day; a snapshot of Britain on just one day of 2007, if you will. Accordingly, he took the opportunity to encapsulate the whole 13-years-long failure of our campaigning and, for the first time in six years, decided to override the media embargo on revealing the full extent of William's story. It had been a privately-decided new year's resolution of Anne and Gregory's – given the end-to-end hopelessness of 2006, not to mention the fruitless back-end of 2005, and indeed the stunted nature of all of our campaigning since 2001 – that **we would no longer follow Maureen's media blackout**. We reasoned that we couldn't continue getting nowhere, year-on-year, without being able to fully communicate the whole context of William's story.
896. Accordingly, on January 27, he wrote, half sardonically: *"Another Monday and another day in a 13-year campaign of letter writing to relevant government officials to try and get justice and - badly needed - compensation for my mother, the widow of a Hepatitis C infected haemophiliac who perished in the biggest medical scandal this nation has ever known. Seems really unfair, you know, that my mum hasn't been recognised by the government just because my father contracted Hepatitis C from infected, dwell on that word, NHS 'blood products', whereas her two sisters-in-law have been duly compensated for their loss because their husbands, my dad's two other haemophiliac brothers, contracted HIV-AIDS and duly perished. Three brothers, three widows, three deaths, two diseases and only two compensation recognitions. Maybe it would have been better for dad to have acquired HIV-AIDS. He died anyway. And mum wouldn't have had to endure grief-on-grief since. Feel a bit guilty, sometimes, in these litigious times to be pleading for financial recompense as well as justice, but mum is counting every penny and she should never have*

*been left like this. I keep thinking that someone in the media must surely latch onto this story - it's not like I've not tried every single media outlet since 1994 especially as there's a parallel call for a public inquiry into the whole scandal and we need answers as to why the Dept of Health 'accidentally' managed to shred all of the relevant documents, but I guess the story is just too complex and not catchy enough for the rolling news era, even though it's a massive, massive story. Strange. Until it's exposed - if ever - I'm sure the faceless bureaucrats at Westminster will continue to ignore and hush it all up. Anyway, more letters to write (must make them snappier) and more stamps to buy. That reminds me, I'm still waiting for replies from Mr Blair and Ms Jowell from last October (memo to self to follow this up)."*

897. We could not have expected that it would lead to committed interest from the *BBC Radio FiveLive* journalist, Gavin Lee, who contacted Gregory shortly afterwards with a view to begin background work on the whole arc of the story, perhaps for a feature-length broadcast package, maybe even a documentary. Moreover, we never anticipated that our link-up would serendipitously coincide with the unexpected news of an independent inquiry into the CBS as announced on 19 February. For, Mr Lee was already in direct liaison with Gregory [WITN1944328] even in the week prior to the major news-break and indeed had travelled to Liverpool to meet him, Maureen and Anne in order to both work on the story and discuss publicity sensitivities.
898. It was an absolutely monumental breakthrough for us, though, to learn that Maureen was already tentatively considering, in the week leading-up to the inquiry announcement, **abandoning her six-years-long adherence to the embargo on our ability to expose the full context of William's story**. She then summarily decided to completely override it, immediately after the news release.
899. It seemed that the long hiatus in our campaigning since summer 2005 had privately taken too much toll on her by early 2007. Perhaps sensing that our campaign was headed nowhere, and at the very least needed to be re-galvanised, Maureen had also privately concluded that **it was finally time to break her agreement about publicity restrictions**. She had not known

that Gregory and Anne had also unilaterally decided as much at the start of 2007. It was therefore a blessing, and more serendipity, that even before the calling of what became known as The Archer Inquiry, we were finally and fully re-united in our campaign purposes for the first time since March 2001. The timing could hardly have been better. Not least because, without realising it, we were headed for arguably the biggest psychological devastation of our whole campaign – even by April of that year – and needed to be unified in every way possible in order to cope.

900. **It's no exaggeration to say that we have still not recovered from the events (to be described) of spring 2007, which need to be understood in the context of the whole un-folding nature of this, our second statement to the IBI, right back to 4 September, 1994.** Indeed, they were so damaging that, in turn, they negatively affected our initial attitude towards the IBI after it was first called in 2017. Moreover, the scars that we carry from The Archer Inquiry of 2007-09 – compounding those of 2005 (the GMC devastation), 2004 (the Skipton rejection) and 1997 (the thwarting of Maureen's potential litigation), to name just three hammer-blows of note amongst scores of other distresses – are still essentially restricting us to this day. **For, it's indisputably a direct result of the treatment that we received at The Archer Inquiry that we have found ourselves only just about being able to finally supply in full – for, psychologically, nothing else will suffice – our evidence to the IBI at this very last minute, purely because it has taken us so long to compile it all.** We have suffered greatly throughout the years of the IBI – since 2017 – anxiously and distressingly preparing our evidence, but know that, ultimately, the reasons as to why we could only ever adopt the policy we have done, are rooted in the events of a decade earlier. For The Archer Inquiry finally knocked every last vestige of trust, and hope, out of us. We would never again drop our guard. **That default attitude has hampered us greatly since 2017 in our dealings with the IBI, which, after all, is still a Government-sponsored investigation. And here we are, only supplying our evidence at the very last minute, when, we know, it is already too late for it to be acted on. That irony is not lost on us.**



901. The weeks leading-up to The Archer Inquiry were undoubtedly the busiest that we had experienced in terms of publicity since late 1994. In addition to our link-up with Mr Lee of *BBC Radio FiveLive*, we also aired William's story across a range of media platforms; typically one led to another and then another. **The freedom, at last, to be able to do so, was such a relief.** In short, we finally had unrestricted media-traction and momentum again, chiefly because the press had an angle to hang it all from – the Inquiry itself – and a context by which to frame it all.
902. From memory, our pre-Inquiry activities included the following: i) news interviews that Gregory gave to three *BBC* radio stations: *Radio Four* [perhaps twice]; *FiveLive* [several]; and *Merseyside* [perhaps twice]; ii) a feature interview that Maureen agreed to on *BBC Radio Four's "Woman's Hour"*; iii) Maureen being interviewed and photographed for a news-feature in *The Observer* published on 25 February [WITN1944329]; iv) Maureen being interviewed and photographed for both of Liverpool's daily newspapers – the *Daily Post* (morning) and *Liverpool Echo* (evening) (which we no longer have copies of); and v) Maureen featuring on the *BBC's* national, six o'clock TV evening news on the evening prior to the Inquiry [WITN1944330].
903. A corresponding *BBC News* interview with Maureen, headlined "*Hepatitis C widow 'needs answers'*", that was published online [WITN1944331] later on 17 April, on the eve of the Inquiry's first day, was the result of communication between Gregory and the *BBC* journalist, Sophie Hutchinson [WITN1944332], in which he provided various briefing materials for her to use as background research. The eventually un-accredited report stated that Maureen "*wants justice for her husband, William, who died in 1994 from hepatitis C.*" It added: "*His two brothers were also affected. Both died of HIV caught from infected blood products which were used to treat their haemophilia. But unlike Mrs Murphy, the families of her husband's brothers were offered financial support.*" **Once again it was clear that it was journalistically – and indeed politically and morally – necessary to juxtapose, for contrast, how successive Governments had regarded William in comparison to his deceased haemophilic brothers. That was always the kernel of our story,**

that was the injustice-within-the-injustice. That's why we always needed the ability to convey the whole context of William's tragedy. The inability to do that, for six years between 2001 and 2007, we believe cost us dearly in terms of vital campaign momentum.

904. Maureen was quoted by the BBC/Ms Hutchinson saying: *"I need answers about why this happened to my husband. He was a haemophiliac but he was quite a healthy man and for this to happen to him was so awful and so unjust. The government bought the products from America so it is their fault and they were aware of it but they kept it quiet. Who allowed it to happen, why did it happen, why weren't they concerned about infecting and killing these people?"*
905. The report then described the injustices meted out to her through her exclusion from both the Macfarlane Trust and Skipton Fund, adding that Maureen's assertion was that *"230 other widows had not been eligible"* for payment from the latter *"because of the cut-off"*, i.e. Reid's abominable decision in 2003 to deem that those, like William, who had died prior to 29 August that year did not count. Maureen was quoted saying: *"We should be treated with the same respect as the HIV widows, we want the same justice, and we're hoping this inquiry will let the hepatitis C widows have justice."*
906. The report also described how she *"gave up work to be a full-time carer"* for William, *"and because of his haemophilia they were unable to take out insurance policies or mortgage protection."* She was quoted saying: *"I feel angry, it's unjust, and I want someone to admit they did wrong knowingly giving this contaminated blood and say they're sorry. Why weren't haemophiliacs told there were risks in this treatment? They were aware there were problems but they didn't see fit to inform the haemophiliacs about it."*
907. We regarded both that published interview and her earlier appearance on the televised news – which was also co-ordinated between Gregory and Ms Hutchinson – as perhaps the most valuable publicity activities that we had ever undertaken, certainly in terms of audience-reach, full context, level of detail and indeed critical timing. Similarly, we also viewed that our earlier liaison with *The Observer* [WITN1944333], through the journalist, Lorna

Martin, had been especially fruitful in terms of communicating certain nuances ahead of the Inquiry.

908. For, Ms Martin had chosen to specifically concentrate on the Skipton Fund injustice in the 25 February article headlined: *"Anger as 'hep C widows' left out in the cold"*. Alongside a picture of Maureen, she wrote: *"Widows whose husbands died after receiving contaminated NHS blood are urging the government to close a loophole which denies them access to financial assistance. Around 200 women in the UK, many of whom are pensioners and living in severe hardship, are excluded from the fund because their partners, who all suffered from haemophilia, died from hepatitis C complications before an official cut-off date to be considered for compensation. Had they died later or from an HIV-related illness, they would have been entitled to support. The women are stepping up their campaign after the announcement on Monday that there is to be an independent public inquiry into the supply of tainted blood products to haemophiliacs in the UK."*
909. We were relieved to see that Ms Martin stated bluntly: *"Successive governments have ruled out inquiries but they have established two funds to help those affected - the Skipton Fund for those infected with hepatitis and the MacFarlane Trust for those who contracted HIV. All but the group of women known as 'hep C widows' have received or are entitled to some form of financial assistance from one of the funds."*
910. Using William's/Maureen's stories as an obvious angle by which to expose the injustice, Ms Martin added (our bold emphasis): *"The anomaly in the scheme is highlighted by the case of Maureen Murphy, a 69-year-old widow from Liverpool. Her husband, William, was one of three brothers with haemophilia who died after receiving contaminated blood. The widows and dependants of his two brothers, who contracted HIV, have received support. However, because her husband contracted hepatitis C, **which is now regarded as a more deadly disease in the western world than HIV**, from the tainted blood and died before August 2003, Mrs Murphy is not entitled to any form of financial help. 'This is such an unjust and indefensible situation,' Mrs Murphy said. 'This is a dreadful thing to say but in the lottery of NHS blood infection, it*

would have been easier if my husband had got HIV rather than hepatitis C.' Mrs Murphy gave up her work to become a full-time carer for her husband. Because of the problems surrounding haemophilia, they were unable to take out insurance policies or mortgage protection."

911. Ms Martin then added: "Greg Murphy, her son, said the government had created a 'deplorable caveat'. 'Unlike widows of HIV victims, who were rightly compensated, my mum has never received a penny. She has suffered the same pain at the loss of her husband. How can the government possibly decide that her suffering is less because he died from hepatitis rather than HIV?'"
912. Given the despair in which we were still submerged only at new year 2007, we could barely believe the turnaround in just the first four months of the year alone. We had invested everything we could in the forthcoming Inquiry, deep-down realising that, effectively, it was our last hope to achieve justice for William, and, if served, it would surely also finally lead to Maureen, who would be 70 the following February, receiving financial help. We would finally be able to cease campaigning – albeit having to ruefully accept that we would never be able to fully prove the extent to which William had been subject to medical negligence – and at last be able to grieve properly.
913. Not long after The Archer Inquiry was announced, the administrators contacted us through the direction of Lord Morris. Although we knew it wasn't going to be the major inquiry we'd always hoped for we were nevertheless grateful to be considered as valued witnesses and were prepared to help in any way that we could, especially given that we believed we could supply vital evidence to assist the stated remit: "*To investigate the circumstances surrounding the supply to patients of contaminated NHS blood and blood products; its consequences for the haemophilia community and others afflicted; and suggest further steps to address both their problems and needs and those of bereaved families.*"
914. We therefore believed, given the second clause, that it was a chance to finally share our story, or at least a good portion, given how we were prevented from doing so at several junctures since 1994, and also put the signal setbacks we

had endured behind us. For, Maureen's original medical negligence claim was thwarted in 1997 without us being able to air the extent of William's suffering; then her submission to the GMC was thrown-out and thus we were again stifled from conveying the full truth which we believe could have levered the way to a public inquiry if our case was proven to be patternistic; also our general media-campaigning since 1994 had failed to procure an inquiry or financial assistance for Maureen, anyway; then there was also Maureen's exclusion from the Skipton Fund.

915. It was a catalogue of compounded failures that we carried into The Archer Inquiry. Accordingly, we were relieved that, at the very least, there would be an investigation of sorts, and surely a better platform to air our grievances than any we had previously known. In the weeks prior, therefore, not only did we undertake a draining period of publicity drives – **of exactly the type that The Haemophilia Society, Lord Morris and Maureen's MP, Eddie O'Hara, had long been requesting of us** – but we also conducted intense correspondence with the appointed secretary-solicitor, Mr Vijay Mehan, of Fentons. **We shared many phone calls with him. He was so friendly and communicative that it naively instilled us with confidence.**

916. That has been one of many inexplicable patterns over the years. Lorna Martin at *The Observer* also ceased interest in our case specifically after having made good progress. It's almost like they reached a certain point, at which they could only progress if they approached somebody senior who then blocked any further coverage. We imagine that various journalists felt compelled to back away. This happened time after time. People seeming to take fright and flight. What we didn't expect, though, was for that particular syndrome to be manifested, to a much greater order of magnitude, and immediately so, at the Archer Inquiry upon which we'd placed so many hopes.

917. We knew fairly swiftly that we would be the first witnesses. Indeed, Lord Morris told us even on the very morning of the Inquiry – which was completely counter-intuitive given later events, as we will explain – that **there was virtually no aspect of the CBS that didn't feature somewhere in our story.** He said he recognised that if ever there were stools to fall-between, that

Maureen had tumbled between every single one since 1994. Historically, we of course knew we had experienced two levels of medical negligence – i.e. in the broad aspect insofar as haemophiliacs were infected with contaminated blood in the first place, and also on a micro level regarding the medical treatment that William was denied – and then the injustice meted out to Maureen simply because she was a so-called “Hep C widow”, and that William had died prior to 29 August, 2003 anyway, and therefore not deserving of financial assistance. All told, we appreciated that we had been subject to a litany of injustices and endured endless campaigning failures both before and after William’s death. Nevertheless, it was humbling to be the first witnesses.

918. After long consultations with Mr Mehan, it was arranged that, between the three of us, we would air our individual evidence, *verbatim*, before the Inquiry panel throughout the first hour, with 20 minutes allotted to each of us allowing for questions. We decided, therefore, to spread the substance of our contentions throughout our three statements, in addition to the personal aspects that we would individually add. The only caveat was that Gregory was to read for Maureen first at 10.30am, then for himself at 11.10am, with Anne speaking for herself, in between, at 10.50am. Although it wasn’t ideal, having to pack so much into just 20 minutes each, it was still a major relief to know that the floor would finally be ours, at least for an hour, after all those years of sorrow and setbacks. We could at last speak-out powerfully and truthfully. Psychologically, we were already beginning to heal just knowing that.
919. We therefore prepared our speeches to suit the time-duration, as required, right down to the last microsecond; everything was calibrated perfectly. Gregory recalls even standing beside the oven timer, as he rehearsed his speech aloud. We dotted every ‘i’ and crossed every ‘t’. We could not have worked harder and were absolutely committed to making the Inquiry a success right from its opening moments, for we knew that we had the added responsibility, and privilege, of being the first witnesses. Again, this was something about which we were somewhat uncomfortable, especially given the lack of publicity we had participated in between 2001 and 2006, and our relative inactivity from mid-2005 to February 2007, anyway. That said, we

strongly believed that William's, and Maureen's cases spoke loudly to the ongoing injustices we'd endured and we could at least justify why we had been chosen to appear first. It was hugely daunting, though.

920. We submitted our finalised statements [WITN1944334 and WITN1944335], after many discussions between ourselves and Fentons, two days prior to the Inquiry, and still have the confirmatory email of that missive to Mr Mehan, time-stamped at 16.46hrs on 16 April, 2007 [WITN1944336]. On the day prior to the Inquiry we got the first instincts that things might be going awry when we were learned that we might only be allotted 20 minutes in total, which we said was ridiculous given that each statement took a minimum of eight minutes to read (at fast pace). We later agreed that we would need 35 minutes maximum, which was still a compromise of 25 minutes on the original plan. We didn't wish to dictate proceedings and so accepted the shortening, albeit reluctantly. Of course, things would be tight but Gregory was still confident that we could achieve our primary aim which was to read aloud our statements *verbatim*. We then travelled from Liverpool to Westminster on the first morning of the Inquiry, on 18 April. Everything was agreed as to how the day would proceed. Our last contact with Mr Mehan was at 10pm the night before and everything was agreed.
921. Shortly before we were due to read our evidence, we learned that the Inquiry's opening phases would be live on television, which only increased the enormous sense of responsibility we felt, especially having to be so brisk with our evidence.
922. It was then that Lord Morris told us how important we were as witnesses and accordingly as to why we had been chosen to appear first. It was only just as we were about to take our seats that we then further learned of a significant change to proceedings after all, chiefly that we would only have the 20 minutes in total that Mr Mehan had mentioned a day earlier prior to our compromise (we later also learned that Anne's evidence had already been factored-out without us ever being told) [WITN1944337]. We were hurriedly assured that there was nothing to worry about and learned that Lord Archer would explain matters fully to us.

923. We were still trying to process all of that as we took our positions; chiefly how to squeeze three verbatim statements into just 20 minutes, at roughly just six-and-a-half minutes each. We already knew that it was impossible and our heads were spinning. Then, before we'd even settled into place, we were informed – live on national TV no less – that the entire process of our evidence submissions had changed and presumably that the entirety of our carefully constructed plans had been a waste of time. That was the clear inference of what we were hearing but we couldn't process it properly as we were hearing it. We were plunged completely into the unknown trying to learn the new rules as we went along. We were completely disoriented. Since November 2020 we've had good reason to believe that was a deliberate intention – to, at best, put us on the back-foot, at worst throw us totally off-guard. Accordingly, we eventually came across as though we barely knew what we were talking about; an incoherent mess.
924. It was like being told to go on stage but that the script we'd rehearsed would no longer be used. It was incredibly daunting to be seated in front of a panel, live on television, knowing that everything we had prepared had suddenly been set aside and that, instead, we'd evidently have to sit and answer questions for which we had not been briefed. We just had to sit and try to figure out what was happening whilst the Inquiry was already underway and somehow get a grasp of proceedings before it was too late. The whole thing felt adversarial right from the start and stacked against us. It was demoralising that we were so wilfully obstructed, with no clear reason that we could see, from airing both William's story, through Maureen's evidence, and our own decades-long individual experiences of the CBS. After our reduced time-slot was over, we walked despondently to the back of the room knowing that everything had been a sheer waste of time.
925. We knew that something significant must have occurred to explain the complete *volte face* over just 12-hours, from 10pm the night before the Inquiry, to 10am the following morning. Indeed, it has since come to light, subsequent to the evidence given to the IBI by Dr Hay in November 2020, that he'd contacted Lord Archer shortly prior to the Inquiry's commencement. We don't think he saw our statement beforehand – we trust



not but never rule anything out concerning The Archer Inquiry – but strongly suspect that after seeing the witness list, and noticing our names, and perhaps even hearing Maureen on *BBC* radio and TV the previous day, that he then made a calculated guess that we would give evidence that would be disparaging to him either directly or indirectly. Based on the evidence that was revealed at the IBI in November 2020, it is our firm belief that he essentially threatened Lord Archer with legal action if he was to be disparaged. We believe that, because that Inquiry was only a loose instrument, the latter succumbed to his pressure.

926. Our prepared statements, which are now 16 years old, have still never been heard or properly published as matters-of-record. Although for many years they could be freely found on the Archer portal – until that website was externally re-appropriated – and complete with the time-stamps from 2007, they were never published as such [WITN1944334, WITN1944335 and WITN1944336]. If they were to be read back now, they would be even more impactful given that what were already historical documents, dealing with events that transpired between the 1970s and 2007, are yet now themselves quite dated.

927. For example, Anne had planned to emotively discuss her then 16-years-old haemophiliac son, Christopher, born in 1991, who was indirectly affected by the CBS. Aged 10 months old he banged his head. She noticed that the bruising was strange and got him tested. Having witnessed first-hand the devastating consequences of factor treatment that had ruined William's life, she felt compelled to conservatively withhold much treatment from him. Then there was the vCJD outbreak also which scared Anne even further. Christopher is now 32, which means that half of his life has elapsed since the Archer Inquiry. He is the youngest of three brothers: Richard and David, born in 1985 and 1987, respectively, both of whom are non-haemophiliacs. They were all naturally very rambunctious as young boys but it was difficult for Christopher to ever involve himself in play, not only due to his haemophilia but also the fact that, due to her justifiably ultra-conservative fears about the safety of blood products, Anne would restrict her treatment of him only to the very minimums, and even then reluctantly. That was in stark contrast to his

haemophilic peers who were beneficiaries of the liberal prophylaxis that Anne withheld from Christopher – purely because of the CBS.

928. Really, our whole Archer Inquiry experience was devastating. We should never have been subject to that, especially without notice. Following his introductory remarks, Lord Archer directed his questions straight to Maureen in detectably censorious tones, indeed we felt as though we were being benignly lectured to, almost like we'd been summoned to the headmaster's office. He didn't even say good morning, or thank us for our assistance with the preparation of the Inquiry, or for making a 410-miles round trip to be there, indeed at 10 am. Whilst we have our doubts about the veracity of the official transcript – there has to be video, at least audio, evidence available somewhere, it was live on TV after all – it should be completely obvious to anyone reading those opening exchanges, even without knowing the background contexts, that the atmosphere was at least detached. There wasn't an ounce of empathy.
929. Lord Archer opened with [WITN1944338]: *"Could we have Mrs Murphy...some of us heard Mrs Murphy on the Today programme [BBC Radio 4] yesterday..."*. That was yet further evidence of our recently renewed publicity. Moreover, what was the purpose of his unfinished reference to Maureen's radio appearance a day earlier that he then just left dangling in the ether, as though he stopped himself from saying something else? To put things into contextual perspective, we had suddenly been summoned from our seats, with new instructions (or rather complete lack of guidance), fully in the glare of the TV lights and knowing it was a live transmission, and suddenly we were being talked about to the rest of the room – he certainly wasn't directing eye-contact to us – as though we were merely incidental to the tableau.
930. Who were the "us" that he referred to? It was as though we were being chastised for daring to have participated in pre-Inquiry publicity. He then immediately followed that with: *"Could I just make two things clear for a moment, Mrs Murphy?" Our heads were reeling. He would later unwittingly describe (more later) what he said was a "caution".* We were right to interpret it as such whilst it was actually being delivered. For that's

exactly what it sounded like. It was an absolutely scandalous way for us, but especially Maureen, to be spoken to, in front of an audience of perhaps many hundreds-of-thousands, like we were naughty children, or worse on-trial in an adversarial setting, not still heartbroken victims of the CBS then battered by 13 years of unremittingly failing post-mortem attempts to secure justice.

931. It was abundantly clear from his subsequent remarks that he was referencing Dr Hay – little did we know then that he'd been contacted by him almost immediately prior to the Inquiry effectively threatening legal action if we repeated our "past history". His Lordship immediately continued: *"The first is that our terms of reference are to inquire into how contaminated blood came to be administered to patients. We are not expected to discuss what happened about the treatment after the infection. If there is a complaint about a particular doctor, or a particular hospital, it may be that we will not be able to go into that if only because, if we did, we would certainly be here until this time next year, I fear. We will have to confine it to that. The second thing is that we do have your statement. We have all three statements. So perhaps you will forgive us if we assume that some of this is already known to us."*

932. We had travelled over 400 miles – at our own expense – to tell our story and furthermore let the world know about it, but we were being asked to trade in assumptions. We didn't want anything to be "assumed". We'd been fighting for 13 years, we'd bitterly learned the dangers of things being "assumed". Condescension then dripped from the whole vignette. Thus, we learned officially, live on TV, that our statements had been completely sidelined and weren't even going to be referenced. It was horrendous.

933. We didn't even have time to iron out any housekeeping details; everything was all on-the-hoof. We simply couldn't get it across that the agreed plan had been that Gregory would speak for Maureen given that she was not comfortable speaking publicly anyway, let alone live on national television. It was detectable, though, that Lord Archer was directing his gaze and speech

anywhere but towards Gregory whom he was clearly seeking to avoid engaging with. Clearly, we now know why, given Dr Hay's evidence to the IBI in November 2020 and his repeated references to Gregory in various communications as being an unreliable witness and disseminator of falsehoods, not to forget his scandalous inference that he had never been at William's bedside during his travails – a public disparagement that simply has to be addressed, rather redressed, by the IBI.

934. Completely flustered, unable to comprehend as to why she was being spoken to like a child, Maureen then mistakenly thought Lord Archer had asked her as to how long William had haemophilia. Somewhat curtly, which was very uncharacteristic of her, she replied, "*he was born with haemophilia.*" There was then a detectable and ambiguous snigger in the room. When we read the transcript back, we realised that Lord Archer was being specific and merely asking as to when William was diagnosed. His exact premise and question was: "*He was a haemophiliac. Do you happen to know when he was first diagnosed with haemophilia?*" There was a context of frustration behind Maureen's answer, however. For, her exasperation was more borne of her experiences over the years when, even during hospital appointments and traumatic emergencies, either she or William would first be asked if he was alcoholic or diabetic (as described in detail in our first statement to the IBI). She would always have to explain that, no, he had haemophilia; moreover, it wasn't uncommon in certain settings for the next question to be: "For how long has he had haemophilia?" Consequently, she found Lord Archer's question contextually exasperating, and the phrasing of it recalled those earlier times. Of course, she was also completely distracted by the sudden change in evidence-dynamic, not to forget that she was live on national TV. She could barely think straight let alone parse nuances.
935. Maureen's short response jarred the chairman, that much was detectable. The rest of her testimony, such that it was, was nonsense as far as we were concerned. It completely lacked the substance we had hoped for. In fact, as the transcript bears out, it was a shambles and Gregory eventually had to step in, much to Lord Archer's evident chagrin, to allow Maureen to recompose herself. After managing to somehow shoehorn some vital lines of factual

(emphasis) testimony into the proceedings (we now note, subsequent to his evidence revealed in November 2020, that Dr Hay didn't mount a libel suit), Gregory finished and was greeted with a terse "yes, thank you" from Lord Archer, who then added pointedly: "*I think my next question probably is for Mrs Murphy*" and placed his detectable emphasis on the "is", whilst nodding, again censoriously, towards Gregory. **It was completely uncalled for. It was obvious as to what was going on. We just didn't know why.**

936. The opening phase of our time-slot was consumed by questions from the panellists, which we considered all but a complete waste, except for one signal instance concerning Lord Turnberg, whom we were somewhat wary of given his aforementioned submission to the contentious Lords debate [HSOC0028509] on "Hepatitis C" in spring 2005, during which he stated that there was no suggestion of Governmental negligence concerning the CBS and furthermore no need for a public inquiry.

937. We knew the clock was against us and that there was only one significant point that we really wished to mention that we didn't think we had amplified enough in our statements; we didn't know what was "assumed" or otherwise. We explained that William had also been infected with HBV. **We have always been insistent that he was co-infected with HBV and HCV. You cannot have the term "co-infected" within the context of the CBS restricted to just HIV and HCV. For having endured the ravages of both HCV and HBV due to the CBS is de-facto "co-infected".** We actually still don't know which is the worst of those two viruses and bow to medical expertise on that. We'd just become used to emphasising his Hepatitis C all the time. However, it was far from insignificant that William had certainly contracted HBV prior to HCV, the former having caused episodes of jaundice, but at least it manifested in a conspicuous way. We had only been more wary of HCV simply because of its insidious nature in that sufferers could be infected for years without manifesting any noticeable symptoms.

938. Lord Turnberg quizzed us on this co-infection. He queried the timescale of William's deterioration with Hepatitis C to his eventual death from liver cancer in 1994. He noted the rapid deterioration. Our inner alarm-bells were starting

to ring. However, it transpired that he was intimating that perhaps Hepatitis B had played a more significant role than even we had hitherto appreciated. We were contextually grateful for his insight – it was about the only beneficial aspect of our experience at The Archer Inquiry.

939. We then knew that we had only moments remaining before the end of our time-slot in which to shoehorn, scatter-gun style, any other issues which we vainly strained to discuss in relation to our experience of the CBS. It was an absolute mess. Gregory again took over for the last five or so minutes, no longer caring about invented protocol or requirements, but was practically incoherent.
940. He well remembers, immediately after returning to the back of the room, catching a glimpse of the *BBC* journalist that he had spoken to an hour or so earlier – from memory it may have been Sophie Hutchinson but he cannot be certain – who looked at him as though to ask: "What on earth just happened?!" Not a few people were completely non-plussed by the unedifying spectacle.
941. It should be noted that, given the sudden change in procedure that we were subjected to live on TV – and the way we were spoken to, that we could have made things very unseemly, far worse than it likely appeared anyway. We could have seized that moment, live on TV, to expose the fact that all of the preparations that we had made, and indeed the conditions for us being the first witnesses, had been jettisoned without us being forewarned. We could have interjected at Lord Archer's opening remarks and made an objection when he said that "*we are not expected to discuss what happened about the treatment after the infection*" but rather "*to inquire into how contaminated blood came to be administered to patients*". We could have asked, then, as to how we would possibly have been able to help proceedings, through our apparently necessary presence in London, in determining "*how*" the CBS "*came to be*"? For, our whole experience of the scandal was after-the-fact, i.e. the very treatment that William was subjected to. We weren't privy to the decisions made by politicians and pharmaceutical companies that led to the "*how*" of the disaster. Furthermore, the second tenet of the Inquiry's remit was "*to investigate [the] consequences for the haemophilia community and others*

afflicted." Well, the most obvious consequence of William's infections was how he was subsequently treated and how he died, and where. But we weren't allowed to discuss that.

942. We could have underscored all of those obvious realities, live on TV, right at the opening of that Inquiry, and exploited that moment to make our point. Instead, we retained our dignity and simply departed, feeling quite stitched-up, and barely without speaking to anyone. We'd been completely thrown off-guard, with just seconds to spare, about what we could or couldn't say, knowing we only had 20 minutes anyway, and frankly felt humiliated. We just couldn't get an adequate explanation from Mr Mehan or anyone as to what had happened. We were evidently being blanked. We had no choice but to return to Liverpool completely deflated and mystified.
943. At least the subsequent coverage in the *Liverpool Echo* [WITN1944339] and *Daily Post* [WITN1944340] – both news-desks of which Gregory had liaised with prior to travelling to London – suitably conveyed the gravitas of the moment, although the former title still managed to somewhat confuse matters by making Anne and Gregory the subject of the headline (i.e. "*Why did our dad suffer?*"), and Gregory the sole-emphasis of the intro (i.e. "*The son of Liverpool accountant William Murphy told of his agonising death after being given contaminated blood at a city hospital*") but then immediately quoted Maureen (i.e. "*We were devastated. I still can't understand why it was allowed to happen*").
944. Nevertheless, the *Echo* article added: "*The Broadgreen family were the first witnesses at an independent inquiry headed by former Solicitor-General Lord Archer into how 6,400 patients were infected with HIV and/or hepatitis C by contaminated blood transfusions during the 1980s. More than half have since died. Son Greg said his father's suffering included: throat haemorrhaging; liver failure, sclerosis (sic); skin rashes; severe digestive problems; leg ulcers, chronic fatigue. He said: 'Over the last two years of his life his quality of life was zero.' Mr Murphy died of a burst liver tumour.*"
945. The *Daily Post* article, however, was undoubtedly more authoritative. It opened with: "*A Liverpool family was the first called to testify at an*

*independent public inquiry into what has been called the worst treatment disaster in the history of the NHS." It then quoted Gregory quite extensively, saying: "Hopefully this inquiry will lead to justice for us and the other families involved. It wasn't until over 10 years after being infected that my father learned he had hepatitis C. During the intervening years, the family home was exposed to the virus as, being a haemophiliac, dad would regularly give himself injections. My mother was also exposed sexually." The article added: "Two of [William's] brothers, also haemophiliacs, were found to be HIV positive after being exposed to the contaminated blood." Gregory was further quoted saying: "Although dad tested HIV negative, he was always sure the tests were wrong as he was convinced there was something wrong with him."*

946. Reassuringly, the *Daily Post* article also adequately conveyed the scandal of the Skipton Fund exclusions, before then further quoting Gregory saying: *"How can the Government maintain a financial distinction between victims of HIV and Hepatitis C? My mother has now had to re-mortgage her home in order to have some necessary repairs carried out. As a family, we want to clarify why this tragedy, which was at least partially avoidable, was allowed to happen. Also, given that it happened, we want to know what the politicians and the medics knew or did not know."*

947. It's a close call as to which was the most degrading experience for us: Coventry in 1994 or Westminster in 2007. When we discovered, 13 years after The Archer Inquiry, that our experiences at both had Dr Hay as the common, background denominator – his last-minute meddling almost certainly caused our experience in London – it all made complete sense. Given that we also learned after an evidence reveal from the IBI in August 2020 that he had effectively scuppered Maureen's contentions through the GMC in 2004/05, we realised that he had been militating in the background as the effective cause of most of the major campaigning setbacks we endured between 1994 and 2007, save for The Skipton Fund exclusion that Maureen endured. It's debatable, also, as to which of the major headline distresses we suffered was the outright worst. Make no mistake, though, that day one, morning one, indeed minute one, of The Archer Inquiry was truly one of the bleakest moments we've ever known in our long



justice campaign – because of what it represented, and especially at a point when Maureen was still relatively young and vibrant, aged 69 – and indeed we are yet to recover and probably won't unless we see justice fully served through the IBI. Indeed the very revisiting of it here still carries quite a sting.

948. As adverted to right at the start of our first statement, our key issues have always been: Hay generally; Coventry 1994; the failed litigation of 1997; Reid's sophistry in 2003/04; the GMC travesty in 2004/05; the Archer Inquiry in 2007; and Andy Burnham (more later) from 2012-2017. There have, of course, been other signal angers, e.g. Cumberlege's "national sport" utterance in 1995, or Lord Warner's description of the CBS in 2005 as just "one of those tragedies" – both as referenced earlier – but really the list above represents the absolute peaks of our pain. The inclusion of our Archer Inquiry experiences within that litany, though, should not be under-estimated as an episode-among-equals. For, it was far more than merely unsatisfactory for us. We felt absolutely wretched and indescribably so. Chiefly because we had stupidly allowed ourselves, against all better judgments, to hope again. We have no hesitation in saying that, in and of itself, certainly for as far as we were concerned, The Archer Inquiry was a scandal for what it put us through. We wish it had never happened and furthermore believe it set the overall campaign back years.

949. The first thing we collectively said after being prevented from giving our evidence, indeed even at Euston Station before travelling back to Liverpool, was that the Inquiry was already dead-in-the-water for us. We knew we would not get the results we had anticipated. It just felt like another waste of time.

950. Lord Turnberg's question relating to William's Hepatitis B, though, offered a small ray of positivity insofar as someone finally seemed to appreciate the true extent of his malaise. We resolved to investigate that angle further with him if at all possible. However, His Lordship's son then died in an aircraft crash soon afterwards. Consequently, it was devastating that the man who finally seemed to understand William's case disappeared from the Inquiry landscape for dreadful reasons. We then found ourselves bemoaning our luck about

someone whose son had just tragically died. We then had to take a step back to realise how we'd lost almost all sense of perspective and had become completely self-consumed by the CBS. That was just another of its many pernicious effects.

951. We were determined, though, to find out what had changed literally overnight in terms of preventing us giving our evidence. Two days after our appearance at Westminster, Gregory was able to contact Mr Mehan by telephone. We told him that our considered view was that our invitation had obviously been tokenistic and that it was already obvious that our evidence would be airbrushed out of the picture and that the particular issue concerning so-called "Hep C widows", and the lack of financial assistance afforded them, would be ignored by the eventual report.
952. We were assured that wasn't the case, that we were valued witnesses and that our evidence was very important. Yet he still couldn't explain as to why we had been treated so appallingly; and it was clear to us that he agreed but could not admit as much. He enquired as to whether we would be prepared to re-submit our evidence on the very last day of proceedings – which would have been farcical and the very definition of tokenism – or be content that our submissions be printed in full in the final report. None of this was satisfactory, really, given how much we had invested ourselves psychologically and emotionally ahead of the Inquiry's first day. It was meant to have been truly momentous for us. Instead it only caused us deep pain.
953. He advised us to send our concerns in writing to Lord Archer. We couldn't understand as to why we would ever need to do that, why we simply couldn't be afforded the courtesy of a straightforward verbal explanation there and then as to what had happened. It was clear that we were getting nowhere and that we were being brick-walled. Although we were tempted to just cut our losses with the Inquiry, and not even bother to send our concerns – for, we were just so, so tired of writing letters and e-mails and had seemed to do nothing but for 13 years, completely to no avail – we again reluctantly realised that it would be more corrosive for us to not bother, for we knew we had

suffered an injustice that day and we wanted to know why. It was that old, double-edged-sword again: which was the most psychologically damaging option, to do nothing or something? Yet again, we realised we had no choice but to act; always the lesser of two evils.

954. We decided, though, to let our emotions subside, to monitor how other witnesses were treated and form a bigger picture. Before long, we could clearly see that we were treated entirely differently to other witnesses, which only intensified our grievance. For example, the evidence that was allowed – and rightly so – on 24 May [WITN1944341], with witnesses stating up-front which statement they wanted to read and also how long it would take (in one case a well-known and respected campaigner told the panel that it would take 30 minutes for her to read it all, and that was deemed to be quite acceptable) – was a damning indictment of how we had been treated just a month earlier. Trying to follow the Inquiry was just too painful for us, realising that once again we had found ourselves to be the exception to the rule. Did Lord Archer not realise how distressing that was for us? Evidently not because there was literally no out-reach to us whatsoever. Complete silence. We wanted to know why we had been subjected to that, and also what had changed so very drastically at such a late hour. It was like we'd become *persona non-grata*.

955. Accordingly, we waited until June 12th, almost two months after our appearance, before sending our considered concerns [WITN1944342] to Lord Archer via Mr Mehan [WITN1944343]. The extent to which we were at least maintaining cordiality with the latter was borne out by the tone of Gregory's covering message: *"Hello Vijay, I hope you are well. You will remember we spoke on Friday April 20th when I conveyed some misgivings about the submission of our evidence to the IPI on Wednesday April 18th. You advised me to put my feelings in writing to Lord Archer. I desisted from doing so, initially, but I now - after some deliberation - enclose those concerns. I hope you don't mind that I have sent them via PDF (attached). I trust you can forward this on. With good wishes, Greg Murphy."*

956. Although Gregory was naturally more forthright in his missive to Lord Archer, we believe that the evidence speaks for itself that we were still remaining dignified, despite the treatment we had received on 18 April. He began: *"I write to communicate the sense of disenfranchisement my family now feel, as presumed stakeholders, following the very limited submission of our evidence, at the very opening to the Independent Public Inquiry into Contaminated Blood and Blood Products on Wednesday 18th April 2007, in respect of my late father, William Murphy. Rather than rush to judgment, I have deliberately waited to convey my concerns until I was able to view further evidence as the inquiry has progressed. I now feel it is right to write to you. In comparing the permitted nature of our submission with those who have followed, I now realise that my immediate instinct, that we were harshly restrained from giving our total account, was accurate. I am left to query why there appeared to be double standards in operation against us, especially on so momentous a day?"*
957. Stating that our submissions were fractured, Gregory added: *"I say [so] because we were caught completely off-guard regarding how to verbally present our evidence, which bore no relation to the preparations made, on advice sought from Mr Vijay Mehan, even as late as 10pm the night before (to ease us through a most distressing day, let us not forget). Indeed we even factored-in a possible late change in the requirements of submitting evidence; so to that end we resolved to appear at Abbey Gardens with at least 45 minutes to spare. Rather ironically, following discussions within Abbey Gardens with Mr Mehan and Lord Morris (the latter conversation being only 10 minutes prior to us taking our seats) we were all relieved to hear there were no late changes to the agreed plan which would see me read aloud my mother's verbatim statement and my considered account, with my sister then reading her submission. I had discussed with Mr Mehan the previous evening that we would possibly need more than the allotted 20 minutes but, even factoring in likely questions, I still estimated we would only need some 35 minutes in aggregate, at roughly a little over 11 minutes per family member (which I consider remarkable given the extent of the personal tragedy we would be attempting to convey).*

958. He continued: *"To say we were caught on-the-hop is understatement. I was acutely aware that the opening of the inquiry was being broadcast live on TV and, bearing this in mind, I deliberately restrained my temptation towards a quizzical facial reaction when I heard of the seemingly impromptu change to proceedings. Had we not been 'on air', I most certainly would have queried how such a late change came about and I would also have communicated how much of an impact this would have on us, particularly concerning my mother who was in a state of utter tension."*
959. Regarding the broader aspect of our evidence, which was perhaps, knowing what we have learned subsequently, the cause of the abrupt change in process, Gregory added: *"[...] none of us could comprehend your cautionary note to my mother that you 'are not expected to discuss what happened about the treatment after the infection,' and further, 'If there is a complaint about a particular doctor, or a particular hospital, it may be that we will not be able to go into that...' [my] immediate instinct was that if we were not allowed to discuss 'treatment after the infection' we would effectively be ruling out any discussion concerning at least the last 13 years of my father's life, given that he was infected with Hepatitis B in 1979 and then Hepatitis C in 1981 and died in 1994. If there was a subtle legal point here, I am afraid I was unable to deconstruct it quickly enough given that we were in the midst of a live TV transmission. Whilst trying to compute how we could possibly present evidence that effectively ruled out a major portion of the last decade and half of my father's life, I was also trying to establish the grounds for you mentioning 'a complaint about a particular doctor or a particular hospital'. For, I had established with Mr Mehan that our three written submissions would not only form the ring-fenced, verbatim account of our verbal input but that we would not be expanding upon the points raised therein, although we would be happy to clarify them (staying within the unprivileged bounds of the inquiry) if we were so required."*
960. Continued Gregory: *"I had been particularly careful to ensure that we left our statements free from direct complaint against any individuals or organisations, save that of directly querying various Governments' wider handling of this tragedy. I was also confident that I had done enough to ensure that our*

statements were not overtly inferring a complaint against any non-Governmental party either. There comes a point of ambiguity, of course, where onlookers may choose to 'read between the lines' and perhaps detect the inference of a complaint. Yet I assumed the careful phrasing of our evidence to be safely short of even that, chiefly because what we related about my father's case was and is medically factual. As far as we know."

961. Regarding the possible reasons as to why we had been chosen as the first witnesses, certainly considering what Lord Morris had said to us only moments prior to the start of the Inquiry, Gregory added: "[...] it was not until the clock was ticking down on our allotted evidence that I made the arbitrary decision to cut loose, as it were, and at least shoe-horn in the fact that my father was indeed one of three haemophiliac brothers. Had I not done so, I fear that particular aspect might never have been heard in the inquiry which I think would have ironically defeated one of the primary reasons for selecting us as the initial witnesses. Beyond the heavily restricted medical accounts of my father's demise, I note that we were also prevented from submitting anything more than teased-out emotions concerning the wider aspects of our family tragedy and how its tentacles are still reaching out to us to this day. This is most certainly in direct contrast to the free deliveries of later witnesses. So, I trust you will appreciate why I have been left to wonder as to why we appeared to be the only witnesses who were checked, and felt somewhat chided I must say, to the extent that it derailed our whole preparation. We have become used, over the years, to not being able to adequately tell my father's story - and I have my own convictions as to why that is - but I hadn't expected the contaminated blood products inquiry, which I assumed would be only too willing to unravel it, to also appear to be reluctant to hear it."
962. Regarding the blasé assumption about what was already known about William's story amongst those assembled in the room, Gregory wrote (emphases not in original): "Furthermore, I have to say that I doubt there were too many in the room who knew the full extent of my father's story and it was that whole account - the lost opportunities and the injustices - that we wished to try and convey on the day. In any case, regardless of how much was already known about my father's case and by whom, there is, I contend, a

clear difference in dynamics, certainly psychologically for witnesses, between submitting a written statement to an inquiry and having it read aloud before an assembly, particularly with a captive media presence. In that light, I cannot help but conclude that there was extra motivation to keep the story concerning my father under a tighter wrap and I am left wondering now as to just how far reaching the inquiry wishes to be, even within its stated remit."

963. We were staggered by his six paragraph response [WITN1944344] which contained no apology. It was clear that he knew what had happened, as to why it had occurred, that we had indeed been issued a "caution", that we had been treated differently to others, yet he still opted not to apologise. He could have. We could only, therefore, detect that he had made as deliberate a choice to refrain from doing so as he made to thwart our evidence. We appreciate that others amongst the CBS justice campaign hold Lord Archer in high regard. We don't. He chose to suppress our evidence when he didn't have to. Having done so, knowing that he had done so, he then opted not to apologise. We didn't deserve that. Is it any wonder that every last ounce of the little trust we had left in us evaporated for good after his response? The long effects of his reply have been such that our lack of trust has directly influenced how we have operated with the IBI, with almost disastrous consequences given that we felt that we had no choice in November 2020 to withdraw our co-operation feeling that we were experiencing "Archer 2.0".

964. We have never known what to make of his ambiguous opening remark: "*I was dismayed to receive your letter.*" We suspect, though, that our initial interpretation, that we had exceeded our station in complaining, was correct. That was the perfect set-up for him to add: "And I can only apologise etc." He chose not to. The rest of his letter is best described as functionally polite. Efficient. It was completely devoid of empathy, though. We knew we'd pay a price for overstepping the mark and daring to criticise. And so it proved two years later when the final report was published.

965. The Archer Inquiry was a final line in the sand for us. Our days of hope, trust, being polite, knowing our place, adhering to external restrictions, respecting protocol and reputations were over. Hay, Reid, Cumberlege, Lord Archer, the GMC, Skipton, Macfarlane, we'd frankly had enough but it was clear that there was little more that we could do. The injustice ate away at us all through the rest of the year, to the point where, on February 29th, 2008, Gregory re-contacted Mr Mehan by telephone to again ask as to what had become of our evidence statements. We were again assured that they would appear in full in the report and furthermore that we would be called-on, ahead of its publication, as media representatives – which we really didn't understand. In fact, looking back, virtually every signal we ever received from The Archer Inquiry was incoherent. Nothing made sense, almost to the point where it actually did make sense, for it was so obvious that an intervention had occurred.

966. Really speaking, though, from the very first moment that Lord Archer explained that the telos of the Inquiry was not to apportion blame, we knew that it would neither be what we had anticipated nor hoped for. And so it proved. We'd hoped it would go where it needed to; and if that required certain individuals or organisations being held to account, then so be it. We didn't think blame would necessarily need to be apportioned anyway, but rather that it would be implicit, self-evidential. However, we knew, deep down, from morning one, that it would be a sheer time-waste. Indeed, the eventual report – published on 23 February, 2009, GRO-C

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– proved that by the measure of 114 largely pointless pages.

967. For example, regarding the issue of exclusion from the Skipton Fund (and indeed the exclusion of those like William and Maureen from all financial assistance from the moment he was discovered in January 1992 to have been suffering from Hepatitis C), and all other fund anomalies, it was particularly toothless. Its body-narrative covering those aspects, such that it did, was so benign that it basically only repeated the fact of the matter, i.e.: *"The scheme is not made retrospective for dependants of people otherwise eligible who died before 29 August 2003, when the Trust was established [...] in*



*consequence, many widows are excluded from the benefit of the Fund."* We didn't need an inquiry to tell us that.

968. Moreover, its recommendation (6.e) in that regard simply provided the then Brown government with the opportunity to push at an open door and then firmly shut it behind them: *"The anomalies which at present apply according to the age when the recipient was first infected, or when the infection took place or, in the case of dependents, the date of death of the original patient should be rectified. In particular, the Government should review the conditions under which the widow of a patient with haemophilia now becomes eligible for benefit from the Elileen Trust and from the Skipton Fund."* Inevitably, the then Health Secretary, Alan Johnson, duly took the invited opportunity to "review the conditions" regarding Maureen and chose not to change them. It was pathetic. But we reasoned that perhaps it was the long inevitable result of The Archer Inquiry ignoring powerful testimonies like Maureen's right from the first day and refusing to allow her submitted evidence to stand on the record.
969. None of our evidence appeared in the official report, it was like we had been wiped from the Inquiry's memory. Anne didn't even appear in the official list of witnesses. Only the inclusion of the names of Maureen and Gregory in that list of 64 names – many of whom were quoted directly in the body of the report – bear testimony to the fact that we were ever there, despite us having uttered the very first words. None of that happened by accident.
970. Tellingly, in the report's "Introduction", when discussing matters of material inclusion in the final document, the text touched on what was, implicitly, an evident standard that was surely, and quite understandably, employed by the panel, pointedly the reliability and relevance of certain witness statements and other evidence submissions. We could only conclude that the complete omission of the entirety of our evidence – not a single quote appeared from any of us! – was pre-determined by the panel who evidently decided that we were neither "reliable" nor "relevant".
971. On May 20th, 2009, following both the report's publication of the report and the Government's response, Gregory re-contacted Mr Mehan by email [WITN1944345] in the hope of finally getting answers. Pointedly, he asked

(bold emphases not in original): "Why did our statements not appear in the report as you assured us they would? Why was there not even a single reference to our case in the report? Given that our evidence was deemed so obviously irrelevant in the final publication, why were we chosen to be the first witnesses at the inquiry when the nature of our evidence was known even before we made our submissions? Why, despite the assurances you gave in a telecon with me on February 29th 2008, to the effect that ahead of the publication of the report we would be called upon to provide media interviews, were we never called? It seems that many were. We weren't. It seems to me that, somewhere between the original decision to list us as the first witnesses and the opening day of the inquiry, that our evidence became uncomfortable, unwanted and unnecessary. You will recall that I intimated to you immediately after we submitted our evidence how I feared we would eventually be airbrushed from the report and that our presence at the inquiry was token and that the damning story of the 'three brothers' (2 x HIV, 1 x HCV) and the two different responses from the government would eventually be glossed over. You assured me that would not be the case. However everything that has happened since then has proven my instincts to be correct. What happened? Who intervened? What pressures (perceived or otherwise) led to the attempted muting of our evidence on Day 1 of the inquiry and the eventual discarding of the verbal content that I had to almost shoehorn into proceedings from being recorded - even in a paraphrased style - in the final report?"

972. As far as we can recall, we never got a reply from Mr Mehan. We believe, though, that the answers to all of our questions finally came in November 2020, after Dr Hay's submission of evidence to the IBI.
973. One of the greatest sadnesses to us was that a legacy of our experience with The Archer Inquiry was that we finally lost contact with Lord Morris who had done so much to support us over the years. We believe that the very last time we ever spoke to him was in those final few minutes prior to the start of the Inquiry on 18 April, 2007. We were greatly saddened when we heard of his death in 2012 (may he rest in peace), not least because justice for the victims of the CBS – for which he had fought for so long – had still not been served.

We wish to record here, though, how grateful we remain for his steadfast support of Maureen.

### **Late 2007 - 2008**

974. Immediately after giving our evidence to The Archer Inquiry – and knowing by instinct and bitter experience that its culmination would not be beneficial, as it proved – we concluded that our entire campaign since September 1994 had finally and formally failed, once and for all.
975. We would never prove that William was a victim of compounded medical negligence, Maureen would never receive financial assistance, and there would never be a statutory inquiry into the CBS – certainly not post-Archer. To where were we meant to turn, then? To whom? To what end? Retrospect suggests that there were many avenues but, amid the distress of our return to Liverpool on 18 April 2007, and the immediate aftermath, we couldn't think straight. We were devastated but also exhausted.
976. We reasoned that, apart from asking for answers, through Mr Mehan and Lord Archer, as to why we'd been treated so appallingly, we would finally have to accept defeat. Perversely, though, given that we fully expected, even as early as April 2007, that the Inquiry's final report would not be favourable – e.g. the 1997 medical experts' reports weren't, nor the GMC investigation in 2004/05, so why should we have expected otherwise from Archer? – we anticipated that we may garner some counter-publicity post-publication.
977. We were in the ludicrous position, then, even on day two of The Archer Inquiry, of sensing the need to wait maybe another two years for a typically unsatisfactory report to be produced – we expected a total whitewash, so we were at least grateful, in 2009, to be only viscerally angry – so that we could raise awareness of its inevitable shortcomings and the ongoing injustices that Maureen would inevitably still face, aged 71. Of course, whilst that's exactly what happened, we were again hardly clairvoyants.

978. That was the only pursuit that we could identify at that point, even in summer 2007, and it was miles away. There was no point writing to MPs in the meantime, nor trying to raise publicity, nor, really, in doing anything other than biding time in expectation of yet another hammer-blow. At least we knew it was coming, though, which was a relative mercy. That whole period thereafter, then, could be succinctly described as: Waiting for Archer.
979. We did, though, invest ourselves enough to follow the appearance at the Inquiry of the film-maker, Kelly Duda, whom we were glad to see was considered evidently "reliable" and "relevant", and moreover afforded an hour in which to unpack his convictions [WITN1944346]. We were particularly struck by his plea, almost, for UK CBS victims or their families to locate the batch numbers, if possible, of the contaminated blood products that those like William had received. We wanted to but there was a huge obstacle facing us: we would have to apply, so we assumed, to the UKHCDO in the first instance, of which the chairman was Dr Hay. **Frankly, what was the point?**
980. We reasoned we'd probably have more success asking the Department of Health to include Maureen in the Skipton Fund than deal with any organisation helmed by him. That was the truly jaded point we'd reached. For we had developed a sixth-sense almost to fast-forward the mental-video to see whether certain things were worth our while even bothering. **To think that we didn't actually know at that point how much Hay had operated in the background to thwart us through the GMC in 2005, or at The Archer Inquiry in 2007, or even the lies he told about us concerning Coventry 1994. We just knew that involving ourselves with him ever again was pointless.**
981. By September 2007, though, after a summer spent as low as ever, we steeled ourselves to having to apply after all. For, on the very day of the 13th anniversary of William's death – and knowing how much we'd failed as a campaigning family – we were made aware through the press [WITN1944347] of developments in a legal case brought by eight notable campaigners for CBS-related justice, which potentially included the possibility of suing the UK

Government for negligence in the broad aspect of the infections of haemophiliacs in the 1970s and 1980s.

982. We reflected that, although we had fought a three-pronged justice campaign since William's death – to prove that he was the victim of medical negligence, to secure financial assistance for Maureen, and press for a public inquiry into the CBS – there had actually been a long-suppressed fourth element. For, as we described at the start of this second statement to the IBI, Maureen, when she first contacted Irving's solicitors in November 1994, was as intent on bringing a case against HM Government, as much as potentially the Royal Liverpool Hospital, the area health authority, and/or specific doctors such as Drs Hay and Gilmore. It was only due to matters of legal expediency, as guided by her legal team, that Maureen eventually only concentrated on the latter aspects in what would have become the case, had it not been thwarted, in the Liverpool County Court, between "Mrs Maureen Murphy (Administratrix of the estate of William Augustine Murphy (deceased)) [plaintiff] and Royal Liverpool and Broadgreen University NHS Trust and/or The Royal Liverpool Hospital [defendant]" according to the un-lodged papers [WITN1944034 et seq].

983. As the years unfolded, we'd lost sight of one of those original aims, namely to take our fight right to the Government. The news that other campaigners might well be doing so – but only, as far as we could tell, concerning the infections of haemophiliacs with HIV – re-stirred a long-forgotten consideration as to whether we could still do the same. The only problems, of course, were that 13 years had elapsed, and that Maureen inevitably did not have the finance. Also, we were shattered after our experiences at The Archer Inquiry, not to forget the bruising failures since 1994. We considered that we just didn't have the stomach for yet another fight, especially to risk another failure to add to our catalogue. Again, though, we faced our old, familiar, dark-dilemma: to act or not to act, which would be the most corrosive? It nagged that we could well mount a case, for we had incontrovertible proof that William was infected by contaminated blood products in 1978, 1979 and 1981 at least. That was the simplicity in a nutshell. He was killed – we had been citing manslaughter since our very earliest campaigning days – by the actions of the British state. We

could surely, at the very least, risk yet another single phone-call, much like, for example, we had first made one tentative approach to the GMC in 2004...to see where things might lead.

984. We knew we were back at the mountain-foot again. It was a terrifying prospect to start-up again after 13 years but we were inspired by the other campaigners and felt a responsibility to at least keep going. **Sitting back and letting others fight for CBS justice never sat well with us, even in our most exhausted, despairing times.** Again, though, it was just a phone call, it was worth that at least.

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Once again, it

was yet another fateful decision which eventually led to another bruising conclusion but also our first victory-of-sorts, in late 2009, despite the fact that it was also a screamingly-evident further defeat. **Even for us it would be a new twist on the CBS toxicity: winning but losing.**

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986. Running parallel with our decision to at least

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we also took the plunge to finally contact the UKHCDO and so

submitted a request for information and a fee of £10. The irony was not lost on us. For, even though it was a relatively small cost, the principle still stung that it came from Maureen's, Skipton-excluded coffers. We wanted to see what archived information was held, possibly also whether there was evidence of blood/products batch-numbers, or trade names.

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The enclosed information, though, was underwhelming and not a little unfathomable, and potentially suspicious.

987. It seemed that the only information stored about William in the national haemophilia archives amounted to just three lines. Indeed, the majority of the data comprised a triple repetition of his "unique ID" and indecipherable citations relating to three "Haemophilia Centres", although the top of the data-sheet confusingly stated: "2 Patient Registered Haemophilia Centres". The rest of the release read: "1063 1/0632 Belfast - no longer used (see 72 and 73); 1063 1/0632 Liverpool (R.I.); 1063 1/0632 Bangor". We couldn't make head nor tail of it, and still can't. We resolved not to bother any further with the UKHCDO after a second data-trawl was released to us [WITN1944349], dated 2 October, which yielded the following hugely underwhelming revelation described as "3 General Patient Data", as follows: "[GRO-C] [unique ID]; [GRO-C] [NHD number]; 1969 [Year first registered]; M [Sex]; [GRO-C] 1934 [Date of Birth]; Factor VIII [Deficient factor]; = [= or <]; 1% [Factor Result] Severe [Severity]." That was it. We noted, perhaps conspicuously, that under the heading "Units" the field was left blank.

988. What were we meant to make of it all? Not much, other than 1969 making sense as the year of first registration – the database having been established in 1968 – which tallied with William's near fatal crisis in Northern Ireland that year, as described at the start of our first statement to the IBI (although we were aware that he first received transfused blood in November 1968 in Liverpool's Walton Hospital), and that the earlier archive-extracts had referred to Belfast and Liverpool (also the ambiguous citation of "Bangor" made sense on both UK possibilities, ironically, whether it referred to Northern Ireland or north Wales, for we know that he received treatment in both regions in 1969 and 1985 respectively).

989. We simply didn't know how to interpret the data, or the paucity of it, or whether the UKHCDO was being helpful or otherwise, or whether it was significant that there was nothing else of substance, seemingly, about William in the archives. **Did the UKHCDO really have a listing stating that he had never received any "units"? It seemed so.** We reasoned that the unsatisfactory blur was arguably typical of an organisation, centred in Manchester since 2002, whose overall chairman was Hay. Rather than probe further, we decided to give the UKHCDO a swerve; the less we dealt with him the better.

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993. It was perhaps a deeply-ironic and symbolic footnote to a personally disastrous year that, just a day later, in Parliament, the Liberal Democrat MP, Jenny Willott – continuing the commitment to CBS justice that her late colleague, the much-missed and earlier referenced Patsy Calton had ensured was party-policy – tabled Early Day Motion 560 [RLIT0002156] in praise of the ongoing work of The Archer Inquiry. We could hardly be churlish, especially given that Maureen's MP, Mr O'Hara, was naturally among the six, cross-party sponsors – and it was also hugely encouraging that, all-told, 220 MPs finally added their signature – but of course the ongoing investigation, or rather our experiences of it, felt like anything but a cause for *"applause"*.

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995. Accordingly, we marked the 14th annual status-check of our campaign on New Year's Eve 2007 reflecting on a year that we could never have imagined, even considering the tortured experiences we had endured since 1994. A year earlier we could never have imagined such a thing as The Archer Inquiry but, just 12 months later it was not only already a dead-exercise for us but had been since April. It had represented, to us, the culmination of three years of finalised failure, starting with the Skipton Fund exclusions in January 2004, continuing into the GMC rejection in March 2005 and then the appalling – effectively Inquiry-ending – treatment suffered at Westminster in April 2007. We were all but spent.

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996. It is revealing that our archives for 2008 show that our activity was as low as at any point since 1999/2000 whilst Maureen was recuperating from her near-fatal illness. As said, the period was one of "Waiting for Archer", plus we were also just monitoring, from a distance,

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There was nothing else, really, that we felt we could do. It was just as well, in hindsight, that we, inadvertently, endured almost a year of respite (but we couldn't relax) in 2008 for we could never have imagined that yet another year from CBS-hell awaited in 2009 when we proved perhaps busier than ever. **The drain of it all was just relentless.**

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It was the pragmatism of mental self-preservation, for she had suffered too many blows without willingly walking head-long into another.

999. On 21 February, Maureen, having met the Conservative MP, Ann Widdecombe, at an event in Widnes, resolved to write to her having discovered her recent support for EDM 560. We still have only her prep-notes **[WITN1944353]** which read: *"Dear Miss Widdecombe [...] I spoke with you on Monday 18th February at the Foundry Centre in Widnes regarding the Haemophilia situation. I wish to thank you for signing EDM 560, it was indeed very kind of you. I am enclosing a copy of my submission to the Archer Inquiry, also part of The Haemophilia Submission were my case has been highlighted."* We think that last reference was to a general presentation made by The Haemophilia Society at The Archer Inquiry which referenced William's case and Maureen's treatment, however we cannot be sure, especially given, as already alluded to, that when the final report appeared in 2009 there wasn't a single quote in it about them, or from her, Anne or Gregory. **For whatever reason, The Archer Inquiry had seemed determined from 18 April 2007 to**

all but airbrush us from proceedings. We see no other way to conclude otherwise.

1000. As also stated, Gregory elected, on February 29 – through naught but sheer exasperation at the ongoing silence – to at least telephone Mr Mehan at The Archer Inquiry [WITN1944343] to enquire as to what had happened to our evidence. **It was then that we were again assured that our statements would be published in the final report and that we would be called as media representatives ahead of publication which we learned was still some way off.** It was telling, though, that even as we approached a year since the Inquiry's inception there wasn't a single motivation from the panel to recall us. Although we could again detect a note of sympathy or agreement from him, he was clearly evasive. **We knew we were paying for having dared to complain to Lord Archer the previous June. Again, then, we had no choice but to mentally separate ourselves from all things Inquiry, regretting that we'd even bothered to make another contact.** It was just too distressing to invest energy in it. [REDACTED] GRO-D

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It was an incredibly frustrating time.

1001. On 19 March, Ms Widdecombe replied to Maureen [WITN1944354] most courteously, stating: *"Thank you very much indeed for your letter, received on the 25th February. I am grateful to you for sending your submissions to the Archer Inquiry and I shall read them with interest [...] thank you once again for writing to me [...]"* Effectively, that type of low-level-campaigning – back to the grass-roots almost – was the hallmark of 2008 as we awaited other developments. There was little more we could do. We were shattered anyway. As said, though, it was a blessing. For what awaited in 2009 was unconscionable.

1002. On 4 April, for example, Gregory triggered the aforementioned e-mail exchange [WITN1944118] – as referenced specifically towards the end of our first statement to the IBI – between himself and Dr Gilmore, given the latter's appearance on national TV talking about the dangers of liver damage. Later, on 29 August, he was moved again to correspondence [WITN1944355], even at 6.30am, that time to *BBC Radio Merseyside*, having heard an on-air query

from a presenter, Tony Snell, as to why blood donors weren't paid in the UK. Providing him with a BBC news-link to the CBS, Gregory wrote: "[...] *Please research your subject before dishing out the loose rhetoric on subjects as serious as this. It's why I've not got a dad anymore. It's the biggest scandal in British medical history [...] Just go easy.*"

1003. To the station's credit, Gregory received a response [also **WITN1944355**] even before 9am, from the show producer, Clare Minter, stating: "*Dear Greg - Many thanks for your email and I'm sorry that you feel our piece about donating blood was un-researched; the point of the piece [...] was to highlight the fact that only 4% of the population give blood and that it's so easy and painless why don't more people take the time to do it and save others lives. I'm very sorry to hear about your father and am forwarding your email to the Press Officer [...] so that he can answer your questions on how the blood is screened these days and how I hope this occurrence is now a thing of the past. But thank you for your email - we appreciate your thoughts.*"

1004. In quick response [also **WITN1944355**], and to assure Ms Minter that there was no need for the press officer to research matters – truly, there was nothing that we needed to learn about blood screening! – Gregory replied saying: "[...] *I appreciate the spirit of your offer. It wasn't that I was saying the piece was unresearched, per se, (and it's great that air-time is given over to the subject of donating blood). It was just Tony saying, off the cuff, 'why don't they pay people?'. I appreciate that radio has got to have a flow to it and that a guy like Tony has got to basically keep the narrative alive but throwing a question like that into the ether is dangerous territory. There's a very good reason why people aren't paid for donating blood. They tried it in the US in the 70s on the 'buck a time' scheme. It attracted some pretty desperate people: those on skid row basically. What went into the blood reservoirs was laced with all sorts of viruses no-one had ever heard of back then. The UK went and bought it all. Injected it into needy patients like my dad and the rest, sadly is history. Paying for blood? Bad, bad idea.*" Ms Minter ended the exchange [also **WITN1944355**] with cordiality saying: "*Thanks again Greg and apologies for the off the cuff comment - it was just that and no harm meant by it, but appreciate in your situation it was bad taste.*"

1005. It was only a vignette but representative of what we'd been reduced to. Just monitoring virtually everything, and perhaps seeing every contextual moment as an opportunity for reminders (e.g. to Dr Gilmore) or education (e.g. to *BBC Radio Merseyside*, indeed to whom Gregory had given several interviews in the past) about the CBS. **It was about never-missing-a-beat.** In was in that same spirit that Gregory was then moved to contact [WITN1944356] the then Tory leader, David Cameron – and very likely next prime minister, even judging from the political climate of 2008 some two years prior to the next General Election – whilst speaking to the party conference that autumn.
1006. Mr Cameron, in taking the then relatively new Labour Health Secretary, Alan Johnson, to task, cited the correspondence of one of his constituents about the allegedly appalling NHS hospital treatment that his late wife had received in her final stages of life, which he'd described as degrading. Mr Cameron sent his constituent's letter to Mr Johnson, who, apparently replied, in detectably Reidian-legacy tones [WITN1944357]: *"A complaints procedure has been established for the NHS to resolve concerns [...] Each hospital and Primary Care Trust has a Patient Advice and Liaison Service to support people who wish to make a complaint [...] There is also an Independent Complaints Advocacy Service [...] If, when [your constituent] has received a response, he remains dissatisfied, it is open to him to approach the Healthcare Commission and seek an independent review of his complaint and local organisation's response [...] Once the Health Care Commission has investigated the case he can approach the Health Service Ombudsman if he remains dissatisfied [...]"* Mr Cameron told the conference: *"A Healthcare Commission. A Health Service Ombudsman. A Patient Advice and Liaison Service. An Independent Complaints Advocacy Service. Four ways to make a complaint but not one way for my constituent's wife to die with dignity. We need to change all that."*
1007. Gregory didn't waste a single second in testing Mr Cameron's resolve and had already sent the aforementioned e-mail, even mid-speech, on 1 October at 15.55hrs, enclosing an updated copy of the briefing sheets about William's case that we had first formulated in late 1994 in the earliest weeks of our campaign [WITN1944141] stating: *"Dear Mr Cameron, I'm sat here watching*

*your speech. It's still on. It's less than 10 minutes since you made the Alan Johnson anecdote. Well, here's another anecdote. Concerning my father. Who died without dignity under a Tory government 14 years ago. Who is still being treated with posthumous indignity today. Are you going to bring this horrendous mess to a conclusion. The PDF is a few years old now: therein lies the indictment."*

1008. That's all we could do, whilst "Waiting for Archer", or indeed the "Haemophilia Litigation" which we didn't really have a grasp on anyway; just keep the pressure on in our own small way. That's what CBS campaigning looked like and sounded like: small actions like emails, phone-calls, never missing a beat. The keeping-on-keeping-on amid adversity. It was nigh-on a full-time pre-occupation, always listening for contradictions, errors, ignorance and most of all hypocrisy. Again, if you want justice, or answers as to why the CBS was ever allowed to happen, you simply have to fight. Sadly.

1009. On 14 October, Gregory received a response [also **WITN1944356**] from Mr Cameron, through Lara Moreno Perez, of the Office of the Leader of the Opposition, stating: *"I am writing on behalf of David Cameron to thank you for your e-mail. I am sorry for the delay in my reply. We are grateful to you for taking the time and trouble to get in touch, and I know that David would want me to pass on his sympathies for the sad loss of your father. As you know, thousands of patients were exposed to hepatitis and/or HIV."* Ironically, she informed us of the existence of The Archer Inquiry and effectively underscored the inevitable policy of all Westminster which was, in our words, still...*"Waiting for Archer"*. However, she stressed the following: *"I understand that the Inquiry hopes to publish its report in the coming months. Conservatives are urging the Government to be open with the Inquiry, and will pay close attention to its findings when published. Conservatives continue to focus on enabling the NHS to provide the best care for haemophiliacs and others with Hepatitis C and HIV."*

1010. Thus, we faced the 15th annual New Year's Eve status check of our campaign literally no further on than at the end of 2007: still "Waiting for Archer" but

being also curious as to what developments were happening with

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- and of course still enduring the complete failure of the main three aims of our campaign since 1994. But we genuinely feared 2009, knowing that the "Archer Report" was imminent and, just by instinct, because we'd sensed since April 2007 that it wouldn't be favourable to us. We also sensed that there would have to be GRO-D possibly, another failure-of-sorts, combined with what was likely to emerge from The Archer Inquiry, would make the 15th anniversary of William's death, looming in September 2009, even more sombre than anticipated. As it transpired, we literally didn't know the half of what 2009 – a truly vile year – would deliver.

## 2009

1011. As steeled as we were for the release of The Archer Report [ ARCH0000001 ], even we were sent sideways by it, indeed we were knocked-sick. We were completely floored by the immaturity to not include even a single quote from us, simply and surely because we'd dared to complain about how we were treated on the opening day, especially after the energy we'd invested ahead of it – and again, we stress, we could have made those opening exchanges very unseemly indeed. Of course, we knew that all the promises made in the meantime by Mr Mehan, e.g. including our evidence in the final report, or suggesting that we appear on the last day, or that we would be called as media representatives, were nothing but fobs.

1012. We had every reason and right to complain about our treatment, and especially after a goodly period of reflection, particularly in the controlled manner that we did. It was one thing them not having the grace to apologise to us, but another entirely to completely omit our evidence, and even strike Anne's name from the witness list (as said, we learned subsequently that the decision to sideline her on the opening day was



made even before we took our seats). Why did they need us to appear, then? On day one? Even the Haemophilia Society submission [ARCH0001232] referred to the "case of the Murphy family, represented by Mrs Maureen Murphy, her son and daughter, at the Inquiry's first hearing of witnesses." Yet other than Maureen's and Gregory's names on the witness list, we were completely airbrushed. Despicable.

1013. Of course, we now know that Dr Hay was a significant factor influencing the panel agin us; essentially they took his side over ours – the old ties of paternalism. They believed his story not ours. Even so, that only served to deepen our distress. For when Lord Archer replied to Gregory's complaint in June 2007, and when Mr Mehan issued various responses to us, they knew all along that they were withholding that truth. And that's how you treat CBS victims in the very inquiry that was meant to bring them justice?
1014. Further, what we'd always feared would be a foreshortened investigation, anyway, was proven, most especially in the narrow sense that we naturally first looked at, i.e. for its complete failure to condemn the abominable Skipton exclusions. But to then only issue the wooly "*recommendations*" that it did, which were dodged by the Government as though designed for such, was breathtaking. The whole report amounted, at best, to naught stronger than an elongated Lords debate, of the type that was ignored for years anyway.
1015. The true give-away, though, that was actually signalled in the very first moments of the Inquiry in 2007, and was prominent within the text, was the all too conspicuous pre-occupation with avoiding "*blame*". That word, almost as a taboo, appeared four times. The word "justice", by comparison, was mentioned just twice, and one of those was by a witness.
1016. It trailed-off its "*Introduction*" by stating its first suspect use of "*blame*" as follows: "*The past cannot be undone. Nothing can rescue the victims and their families from what they have already suffered. But a review of the events and decisions that led to the tragedy may assist in coming to terms with the consequences, and might suggest ways in which Government may address those aspects which it is not too late to rectify. While hindsight, by definition,*

*operates after damage is done, it may reveal important lessons for the future. We consider that to be more important than apportioning blame."*

1017. We partially re-quote from that section but now with our additional emphases: "Review...may assist...might suggest...may address...not too late...hindsight...damage is done...it may reveal" – the only surprise was that the author of that woolsack was able to write despite the hand-wringing. One observation: who were the "we" who decided what was more "*important than apportioning blame*"? The condescension was choking.

1018. It then used the B-word again in Chapter 9 stating: "*It is understandable that those infected and their dependants should have sought in the first instance to apportion blame, and to seek a remedy through litigation, and no less understandable that successive Governments should have denied that they, or their predecessors, were at fault.*" What?

1019. Firstly, we didn't want to be "*understood*". Secondly, what a disgraceful framing of campaigners' efforts. "*The first instance*" of what, precisely? Grief? Devastation? Pain? Penury? Angst? Illness? Desperation? So we were apparently seeking a "*remedy*" (did they ever think about the words they used?) through litigation? No, we were seeking justice! To infer that our campaigning could be boiled down to a "*remedy*" through "*litigation*", with the obvious corollary being that money was our only goal, was scandalous. Furthermore, we later noted how telling it was that such language was still being churned by Dr Hay to the IBI in November 2020. We wonder, genuinely, just how in thrall to him The Archer Inquiry really was. That neither party could ever understand that there was a difference between needing answers and also (note not and/or) financial help, spoke volumes. It certainly exposed The Archer Inquiry for the flawed investigation it was.

1020. At one point in its proceedings, for example, we'd spotted that Mr Mehan asked a witness as to what would bring "*closure*" (note, not "*justice*") for CBS victims, suggesting a choice from "*trust, truth, an apology or financial recompense*?" (4 June, 2007). Why the "*or*"? Why not all four? Or more? Further, at the risk of offering a legal lesson to a solicitor, we suggest that he

should have just studied the concept of “justice”. It really was that simple. We just wanted, indeed still just want, the J-word.

1021. The third usage of “*blame*” came in Chapter 10, as follows: “*Without necessarily apportioning blame, the state needs to act responsibly in addressing the tragedy of patients being infected with potentially fatal diseases through NHS prescribed treatment.*” **So, that’s what we waited two years for?** It was one step from stating that people should stop doing bad things.

1022. The final “*blame*” avoidance came in the “*Conclusions*” – note not “*Findings*” – with the following wet-cloth: “*In pursuance of our objective the Inquiry did not consider it appropriate to apportion blame, especially given the problems attendant on hindsight.*” Again, we have an observational query: who, exactly, called for blame to be apportioned, *per se*? Again, did we not implicitly just call for justice, instead? It seemed that only those at The Archer Inquiry were pre-occupied by “*blame*”, or rather the obsessive avoidance of it. We assert that the panel introduced that word as a straw-tactic to deflect from its own inherent short-comings, knowing that it could never deliver justice anyway. To repeatedly infer that campaigners were only set on apportioning blame was a disgraceful veil for the Inquiry’s impotence.

1023. We simply couldn’t believe what we’d read. Whilst we readily concede that we were hardly objective, and that we were personally bruised from day one, we nevertheless suggest that when the narrative resorted to the type of gymnastic sophistry that relied on arcane citations of Anglo Saxon law to justify the non-culpability of the Government, then the panel had surely disappeared up its own remit.

1024. We were always curious on first hearing of Lord Archer’s appointment as the chair, chiefly because his name did not register, with us anyway, as having been active in the long CBS-justice campaign. We are aware that in certain circles he is regarded as having long been a champion of the cause (certainly it would, indeed should, have been a signature stance of his and would have been typical of his political career to have been so disposed) even down to the fact that a Wikipedia entry [WITN1944360] has long claimed that both he and

Dr David Owen were calling for such an investigation from at least shortly after the millennium.

1025. However, although we stand to be corrected, we suspect that such biographical information is wide-of-the-mark; tellingly, the above Wiki-reference is still awaiting citation-proof. Rather, we hold that he was conspicuously absent from the landscape of CBS-justice campaign throughout his considerable public life prior to 2007. If he ever did speak out then we can say with confidence that you'd have to search very hard, from scratch, to find it. Consequently, we concluded that it was for the precise reason that he had seemingly never taken interest that he was counter-intuitively chosen, i.e. as an impartial overseer, precisely to avoid allegations of prejudice, vested interests or predispositions.
1026. As to why he, specifically, was chosen, though – from amongst the scores of other Law Lords who also had barely, if ever, bothered to consider the CBS injustices – we were less convinced. However, perhaps it was thought that his counter-establishment, if not closeted-Communist (more later), views and outspoken tendencies – with a penchant for richly-phrased condemnations of injustice where he perceived it – were perfectly suited. For, if ever there was a time to exercise stinging plain-talk, exposing the underhandedness of the political and medical establishments, then an inquiry into the iniquitous layers of the CBS was it. For his track record, theoretically, spoke for itself.
1027. For example, whilst he was MP for Rowley Regis and Tipton, he respectively sided with student insurrectionists from both the LSE, in 1967, and later Cambridge, in 1970. He did so, initially, by supporting the cause of one Marshall Bloom – the infamous, American-born, anti-war poster-child of the late-1960s so-called New Left, and also of Liberation News Service notoriety, prior to his suicide in 1969 – and David Adelstein, both of whom were suspended by the LSE for having earlier instigated a college siege, in protest of the Rhodesian-connections of the school's director, Sir Walter Adams, a mob-action which indirectly (arguably) led to the cardiac arrest and death of an overwhelmed, 65-years-old college porter.

1028. The then Mr Archer MP acted consistently just three years later, by conveying his public distaste for the hefty custodial sentences handed-down to the most serious offenders in the Cambridge riot – in protest against the ruling establishment in Greece – who laid siege to a hotel, causing thousands of pounds' worth of damage, and terrorising specially invited guests, who were showered with broken glass, simply because they were enjoying a "Greek Night" of food and entertainment, and so injured a policeman and a proctor into the trauma-bargain, both of whom were hospitalised.
1029. The LSE suspensions of Bloom and Adelstein had apparently made Mr Archer "*flaming mad*" and he vehemently railed against the "*pompous and sweeping*" establishment denunciations of the rioters by those whom he believed failed to understand the fundamental motivations for their conscience-based actions ([WITN1944361] *Birmingham Daily Post*, 18 March, 1967, pg 1). Later, in defence of the convicted Cambridge-mob, he said: "*This [the sentences] seems to me to be something that should be investigated [...] we should not do anything to countenance violent demonstrations which cause damage and a breach of peace. On the other hand, it does appear that those students were not doing something for their own benefit, if what they did was motivated by conscience, this should be taken into account.*" ([WITN1944362] *Birmingham Daily Post*, 6 July, 1970, pg 7).
1030. In between times, the outspoken MP was also embroiled in a midlands controversy, in 1968, for challenging a group of Cradley Heath workers, who had written to him about immigration and to whom he had extended a challenge to meet the following week, at the local Labour Club, to discuss matters directly, saying: "*I could quite happily take on a crowd of fascists then or any time.*" For the record, he met them, retracted his outburst as "*bad tempered*" but asserted that he had no time for racial prejudice. ([WITN1944363, WITN1944364] *Birmingham Daily Post*, 3 May, 1968, pg 7; 6 May, 1968, pg 5).
1031. Indeed, Mr Archer also had a record of calling for public inquiries into injustices and hinting at cover-ups. For example, in 1986, whilst the Shadow Northern Ireland minister, he said that reports that the Royal Ulster

Constabulary had operated anti-terrorist units, so-called anti-IRA "death squads", were both "*disturbing*" and "*extraordinary*", and he would write to the Secretary of State, Tom King, "*for an immediate and public statement [and] an assurance that there will be no cover-up, and that the results of the investigations [...] will be made public in the near future.*" ([WITN1944365] *Irish Independent*, 13 October, 1986, pg 5).

1032. Exactly five years later, to the day, following the fatal shooting by Northumbria police of an armed man, who was flouting bail for a firearms offence, and appeared to aim a handgun at the police upon emerging from a bungalow – to which he'd laid siege, and from wherein a grandmother and her grand-daughter escaped unharmed – he instantly demanded a full, public inquiry. He said: "*It is always of legitimate public concern when anyone is shot dead. A death in any circumstances of this kind is a serious matter. There ought to be a full inquiry into this tragedy. The public will expect it. I think it is the wish of the majority of people to ensure that the police in this country are not armed to a greater extent than they are at present.*" ([WITN1944366] *Birmingham Sunday Mercury*, 13 October, 1991). It later transpired that the victim, released by magistrates for a firearms offence just days earlier, had previously served multiple sentences for crimes including the manslaughter of a London taxi-driver (which occurred during a prison-escape), the attempted murder of a policeman, and several other armed raids or sieges, at least one of which was in Newcastle, in 1979. Having also once staged a prison-rooftop protest, he was clearly well-known to the local constabulary prior to the fatal events that unfolded during the bungalow siege of October 1991. ([WITN1944367] *Newcastle Journal*, 24 December, 1991, pg 1.)

1033. Moreover, Mr Archer – clearly the contrarian defender of the underdog, those whom he saw as oppressed, and evidently no establishment supporter, and furthermore never slow of soundbite or condemnation – also demonstrated a social commitment to exposing medical injustices and ensuring victim compensation where negligences had occurred. In 1970, for example, after a report into hearing-related impairments suffered due to the noise of heavy-industry, he said, concentrating specifically on his locale: "*A very high proportion of the Black Country population work in conditions where there is*

*considerable noise [...] how are we to give them more protection? [...] it seems to me they should be able to claim industrial injury benefit if it can now be established that their deafness was caused through their work."* ([WITN1944368] *Birmingham Daily Post*, 20 April, 1970, pg 1).

1034. Then, a year later, he found himself in lock-step with one Kenneth Clarke, the future UK Health Secretary – whose lax attitude towards the IBI we have earlier referenced – on the opposite side of the Commons in a debate [WITN1944369] on 20 October, 1971, concerning "Employers' Liability (Compulsory Insurance)", and the closing of certain loopholes regarding the matters of proven negligence and compensation. Endorsing "every word of the speech of [Mr Clarke] [and] his diagnosis of the problem [and] his suggestion to safeguard against those who may not comply [and] his final remarks," Mr Archer could not have been more fulsome in his praise of the Tory member. He added: "But, of course, this is not a method designed to prevent industrial accidents [...] It is designed to ensure that, where we have been unsuccessful in preventing accidents, the unhappy victim will be compensated. In a sense, it may almost have the reverse effect because what we are doing is to ensure that employers do not themselves carry the risk of having to pay civil compensation for the effects of their own negligence. But this price is worth paying in order to ensure that the victims of accidents are adequately compensated." He added: "I offer my congratulations, paradoxically, to the unhappy victims of future accidents who, although they do not yet recognise it, may find that what we have done tonight has been well worth while."

1035. Then, just another year thereafter, in November 1972, Mr Archer was to the fore nationally in the call for victims of Thalidomide to be compensated. Indeed, it's no exaggeration to say that he positively dominated the public debate – tributes about him were carried in the *New York Times* – and pointedly ahead of a seminal Commons debate. He spoke of amending the law in such cases, specifically for compensation to be provided ahead of any need for negligence to be proven, and especially concerning the matter of injury witnesses, as carried in an article headlined "Labour lawyers to seek changes in 'unfair' law on compensation" ([WITN1944370] *Birmingham Daily Post*, 27 November, 1972, pg 7). Almost as though he was foreseeing the

exclusionary injustices of the Macfarlane Trust and The Skipton Fund some three decades later, he said: *"One person might get compensation whilst another, in identical circumstances may not—even though negligence occurred in both cases—simply because one chanced to have a witness while the other did not."*

1036. Curiously, though, when later appointed as the chair of the CBS inquiry – and didn't shy from the custom of allowing both it, and its subsequent report, to be named after him in the first citation (rather than humbly insisting that it only ever be called the "Inquiry into NHS supplied contaminated blood and blood products") – the former establishment-shaker, who had historically spoken liberally about *"cover-ups"*, *"negligence"* and *"justice"*, and was always for the underdog and the (seemingly) oppressed, was suddenly, and almost pathologically, at pains to avoid *"blame"*. Yet that was a word, a concept, which only he introduced into the conversation seemingly in order to then protest-too-much about its inappropriateness.
1037. His eponymous report said that the panel was *"dismayed"* at the *"time taken by Governmental and scientific agencies to become fully alive to the dangers of Hepatitis C and HIV infections."* Dismayed?! Really? He was *"dismayed"* at Gregory's letter of complaint in June 2007! It also said that *"the potential seriousness of Hepatitis C was not then known"*. When, exactly? Even by the Government's own admission a few years earlier, the potentially chronic chaos of non-A, non-B hepatitis was already known by 1981. Again, just because that virus got a new name eight years later didn't mean that its effects were only then understood. Further, it said it was *"regrettable"* that patients were not informed of *"their infection with Hepatitis C or HIV"* and that *"their partners were thereby placed at risk."* Regrettable?! Really? Words failed us. Also Lord Archer, seemingly.
1038. He said that *"a significant burden of responsibility rests on American suppliers of Factor VIII concentrate at the time of this tragedy"*. He was so hooked on avoiding the B-word that he resorted to *"a significant burden of responsibility"*. He meant *"blame"*, of course, but couldn't say it. Or its cousins: culpability or negligence. Yet there was a contradiction, surely? For, if generic US Blood



Pharma Inc. had "responsibility", i.e. blame, then it followed that those who procured the supplies, and administered them, also shared that "burden"? It was a vicious circle of supply-demand-and-death. Yet, whilst the Inquiry could see that blame – or rather "*a significant burden of responsibility*" – rightly rested on the US companies involved, it was unwilling to attach any to the various UK governments throughout the CBS years, one of which, of course, Lord Archer was a prominent member of until 1979, by when at least half of the deathly damage was already done.

1039. "*We must now look to the future,*" he said. Must we? Said who? Who were "we"? The CBS victims, the infected and affected? Or a certain parliamentarian who, as far as we could ascertain, never spoke, at least not prominently, about the unfolding tragedy whilst it happened, but then ensured his name was attached to a quasi-public inquiry report? "*We*", it was said, apparently cannot turn back the clock "*to take a closer view of those past events and decisions*". Again, said who? And why not? He could have ordered a statutory public inquiry, one that would eventually have eclipsed his "Archer Report". But he elected not to. A "*full Public Inquiry into this issue should have been held much earlier to address the concerns of the haemophilia community,*" he wrote. Agreed. So now call for one immediately, we thought. Better late than never, and certainly better than waiting until, say, 2017. He declined, though, to take the perfect opportunity to demand one and so condemned us to another eight years of campaigning.

1040. We could go on about a report that mentioned the word "*committee*" 32 times and "*justice*", properly, just once, and "*blame*" on four occasions but purely for the purpose of saying that none should be attached anyway. He arguably lamented that the passing of time had apparently dimmed memories. Well, not ours! Instead of looking back, however, he – quite rightly – said that "*we must address the ongoing needs of those affected*" – so that would be the likes of Maureen, then, whose evidence he unilaterally suppressed – "*and consider how the state can ensure these citizens are recompensed.*" By stating so, he'd actually teed himself up perfectly, for just one example, to point out the monstrousness of excluding widows from the Skipton Fund. For,

if memories about certain CBS aspects had faded for some officials over the long years, then that surely didn't apply regarding Reid's iniquity; because you only had to go back three years prior to the start of the "Archer Inquiry" to recall that vile affront. So why did he not even once point out that absolute outrage? Because he never had any intention.

1041. It was "not surprising", he again almost lamented, "that some of those who gave evidence to us suspected that there was an exercise in suppressing evidence of negligence or misconduct." What did he really mean, we wondered? To whom was he referring? Perhaps those whose evidence was ultimately suppressed by him because they dared to lay down incontrovertible facts which in any case fell way short of condemnation? Was he also referring to witnesses, perhaps, who were ultimately deemed not to be "reliable" or indeed "relevant", to use the Inquiry's own criteria? As alluded to earlier, it was telling just how in-synch with Archer's views Hay was at the IBI in November 2020. For the latter then spoke of the regret that an Inquiry wasn't held many years previously – when he would have objected to it then, no doubt! – and was evidently dubious about the justifications for the one that was finally being held post-2017, i.e. eight years after Archer hadn't bothered to call for one! Hay also spoke, a-la Archer, of people's suspicions about suppressed evidence and medical misconduct. He also spoke, as did Archer, about how the lack of financial assistance apparently meant that some people sought recourse to litigation, as though that was the only purpose of such, a view which Archer also seemed to convey.

1042. In fact we're now left to wonder, in classic chicken-and-egg style, as to whose views came first, Archer's or Hay's, given that the latter was seemingly so influential on the former just hours or so prior to the opening of the 2007 Inquiry? Just how much communication, we wonder, took place between them to achieve the complete suppression of our evidence? Maybe Mr Mehan can help? There wasn't a single request from the Inquiry team for us to recast it, which may have led to a proper exchange in order to discuss its veracity. Instead, it was completely squashed without conversation. That

was sinister and dictatorial. To use a quote from the firebrand days of Archer-yore, we were “flaming mad”, and then some.

1043. The whole report, albeit of some significant historical value – probably in the same vein that even the Government's earlier study of the history of self-sufficiency was also, however skewed – was anodyne to its core. Where was the righteous indignation of the Marshall Bloom defender, who once spoke about “cover-ups”, or demanded full public accountability, was the enemy of “pompous and sweeping” establishment mindsets, and the same fearless man-of-principle who would “happily take on a crowd of fascists”, moreover was given to being “flaming mad”?
1044. Where indeed was the Labour man who, in 1988 – ironically at the very depth of the CBS that he seemingly never spoke about – railed against the Thatcherite trivialisation of society and political discourse saying that: “*The greatest of all threats to democracy is to get the people watching sideshows while the Government has changed the lives of themselves and their descendants.*”? ([WITN1944371] Sandwell Evening Mail, 9 September, 1988, pg 10). Where was he who – with bitter irony – said in that very same fulmination that the Government was “*draining the lifeblood from local councils, dismantling the National Health Service, pushing back employment law to where it was at the time of the Tolpuddle Martyrs, and sacrificing our children on the altar of free enterprise [and] political debate has virtually ceased.*” Indeed, if he'd wanted a robust, late 1980s political debate he couldn't have done better than involve himself in the CBS campaign whilst its death-knell was incessant.
1045. We suggest that phrases like “*draining the lifeblood*” or “*sacrificing our children on the altar of free enterprise*”, were such indignant flourishes that they made his previous tirade of being “flaming mad”, or denunciation of “sweeping” establishment pomposity seem veritably vanilla. Yet he was merely “dismayed” at the “*time taken by Governmental and scientific agencies to become fully alive to the dangers of Hepatitis C and HIV infections*”? He could only find it “regrettable” that patients were not informed of their HCV or HIV

infections? Nothing about cover-ups, or negligence, or even sacrificing haemophiliacs on the altar of profit and medical expediency?

1046. Where was the un-fettered, establishment-opponent who not only refused a knighthood in 1974 upon becoming Solicitor General, due to his socialist principles, fearing it would make him remote from his people, but also later joined a group of 90 Labour rebels who voted against [WITN1944372] their own Government's policy of increasing Her Majesty's Civil List by £420,000? Probably, we conclude, occupying the same hypocritical space as the great defender of democracy who later stood down from the Commons in 1992 and then became an unelected peer. So much for threats to democracy.
1047. Where was the flame-throated advocate of public accountability, the perennial enemy of the cover-up, the anti-fascist and almost certainly anti-monarchist, indeed near-Bloomite? Probably, we concluded, one and the inconsistent same as he who in 1979 – as though recently rudely awakened from trenchant idealism and libertarianism – proclaimed himself [WITN1944373] in Her Majesty's High Courts as an avowed supporter of police phone-tapping, and was given to protesting, again a touch too overtly, that such an investigative method actually wasn't a "*sinister instrument of tyranny*". (*Birmingham Daily Post*, 30 January, 1979, pg 5). We can only wonder what made him suddenly so compliant to the establishment mores of the late 1970s, before then conspicuously returning to true type several years later.
1048. Why did such an outspoken flame-thrower have an almost pathological need, between 2007-09, to avoid "blame" regarding the CBS, as though it was a dirty word? Then again, he was seemingly so averse to attaching culpability when it suited that he once merely believed that it was only "*probably true*" that Stalin was "*personally responsible*" for certain evils that occurred in the Soviet Union in the early part of the 20th century, as per his 1963 work "*Communism and the Law*" (pg 97). To his credit he did later declare (pg 106) that "[In] 1938 even Stalin recognised that the terror had proceeded far enough". It still wasn't blame, though.
1049. We could go on. However, we ask two final questions. Firstly, what, exactly, was wrong with apportioning blame for a scandal which claimed

thousands of lives and wrecked even more? It was beyond “dismaying” and “regrettable”, and several universes worse than student mob-riots, the denunciations of which once rendered him “*flaming mad*”. Could it have been that it would have meant him sully the reputations of his political contemporaries, even those, such as Clarke, whom he was once so (correctly) full of praise for? Could it have meant that had he done so it would have made matters fiscally difficult for the Blair/Brown Government that he supported?

1050. Secondly, we also again ask our original question. Why, exactly, was Lord Archer chosen to front that Inquiry? Who chose him? How? Again, maybe Mr Mehan can tell us. We've been waiting for his reply, anyway, for 13 years. Frankly, it wasn't difficult to conclude that a Labour peer conducted an investigation to deliberately not make life too awkward for a then 10-years-long ruling Labour administration (*n.b.* in 2007 at the start of the Archer Inquiry, the red-side of the Commons, despite the Iraq War, on the back of three consecutive election victories, was confident enough to change the identity of prime minister, from Blair to Brown, without even a second thought of the need for a General Election). Was he a conveniently chosen chairman? One who would give the impression of a thorough investigation – deliberately named after himself no less, and not merely through the shorthand of media-acclamation – but without making too many demands into the bargain? A man who, despite previously having a tendency to be “*flaming mad*” – except for a brief phase of conspicuous adherence to the state line in the late 1970s (we're well aware of what likely caused that, by the way) – could be counted on to merely damn-with-faint-blaze. What pre-agreements were reached?

1051. Hence he didn't order a public inquiry. Nor did he demand – emphasis – that injustices like Skipton be rectified. Instead, it was all about reviews, recommendations and committees. Things easily dodged if necessary. It was long on dismay and regrets, but short on blame and flame. It was a sham and we have no hesitation in saying so, despite how much of an outlier that makes us. Indeed, to paraphrase one of Lord Archer's own famous outbursts, we'll un-happily take on that mantle. Because the evidence was there for all to see. Indeed, its aftermath, based on its always foreshortened focus, proved it

for what it was: naught but an exercise in suppression masquerading as investigated truth. Even we, though, couldn't have predicted the final twist of its deliberately neutered legacy. It set us back years, in fact 14 and counting and immediately launched us into the hell of 2009.

1052. It was in the immediate aftermath of The Archer Report that Gregory's attention was again turned to the other, albeit more high-profile, un-resolved disaster-injustice sullyng the UK landscape: Hillsborough. As alluded to earlier in this second IBI statement of ours, he had local and personal interest in the long-trail of that thwarted justice-campaign, and constantly monitored its progress, or lack of, as though from a distance. He'd always seen certain parallels between the two events, not least because, as the CBS was about to enter its fourth decade, at least, of continuing havoc, the long-tentacles of Hillsborough were about to stretch into a third.
1053. It was whilst watching the 20th anniversary commemorations of the Hillsborough Disaster, held at Liverpool Football Club's Anfield stadium, on 15 April, 2009, that it became immediately obvious – the event was broadcast live on TV – that a seminal moment had occurred in the trajectory of that justice campaign which had long sought answers as to truth of the events in Sheffield in 1989 which ultimately claimed 97 lives, although that figure was considered to be 96 until correctly adjusted many years later. It's often forgotten now as to exactly what happened at that 2009 memorial. Recollections now tend to present the immediate aftermath almost seamlessly, particularly regarding the involvement of the Labour minister, Andy Burnham. However, a contemporaneous account ([WITN1944374] *Irish Independent*, 16 April, 2009, pg 24), just a day later, by the journalist, Tony Evans, a Liverpool native and team supporter, who was at the disaster, exactly described how Gregory also remembers Mr Burnham's arrival amid the Hillsborough landscape and, in turn, fatefully within our CBS purview.
1054. Under the headline "*Merseyside fans see red after political leaders try to hijack Hillsborough tribute*," Evans wrote: "*The occasion was hijacked by politics. But hijacking is a dangerous business. It's likely to go wrong. The surprise speaker was Andy Burnham, the British culture and sport secretary.*"

*The appearance of a Government minister provoked a strong response [...] Mr Burnham stepped into a maelstrom [...] There was an audible gasp as he was announced as the 'surprise speaker'. Then, when he began to talk, the growl became a chant, and the stadium rose in a chant of 'Justice for the 96' (sic) [...] but the reaction was not completely hostile [...] However, Mr Burnham's speech was punctuated with catcalls and shouts of "inquiry!". A large percentage of the dewy-eyed spectators turned militant in a moment. A dignified and moving occasion was becoming distorted and never fully returned to its purpose, a memorial for the dead. Mr Burnham appeared tearful and shaky."*

1055. Also on 16 April, *The Guardian* reported [WITN1944375] Mr Burnham saying: "I felt very emotional myself and I was worried about speaking but I think it was the right thing to do. Ever since the tragedy there have been setbacks and difficulties the families have had to face. I have followed them myself, I know all about them. I have been saying all the way leading up to this emotional milestone that there are unresolved issues, I understand that. I didn't come for plaudits, I came to represent the government, as I had been asked to do [...] Together with Maria Eagle, the local [Garston] MP, we have called for full disclosure of any further documents that have not been put in the public domain and are held by any public body. Hopefully, that is a small step that might help people. My point is a simple one, that all information should now be out. There is a convention, the 30-year rule for official papers to be held for that length of time. But my argument to colleagues in government is that it is inappropriate in this case. People deserve the full facts now, so I will be pursuing that with my colleagues."
1056. Still reeling from the publication of *The Archer Report* just six weeks earlier – which the Government had remained inevitably silent about since, clearly exploiting its deliberately in-built deficiencies – Gregory wanted to reach forth almost to the Hillsborough campaigners to advise them to be careful for what they wished. Because, from the general tenor of what Mr Burnham was saying, it sounded like the Hillsborough Justice Campaign was headed for another tragedy in the shape of its very own Archer moment, pretending to

finally expose the truth only surely to be purposefully foreshortened, thus enabling the Government to finally close the door on the ongoing campaign.

1057. It was telling that Mr Burnham, like Archer, didn't call for a public inquiry. Indeed even the word "*disclosure*" sounded like code – especially for those like us attuned to the political dog-whistles – for a mere half-exercise, a quasi-investigation, ultimately a non-inquiry. Moreover, we had serious doubts about his true commitment because there was just something about the happenstance of that April 2009 memorial that didn't ring true. Especially given that he said he was "*asked*" by the Government to be there. Surely he was invited by the Hillsborough Family Support Group? Margaret Aspinall in particular?
1058. It smelled odd, contrived even. It was hard to escape the conclusion that the Government, having previously been faced with the Gordian knot of the CBS, and then somehow untangled itself through the cynical means of the deliberately skewed Archer Report, then almost immediately had the confidence to repeat the illusion with Hillsborough. In other words: establish a non-statutory investigation, pretending that the Government has finally succumbed to campaigners' pressure, then give the impression of a serious investigation only to later produce a dead-letter report before eventually closing the case for good. Indeed, before the end of the year, as a direct result of Mr Burnham's address at Anfield, the so-called "Hillsborough Independent Panel" was ordered by the Government: i.e. officially not a statutory inquiry, exactly as we anticipated. We thought it was the worst possible outcome for the campaigners. **We couldn't have been more wrong. Ironically, though, we were correct with our reserve about Mr Burnham, as events proved.**
1059. Our cynicism about the political landscape in the weeks after the release of The Archer Report then only intensified as the extent of the so-called MPs' "expenses scandal" deepened every week, if not daily, not least because of what emerged about Reid [WITN1944376] as partially described earlier. We could only reflect that in the five years since he'd condemned Maureen to a life of penny-pinching he'd accrued expenses of some £53,000 (£75,000 at adjusted 2022 rates), at least, including lavish amounts of £3,700 (£5,200 at



2022 rates) on a bathroom, including the infamous £29.99 black-glittery toilet seat, and even descended into the parsimonious pedantry of ensuring he reclaimed just 75p for a bathroom sponge, 99p for a bucket, and £7 for a "magic mop". **It was nauseating. It was infuriating.**

1060. Accordingly, just a week prior to the Government's response, as the milestone of 100 days since the Archer Report loomed, Gregory submitted an email [WITN1944377] on 13 May to: the Prime Minister, Gordon Brown; the Leader of the Opposition, David Cameron; and his constituency MP, Peter Kilfoyle. Amongst other things, he stated: "[...] *I find it impossible not to reflect on the ugly issue of parliamentarians grabbing every single shilling they can whilst at the same time considering how governments and parties, of either shade, these last 20 years have not only steadfastly refused to redress the appallingly inadequate financial assistance afforded to some +HIV and +HCV haemophiliac victims (and their dependants) of the NHS blood tragedy but have heinously insisted never to provide even a single penny piece to my widowed mother - now 71 and those like her [...]* In fact, since the appalling and arbitrary 'line in the sand' was drawn by Dr John Reid on August 30th 2003 - which excluded widows of +HCV haemophiliacs who had died before that date from ever receiving any form of recompense - this government and its repeatedly docile opposition, has in fact actively sought to compound the injustice and injury meted out to my mother and those like her. Dr Reid's callous clarion translated as: "You haven't received anything and we'll ensure you never will. This is only right and fair and proper."

1061. Added Gregory: "[...] *you will surely see how it is impossible not to draw an angry comparison between the headline-dominating matter of MPs' expenses and the hardship my mother has been forced to endure these last 15 years, through no fault of her own, as she has seen her already paltry savings decimated, pensions unfulfilled on two counts (my father's and her own as she was first forced to resign her work to become a carer and then finally retire through ill-health and stress), insurance and mortgage protection policies not being worth the paper they were written on (such is the reality for stigmatised haemophiliacs) and has been forced to take out loans and risky extra mortgages simply in order to survive.*" Other than the prime minister's

auto-reply [WITN1944377] we don't believe we got any other response. Essentially, it was a vain, last-ditch attempt to pre-empt the Government's imminent response in the hope of securing financial assistance for Maureen. Ultimately, though, we knew that the Archer Report was largely there to be ignored.

1062. It was almost inevitable that the trajectories of the two long arcs of justice that we had so patiently awaited developments on since 2007, effectively obliterating the entirety of 2008 as due process unfolded – namely The Archer Inquiry and the [GRO-D] – would fatefully intersect on the very same day in May 2009 such that we barely knew which one to give priority to.

1063. [GRO-D]  
[GRO-D] and that desire became even keener since the release of the truly deflating Archer Report; and, of course, at that stage we were still awaiting the Government's response which – as just we knew from bitter experience, instinct and suspicion – would be evasive at best. Indeed, why had almost 100 days elapsed without a formal reply from Westminster? The silence spoke volumes.

1064. [GRO-D]  
[GRO-D]  
given how emotionally battered and mentally exhausted we were after our Archer Inquiry experience, and the compounded setbacks (the Skipton exclusion and the GMC failure) that we'd endured particularly in the immediate three years prior to our soul-destroying appearance in London. Nevertheless, given that there was very little of constructive nature that we could have done

from then and through to early 2009 whilst we “waited for Archer” and for

GRO-D

1065. Unfortunately, we knew we were at a bigger disadvantage than we might otherwise have been, given that many papers were still lodged at the GMC. We had no desire to contact Manchester if we didn't have to. For, our previous communication with the UKHCDO had proved as pointless as we'd expected, therefore we had every reason to believe that liaising with the GMC would be another stressful waste of time. Accordingly, we decided to assess the quality of the evidence that we still possessed to see if it was sufficient without us needing to bother the doctors' watchdog, not least because we still didn't know, for certain, GRO-D It was complex – typical of our CBS experience – and so our pragmatic instinct informed us to do only what was necessary without over-investing ourselves.

1066. In short, we had no emotional or mental reserves left to withstand another battering. That's what Reid, the GMC and Archer had collectively reduced us to by attrition; a default status of operating only on the lowest levels of fuel because our tank was all but empty anyway. There was just a sense, almost 15 years since William's death, that we were reaching our breaking-point. It was pure self-preservation.

1067.

GRO-D

GRO-D

We just couldn't have anticipated the sheer hideousness of the events-clash; it was

like every aspect of the previous 15 years was sucked into the vortex of 20 May, 2009, perhaps the most warped day of our CBS-justice fight.

1068.

GRO-D

GRO-D

Typically, we had more questions than answers which of course was our whole CBS experience. Looking back it was so depressingly pathetic as to what she was reduced to, even 15 years after being widowed

1069. It was absolutely hideous that just prior to the planned phone conference we heard of the devastating details of the Government's response, at last, to The Archer Report. It left us reeling, especially that Maureen would still not be getting financial assistance whereas Macfarlane Trust recipients would be further helped by potentially doubled payments. We could barely process that news prior to GRO-D; but already knew that we had somehow "fallen between even more stools" as we'd long descriptively put it.

1070. We just didn't know which way to turn. We had to publicly respond to that injustice swiftly but also had to conduct [GRO-D] which, for all we knew, might prove to be the more seminal aspect of that day in the bigger picture. It was a huge reassurance that the [GRO-D] team not only knew exactly what that dreadful day represented for us but also understood the precise context of the renewed devastation that Maureen had suffered. That was the only positive of a truly nightmarish day, that we were again reminded of the innate sensitivity that [GRO-D] exuded towards her which was so absent in virtually all of her other campaign-communications since 1994.

1071. Shortly after the conference, [GRO-D]  
[GRO-D] which was something of a breakthrough moment after almost two years of uncertainty, and it was beyond ironic that it was on the very same day that the two-years' wait for our inevitable Archer pain was finally delivered. That's how the CBS tentacles seemed to work; as though the universe was constantly conspiring to torment us ever more. *Inter alia*, he wrote: [GRO-D]

GRO-D

GRO-D

1072.

GRO-D

1073.

GRO-D

was reflective of the devastating news that we had already received that day concerning the Government's response to The Archer Report, which we were already interpreting as the official end-point-of-failure of our then almost 15 years of campaigning. We were nearly on our knees in defeat and devastation and defy anyone to have handled it better.

1074. Despite our cynicism, plus our anger at The Archer Report, and our grim experience, indeed expectation, of the routinely grotesque nature of the gradually unfolding episodes of injustice as the CBS years had groaned by, even we could never have macabrely imagined the abhorrent Government response. Not only would Maureen continue to remain financially un-assisted, and existing Skipton Fund recipients would stay at the same level of recompense, but average annual payments through the Macfarlane Trust were doubled. We'd long said that wherever there were stools to fall between, Maureen would. However, this particular insult was of a different order entirely. It was like the Government was menacingly inventing new stools for her to tumble between, into gaps that we could never have foreseen.
1075. It was just incredible. Some of those who had already received assistance got even more, but those like Maureen who had never received a penny were to continue receiving absolutely nothing! How were we ever meant to process that? We could only reflect that whatever machinated rationale Reid had crafted five years earlier remained as locked-in at Skipton as ever – as per his design – and that the historical demarcations between HIV and HCV were seemingly entrenched in perpetuity (as is still so in 2022).
1076. As much as our ire should really have been directed at the then Health Secretary, Alan Johnson, for refusing to even give Maureen a penny, he was counter-intuitively irrelevant on our landscape. He was just another post-Reidian robot at the Department of Health, another apparent social-justice warrior trading on his everyman-schtick, borne of former days as a postal-worker. Ultimately, he was just another New Labour fraud who wouldn't have known fairness had it been stuck to his head with a second-class stamp.
1077. He was appointed Secretary of State for Health in June 2007 when we were already reeling from our Archer Inquiry treatment and swiftly plunged into our two-years-long "Waiting for Archer" phase, during which it was pointless even bothering to contact the Department. Then, in May 2009, in his last fortnight in the role, he appeared on our landscape like a stage extra with just one line to

deliver: i.e. the inevitable swerve of the always designed-to-be-dodged Archer "recommendations". In a darkly grim sense you actually couldn't fault him. For, the invitation was there courtesy of Archer. Then, within a fortnight, he became Home Secretary. As such, Johnson barely registered as a *bête noire* for us. Instead, it was his successor who became the fourth key-nemesis of our long campaigning years – so joining the company of Hay, Reid and Archer. With just reason.

1078. The day of 20 May, 2009 still lives vilely in our memory-bank of CBS horrors. We had no choice but to spring back into full campaign action immediately – preparing materials for the media, politicians and The Archer Inquiry team – which we not only knew was unwise given our emotions but would likely all be ignored anyway. Our fury at the lattermost group was barely containable. We'd always known that we were stitched-up at that mockery of an investigation, right from day one. We also knew we were being fobbed-off by Mr Mehan at every turn since. Moreso, we ultimately knew that the hideous result of the Government's response was always inevitable given Archer's deliberate suppression of our evidence, from even the earliest seconds of that sham forum. The only thing we couldn't decide was where the balance of blame lay – the B-word – for our acute pain on that truly appalling day.
1079. Was our evidence deliberately concealed to suit a pre-ordained decision of the Department of Health to not offer a single penny more to existing recipients of the Skipton Fund, and not even a first one to widows, or was Johnson's easy response completely shaped by Archer's impotence? We just knew that complete suppression of our evidence was sinister, whether at the behest of Whitehall or the Baronetcy of Sandwell. In retrospect, it was probably good that we had no idea that day – and wouldn't for another 11 years until November 2020 – of Dr Hay's Machiavellian input into Archer's decision on the very eve of the 2007 inquiry. For, our temperatures on that horrendous May day in 2009 would surely have eclipsed the seemingly incongruous, to us, baking weather that we were meant to be otherwise enjoying. Every stinging aspect of that hellish 24 hours was seared into us.



1080. We also knew that had the final report included details of Maureen's ongoing suffering due to her Skipton Fund exclusion, amplified by the full context of William's history within the "three brothers case" – which we were told by Lord Morris was the key reason for listing us as the very first witnesses – it would have been very hard for Johnson to ignore. At the very least, had we even been afforded just a quote in the final text, or perhaps a mere paragraph of named, narrative description, we could have used even that slim-picking as a media angle. But we barely existed, apart from the token inclusion of Maureen's and Gregory's witness names. It wasn't accidental.

1081. Accordingly, Gregory prepared his aforementioned response [WITN1944343] to the Archer Inquiry on that very same day, as sent to Mr Mehan. We still await his reply 14 years later: perhaps the IBI will provide it? We don't know what Archer himself made of the compounded pain that he subjected us to – and we have good reason to believe that he ultimately sided with Hay and accepted his lies that our story was a libellous fiction – for he never apologised; for the second time. Whatever he made of our 2009 suffering he took to his grave three years later. May he rest in peace.

1082. Later still on that draining 20 May, Gregory also sent an email press-pack [WITN1944380] to every major national outlet including: *BBC, Daily Mail, Sky News, The Telegraph, The Mirror, The Times, The Independent, The Guardian* and even *Mercury Press* news agency. His boilerplate introduction stated: *"Following the Department of Health's announcement today [...] in response to the Archer Inquiry into contaminated blood which has again re-affirmed that the widows of haemophiliacs who were infected with Hepatitis C through contaminated NHS blood products will not be financially assisted, I enclose a brief synopsis of the appalling (ongoing) circumstances, regarding my late father and still grieving widowed mother, that the government has again seen fit to ignore. My father's life wasn't worth a penny."* It didn't garner a single column inch of traction.

1083. Indeed, if it was possible to increase our fury, *Sky News* managed it by reporting only on the Macfarlane Trust increases and the non-increases for

existing recipients of The Skipton Fund, but omitted to say that so-called HCV-widows were still excluded even from the latter. It was beyond desperation; **we were even outcasts in news dispatches! We just didn't seem to rank in any way, shape or form.** Accordingly, late in the same afternoon Gregory was moved yet again to re-contact Sky by email [WITN1944381] stating: *"I e-mailed you before with the heartbreaking details of my father's case. Why do you only report half the story? HIV victims are getting a payment increase. Correct. Hepatitis C victims who have had some 'compensation' are not getting an increase. Correct. But widows of already deceased Hepatitis C victims never have and it seems never will receive a penny. Why not report the full story? My father was one of three haemophiliac brothers: two were infected with HIV, the other (my father) was infected with Hepatitis C. The widows of the HIV brothers have received compensation and will continue to do so. My mother will not. That's the hideous story that seems to be ignored."* He then re-included the synopsis about William's tragedy that he had earlier submitted (more later). It was to no avail. It was demoralising. **We were suddenly in the post-Archer world. Where the immediate public perception was clearly that we'd had the Inquiry that we'd called for, and it was now time to move on and accept its outcome.**

1084. Also on May 20 – the pace was relentless – Gregory, given the tenor of earlier communications, was again moved to contact Ms Moreno Perez at David Cameron's office. He sent an email [WITN1944382] saying: *"In light of our previous correspondence (particularly the last two paragraphs of your response to me on October 14th) may I ask you now as to what Mr Cameron's response is to 1) the Archer Inquiry findings; and 2) the hugely unsatisfactory response issued by the Department of Health today. I particularly would like to know what Mr Cameron feels about the fact the government has again seen fit to ignore the plight of my late father (an HIV negative but Hepatitis A,B and C positive haemophiliac who was infected through contaminated NHS blood products) and the financial straits that my widowed mother has experienced for 15 years. As a reminder, I enclose this brief synopsis of the reality concerning my father and mother. I would especially ask as to why my father is being treated differently to his two other deceased haemophiliac brothers*

*whose families have received some, albeit derisory, modicum of recompense, just because he contracted Hepatitis C and they contracted HIV? They all died anyway."* He then included the synopsis about William's full story which he'd also earlier sent across the media. The sheer intensity of that day was relentless and arguably without precedent even in our long CBS campaign.

1085. Naturally, Gregory was also moved to contact his MP, Mr Kilfoyle [WITN1944383] on that same horrendous 20 May, saying in a succinct covering note to his email: *"Following Ms Primarolo's announcement this morning on behalf of the Labour Government in response to the Archer Inquiry, [enclosed] a synopsis of how my late father and still grieving mother continue to be disregarded."* He then included the said briefing that he'd been circulating all day, which included the following, for-the-record: *"[He was a] severe haemophilia A sufferer. Infected, through contaminated NHS administered blood products, with Hepatitis A, B and C. He courageously battled liver cancer, cirrhosis, splenomegaly, aescites, oesophageal varices, encephalitis, psoriasis, styes, digestive chaos, skin ulcers, spontaneous oral bleeds, physical disfigurement, all-consuming fatigue and the most undignified death episode imaginable spent partly on a make-do shift-bed in a temporary, half-cemented, building-debris-strewn emergency ward in the Royal Liverpool University Hospital. He retired through ill-health, leaving a decimated pension, without eligibility for life insurance or mortgage protection and he bequeathed his widow, then 56, a future not only minus his own meagre salary but also minus her own due to her retirement from ill-health brought-on by years of stress and so provided for her absolutely no financial security whatsoever. Condemning his widow, now 71, to a future of loans, re-mortgages and penny-pinching, his greatest 'failing' was that he didn't have the foresight - unlike his two other haemophiliac brothers - to contract a different, equally fatal and hideous disease (namely HIV) and so at least be able to provide an insulting, derisory modicum of government-provided finance for her future wellbeing. They all died anyway, so what did it matter what of? William Murphy. His life wasn't worth a penny when he died in 1994. Fifteen years later, according to Her Majesty's Government, it still isn't."*

1086. Only the Liberal Democrats (LDs) position, based on a public statement given immediately on 20 May in response to the Government's intransigent response, gave any encouragement, particularly given the already distinct possibility that the next parliament could well be hung and that Nick Clegg's party just may have a stronger voice than had hitherto thought to have been the case. Reading between the lines of a press release issued that day, there was perhaps a possibility that the LDs would eventually be supportive of justice for widows like Maureen. For, it spoke of, amongst other things, the Government's refusal to "*release all the relevant documents to the inquiry, and failing to send anyone to give evidence*", and that "*they have made matters worse for the thousands of victims and their families.*" The LD Shadow Health Secretary, Norman Lamb, then added: "*The Government's response is deeply disappointing and underlines how appallingly it has behaved over this issue.*" Signally, he continued: "*[...] they have completely ignored the 2,500 patients who still suffer from hepatitis C infections.*"
1087. Whilst that, of course, wasn't a direct comment about the injustice meted out to Maureen, it was implicit that his response wasn't exhaustive and that the LDs were at least attuned to the CBS nuances. Accordingly, it gave us a glimmer of hope that at least the injustice of the complete lack of financial assistance afforded to Maureen might be addressed should the third party play any role in a coalition post-2010. But really, not only were we effectively writing-off yet another 12 months of political inactivity, like we had in 1996 ahead of the 1997 election, but we were also reliant on contingencies.
1088. Gregory duly e-mailed **[WITN1944384]** the LDs' response to his MP, Mr Kilfoyle, yet still on that same horrendous 20 May, simply stating, out of sheer exhaustion: "*For your information I enclose the LD response to your government's response to the Archer Inquiry.*" There was little more to add.
1089. Just two days later, having noted the almost complete media and political silence, save for the LDs' response to the Government, Gregory, at near breaking point, felt compelled to take further action. He sent yet another e-mail **[WITN1944385]** to the Labour ministers within the Department of Health, under the subject heading "*Why aren't the widows (bereaved prior to August*

2003) of Hepatitis C haemophiliacs deserving of UK government recognition and justice?", which was narratively addressed to "Secretary Johnson, Minister Bradshaw, Minister Primarolo, Minister Hope, Minister Keen, Lord Darzi (copied to my constituency MP, Peter Kilfoyle for information)", asking: "Can I request that you answer the question in the e-mail header?"

1090. He added, *inter alia*: "[...] it's not only an ongoing insult to the memory of my father who died 15 years ago this coming September; but added injury to the insult meted out to my still grieving mother who was 56 when she was widowed and is now 71 and has never received a single penny piece in assistance from the UK government and has been subject to making ends meet since 1994 through loans, re-mortgages and scrimping." He then listed a litany of hardships that she'd been forced to deal with, including the following indictment of the Government: "When vandals smashed her windows just before Christmas 2008 she was forced to take out a loan with a local Credit Union in order to get them replaced."
1091. Typically, no response was forthcoming from anyone except from Mr Kilfoyle [WITN1944386] whose distaste even for his own Government's position was perhaps detectable from his succinct and curt reference to the Minister who announced Johnson's decision: "I have already written on this to [Dawn] Primarolo. A copy is in the post to you." Unfortunately, we no longer have it.
1092. Later that same day, 22 May, Gregory also contacted, by e-mail [WITN1944387], Mr Cameron, who, he felt, was conspicuously silent for the first 48 hours since the Government's shocking Archer-response. Sending him the same overview that he'd sent to Messrs Johnson, Bradshaw, Primarolo, Hope, Keen, Darzi and (copied to) Kilfoyle, he wrote: "Dear Mr Cameron, I note that unlike the Liberal Democrats you have failed to make a response to the government's response to the Archer Report. Let me remind you again about my late father's story in particular, in the hope that it will spur you into pressuring the government."
1093. It was grimly emblematic that also on 22 May, Maureen received a response [WITN1944388] from The Royal Liverpool and Broadgreen University Hospitals to a recent request in respect of finally acquiring **ALL** of William's

medical records, once and for all. Underwhelmed by the response from the UKHCDO, and appalled at the treatment received at The Archer Inquiry, and then in its subsequent report, she feared falling between even further stools of exclusion

GRO-D

Little, though, could she have anticipated the repellant nature of the Government's response to Archer, excluding her even further.

1094. Accordingly, even prior to Johnson's despicable announcement, she'd already pragmatically asked – for the third time since 1994 – for the entirety of William's clinical documentation, specifically for proof not only of the batch numbers of the blood products that he was infected by but also brand names, in order to mount as strong a challenge as possible against HM Government. She specifically wanted records from 1978 (at least), 1979, 1980 and 1981 prior to November, which covered treatment at Broadgreen Hospital, and multiple infections with HBV, but also the full set from The Royal Liverpool University Hospital covering late autumn 1981 when he was infected with non-A, non-B hepatitis (**as described in our first statement to the IBI, there was a contemporaneous medical record from that precise period which already recorded that documents were missing, as written by a medic at the top of one of the sheets at the very time**). Accordingly, she completed the enclosed forms [also **WITN1944388**] received on 22 May, i.e. just two days after Johnson's outright rejection of her grief and hardship, stating that she required: "*Pathology & blood reports, batch numbers, cryoprecipitate [batch numbers] [and] Factor 8 [batch numbers]*" also "*all records from 1971 - 1989.*"

1095. It was just demoralising that we were approaching William's 15th anniversary and still grinding away at the incessant fight, even in the immediate toxic aftermath of the The Archer Report and the Government's vile response. **We trust that the IBI can see not only as to why we hold all things Archer as low as we do, but also as to why that event had such a deleterious effect that lasts to this day, which in turn negatively affected how we interacted with the 2017 inquiry, a legacy that cost us dearly in terms of vital chronology.**

1096. Our activity was necessarily relentless. We simply couldn't let the especially outrageous treatment that William, posthumously, and Maureen, had received on 20 May, 2009 just drift. By 26 May, however, we realised that virtually every protest we'd lodged in the previous week, and even prior, had been utterly fruitless. The media ignored us, the political classes didn't want to know, the Archer officials were typically hiding. To where could we turn in order to keep the heat up? But were we even generating any? It was doubtful that we'd even slightly pricked the consciences of anyone who had combined to heap the unremitting misery of late May 2009 on us.

1097. We felt that we were running out of angles to expose and channels through which to do so. Accordingly, we tried to change tack, out of sheer desperation and anger, and decided to take our protestations to the door, figuratively, of The Skipton Fund. Naively, we thought that diluting our tone might help, especially in reference to Archer himself. For, we already knew we were outliers within the CBS-justice campaign regarding his handling of the Inquiry, and instinctively knew that it would be a PR own-goal to hint at our deeply-held conviction that he'd deliberately stitched-us-up (and, again, we wouldn't know until 2020 of his involvement with Hay immediately prior to the start of proceedings). Instead, following the generally-held sentiment that the Baron himself was let down by the Government's appalling response to his "*recommendations*", Maureen used that angle in a letter to The Skipton Fund [WITN1944389] dated 26 May. Inevitably, it failed spectacularly. It didn't ever matter, in any communication, as to whether we wrote in indignant or dignified tones.

1098. Wrote Maureen: "*I believe that the proposals completely gloss over Lord Archer's report, and are a total insult, both to him and the affected community [...] I am astonished to see that the Government has yet again shown no consideration for the widows of Hep C. Why are we being treated differently from HIV widows I would like to know [?] [...] Lord Archer's proposals for the widows were completely ignored [,] the seriousness of Hepatitis C infection was completely ignored [and the Government response] only committed to reviewing the funding of the Skipton Fund in 2014 - by which time another 60 or so infected individuals will have died [...] I urge you as Chairman of the*

*Skipton Fund to take the strongest [...] action to make representations directly to Government with a view to having them take a fresh look at the widows situation and the recommendations [of the report] [...] I ask that you seek a face-to-face meeting with the Secretary of State for Health to make the needs of those infected and affected with Hepatitis C known to him and the Department of Health. Please intervene for me on this urgent matter."* The response she eventually received made us feel even worse.

1099. Just two days later, on 28 May, not knowing he was nearing medical exhaustion, and desperately seeking yet another renewed angle as a publicity hook, Gregory calculated that there were just 100 days until the 15th anniversary of William's death and accordingly crafted an online public petition **[WITN1944390]** using the 10 Downing Street submissions portal. We were just looking for any angle possible. **It was sheer despair.** He wrote: "*We the undersigned petition the Prime Minister to explain why widows of haemophiliacs who died before 29th August 2003 as a result of Hepatitis C (HCV) infections - after receiving contaminated blood products from the NHS - are excluded from receiving financial assistance from the UK government (whereas widows of haemophiliacs who contracted HCV in the same way but died after 29th August 2003 are, as are all widows of haemophiliacs who died as a result of being infected with HIV through the same manner)? In May 2009, the Govt - for the 3rd time - refused to acknowledge the death (3/9/94) of my father, William Murphy, a haemophiliac who contracted HepatitisC (HCV) through contaminated NHS blood and again refused financial help to widows like my mother bereaved before an arbitrary "cut-off" of 29/8/03 ( <http://www.skiptonfund.org/Eng/index.html> ) Responding to the Archer Report (pub. 2/09) ( <http://www.archercbbp.com/report.php> ) which asked for widows like my mother, 71, to be financially eased, the Govt again insisted that nil will be given in respect of HCV haemophiliacs like my father. Will Govt explain this distinction and why help is denied, particularly as my father was one of 3 haemophiliac brothers (all dead) and the estates of his siblings, who perished of HIV complexities - contracted via contaminated NHS blood - have been assisted? Answer before the 15th anniversary of my father's death 3/9/09 - 100 days from my petition date."*



1100. Less than a week later, overnight on 1-2 June, Gregory's health crashed. Later that week, having literally fallen asleep during a GP's consultation to which his wife had to drive him, he was advised that he was likely suffering a stress-triggered illness, was exhausted and possibly nearing a breakdown. He was ordered to take a minimum of six weeks' rest and submitted for tests. It would have shocked him to the core had he not been so desperately tired and unable to appreciate the import of it all until much later anyway. But that's what the CBS campaign does to a person.
1101. On 3 June, Peter Stevens, Chairman of the Skipton Fund replied to Maureen [WITN1944391] stating: *"I note your disappointment with the Government's response to the Report of the Archer Inquiry, and I am aware that this disappointment is widely shared. Indeed, in my roles as a former Chairman of the Macfarlane Trust and current Chairman of the Eileen Trust, on behalf of which I gave evidence to the Inquiry, I share this disappointment and believe all those who were or are fellow Trustees of these Trusts are in accord. However, as Chairman of Skipton Fund Limited [...] my reaction has to be neutral."*
1102. He explained the protocols – which were entirely understandable from a corporate viewpoint – and added: *"In my view, therefore, your request that I 'take the strongest possible action to make representation directly to government with a view to having them take a fresh look at the recommendations of Lord Archer's independent inquiry and to implement them in full', would require me to be in breach of the agreement."* He essentially advised Maureen to approach her own MP, or the Minister for Public Health, the Secretary of State for Health, the Shadow Secretary of State, *"and other Parliamentarians [...]"* you might find additional names from seeing who has asked questions, in both Houses, on issues of contaminated blood or the Archer Inquiry. Sorry that I cannot help further." The irony was off-the-scale. He at least meant well. We trust.
1103. On 5 June – again, we must keep stressing how relentless the pace was, almost daily – the combined hospitals' trust replied [WITN1944392] to Maureen's THIRD request in 15 years for the entirety of William's medical

records, stating that they would deal with the matter "*as soon as possible*". We'd heard that one before, and even before that. According to our records, written in Maureen's hand [also WITN1944392] she was still having to make follow-up phone calls on: 30 July (to "GRO-B"), 27 August ("*Michelle*"), 28 August ("*Phil*") and 29 September ("*Phil*"). It was a summer of peak CBS torment.

1104. Ironically, during the initial phase of his rest in early June, Gregory had unknowingly (until circa June 17th) received an e-mail [WITN1944393], dated 8 June, advising him that his petition to 10 Downing Street was rejected, maddeningly and with bitter irony because it used hyperlinks to both the Archer Report and the Skipton Fund. Incredibly, he was advised that he could still edit the text, within the four weeks thereafter, whereupon "***your petition will appear in the list of rejected petitions.***" The insults just kept coming. It actually felt like the Government was goading us by that point.
1105. It was truly a blessing in disguise that he'd already bowed to medical advice to take a complete break from all activities, and therefore didn't see that email for eight or so days. For, had he still been heading towards his crash and a potential breakdown, there's no telling what that utterly symbolic and ironic refusal of his petition – with the crass invitation to edit it, only for it to be dubiously showcased as a rejection – would have done to him. Ironically, by the time that he was aware of it, Gregory wasn't so concerned, **For, the landscape had changed significantly in just a week, and much of that was down to the emerging presence of the apparent social-justice champion, Mr Burnham, at the centre of the CBS picture.**
1106. It was in the very first week of Gregory's slow recuperation, and just two days prior to the rejection of his petition, that Mr Burnham became the UK Health Secretary. It was that very appointment that ironically led to Gregory being asked to interrupt his vital respite, circa 16 June, 2009, and re-commence publicity activities, indeed with a sense of urgency. The pressure was just too intense and it was the worst thing he could have done. But again, that was the insidiousness of the CBS, slowly grinding people into the ground.

1107. The Haemophilia Society campaigns team had contacted Maureen [WITN1944394, WITN1944395, WITN1944396] on 9 and 11 June, with a view to instantly lobbying Mr Burnham at his constituency office in Leigh on 19 June. The deadline for contributing was therefore tight. The unspoken assumption appeared to be that Mr Burnham, especially given his lauded efforts for the Hillsborough justice campaign earlier that spring – which was seemingly already bearing fruit (despite our personal, Archer-tainted cynicism) with ongoing talk of a “independent panel” being established – was finally a politician with enough of a social conscience to push similarly concerning the CBS. Accordingly, with the opportunity being, apparently, too good to miss, Gregory had no choice but to temporarily resume activities and hope that it wouldn't be too detrimental to his recovery which still had some way to go, and indeed the completion of several tests.
1108. Technically, our first ever communications to him were just a week after his appointment as Health Secretary, when both Maureen [WITN1944397] and Gregory [WITN1944397] (albeit indirectly), sent missives through the bundled-means of the post-Archer, Haemophilia Society-backed local campaign that visited his constituency office, led by [GRO-B] On 16 June, Maureen initially dispatched her letter, addressed directly to Mr Burnham, through Dan Farthing, the Society's Policy and Communications Manager. She wrote: *“I have written many letters to every Health Minister since 1994, regarding the plight of the Haemophiliacs infected with Hepatitis C who are treated differently from those infected with HIV, although they were all treated with the same NHS blood products. Please put an end to this discrimination and treat all Haemophiliacs with the same respect, all widows with the same respect, that they deserve, and accept the responsibly treating with contaminated blood has caused (sic). Why do we have to have the Skipton Fund for Hepatitis C and the Macfarlane Trust for HIV. Let us have one fund to cover all Haemophiliacs who have suffered and died from contaminated blood products, as I have said end this discrimination now.”* We cannot recall whether Maureen received a response. But we knew, at the time, or at least hoped, that Mr Burnham knew the truth.

1109. Gregory's submission to the *ad-hoc* campaign was essentially the forwarding of a timely e-mail that he'd just received from Mr Cameron's office in response to the aforementioned letter he'd co-addressed to both him and the Prime Minister a month earlier. For, on 18 June, Ms Lara Moreno Perez, from the Office of the Leader of the Opposition had replied [WITN1944398] stating: *"We are grateful to you for getting in touch, and we do understand your concerns. As you are aware, Conservatives called consistently for the Department to take part fully in the Archer enquiry. The Government's response has been a disappointment to many, including the thousands of patients exposed to hepatitis as a result of contaminated blood and blood products. 2014 seems to be a completely arbitrary date for the former Health Secretary, Alan Johnson, to select for a review of payments, and the Shadow Health team are calling for a debate on the floor of the House about this."*
1110. We believe both missives were among those given to Mr Burnham on 19 June. Indeed, in his covering note to GRO-B Gregory, literally writing from his sickbed, stated: *"[...] I wonder if you would be able to inform Mr Burnham of this correspondence (both the details concerning my late father and the injustice meted out to my mum and those like her but also the Tory stance) however you see fit tomorrow? [...] I just wanted to see if I could get it under his nose via tomorrow's delegation."* Ominously, he began his message with the following: *"First let me introduce myself: Greg Murphy (son of Maureen Murphy whom I believe you met at the most recent HS campaign meeting). I'm sorry I could neither attend the campaign meeting or indeed assist ahead of the constituency visit to Andy Burnham's office. Basically I'm quite unwell at the moment and have been for some weeks; although I'm hoping to be back on my feet in July."* **A day later, though, Gregory suffered a significant health relapse, following the very first – and utterly scandalous –communication he ever received from Burnham's department.**
1111. The following morning, 19 June, the very same day that the Haemophilia Society lobbyists arrived at Mr Burnham's constituency, Gregory finally received a response from the Department of Health [WITN1944399] regarding the e-mail sent to various ministers on May 22nd [WITN1944385] under the

subject heading: "*Why aren't the widows (bereaved prior to August 2003) of Hepatitis C haemophiliacs deserving of UK government recognition and justice[?]*"

1112. **He could barely believe what he was reading.** Submitted by Paul Larkin, of the departmental "Customer Service Centre", it tersely concluded (our emphasis): "*The Department gave very careful consideration to Lord Archer's recommendations to see what more it could do, and has made as positive a response as possible. The Department does not intend to revisit its response. I hope this clarifies the Government's position on this matter.*" **That was from Burnham's team. That's what "Mr Hillsborough" (our term) sent.**
1113. It was already clear that either he'd only felt obliged to help the Hillsborough campaign because he got unwittingly caught in the, apparently un-expected, political crossfire of the events that swiftly spiralled out-of-control at Anfield on 15 April – so forcing him and the Government to finally act after 12 years of prevarications (to put it mildly) – and so saw the platform as a career-establishing opportunity, or he knew exactly what he was getting into ahead of addressing the 20th anniversary commemorations, described by the aforementioned journalist, Mr Evans, just a day later as political "*hijacking*", and so contrived the whole grandstanding, again boosting his political capital.
1114. Any savvy politician – which Burnham is – especially one with roots on Merseyside, and moreover absolutely steeped in local footballing and political mores, would have known ahead of proceedings exactly what would unfold at Anfield that April day. It was inevitable. The only surprise was that it took as long as it did to erupt. It's also no exaggeration to say that those precise moments, those milli-seconds, re-defined Burnham's political career and took him on a completely different trajectory that may end up with him one day in the highest office in the land. **Yet just weeks afterwards, whilst showing one political face to the nation through his apparent care for the Hillsborough campaign, he sent that despicable letter to us about the CBS. He'd already proved himself no better than Dobson, Reid or Johnson. The problem, though, was that he pretended to be. Worse still,**

**the nation believed it.** Suddenly, we knew we were not only fighting bureaucracy but also slick personality. We'd never felt so isolated. Then it got worse, almost immediately.

1115. **Burnham's tenure at the Department wasn't even a fortnight old yet he had already slammed the door shut on us. It would appear that he also effectively did the same, but literally, to those who appeared at his constituency later that day, 19 June, whom he refused to meet, as we were told. It was truly devastating.**
1116. We just didn't know how to proceed in the face of such obduracy. In the short-term, Gregory had to concentrate on his health recovery. In the longer, we all had to recover our composure – face the sombre milestone of William's 15th anniversary – and reconsider just how to proceed, if at all. There were only so many failures that we could absorb and we'd spent a decade-and-a-half being battered from pillar-to-post and e-mail.
1117. The very final sting of that whole period came just a month later when Burnham announced an independent inquiry into the events at Stafford Hospital. There were two ways of looking at that. On the one hand, it appeared that he was responding to a relatively young pursuit of justice whilst still ignoring our decades-long claims. On the other, it could be seen that he was merely bringing the Stafford scandal level with the CBS and indeed Hillsborough, in terms of the respective investigations afforded to those outrages, by only allowing an independent investigation and not a full public inquiry – something for which he was castigated by those campaigning for the truth to be exposed at the midlands hospital.
1118. Either way, it was hard to see how Burnham, with just a year until the General Election, which it was likely that Labour would lose, would ever commit to recognising the CBS as a national disgrace meriting a full public inquiry. Perhaps equally remote, was the potential for him to see the glaring injustice that his department had already subjected Maureen to, in the shape of the callous communication sent to us, **quite signally and surely deliberately on 19 June, the very day that he surely knew his constituency office would**

**be visited by Haemophilia Society lobbyists. That was no accident. It was a co-ordinated, two-pronged attempt to crush us that day.**

1119. Really speaking, everything else we did in the subsequent years prior to the IBI inception in 2017, hinged on what we saw as six key developments that unfolded between 23 February and 21 July, 2009, i.e.: the publication of the Archer Report (23 Feb); the 20th anniversary of the Hillsborough Disaster and Burnham's subsequent pledge as then Secretary of State for Culture, Media and Sport to fight fully for justice which led to the Hillsborough Independent Panel (15 April); the Government's response to Archer (20 May); Burnham's appointment as UK Health Secretary (5 June); his blunt refusal to assist Maureen and revisit the Archer Report (19 June); and his announcement, just weeks after assuming his portfolio, of an independent inquiry into the Stafford events, which eventually gave rise to the Francis Inquiry.
1120. **It's essential that the context of that tight chronology is understood insofar as we, in subsequent years (especially after September 2012) then began to direct so much grievance towards Burnham and not necessarily, for example, towards Johnson, his predecessor at the Department of Health, or the Health Minister, Primarolo (who callously reinforced Reid's policy towards widows like Maureen, at least until a supposed review of matters in 2014, stingingly what would be the 20th anniversary of William's death). For, he was simply part of the continuum of the long Blair/Brown Government's heartlessness. Burnham, though, made himself conspicuous by his own hypocrisy, precedents, inconsistencies, overt grandstanding and loose rhetoric over the next few years. We believe, therefore, that we have not been unduly selective in our anger towards him, as we trust we will demonstrate.**
1121. We are well aware that he has since re-fashioned himself as a latter-day CBS-justice champion, and **we're probably in a minority holding reservations, even after his soundbite-strewn evidence to the IBI in 2022. We are not easily convinced.** Our evidence here, though, must be appreciated in the context of the lived experience at the time, not through

some later, retrospective prism. This is what we went through. **We ask for that to be considered.**

1122. It was ironic that just three days after Burnham's slapping down of Maureen – **and posthumously, William, let him be aware of that** – that the only people to treat her with the dignity she deserved, [GRO-D] re-contacted her with exactly the type of nuanced understanding of her absolute desperation that she needed to hear. [GRO-D]

GRO-D

1123. It was only a small-touch, an almost throwaway phrase, but his second reference to Maureen falling "*between the stools*" (he mentioned it in an earlier e-mail, also) was almost code indicating that he understood, just knew. He'd cottoned-on to our potted-description of the ongoing calamities of our ever-failing push for CBS-justice. We were just desperate to know that others appreciated it.

1124. Thus, we were propelled towards our post-Archer existence and marked the 15th anniversary of William's death on 3 September knowing that – barring an [GRO-D] – a whole decade-and-a-half of campaigning had been absolutely fruitless. Indeed, we were effectively in a worse state than ever, simply because the farrago of the Archer Inquiry, its report, and then the Government's appalling but almost



invited response, then meant that the whole question of securing a public inquiry had gone forever. All three of our original aims were dead: the GMC (or rather Hay, but we didn't know that, then) had killed-off our claims of medical negligence; Reid had executed any chance of Maureen ever being financially assisted (and just to make sure there was no residual life left in us, Burnham fired the second bullet five years later); and Archer buried our hopes for a public inquiry (literally concerning his deliberate, **again Hay-assisted [not that we then knew that either]** concealment of our evidence).

1125. A decade earlier, in May 1999, the whole stress of the first five years of campaigning had almost killed Maureen. A decade later, Gregory only just averted a major health catastrophe, directly brought-on by stress-triggered exhaustion. We realised, therefore, after 15 long years of fighting and failing, that, GRO-D we would almost certainly be folding our campaign, and finally accepting defeat. **Burnham was just too big and popular an opponent; a shutter-pulling enemy even. We were no match.** However, we were terrified, for we knew that our old familiar dilemma, that devil almost, would again haunt us: i.e. what was the worse thing to do: nothing or something? This time we accepted that we'd have to suffer the debilitation of doing nothing and finally accept the full corrosiveness of defeat. All that remained, post-Archer, was GRO-D

1126. The denouement finally came that autumn

GRO-D

GRO-D

GRO-D

To this

day, we maintain that we have still never seen any of William's clinical records pertaining to the crucial periods of the late 1970s and parts of the early 1980s.

1127.

GRO-D

1128. It was just over a month since the 15th anniversary of William's death and Maureen finally learned that, for the very first time, she would receive at least a penny of financial recompense in respect of his infection (*n.b.* singular; Hepatitis B was apparently insignificant), suffering, death, and the entirety of her widowhood. The likely amount would be in the region of £5,500; some £367 per-year since his death in September 1994, or just over £30 per-month. The figures need no further amplification. However, to be strictly accurate, given that the amount was actually in respect of HCV infection *per se*, it's correct to say that the offer to Maureen was *moreso* in respect of the 12 years and 10 months that elapsed between William contracting non-A, non-B hepatitis in November 1981 and his death in September 1994.

1129. Accordingly, the figures, *pro rata*, broke down to *circa* £432 per year had he been compensated at the very point of injury; about £36 per month for the remainder of his foreshortened, manslaughtered-life. To factor, though, the whole period between his infection and the payment, at late 2009, a period of

28 years and two months, the figures broke down as: £195 per year, or £16 per month. Frankly, it was more edifying for Maureen to consider the lump sum, which effectively reimbursed her for William's funeral costs (and the compound interest of the intervening 15 years), with perhaps a little to spare to cover, say, the expenses of applying for his medical records three times, and three return train-fares to the Archer Inquiry.

1130. There was a modicum of administration that Maureen needed to attend to, and so her reply on GRO-D – including the required, contextual information – was both revealing and damning. GRO-D

GRO-D

1131.

GRO-D

1132. Just days later, she received

GRO-D

GRO-D

which, though welcome in terms of courtesy, was about as unpolished and doom-toned a bellwether, ringing-out both the historical and ongoing injustices of the CBS, as it was possible to get

GRO-D

GRO-D

1133.

GRO-D

GRO-D

Unlike the robotics of the post-Reidian Department of Health, for example – which Burnham had evidently subscribed to fully and swiftly – we were dealing with humans who understood nature and needs.

1134. Further into the bulletin lay what was already, in 2009, a stinging irony but which was then only intensified, some 13 years later, by Reid in his IBI evidence, wherein he craved "*credit*" for establishing

GRO-D

GRO-D

GRO-D

GRO-D

It was beyond parody.

Perhaps there was an almost Freudian, Whitehall-tick when Reid referenced his need for "*credit*" in 2022?

1135

GRO-D

1136. Leaving aside the very last sentence, which we hold as categorically untrue (i.e. we suggest that more *attention* was paid at an earlier date, and more import afforded, to the link between HIV and blood products than was the case with HCV/non-A, non-B hepatitis) we assert that,

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GRO-D the whole historical narrative of the CBS and, in turn,

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was entirely suggestive of the default mindset that HIV cases were more deserving than HCV only, and, furthermore, that the latter group, including those like William, hadn't suffered as much. For, even the very fact that liability was arguably more easily established regarding HIV infections (which, again, we actually dispute anyway) it goes to the very fact that vastly more emphasis, importance and urgency was attached to the global emergence of that virus largely because of its headline-grabbing nature; the doom-laden, panic-narrative that accompanied its spread from 1981 onwards.

1137. All of that original reception and perception of HIV, and the long tentacles of that mindset, lay at the very root of the entire disparity of the medical and public attitudes that existed regarding the two viruses, which ultimately fed into later considerations like liability, simply because of the more concentrated evidence bases. We do not, for the record, suggest that the import attached to HIV should ever have been lower – far from it, although the narrative should and could have been more measured, and that's not just hindsight wisdom –but rather that the urgency of the chronic threat of HCV and indeed HBV, should have been more to the fore much earlier, especially publicly. There always seemed to be a complete dichotomy regarding how the medical establishment considered and conveyed the emergence of certain virological threats: either the headline panics of AIDS/HIV and later VCJD, or the near somnambulant attitudes, in comparison, towards HBV/HCV. There didn't ever seem to be a middle ground. All of those heavily skewed perceptions and receptions influenced virtually every future aspect of the CBS-justice push and in turn fed into later matters of liability and proof.

1138. Furthermore, the matter about who suffered more, as crass as it is to assess it in those terms, has most definitely always assumed that HIV-haemophiliac victims – long before it dawned on the cohorts that virtually all were HVC-infected anyway – had already endured a greater hurt, even by the early 1990s. That was our whole CBS experience. Accordingly, although we naturally concede our subjectivity, we really could have done without that

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– although we suspect that it was influenced significantly by LCHB – as well intentioned as it undoubtedly was, which ironically was surely designed as a soother but was rather more an irritant. It felt like a denial of an incontrovertible truth: that William and Maureen were

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– by several orders of depth.

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1140.

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1141. It was so warped as to be barely believable. If we'd read things correctly, the infamous 1991 waiver, which William/Maureen hadn't signed, of course, but was originally cited as the reason not to push for justice for HCV-infected victims in the first place, and cost us years of vital capital and early campaign-momentum,

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That inherent

injustice, which prevailed right from the start of our CBS justice campaign, was always why William's story, in the context of the so-called "three brothers" case, had to be conveyed in full. That was the injustice within the broader injustice. [GRO-D]

suggest that Maureen was no longer just falling between individual stools, but rather tumbling between whole factory-plants manufacturing them, so many that we'd lost count. It was amazing that she wasn't excluded from being allowed to see the sun rise.

1142. [GRO-D] – repeat it four times – sounded the death knell on every single possible campaign front that we had considered in those earliest days of our justice push in September 1994, right back to our very first letter to Ms Bottomley. **Firstly**, no financial assistance from the UK Government for Maureen; **secondly**, [GRO-D]  
[GRO-D]  
[GRO-D] **thirdly**, no future possibility of a public inquiry thanks to Archer's structurally-deficient fudge; and **fourthly**, a now all but flatlined chance, seemingly, [GRO-D] largely due to a swirl of virtually every negative factor that had militated against us for years anyway. It was the most imperfect of all perfect storms. Theoretically, there might be an end-point to the concept of ever-decreasing-circles but evidently our reductive vortex still hadn't bottomed out. There were always newer insults awaiting.

1143. It was beyond ironic to read [GRO-D] commentary on the Archer-led debacle, as we saw it. [GRO-D]

[GRO-D]

1144. Well, yes, he did say all that. However, it all depended on how you interpreted it. For, quite literally, [GRO-D]

[GRO-D]

He could hardly have been less demanding. It wasn't



an accident of narrative. He couched his words carefully. That report was designed to be foreshortened. One of those "characteristics" was that the Government "should" (note, not "must", or has an "obligation to" or anything else more forceful) "review" the exclusionary iniquities that had subjected Maureen to pain and penury. Was it any wonder that an arch-dissembler like Johnson then barely paid any attention – excepting the perennially headline-grabbing matter of HIV – to a report full of "should", "could", "characteristics", "committees" and "reviews", that had all the savagery of a sleeping wet-lamb?

1145. It was something of a disappointment to note that [GRO-D] hadn't seized the opportunity to communicate overt distaste for Johnson's decision to only increase HIV payments post-Archer, and leave Maureen even further adrift than at the start of the very inquiry that she ironically began. However, we were just too exhausted, and only just recovering health in any case, to be able to dwell on it, [GRO-D]

[GRO-D]  
[GRO-D] only for that "stool" to be effectively stymied by the DoH (that was how it was explained to us, anyway) simply because of the very existence of the IBI that we're now providing evidence to (and probably only just in time to make it onto the record, given the universe of episodic setbacks and injustices that we've felt duty bound to list, which surely no-one would have believed had we not done so; our ultimate Catch 22).

1146. Of course, it was also deeply ironic that the same communique had stated, [GRO-D] that there was no perceived hierarchy (our term) between HIV and HCV, yet effectively went on to unwittingly disprove that very assertion through the slew of anecdotal and attendant details it then provided. **The facts, and the narrative, spoke for themselves.**

1147. [GRO-D]  
[GRO-D] We had to look at the end result by concentrating only on the lump sum, and consider that our efforts hadn't really

extended much beyond phone calls and emails. To that extent, it was arguably a good result. But, of course, there was much more endured in order to trigger that ultimately despicable payment: i.e. 13 years, at least, of William suffering excruciatingly, and 15 years of Maureen being abused and tormented at every stage of widowhood. Yet the horror show of 2009 still wasn't done yet. For the insults continued right to the year's bitter end.

1148. The inevitably frustrated fallout of the deeply unsatisfactory Archer Inquiry still had one more signal episode to deliver, even in December, and it was perhaps apt that the footnote to that most tortuous of calendar years, and also effectively the entire decade, the last three years of which, almost, were completely dominated by that time-draining, eponymous investigation, was written at Westminster. It was also fitting that the last word on the debacle of 2009 was quite literally given by Lord Morris whom, we hold, was the only parliamentarian who could genuinely claim to have been undermined, betrayed even, by the events that transpired after April 2007.

1149. For, although we considered his House of Lords bill, "Contaminated Blood (Support for Infected and Bereaved Persons)", as debated [HSOC0017172] in its second reading on 11 December, as yet another noble, indefatigable attempt to secure true justice for those whose lives had been wrecked, we ultimately viewed the exchanges with exasperation. That said, it was certainly heart-rending to hear his Lordship lament, in reference to the Government's ongoing intransigence, that when his bill had its first reading on 19 November *"it was then already nine months after publication of a report whose recommendations were vitally urgent to afflicted patients and bereaved families on the day they were published last February."* However, there seemed to be either oblivion or denial across the House that day, it was hard to discern which – especially as nine months inexorably ticked towards 10 and inevitable eternity – as to why the Brown administration was emboldened to act in so stiff-necked a manner. It was simply because it was responding to a report that was self-neutered even before a word was written.

1150. It was barely believable to learn that Archer was "sad" that Lord Morris had to resort to his bill *"intended to implement the recommendations of our report, which was published, as he said, nine months ago. The Government have already published their response on 20 May."* He'd earlier said publicly [WITN1944405] that the Government's response was "lethargic" and that he hoped the bill process would *"stimulate them into action."* His lack of self-reflection was breathtaking, especially as he said, at one and the same time, that he was *"grateful that there was a response, but it is disappointing that it came with no previous discussion on a 'take it or leave it' basis [...] [we] had hoped that it might at least have been possible to establish a more sustained dialogue."*

1151. Frankly, it was insulting to hear him offer the following, albeit in contextual reference to the desperate plight of ongoing haemophiliac victims of the CBS: *"It brings me no joy to say this, but we did not form the impression that patients feel represented and that they have the ear of government. They feel that their concerns pass unnoticed and that their voices are not listened to."* Well, the true suffering of William, although a posthumous "patient" of some 13 years by April 2007, certainly wasn't heard by the very chair of the Inquiry that was meant to investigate the broad circumstances of his demise and death. It was rank hypocrisy, there was no other word for it. As for the completely suppressed evidence of his grieving wife and children, what voices did they ever have before that panel which so brutally suppressed them?

1152. Added Archer: *"I do not believe that the Government are stonily unsympathetic or that that they are stronger on words than intentions. They have many things on their minds. Tragedies come and go, and good intentions are swallowed up by the next claim on their attention."* Tragedies. Come. And. Go. Just incredible. The eponymous author of The Archer Inquiry genuinely thought it was wise to speak those Warner-esque words. Moreover, the Government wasn't "stonily unsympathetic", apparently? Really!? He was detached from reality. We wonder, though, whether he would have dared say those words to Maureen's face. Whose bidding

was he really doing? Ours? Or Brown's or Burnham's? We genuinely believe the latter.

1153. He then referred to "one instance" that was "well known, and has been referred to by my noble friend [Lord Morris]" which had "never been addressed." Said Archer, in direct context: "The Skipton Fund was established in 2003. It may make payments, inter alia, to the dependants of people who have died from infection with hepatitis C, but the scheme was not made retrospective. Therefore, the dependants of those who died before 29 August 2003 are not eligible. They have slipped through the net." We wanted to see what he really thought about that, i.e. specifically, whether he would finally fulminate in a better-nine-months-late-than-never fashion. Especially having also then known for six months that the Government's response to his deliberately foreshortened report, which had deliberately concealed Maureen's evidence, was inescapably and "stonily" determined to keep her in poverty. He didn't say. He spurned the opportunity once more. Again, we realise how much of a minority we are in, in being so critical of Archer but at every turn he simply deepened our pain. The evidence we have provided surely speaks for itself.

1154. There was arguably a revealing subconsciousness when he referenced his report being left "largely unread on departmental shelves" – there was a reason for that – before noting critically that "there has not been a statutory inquiry in the United Kingdom [into the CBS] because successive Governments have refused to provide one." At least he used the present tense. Again, though, why didn't he call for one? Right there and then? Seize the day and all that. Especially as he later also said that "5,000 documents were discovered by the department [of health] and given to us too late for us to include them in our report." The whole sketch was painful to behold.

1155. Lord Rooker [Archer's former PPS in his Government years of the 1970s] then even stated that "the Government argued for all those years that the information was not there and then, all of a sudden, it becomes available. In other words, they had not applied good administration rules, knowing that an

*inquiry was being set up which had a good degree of parliamentary support, even though it was unofficial. They refused to give evidence. Then to search for documents and produce them when it was too late to take evidence on them begs the question.*" Yet still there weren't calls for a statutory inquiry; of course the default at Westminster, as referenced even within that very debate, had already effectively become one of: "Waiting for Penrose". The cursed "Scottish Investigation" would drain another near half-decade.

1156. Tellingly, Lord Rooker, with an eye on the forthcoming election in May 2010, fired a major barb towards the Department of Health and arguably the arrogance of Burnham and his predecessors, with the obvious corollary that they were/are morally spineless, saying: "[...] *if there is any real backbone in the management of the government machine, if whoever is the Prime Minister really wants to deal with this issue, I give them a solution. You send back to the Department of Health an ex-Minister. You find somebody—there are enough of them around on both sides of the House. You send someone back—the civil servants' worst nightmare, a Minister who returns—with the avowed instruction from the Prime Minister to get this sorted.*" He went on to call the ongoing CBS injustice a "*festering sore*". It was the type of language that Archer, in his "*flaming mad*" MP days of yore, once used to trade in, as indeed Rooker will well have recalled. Yet, inevitably due to the intrinsic shortcomings of the very report that their Lordships were discussing, it continued to putrefy for another 13 years and counting.

1157. We were also astounded at some of the naivete on display, not least that expressed by Baroness O'Cathain who genuinely wondered aloud as to whether "*our powerful media would publicise this cause.*" No. Why? Because any chance of serious traction was surrendered due to the plain facts that any potential coverage and impact was denuded of two of the most powerful aspects. Firstly, an inquiry had already been seen to be held, reported on and responded to. It was a done deal. An old issue, already addressed. Secondly, because the strongest media hook was conceded even before that investigation began: blame, accountability, responsibility, call it what you will; the inevitable secondary by-products, if emergent, of any primary and true

search for justice. Let justice be done and be seen to be done and let blame take care of itself.

1158. The Archer Inquiry, though, always allowed the tail to wag-the-dog. Indeed, the very fact that a public inquiry finally had to be called in 2017 – the biggest indictment of the former inadequacies – was self-evidential proof of that, whether anyone cares to admit it or not. We felt like the little girl watching the naked emperor ride by, simply pointing out the screamingly obvious. Any chance that the Archer Inquiry ever had of being a powerful enough weapon to spear-head the broader CBS-justice push was surrendered even before day one. To paraphrase one of Archer's most famous outbursts, back when he used to be angry enough to issue them, that is, all of that armoury was sacrificed on the altar of political inquiry correctness.
1159. It was just stupefying that the Baroness craved media coverage yet in almost the same breath, said: "[...] *I shall deviate from concentrating on blame because it does not help or strengthen the cause of the victims, and neither will it help the surviving dependants and loved ones.*" Again, like we thought when Archer released his report: who said? That was a categorical assertion of denial, telling us, without even asking us, that something wouldn't "*help*" us (the wrong concept, anyway). It was the mother and father of all maternalism and paternalism. Just staggering. Moreover, to even imagine that apportioning blame would not "*strengthen our cause*" was ludicrous and illogical. Of course it would have bolstered the argument!
1160. She continued to matronise us by stating: "*I know that there are those who will argue that we should apportion blame, and one sympathises with them, but an in-depth analysis of who or what was to blame has already been carried out [...].*" Firstly, spare the sympathies. Secondly, when was this so-called "*in-depth analysis*"? Where was it "*carried out*"? By whom? The carousel of condescension just continued spinning. Really, though, it was just inconsequential noise. It was essentially The Worst Hits of 2009 just repeated on long-player, time and again. The needle was stuck and it grated.
1161. Lord Thomas of Gresford rightly trained his focus saying: "*The fact that documents were destroyed inadvertently is completely unacceptable. The*

*Government did not participate in the Archer inquiry. Suddenly, 5,000 documents emerged after his inquiry was completed. That, too, is completely unacceptable."* Agreed. **So call for a proper, statutory, UK-wide public inquiry, then, your Lordship? We thought not.**

1162. As if to underscore just how easy it was to clear the low bar set by Archer, Baroness Thornton, for the Government, almost trolled the whole debate saying: *"The report of my noble and learned friend Lord Archer stated that 'the Inquiry did not consider it appropriate to apportion blame, especially given the problems attendant on hindsight'. I think that he is right. In recognition, however, of the plight of those affected, the Department of Health has set up the payment schemes that have already been mentioned by various noble Lords."* In footballing terms, it was a tap-in. Again, though, would she have dared say that to Maureen's face?

1163. Finally, leaving us in no doubt about his punch-pulling by design, not that we had any by then, Archer again, sounding a clearly audible dog-whistle, cravenly provided yet another runway for the Government to easily land its response, saying: *"This is something that we ought to clarify. Is it the Government's position that they are under no obligation to relieve suffering that has not been the fault of the Government? That is the issue."* Inevitably grateful for yet another get-out-of-blame-card dealt from up Archer's sleeve, she easily replied: *"The Government relieve suffering that they have no obligation to relieve in many different ways. Indeed, they are doing so in this case, too [...] I absolutely appreciate that people feel very strongly and are angry about this issue. We have decided to increase payments to those infected with HIV to a minimum of £12,800 each."* It was so brazen that it had almost reached the point of goading Maureen. **Typically, of course, Archer said absolutely nothing in response. Mission accomplished.**

1164. Somewhat fittingly, it was Lord Morris who ended the debate, such that it was, and effectively offered the last word of a whole decade's anguish, with another observation that was at one and the same time caustic but surely just destined to remain dangling in the CBS ether, ignored by a Government that was long on hubris and short on shame: *"On the question of the reappearance of the*

5,000 documents that were shredded 'inadvertently' by an unnamed official at the Department of Health, what happened was that copies of the documents were found in the office of a Scottish legal firm, but too late for the noble and learned Lord, Lord Archer, to take account of in the report of his inquiry. It was the first case in history that shredded documents have had a second coming. Long may they be kept under lock and key, especially at the Department of Health."

1165. With that, and another non-call for a statutory inquiry, we were about to enter a third different decade since William's death. The second one had started with the millennial after-effects of **Dobson's deceit** and it ended with **Burnham's brutality**. In the meantime, villains like **Hunt, Reid and Johnson** had come and gone, and the betrayals from the likes of the **GMC** and **Archer** had all but destroyed us. At least we knew one thing, though, that we hadn't 10 years earlier,

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GRO-D Of course, that wasn't the value that HM Government placed on him, or indeed her grief. For, at the end of the century they weren't even deemed to be worth a penny. A decade later they still weren't.

### Post-Archer

1166. The three of us, united, were only just about able to withstand the long-reaching blow of Archer but without really knowing what terrain lay ahead over the next two to three years, and just knowing that we couldn't really progress. In modern, post-pandemic parlance, we were suffering from "Long-Archer"

1167. However, after marking the 16th annual New Year's Eve status check of our campaign – then knowing, finally, and for an absolute certainty shorn of all hope and naivete, that it was finally dead, buried and beyond exhumation – any notion that we had of being able to slowly come to terms with the corrosiveness of forced inactivity was smashed within 10 days. With the type



of circular irony that was always a fiendish accompaniment in our push for justice, it was actually Lord Morris' at least well-intentioned bill that effectively dragged us back into action. **We were reduced to, as the right and proper thing to do, having to ask support for a bill that was so obviously doomed, because it trailed an inquiry report that was flawed in its origins and that we had no faith in anyway. There were seemingly no ends to the jagged ironies that tormented us time and again.**

1168. On 9 January, Maureen sent an e-mail [WITN1944406] to Mr O'Hara – hers and Anne's long-supportive MP and then chairman of the APPG on haemophilia – asking him to assist with the passage of Lord Morris' bill. She felt that it was incumbent on her, as his constituent, to at least be seen to be, in turn, supporting his Lordship. It was no accident that Mr O'Hara occupied the position that he did. **For, it was at least the partial fruit of a long-standing relationship that he'd developed with Maureen over many years which in turn had a national influence on the CBS-justice push. It was as classic an example of an MP and constituent working harmoniously on a common cause as you'll ever find. Britain at its best.** Yet, for all that, Maureen, for whatever warped reason, was all but wiped-off the face of the Archer Inquiry. It was crushing that she hadn't heard a single word from any of her parliamentary connections in the wake of the diabolical treatment she had received as a result of the Government's response. Nevertheless, she did the dignified thing, for the record, in reaching out in January 2010. For, Mr O'Hara, like Lord Morris was always one of the good guys.

1169. Accordingly, she wrote, tellingly without single to reference to Archer or the pains endured since the previous May, and veiling our true beliefs, even about the bill: *"As Chairman of the APPG for Haemophilia and my MP I am asking for you to put down a private members bill in support of Lord Morris's Contaminated Blood (Support for infected and Bereaved Persons Bill). We need the support of as many MPs as possible to get this bill passed, Lord Morris has worked so hard over many years to try and get justice for the Haemophilia community, so with your help and other MPs we may just be able to help Lord Morris achieve success. The Haemophilia community owe Lord*

*Morris a huge thank you for being so loyal to us, may I also thank you for supporting me over the past 15 years."* She meant every word.

1170. He replied to her within two days, on 12 January [also **WITN1944406**], effectively underscoring the closeness of his relationship to both Lord Morris and Maureen, and placing his unstinting commitment to the CBS justice campaign within the context of the forthcoming end of his career as an MP at that year's General Election – due to losing the party selection to fight the newly created seat of Knowsley which, due to a boundary shift, saw his constituency merged with a neighbouring one. He wrote: *"I can assure [you] that I am in close dialogue with Lord Morris about this and indeed had a long telephone conversation with him only yesterday about tactics. The first plan was to try to get an MP who had been drawn high in the ballot for Private Members' Bills to adopt the Bill in the Commons, but this was not successful. It would have been the best way to secure Parliamentary time for the Bill. Failing that I have tabled an EDM simply calling on the government to ensure the passage of the Bill into law before the end of this Parliament. For this to be effective we shall try to get so many signatures (ideally half of the Commons) that the Government cannot ignore it. It is a large task which we are currently engaged upon. In addition to this we shall of course use as many other Parliamentary techniques as we can to press the case. It is a large task but this is one legacy which I would like to leave when I retire at the end of this Parliament."*

1171. It really did feel as though everything was ending for us, post-Archer, and Mr O'Hara's impending departure from the CBS scene seemed emblematic. It was in that vein, to support both him and Lord Morris, that Maureen was essentially extending support for a bill that she knew wouldn't lead anywhere – it was another occasion that we didn't credit ourselves with the ability to see into the future, it was just blindingly obvious – and that thereafter she would have to accept finality in terms of our campaign. It wasn't even a last throw-of-the-dice. Rather, she was just literally going-through-the-motions, but with honourable intentions. That said, we deeply appreciated the precise wording [**WITN1944407**] of his EDM: *"That this House most warmly welcomes the Contaminated Blood (Support for Infected and Bereaved Persons) Bill*

*[Lords] with its provisions for the relief of privation for those afflicted and bereaved through treatment with contaminated NHS blood and blood products; and calls on the Government and hon. Members of all parties and of none to ensure this humane Bill's passage into law in this session of Parliament."*

1172. The sense that the end-of-an-era was upon us was also signalled by the intended retirement at the General Election of Gregory's MP, Mr Kilfoyle, whom we were pleased to see had added his support to Mr O'Hara's EDM. In recognition, Gregory sent him an e-mail [WITN1944408] on 3 February, writing: *"To register my thanks and appreciation for your signing the [...] EDM. It means a great deal. I am, as you know, the son of a deceased (1994) haemophiliac father who was infected, through contaminated NHS administered blood products, with Hepatitis A, B and C (but not HIV); whose widow (my mother, now 72) has never received a penny in support or recompense during her 16 years of widowhood so far. All of which is in stark contrast to the (nevertheless meagre) support offered to the widows of my father's two other deceased haemophiliac brothers, whose dependents qualified for assistance based on the arbitrary distinction that they died of HIV/AIDS related complexities - not Hepatitis - after a similar infection path."*

1173. It was absolutely no surprise to us to learn in late February [WITN1944409] that the pathologically intransigent Government had delayed the second Commons reading of Lord Morris' bill, especially just three months remaining prior to the General Election. The block essentially ensured that it would not progress within that parliament. Like we say, you didn't have to be a political soothsayer to anticipate the dark, old tricks of the Department of Health in action. **Burnham seemed to be a compassionless archetype of the post-Reidian mindset.** It was also perhaps symbolic that it was John Spellar MP, Archer's successor in the Warley constituency, who acted as the wrecking ball. To put that into context: the legislative process arising from the need to at least rescue a semblance of justice in the wake of a systemically ineffective, and clearly foreshortened investigation and report, produced by a Labour peer who was the former MP for Warley, which purposefully shied from apportioning blame to any previous Government, including that of which he

was once a member, and also avoided making life too awkward for the present Labour Government, was eventually blocked by the current Labour MP for Warley at the behest of the ongoing Labour administration. **The definition almost of a vicious circle.**

1174. It was that type of back-to-basics campaigning, and Maureen's continuing attendance at the Manor House Group meetings, that we knew would typify our new decade activities, if indeed we considered that we had the energy to do anything. There was very little else that we could do but just push and hope, most especially so in the final months prior to the 2010 General Election which was almost certain to bring at least an end to the long Blair/Brown Labour administration which had been consistently behind in the polls since autumn 2007. As it became more and more obvious that the Government would be changing – the best that Labour could hope for was a coalition with the Liberal Democrats – we could only reflect back to where we were in our campaign in its very earliest days when the New Labour juggernaut first hove into view. For, instead of detecting, say from 1995-97, that the inevitable Blair bandwagon that was surely soon to come to power, would be a true force for social justice – such as righting the obvious long-wrongs of the CBS that had wreaked its bloody and fatal havoc throughout the 1979-97 Thatcher/Major administration – we unerringly anticipated that there was as little desire on the red benches to do the right thing as there long had been on the blue. However, the next 13 years only served to underscore that in ways that we could never have anticipated, particularly **the heinous way that Maureen was treated by Reid, which his successors, Hewitt, Johnson and Burnham patently failed to correct.**

1175. It was typical, though, that the New Labour social-fraud, certainly as far as the CBS was concerned, continued right to its very last day. Following the pattern that Dobson first set by **waiting until the last day** prior to the summer recess of 1998 to bury the news that HCV-infected haemophiliac victims of the CBS, and their dependents, would not be receiving financial assistance from HM Government, **Burnham waited until the very last day of the entire – all 13 years of it – Blair/Brown administration to feign some support, such that it was, for those like Maureen.** Again, it's worth putting the reality into

context. For, she had lobbied Dobson for help from the very earliest days of the New Labour administration, as she closed-in on the third anniversary of William's death in September 1997. He then made her wait until the following summer, **on the last day prior to parliamentary recess**, to tell her that he wouldn't be assisting her after all. That set in place a flint-faced mindset within the New Labour ranks to dismiss her appeals for help which plumbed new depths under Reid in late 2003 and early 2004 as she neared a full decade of widowhood. That callousness then continued right the way through the 2005-10 New Labour Government – and **we will never believe for a single moment that there wasn't collusion with Archer to ensure that his report didn't become fiscally problematic for the Department of Health/Treasury, especially in the wake of the 2008 financial crisis and of course the long costs of the Iraq War** – and then, on the **very, very last day** of that social sham, despite having written to him 10 months earlier, Burnham promised her a "review", to somehow salve his conscience. Thus, after 4,723 New Labour days, Maureen got another "review". It was exactly the same word that Archer had used 14 months earlier in his punch-pulled report.

1176. More than 13 months had elapsed since the release of the Archer Report, such that it was, and it took until the very day that the General Election was called, which everyone knew had to be announced that spring anyway, it being five years since the last one, and Burnham's department, through the Health Minister, Gillian Merron, announced [ ARCH0001105 ] that Johnson's arbitrary "review" of the Skipton Fund, planned for 2014, was being brought forward to *"begin as soon as possible this year."* In other words, instead of making Maureen wait until 20 years after William's death for a review to *"begin"* (and we knew full well that the dark artistry of departmental code meant that the commencement wouldn't actually be until December 2014, and probably the very last day prior to the Christmas recess, with its conclusion coming on the very last day prior to the 2015 General Election), he would be reducing that figure to just 16, before the "review" would *"begin"*. **In other words, it took him from June til April to decide to move a "review" forward some three/four years and announce that it would only "begin"**

later in the year after, he almost certainly knew, he would no longer be in office anyway. Burnham nutshelled.

1177. It's important to contextualise that whole timescale accordingly, because Burnham would later seek some credit for advancing, in April 2010, that so-called beginning-of-a-review, even though the Shadow Health Minister, Stephen O'Brien, had apparently already identified that as Conservative policy almost a year earlier, in fact just days after Johnson stood down as Health Secretary. For, according to Ms Moreno Perez' e-mail to Gregory on 18 June, 2009 [WITN1944398]: "[...] 2014 seems to be a completely arbitrary date for the former Health Secretary, Alan Johnson, to select for a review of payments, and the Shadow Health team are calling for a debate on the floor of the House about this. The Shadow Health Minister Stephen O'Brien MP is leading this issue, and I will certainly pass on your comments to him."

1178. So why did it take Burnham another almost 10 months to come to the same conclusion, on the very last day of parliament, indeed the very last day of a completely exhausted and discredited Government, that a "review" would "*begin as soon as possible this year*"? As already said, though, the "last day" political tactic on both sides of the House was an already established feature of the CBS justice campaign by 2010, yet Burnham would later reset the whole mould for such naked chicanery seven years later. The constant rejections and injustice we could almost cope with – we had no choice – but the **gaslighting of our intelligence**, they all genuinely thought we were too thick and dull to notice, made us repeatedly furious.

1179. We were at least reassured that our general take on matters was shared by The Haemophilia Society [WITN1944411], and most especially that an incandescent commentary was issued with the implicit approval of the president, Lord Morris, which spoke volumes. The communique released that day called things entirely correctly in our view – although we departed from sharing its praise for Archer – stating (our bold emphasis): "*Following detailed discussions with Lord Morris the Haemophilia Society [...] Chair, Liz Rizzuto has made the following statement: 'The Government statement brings not one*

*penny of new support to arguably the most needy minority in Britain today. We hope that people across the country will join in our protest about this unsatisfactory response to the worst ever treatment disaster in the history of the NHS. Our fight will go on for as long as it takes to bring adequate support for the afflicted and the bereaved of this tragic disaster. It is indicative of this Government that **they selected the dirtiest possible moment to release details of this review. Making a statement on the day that Gordon Brown has announced the General Election is hardly designed to allow proper discussion of the Government's actions!** It [was] contemptuous of the Government to boycott the Independent Public Inquiry into this disaster, headed with such excellent integrity of The RT Hon The Lord Archer of Sandwell QC. Our president The RT Hon The Lord Morris of Manchester has vowed that there will be no let up whatever in the battle for a just settlement.”*

1180. Consequently, we approached the forthcoming 2010 election whilst on the one hand being grateful that we would surely see the back of New Labour after 13 despicable years – although it was counter-intuitively painful to be losing the commitment of Mr O'Hara, every inch a proper Labour man – but likely be back under the Tories who had not only ensured that the CBS continued to ravage the haemophilia cohorts throughout the 1980s and most of the 1990s but set the foundations in the first place for the ongoing injustices of Maureen's widowhood, which **Blair/Brown, Dobson, Milburn, Reid, Hewitt, Johnson and Burnham all disgracefully built on.**

1181. There was just a small chance that it seemed that the Conservative party had possibly developed a social conscience, which perhaps the Liberal Democrats would be able to prick if they got the chance through a coalition. Which is exactly what happened. Just for once, things finally went our way and the smallest ray of light began to appear on our campaign landscape. The result also, effectively, meant that we had to recommit ourselves to campaigning. We naively thought it would be one final push and then we'd eventually be able to rest in maybe a year or 18 months. Perhaps, then, by the time we reached the 18th anniversary of William's death, at least a degree of justice would finally have been served. That was our hope. For, the thought of reaching the 20th anniversary and still feeling the need to campaign simply horrified us.

### Mid-2010-2015: The Cameron Coalition: Burnham and Hillsborough

1182. When Cameron was elected to head the coalition Government, we were encouraged to learn relatively quickly that the effective promise received from Ms Moreno-Perez, in June 2009, was being fulfilled and that the terms of the Skipton Fund would finally be re-adjusted, arguably as per Archer recommendations, no matter how much we believed that the tone of its exhortations were muted, an inherent weakness which, of course, was conveniently exploited by the outgoing Labour administration for the whole of its last year in office, **with Burnham as Health Secretary**. To that extent, then, the developments of late 2010 were welcome, but there was a wider context.
1183. Again, it's important to reflect the timescales. It **took Burnham 10 months** to merely reach the point where he/Ms Merron were only able to **announce** that a **review** would **begin at some future point**; and we remain convinced that had the General Election not been scheduled until 2011 then it would have taken him a year and 10 months to arrive at that same declaration. Let's also be clear, that's all it was: an **announcement**, about a **review**, that was **yet to begin**, by a man who **knew he wouldn't be in office thereafter**, and that his successor could easily dismiss that promise, such that it was. That was the substance of what Ms Merron told the Commons on the very day that the General Election was called.
1184. Contrastingly, it took his successor, Andrew Lansley, just seven months from the State Opening of Parliament on 25 May – bearing in mind also the summer, conference and Christmas recesses within the subsequent period – to not only similarly announce that a **review** would indeed commence (on 14 October), as per previously indicated Conservative policy, but also **publish** the 70pp contents of the exercise, complete with costed "*Recommendations and Conclusions*" (on 11 January). That, in itself, was proof that had Burnham really wished to advance Johnson's planned 2014 review, then **he could have**



achieved the whole end-to-end process comfortably within the 10 months that he oversaw the Department of Health between June 2009 and April 2010. Where there's a will there's a way. Burnham, though, never had the former. Consequently he subsequently blamed the lack of the latter for preventing him. Yet now seeks the credit for what was eventually achieved by Lansley.

1185. In any case, even though the eventual review was published relatively swiftly, it was not a foregone conclusion, in the immediate period after the election, that it would definitely commence. Accordingly, alongside an almighty push right across the whole cohort striving for CBS justice – not least spearheaded by the immediate resurrection of Lord Morris' deliberately strangled bill – we recommitted to campaigning fully throughout that seminal summer, just sensing that the coalition represented the best chance that we'd ever had to bring our issues to the fore; of course, we thought that about The Archer Inquiry, initially. There was just a sense, though, despite our cynicism, that in 2010 things felt tonally different.

1186. Given the sad departure of Mr O'Hara from our reach, it was initially imperative that Maureen – still attending her monthly Manor House Group meetings – swiftly secured the support of his successor, Mr George Howarth, for our aims, and, most pressingly, Lord Morris' bill if possible. Accordingly, on 27 May, just two days after the State Opening of Parliament, she sent her first letter to him, via e-mail – which we now only have the penultimate and final drafts of [WITN1944412]. She wrote: *"I am writing, as your constituent, to ask for your support for Lord Morris of Manchester's Contaminated Blood (Support for infected and Bereaved persons) Bill. I note that previously you did sign EDM 538, as sponsored by Eddie O'Hara. You will also know that Lord Morris again introduced his bill in the House of Lords on 26th May 2010. I am a widow of a haemophiliac who died from Hepatitis C complexities (chiefly liver cancer and cirrhosis) after being treated with NHS contaminated blood products (which had also earlier infected him with Hepatitis A and Hepatitis B). My husband, William Murphy, was one of three haemophiliac brothers. Two brothers died from HIV related infections, whereas the other, my husband (who had an HIV negative status) died from Hepatitis C (A and B)*

complexities. As you will know, the government has made payments to the widows of HIV haemophiliac victims but not for widows of Hepatitis C haemophiliac widows. Whilst in 2003, the Health Secretary, John Reid, did indeed introduce the Skipton Fund to compensate Hepatitis C haemophiliac victims, this scheme contained a crucially unfair exclusion clause (unlike the Macfarlane Trust scheme, introduced by government to support haemophiliac HIV victims, which has no such caveats). The basic terms of the Skipton Fund meant that £20,000 in compensation was paid to those victims infected with Hepatitis C and a further £25,000 paid to those who then developed cirrhosis or liver cancer. Unlike the Macfarlane Trust, however, the Skipton Fund stipulated that in order to qualify for compensation a patient-victim had to be alive on the 29th August 2003 [...] My husband was infected with Hepatitis A in 1978, Hepatitis B in 1979 and Hepatitis C in 1981. He died on September 3rd 1994, aged 59, and his death certificate reads: 1) cirrhosis of the liver; 2) liver cancer caused by Hepatitis C infections. As you can see from the dates involved I am unfairly excluded from making a claim. My husband was unable to obtain life insurance due to his haemophiliac status so I was left without a pension and I have had to live on our savings and my state pension for as long as possible. However, in 2005 I had to re-mortgage my house just in order to survive which I found very upsetting. If my husband had died from HIV I would have been entitled to a lump sum payment and received a widows pension from the Macfarlane Trust which my two sisters in law have been entitled to. This is an unfair distinction. I am in a very small group of those who were bereaved due to the infected blood scandal who have never received a single penny in recognition of the distress and sufferance I have endured these last 16 years. I was 56 when my husband died. I am 72 now. I would like to count on your support to help redress this injustice." As was her standard practice, she also included the briefing sheets about William that we'd then been updating for almost 16 years.

1187. On 1 June, Mr Howarth responded most positively [WITN1944413] thanking her for her letter "regarding the sad and unfortunate circumstances which led to your late husband's death." He assured her that he would support the bill if it reached the Commons and that he'd written to Mr Lansley "in support of the

case for an appropriate compensation scheme," and would forward her a "copy of any response." Only two weeks later, he duly sent her the Health Secretary's response, which we only have the first sheet of [also **WITN1944413**]. He said that he was "so very sorry to read of the death of Mrs Murphy's husband, Mr William Murphy, and his two brothers as a result of infection acquired following NHS treatment with contaminated blood products."

1188. He added: *"I cannot imagine how difficult this must have been for your constituent and her family. We recognise the difficulties faced by many people and their families affected by contaminated blood products. It is tragic that people were harmed because of the very treatments that were supposed to improve their lives."* That type of language was a world away from the Reidian legacy at the Department. It's for all to see. It was instantly discernible. That is why we have placed so much emphasis within this second statement to the IBI about the completely non-empathetic mindset that prevailed at the Department of Health particularly under Reid and thereafter.

1189. As we trust we have made clear, it was far from the case that we were ever enamoured by the tonal messages that emanated pre-Reid – when we actually did receive replies, that was. For, even right from the start of our campaigning in September 1994 we knew we were dealing with scoundrels and careless individuals, at best, whose reactions were admixed with arrogance, denial, no little bluntness, an over-defensiveness and often times an unfathomable and seemingly genuinely held conviction about the State's non-culpability as regards the causes and effects of the CBS on UK citizens. That continued all the way through to **Dobson and Milburn about whom we have not a single good word to say**. However, as we said earlier, there was at least a detectable pulse within the Department in those days.

1190. **Suddenly, all that changed under Reid and continued under his successors Hewitt, Johnson and Burnham.** It was initially part-flavoured by a sickening insincerity but then gave way to a detectable soullessness. We've called it **Reidian robotics**, not because we were seeking a smart or handy alliteration but because we genuinely hold that there's no better way to describe the syndrome. **It was devoid of humanity.** The question, therefore,

must be as to why it was so. It is our belief that a cultural (we use that word lightly) decision was taken, probably circa 2003, within the upper ranks of the Blair administration to draw a line under the CBS once and for all. That the campaign had continued for far too long and needed stamping out. Campaigners needed to be quashed. We needed to realise that we were dealing with a brick wall and finally give up. We believe we were deliberately subjected to an attritional process to grind us down. A zero-tolerance policy. The undoubted existence of that sinister mindset was surely proven, even though the matter is subjective, by the sudden restoration of basic humanity as soon as Burnham, the third baton-holder of the Reidian legacy, was gone.

1191. Mr Lansley's proxy letter to Maureen, through Mr Howarth, also mentioned the recent developments in the so-called Andrew March judicial review, which we know has been covered elsewhere by the IBI, which had ruled against the previous Government's response specifically to one of the Archer recommendations. Although we make no comment about that matter, it was telling that he told Mr Howarth that "*we are currently considering our full response*", the decision about which would be announced "*soon*." He added: "*Whilst I know Mrs Murphy would like to know more, as a new Government we are unable to make any commitment regarding future policy on this issue at this stage.*" Without reading-between-the-lines – we were too long in the tooth – we sensed that something was brewing. We were on our guard, though.
1192. On 2 July Maureen sent what had become her standard letter about William, and the CBS injustices she had endured, to the Health Minister, Anne Milton (we do not have a copy of the precise dispatch). Shortly afterwards, she evidently also recontacted Mr Howarth by e-mail (again we have no retained record), specifically asking him to trigger a debate about the CBS in the Commons. Once again our campaign-mode had returned to relentless. As said, though, there was an instinct, no more, that this time it might be worth it.
1193. Mr Howarth replied on 2 July [WITN1944414] telling Maureen that he agreed "*that a debate in the Commons would be a useful further way of highlighting the issue.*" Although he had already committed himself to applying for a

different debate that autumn, he stated that *"if nobody succeeds in getting a debate by the time my own has been concluded, I will start the process."* It was a huge reassurance to know that although Mr O'Hara was no longer representing Maureen and Anne, his successor, Mr Howarth, was just as committed.

1194. On 10 August, Ms Milton replied [WITN1944415] to Maureen's letter, and again we instantly detected a distinct change in Departmental tone. She wrote: *"We recognise the difficulties faced by many people and their families affected by contaminated blood products. It is tragic that people were harmed because of the very treatments that were supposed to improve their lives. I am currently looking at the needs and wishes of those affected by this tragedy and have recently held a series of meetings to gather information and evidence to help inform my decision."* Among those she met was Dave Tonkin, a long-standing and stalwart acquaintance of Maureen's in the indefatigable Manor House Group – of which he was the chair – that, as a united entity, was as responsible as any other part of the CBS-justice cohort for ensuring that campaigners ultimately weren't ground down by the Reidian attrition. **It was a classic case of just standing defiant, often on an almost daily basis.**

1195. Ms Milton concluded by saying: *"Whilst I realise that you would have liked me to report something more positive now, these issues need to be thought through very carefully, which will inevitably take some time. Decisions with financial implications will, of course, need to be taken in the context of the next spending review. I intend to report the outcome of this work by the end of this year."* It was again obvious that something seminal was imminent. Moreover, just judging from her tone, particularly following that received from Mr Lansley, it was beyond dispute that a reverse paradigm-shift had taken place throughout the Department of Health since the election. It had re-discovered humanity. We, though, weren't about to rediscover our former naiveties. For, whilst it was re-assuring that we could at least get an exchange going with senior Westminster officials, our goodwill still had a low bar. We were, after all, approaching the 16th – **sixteenth!** – anniversary of William's death, on 3 September, and still hadn't received even a sniff of justice.

1196. We regarded the announcement on 14 October, that a review was underway of the support “available” to victims of the CBS and their “dependants”, as a clear step in the right direction, an affirmation of our belief that something was imminent but no more. Arguably, we were no further advanced than the day that the election was called on which Burnham/Ms Merron announced that a “review” would begin as soon as possible before the end of the year. **In that respect it is true to say that Mr Lansley arrived at the same point that the Department of Health would have reached had Labour been returned to Government, with or without Burnham *in situ* as Health Secretary.**
1197. Again, though, not only had the Conservative party in opposition given tacit support to bringing forward, from 2014, the Skipton Fund review but of course the Liberal Democrats had long been supportive of the CBS-justice campaign. Burnham may well claim that by 14 October a Labour Government would also have announced the review commencement, thus fulfilling his effective promise on 6 April. Against that, though – and although you cannot prove a negative and he may well merit some benefit-of-the-doubt – it has to be said that the craven tactic of announcing, only on the last effective day of Government prior to a General Election that a review would begin, and only prior to the end of the year, didn’t instil total confidence that it would commence much before 31 December just to fulfil his promise.
1198. Furthermore, we have deep doubts as to whether that review would ever have begun prior to the dawn of 2011 – as we will contextualise later – simply because the Reidian toxicity (our word) that prevailed within the Department – **which Burnham himself alluded to in his evidence to the IBI in 2022** – would still have been in force had Labour been returned to power, and probably bolstered with an even greater hubris at having won a fourth consecutive General Election. **Burnham did nothing to rid the Department of that appalling mindset. Moreover, the evidence of his first few months in office was that he actually entrenched it.** Accordingly, there’s not a shred of doubt in our mind that had Labour been returned to Government, but without him being re-appointed as Health Secretary, that the original, Johnson-planned, 2014 date of the review would have been restored.

1199. We also, though, have considerable doubts that, even had Burnham been returned to Richmond House, he would have overturned the prevalent Reidian anti-culture. It took a change of Government to achieve that ethos change, and very possibly required something as radical as a coalition administration to finally pump human blood back into the departmental arteries. Plus, Labour had prevailed in Government for 13 years by 2010 so any claim to benefits-of-doubt regarding CBS-justice was limited to say the least.

1200. Almost immediately after the announcement, Maureen re-contacted Mr Howarth – she wasn't prepared to waste a second – to ask him to ensure that the review would consider the issues of payments to spouses (unfortunately, we no longer have a copy of the letter she sent). In turn he forwarded the correspondence to Ms Milton. Accordingly, she replied to him [WITN1944416] on 4 November, which he forwarded on 5 November [WITN1944417] thanking him for sending Maureen's concerns to her. She told Mr Howarth that she was *"very sorry to read that Mrs Murphy's husband died as a result of contracting hepatitis C"*. She added: *"I fully recognise the very difficult situation in which many people may have been put as a result of being treated with contaminated blood products, and I am committed to ensuring that patients who have been infected with hepatitis C and/or HIV are adequately supported. I cannot comment on the potential outcome of the review at this stage. However, I can confirm that the issue of payments to the spouses of those who died of hepatitis C infection prior to the establishment of the Skipton Fund in August 2003 is included within the scope of the review. I intend to report the outcome of the review before the end of the year."*

1201. We took Ms Milton at her word and felt that waiting, likely until circa the Christmas recess, for the outcome wasn't unreasonable, although all things were relative to an already 16 years' wait for justice. Indeed, we believed that the completion of the procedure within that timescale would be an estimable achievement – depending, of course, on its contents – not least because the State Opening of Parliament wasn't until 25 May. Consequently, for perhaps the first time all year we were content to rest and await due course.

1202. Accordingly, we weren't perturbed that the rest of November came and went without any further developments. Similarly, we weren't restless even by the end of the first week in December. However, we were certainly reaching the point of wanting to at least know of a report date, even were that to be at the end of the last full week prior to recess, i.e. Thursday, 16 December, thus allowing a brief space for responses at the start of the following short week before the House closure on Tuesday, 21 December. As the month wore on, though, without any indication of even a fixed date for the announcement, let alone the actual publication, we began to be filled with the type of all-too-familiar anxieties that only those who have been fighting for and failing to achieve justice for over 16 years could truly appreciate.

1203. It was as much about psychology as anything else. For, although we knew that two of our three original campaign aims were likely never to be realised (i.e. proving that William was a victim of compounded medical negligence whilst a patient at the Royal Liverpool University Hospital, and securing a statutory public inquiry into the CBS; also a fourth ambition if we were to include our original hope to proceed with litigation against HM Government for negligence), it would be a huge moment to realise that we may, just may, finally achieve justice for Maureen in one remaining aspect, namely that she would at last receive financial assistance, and especially to perhaps hear that signal news prior to Christmas. We dearly hoped that we would mark our 17th annual, New Year's Eve status check of our campaign, on 31 December, 2010, at least knowing that we'd finally achieved one of our three (or four) aims. **Instead, we were subjected to yet another assessment of total failure.**

1204. It was a devastation of indescribable proportions when we heard Ms Milton's summary ministerial statement on 21 December [ARCH0001704] in which she stated: "[...] *The review has been completed and submitted to Ministers, and I will update the House early in January when I publish the report.*" **Every vestigial feeling that we still had, deep down, that instead of receiving justice we were rather headed for yet another fall came surging to the surface.** We'd seen the original version of this film before, we thought, starring Dobson, who made Maureen wait from May 1997 until July 1998, only



to finally tell her that she wouldn't receive assistance after all, despite the fact that he had been said to be sympathetic all along. It was a vile feeling because we realised that the inevitable let-down that was surely heading our way in the new year would perhaps be the worst ever, probably impossible to stomach.

1205. We even reasoned that Ms Milton, despite all of her re-assuring words, had delayed her announcement until after Christmas to avoid being accused of insensitivity. It was therefore with a feeling of total helplessness that we realised that we had no choice but to endure that whole Christmas period, and probably well beyond, we thought, just steeling ourselves for the utter devastation to come some time in January – but we suspected that even then there would be another deferral – and that we would indeed be making our annual, end-of-year campaign assessment yet again knowing that we had failed on every front across 16 years and three months. **It was beyond horrendous to even contemplate it but we had to face it.**

1206. Accordingly, as soon as he heard of Ms Milton's announcement, Gregory veritably let rip with a letter [WITN1944419] addressed to the prime minister, the deputy prime minister (Nick Clegg) and Ms Milton, copied to Mr Howarth, Chris James of The Haemophilia Society, and his own MP, Steve Rotheram, who had replaced Mr Kilfoyle at the previous election. He wrote: "*Your inaction has ensured that my mother, a near 73-year-old widow of an HIV negative but Hepatitis A, B, and C positive haemophiliac, will now enter an 18th calendar year awaiting even a single penny in financial redress from the UK government regarding this scandal. Our family now faces a 17th New Year midnight where we traditionally ask: 'Maybe some semblance (\*) of justice this year?' Your scheduling of the announcement of your indecision - coming just four days before Christmas - pushes the previous administration hard for the title of the most time-insensitive of communications. For it was only in May 2009 that the previous government chose World Hepatitis Day to finally announce its response to the Archer Inquiry Report and in so doing refused yet again to acknowledge the plight of my mother and those like her. You may at least take some crumb of comfort that you have not yet plumbed those depths of crassness.*"

1207. Continued Gregory: *"However, the statement released on October 14th, that stated that you expected to be able, by the end of the year, to report the outcome of a review into matters pertaining to the haemophilic communities left devastated by the infected blood scandal, highlights an appalling lack of judgement on the Coalition Government's part, incredibly mismanaged expectations and no little naiveté. That you left it until December 21st - the very dying embers of the annual Parliamentary calendar (presumably because you had left yourself with little choice but to say something, however nothing that amounted to) - demonstrates that you have singularly failed to grasp the enormity of the prolonged suffering felt by those like my mother. This is sadly symptomatic of a whole host of risible anecdotes, stretching back over the best part of two decades, stemming from Governments of various hues - first blue, then red, now bluey-yellow - that have compounded insults within insults, injuries within injuries and scandals within scandals."*

1208. Determined to keep Ms Milton to her promise, he added: *"Perhaps, though, my naiveté now comes into play. For if I am to take your Government at its word, then I am to expect publication of your intentions of redress to the above communities by Friday 14th January at the latest? For the ministerial statement released today stated that the House will be updated 'early' in January 'when I (Ms Milton) publish the report'. Given that January 15th, a Saturday, is the latest possible day to qualify as 'early in January' then I will look out for your announcement before the close of business on Friday 14th. Or will it be yet another instance of misplaced Governmental words? I hope you appreciate, now, how precise you have to be with your words and expectations when addressing communities that have waited two decades for even partial justice and have seen their hopes dashed time and time again."*

1209. Having no choice but to accept the decision, Gregory concluded by saying: *"For the record: my father was one of three haemophilic brothers who were all killed by the contaminated blood scandal. The other two were HIV positive, my father was HIV negative. My father, though, unlike his two deceased brothers (one of whose graves he quite literally shares) lived long enough to be diagnosed with Hepatitis C. He eventually succumbed to the complexities relating to Hepatitis C and B, liver cancer, liver cirrhosis, prolonged and acute*

variceal haemorrhaging, episodes of acute encephalopathy and many other chaotic manifestations besides. So: three brothers, three deaths, three widows, yet only two instances of derisory financial redress attempted by the UK Government. I have waited since the 3rd of September 1994 - the date of my father's death - to discover: why the UK Government regards my mother as being less deserving of even the paltry financial concessions

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you also apply to the timescale that my father contracted Hepatitis A and B as long ago as 1978 and Hepatitis C in 1981 you will see the additional context that this scandal is now comfortably into its FOURTH decade. A crass exercise: imagine a league table reflecting the entire, pitiful financial redress sprinkled amongst the various constituencies of the contaminated blood blighted haemophiliac communities over the years; at the top would be those who have received the maximum - but still paltry - amounts possible under all the various terms, clauses and caveats relating to the MacFarlane and Skipton Trusts; the league structure would then descend by degrees until you reach a category at the very bottom with the sub-total £000.000p. That grouping would include my mother (and those like her) whose only fault was to be married to a HIV negative, Hepatitis C positive haemophiliac who was stupid enough to die prior to some arbitrary cut-of point imposed by the previous administration in August 2003. I have no more to add. There is no more I can add. If you haven't 'got it' by now then you never will. There is no need to reply. There is nothing, absolutely zero, that you can say to me this side of publishing your report, that will be of any value to me. I would rather you spent the time - throughout the whole Christmas and New Year period if you have to - seeking at least partial justice not only for those like my mother but for the entire haemophiliac community that has been battered beyond belief for decades. I made a prediction to my mother a decade ago when her wait for partial justice was then only six years old: "They're waiting for you to die, too." My mother was 56 when my father died. She will be 73 in

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That, I would hope, illustrates starkly why you have to be precise with your words relating to timescales. So, 'early January' it is then."

1210. As a post-script and referring to the asterisked note he had made at the top of his letter, he added: "(\*) *Financial redress can only be a 'semblance' of justice; full justice will be when the full facts - and the culpability where applicable - pertaining to this scandal are transparently exposed in the public domain and merit an unqualified apology from the very top of the incumbent UK Government on behalf of all UK administrations since 1970.*"
1211. On Christmas Eve, Maureen received a copy of a covering note [WITN1944420], dated 22 December, that Mr Howarth had himself written to Mr Cameron, enclosing Gregory's letter, to reinforce its contents, which he also copied to Ms Milton and Mr Rotheram. He wrote: "*Dear David, please find enclosed a copy of a letter from Mr Gregory Murphy [...] I am strongly sympathetic to the argument advanced by Mr Murphy and would urge you to intervene to try to settle this injustice speedily.*" It was truly pathetic that we were reduced to such actions after so many years, even just days before Christmas.
1212. It was obviously momentous to learn, in January 2011, that Maureen would finally – **16 years and four months after William's death, and almost four years since the start of the Archer Inquiry, and nearly two years after its report was published** – receive financial assistance from the UK state, whose actions, or rather lack of, essentially ensured William went to an early grave. Yet it was also insulting and ultimately infuriating.
1213. It was insulting because, although Maureen received £70,000, comprising staging payments and the top-up, **there was no consideration of parity with HIV-related financial assistance nor any retrospective weighting, considering payments which could have been made two decades earlier, circa 1991, had William been HIV-positive, or in 1992 upon diagnosis with HCV, or in 1994 to Maureen at his death, or even in 2004 when Skipton Fund monies commenced.** Of course, apart from the introduction (eventually) of the dubious Caxton scheme – which as we've said elsewhere, despite receiving two notable episodes of assistance, Maureen eventually gave-up on, for it was just too cumbersome and demeaning – there was no ongoing provision for regular payments. It was shot-through with disparities

and reeked of an Oliverian "this much and don't even think of asking for more" tone.

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it was better for her to just concentrate on the lump-sum at face value and ignore apparent irrelevances like retrospective inflation, funeral fees, re-mortgaging costs, future finances, and the attritional pain of 16-and-a-half years of campaigning with all its sundry expenses; she still hadn't forgotten even the three wasted, return train-fares to the Archer debacle in 2007.

1214. Rather than considering, say, that her widowhood, which began aged 56, was deemed to be worth just £354 per month since 1994, she considered that, being aged 73 in February 2011, if she perhaps lived another 10 years then payments would reflect a living assistance of £583 per month. That's how pathetically she had to search for the positives. She was comparing injuries to insults and trying to work out which was the least corrosive.

1215. It was also infuriating because the accompanying 70pp rationale [PRSE0004024] – which, like the aforementioned Self-Sufficiency Review of 2006, or even the later Archer Report in 2009, was at least of historical value – was like a silent scream endorsing the other two of our original three campaign aims, i.e. proving that William was a victim of compounded medical negligence in the local health setting, and securing a statutory public inquiry into the CBS; and arguably also the un-exercised fourth consideration, i.e. litigation against HM Government for negligence in the broad aspect of the infections *per se*.

1216. Although Maureen knew that ultimately she had no choice but to accept her Oliverian handout, and expect no more, she wasn't about to thank Mr Bumble, nor accept the official narrative. For, although Ms Milton's briefing to parliamentary colleagues [DHSC0003814\_116] on 10 January correctly described a "difficult and tragic issue" which "blighted the lives of many", **she disgracefully added that the "harm" was not "caused by negligence on the part of the NHS."** Yes, yes it was! However, already deep into the post-Archer legacy, we were all saddled with that enduring narrative of non-blame revisionism. That was the incalculable damage, ultimately

measured by years, that the inherently flawed investigation of 2007-09 had wrought. For, even in 2011, UK health ministers could still dissemble with complete impunity.

1217. We noted with true despair that para 4.4. of the Lansley-review (our term) stated: "*Chronic hepatitis C infection is associated with a range of non-specific symptoms and a demonstrable loss in quality of life. In addition, chronic infection has been associated with a range of extra-hepatic symptoms, including neurocognitive effects that impact on daily life, but many of these are difficult to attribute to hepatitis C infection in an individual.*" We could only reflect on the trials that we all endured in the mid-1980s, as William's demeanour and natural character completely changed due to his illness – not forgetting the additional stress that he was suffering in the belief that he had been misdiagnosed as HIV negative, and knowing for certain, anyway, that death sentences already hung over his two haemophilic brothers. Yet all the while he was told that he was lucky and ungrateful.
1218. Of course, para 4.6 almost leapt-out: "*A proportion of individuals with chronic infection will progress to cirrhosis, decompensated cirrhosis, or hepatocellular carcinoma. This substantially reduces quality of life, which is liable to deteriorate over time, and has a substantial impact on life expectancy. Even if a sustained virological response can be achieved in cirrhotic individuals, liver fibrosis is not completely reversed and the risk of decompensation or of developing hepatocellular cancer remains.*" **We remembered how we were told by the medical experts of 1997, surely appointed – and we suspect we know by whom – to thwart Maureen's litigation, that it wasn't possible to determine William's "quality of life" simply from reading a set of medical records, despite such being pitifully obvious at every entry between December 1991 and his death in September 1994. We remembered that we were also told by them that the inadvisable surgeries (*sic*) that he underwent in winter 1991/92 hadn't led to decompensation. Yet it was writ large in the evidence that the very opposite was true.**

1219. We were simply aghast at reading para 5.2: *"The case for greater similarity between ex-gratia payments for HIV and hepatitis C infection is based on the arguments that the impact on quality of life of living with chronic hepatitis C is at least as great as that of living with HIV. In addition, those who are living with chronic hepatitis C are now more likely to die prematurely if they develop severe liver disease. Dependants of an infected individual can experience financial hardship, irrespective of whether the individual was infected with HIV or hepatitis C, and whether the infected individual is still alive. There is thus a case that those infected with hepatitis C and their dependants should have access to a financial support scheme that is broadly comparable with that available to those affected by HIV infection."* That was the Government, in one breath, revealing in black and white the long-whispered truth that everyone by then long knew, that there wasn't, after all, a hierarchy of suffering between the effects of HIV and HCV (HBV once again was irrelevant) and, if anything, it was the latter that wreaked more daily havoc upon its victims, yet at the same time still peddling equivocations like *"similarity"* or *"broadly comparable"* as a justification for continuing with completely out-dated and thoroughly discredited anomalies that it had apparently sought to eliminate.

1220. It was as though para 5.20 emerged straight from our Coventry hell of November 1994, by way of the Reidian sulphur of 2004: *"Another option considered the introduction of a new lump sum payment for bereaved dependants, including the dependants of individuals who died prior to 29 August 2003 [...] However, other measures proposed in this report (lump, flat-rate recurrent and discretionary payments) would also go a considerable way to enabling infected individuals and their dependants to receive the support they have sought. The sums involved are potentially very large, because this would need to also apply to the bereaved dependants of all infected individuals (HIV and hepatitis C), in order to avoid creation of a new anomaly. Therefore, this option was not taken forward."* Essentially, parity was justified because the virological cat-was-out-of-the-bag – HIV wasn't worse than HCV, who knew? – but couldn't be granted because it cost too much. Sickening.

1221. We could only look at Table 1 in Annex 4 "*Hepatic manifestations of HCV infection*", part C "*Severe (pre-cirrhotic)*", with a mixture of lament and fury, especially again remembering the arrogance of the medical experts' reports of 1997 and the **corruption and lies of the GMC in 2005**; incidentally, we have checked the dictionary definition of "*corrupt*" and still use that word knowingly. So, it seemed that the panel's "*definition*" of "*decompensated cirrhosis*" was (its emphasis): "*Functional deterioration of the liver. Evidence of cirrhosis with development of any of the following complications: variceal haemorrhage; ascites OR encephalopathy.*" William had exhibited all of those, three times over, during April and May 1992. **When, therefore, was he recommended to undergo a liver work-up in response to that steep deterioration, as requested by Professor Shields? In June 1992, of course! Like day following night, that was as chrono-logical a medical sequence as it was possible to get. Because of those things: now this.**

1222. Yet when was it that the said work-up was summarily and unilaterally blocked by Hay, to the obvious chagrin of Professor Shields' team? Only when staff were literally preparing for their pre-theatre instructions, so the records proved, whilst William literally sat in his hospital bed after having been admitted for such. It was a classic eleventh-hour cancellation. Yet, when was it, thereafter, that William was finally referred to Dr Gilmore, by Professor Shields' team, not Hay? Only exactly two years later, to the very day, on 8 June, 1994! In other words, only when he'd already developed what the next box down in Table 1 of Annex 4 termed as "*malignancy associated with hepatitis C infection*" and described as "*hepatocellular carcinoma*", leading Dr Gilmore to instantly recommend him, but already provably too late, for what the next box down in the said Government graphic declared: "*Liver transplant [...] as a result of decompensated cirrhosis / HCC from HCV.*" **And yet no medical negligence occurred, according to the 1997 medical experts, or the GMC of 2005! Moreover, the potted-shambles above doesn't even reflect the indignity that William, and Maureen, endured pre-, during and post-Newcastle 1994.**



1223. The same Annex, at part c., under the blunt heading "Cirrhosis" also said:  
*"The progression to cirrhosis is often clinically silent and some patients are not known to have hepatitis C until they present with the complications of end stage liver disease or hepatocellular carcinoma (HCC)."* Agreed, but that wasn't the case concerning William. Because it was written in his medical records time and again that he was infected with non-A, non-B hepatitis in the Royal Liverpool University Hospital (RLUH) in November 1981 just 16 days short of a whole decade prior to being sent, on 10 December, 1991, for the first of two surgeries that winter – which unleashed a tidal wave of decompensation – that Hay later admitted he wouldn't have recommended had he "known" of the "severity" of his liver disease. Yet there was no negligence?
1224. In the same Annex, part e., under the equally simple heading "Hepatocellular carcinoma", the report stated that it, "HCC", is a "major complication of chronic HCV infection. However, unlike individuals with chronic hepatitis B infection [which William was also infected with, of course] HCC appears to almost always develop in HCV-infected patients with cirrhosis." So, when was William diagnosed with cirrhosis? On 14 January, 1992. And when was he first tested for HCC? It would seem, from his records, that it only occurred for the first time in March 1993 – but the record of that test went missing. And the next time thereafter? March 1994, that's when! By which stage it was arguable that he had possibly already developed the very first stages of HCC. And the next test after that? July 1994 – twice over in fact – when the results were unequivocal, both chemically and visibly on ultrasound, that he'd developed a tumour already some 6.5cms in diameter. And who noticed the irrefutable results of those tests immediately upon receipt? Absolutely no-one! Neither Hay nor Dr Gilmore, nor even the sanctimonious A&E staff at the RLUH on 7 August who, high on pure medicalism, literally railed against us in William's clinical notes for daring to be "angry" at their evident lack of urgency, because they thought him to be an alcoholic, despite the fact that he had already slipped into an encephalitic coma; yet had they looked properly in his files, indeed only back to those of three weeks earlier, rather than

spending time scoring points, then they would have seen the truth that their patient was so far gone with liver cancer that it was already pointless sending him on a psychologically tortuous trek to Newcastle for pre-transplant tests just six days later! Incredible! Yet there was no medical negligence?!

1225. It was again frustrating to note the title of section 5: "*HIV and CV co-infection*". Once again it seemed irrelevant that William was co-infected with HBV and HCV. Yet exactly one year earlier, on 10 January, 2010, the World Health Organisation made its recommendations for resolutions [WITN1944423] to the 63rd World Health Assembly citing "*the fact that some 2000 million people have been infected by hepatitis B virus and that about 350 million people live with a chronic form of the disease,*" and "*that hepatitis C is still not preventable by vaccination and around 80% of hepatitis C virus infections become a chronic infection,*" and considering "*the seriousness of viral hepatitis as a global public health problem and the need for advocacy to both governments and populations for action on health promotion, disease prevention, diagnosis and treatment,*" and "*the need for a global approach to all forms of viral hepatitis – with a special focus on viral hepatitis B and C, which have the higher rates of morbidity.*"
1226. Section 6 of the Lansley-review was like an abstract of William's medical files: "*It is increasingly clear that chronic HCV infection may have an impact on patients beyond liver damage. These extra-hepatic manifestations can involve multiple organ systems, including renal, dermatological, haematological and rheumatological systems.*" We would argue that such was already "*increasingly clear*" throughout the whole of 1992 and 1993 and the first five months of 1994. Yet he was only referred to Dr Gilmore on 8 June, 1994. And no medical negligence occurred?! Of course not!
1227. The final section, no. 7, was beyond a hard read. In "*summary*" it stated: "*For those who progress to chronic infection, which is associated with demonstrable reductions in quality of life, a hardship payment is warranted.*" Well, it was already more than 16 years too late for William to benefit from such. Yet Maureen endured that "*hardship*" at his side throughout those final

years, and **was then made to wait, from age 56 to turned 73**, for even one penny. It continued: *"The progression to cirrhosis, decompensated cirrhosis, or hepatocellular carcinoma will have a substantial impact on life expectancy. Quality of life is also substantially reduced and liable to deteriorate over time."* Those words, by proxy, were owned by HM Government. **Yet they still weren't enough for Mr Lansley/Ms Milton to erase every last anomaly, due to ongoing distinctions between HCV and HIV, that were long, and disgracefully-threaded throughout the history of the Department of Health's toxic web of financial assistance for those infected/affected by the CBS.**

1228. Although all of the above was alone enough to floor us, it was the revelation of the names who had served as members of the 11-strong *"Expert Working Group"* in production of the Lansley-review that truly put us on-the-canvas. We should have seen the sucker-punch coming, of course, but **we were flattened when we read the following names: Professor Maggie Bassendine ("Advisory Group on Hepatitis") and Dr Charles Hay ("UK Haemophilia Centre Doctors' Organisation"; along with Dr Mike Makris).**

1229. For, it was the former, of course, who correctly studied William's medical files whilst he was a referred patient at the Newcastle Freeman Hospital in August 1994, and saw the glaringly obvious truth that the latter "expert" in Liverpool had inexplicably missed (along with Dr Gilmore), laying bare that he had well developed liver cancer, and likely had for months, and was no longer a viable candidate for a transplant. **Furthermore, it was whilst Hay was apparently reading the thesis of the lattermost, Dr Makris, that he said he heard the news from Dr Bassendine in the north-east about William.** Yet had he read that apparent medical paper [WITN1944115] properly, he would have noted how his colleague would surely have concluded that William's, ultimately futile, trip to see Dr Bassendine should have occurred at least two years earlier, when he at least stood a chance. **Indeed, it's quite possible that had Professor Shields been allowed to conduct the liver work-up on William that he'd admitted him for in June 1992 that he'd then have been in a car to Newcastle within a month. Of course, according to the GMC in 2005, none of the above happened. Instead they invented a completely**

different version of events in order to justify the refusal of Maureen's claim that William was subjected to intolerable medical negligence at the hands of Hay. If that's not corruption then we'd like the GMC to explain to us how we've got it so wrong.

1230. It was all just too circularly ironic to be true. On the very occasion that Maureen was told, after 16 years, four months and six days of campaigning, that she would finally receive at least one penny in recognition of William's and her suffering – the clock would actually exceed 6,000 days before monies were paid into her account – we were propelled back into a world of names like Hay, Professor Bassendine and Dr Makris, with every due respect to the honourable reputations of the last two named. It should actually have been a red-letter day but it was again dominated by two of the biggest nemeses from our entire CBS-justice campaigning: namely Hay and the perceived HIV-over-HCV viral hierarchy. The former had seemingly been a militating force at every major turn in our misery – and we barely knew the half, then – whilst the latter had kept us as second-class victims on the back-foot the entire time.

1231. We were just so, so sick and tired of it all. We finally knew, though, exactly how much the UK Government thought William's life and suffering was worth: i.e just **£17,000 more than Reid's parliamentary expenses, including his "magic mop"**, or only £5,234 more than the £64,766 of tax-payers' money that he'd received only the previous summer [RLIT0002155] as an "adjustment" lump-sum to help him in his new, post-parliamentary life after having voluntarily stepped-down as an MP at the previous election.

1232. We embarked on a very brief period of protestations about the Lansley-review but knew it was in vain. We just felt that we had to do it, though, despite resolving, some 13 months earlier at the end of 2009, battered by the Archer fall-out, that we needed to rest but instead found ourselves as active as ever throughout 2010. On 13 January, Gregory e-mailed Mr Cameron, Mr Clegg, Mr Lansley and Ms Milton, again copied to Mr Howarth, Mr Rotheram and Mr James – as per his missive in December – simply to register our general

disenchantment (we no longer have a copy of that submission). We then heard nothing for the remainder of the month and were aware that we hadn't yet heard anything about our previous letter prior to Christmas complaining that we were forced to endure another new year without justice.

1233. Finally, on 4 February, Mr Howarth sent Gregory a covering letter [WITN1944424] enclosing Mr Lansley's response [WITN1944425], ostensibly to the pair of them, in respect of their pre-Christmas missives. Although subsequent matters – i.e. the publication of the review – had overtaken the chronology at that point, the Health Secretary at least adverted to the end-of-year frustrations that we had conveyed. Addressed to Mr Howarth, he wrote: *"Dear George [...] I was sorry for the delay in publishing the outcome of the review on contaminated blood policy. However, I am glad that it was made available at the first possible after Parliament resumed in the New Year. I can confirm that since Mr Murphy wrote his letter, I announced the outcome of the review [...] I know that money can never fully make up for the hardship that Mr Murphy and others have experienced, but I nevertheless hope that the package of measures that we have now announced will help."* Well yes, it helped. And it didn't.

1234. Just four days later, Ms Milton provided the response [WITN1944426] to Gregory's e-mail of 13 January, stating that as *"the issues you raise are health related your email will be answered by the Department of Health and I am responding as the Minister responsible for this policy area."* Her next paragraph, conveying her sympathies about William's death, were a straight lift from her previous response (so maybe things hadn't changed quite as much as we'd thought – well, we had dared to complain so what else could we expect?). Still, it seemed a genuine sentiment, no matter that it was duplicated (and, of course, we did know how the Government's correspondence machines operated). Then, though, she hit us with the new, post-Archer, post-Lansley realities of our CBS world in 2011, the 18th different calendar year of our campaign. *"I appreciate that you are disappointed by the outcome of the review,"* she wrote, but added that the *"report explains how the decisions were reached."* Ms Milton continued: *"In particular, all decisions on payments to individuals infected with hepatitis C were based on an expert*

*scientific review of the evidence base on the spectrum and impact of disease associated with hepatitis C infection." In other words, from "experts" like Hay: we were just stuck with his shadow ahead of us at every turn.*

1235. Similar to Mr Lansley, she finished with an almost hand-wringing note which we took, on balance, to be sincere – certainly in comparison to the Reidian void of detachment that had preceded. *"I know that money can never fully make up for the hardship that your father and others have experienced, but I nevertheless hope that the measures we have now announced will help."*
1236. **It was only February but we'd already had enough of 2011, indeed literally everything since 4 September 1994, not to forget the whole tragedy that unfolded between at least 18 December 1978 and William's death 16 years later.** It wasn't so much that we'd already previously promised ourselves, at the end of 2009, that we would cease our campaigning, it was moreso that we felt we had little choice but to effectively down-tools. For not only could we not see a clear way ahead but we were beyond exhausted. We'd really only just about picked ourselves off-the-floor in order to fight throughout 2010 and so reach the Lansley (un)settlement in the earliest weeks of 2011, but then we were ready to crash in its immediate wake.
1237. Maureen was told in 1999, aged 61, having endured a brush with death, that she needed to slow down – **and what we haven't touched on is that a decade later she was tested for cancer** – which mercifully proved only a scare albeit a very serious one – but just days after the 2011 review report she turned 73. She'd been campaigning almost non-stop for the thick end of 17 years. **Gregory, as said, suffered a very disturbing health scare himself in late spring 2009, not helped by Burnham's callousness,** and was really only just fully recovered by the time of the Lansley-review. **Anne, of course, had nursed and then assisted Christopher, who only turned 20 in** GRO-C **2011, through not only the era of the psychological scares of VCJD but also his severe haemophilia A, whilst raising two other sons, and experiencing a significant health impact of her own which she talks about in our third statement to the IBI. All told, by early 2011 the three of**

**us were shot-to-pieces. Never mind running-on-empty, we weren't even running any longer. We were gone.**

1238. The first decision that Maureen made was to step down from her regular attendances at the Manor House Group; the treks to Staffordshire had long since become too much. She felt enormous guilt in taking such a decision, particularly as it gave the impression that, as soon as she had received a payment from the Government in respect of William's and her suffering that she then stopped campaigning (at least that's what she thought, then; we should have realised). The truth, though, was far more plaintive. For, the Lansley hand-outs were extremely deceptive and, **whilst £70,000 sounds like a lot of money, it was a figure that, had she been paid it in 1994, at the start of her widowhood, not 17 years later, would then have been the equivalent of what £100,000 was in 2011. The monies she eventually received, then, barely dented her compound-losses – especially considering what income she had been deprived of through the absence of William's state pension and their decimated private policies. Plus, she'd since re-mortgaged just to survive.**

1239. Thus, it was far from the case that she ceased a significant part of her campaigning purely because she finally received some financial assistance. It was more like she reconciled herself to the fact that in the long post-Archer world – that counter-productive 2007-09 process had literally changed the campaign landscape completely – she wasn't likely to receive anything more. Furthermore, it didn't need psychic powers to realise that any hopes for a statutory public inquiry were also shot in the post-Archer, post-Lansley world. Finally, of course, **to see that Hay was still at the very height of influence in Government circles** – as per his "expert" input to the Lansley-review – told us all that we needed to know about ever proving our conviction about what had truthfully befallen William particularly between 1991 and 1994.

1240. Nonetheless, although she shouldn't have felt a moment's guilt about stepping back from her Manor House Group commitments, it was indeed a very hard decision for her, especially given that many fellow members were left utterly

bereft by the ongoing anomalies that Mr Lansley had failed to iron-out. Her decision, though, was based partly on pragmatism and resignation but most of all exhaustion. She just had to try and get on with the rest of her life. What was left of it, anyway.

1241. Consequently, the three of us resigned ourselves to the fact that we would finally have to face-up to one of the greatest fears that had hung over us since 1994: living with the sheer injustices of the CBS and all that inherent corrosiveness but without the accompanying, dubious solace of campaigning to try and put it right. It was a very complex psychology that defeats our powers of articulation. You simply had to live it to understand it but don't ever ask us to try and explain it. For, **as toxic as the previous 17 years were, there was always a pathetic consolation that at least we were trying to do something about it.** Post-Lansley, post-Archer, though, we knew we would finally have to live with the attrition of justice denied and just let time take its course. February 2011 was going to be as good as it got.

1242. **We had finally lost. And those names and entities that in aggregate had heaped injustice-upon-injustice on us – the Department of Health, Hay, Cumberlege, the so-called medical experts of 1997, Dobson, Milburn, Hunt, the GMC in 2005, Warner, Reid, Hewitt, Archer, Johnson and Burnham – had prevailed in their own destructive ways.** Accordingly, we eventually endured some 18 months of relative inactivity – as the pain of the CBS continued to un-healthily gnaw at us, which we knew it would – until the very last named in that villainous litany above unwittingly dragged us back into the fray, on 12 September, 2012 and so began our final push of campaigning which culminated in the calling of the IBI in 2017.

1243. For a year-and-a-half we thought it was all behind us, and then we got sucked back in. Accordingly, if we were going to resume campaigning – almost 20 years after William's death – then this time we knew we'd have to make it pay. **Our goal was simple: it was an Inquiry – this time a proper one – or nothing.**

1244. On the surface, it seems churlish to question the ultimate influence of Burnham/Ms Merron in advancing the planned 2014 review of The Skipton



Fund to, ostensibly, late 2010. For, we acknowledge what the Lansley-review stated, para 1.8: *"The previous Government's response to Lord Archer's report was published on 20 May 2009. The following changes were implemented as a result [...] [a] review of the Skipton Fund in 2014 (in April 2010 a government announcement brought it forward to later in 2010) [...]."* Against that, though, we have the letter written by Ms Milton, undated but contemporaneous to March 2011, addressed to parliamentary colleagues, as enclosed by Mr Howarth in a missive [WITN1944427] to Gregory, on 28 March, in which she referred to the *"review I commissioned at the end of last year"*.

1245. Of course, the two citations weren't mutually exclusive and it could be claimed that the minister was simply fulfilling what Burnham bequeathed on his very last day in effective office. Furthermore, as we have demonstrated, such a development was surely already shadow-Conservative policy from almost the moment that the Labour Government responded to Archer's recommendations in May 2009. Similarly, one never needed to question the Liberal Democrats' commitment to achieving CBS-justice (although, as far as we're aware, the partner-party in the Coalition Government was silent about the obvious shortcomings of the Lansley-provisions of January 2011). The overall point would largely have been moot, though, had Burnham himself not made such a play on it more than six years later, arguably seeking credit in a fashion that his predecessor but two in the Department of Health took to new heights, make that depths, before the IBI in 2022.

1246. Notwithstanding Burnham's seeming influence in advancing the Skipton Fund review from 2014 to 2010/11, we maintain that we were justified in being sceptical then, even moreso now, about his true motivation and commitment to CBS-justice just prior to the General Election of 2010 which unknowingly signalled the end of his Government career; until now, for we sense that he will one day occupy the very highest office. Of course, we'd seen his true colours as early as June 2009 when he literally and metaphorically pulled the shutters down in the face of CBS campaigners; his department's aforementioned letter [WITN1944399] to us that summer reinforcing Johnson's scandalous Archer-response told us all that we

ever needed to know: "The Department does not intend to revisit its response. [...] hope this clarifies the Government's position on this matter." Oh it did, Andrew, make no mistake!

1247. He has no idea of the negative-spiral that his despicable note had on us throughout the rest of 2009. Technically, it wasn't his own view, of course – if he wishes to claim that caveat – because he delegated that dirty response-and-responsibility to one Paul Larkin of the Reidian "Customer Service Centre", either not having the guts to sign it himself or possibly considering himself above such meniality. He can choose which. By contrast, though, Mr Lansley and Ms Milton always signed their own letters to us, even delivering bad news. The obvious corollary that we drew from the infamous Larkin letter of 2009 was either that he agreed fully with the Johnson party-line on Archer, or was too weak to challenge it. Easier, then, to create some plausible-deniability wriggle-room by getting someone else, i.e. Larkin, to pull the shutters down on us. Again, we'll let him decide which.
1248. He could even claim (which he later did) that he was powerless to undo the Reidian-wiring at the Department – for which he was most certainly not responsible (well, we assume). Yet, as Mr Lansley/Ms Milton proved, they abolished that egregious ethos at Richmond House within months. They had both the will and the way, as well as access to their own original thoughts and fountain pens; both signed in fresh ink, not even using stamp-pads. Only small things, of course, but touches of humanity nonetheless.
1249. He can claim credit, then, for the 2010 review if he wishes but the announcement about the advanced scheduling of such, as issued on the very day that the General Election was called, that, again, he knew he would be on the losing side for – even Lord Morris saw right through that base, veiling-tactic – smacked of wanting to take the plaudits for something, which was ultimately easy to say anyway, but then leaving others to do the graft, whilst claiming that he ran out of time. It wasn't the last time he'd try to pull that wool.

1250. There was another significant reason, though, as to why we always doubted the extent of Burnham's commitment to CBS-justice in spring 2010, and still suspect that even had he returned to the Department of Health, in the unlikely event of a Brown victory, then he would somehow have found a way to roll-back his commitment (probably citing the unforeseen long-effects of the 2008 financial crash). For, within weeks of the General Election – having been appointed as Shadow Health Secretary it should be emphasised – he was embroiled in a (losing) contest for the Labour leadership. Yet, although we write to be corrected, as far as we could tell he never once mentioned the issue of CBS-justice in his campaign, despite having spent the last year as Health Secretary and apparently proud at advancing the Skipton Fund review.

1251. We'll let his own written statement to the IBI speak for itself: *"At this stage I cannot locate any statements, speeches or interventions made by me in Parliament during my tenure as Secretary of State for Health, insofar as relevant to the Inquiry's Terms of Reference."* At this stage? Does he doubt Hansard? Of course, though, despite having not uttered a word, or shown the slightest inclination to help, he then apparently ran out of time prior to the 2010 election to do something more substantial than merely: approve the **announcement...about the advancement...of a review...that would apparently begin...as soon as possible...before the end of the year**. As he said to us in his own words seven years later: "[It was] *not nothing*." Quite.

1252. Moreover, we would later learn that apparently the chief reason as to why he immediately did "*not nothing*", as the new Secretary of State for Health, in the cause of CBS-justice from June 2009 onwards, after first literally pulling down the shutters on campaigners of course (although he got somebody else to do that, as well), was that he seemingly only experienced an epiphany about said injustices in January 2010 – frustratingly when he knew it was already too late to fully act before the election anyway – thanks to the pleading of his friend and fellow Labour MP, the late and very much lamented Paul Goggins, **a true giant amongst politicians**. Yet, despite that almost Damascene, certainly eye-opening conversion, he still somehow managed, just five months later, amidst the red-heat of a Labour leadership

contest, and whilst the serving Shadow Health Secretary, to forget all about it yet again but still managed to mention Hillsborough routinely, indeed even stating that ***"on a personal level, no other issue matters more"***, [WITN1944428] which was **an outrageous insult to everybody affected by the CBS and probably Mr Goggins, also**. Again, by his own admission **he didn't utter a single word in Westminster about the CBS in his first term as the Opposition Health Secretary between May and October 2010.**

1253. For further example, within weeks of losing his role as Health Secretary but nevertheless still being appointed as Shadow Health Secretary, and again right in the midst of his Labour leadership campaign, on 1 July, he told the Commons [WITN1944429], on a point of order: *"We have heard this week, 20 years [sic; it was actually 21] on from the Hillsborough disaster, that there are still misconceptions about the tragedy, even in the Cabinet. That is precisely why I [...] called for the full disclosure of all public documents relating to the disaster and the establishment of the Hillsborough independent panel to give the people of Merseyside the full truth and to end the misconceptions once and for all."* Yet he was the former Health Secretary and seemed completely oblivious to a far bigger injustice, in terms of scale – and indeed duration, more like 30 years – right under his own former, now shadow, portfolio nose. **Why was he not as exercised about the CBS, particularly given that he must have been, apparently, frustrated at having just run out of time to act more substantively whilst in Government?**

1254. Everything he said about Hillsborough in July 2010 could have been about the CBS. **It was as though he would never miss a beat about the Sheffield tragedy – his intervention that day, of course, made for a slew of headlines – but he seemed barely bothered about the blood scandal.** One issue completely outweighed all else, as he candidly admitted. Indeed, later that year, just eight days after ceasing to be the Shadow Health Secretary, for the first time, he again spoke [WITN1944430], uninterrupted **for 19 minutes, about Hillsborough and delivered more than 3,000 excellent and spellbinding words, on 17 October.** Yet he seemingly didn't proffer even one about the CBS whilst either the Health Secretary or Shadow Health Secretary over the previous 16 months. **Furthermore, by his own admission**

to the IBI it was some three years and nine months after his January 2009 epiphany about the CBS, thanks to Mr Goggins, that he finally uttered a word about it in Westminster.

1255. A familiar refrain throughout his evidence to the IBI was that of gradualism, seeds-planted and slowly germinating, phased dawns, moments of eventual clarity, final realisations and such like. For example, he mentioned three seminal moments of his time as Health Secretary: the protest at his constituency office in June 2009; his later meeting with an apparently forceful Lord Morris in autumn that year; and then finally his breakthrough, almost eureka-esque crystallisation of the CBS injustices, finally learnt amidst the winter snows (it was seemingly so memorable that he even remembered the meteorology). Yet, ultimately – despite knowing from the moment of his appointment that he had but a year to act prior to the election, he...ran out of time. He said that the “impact” of that Goggins-meeting (our clumsy shorthand) was such that it could “be seen” from the contribution he made to the “Contaminated Blood” debate in the Commons on 15 January, 2015. Yet that was five years later. Some impact!

1256. Lest we be accused of twisting the narrative of his written statement to the IBI – and we really don't think we are – he placed on record the entirety of his “*statements, speeches or interventions made [...] in Parliament*” about the CBS whilst in his key offices: October 2013; January 2015; July 2015; and April 2017 (again, his final day as an MP). Yet the Goggins-meeting was in January 2009, and even that was delayed. Why did he not act with haste immediately after the constituency protest in June 2009, some 10 months prior to the election? Why not after he was seemingly taken aback by Lord Morris’ bluntness in autumn 2009, with some seven or so months remaining? Why did he only apparently do so after the breakthrough Goggins-meeting in January 2010 just two months before the election was called? We’d politely suggest that had he not taken so long to let seeds germinate, or have his eyes opened, or whatever phased-graduality that he apparently required between summer 2009 and spring 2010, that he might not have run out of time. Seemingly, there was a variation on that same theme repeated in the parliament of 2015-17 which

again he was apparently only able to arrest on the very last day. A remarkable coincidence.

1257. Furthermore, we noted that – consistent with what we were told at the time – in his written statement to the IBI, he admitted that he asked “*those present*” at the Goggins-meeting “*not to disseminate the details of our discussion*” because he was “*not sure at that time what, if anything, [he] would be able to do to help given the imminence of the General Election. [He] did not want to raise the expectations of people who had been let down many times before.*” So, he was doing us a favour! It was apparently for our benefit – tough love and so forth – that we all had to stay quiet and not commit the serving Health Secretary to act on our behalf as a matter of urgency. Incredible! In any case, that was quite a leap for Burnham to have made. For, he'd only just, apparently, had his eyes opened to the injustices of the CBS by Mr Goggins – despite Lord Morris' attempts the previous autumn – and suddenly he knew what was best for us, especially given our constantly tormented history that he'd just been given a crash course in.

1258. Some weeks later, as he also admitted to the IBI, he was aware of his own Government's throttling (our term) of Lord Morris' bill; the inference was that he was apparently detached from the dark artistry employed, even though its subject was ultimately about public health issues and he was the Secretary of State for Health. Just how sinister, then, was that New Labour Government that a major decision about a portfolio could be made without the appropriate minister's involvement? Because that's the impression that was given. Remarkable, if so. Especially as he wrote: “*My memory is that we discussed whether we could change the Government's position to one of support for the Bill. In the end, we decided that would be difficult in that we would have to write to other Government departments — including HM Treasury — and it would be difficult to secure such a change so late in the Parliament.*” Perhaps he took that decision for our benefit? “*Instead*”, he added, he decided to advance the date of the Skipton Review – which, of course, would become the responsibility of the next Government which he knew he wouldn't be part of but could at least claim retrospective credit should anything positive eventually develop.

1259. We could say much more about those submissions he made to the IBI pertaining to the immediate pre-election period of 2010 but, retaining our dignity, we'll just say that perhaps had he not spent the entire remainder of 2009 only becoming slowly-awakened to the injustices of the CBS then he might have had more time to help us and so "manage" our "expectations" better. Then again, perhaps had his constituency office not pulled the shutters down on the CBS campaigners in June 2009 he might not only have had more time to act substantially prior to the election but he also wouldn't have been left to lament, in the Commons, in January 2015, his own, apparently frustrated, shortcomings, saying: *"I want to bring a new perspective to this debate – that of a former Minister who tried to do something; indeed, a former Secretary of State, because that is what I was at the time. I do not say this to blame any individual in the Department of Health, but more in terms of speaking as I found as I tried to lift the shutters that had been pulled down on an issue that the Department wanted to go away."* One doesn't have to be Freud to know why his subconsciousness served-up that particular metaphor to his mental imagery. A subliminal utterance? Probably projection, also.

1260. In a seminal 2017 communication to us (more later), he suggested that he was effectively hidebound by the Government's response to Archer by the time he became Health Secretary in 2009. Although we will discuss that communication in more depth later, it's suffice to say here that he wrote the following: *"I arrived in the DoH after the Government had formally responded to Archer so, as far as the Department was concerned, the matter was closed."* What, then, made him think that he really could have advanced the Skipton Review in practice in late 2010 and not just in theory? Would he really have been able to walk-the-later-walk rather than just talk-the-early-talk, the latter of which has always been a notable forte of his?

1261. We could only read that as him feigning powerlessness. He would then later say as much before the IBI in 2022 (also more later). In other words, unlike his ability to challenge his Government's line on Hillsborough, he clearly intimated that he was unable to do similar for the CBS, as we'd known anyway since



his/Mr Larkin's, departmental door-closing communication to us of 19 June, 2009 – the same infamous day that his conspicuously shutter-closed constituency office was lobbied by CBS campaigners and the very day, as we only learned in July 2022 during his evidence to the IBI, that his department also coincidentally drafted other signal policy communications; it was evidently a busy departmental day was 19 June, 2009.

1262. We trust, then, that, as much as we're outliers in being sceptical about Burnham's true commitment in April 2010 – similar to how we're surely in a minority about Archer – we could be forgiven for such a jaundiced view. For the empirical evidence at the very least suggests room for doubt. Ultimately, though, he's due the benefit of doubt, as the Lansley-review technically conceded.

1263. We also admit to having been non-plussed about an entry in his written statement to the IBI, and subsequent oral contribution, both pertaining to the immediate aftermath of the signal Goggins-meeting. He said that when back at Westminster he arranged a meeting to discuss pertinent matters with appropriate officials. However, he cautioned to the IBI that his "advisers" could not find a record of the event despite extensive searches. Yet, as far as we could ascertain, certainly from the verbal exchanges that occurred during his evidence submission, it was then taken as read that the meeting actually happened and furthermore the ensuing results were discussed at Aldwych as a matter-of-course, as though there was no doubt that the event occurred, most probably in late January, early February 2010. We've looked back at the transcript and wonder what it is that we're still missing. Is it an accepted fact that the said meeting definitely took place? Even though the evidence, to prove the immediate impact that the Goggins-meeting had, has gone missing?

1264. Ultimately, if we're correct that Burnham only spoke (in October 2013) about the CBS in Westminster some three years and nine months after his seminal Goggins-meeting – such was its "impact" – and then again (in January 2015) three years and four months after becoming Shadow Health Secretary



for the second time, then we wonder as to why he was so reluctant, certainly in comparison to his efforts for the Hillsborough campaign. We could only surmise that one issue was a stronger headline generator, which of course was a factor that militated against us since the earliest years of our campaigning; i.e. just how little media traction the CBS would ever gain. We just had to accept that reality. We couldn't force him to be so similarly exercised about the CBS, even despite his then current and former offices. We accepted throughout 2011 and much of 2012 that he was just another disappointment. It ate away at us, of course, that he'd once pulled-down the shutters on the CBS – we'll continue the quite literal metaphor – and always remembered his toxic letter of June 2009, or rather Mr Larkin's, but we just thought him a lost cause. Essentially, he "got" Hillsborough but couldn't grasp the CBS. That's just how it was. We dealt with it as stoically as we could. Suddenly, though, things changed in autumn 2012.

1265. For, as much as we knew that Burnham prioritised Hillsborough over the CBS, we could never have imagined the extent of it until the publication of the long-awaited Hillsborough Independent Panel (HIP) report on 12 September, 2012. Frankly, we were astonished at his lack of circumspection and sheer insensitivity. We thought we'd already seen peak-Burnham towards the CBS in 2009. We couldn't have been more wrong. It was also devastating because we'd always felt anyway that we just couldn't get people to understand the full extent of the horror of the CBS; in many ways it was too big and complex to grasp. That inherent problem was also exacerbated by the obvious reality that it wasn't ever seen as an identifiable disaster, an event that occurred at a specific location and time – like Hillsborough. Consequently, every time there was a welcome but counter-intuitively frustrating advance in the public's perception of the Sheffield tragedy, largely thanks to Burnham's ongoing and unstinting efforts, the magnitude of the CBS just seemed to slip further behind in the national consciousness, if it was ever to the fore.

1266. Accordingly, it was deeply insulting to us, especially after the events of June 2009, and then early the following year, to note how dedicated he was to that cause in comparison to ours, despite him being the Health Secretary until May 2010 and the Shadow Health Secretary until October that year, and then again

since October 2011. Furthermore, notable roles involved with matters of public health had peppered his CV from his earliest political days, i.e.: from 1994-97 he was parliamentary researcher to **Ms Jowell (who has already featured in this second statement of ours in connection with the CBS)** supporting the Shadow Health Team; then, from 1997-98 he was parliamentary officer for the NHS Confederation; then for over two years, between 2001-03, he served on the Health and Social Care Select Committee; and finally, from May 2006 to June 2007 he was Minister of State for Delivery and Reform at the Department of Health.

1267. Yet despite being steeped in UK politico-health issues for most of the 16 years prior to January 2010 he somehow hadn't really grasped the enormity of the CBS until his eyes were opened by Mr Goggins. If we're to believe him, and we must, then we would suggest that Burnham was a particularly heedless political animal, as the events subsequent to September 2012 proved. Moreover, he was a journalist from 1991-94 and still somehow failed to get a handle on the CBS in those years? In any case, he was – evidently – a socially-conscious 18-21-years-old citizen between 1988 and 1991 and yet we must accept that it wouldn't be until literally just days after his 40th birthday that he finally understood the length, breadth and depth of the CBS – and then still took another three years and nine months before speaking about it in Westminster. He can admit to such shortcomings if he wishes – it's admirable in many ways for its honesty – but any commentator would at least have to conclude that the optics don't look great for someone so steeped in the arena of UK health politics. Again, we don't believe that we are being unfairly selective in the above characterisation

1268. We were, of course, long used to politicians on either major side of the House – notwithstanding the support of the Liberal Democrats throughout the coalition years – effectively cancelling each other as regards the CBS, for they both had historical blood on their hands. We also knew that it was unlikely that Burnham, in the post-Lansley, post-Archer era – and everybody was "Waiting for Penrose", anyway – would use his powers as the Shadow Health Secretary to help right the wrongs, given that he would have been open to the

charge of hypocrisy for being just one in a long line of British politicians to have been culpable. In any case, if he was powerless in Government he would surely have been moreso in Opposition. Nevertheless, we still needed someone like him to have the courage to break free from that circular self-censorship almost and finally admit that they had got it wrong and make some major Hillsborough-style headlines. Consequently, it hurt deeply every time he would fulminate about the Sheffield disaster but pull his punches about the CBS to such a compromised extent that he was effectively mute. Nothing, though, prepared us for September 2012.

1269. To be honest, until the Hillsborough Independent Panel – “HIP” – report was published we’d expected, since Burnham’s appearance at Anfield in 2009, that the investigation and subsequent document would be a waste of time, not only because of long-entrenched attitudes about the tragedy, and indeed previous unsatisfactory hearings and reviews, but also because of our experiences with Archer. It’s how we were conditioned. We imagined that there would be no apportioning of responsibility with the HIP report either. However, it was encouraging to hear, early on publication day – from someone who suffered a close bereavement at Hillsborough, and had also been in attendance at the match, and so was called to read an advance copy – of their sheer relief at realising that the contents supported what campaigners had stated was true for over two decades. Accordingly, the whole national tone towards the misjudged disaster changed within a day. Literally everything transformed, almost overnight, even from the atmosphere in the Commons to the tenor of tabloid newspaper coverage. For us, the parallel with the CBS was immediate and inescapable. **We were seeing what Archer could have been. A scenario in which blame wasn’t a dirty word.**

1270. Gregory immediately sought to achieve a comparable turnaround regarding the CBS. Burnham, despite his attitude in 2009, and questionable actions since, was our obvious go-to. Thus, Gregory made swift contact with him, as he intended – but not how he originally anticipated. The hope was that the HIP-report had ushered in a new age of accountability, to the benefit of everyone involved in long-term injustices, like the CBS. Consequently it was deeply disconcerting, that day, to first hear Michael Mansfield QC, the

Hillsborough families' representative, speak at a press conference in the afternoon immediately after the report's release. **He stated that he didn't think there had been a bigger miscarriage of justice than the Hillsborough disaster, nor did he believe that anyone had fought longer than its campaigners. It underscored just how little was really known about the CBS and how far we still had to go.**

1271. The satisfaction, therefore, at the release of the HIP-report, was quickly overshadowed by a deep grievance at hearing such lazy soundbites. However, it was even worse to hear Burnham later in that same bitter-sweet day – again, for emphasis, he was then Shadow Health Secretary and, moreover, former Health Secretary – incredibly reiterate Mr Mansfield's words; indeed, even as late as 2016, after the conclusion of the Hillsborough Inquiry, he was still blithely describing the tragedy in Sheffield and its aftermath as **"the greatest miscarriage of justice of our times"** [WITN1944431] about which much more later.

1272. Accordingly, Gregory specifically emailed Burnham [WITN1944432] immediately after the HIP-report publication in 2012, and cc'd to Michael Mansfield, and the Mirror journalist, Brian Reade, who'd also publicly stated the unthinking line about Hillsborough being the UK's biggest miscarriage of justice. It's important, also, to here record – because of what we will touch on later – that he instantly received Burnham's e-mail auto-response [WITN1944433]. We had frankly had our fill of what we saw as his rank hypocrisy since spring 2009: recognising Hillsborough so overtly, yet virtually ignoring the CBS, especially given his current and previous offices of state. Having to listen to him, though, labelling the Hillsborough disaster so extremely was a step too far, and deeply distressing. Moreover, this was a man who – as we learned five years later, and again at the IBI in 2022 – had apparently had his eyes opened by Mr Goggins in 2009 about the CBS' enormity. He might still kid himself but not us.

1273. Gregory, not for the first time – given his, and Maureen's submissions in June 2009 – told Burnham exactly what had happened to William and the true extent of the CBS. Moreover, he accused him of *"selective moral outrage."* He

added: "[...] you seem to be ambivalent to the fact that my father was murdered (at best manslaughtered) by the UK Government. You served the second of Tony Blair's administrations. You were a member of the health select committee. You stood aside as your Government, particularly through the actions of your predecessor in the Department of Health - John Reid, not content with denying justice to the whole of the UK haemophiliac cohort, then sought to drive a wedge between victims of the blood scandal through the most vile 'divide and conquer' political tactics in order to create a two-tier hierarchy of first and second-class victims of this tragedy."

1274. Added Gregory: "If you've made the mistake of thinking that our campaign has gone away (through the biological solution) and that the likes of me have been battered into submission, think again. If it takes until I'm 90 for me to finally firm-up the documentary proof I have that my father was murdered by the UK state - and then had his fate covered-up - and then find a willing publisher to expose these truths, so be it. Your named part in that scandal is already assured and needless to say I watch your career with interest and listen to every pointed phrase you issue about care, compassion, justice and fairness with a rare keenness. I don't want a reply from you. You truly have no idea how little I wish to hear from you. I have had a bellyful of MPs' platitudes for two decades. 'Dear Mr Murphy, I'm sorry to hear about the death of your father but...' In any case, you'd probably cite parliamentary protocol telling me that you can't address the matter given that you're not my constituency MP. Yes? You see, I've heard and read them all. Unless, of course, you are prepared to reply by stating that you are going to push with all your weight for a proper Public Inquiry into the events of 1970-1986? Dare I say that the political momentum and reputation you have gained from your successful efforts for the JFT96 campaign can be utilised to unstintingly call for a state inquest in the blood scandal? Thought not."

1275. Incredibly, as we will show, he did reply. Some five years later. Insultingly, it was the very day after he'd ceased being an MP. Maybe Gregory's e-mail had the same type of slow-burn effect that his meeting with Lord Morris in autumn 2009 had, or his seminal Goggins-meeting in January 2010, both of which seemingly led to his last-day actions prior to the 2010 General Election.

1276. Our anger wasn't just rooted in his support for Hillsborough over the CBS but moreso because he was the Shadow Health Secretary, for goodness' sake, and former UK Health Secretary (regardless of how short a period) and yet he had simply failed to capitalise on his official powers to pursue justice for our campaign – a matter directly relevant to his portfolio – whilst all the time very conspicuously supporting the Hillsborough campaigners in the glare of national publicity; a headline-generating platform which ultimately defined his standing in the national consciousness and has continued to this day. Who now remembers Maria Eagle and Derek Twigg concerning the push for the establishment of the HIP? Why had he never been so pronounced in pushing for CBS justice? Moreover, of course, when Gregory wrote that in 2012 he knew there was even a period when Burnham was not at all cordial to the CBS cohort who had arrived at his constituency in June 2009. Unsurprisingly, neither he, nor Mansfield nor Reade, replied. Yet the un-thinking media references to the scale of Hillsborough continued, from Burnham especially.
1277. It was deeply insulting every time he said words to that effect – and we believe that he actually meant them – but particularly as we'd asked him to stop. Yet he persisted almost throughout the remainder of that parliament. Therefore, unlike Mr Mansfield's error, we knew that Burnham's related references to Hillsborough as "*the greatest miscarriage of justice etc.*" weren't mere unthinking oversights. He is a man who thinks about his words carefully and when to say them. He understands and recognises opportunity. Accordingly, he knew exactly what he was saying in 2012, and the insensitivity when he repeated it at several junctures through to 2016. He knew it was distressing to families like ours but continued nonetheless.
1278. Ultimately, we believe he had to over-emphasise the magnitude of Hillsborough because to have stopped stating that it was the "*biggest miscarriage etc.*" – or whatever variation he ever chose – would have looked odd after all of his overt efforts to secure justice. People would have queried it. Yet he couldn't exactly refer to what he always knew, deep down – at least we hope so – was an even bigger miscarriage of justice, namely the CBS, because he, like so many others who were culpable in the

long-run, was so heavily implicated in enabling that much older scandal to continue throughout the early 21st century. Nevertheless, despite whatever political sensitivities he might have been personally knotted-in, we simply wanted him to at least stop saying what he was repeatedly broadcasting and therefore erroneously influencing others who didn't know better, like Messrs Mansfield and Reade.

1279. It wasn't ever that we wanted to be in a ranking-game, pitting one disaster against others – yet implicitly that's exactly what Burnham was doing, ironically, every time he twisted the knife, and that's exactly what it felt like. We just simply wanted him and others, e.g. like Gregory's own constituency MP, Mr Rotheram, who replaced Mr Kilfoyle in 2010, to stop saying it, especially as we knew that they had our information but disregarded it.

1280. Establishing that true perspective about the CBS – particularly in comparison with Hillsborough – was why we eventually reconsidered our own campaign angles in terms of how to generate new media hooks, an exercise that began to bear fruit a few years later. For, we'd been left reeling by Archer but then felt deeply betrayed by Burnham. Accordingly, they were very bleak years as the Coalition reached mid-term. We couldn't see a single way through the multi-layered obstacles that seemed to stymie us at every turn.

1281. After the HIP report gave rise to the Hillsborough Inquest at Warrington – which again Gregory followed avidly, for friends of his, as well as family members, were directly involved in that disaster and later gave evidence – he began to freshly re-evaluate as to why the CBS, by definition a much bigger tragedy both in terms of death-toll and duration, received comparatively so little attention. He was determined to find some other hook upon which to latch our case, especially to crystallise, for MPs, the media and the public, a fuller understanding and a true appreciation of its scale, but particularly in relation to Hillsborough simply because it provided a ready comparison. He knew it was pointless asking Rotheram, Burnham, or indeed the Government to help. Chiefly, we were frustrated that Sir Robert Winston's well-intentioned quote

from the late 1980s/early 1990s, about the CBS having been *"the worst treatment disaster in the history of the NHS"* didn't quite convey the import.

1282. We especially recalled the contextualising that Lord Morris had variously employed. For example, introducing his aforementioned and ultimately thwarted *"Contaminated Blood (Support for Infected and Bereaved Persons) Bill"* in the Lords, for the second time, in October 2010 [HSOC0012582], he referred to the CBS as having *"involved the haemophilia community in a loss of life more savage in proportion to the numbers of people at risk than the Black Death in the mid 14th century. While stigma is less explicit today than the warning cross then scrawled on a plague victim's door, it is no less cruelly oppressive in terms of social exclusion at a time of direst need."* Much earlier, of course, in 2001, in the aforementioned *"Hepatitis C"* debate in the Lords [HSOC0009296], he had said, and it bears repetition given the length of time that had elapsed since: *"[...] no one has been held to account and no apology has been made. There have quite rightly been public inquiries into the spread of BSE, paediatric cardiac care in Bristol and the retention of human tissue at Alder Hey. Public inquiries have also been held, again quite rightly, into the sinking of the 'Marchioness'" and the Paddington rail disaster. But far more people have died through the mass infection of haemophilia patients than in all these cases. Why, then, does this much bigger disaster not merit a public inquiry?"*

1283. Gregory, therefore, specifically re-focused on certain key points from our first publicity in November 1994, regarding the financial injustice between HCV and HIV widows and the need for a public inquiry, but more pointedly so. He knew it was partly a risk, for it was detectable that many onlookers believed that the CBS was purely and only a fight for compensation and that such had been largely settled in the post-Lansley era. Also, folding Hillsborough into the CBS narrative was fraught with sensitivities.

1284. Although we always regretted that a headline from 1994 inadvertently portrayed us as money-oriented, we again initially and deliberately focused on financial disparity circa 2012/13, primarily because it was a readily-grasped media-hook. We thought that by at least highlighting the discrimination



between those infected with HIV and those with HCV, regardless of the Skipton Fund loosening, and the arbitrariness in whether victims were infected with one virus or another, it may prompt other pertinent questions such as why there had never been a public inquiry. Our naïveté still knew no bounds. [WITN194435]

1285. It was an uphill battle, naturally, and particularly as William's story was so complex. Provably, though, our original determination to secure a public inquiry into the CBS – and we never had the likes of The Archer Inquiry in mind, despite how invested we were originally in it – was evident right throughout our campaigning, even from the very start of our publicity in the aforementioned *Liverpool Daily Post* photo-caption from November 1994 [WITN1944129] portraying Gregory on his wedding day with William. Although we maintain that, generally, Parliament, throughout our campaign, never really regarded the CBS with the seriousness it deserved – the very end of the first Cameron term was self-evidence of that (more later) – it was counter-intuitively true that, from circa 2013 we arguably gained more Commons traction than at any previous time. Inevitably, though, the focus, generally, was still more on financial reparation rather than a public inquiry also. Maureen, of course, still sorely needed financial assistance, especially as the Caxton scheme was proving more miss-than-hit in its effectiveness.

1286. Accordingly, blending certain themes that Lord Morris had previously touched on, Gregory began to research the recorded death-tolls of UK peacetime disasters in order to provide an overview of headline tragedies, with the biggest to ever befall the nation, of course, being The Black Death, generally recognised to have claimed 3.5m lives. Based on his own investigations, he then, albeit amateurishly, concluded that the Hillsborough disaster was ranked as the 163rd biggest catastrophe, then said to have led to 96 deaths (since confirmed as 97). In comparison, the rudimentary (though incorrect; more later) conclusion he reached was that the CBS would therefore be ranked at No.14, having caused some 2,400-3,000 deaths and countless injuries (the fatalities continuing for decades).

1287. **Desperately trying to re-think grass-roots angles, was precisely what we were reduced to after decades of intransigence but particularly in the**

**post-Archer era, and indeed in the dominant shadow of the Hillsborough Inquest, especially with forceful personalities like Burnham at the forefront.** Also, throughout those Coalition years, the parliamentary tone essentially echoed the default view that whilst monetary assistance and indeed compensation was morally justified, any calls for a public inquiry were misguided, given the likely time and trial involved. The overriding sentiment was that money equalled justice. Indeed, even with less than four months of the Coalition term remaining, that long-held dichotomy was still being aired by Jane Ellison, the Parliamentary Under Secretary of State for Health in the arguably seminal "Contaminated Blood" debate of January 15th, 2015 (more later). Our contribution to that very debate effectively underscored not only the nature of our re-focused efforts particularly circa late 2013 to early 2015 but more crucially how we'd finally and somehow managed to regroup after the devastation of Archer and the frustrations of the Lansley-review.

1288. We simply had to use every hook that we could. Moreover, the direct comparison with Hillsborough slowly seemed to gain something of a foothold in the national consciousness. Our motivation was always simply to find a way to refer to the CBS *and* Hillsborough, and indeed other headline-disasters, in a non-crass way and thereby illustrate the scales of each, respectively, in order to justify media emphasis on the former, not begrudge that rightly afforded to the latter and so correct the traction-deficit that had prevailed for decades.

1289. We were never intent on lessening the import of any other tragedies nor seeking to establish an "our battle is bigger than yours" scenario.

1290. Although Maureen had stopped attending her monthly Manor House Group meetings, she had kept in telephone and e-mail contact with key figures and so was generally kept abreast of what developments – however slow – were occurring, and so knew, also through Haemophilia Society communications, of the continuing and steadfast parliamentary commitment of Mr Goggins. It had proved, though, to be the right decision to lessen her activities, for her health was markedly deteriorating circa 2012/13 and genuinely feared that she would never see true CBS-related justice in her lifetime.

1291. Accordingly, it was a huge fillip to learn that Mr Goggins – working tirelessly with constituents who had become good acquaintances of Maureen over the Manor House Group years – had secured a crucial Westminster debate [WITN1944436] in late October 2013 which was just four months prior to her 76th birthday; again, for emphasis, she was widowed at 56. It was also a symbolic moment not least because the debate title was very specifically focused: “*Hepatitis C (Haemophiliacs)*.” We finally felt that we were getting somewhere. However, the lesson that time was of the essence – although naturally to the fore in that debate – was never more underscored than in the medium aftermath. For, just 70 days later, Mr Goggins suddenly died, aged just 60. **By the following June, Maureen luckily cheated death for the second time in 15 years, somehow surviving sepsis, which of course left a huge lasting legacy on her wellbeing.** Then, by the following September, the chair of that debate, the great Jim Dobbin, another authentic parliamentary giant committed to natural and true social justice, also tragically and suddenly died.

1292. The sometimes unpredictable pressures of time – as per Mr Goggins’ and Mr Dobbin’s tragedies – and more glaringly obvious ones, such as Maureen’s evident declines, were why we had long-exhorted Burnham to use all of his public capital in the unstinting pursuit of CBS-justice, first in 2009 whilst he was Health Secretary and had already become inextricably linked to the Hillsborough justice campaign, but more pointedly in September 2012, when he’d arguably become the political poster-figure for that cause, bar none, even eclipsing Rotherham who was not only a dyed Liverpool FC supporter but had been at the match in question. Yet, more than 13 months after we’d urged him to not only stop referring to Hillsborough as “*the greatest miscarriage of justice etc.*” but also throw his considerable parliamentary heft behind the CBS campaign, especially given his considerable health portfolio background, it was still being left to peripheral champions like Mr Goggins – working with Mr Dobbin, both unknowingly in the last weeks and months of life – to secure debates such as that at the end of October 2013, and in Westminster Hall, not even in the Commons. Indeed, had we known, at Halloween 2013, that almost 10 years later in May 2023 –

though thankfully still having Maureen with us – we'd be signing these (three) statements, **having begun them in January 2019**, we probably couldn't have coped with that long horizon.

1293. **We'd once hoped that Burnham would become a new Lord Morris** – particularly after the latter's death in 2012, and apparently after having already had his eyes opened to the CBS by Mr Goggins over two years earlier – most especially given his similar north-west England Labour roots. It was a perfect political fit. Yet he seemed only to want to keep himself on the edges of the CBS-justice landscape but nevertheless always at the Hillsborough forefront, despite how much easier it was, by several orders of media magnitude, for the latter campaign to command headlines in comparison to the former. Maybe that was the point. For example, and we don't discount that he may have had an inescapable public or personal engagement to attend later on 29 October, 2013, immediately after the Goggins-debate at Westminster Hall, but **it seemed entirely typical that his contribution that day was essentially to say that he couldn't stay.**

1294. For context, he was the third speaker at that 9.30am debate, and it was one of the four aforementioned parliamentary contributions he made about the CBS that he deemed worthy of mention in his evidence to the IBI, yet he issued just 140 words approximately, several of which were "Right Honourable" type protocols. By contrast, though, he always seemed to make time for Hillsborough contributions and had uttered literally thousands of words, and we do not exaggerate, on that subject in Westminster.

1295. When you parse what he actually said in October 2013, before the Health Minister, Jayne Ellison, it's clear to see that there was barely any political substance or knowledge-depth beyond the personal aspects that he rightly conveyed. Hansard recorded it thus: *"I apologise, Mr Dobbin, for the fact that I cannot stay for the whole debate. I am here to show solidarity with my right hon. Friend the Member for Wythenshawe and Sale East (Paul Goggins), who has represented his constituents outstandingly, and with whom I met in my office with my right hon. Friend when I was Health Secretary. I want my right hon. Friend and his constituents to understand that the commitment I gave to*

*them was not a one-off, convenient commitment, but a permanent one. If I were to find myself back in government, that commitment would remain. Does my right hon. Friend agree that there needs to be a further process of truth and reconciliation, so that those concerned have all the answers for which they are still looking?"*

1296. That was it. Some 140 words which boiled-down to stating that there needed to be a "truth and reconciliation process" in order for us to get "answers". We'd been saying that since 4 September, 1994. We didn't need politicians to keep saying it almost 20 years later. We needed them, like Burnham, to actually do it, not talk it. Shortly thereafter he'd gone but thankfully not before Mr Goggins uttered what we held to be the seminal contribution that day, shortly before 9.50am (the debate lasted until approx. 11am): *"If the Government continue to set their face against a formal public inquiry, they should, in my view, consider other mechanisms established in the recent past to get at the truth of an historic wrong. Two years ago, the Prime Minister commissioned the highly respected lawyer Sir Desmond de Silva to undertake a full investigation into the circumstances surrounding the death of the Northern Ireland solicitor Pat Finucane in 1989. Although this approach was not welcomed by Mr Finucane's family, Sir Desmond had access to all the intelligence files, Cabinet papers and earlier reports, and concluded that there had been what the Prime Minister described last December as 'shocking' levels of state collusion. In relation to another tragedy that took place in 1989—I am pleased that my right hon. Friend the Member for Leigh is still here—the Hillsborough independent panel, which was welcomed by the families of the 96 people who died at the FA cup semi-final, also demonstrated a determination to get to the truth. As a result of the report, inquests have now been reopened. Whatever Ministers decide to do in this case must, of course, be discussed with those whose lives have been directly affected. Continuing to do nothing is simply not acceptable. A serious Government-backed inquiry must be held, with access to all the remaining records and the power finally to get to the truth of what happened and why. In addition to fair financial support, those who have suffered so much are still owed a full explanation and a sincere, profound apology."*

1297. With that, it seems that Burnham went. Tragically, just nine weeks later, Mr Goggins permanently departed from the CBS landscape. The campaign had lost two of its greatest champions in Lord Morris and Mr Goggins in less than 18 months. Less than a year later, of course, Mr Dobbin had tragically and suddenly died. It was almost as though the universe was trying to tell us something. The breach to be stepped into couldn't have been more Burnham-shaped than had the fates drawn it luminously in the ether. Yet he seemed to resist, for far, far too long, stepping into it and we do not think it unfair to say so. At least he was still at Westminster that late October morning to hear Mr Goggins cite the Hillsborough disaster within the context of the CBS and actually name-check his fellow north-west MP, whose eyes he'd apparently opened to the injustices almost four years earlier.
1298. It wasn't just us, then, repeatedly drawing the necessary comparison between the Sheffield tragedy and the blood scandal. Indeed, it's highly likely that those were the last words that Burnham ever heard Mr Goggins say about the CBS in Westminster – but it would still take another almost three-and-half years before he finally decided to become the political poster-figure for the CBS in the way that he now seems to have adopted (and receiving plaudits, we note) and then had been for over eight years for Hillsborough.
1299. Again, we do not think that we are misrepresenting him when we say that there was always an unerring feeling that there were reasons, known only to himself, as to why he couldn't help the CBS so forcefully to begin with. There were reasons as to why he had to pull down his constituency shutters in 2009, and then just days later issue the appalling "we do not intend" to help Larkin-letters, and then ran out of political road...until the final day before the 2010 General Election. It seemed he was always too diffident (we're being generous) to challenge the establishment that he was part of but somehow overcame for Hillsborough. Similarly, there were reasons, apparently, as to why he couldn't help more powerfully, in any meaningful, headline-grabbing, Hillsborough-esque way from 2015-17, even after Mr Goggins' death...until his very final hour as an MP. And then he was gone again, like in 2013.

1300. Just over a month later, on 4 December, Maureen – having been made aware of ongoing developments subsequent to October's Goggins-debate, contacted [WITN1944437] her MP, Mr Howarth, to inform him of the latest matters, specifically a November meeting between Mr Cameron and the Conservative MP, Mr Alistair Burt – which was in no small part due to the lobbying commitment of significant CBS-justice campaigners – who had contributed significantly ahead of the Westminster Hall event. Unfortunately, due to distressing personal circumstances that month, we had not been able to submit the evidence that was requested of us in order for Mr Burt to take to the meeting along with testimonies from many other CBS victims.
1301. Accordingly, Maureen submitted her delayed account to Mr Howarth, enclosing it within a broader missive in which, *inter alia*, she wrote: "*Re. Campaign for Justice, Hepatitis C (HCV) infected haemophiliacs and their bereaved families, NHS Contaminated Blood/Blood Products: I wish to update you on important new developments concerning the above. This is a crucial, and potentially historic, time in which a resolution to our 30 year campaign for justice and financial independence may be possible. I request your support in pursuit of this. Alistair Burt MP met with the Prime Minister on November 12th to review unresolved issues and hear from some of those affected. Feedback was provided to MPs at a meeting of the APPG for Haemophilia & Contaminated Blood on November 20th. Although my evidence was not part of the above submission, I am amongst those who have been most devastatingly affected by an entirely avoidable tragedy which finally claimed the life of my husband at the Royal Liverpool University Hospital (RLUH) in September 1994 after a prolonged deterioration - directly resulting from contaminated NHS blood products administered both at RLUH and Broad Green Hospital - stretching back to December 1978.*"
1302. She added: "*The APPG heard there are indications of significant developments taking place in a bid to bring about judicial and financial closure for all affected. Described as a positive meeting, Mr Cameron committed to look at the issue and accepted that there are matters to be resolved. Two senior officials have been appointed by Mr Cameron to work with Mr Burt and other MPs on identifying a way forward. This matter is of vital importance to*

myself, to my family and the thousands affected. The opportunity is unique and so I must request in the strongest terms that you represent my interests in Parliament/APPG on Haemophilia and contaminated blood at this important time."

1303. She then enclosed the financially-focused evidence that she'd wished to submit to Mr Burt, which read: "[The] bereaved families of HCV haemophiliacs were until 2011 the forgotten group. To a great extent we still are. The 2003 (Skipton Fund) settlement - between £20,000 up to £45,000 - was paid to all HCV infected haemophiliacs who were still alive at that point. As my husband had died in 1994, I received no payment. That was a significant blow for me, coming almost a decade after my husband's death, for it re-compounded a financial struggle that my husband and I had endured, because of his condition, for most of our 35 years of married life. Due to my husband being a haemophiliac we were never able to obtain life insurance or mortgage protection. Therefore, subsequent to his death, I was left to survive only on our savings, and a very meagre small firms pension for my husband (less than £200 a year). I was only 56.

I was in receipt of invalidity pension until I was 60, which then became my State Pension, and an equally nominal firms pension of my own (given that I had been forced to retire early). I still had four years left to pay on our mortgage. Frustratingly, I was above the limit for pension credit but did receive council tax benefit. By 2005, then aged 67, having been bereaved for 11 years, I had exhausted most of my savings. I had no choice but to remortgage my house for £20,000, on an interest only mortgage at Bank of England rate. At one stage the payment was £113 per month.

Unlike the widows of HIV infected haemophiliacs [...], I was not entitled to receive a special (nine months) widows benefit or be helped with funeral costs - simply because those like my husband were deemed by the Government to be second-class haemophiliacs - even in death. The distinction between the two groups of dead men was most unfair. HCV widows received no help whatsoever. That changed somewhat in January 2011, when the Government at last decided to acknowledge HCV widows. Of course this was welcome.

I received a lump sum of £70,000 (ironically because, 17 years after his death,



my husband's death certificate was then suddenly deemed to possess the requirements for qualification for financial assistance after all). Although his death certificate citation read: 1a. Retroperineal bleed; b. Hepatocellular carcinoma; c. Hepatic cirrhosis due to hepatitis C; Haemophilia A, I should stress that my husband's medical records also show that between 1978 and 1981 he was equally infected with both Hepatitis A and B (the latter providing a deadly corrosive base of liver disfunction on which the effects of the later acquired Hepatitis C infection flourished).

From that 2011 lump sum, I have set aside £20,000 to settle my outstanding mortgage upon my death, and £20,000 for possible care home costs, and funeral expenses. But really the amounts I have received have hardly even begun to start rebalancing the financial inequities I have endured for decades. For leaving aside the above mentioned aspects of life assurance and mortgage protection that my husband and I were denied, it should also be remembered that had my husband lived [he would have been 80 next November] he would have received by now some £120,000 in state pension [he worked and contributed to the state system from well before his 20th birthday until his enforced retirement - which naturally decimated his works pension - in 1991]).

In addition to the lump sum of 2011, most of which, as I say, has already been allocated, I have been grateful to receive limited assistance from the Caxton Fund towards essential household maintenance, given that my home had fallen into disrepair in the 17 years following my husband's death. I have finally been able to have new windows fitted and urgent roof/guttering repairs undertaken; but even these benefits were hard fought for, given that they had to be approved after my time consuming submissions of trade quotes to the (Caxton) welfare committee which meets to approve grants. Indeed, had I not implored the Caxton Fund for this further vital living assistance, I would simply have received, by now, a one off payment for council tax, and two fuel payments, totalling just £1400.

As referred to above, my husband was among three haemophiliac brothers all of whom died between GRO-B 1989 and September 1994 as a direct result of the NHS blood scandal. However, as my husband's other haemophiliac brothers died from HIV/AIDS their widows have not had to endure a near two

*decade campaign for financial justice. I am sure you can appreciate how this has made my suffering and grief doubly hard all these years."*

1304. In a separate summation to Mr Howarth, and for information to help him in steering any contribution he felt he could make, Maureen added: *"At the very least now, I would like to see widows of HCV haemophiliacs receive a monthly pension of no less than £500. But our campaign is two-pronged: financial independence and public justice. I am conscious that nothing can bring back those who have lost their lives to the infections, or reverse the long-term health damage for those who survive. However, I believe that if the government were to establish a full and fair financial settlement, along with an acknowledgement of the extent of the scandal and what happened, with a fulsome apology (similar to those afforded to campaigners concerning the Bloody Sunday and Hillsborough tragedies - and remember that my husband and his brothers were among some 2,000 victims which puts the scale of our campaign into perspective), then at least we could all find the kind of closure that those measures would bring.*

*The only way this campaign will end, thus enabling people to get on with their lives, will be if this is successfully sorted - once and for all. In order for this initiative to work, I believe it is of vital importance that the affected community is directly involved, consulted and represented fully at every step. We all need resolution. We do not need it to be dragged out for any longer than absolutely necessary, but whatever process is employed it must reflect the impact on all the affected community and the resultant need that has been created whether from Hepatitis (A, B, C, D, E, G, etc.), HIV, vCJD or other infection.*

*The time has passed for commissioning endless medical reports and studies, or for politicians – however well motivated – to be deciding what happens to our lives. This hasn't worked for the last 30 years. It won't work now. A wide consultation is proposed but I need involvement and true representation this time, to ensure any exercise that informs a settlement is suitable. Currently, only the victims themselves and campaign representatives, such as Taintedblood, Manor House Group and CBC collectively, have the knowledge to inform this process. Could I therefore ask you to do everything within your*

*power to represent me and the wider community at this crucial stage in the process?"*

1305. It was pathetic, really. **We were approaching the 20th annual New Year's Eve status check of our campaigning reflecting that we were still having to send letters like that.** We knew, of course, that we would never be able to prove that William was a victim of compounded medical negligence over and above the basic matter of his infections with HCA, B and C. Yet we were sensing that perhaps mindsets were shifting in terms of attitudes towards a proper Inquiry (for the record, we were never supporters of a so-called "Hillsborough-style inquiry" and we're still not advocates about any future accountability legislation being called a "Hillsborough Law"; such things should stay neutral and not nominally attached to any one disaster). We were also sensing that perhaps, some six years on from the economic crisis of 2008, political minds were shifting towards a proper financial settlement for all (emphasis) victims of the CBS. We reasoned, though, that things would have to move swiftly before the next monetary meltdown occurred, like night following day. **We knowingly write those words in early 2023.** More crucially, though, and arguably selfishly, we knew that we would be facing the 20th anniversary of William's death in September 2014 and we'd always feared reaching that point whilst still feeling the need to campaign. We had 10 months to try and avert the arrival of a dread that had loomed ever more incrementally for several years.

1306. To his credit, Mr Howarth replied to Maureen [WITN1944438] before Christmas in a letter dated 20 December. He wrote: *"From what you say, the way forward would appear to be to engage with the two officials appointed by the Prime Minister and I am happy to ensure your concerns are taken into account during this process. I have copied this letter to Alistair Burt MP and am happy to support him in any way required try to bring this important matter to a positive conclusion. Your obvious frustration at the slow pace of moving this issue forward is fully justified and I do hope that the current process will provide a way in which the matter can be addressed."*

1307. It was therefore a counter-intuitively bright-end to the year for us because it was finally beyond a shadow-of-doubt that Mr Howarth had fully embraced the commitment to Maureen's cause that Mr O'Hara had previously long done. It wasn't that we actually had any concerns as such, it was more the case that since the 2010 election she hadn't necessarily needed to lobby him to the extent that she had his predecessor. For, much of the period since had been either awaiting the Lansley-review, or us being on a campaign pilot-light for most of 2011 and up to September 2012. Consequently, the depth of rapport that she built with Mr O'Hara hadn't necessarily developed with Mr Howarth by that point. **By the end of 2013, however, it was obvious that we had a future champion in him; indeed, in time, he would become a central and much valued figure for us, and to whom we'll remain forever grateful.**
1308. Inescapably, 2014 began dreadfully with the news about Mr Goggins' death. We knew, though, that he had left a powerful legacy. For, it's clearer now, in long retrospect, just how seminal the debate that he called in October 2013 was in finally breaking the post-Archer impasse concerning the need for a public inquiry into the CBS. It would be wrong to suggest that it was a breakthrough or that even a groundswell was building at Westminster in recognition of the glaringly obvious indefensibility that a scandal which had caused thousands of deaths and led to the destruction of thousands of lives had never been statutorily investigated by the state. The paradigm-shift, though, lay in the fact that immediately post-Archer, parliamentarians simply couldn't seem to conceive of the need for a proper inquiry, simply because it was felt that there had just been one. **Mr Goggins changed that perception.**
1309. Looking back, even had the Archer report cited the need for a statutory investigation as a recommendation, then that would have bolstered the pathological avoidance of blame. It would have been a tacit admission and emphasis of its limited powers, courageous even, and – along with the fact that the Department of Health didn't co-operate with it, and then magically found a tranche of documents just too late – it could have powerfully exposed the need for a full investigation. The Brown Government, and then the

subsequent Coalition, would have been forced to continually explain as to why such a recommendation was continuing to be ignored.

1310. As it was, though, the self-neutering of the Archer Report stifled any meaningful discussion for almost five years – from 23 February, 2009 to 29 October, 2013 – about the need for a public inquiry into the CBS. It was a disastrous report and cost us at least half-a-decade before even the very notion of the need for such an investigation gradually began to regain traction, circa late 2013 and early 2014, albeit initially in very small circles at Westminster, thanks chiefly to Mr Goggins, the true heir to Lord Morris. It was his debate that re-started the almost baby-steps that eventually culminated, three-and-a-half years later, with the calling of the IBI.

1311. Naturally, we kept a close eye on the progress of **Mr Burt as 2014 unfolded; another for whom we have immense gratitude for fulfilling a key-role in the process that inexorably led to the IBI, even if such wasn't foreseen at that stage.** There must also be very honourable mentions for **the steadfast commitment of the MPs, Diana Johnson and Jason McCartney, who also stepped into the glaring void that Lord Morris left behind** and, without their already enduring commitment, the later death of Mr Goggins, most particularly, would have left an even bigger chasm.

1312. We just knew by instinct that 2014 would effectively be another waiting game. **As said, though, Maureen almost died from sepsis in June.** Fearing that she might have limited time left in order to secure CBS-justice, and sensing that a critical stage had been reached anyway, with just a year until the General Election – a familiar feeling for us, of course – she eventually re-contacted Mr Howarth that summer **[WITN1944439]** with a view to helping expedite matters however possible.

1313. In a letter dated 20 July, she wrote: *"[...] Further to my previous correspondence [...] I wish to provide you with a brief update of developments and highlight the most critical issues I require your support on. Alistair Burt MP has been instructed by the Prime Minister on this matter and is working closely with the APPG on Haemophilia and Contaminated Blood to identify a solution to the on-going issues raised by campaigners and individuals*

adversely affected. Encouragingly, 54 MPs have now joined the APPG to be kept informed of developments and provide support where they can. If you are among those 54 MPs, I wish to thank you for showing support. If, however, you are not among those names, I wish to encourage you, at this crucial time in the scandal's long history, to feel able to support this cause and demonstrate to government, and the community, that you believe a solution should be found. Please take this opportunity to help correct one of this country's longest standing and biggest ever injustices."

1314. Added Maureen: "You may recall my individual circumstances regarding this matter: my husband, William Murphy, who died almost 20 years ago (September 3rd, 1994), contracted Hepatitis A, B and C through contaminated NHS blood products (between 1978 and 1981). As a consequence of this, he went on to develop: cirrhosis of the liver, oesophageal varices, aescites, encephalopathy and ultimately liver cancer. His quality of life between 1978 (aged 44) and his death in 1994 (aged 59) deteriorated year-on-year and, towards the end, month-by-month. His basic haemophilic condition had always prevented him from accessing insurance products (e.g. mortgage protection), and his early retirement decimated what meagre pensions he was able to accrue, and his death left me with barely any financial support (indeed I have had to re-mortgage my home since his death).

He was one of three haemophiliac brothers who were killed as a result of this entirely avoidable and scandalous tragedy - one of the biggest (if not THE biggest) on record in the UK with some 2,300 deaths being already recorded as directly attributable to the disaster, a figure which could go much higher. My husband's two siblings perished due to HIV complexities acquired subsequent to treatment with contaminated blood, so it is easy to see, at a stroke, how just one extended family has been blighted by this atrocity. Incredibly, 20 years after my husband's death - and some 30 years since this horror first emerged - I am still having to campaign for justice.

No inquiry has ever been held into what Lord Winston termed 'the greatest medical treatment disaster in the history of the NHS'. I still have no answers as to why my husband was allowed to perish. I still have no explanation as to why so many of his key medical records conveniently disappeared from his

*files at both the Broadgreen and Royal Liverpool University Hospitals where he received treatment between 1978 and 94 (which has prevented me from pursuing legal action). I still have no idea as to who must shoulder the burden of blame for my husband's death - I only know that someone, somewhere (and perhaps many people) must be responsible.*

*I am now 76 and suffering ill-health (I myself had to retire from work through ill-health and stress prior to my husband's death - which also decimated my pension - and yet I still had to care for him especially in the final years and months when his quality of life was almost zero)."*

1315. Tellingly, just a month after recovering from sepsis, she added: *"I want answers before I die. I have watched tragedies and subsequent inquiries come and go (rightfully) over the years (such as Bloody Sunday, Marchioness, Hillsborough and others) and yet I am still left waiting for an answer as to why a tragedy, which was bigger than all those put together in terms of fatalities and international cover-ups, was ever allowed to happen in late 20th century Britain. Please, time is running out for me and I would like to see justice before it is too late. [...]*

*The Prime Minister has indicated he wants potential solutions identified within six months. However, I am sure I do not need to impress upon you that I have seen many deadlines come and go over the last 20 years. My greatest concern, as the election approaches, is that this timetable target is not allowed to slip further. For ageing survivors of the NHS infections, help is urgently needed to address the on-going and new challenges they face. However a more urgent solution is required by many of our community who will not live beyond this deadline. For them, reassurance is needed that their loved ones will be taken care of afterward and that their affairs have been put in order.*

*Please will you do all that you can to ensure mine and everyone else's plight is resolved before the next election, so ensuring the cross-party efforts of the last 5 years do not get wasted by being knocked back down the agenda of whichever new administration is elected."*

1316. By way of summation she listed *"the aspects a solution would need to address"*. Accordingly, she commenced her conclusion stating: *"Our community would be dismayed if the current, demeaning, 'unfit for purpose'*

*support systems such as those provided by the Macfarlane Trust, The Caxton Foundation and Skipton Fund, merely received another 'tweak' instead of the comprehensive settlement required. Such a result would be unlikely to bring an end to the campaigning. The current, confusing, multitude of support mechanisms should be disbanded and a completely new comprehensive method of support should be introduced.*

*The perceived solution of campaigners would involve a substantial regular support payment to address the impact of the infections forced upon them and lost income. An enhanced lump sum should also be made to reflect the damage inflicted and years of inadequate 'regular' support received by only a few. All resultant care needs should be met routinely. The requirement to beg for charitable hand-outs should not form any part of the solution."*

1317. Finally, she added: "[...] I would like to draw your attention to the parallels of this scandal, that saw many important official documents from the 1970's and 80's shredded by government, and other scandals from the same era where similar apparent cover ups occurred. Besides mass shredding, at the Archer Inquiry, Lord David Owen said in his evidence that inexplicably some of his own Ministerial documents about NHS blood products had been destroyed without his knowledge [...]"

1318. Having forwarded her letter to the then Health Secretary, Jeremy Hunt – the tenth occupant of that office we had known in our campaigning, who had succeeded Mr Lansley almost two years earlier, indeed 18 years to the day after we essentially started our long push, i.e. on 4 September 1994, the day after William's death – Mr Howarth forwarded the response he received to Maureen [WITN1944440]. Dated 19 August, Mr Hunt wrote: "I was very sorry to read of the death of Mrs Murphy's husband after he was infected with contaminated blood. We recognise the terrible impact this has had on the lives of many of the people and families affected." Referring to the work of Mr Burt in conjunction with the health minister, Ms Ellison, he added: "[It] is detailed and still on-going, so at this stage I am afraid I am unable to provide you with any further update. However, when it is complete we will be making an announcement to those affected and MPs."



1319. Inevitably he mentioned the still ongoing Penrose Inquiry which had hung over the entirety of the Coalition years which we'd long since tuned-out from once it became obvious as to how much esteem that investigation held Hay in. Genuinely, like we had earlier wanted naught more to do with the UKHCDO, and were sickened to see how much input he'd had to the Lansley-review, we just had to swerve anything that had even one of his fingerprints on it. Frankly, it just wasn't good for our health. Accordingly, Penrose, for us, was an irrelevance. For, any process that failed to get his measure, from the off, was always going to be flawed, we reasoned. Mr Hunt then concluded by saying: *"I am sorry I cannot give a more detailed response at this time. I can only assure Mrs Murphy that the Prime Minister and I take this matter very seriously and are looking into what more can be done."*

1320. Of course, it had been obvious to us since spring-time, if not earlier, that we likely wouldn't have a conclusion to the Burt/Ellison review prior to September 2014. Our desperate hope was that we would at least have had the solace of an announcement about an impending public inquiry before then. Instead, in the absence of such, it was *fait-accompl*i that we collided with 3 September, 2014 – the 20th anniversary of William's death – knowing that, by and large, we'd got nowhere fast with our campaigning. Words simply cannot describe the bleakness of that day, particularly as, still suffering the long-effects of sepsis, Maureen had to again beg, in that very week, for assistance from the Caxton Foundation.

1321. A letter [WITN1944441] that she wrote just 12 days later, to Nicole Hornby, dated 15 September, was pitiful: *"Submission of quotes: kitchen; washing machine [–] Please find enclosed two quotes for kitchen refurbishment, as per my telephone conversation with Victoria (September 13th, 2014). I also enclose two quotes for a washing machine (Melle) [sic]. My current Miele machine, although still working, is now 33-years-old (purchased May 1981) and is starting to sound very laboured in its mechanism. I am quite unconfident that it will last much longer. I look forward to hearing from you."* A truly damning indictment of the United Kingdom in the 14th year of the 21st century!

1322. We got to new year 2014/15 and inevitably marked a 21st annual status-check of our campaigning, effectively no further on than a year earlier, or pretty much since new year 1994/95, give or take £70,000 – or the equivalent of £3,442 per year for Maureen to have theoretically lived on, or £287 per month. A fortnight or so later we reacted to the **APPG BurtEllison review [WITN1944442]** in the only way that we possibly could, having lived through, in less than a decade flat, the **Self-Sufficiency review** (2006), the **Archer Report** (2009) and the **Lansley-review** (2011). It was yet more words about words.
1323. Again, like the others before it, the APPG “*inquiry*” document was a fine study in its way and thoroughly well-intentioned, and arguably was probably very necessary rationale in order to get the CBS-justice campaign another step further towards true justice. Indeed, in aggregate with the other three documents of recent CBS-yore, each possessing inherent historical value in their own distinct way, quite a picture was forming, a wall of evidence was gradually building. Again, though, it was but another document, ultimately. Were we expecting that a year earlier, in the immediate wake of the Goggins-debate in late October 2013? That 14 months further on we’d have another, this time 125pp, report to digest? Did we even anticipate such, much later in 2014, when we participated online (YouGov) in submitting evidence? We’ve literally no idea. Because we’d stopped expecting anything other than continued *stasis* and more waiting, not least for **yet another inquiry to be completed, this time Penrose, and yet another General Election** – the fifth of our campaigning years (1997, 2001, 2005, 2010 and 2015 – we’re currently at seven and counting, incidentally).
1324. To be sure, it was vindictory to read chapter headings like “*The worst form of modern-day begging*”, about the discretionary support like Caxton and so on. It was also another inadvertent, stinging proof that William was surely subject to compounded medical negligence between 1991 and 1994. For example it stated: “Those with cirrhosis have a higher mortality rate than those with chronic HCV and face greater disruption to their lives.” So wouldn’t it have been advisable to allow William to undergo a liver work-up, say in June 1992, just months after being triply-diagnosed with

HCV, cirrhosis and liver failure (although that last was always withheld from us until August 1994), and then enduring a triple battle with variceal haemorrhaging and only just-averted encephalopathy that spring, the first episode of which would have been fatal had it not been for his own quick thinking? You know, especially seeing that he was actually admitted to hospital for such, and was even sitting in bed awaiting such a procedure which could have delivered the infamous "prognostic indicator" that, apparently, in the words of one doctor, in reference to Hay, was "not vital"? Maybe it's just a lay-hunch, but might it have been sensible to allow the work-up there and then, whilst there was a chance, rather than waiting another two years to finally refer him to the appropriate consultant, i.e. Dr Gilmore? As much as we felt vindicated yet again by the APPG on that score, we were fed-up. Vindication actually gets you nowhere.

1325. It was also incredibly heartening to read the APPG stating that it remained "resolute" in the view *"that an independent statutory public inquiry would be the best way"* to investigate issues such as *"the history of the contaminated blood tragedy, or [...] culpability on the part of the Department of Health and NHS."* It wasn't quite the B-word that Archer obsessed about avoiding but, nevertheless, the C-word of **"culpability"**, especially in the context used, was significant. Moreover, it seemed that an irreversible track towards a more equitable and sensible framework of payments had been irreversibly laid. It also seemed that we would get a public apology from the *"Prime Minister"* at some point, whoever that might be as 2015 unfolded, given the fact that a General Election was long since fixed for that spring; **indeed it was sobering to consider that had Burnham won the Labour leadership ballot in 2010, and then won the 2015 election, and that, if still awaiting the Penrose Report until after the ballot, he may have become the PM-on-the-spot to deliver the national *mea culpa* about a tragedy on which he'd once literally and metaphorically pulled-down-the-shutters.**
1326. All told, it was a welcome and courageous report about which we were grateful. We also knew that in its immediate wake there would be a proper debate on the CBS in the Commons – note, not Westminster Hall – which was

a momentous occasion. The unwritten subtext of all of that heightened activity in January 2015, though, was still unerringly that we were headed somewhere we knew not, and certainly not fast, and obviously not on the waning-side of the General Election, nor even until the publication of the Penrose Report, whichever came first, which had seemingly been on the brink of publication throughout the whole autumn. Then, of course, in the post-election phase, and given the summer recess, we knew it likely wouldn't be until October, after the party-conference season had settled, before matters could finally move.

1327. We were long used to the inevitable and draining parliamentary times and tides that seemed to eat half-years in almost the blink-of-an-eye. It always seemed that potential discussions about the CBS, which almost by definition had to be filed under "wait", were poised at the least advantageous point of each election cycle; it was either too early in the term and we were told that the Government needed time to consider matters, or it was too late to act before the next ballot. **That trudge went on year-after-year and seemingly decade-after-decade.**

1328. Despite that sense of walking through yet more glue, though, even we – despite our jadedness, for we were old dogs who couldn't be taught any new parliamentary tricks – could see that, eventually, the APPG report of 2015 would surely have to prompt genuine momentum, really for the first time post-Archer. We dared to think that the long impasse that had essentially prevailed since 2009 was finally over and that new daylight was nearing, with the only question remaining as to how cloudy it would be. For that we were pathetically grateful. Indeed, to paraphrase the report itself, it was the worst form of modern day cap-doffing; just being thankful for any hint of parliamentary progress after almost 21 years of sheer strain. Yet we knew two things inescapably: that we had more waiting to come and that Maureen, God willing, would turn 77 a month later, not in the best of health.

1329. Ahead of the debate, Gregory necessarily contacted Mr Burt, by e-mail [WITN1944443], on GRO-B copied also to Ms Johnson and Mr McCartney, saying: "[...] *I understand Parliamentary protocol and that I am not a constituent of yours, however I am most surely a constituent of the group*

*affected by the aforementioned and titularly acknowledged 'scandal', being the son of a haemophiliac father who died in 1994 as a direct result of being infected with contaminated NHS blood products between 1978 and 1981. Therefore, I hope that this e-mail to you overrides usual protocol.*

*I specifically write to you now, having read the APPG report today (to which my family contributed) [...] for a specific reason: to crystallise (hopefully further) your understanding of the true perspective and context of the disaster that befell my father, his two haemophiliac brothers (who died in 1989 and 1990 - indeed the latter exactly 25 years ago [GRO-B], some 2,000 other haemophiliacs, and hundreds more who have survived to this point under a living death sentence.*

*Before I expand further, I want to note that, whilst I should be encouraged by your ongoing efforts for our cause and your discussions with the Prime Minister, and I thank the APPG for its report today, it is still very hard to be too enthusiastic, for this is the fifth time since my haemophiliac father perished (in September 1994), that our campaign for truth and justice about this untold scandal has unfairly been squeezed-up against the timetable of a forthcoming General Election. Once again we are a footnote in the five-year parliamentary cycle.*

*This is a gross insult to the memory of my father (who was infected with Hepatitis A, B and C, and went on to develop cirrhosis of the liver, varices and aescites before finally succumbing to liver cancer in a vile and prolonged death - with suffering and indignity the likes of which I simply cannot articulate) and his two haemophiliac brothers - and all the other aforementioned - who were killed as a result of being on the receiving end of what you will surely know was described by Lord Winston as 'the greatest medical treatment disaster in the history of the NHS'. That is certainly one way of putting this event into true perspective.*

*But I want to impress upon you, though, some other clear contexts, which my surviving widowed mother has also communicated to her (and my late father's) MP (Mr George Howarth). For my part, I have also communicated what follows to my own MP (Mr Steve Rotherham) and the Shadow Health Secretary, Mr Andrew Burnham. Specifically, I pointedly want you to see the true scale of this disaster for what it was and is (perhaps in a way that you*

have never before considered?).

For my family holds that what has long been needed is that this tragedy, which has already directly claimed the lives of 2,000 haemophiliacs [...] is finally cast into its proper and powerful perspective - both in terms of scale, and concerning the call for financial support - in order to assist politicians, the media and the general public to more readily grasp key realities about it. We believe that this disaster, although it continued to wreak its havoc over 20 years between the 1970s and mid-1990s (with effects that have, and will, last far longer), must finally be seen as one event, as one singular and named and readily identifiable disaster known as the "UK Contaminated Blood Scandal".

To frame this in its clear context, the scandal is already Britain and Ireland's 15th biggest peacetime disaster [...] in terms of death toll, since records began, yet so very few people know about it.

Tragically, it is an ongoing disaster which ultimately may well rise further up that dreadful list which starts with events like the Black Death, the Irish Famine and the Spanish Flu epidemic at the top end (with episodes that are measured in millions) and those at the lower end (which are measured in hundreds or less) such as the Aberfan and Hillsborough tragedies, in 142nd and 197th places respectively, which claimed 144 and 96 lives respectively — but are rightly ingrained in the parliamentary, media and public consciousness. Moreover, to put it into further clarity, the UK Contaminated Blood Scandal claimed the third biggest collective peacetime death toll in the UK in the 20th Century. My family believes that until this tragedy is finally seen in the proper terms of its fatalities, and is recorded as such for memory, very few people outside of those whose lives have been obliterated will ever be able to grasp the enormity of a scandal - for which we have no proper explanation, let alone justice - that was allowed to happen and be covered-up in our nation. And as regards the financial privations that those who have been bereaved have continued to endure for over two decades now, consider that my mother was widowed at 56 and will be 77 next month - and that, at the very least, my father's death, aged just 59, has meant that some £135,000 in state pensions - which he contributed to for 43 years - has been denied so far to the upkeep of her domestic life. She counts every penny.

There are many other perspectives that frame the extent and reality of this

scandal - one which was overseen by the State, no less - much more clearly but let these two aspects be considered at least. I would hope that someone within the APPG will recount the stark realities outlined above during tomorrow's debate in order to place them on national record.

I note the limitations of the APPG report and whilst I understand them, I would urge you in your discussions with Mr Cameron not to perceive any false dichotomy between the twin calls for justice in terms of proper financial support, and justice in terms of unveiling the truth of both how this scandal happened and how it has been allowed to be covered-up. Both aspects go together.

To offer you one single anecdote concerning my family's campaign to discover the truth about the infection of my father with contaminated blood: we long ago accessed all (or so we thought) of his medical reports (many of them redacted) from various NHS hospitals in Liverpool but tellingly the whole period covering 1978-81 (which we know by our own investigations is when he was infected) was missing. We know we are not alone in our experiences and that many other victims' papers are missing crucial documents from key periods. It is not hard to conclude that a systematic cover-up was initiated at some point in the last 25-30 years. Why?

The twin calls for justice - in terms of support and truth - are the two gates which we hope to finally seal together in order to achieve total closure. Whilst one of the gates is left open we can never achieve that closure. Adequate and fair support must accompany the truth about the scandal and the cover-up, and vice-versa.

My father was caught-up in not only one of the biggest disasters and scandals this nation has ever known - but THE biggest, bar-none, cover-up this State has ever known. I want to know why my father died, and why his death was covered-up.

Those whose lives have been decimated by this scandal have been fighting for almost 30 years. We want answers. We want the truth. We want justice. We want an end."

1330. Replying to all, Mr Burt – cc-ing Mr Howarth also, erroneously assuming him to be Gregory's MP – graciously wrote: "[...] Thank you for your incredibly

powerful letter. With I hope Mr Howarth's permission, I am indeed leaving parliamentary protocol behind to acknowledge it, as the debate is tomorrow. Knowing your MP and his commitment to this topic, I am sure he will want to respond to his constituent fully.

I think the MPs who have been closely involved have begun to understand, as best as they can, the 'devastation' of the bereavements and family losses. It is a word we have seen many times. We will all endeavour to convey that tomorrow. I also take your point on how important it remains to 'find out' what happened. In our survey of those affected, this remained an unresolved issue for so many, and is not forgotten. Please do not take too much offence about the timetable. We have all been waiting nearly a year for Penrose, which we hoped would report so as to provide a much better background for decision making, as I will explain tomorrow. We have gone for a debate now as we feared we would lose the chance altogether in this Parliament if we do not. There is no ulterior thought on our part. I understand finally the force of the comparisons you draw. I may well mention them tomorrow."

1331. As stated in his missive to Mr Burt, Gregory had already written to Burnham [WITN1944443] a day prior, essentially having sent the same letter but with specific elements addressed directly to him. For example, he wrote: "[...] I write to you in your capacity as Shadow Health Secretary [...] You may recall that I wrote to you in September 2012, a day after the release of the Hillsborough files, and promised at some point to write to you again. I do so now.

I write in the context - and on the eve - of the Backbench Debate on Contaminated Blood and note that this is the fifth time since my haemophiliac father perished (in September 1994), as a result of one of the biggest tragedies that this nation has ever known, which has claimed the lives of some 2,000 souls, that the campaign for truth and justice about this untold scandal has unfairly been squeezed-up against the timetable of a forthcoming General Election (three of which featured an incumbent Labour government, the last of which whilst you were Health Secretary).

[...] I have saluted you before about your efforts for the Hillsborough campaign and asked that you would apply the same sense of perspective regarding the



*campaign for truth and justice surrounding a disaster some 21 times larger in scale of fatalities for which answers have been sought since circa 1988.*

*[...] Mr Burnham, writing in the Daily Mirror in 2011, you said the following concerning the Hillsborough campaign: 'In today's Freedom of Information age, it is hard to imagine how, after a disaster in which 96 poor innocent souls lost their lives, the truth could be shaded in this way.' I want you to apply that clear thinking to the memory of the 2,000 lost souls and rising (and those who are still suffering long term health effects under a death sentence, and those who have been bereaved) who were innocently caught-up in not only one of the biggest disasters and scandals this nation has ever known - but THE biggest, bar-none, cover-up this State has ever known.*

*You finished your aforementioned article in the Daily Mirror quite rightly with the following: 'For 22 years, despite the obstacles and insults, the (Hillsborough) families have pursued their campaign with dignity. None of us should rest until they have finally prevailed.' I think I need say no more about what I hope you know that you need to do and say, as Shadow Health Secretary, and former Health Secretary, concerning the backbench debate this week, which I shall be watching with my widowed mother and my sister."*

1332. Some two-and-a-half hours later, Burnham evidently forwarded Gregory's e-mail to his Parliamentary Assistant, Pippa Menzies, and within eight minutes she replied on his behalf [also **WITN1944443**] stating: *"Thank you for your email to Mr Burnham regarding the backbench debate on Contaminated Blood. This is an issue that Mr Burnham is very involved in and he is intending to lead on the debate this Thursday. I will ensure he sees your correspondence before he speaks in the debate. Thank you once again for taking the time to write."* **What? He'd already seen it, hadn't he? He'd just sent it to Ms Menzies, surely? The proof of that was there, in the e-mail thread. Maybe if he'd replied to us directly? In any case, he intended to "lead" in the debate? It was news to us. We thought that was going to be Mr Burt. As it transpired, he was the 37th different speaker** **[RLIT0000771]**, two-and-a-half hours into the debate.

1333. Nevertheless, he spoke, and powerfully so, indeed making arguably some of the strongest points on the day. *Inter alia*, he stated: *"We have heard a series*

*of fine speeches today—as has been said, Parliament truly at its best—but none more powerful and affecting than that of the right hon. Member for North East Bedfordshire (Alistair Burt) in leading the debate [...] When historians come to look back at the 2010-15 Parliament, it will be seen to be characterised by a welcome drive to correct historical injustice. First, we saw the apology in relation to the events of Bloody Sunday. We have seen a range of ongoing inquiries related to historical child abuse. There was the action on the injustice that I know too well from my own personal background—the death of 96 innocent people at Hillsborough. The right hon. Gentleman was absolutely right to pay tribute to my hon. Friend the Member for Liverpool, Walton (Steve Rotheram), who put those names on the record. But we cannot put on record the names of the people in this case who have suffered such devastation—not just the people who have died but those whose lives have been ruined as a result of this scandal, and it is a scandal.*

*What opened up those other injustices has not been the Government voluntarily moving to correct those wrongs, but Parliament. The resolution to those other injustices began here. It is beholden on each and every one of us here today to remember that and to use the power that we have from the office that we hold to work together across the Floor of this House to find a resolution for the thousands of people whose lives have been ruined by this scandal. If we hold to the cross-party spirit that delivered the beginnings of justice in those other campaigns, then we will do so in this case too. The right hon. Gentleman described it as the 15th worst peacetime disaster—like Hillsborough, entirely man-made. To add to that, Lord Winston has described it as ‘the worst treatment disaster in the history of the NHS.’*

*We must resolve today, even if we cannot do it in the time that remains in this Parliament, to make sure that this injustice and this scandal is resolved early in the next Parliament, and that the people who have suffered finally have truth and justice.”*

1334. Burnham referred to future “historians” looking back at the 2010-15 Parliament, and what they may make of it. Well, we may be the affected victims of the CBS, and indeed evidence-providers to the IBI, but in compiling this statement we also lay claim to the title of “historians”. Accordingly, what

we're presenting is not only what we made of it, but what we lived and still endure, some eight years later.

1335. There's little doubt in our mind, that if the Goggins-debate in October 2013 represented the initial step that the CBS-justice campaign took in order to break the post-Archer impasse for good, then the Burt-debate – for it was indeed he who led it – in January 2015 was the first major milestone. In many respects there was no going back. It was clear that there was still a long haul ahead, particularly in terms of securing a public inquiry. **However, the conversation had demonstrably changed. A shift had occurred. We were beyond post-Archer, at last.**

1336. Personally, we were encouraged that our contributory efforts concerning the angle of the CBS being the 14th/15th biggest UK peacetime disaster, or similarly cited variations, seemed to have gained traction both in Parliament and in subsequent press coverage. Indeed in his opening remarks, Mr Burt not only referenced that precise context but also used the Hillsborough comparison, notably referencing Gregory's MP, Mr Rotheram. He stated: "[...] *let me dwell a moment on the scale of this tragedy. One of the most moving speeches heard in this or any other Session of Parliament was when the hon. Member for Liverpool, Walton (Steve Rotheram) read out, unforgettably, the names of the Liverpool 96. He did so to let the world know that behind the tragic statistics that the 96 had become were people with names, lives and hopes. Consider this: for me to do the same would mean that I would be reading out nearly 1,800 names. We will hear some of their stories today, but I ask the House to reflect on the scale of this. In terms of death toll, this is the 15th biggest peacetime disaster in British history in which the black death, at 3.5 million, is the worst. The awful Aberfan, the name of which we all know, is but the 142nd, with 144 lives lost. Contaminated blood has killed 12 times more.*" **It finally felt like breakthrough: the CBS had been properly contextualised and in the Commons no less.**

1337. Naturally, the most moving part of the day for us was to hear Mr Howarth relate William's story within the context of the "three brothers", and Maureen's suffering. It was sobering that it was exactly two months short, to the very day,

of 20 years since his case was first aired at Westminster, on 15 March 1995 – that despicable episode [WITN1944153] when Cumberlege likened the calls for compensation for HCV-haemophiliac victims of the CBS to a “national sport” – and it wasn’t lost on us that Maureen, then 57 had already turned 77. We ask the IBI to just think about that for a moment: the three of us sitting there in 2015 listening to William’s story again being cited in parliament – which ironically was anonymised by default because of our oversight in failing to mention otherwise beforehand – and still feeling every last bruise and rejection of the previous two decades.

1338. Said Mr Howarth: “[...] *once in every generation, a handful of issues arise that I tend to describe as debts of honour.*” He added that he would give two examples from his constituency, which he felt underlined “*the fact that this is a debt of honour that needs to be addressed.*” **It was his second submission that concerned our long push for justice and necessarily laid out both Maureen’s story and that of our united desires about what we believed should happen in the next parliamentary term, especially given that we had just tiresomely embarked on the start of our third decade since William’s death.**

1339. Accordingly, he nobly said, although lessening Maureen’s age by a year: “*My second example comes from a constituent who wishes to remain anonymous. Her husband, who was a haemophiliac, died at the age of 59 after contracting hepatitis A, B and C through contaminated blood administered in the late 1970s and early 1980s. As a result of receiving that contaminated blood, he had developed cirrhosis of the liver, oesophageal varices, ascites, encephalopathy and liver cancer. Understandably, my constituent says, his quality of life deteriorated year by year and month by month until his eventual and sad death.*

*His haemophilia had prevented him from accessing insurance products such as mortgage protection, and the early retirement necessitated by his ill health had decimated his pension, which had left both him and his wife struggling financially. My constituent had close family members who also died as a result of receiving contaminated blood. The family has been hit hard by a terrible scandal. Twenty years after the death of her husband, my constituent is still*

*campaigning for justice.*

*The family has been given no explanation of why the scandal was allowed to happen, and why the medical records went missing at local hospitals and in the NHS. My constituent is now 76 years old, and is herself in ill health. She is looking for answers to a number of questions that are still arising, and she hopes to receive those answers in her lifetime and as soon as possible.*

*The family sent me the following statement, which they asked me to read out: 'My family holds that what has long been needed is for this tragedy, which has already directly claimed the lives of 2,000 haemophiliacs, to be addressed and put into perspective, in terms of its "scale" and in terms of "financial support".' The statement continues: 'We believe that this disaster [...] is finally seen as one event [...] the "UK Contaminated Blood Scandal" [...] the scandal is already Britain and Ireland's 15th biggest peacetime disaster in terms of death toll, since records began, yet very few people know about it [...] the UK Contaminated Blood Scandal claimed the third biggest collective peacetime death toll in the UK in the 20th Century. My family believes that until this tragedy is finally seen in the proper terms of its fatalities, and is recorded as such [...] very few people outside of those whose lives have been obliterated will ever be able to grasp the enormity of [this] scandal.'*

1340. Added Mr Howarth: *"The family make two specific requests. First, they call for the current support groups to be disbanded and a new, comprehensive method of support to be introduced to replace the support schemes that are currently available, which they consider to be confusing and unfit for purpose. Secondly, they call for substantial, regular financial support that will meet the care needs of those affected. I began my speech by saying that this was a debt of honour. I end it by saying that it is a debt of honour that should now be redeemed in full."*

1341. Whilst it was encouraging to hear Ms Ellison say that she recognised *"that improvements must be made to the system that provides financial assistance"* and even that she had *"given considerable thought to that over the past year"*, it was still the case that she was effectively black-balling any chance of an Inquiry, which had been the default Cameron position since he became prime minister in 2010. Indeed, she went insultingly further by feeling the need to

*"remind the House" that the historical circumstances of the CBS "have already been repeatedly examined in a number of different ways, including in court on a number of occasions, and the Department of Health has already published on its website all the relevant documents held for the period up to 1986." That was a measure of how far we still had to go to change attitudes.*

1342. It was heartening in the hours after the debate that Gregory received a message, dated 15 January, from Mr Burt [WITN1944445], underscoring his sheer decency, in which he stated: *"Just to let you know, in case you did not see the debate, that both Mr Howarth and me used some of your material, respecting your privacy by not naming you. Thank you, and I hope today's debate will be helpful."* In response [also WITN1944445], both to Mr Burt and cc-ing Mr Howarth, Gregory replied: *"[...] May I express my thanks to you - and implicitly Mr Howarth for his valued assistance to my mother - for: your replies to me last night and today; your speech in Parliament today; and most of all for your efforts in our broader and ongoing call for justice and truth.*

*I watched the debate today with my widowed mother and older sister. Whilst we naturally found the subject matter acutely distressing, we were heartened very greatly by not only the overall tone of the speeches but also the clearly discernible cross-party willingness to bring about closure for our whole campaign, once and for all.*

*I was humbled to note that you cited the wider perspective of the scale of the contaminated blood scandal which I communicated to you, Mr Howarth and a small group of other MPs, and I wish to extend my specific appreciation on that front. For I note that several news outlets have already picked-up on the accessible media angle which you presented to Parliament (particularly the context of the disaster alongside other well known British disasters, in terms of death toll).*

*I have long felt that one of the key drivers that would have hastened the progress of our campaign over the last 20 years has largely been missing: that of an informed and constant media awareness. Our campaign is a complex issue and it is understandable that many in the media do not have the time to get across the necessary details of it. However, without ever wishing to dumb-down the seriousness of our campaign, there are some readily available*

*media hooks to assist wider understanding and you have helped enormously with one of the biggest ones, namely to crystallise the scale of the contaminated blood disaster by placing it on record.*

*As a side matter, although it may not be necessary for you to ever do so, I am very willing for you (and others) to use my name if it ever assists the fluidity of your communications. I should have made that clear to you yesterday. That was an oversight of mine. By all means, though, do feel free to cite me in future if you feel it helps. But I thank you for the Parliamentary diligence both you and Mr Howarth showed by defaulting to anonymity in the absence of a clear signal from me to the contrary. I thank you again, most gratefully."*

1343. In even further response two days later [also **WITN1944445**], underscoring his sheer decency, Mr Burt, on 17 January wrote: *"Thank you so much for your kind message. It is an honour to speak for you all. I am glad we were both able to use your material - it certainly caught some attention, and in two media interviews I did after the debate the scale of the tragedy was mentioned by the interviewer.*

*I was heartened by the support from colleagues, but also the tone. They are now quite angry, I think, and I am not sure that, whatever the role of the Dept., they feel that lets politicians off the hook. I am optimistic that they will not now let this issue slip away.*

*What I intend to do now is press the Government that, as we know that Penrose will report on March 25th, to be ready for at least an interim response quickly, and if possible bring forward some issues on which they do not need the Report before they make a decision.*

*Secondly I meant what I said about manifesto, and will press parties currently in Parliament to make a commitment to conclude the issue as soon as possible within the next Parliament. Thank you for permission to use your name."*

1344. Whilst we were grateful that people were finally understanding the injustices and the contingent call for financial assistance, we were dismayed at the seeming lack of Governmental drive to undertake a rigorous investigation. Given Maureen's age and health, we even briefly considered whether we should just accept a half-victory. Ultimately, though, we knew that there

simply had to be an Inquiry no matter how long it would take and that we would always push for it, as we provably had since November 1994. Our briefing emails ahead of that debate had purposefully stressed that very thing and were perhaps among the most defining communications that we'd ever sent since our justice campaign commenced. In many ways they were emblematic of the development of our thoughts, our progress, and the unbowed nature of our renewed focus post-Archer, which a few years earlier we could never have imagined we would have the energy for. Somewhere along the line we had gained a second wind.

1345. It was gratifying to not only have heard the MPs that we contacted make good use of the "*peacetime disaster*" angle but also to have received that record of thanks from Burnham's office ahead of the debate. Albeit curious in its way, we took it, and what he subsequently said in the Commons, as tacit recognition that he finally knew of the true scale-order of British disasters and their subsequent injustices and would therefore stop referring to Hillsborough as the "biggest etc.". We stupidly thought we had made a breakthrough with him. What was it that we kept on saying about our naivete?

1346. It was also encouraging to note frequent online media-citations of the CBS as one of the UK's biggest "*peacetime disasters*" [WITN1944446], [WITN1944447] and, although Gregory's initial estimate, that it may have been as high as the 14th/15th biggest tragedy per death-toll was actually an over-statement – although a genuine one at the time – it is now generally regarded as being comfortably within the top-50; the important point, though, was that it was beginning, finally, to be recognised as not just a scandal but an identifiable disaster also – in the same sense that Hillsborough was both – even though it didn't all unfold on just one day and in one place. It is dubiously gratifying to see that over the subsequent years even multi-edited, cyber-platforms like Wikipedia [WITN1944448] (accessed in November 2022) have reached a seeming consensus which, at 2022, recorded the CBS, under the alternative title of the '*Tainted Blood Scandal*' as the UK's joint-39th biggest peacetime disaster, with approximately 3,000 deaths, alongside the



Great Fire of London; for pertinent measure, Hillsborough is now considered the 243rd worst such tragedy.

1347. For the record, and as alluded to, during the years of the Coalition Government, Gregory initially sought to establish a link-up, initially through e-mail, with his constituent MP, Mr Rotheram. He never got a reply of any value, although there was one courtesy phone-call from a constituency assistant which, ultimately, and typically, led nowhere. There was always the gnawing feeling that whilst he rightly recognised the terrible tragedy at Hillsborough he just didn't have the same dedication to exposing the CBS. That said, we know that he had other constituents infected/affected by the blood scandal and indeed mentioned their cases in Parliament. It was unfortunate that a rapport could not be developed but these things happen, Gregory couldn't force him to become a standard-bearer. Eventually he just stopped contacting him, unless he felt it really necessary.

1348. More than a fortnight after the 15 January debate, Gregory unexpectedly received an e-mail [WITN1944449] from Natalie Goodair of Burnham's office which we took as not only a courtesy measure but also another implicit indication that he finally had a grasp, not just on our story, but also the true scope of the CBS in particular relation to Hillsborough. It was again noticeable that he didn't feel that he could contact us directly but we took the message at face-value. She wrote: *"Dear Mr Murphy, Further to your correspondence dated 13th January regarding the backbench debate on Contaminated Blood, please find below a link to the debate which includes Mr Burnham's speech starting at 2pm. I hope this is of interest to you. Best Wishes, Natalie Goodair."*

1349. It was a relief, at least, that we thought that we wouldn't be insulted any longer about his *ad-hoc* references to the scale of Hillsborough. That's all we'd really wanted. It was clear that he didn't want to link-up with us directly and probably regarded Gregory's e-mail of September 2012 as discourteous, which may also have been the reason as to why he could never gain traction with Rotheram; that and possibly that we'd committed a zero-tolerance *faux-pas* by bringing Hillsborough into the conversation. For our part, though, we hadn't forgotten Burnham's, or rather

Larkin's despicable letter of June 2009, for which we'd never received an apology. We were reassured, though, that as of 2015, he seemed finally to be on the front-foot for the CBS and knew the sensitivities that surrounded it. That was enough for us.

1350. All told, we knew what we were facing, then – or thought we did – for the remainder of the year through to the spring-time General Election, and in all reality until September, if we were lucky, more like October, i.e.: waiting. Everything felt like it was on pause for the Penrose Report, nothing could move forward until then. Also, we wondered as to when, or if, we'd finally get an apology from the Prime Minister, indeed which one: Mr Cameron or Mr Miliband? As it transpired it was the former, given by him on the very last day, effectively, of that parliament. Frankly, we couldn't believe what happened, and still can't. Indeed, if there could be such a thing as Parliamentary apology for a Parliamentary apology, we believe we are still due one seven years later. For, what Cameron issued just prior to the proroguing of Parliament was nothing sort of a disgrace dressed up as sincerity.

1351. Given the low-ball political tactic towards the CBS that had **all-too-often seen key business shunted into the sidings on the very last day of Parliament, or immediately prior to recess – as aforementioned, the trend started with Dobson in 1998, then Burnham did similar in 2010** – we really should have expected that both the publication of Penrose and the so-called Cameronian apology would also coincide in the very last knockings of that Coalition Government. That was the low-standing that the CBS always commanded, if that's the right word, in political consciousness. **It was always but an afterthought, as we'd communicated to Mr Burt in January.**

1352. To put things into context, right at the start of Cameron's premiership he issued the UK's official apology for the events of Bloody Sunday in 1972 following the publication of the Savile Report in 2010. He issued 1,808 words **[WITN1944450]** to a silent House and spoke for over 10 minutes. That thread of accountability, which was a hallmark of the 2010-15 Parliament, about which Burnham had spoken in the January CBS debate, then continued in 2012 when Cameron again stood to apologise following the publication of the

HIP report. On that second occasion he delivered 2,025 words [RLIT0001264] and spoke for over 12 minutes [WITN1944452] – stating that “[...] [the] *disaster at the Hillsborough football stadium on 15th April 1989 was one of the greatest peacetime tragedies of the last century [...]*” – and it should be borne in mind that Rotherham then later read out the names of all 96 victims (then) in the House to absolute silence, indeed as Mr Burt had reminded the Commons at the CBS debate the previous January. Thus, very clear precedents were set about such apologies and accompanying statements.

1353. The APPG had called for an apology in its January report and it seemed logical that Cameron, or whomever that responsibility should fall to, would issue something akin to a Bloody Sunday-style, Hillsborough-esque statement. Of course, we understood, objectively, that there was a crucial difference insofar as, disgracefully, even after at least three decades of injustice, there still hadn't been a public inquiry into the CBS, and no official report *per se* had been published – but plenty of quasi-documents had been produced along the way – and certainly no blame had been established. That said, whilst we didn't expect, say, 2,000 words or even a 10-12 minutes-long address, we certainly anticipated a middling solution, perhaps 1,000 or so words, and maybe just five minutes of Cameron's time. It really wasn't much to ask for or expect. In the end we got 77 seconds amid a quite disgraceful setting. It was an absolute indignity and an insult. After all the progress that we thought was made circa 2013-15 at Westminster, it came down to the final hours of that Parliament to remind us, once again, that the CBS was but a political footnote, very much as we'd all but predicted to Mr Burt in January, although we could never have imagined the insult of April.

1354. Issued in the immediate wake of the Penrose Report publication (more later; which had hung over virtually the whole term), Cameron insultingly offered his apology, such that it was, during the final Prime Minister's Questions (PMQs) – not for nothing known in British culture as the weekly Punch and Judy Show – of that Parliamentary session, before an almost raucous House caught in the midst of pre-election cross-bench jousting which, as the video evidence [WITN1944453] shows, right from the start of the clip, was in full flow from the

very start of proceedings. The reality was that the CBS-apology wasn't even the first item, or rather scandalously the first "question" on the order sheet that day. Small mercies that it was as high as the second! The reality was that the Tory MP, Rory Stewart – a true supporter of CBS justice – somewhat nobly, despite the limitations (a loose term) of the Penrose Report, prompted Cameron to respond with his apology-of-sorts. Such is the sadly puerile nature of the weekly choreography of PMQs that his invitation actually drew Opposition-bench laughter, of a non-ambiguous nature, as he pointedly talked about that moment and gesture being "[...] *the last act of his [Cameron's] government [...].*"

1355. The evidence of that hideous moment, from 2 minutes 17 seconds into the clip is utterly damning, yet very few people, if any, have ever seemed to note it. Some MPs audibly needed to be shushed and evidently found pre-election mirth in Stewart's address. Yet three years earlier, Cameron had spoken, singularly, for over 12 minutes and some 2,000 words, regarding Hillsborough – 97 deaths – in the Commons, which sat completely sombre whilst he delivered his statement. Almost five years beforehand, he'd stood, again specifically and in isolation of all other business, for a similar length of time, issuing 1,800 words, concerning Bloody Sunday – 13 deaths – before an equally silent House. Yet the CBS victims, over 2,000 fatalities, were granted just 77 seconds and 277 words squeezed into PMQs, on the very last day of the term, and was second on the list to boot, amidst a "schools' out" parliamentary backdrop that lurched into Muppet Show mode at every chance. It was disgusting.

1356. For eight years now, that insulting moment has stood on the record as the only Parliamentary apology that the victims of the CBS – the infected and affected – have ever received. If it's considered that in terms of death toll the CBS is at least 20 times greater than Hillsborough, and worse again than Bloody Sunday by more than 150 times, then, going by the contexts of the previous apologies for those tragic events, a Prime Minister would need to speak for at least four hours and issue some 40,000 words to be commensurate in respect of an apology for the CBS. In reality, though –

and we absolutely mean this – any future premier prepared to issue a national *mea culpa* should do so in a singular setting, not need to be invited by another member of the House, and issue a proper and considered apology that should be at least 12 minutes and 2,000 words long, minimum. Moreover, we are not being flippant in stating that there really should be an apology for the nature of previous and careless apology of 2015. Cameron should have hung his head in shame that day in March 2015.

1357. Truly, the stark contrast in the mood of the Commons whilst Cameron was issuing his weak apology for the CBS, compared to those that greeted the statements concerning Bloody Sunday and Hillsborough, told us, once again, all we had ever needed to know, and always suspected, regarding the historical attitudes towards the blood scandal. That conviction was only deepened in the immediate weeks after the General Election when it seemed, that all of the political capital gained in 2015 was callously tossed aside.
1358. Really, that awful 77 seconds insult-dressed-as-apology was an inevitable reflection of the CBS' standing in the national consciousness. That's exactly what we'd been trying to correct throughout virtually the whole period of the first Cameron Government, as we'd continued to lobby MPs. We knew there was nothing significant we could achieve ourselves and that it would have to take a monumental shift in attitudes at Westminster if we were to ever realise justice. Of course, we were unendingly grateful for the unstinting efforts of all those parliamentarians who worked unstintingly in the cause of the CBS throughout those pivotal years of the Coalition – the so-called start of the Age of Accountability. For all that, though, it was still the case that the tragedy lacked standing. It was still short on profile. It needed context. It had to be ingrained into the public consciousness. Basically, in order to propel the CBS to levels of public awareness – politicians and media – akin to catastrophes like Bloody Sunday and Hillsborough, **we'd always needed an Andy Burnham figure. Someone to take the issue by the blood-soaked horns and thrust it front-and-centre before the nation. If only we could find one!**

1359. At the risk of contradiction, the **Penrose Report** was at one and the same time an absolute travesty whilst also being yet another historical document of certain value. Like the 2006 **Self-Sufficiency Review**, the 2009 **Archer Report**, the 2011 **Lansley-review** and the 2015 **APPG Inquiry** (although that last, we appreciate, was never intended to be a final-word type document), it was not without merit. Yet it was ultimately pointless. For, whereas the Archer Report had grown its own Achilles Heel due to being self-neutered from the start, the Penrose Report shot-itself-in-the-foot through its inherent aimlessness. It was completely directionless, without any discernible focus. What purpose was it seeking to serve? What was its proper function? In any case, as we've said, we'd long suspected that it would be flawed simply because that investigation was in thrall to Hay. That was our yardstick; any process or individual lacking the wit to penetrate his routine dissembling should be disregarded.

1360. So that was what we'd waited the entire Coalition period for? That was what the Cameron Government had used as the shield to veil its deflections, denials and ultimate delay of justice for five years? Page-after-page of observations essentially leading nowhere? It really didn't surprise us. Nothing about the CBS, by that stage, had the capacity to shock us any further. For over two decades our expectations were always below zero, yet time and again we unfathomably found that we'd actually set them too high.

1361. We could say that the less said about the report the better. Actually, though, that's essentially what the re-elected Government did, and quite sinisterly. For, post the 2015 election, we re-discovered an unerring sense that we'd almost forgotten over the previous 18 years since 1997. Essentially that, with the Conservatives back-in-power – in their own, sole right, no longer in Coalition with the Liberal Democrats – all of the all-too-familiar laziness and Tory chicanery that we'd experienced in the first three years of our campaigning, in the dying embers of the long, 18-years Thatcher/Major administration – which effectively aided and abetted the occurrence of the CBS – came surging back. **If the long years of the de-humanising New Labour fraud had proved to be frankly sinister, and not a little unnerving, the return of the Conservatives, un-restrained, reminded us of the inherent carelessness**

that ran through its Governmental attitudes like a default (for no finer examples consider the body language exhibited at the IBI by Clarke, and later Major's mumbling about "*bad luck*"). We thought back to 2009, when Cameron was still in opposition and those desperately-willing-to-serve communications that he sent through Ms Moreno-Perez and reflected that ultimately he was always long on false-promises and short on substance.

1362. How was it possible, in the immediate wake of Penrose – the fifth significant CBS report in nine years – that it was still immediately, screamingly evident that CBS-justice was still as far away as ever? Like with Archer, the biggest indictment of the Scottish report was that the IBI was called two years later, not that we could even remotely envisage that then.
1363. During that shambles of a parliamentary apology for the CBS on 25 March, Cameron made vague reference to £25m being set aside for the transitioning of the chaotic funding mechanisms that had developed over the decades into, presumably, a more streamlined method. He'd also promised that a statement would be made about that and, presumably, Penrose, if that was even possible – how could you comment on something so ultimately vacuous that it essentially left no scope for comment? – in due course. So yet more waiting. Just six days after the State Opening of Parliament, at the latest Punch and Judy PMQs on 3 June, he then said [WITN1944454] that there would be "*a full statement by the Government before the summer recess to make sure that we deal with this issue in the best way we possibly can.*" So yet more waiting. **The situation was beyond intolerability and starting to border on suppression.**
1364. We'd had enough of keeping our dignity and courtesy – and waiting, and waiting. We were like a dog hit in the face with a stick too many times until it finally snapped back. Accordingly, on 12 June, we sent a joint e-mail [WITN1944455] – signed by Maureen, Anne and Gregory as a united trio – to both Cameron and the acting Opposition Leader, Harriet Harman (to whom we'd first written some two decades earlier, we hadn't forgotten) pulling absolutely no punches about the insults that continued to pour down on the

infected and affected victims of the CBS from Westminster. **We'd just had enough of 21 years, at least, of political fakery and posturing. Admittedly, civility was in short supply, but we'd stopped caring about decorum, protocol, etiquette, manners etc..**

1365. Additionally, we cc-d that same e-mail to 86 other MPs whom we'd identified as either: *"[...] members of the (post 2015 Election) APPG on Haemophilia and Contaminated Blood; or have ever attended any parliamentary debate concerning the scandal of the Contaminated Blood Scandal (CBS); or are known to be sympathetic to the ongoing campaign for justice and truth regarding the aforementioned (many of whom our family have had correspondence with concerning the plight of thousands of haemophiliacs like William Murphy, our dearly remembered husband and father, who perished in 1994, aged 59, from liver cancer and cirrhosis as a direct result of being infected with Hepatitis A, B and C [at least] consequent to receiving contaminated imported NHS blood products in the 1970s and 80s)."*
1366. Accordingly, those co-addressed were: Nigel Adams, Ian Austin, Richard Bacon, Harriet Baldwin, Guto Bebb, Tom Blenkinsop Peter Bottomley Fiona Bruce, Andrew Burnham, Alastair Burt, Alun Cairns, Alastair Carmichael Nick Clegg, Geoffrey Cox, Jim Cunningham, Wayne David, David TC Davies, David Davis, Stephen Doughty, Flick Drummond, Mark Durkan, Jonathan Edwards, Angela Eagle, Maria Eagle, Jane Ellison, Chris Evans, Graham Evans, Frank Field, Baroness Finlay, Huw Irranca Davies, Caroline Dinenage, Richard Fuller, Mark Garnier, Nusrat Ghani, Mary Glindon, Roger Godsiff, Zac Goldsmith, Nia Griffith, Ben Gummer, Stephen Hammond ,Simon Hart, Oliver Heald, Kevin Hollinrake, Kelvin Hopkins, George Howarth, Sir Gerald Howarth Nick Hurd, Diana Johnson, David Jones, Mike Kane, Sir Gerald Kaufman, Barbara Keeley, Seema Kennedy, Sir Edward Leigh, Julian Lewis, Caroline Lucas, Kerry McCarthy, Jason McCartney, Conor McGinn, Liz McInnes, Anne Main, Gordon Marsden, Mark Menzies, Amanda Milling, Madeleine Moon, Jessica Morden, Grahame Morris, Sarah Newton, Albert Owen, Mark Pritchard, Yasmin Qureshi, Jonathan Reynolds, Geoffrey Robinson, Steve Rotheram, Andy Slaughter, Chloe Smith, Owen Smith, Iain Stewart, Mark



Tami, Maggie Throup, Tom Watson, Craig Williams, Peter Wishart and Nadhim Zahawi.

1367. Absolutely incandescent with fury – and presciently broaching the subjects of an Inquiry and what came to be known, in 2022 through the IBI, as the “interim payments” measure regarding advanced financial assistance should a public inquiry into the CBS ever be called – we wrote (emphases in original):

*“THIS STATEMENT TAKES ONLY 10 MINUTES TO READ;*

*FOR INFORMATION ONLY;*

*NO REPLY REQUIRED;*

*NO ACKNOWLEDGMENT REQUIRED;*

*A NATIONAL MATTER - THEREBY NO PROTOCOL CONCERNING NON-CONSTITUENT CORRESPONDENCE IS PRESUMED -*

*MURPHY FAMILY (LIVERPOOL) STATEMENT*

*Firstly, in the wake of the depressingly inadequate release of the Penrose Inquiry, we offer three observations which we trust will sufficiently underscore why we – and so many like us in the UK haemophiliac community – feel as justifiably aggrieved, cynical and untrusting as we do about the extent of the establishment’s true will to see justice and truth delivered for those who have suffered for so long.*

*The Penrose Inquiry - around which our calls for justice and truth have necessarily and frustratingly had to soft-pedal these last six years, as we waited patiently, though more in hope than expectation, has now been proven to be (as we both feared and always suspected) a dead letter immediately upon publication.*

*To say that its release felt like a body-blow is an understatement. There is so much that we could say about its ‘findings’ - we use that term loosely - but it perhaps suffices to simply denounce one key assertion, namely that very few things could have been done differently in order to have averted the disaster that has befallen the UK haemophilia community across four decades.*

*That proclamation alone has set-back our campaign - and its wider public understanding and perception, not least within the UK media - many years, if*

not decades. The categorical claim that very few things could have been done differently is but one step removed from the trite establishment response that we had to struggle against for many years in the early stages of our fight for truth and justice, specifically the lazy and oft-cited claim that: 'They (haemophiliacs) received the best medical treatment available at the time.'

It took many years for us to overcome that gross misrepresentation of the scandal that wreaked havoc across the UK haemophiliac community.

Very determinedly, however, we overcame and overturned that considerable insult to deep injury. Now, quite despairingly, we feel that we have to do it all over again in order to appraise the public - and especially the media - that the Penrose Inquiry declaration that very few things could have been done differently is about as far removed from the truth of the matter as it is possible to get. To apply a different perspective to that blithe conclusion: if it really was the case that very few things could have been done differently, then why did so many Department of Health documents (e.g. all of my late father's key period medical records) either 'go missing', or were later subject to severe, redaction or were generally withheld over so many decades? We could say more, much more, but it is hard to stay in control of emotions.

Secondly, regarding the Prime Minister's apology of sorts on the last day of the last parliament, we would seek to put this into a clearer context, too. When Mr Cameron stood before the Commons in September 2012 to make a statement regarding the Hillsborough Disaster, he did so for over 12 minutes, with a singular purpose and agenda, and before a House that was already stone silent and continued to be long after he had spoken. Similar gravitas was applied to his statement and apology - stretching to almost 2,000 words - regarding the matter of Bloody Sunday. However, regarding the CBS - the 15th biggest peace time disaster in UK history - and the 'worst treatment disaster in the history of the NHS' (Lord Winston), he not only sandwiched his 'apology' within the irreverence of Prime Minister's Questions, but was on his feet regarding the matter for just 1 minute and 18 seconds, the very last portion of which entailed his extension (rightly) of good wishes to Lord Penrose who is suffering illness.

Unlike the Hillsborough and Bloody Sunday episodes, when the House remained stunned into silence and respect for a long while after, the

*seriousness of the matter of the CBS was drowned within seconds as the weekly cross bench 'Punch and Judy politics' resumed full and unseemly flow. I would urge all members to review the footage of the immediate minutes after the matter of the CBS was addressed in the House during the very last PMQs of the last parliament and consider whether it was honourable and appropriate.*

*The very fact that the CBS was granted no more than 1 minute 18 seconds within the weekly pantomimic proceedings of PMQs says everything about how little the seriousness of the tragedy that befell thousands of haemophiliacs has ever been, and still is, held. It says everything about the true strength of the desire within parliament to find the full truth and justice about this scandal. And the passing lip-service it merited in the House that day merely matches the cursory nature of the both the tone and release of the Penrose Inquiry - the wait for which stymied our whole campaign for an entire parliamentary cycle - coming as it did (and as widely predicted by so many who have become so cynical in our community over the years) as nought but a final footnote in the lifetime of the last government.*

*On that last day of term, the Commons blithely moved on, within seconds even, to pre-occupy itself with the immature jousting of PMQs. Taking its cue from the irreverence of the Commons - implicitly signalling that nothing of major import had just occurred - it was noticeable that a non-plussed media, that in truth has always struggled to comprehend the true scale and severity of the contaminated blood scandal, also swiftly moved on, within the hour, to the more pressing national matter of Jeremy Clarkson's employment.*

*While we thank those members who have served the APPG in recent years, and those who have either joined or re-joined the newly formed group, we trust that you will now understand why we - and those like us - are as jaded and guarded as we are about the true extent of the desire to find truth and justice in our campaign.*

*While we also understand the reluctance that many members have towards seeking to apportion accountability for the scandal, we believe - and with some justification - that the constant 'no blame' motif that has permeated through episodes like the Archer and Penrose Inquiries, and has been a familiar refrain from the back benches whenever the matter has been debated*

*in the Commons, is one of the biggest flaws in the apparent desire to see justice done. That no blame or accountability ever seems to be attached to the scandal naturally lessens the perception of the seriousness of the issue in the public's and the media's mind.*

*In turn, the 'no blame' approach at a stroke eliminates political pressure to see justice done. In further turn, this then begets the derisory and insultingly complex payment procedures which the haemophiliac community has been forced to endure for decades.*

*Many of those members or officials addressed here will recall that they were contacted on the eve of the Commons debate in January 2015 with the details of our our family's - admittedly very homespun, but very easily conducted for accuracy - research asserting that the CBS is the 15th worst peace time disaster in the UK. We offered this easy 'media line' to certain members of the House specifically so that it would help to gain some traction with the press, broadcasters and the public, particularly by drawing explicit comparisons with the Hillsborough and Bloody Sunday tragedies which are completely dwarfed by the scale of the CBS. We thank those members who used that telling media hook in their speeches.*

*That crystallised context met with some limited media success but ultimately it is still hard to ingrain the seriousness of the CBS within the public consciousness whilst a 'no blame' attitude prevails across all and any discussions about the tragedy.*

*The disadvantage of the ongoing search for the truth behind the CBS is that it has not been assisted by a baying football crowd demanding answers about a terrible stadium disaster, nor by the considerable weight of sensitive and sectarian community politics that insisted on discovering the truth about an armed street massacre. Indeed, there is no political capital to be made from ever discovering the truth about the CBS. Moreover, the 'no blame' approach also ensures that no reputations are at stake. All of these factors, put together, foster an underlying complacency towards one of the UK's biggest disasters and scandals - when the very opposite should be the case - and ultimately hinders our campaign.*

*For much of the duration of the 2005-2010 parliament our campaign was asked to be patient whilst the outcomes of the Archer Report were processed*

*(indeed our family were the very first witnesses to give evidence at that inquiry on morning one, day one - but mysteriously our evidence never made it into the final report). Then, for the entirety of the 2010-2015 parliament our campaign was again asked to be patient whilst we awaited the outcome of the Penrose Inquiry (which was delayed, delayed, and delayed again - and then appeared in the final hours of the parliament saying nothing at all, in effect; if you were surprised by both the timing and the content of the publication then you really shouldn't have been).*

*We now note, in the very first weeks of this new parliament (having lost many of our supportive MPs in the election), that the requests for patience are again starting to rise (e.g. we await yet another statement from the Prime Minister, this time to be prior to the summer recess...perhaps to come on the very last day again?).*

*If you believe that that what we have highlighted above - which barely scratches the surface of the family injury we have experienced since the mid-1970s - is acceptable, then there is little more we can add. If, however, you think the constant calls for patience simply rub a stinging irony into the insults to injury that we, and those like us, have endured year-on-year for decades, then we would urge you to press for truth and justice every day of this parliament. Please, do not let days turn into weeks, and weeks turn into months, and months turn into years, and one parliamentary cycle to turn into yet another one.*

*Finally, regarding our call for a full and proper public inquiry into the causes of the 15th biggest peacetime disaster in UK history (why would the State not even think of holding one given its scale?), we reject in advance any suggestion that may arise of a prevailing false dichotomy: perhaps along the lines that calls for compensation will only be hindered and delayed by the time-factor in any calling for a full inquiry – and that our choice must therefore be either one or the other.*

*Whilst we can appreciate that it would be unorthodox to issue adequate compensation ahead of any public inquiry, that is, in effect, what we are calling for and it is what would only be right. For it is not our fault that parliament has dragged its feet on this matter for decades.*

*There is both a need for a public inquiry and a need for urgent proper*

*compensation. That the former would inevitably swallow much time (which would be welcome because it would finally signal the importance being attached to the matter) and that the latter is a matter of urgency is not in dispute. However, we are where we are.*

*Therefore, it is for parliamentarians to somehow square this odd circle. After all that we have suffered and endured over the decades, we simply cannot have it held against us that any calls for a full and public inquiry will in turn delay just compensation and that we must face a stark either/or choice. Parliament must resolve both matters. That it will inevitably have to do so in a back-to-front manner will be merely reflective of what should have been achieved so many years - indeed decades - ago."*

1368. It was just typical that five weeks later, the long-promised statement from the Government was issued, but only in writing – and actually shunted into the Lords for announcement – which effectively announced that nothing would happen in the short-term, and so then inevitably became the subject of yet another Commons debate the following week [ **RLIT0001576** ]. It was at least encouraging that such debates had by then become a staple of Parliamentary life – that was the paradigm-shift that Mr Goggins had effected since 2013; for it was no longer considered unnecessary, or an oddity to debate the subject of "Contaminated Blood" at Westminster – and also galvanising to see that Ms Johnson, one of the signatories of the APPG Report that year, called-out the new-old Government's disgraceful tactic for what it truly was: "**Shabby**."

1369. It was also heartening to see Burnham, recently re-appointed as Shadow Health Secretary (albeit temporarily) following his signal contribution to the debate led by Mr Burt the previous January, issue yet another strong commentary on the appalling state of affairs, and remarking on the Government's announcement that further key documents about the CBS would be disclosed in due course. Forcefully, he stated: "*I welcome the fact that the Government have committed to releasing additional documents, but does the Minister accept that alongside that release we need a process to help families understand those documents and finally to get to the full truth of what went wrong? Will he commit, at the very least, to a panel on the Hillsborough model, or to a public inquiry, to provide a full commentary on the*

extent to which disclosure on this matter would add to public understanding of the scandal?" **We genuinely thought he was then about to take the CBS campaign into a higher gear. We keep mentioning our naivete.**

1370. That said, it was frustrating to hear that he was apparently satisfied by the atrocious excuse for an apology issued by Cameron three months earlier, saying: *"This scandal is one of the worst injustices this country has seen. Thousands died, and thousands of families were destroyed through the negligence of public bodies. For years, the response from Governments of all colours to the victims could be described at best as grudging, and at worst as dismissive, and it falls to this Parliament to resolve today to end this injustice once and for all. The Prime Minister's apology in March marked an important moment on the journey for justice, and we welcomed his commitment to respond to the Penrose report 'as a matter of priority.'* We do not doubt the sincerity of that commitment, but does the Minister understand the disappointment that people felt when instead of the promised full statement, a written statement was released at 2 pm on a Friday afternoon, which failed to answer the key questions?"

1371. As much as we were irked by his characterisation of Cameron's apology as *"an important moment on the journey for justice"* – **it was anything but, it was a rank insult which only served to re-emphasise the lowly status of the CBS in the national consciousness; it was a crumb brushed from the edge of the Westminster table** – we looked on his intervention as the type of diplomatic language that a then prospective candidate for the Labour leadership, for the second time, thought best to employ in direct debate with the Government. If so, then we didn't see it that way. In fact, to us it felt very Archer-ish, almost paving the way for honeyed words from the Government. Particularly as it then elicited the following, highly predictable, we would say lamentable, immediate reply from the Health Minister, Mr Ben Gummer: *"I thank the right hon. Gentleman for his measured words. He is right to say that it falls to this Parliament to come to a reasonable and fair conclusion. He is also right to point to the Prime Minister's apology. I know from my own experience of talking to victims that that was a very important moment for many."* Not for us it wasn't. Our expectations have always been low-to-zero.

1372. As the record shows, the rest of 2015 and indeed the earliest parts of 2016 continued exactly as expected and anticipated with justice delayed, deflected, deferred and denied. That whole cycle repeated and repeated. We needed a headline-creating standard-bearer. A political pugilist. A smart and savvy Westminster operator of note to turbo-charge the APPG's sterling work. We knew one, of course, but for whatever reason, as the months then rolled by, he seemed to have somewhat retreated, at least verbally, from the CBS fray, say from mid-2015 onwards. What we hadn't realised, was that, as far as we can tell anyway – just at the point when we were starting to really believe in Burnham, and that he was finally about to catapult the CBS into the national conversation in the way that he had for Hillsborough – we actually wouldn't meaningfully hear from him again for almost two years, and indeed not until his very last hours as an MP. Moreover, not only was he about to retreat again, he would soon, and with Rotherham in tow, verbally kick-us-in-the-teeth once more, and we would finally realise his true colours and confirm that our instincts, as first formed in the shutter-pulling, Larkin-lettered summer of 2009, were correct all along.

1373. Inevitably, as summer 2015 faded we had no choice to accept that we would mark the 21st anniversary of William's death that September still without justice and, in all likelihood, would endure a 22nd New Year's Eve status-check of our campaigning with all three of our original aims unfulfilled; and the potential fourth – GRO-D – reduced to naught but a folly that we once stupidly considered even possible. All that we had to look forward to, apparently, was a "consultation", as flagged by Mr Gummer. Effectively, we were waiting for an announcement, about the likely date of an another announcement, about when the next talking-exercise would begin, and how long it would take to deliver even the merest hint of justice. Whatever lay beyond the long-grass, we were kicked into it once again.

1374. We once dared to hope that we would see justice before Maureen turned 60. Then we set our sights on achieving that before the 10th anniversary of William's death. We truly dreaded that becoming a 20th one whilst still having to campaign. We then hated that Maureen turned 70 in 2008 and yet we were still having to fight. But then we reached the relative wastelands of 2015/16



and several things dawned on us. **Firstly, we just couldn't contemplate the thought of still not having justice by either the time that Maureen turned 80, in 2018, or marking the 25th anniversary of William's death due in September 2019. Yet, effectively, in continuing to call for a public inquiry, we realised that, if one were granted, and if it was ever to be worthwhile, then, even if it was to start some time in 2016, it would surely stretch to or beyond the sombre milestones of Maureen's 80th birthday and William's 25th anniversary.**

1375. Accordingly, we stupidly – for what felt like the hundredth time since 1994 – re-adjusted our hopes and instead regarded those looming twin-dates, of February 2018 and September 2019, as possible end-points to aim for. We wanted justice to be delivered by the latter, at least. As such, there was literally no margin error. **We needed an inquiry to be called no later than 31 December 2015, and effectively begin on 1 January, 2016 if we were to even stand a micro-chance of avoiding the double-dreads of the calendar that already hung over us.** Yet, our long-honed instincts were already suggesting that, as well as consigning 2015 to history, the reality was that 2016 would be frittered away also. For, the Government “consultation” hadn't even begun, and we realised that it would then surely be swallowed by the Parliamentary timetable that we'd been so jaded by for almost 22 years and so likely reach into 2017. **We'd seen it all before, of course, starting with the Dobson deceit that stretched from May 1997 to summer 1998. Nothing was new to us.**

1376. Then, in January 2016, Cameron suddenly announced the Brexit vote for that June and we knew, just knew, that the chances of securing CBS-justice any time before October, at least – i.e. after the ballot, and the summer and the conference season – had been effectively tossed into the English Channel. **Once again, we didn't need to be political clairvoyants: it was already implicitly baked-into the political system that, barring the type of political miracle for which we'd prayed since 1994, justice surely still wouldn't be served by the time that Maureen was due to turn 80 in 2018, and likely not even by the time of William's 25th anniversary in 2019. We could see months, years even, just draining away. Indeed, a nascent,**

nagging thought was already developing, that, purely to be pragmatic, we might even have to re-adjust our expectations yet again to instead hope that justice would maybe come before she turned 85 in GRO-C 2023 – if still alive, of course – or certainly William's 30th anniversary in September 2024 just prior to his notional 90th birthday. Naturally, we knew not to get our hopes too high.

1377. We could list the chapter-and-verse of the political developments, as far as they pertained to the CBS throughout 2016 but, largely, it would be simpler to just refer to 1995, 1996, 1997...*et seq.*...or see 2013, 2014 and 2015. Debate, discuss, delay, defer, repeat and continue. We were duly "consulted" of course. Yet it was madness. We'd already received a Parliamentary apology – **or what seemingly all of Westminster thought passed for one and not just Cameron by any stretch** – however they were still asking us what should be done. Wasn't it obvious? To again misquote the APPG report of 2015: it was the worst form of modern day political cognitive dissonance. **How did they not know what to do to deliver justice for a cohort that they'd already apparently apologised to? What, exactly, had they apologised for, then?**
1378. By the time that it got to Question 4 of the so-called consultation – "*Would you prefer five separate schemes (as now) or one scheme?*" – Maureen was done. She'd had enough. **If they really, really wanted answers then, in the absence of a public inquiry she was prepared to provide them, with both barrels, and over 2,000 words of attack. Roughly about as long as Cameron's Bloody Sunday/Hillsborough apologies but about 11 times longer than that he'd issued for the CBS.**
1379. She wrote WITN1944457, with fury designed to be instantly detectable: "[...] *It is simply impossible to answer. Those in receipt of the derogatory treatment meted out to them over four decades are at a manifold information disadvantage. Firstly, they have seen how unfit-for-purpose the so-called 'schemes' have been. Naturally, this fosters a view point that they should be scrapped.*  
*Secondly, though, and counter-intuitively — especially given the appalling*

attitude shown by the Government in the first few months alone of 2016 (leaving aside that demonstrated over several decades) i.e. just when we thought that things couldn't get worse or the lack of respect couldn't possibly sink any lower, it did! — there is also a 'better the devil you know' scenario.

For there is a fear that uprooting the appalling existing systems might produce an even worse situation. For the bitter lessons learned over the decades have told us that nothing can ever be ruled out where the Department of Health is concerned, no matter how heartless; such is the contempt in which you have repeatedly shown you hold our campaign.

There is not a single person in the whole community affected by the Contaminated Blood Scandal who has even 0.1pc confidence in the Department under whatever stripe of Government. Clearly, this has been the result of a systemic disdain towards our campaign that is deep-rooted in the attitudes of senior Civil Servants.

The changing face of the elected politicians who come into contact with our campaign merely fall in line, impotently, with the prevailing Department diktat. For on either side of the Commons, for decades, they have repeatedly accepted the prevailing narrative honed so skilfully and assiduously by the Department, namely that 'there is no need for blame or liability to be apportioned'; this in turn has removed the heat and pressure — 'no heads will roll' — for elected members to do the right thing because 'it is not a contentious debate'; in turn this has starved our campaign of media oxygen because there is no case to answer and no reputations on the line, such that very few people in the general populace are aware of the scale of this scandal (with deaths numbered by the thousand) despite it dwarfing episodes like Hillsborough and Bloody Sunday (where the respective death tolls were both below three figures) which have rightly had the calls for justice accepted and understood. Therefore we reach the impasse situation where one of the nation's biggest ever disasters is not subject to official enquiry.

Apart from it being reprehensible it's also completely illogical that a so-called modern State hasn't — and steadfastly refuses to — undertake a full enquiry as to why thousands of its own citizens died. Yet no elected members push for this. This political inertia then enables the Department to kick the can along the decades. With dark comedy, it then gives rise to an inevitably farcical

scenario in the Commons last winter where a Labour member (Gerald Kaufman) rightly calls the Government and the Department to account for its recent 'shambles'. However, he was immediately batted back from the opposite side of the House by the Under-Secretary of Health (Jane Ellison) who reminded him that the Labour Government that he had been a member of did nothing 'for 13 years'. Incredible!

The fact that we have now reached an improbable situation where one member of the House on one side is blithely unaware of the own goal he is scoring, whilst a member on the other side has no compunction in shamefully exploiting the situation is the direct result of the Department's entrenchment and intransigence over the decades. We are caught in the middle of this indignity and no one seems to care.

Given, then, that we know exactly what the Establishment's tactics and attitudes are towards us, why would you ever think we would be able to envisage you delivering a more workable, dignified, beneficial and appropriate scheme set-up?

Thirdly, how can we possibly answer the question when we simply have no idea of what resources the Department would have (n.b. the fact that we have to talk about lesser 'Departmental resources' and not broader 'Treasury resources' is a perfect case in point to demonstrate how the Westminster system is determined to squeeze our campaign at every point)? Apparently, the Department (to whom we have to beg) hasn't a spare penny (unlike the Treasury which has no problem finding funds for other matters). Hopefully, therefore, you will understand why we simply can't answer the question."

1380. She was equally cutting in response to Question 5 – "Do you have views on how the individual assessments should be undertaken?" – to which she answered: "Apart from the obvious answers of swiftly, generously, with dignity and without any prejudice or division, then I refer you back to the answer given to Question 4."

1381. By inference, we suspect that Question 6 – under the heading "Lump Sums" – followed by "Should the reformed scheme include a lump sum payment of £20k when an infected individual joins the scheme?" – may have offered a multiple choice sketch (we haven't bothered to check back; there are research

limits even for this statement). In the space for additional comments, she responded: *"Here's how it's possible – as a result of the desultory treatment you have hit us with over the decades – to be able to tick all three boxes. Firstly, we could say 'yes, of course there should be a lump sum of £20k for new scheme joiners'; after all £20k is £20k. Secondly, we could say 'no – the payment should be so many more multiples than a cursory £20k.' Thirdly, given the way the Department has behaved over the decades, we could equally say 'don't know/unsure' because we simply don't trust that you wouldn't create caveats, clauses and conditions aplenty. See our answer to Question 4 as to why."*

1382. Regarding Question 7 – *"Should the reformed scheme maintain the difference between those with HIV and hepatitis C by retaining the lump sum payment of £50k for progression to cirrhosis in relation to hepatitis C?"* – she again declined to answer but instead used the additional comments box to explain as to why. She wrote: *"This question is so loaded with Departmental landmines that in itself it is de facto proof that even in this questionnaire the bureaucratic system is up to its old tricks (and let's be clear, it isn't a 'consultation' at all, it's a derisory exercise in 'communication [I use the word loosely] formalities' and its status is no greater than a questionnaire). I have ticked 'don't know/unsure' rather ironically; because I actually do 'know' i.e. not to trust you, and I am 'sure' that every single word that emanates from the Department of Health is a loaded trap designed to trip us up at a later point. See our answer to Question 4 as to why."*

1383. Regarding Question 8 – *"Should the scheme offer the newly bereaved one final year of payment, or continued access to discretionary support, or the choice between these two options?"* – she again provided comments only stating: *"You will note that I haven't ticked any box. As to why, I would first refer you to my answer to Question 7 which in turn refers you back to my answer to Question 4."*

1384. She did similarly for Question 9 – *"Should the scheme offer those already bereaved a final lump sum or continued access to discretionary support, or the choice between these two options?"* – blasting them with: *"The Department's*

*trickery in false dichotomies is nauseating. The very fact that there isn't a further option - i.e. 'both' - tells me that the insulting substance behind your decisions has already been made. Choose 'poverty A' or 'poverty B', basically. Again, I provide no answer because I can't, I won't and I daren't. As to why, I would refer you back to my answer to Question 8, which refers you back to my answer to Question 7, which refers you back to my answer to Question 4."*

1385. Question 10 – *"Should providing access to treatment for those with hepatitis C be part of the reformed scheme?"* – would have been a question too far had another three not followed. Did a Martian with no known experience of human needs frame that query? She wrote: *"It's barely believable that this question is being asked. Unless we're missing something – and with the Department you can never rule anything in or out – then why would it ever occur to you to think that access to treatment to care for a disease that people have contracted as a direct result of State negligence and greed should be considered as a negotiable? If you're still at a loss as to why we are so guarded and cynical about the Department's true intentions towards us, then the fact that you even thought it appropriate to ask this question suffices to underscore the necessity of our position."* It was staggering, yet it was the UK Government in 2016.
1386. For both Questions 11 and 12 – *"If you are a beneficiary of the current scheme, infected with hepatitis C would you be interested in being considered for access to treatment under the scheme?"* and *"Should discretionary payments be available for travel and accommodation relating to ill health?"* – she referred them back to her cutting answer to Question 10.
1387. Regarding the final catch-all (probably quite literally) Question 13 – under the heading *"Impact"*, followed by *"Are you aware of any evidence that would show our policy proposals would negatively impact any particular groups of individuals?"* – her answer was fomented by 22 years of pain, grief and injustice. She wrote: *"Where on earth to start? We'll start with the figure of £250,000. Without working out interest on inflation rates, that is the flat amount of money that my household has been deprived of since my late Haemophilia A husband was forced to retire from work through ill-health in 1991 aged 57."*

*Bear with us (for once please do that; the Parliamentary Under-Secretary of State for Public Health assured the House of Commons on Tuesday, April 12, 2016 that every word of these responses will be read), for we will tie this in with the 'policy proposals' that you refer to in this consultation.*

*Following his retirement, I was also forced to retire, aged 52, on twin grounds of ill-health (stress-related matters directly related to my husband's chronic and terminal illness) and the need to care for him in what turned out to be the last three years of his life.*

*When he died, aged 59, in September 1994 in the Royal Liverpool University Hospital (though you'd have to go a long way to find his pertinent medical records because most of them, like those of hundreds of other haemophilia patients, magically disappeared) his death litany was as follows:*

- a burst liver tumour;*
- as a result of liver cancer;*
- which was brought on by the effects of cirrhosis of the liver;*
- which was the result of having Hepatitis C (which also manifested itself in bouts of: encephalopathy; oesophageal varices and spontaneous oral bleeding; psoriasis; aescites; and digestive chaos to name but a few of the related complexities);*
- which was contracted as a result of being treated with NHS administered blood products that were known by the Department of Health to be multi-contaminated with diseases;*
- the hepatic mal-effects of which were exacerbated by also having contracted Hepatitis B as a result of being treated with NHS administered blood products that were known by the Department of Health to be multi-contaminated with diseases;*
- because the UK Government in its neglect decided in the 1970s that this would be the best treatment for haemophilia patients to receive through the NHS*

*As a result of both his and my retirement the household lost two incomes: my husband's for the last eight years of his working life; and mine, also for the last eight years of my working life.*

*In addition to that deficit, both of our pensions were decimated.*

*As well as that, our savings – what meagre pots we had – were depleted*

*because we had to continue paying our mortgage because we had no protection policies simply because these were denied to people suffering from chronic conditions like haemophilia. Similarly, we had no recourse to life insurance policies for exactly the same reasons.*

*You should hardly need to be reminded that as a result of my husband's death, my household has been deprived of his full state pension which would have started in November 1999; so monies covering 15 years, 5 months and 1 week at the time of writing.*

*Such have been the financial constraints I have to endure for the 21 years, seven months and two weeks since my husband's death, that I was forced to re-mortgage my home simply in order to pay for necessary maintenance and repairs.*

*All told, leaving the matter of expenditure aside for the moment, the income that my household has been deprived of since 1991 and continuing amounts to circa £250,000. When you add necessary expenditure to the amount, it produces a figure nearer £300,000. However, when I finally did receive 'assistance' from the Government in respect of the scandalous treatment that my husband suffered at the hands of the State, after 16 years of receiving nothing, my deficit was alleviated somewhat by both a lump sum and material assistance from the Caxton Foundation.*

*This leaves a deficit of some £210,000 in real terms over the whole period since my husband and I were forced to retire.*

*Remember, even if you were to 'compensate' me to the tune of £210,000 (just imagine for a crazy minute that the Government had enough morals to use Treasury funds to at least try to right this heinous wrong) then that wouldn't even be 'compensation' per se. For that amount would only represent monies that my household has been deprived of and bring the figure back to a notional zero. Only if I were to be offered, for ease of argument, one penny more than £210,000 would that represent a true 'compensation' payment in respect of the bereavement and grief that I have suffered (I had to pay for my husband's funeral costs!) and the total impact that his illness, death, and decades of Government injustice have had on my life between the ages of 55 when I was widowed and the age I am now, turned 78.*

*Yet, under the 'policy' that the Department is now suggesting, not only would I*



*not receive any additional monies – whether that be a parity 'compensation' payment, or a true 'compensation' payment in recognition of a shattered life – but the meagre amounts that I have been receiving from the Caxton Foundation are about to be withdrawn.*

*You are suggesting that I am now to receive nothing. That my annual household income is lessened even further. In the 22nd year of my widowhood.*

*And you have the brassneck to ask whether I am 'aware of any evidence that would show our policy proposals would negatively impact any particular groups of individuals?'*

1388. Concluding, Maureen referenced *"the impoverishment that the State has forced me to endure for a crime that it committed."* She added: *"There is no limit to the amount of words that I could use to describe the repugnant attitude shown by the Department in even daring to make the query that it has embedded into Question 13 of this shambolic so-called questionnaire."*

1389. Her final answer betrayed the fact that, at that specific point, we were completely unsure of what lay ahead financially for Maureen and that it was possible that she could actually emerge from the *"consultation"* in a worse financial state than she entered it. The indications given by the Department of Health were so ambiguous that we couldn't rule anything in or out.

1390. We were encouraged that our constituency MPs, Mr Howarth and Rotherham, attended the 12 April debate in the Commons, called by Ms Johnson, *"Contaminated Blood - Department of Health Consultation"*. It was disheartening, though, to note that Burnham didn't seem to attend, he certainly didn't contribute. However, at that stage, we were not necessarily perturbed, because we were still under the misapprehension that he could potentially still be the one Parliamentarian, above all others, to thrust the CBS into the national consciousness in a way it never had been.

1391. Accordingly, at that precise stage we were still hopeful, certainly based on his contributions in 2015, and his implicit messages back to us through his constituency staff, that he could elevate the blood scandal to the level of public awareness that had prevailed concerning Hillsborough since circa

2009, certainly 2012. For, we again remembered, in the aforementioned Commons debate of January 2015, that he had referred to the 2010 to 2015 Parliament being *"remembered for some extraordinary work to right historical wrong—on Bloody Sunday, on Hillsborough, on child abuse."* We put a lot of renewed faith in him, despite the events of 2009 and 2012, for making that very statement. He had also said, though, that not enough *"progress"* was made *"on perhaps the greatest injustice of them all: the loss and ruination of many thousands of lives through the use of contaminated blood."* **We stupidly took him at his word that it was what he truly believed.**

1392. Arguably, we could have been churlish in early 2015 – we still had enough justification – and perhaps written to him stating that, frankly, he himself hadn't *"made enough progress"*. However, not only did we realise that would have been counter-productive but also we were, in truth, more pleased – in fact elated, however perversely – that he'd finally put the CBS into its proper context, scale and on-the-record. **The penny had dropped, it seemed.**
1393. As such, we were still in that head-space on 15 April, 2016 – ironically the 17th anniversary of the Hillsborough disaster – when Gregory, out of courtesy, wrote [WITN1944458] to Rotherham, and copied-in Burnham, to thank him for attending Ms Johnson's debate. He also submitted, in good faith, the totality of his consultation response to the Department – essentially the same as Maureen's save for amended pronouns – for their information (although he incorrectly stated that Burnham was then the Shadow Health Secretary; he became Shadow Home Secretary the previous year).
1394. Our hope was that immediately thereafter, certainly before summer 2016, we could make some specific headway with Burnham and – forgetting the events of 2009 and 2012 as by-gones – collaborate to propel the CBS onto a higher plane of awareness, given the precedent he'd set for Hillsborough. It was about as misplaced a hope as we'd ever had. **For, within a week we were devastated by both him and Rotherham again. Regarding Burnham, we were three-times bitten and only had ourselves to blame. For, as the common saying goes: fool me once it's your fault, fool me twice it's mine.**

1395. For the record, Gregory wrote: "Dear Mr Rotherham, (cc Mr Burnham),  
*Firstly, as your constituent, may I thank you for attending the Commons debate in respect of the above on Tuesday, April 12th, 2016.*  
*Secondly, purely for your further information regarding the sheer scale of this disaster – the biggest post-war catastrophe in this country, and the 14th biggest peacetime disaster in the entire history of the United Kingdom – I enclose some detail which you may find instructive. As you know, I have written to you many times before (and before that to Mr Kilfoyle) in respect of the death of my father, in 1994, who was one of the 2,400 haemophiliacs who have so far died as a result of being infected with Hepatitis C – and then contracting cirrhosis of the liver and liver cancer – as a result of being infected with known contaminated NHS blood products in the late 1970s and early 1980s).*  
*I enclose my pertinent responses to the Department of Health's so-called consultation exercise which concludes today. I also take the opportunity to CC into this message the Shadow Secretary of State for Health [sic], Rt Hon. Andrew Burnham (whom I have also contacted several times about this matter) whom I know you have close connections with personally and professionally; if his office inevitably bars this message on terms of non-constituent protocol, then I hope I can trust that you will appraise him of its contents. As an aside, you will see that within my responses to the Department, I contextually cite the Hillsborough Disaster, as I have many times. It is not lost on me, as a native of this city, that today was the cut-off date given by the Department of Health for the contaminated blood consultation. Our fight for justice – let me remind you that my father was the victim of manslaughter at the hands of the British State which you represent – continues."*

1396. **The courteousness of the above missive remains plainly evident, and the fact that it was sent, at that precise point in time, indicates the renewed hope that we still had in Messrs Burnham and Rotherham, even as late as spring 2016 and despite everything that had gone before. It was then noticeable that, aside from auto-responses, 11 days passed, we believe, without acknowledgement from either. We only cautiously stand to be**

corrected on that matter – although we're confident in what we state – because we know that our archives are not complete. Accordingly, there was a gnawing feeling that even though we were prepared to consign the 2009 and 2012 episodes to history, they weren't.

1397. **Neither man had ever responded directly, even when Gregory did receive a reply from their constituency staff – in contrast with a slew of other politicians, as underscored variously throughout the pertinent parts of this second statement to the IBI – and there was just a sense that they had assumed the moral high-ground. There was also a feeling that the biggest transgression was to have dared to invoke the Hillsborough disaster within any dispatches about the CBS, as though some sort of *verboden* line on inappropriateness was crossed. Whatever the truth, the dual silence was deafening. And ominous.**
1398. Of course, we knew that the verdicts in the Hillsborough inquests were imminent, certainly more sooner than later. Accordingly, again based on nothing more than well-honed instinct, Gregory knew to be on-guard should either Messrs Burnham or Rotheram return to their past verbal carelessness and cite the Sheffield disaster in media dispatches as "*the biggest miscarriage etc*". It was an utterly crucial time for the CBS in April 2016 and we really needed the public to understand its true scale. The last thing we needed was anything said publicly, however indirectly, to diminish that, particularly by those held in high public esteem who should long since have known better.
1399. **By April 26 – the day that the verdicts were announced – the continuing silence from Burnham and Rotheram in non-response to Gregory, 11 days and counting, spoke volumes.** Inevitably, the former was immediately on every news channel and justifiably so. It hurt, though, that, as far as we could tell, he'd said nothing about the CBS for 10 months. It cut deeply to hear him talk about the vile injustices that the Hillsborough families and all those who campaigned for justice had endured, whilst knowing of the pain he'd caused us, most especially in 2009 but certainly also in 2012. **There was one solace, though, insofar as he correctly, on Sky News, described the Sheffield tragedy only as "one of" the UK's biggest miscarriages of**

justice in recent times. At least our efforts since 2012 were worthwhile on that score. Or so we thought.

1400. Given the silence of the previous 11 days – not to mention everything prior – Gregory felt compelled to write to him [WITN1944459], just to remind him of his responsibilities towards the less headline-grabbing issue of the CBS. **It was obvious that there was no longer anything to be gained from trying to forge a relationship with Burnham** and, although he was very entitled – more than – to feel a sense of accomplishment at the Hillsborough verdicts, for it was a process that could be directly traced to his appearance at Anfield seven years earlier, we still needed him to feel the CBS stone-in-his-shoe.

1401. Gregory wrote, with detectable detachment: *"Dear Shadow Home Secretary (copied also to my constituency MP), I've just heard you on Sky News quite rightly commenting about the Hillsborough Disaster. You said: 'As I sat there listening to the verdicts, so simple, so clear, so powerful, the thought in my head was how on earth did it take 27 years to get to this? The right verdict. At long last. Justice for the 96, for their families...for Liverpool supporters. They can finally put that hurt behind them, the blame that was thrown around.' [...]* Maybe one [day] you will say: *'As I sat there listening to the verdicts, so simple, so clear, so powerful, the thought in my head was how on earth has it taken at least 35 years to get to this? The right verdict. Justice for 2,400 dead and rising, for all among the 4,800 infected, for their families and for all affected by the Contaminated Blood Scandal. They can finally put that hurt behind them, the lies that were thrown around and the cover-up that was put in place. [...]*

*Yours sincerely, Gregory Murphy, aged 49*

*- son of a now deceased, for 22 years, Hepatitis B and Hepatitis C positive, manslaughtered haemophiliac, whose fatal disease combination – which produced cirrhosis of the liver, aescites, oesophageal varices, encephalopathy, psoriasis, leg ulcers and liver cancer – was the direct result of being contaminated with knowingly infected NHS blood products approved for use by the UK State, and so producing a disaster that was the 14th biggest in UK peacetime history that has so far resulted in the deaths of 2400 people from among a cohort of 4,800 infected and has never been subject to an*

*official judicial enquiry, despite over 30 years of campaigning. JFT96, JFT2400, JFT4800."*

1402. Although he was no longer concerned about whether he was considered discourteous or not, Gregory forestalled any such criticism by adding a post-script saying: *"If you find my campaigning attitude somewhat blunt, let me say that I take the unswervingly defiant - in all circumstances and when dealing with all personalities - stance of those like Margaret Aspinall and Anne Williams as my example. They fought for their sons. I will fight to my last breath for my father and my bereaved mother."* Burnham and Rotheram would have known the reference to those two bereaved Hillsborough mothers. Perhaps they even concluded that his tone was actually still far short of the no-holds-barred, though always dignified, truth-to-power approach that, far too long, served Aspinall and Williams well.
1403. When Gregory sent that e-mail at 14.42 on 26 April, he had no idea what the *Liverpool Echo* would publish later that day. **We were horrified and furious. We'd been ignored and insulted yet again. We were completely floored by Burnham's crass insensitivity towards the CBS – particularly after everything we'd sent him over the years even including earlier that month – in the report [WITN1944460] covering the Hillsborough verdicts. For, he was yet again quoted saying: *"This has been the greatest miscarriage of justice of our times. But, finally, it is over. After 27 long years, this is real justice for the 96, their families and all Liverpool supporters."***
1404. We just couldn't believe it. Moreover, we could only conclude that he meant it and had either completely forgotten about the CBS and all of our pleas to him – even just ELEVEN days earlier – or he was purposefully ignoring our sensitivities knowing exactly how painful his words would be. We'll leave him to decide which is the worst scenario. We don't believe there's a third explanation. Incredibly, though, the context then got even worse.
1405. Gregory immediately e-mailed [WITN1944461] Burnham, Rotheram, who was also quoted, and the journalist in question, Paddy Shennan, to ask whether the attribution was accurate. He wrote: *"[Requiring reply] Dear Shadow Home*

Secretary, (copied also to my MP; and the journalist cited below);

I wrote to you earlier today, in connection with an interview I saw you give today on Sky News, in the immediate wake of the Hillsborough Inquest verdicts, in which you correctly referred to the Hillsborough Disaster as 'one of' the UK's biggest miscarriages of justice in recent times.

However, I now note from the Liverpool Echo website (copy published today) that the journalist, Paddy Shennan, is quoting you categorically as stating [...]: 'This [Hillsborough] has been the greatest miscarriage of justice of our times.' Did you say this? Perhaps in another interview today? Link: [...]

I have tried to contact Mr Shennan to gain clarification but it is impossible to make a connection with the Liverpool Echo newsroom today (understandable). Therefore I copy him into the contents of this mail.

That said, and as you will appreciate, I will not let even an hour rest in calling for a correction (if you have been quoted in error), or a retraction/clarification, if you have been quoted correctly. For that would be appalling. It is not a small detail or an irrelevant nuance.

We are at least 35 years into the campaign for justice and truth for those slaughtered and infected in the Contaminated Blood Scandal and for their bereaved relatives. Our fight must go on. A tiresome part of that, but one which we will never shirk, includes correcting details such as that attributed to you in today's Liverpool Echo in order to inform public awareness of a scandal and cover-up (e.g. where did my father's medical records disappear to?, to cite but one part of the cover-up) that very few people are aware of the scale of, which is a compound scandal in itself. It has been difficult enough since the mid-1980s to get people to understand the sheer scale of the disaster that was/is the Contaminated Blood Scandal which has decimated my life since 1981, when I was just 11, when my father was effectively given a death sentence at the hands of the British State which you serve. It is now 22 years since his death in 1994, yet I, along with thousands of other families – starved of sustained public awareness of this scandal – am still no closer to achieving justice for my late father and bereaved mother. But like the Hillsborough families - whom we have actually been fighting for justice much longer than - we will never stop.

As I am sure that you well know, especially given your knowledge of the

*Contaminated Blood Scandal (also the debates you have attended in Parliament about the matter, and your presence on the APPG) it simply cannot be stated that the Hillsborough Disaster is the greatest miscarriage of justice of our times. You can never say this. It is but one of them.*

*If you have now said that it is - after all that you have learned about the Contaminated Blood Scandal - then you will know what an insult that is to the memory of those 2,400 haemophiliacs and others so far slaughtered at the hands of the British State (a figure that could eventually rise to some 4,800) and to the families of those bereaved.*

*As you know, I never ask for a reply from you whenever I episodically contact you (although I always leave that up to you). As you also know from previous correspondence, I monitor your public words very carefully. Today's instance is a perfect case in point as to why I do.*

*However, on this occasion - and certainly in light of an email I sent to you in September 2012 when I asked you to cease referring to Hillsborough categorically as the UK's biggest, or worst, miscarriage of justice/cover-up (or any such turn of phrase in that regard) - I would respectfully ask you to clarify the matter.*

*Accordingly, you will note that I have also copied my MP, Mr Rotheram, into this email in order to ensure this.*

*I trust you treat this matter seriously. I await your response,*

*Yours sincerely,*

*Gregory Murphy, aged 49 - son of a now deceased, for 22 years, Hepatitis B and Hepatitis C positive, manslaughtered haemophiliac, whose fatal disease combination - which produced cirrhosis of the liver, aescites, oesophageal varices, encephalopathy, psoriasis, leg ulcers and liver cancer - was the direct result of being unwittingly contaminated after being treated with known (by the UK state) infected NHS blood products, so producing a disaster that was the 14th biggest in UK peacetime history that has so far resulted in the deaths of 2,400 people from among a cohort of 4,800 infected with either HCV, HBV, HIV or a combination - and yet has scandalously never been subject to an official judicial enquiry, despite over 35 years of campaigning. JFT96, JFT2400, JFT4800*

*<http://www.taintedblood.info/index.php>"*



1406. Typically, Burnham's only reply was his usual out-of-office, auto-generated e-mail, always ironically citing *inter alia* Parliamentary protocol about non-constituent communications. Yet a year earlier, after our submissions to him ahead of the "Contaminated Blood" debate in the Commons – in which we reminded him of our 2012 e-mail to him first asking him to desist from calling Hillsborough "*the biggest etc.*" – Ms Menzies, had thanked us for our contribution and we later heard from Ms Goodair. Question, and bearing in mind his evidence to the IBI in July 2022, if his defence is that he didn't see our e-mail of 26 April, 2016: did he never have the foresight, after his apparent eye-opening meeting with Mr Goggins in 2010, which he recalled with some emotion we noted, to instruct his staff to expressly let him see any and all communications relating to the CBS personally from then on? A politician absolutely committed to achieving justice on a very specific issue would surely have done so. No?

1407. Just as typically, Gregory received no response from Rotheram, however that was almost irrelevant. The only contact we received was from Mr Shennan who responsibly and professionally directed us towards the original source, as adverted to earlier in this statement, namely the *Labour List* article [WITN1944431] of 26 April, 2016, headlined, with astonishing tone-deafness: "**Hillsborough: Andy Burnham and Steve Rotheram on the 'greatest miscarriage of justice of our times'**"

1408. Accordingly, Gregory submitted yet another e-mail [WITN1944462], to the above named trio, on 28 April, stating:

*"Dear Shadow Home Secretary, (again copied to my MP; and the journalist cited below in my original message of April 26th below);*

*I have now spoken to Mr Shennan at the Liverpool Echo. He confirmed to me that he quoted you correctly and moreover directed me to the source material [...]*

*It is simply staggering that four years after I specifically requested that you stop referring to Hillsborough as the 'biggest miscarriage of justice etc.' (in the aftermath of the release of the HIP Report) that the sheer enormity of the Contaminated Blood Scandal still has not concentrated your mind enough to make you choose your words with extra care and sensitivity. The fact that you*

are a former Health Secretary, a former Shadow Health Secretary, and that you are a currently serving Shadow Home Secretary simply makes the insult even worse.

Lest you think me insensitive this week in raising this subject so soon after the Hillsborough Inquest verdicts, let me stress that I did so because I knew that there was a risk that the line would be liberally issued (e.g. by Trevor Hicks, by Joe Anderson, by Michael Mansfield QC, by the journalist Brian Reade etc.) and I wanted to ensure that you at least would stop using it. But to learn from Mr Shennan that the material he quoted you from was a written press source (i.e. giving you plenty of time for forethought) is dreadful.

As per the contents of my original e-mail below, I now specifically request that my MP, Mr Rotherham, presses you for a retraction and a correction. This is an important matter [sic].

You simply have no idea of the easily avoidable distress you have caused this week for so many who have suffered for almost four decades through the Contaminated Blood Scandal.

All you had to do was refer to Hillsborough as 'one of' the biggest miscarriages of justice and all would have been well. Four years ago I asked you to bear that in mind always.

I require a reply from either yourself or Mr Rotherham [sic]. I await your response [...]."

We didn't get a reply from either.

1409. If we'd ever retained any doubt about Burnham's true attitude towards the CBS, then that 2016 episode completely put the lid on things. Did he never consider how he was directly undermining us every time he categorised Hillsborough so insensitively? We were trying to convey that the CBS was a tragedy of enormous proportions. He was repeatedly creating headlines stating that there was none bigger than in Sheffield in 1989.

1410. It was then all Gregory could do to even ban Burnham's name from being uttered in his household thereafter, and indeed within earshot in social circles, which wasn't easy considering that both are Evertonians, with a committed sense of achieving justice for the Hillsborough victims (as indeed is the default across the Everton fanbase despite the local

sporting rivalry), and furthermore that both had friends, relatives and acquaintances still affected terribly by the events in Sheffield. Burnham's wasn't an easy name to escape in dispatches. Nevertheless, even the TV or radio would be switched off the moment he appeared. He'd finally joined Hay, Reid, and Archer as subjects just too painful to afford house-space to: the Four Horsemen of Our Devastation. We'd like the Inquiry to consider how such a self-protecting psychological hack was ever deemed necessary. We very much doubt that the living trio from the above quartet would ever be able to appreciate that. Walk just a week along our near 50-years path and they would soon gain insight.

1411. As said, we knew that the Brexit ballot would cause political instability and that it wouldn't be until after summer 2016 before Westminster stabilised (we were naïve even on that). Accordingly, following the resignation of Cameron and Teresa May's arrival as prime minister, the fifth in our 22 campaigning years – and the sixth overall, including Thatcher, to whom we had written concerning the CBS – Gregory resolved to not waste a second in contacting her about the injustices then continuing for over three decades.
1412. Consequently, he prepared an e-mail that was ready send, awaiting just one-click. He watched the live TV coverage of her arrival to meet Her Majesty at Buckingham Palace and simply waited for the moment, some 20 minutes later, when she re-appeared back into the camera view, within the courtyard, to be driven back to Downing Street. Literally, the very micro-second that she re-emerged – so signalling, at 5.42pm on 13 July, that she was formally and indisputably the new prime minister – he pressed send and transmitted his message through the official (field format) e-mail channel (we therefore do not have a record) limited to 1,000 characters (which Gregory used every single one of), thus **making it one of the very earliest, if not the absolute first, that Mrs May received in her new role.** The following was theoretically already awaiting her at Downing Street: *"Dear Mrs May, Congratulations on becoming Prime Minister 60 seconds ago. You are the sixth premier, since 1988, whom I have asked: Will you approve a judicial inquest into the deaths of 2,400 haemophiliacs (since the 1980s; e.g. my father in 1994), and others, as a result of being*

*infected by viruses such as HIV and Hepatitis C following treatment with knowingly contaminated NHS blood products?*

*Disclosed Department of Health documents (that weren't 'accidentally shredded') prove this was an entirely avoidable scandal. It was the biggest treatment disaster in NHS history and the 14th worst peace time tragedy (by fatality) in British history. This denial of a legal inquest is arguably the biggest miscarriage and withholding of justice in British history.*

*Some 2,400 citizens (a figure which may eventually exceed 4,000) died at the hands of the UK State. Why no inquest? Especially if, as we're told, there was no cover-up? Is it not serious enough? I refer you to [www.taintedblood.info](http://www.taintedblood.info) "*

1413. Truly, we'd had our fill of the whole 22-years-long scandal-within-a-scandal. We weren't about to give Mrs May even one second of a political honeymoon. We needed her, or at least her office, to know that the CBS was an in-tray subject on day one, since hour one.

1414. We'd waited since April for a reply from Burnham, or indeed Rotheram. **None came.** We then waited five weeks for a response from Mrs May. When it finally came [WITN1944463], it may as well have been dated 1994, not 2016, for all the dubious progress since. It was absolute proof of the need to never concede an inch in the battle for CBS-justice – or accept that any other known, modern-British disaster or miscarriage of justice was even one iota bigger, or greater, or deeper, or worse.

1415. Her proxy reply was a disgrace – **also a tissue of lies** – and it was screamingly evident that the tragedy that befell William, and the hurt that Maureen still had to contend with, still wasn't recognised for what it was: one of the United Kingdom's greatest ever shames. **May had instantly joined the long-list of those with political blood-on-their-hands, at least: Heath, Wilson, Callaghan, Thatcher, Major, Blair, Brown, Cameron, every UK Health secretary that served their Governments, and every health minister who either researched for, or wrote any materials that contributed to the catalogue of falsehoods that kept the injustices of the CBS haemorrhaging down the decades. It was just one e-mail but she was as bad as all the rest.**

1416. Unfathomably, this was sent in her name on 19 August:

*"Our ref: PMDE-1046782*

*Dear Mr Murphy,*

*Thank you for your correspondence of 13 July to Theresa May about infected blood. As the matters you raise concern health, your correspondence has been passed to this department and I have been asked to reply.*

*I was sorry to read that your father was infected through NHS-supplied blood and understand your concerns.*

*Ministers recognise that there is still a desire by many campaigners for a public inquiry in England. However, given the breadth of Lord Penrose's report and the fact that the report sets the events in Scotland in the wider UK context at that time, the Department of Health's view remains that there is no need for a public inquiry in England.*

*Ministers believe that another inquiry would not be in the best interests of those infected and their families as it would be costly and could further delay the implementation of the scheme reforms and the disbursement of the extra funding provided by the Government.*

*In the UK, action was taken as soon as possible to introduce testing and safety measures for blood and blood products as they became available. The introduction of heat treated products in 1985 was a key factor in the safety of the UK's blood supply, and the establishment of ex-gratia schemes in the UK was in recognition of the special and unfortunate position of those who were inadvertently infected.*

*I am sorry I cannot be more helpful.*

*Yours sincerely, Joanne Miles*

*Ministerial Correspondence and Public Enquiries Department of Health"*

1417. At least we had a reply. **Which is more than could be said about Burnham and Rotheram.** It was so final, so blunt, so false and insincere that it was actually Reidian. It was clear that the robots were back at Richmond House. Had they ever really gone away?

1418. We were just two weeks shy of the 22nd anniversary of William's death when that Yorkshire cricket-bat of an e-mail arrived. What were we meant to do, then? Keep fighting? How? Who would help, anyway? Literally nobody of

headline significance would, as far we could see. Of course the APPG had done a sterling job – between, say, 2013 and 2015 – in certainly elevating the CBS to a higher prominence in Westminster than had ever previously been the case. Ultimately, though, had it really got us anywhere? **Especially given that May was as bad as everyone preceding her?**

1419. Rather than nominally waiting until the new year for our annual stock-take of campaign progress – what progress? – indeed, it was due to be the 23rd such time we'd been forced to undertake that sombre exercise, we knew we already had to conduct a serious self-examination in autumn 2016, lest the three of us become ill. For, the warning signs were flashing for years. Yes, the long post-Archer impasse was thankfully consigned to the history books, largely thanks to Mr Goggins, circa 2013, ushering-in a new era of debate. The APPG had carried his baton forward courageously for some three years. **But we had to face the obvious truths. We were no further on.**

1420. We were never going to get a Hillsborough-justice moment, a Bloody Sunday-type vindication. We were never going to be spearheaded by a Burnham or whomever. **The CBS just didn't rank.** Even when it did make a dent in the media, the first three minutes of, say, an allotted TV or radio news-package, were always consumed by the need to remind viewers or listeners about exactly what had happened simply because it didn't possess the shorthand description of other tragedies or scandals. Plus, if we're being honest, there was an aversion to carrying news stories about blood, blood donations, infections, contaminations, HIV and HCV. It wasn't a media blackout by any stretch but there was always a reluctance to cover it.

1421. Furthermore, one of our original campaign aims was to secure financial assistance for Maureen, to get her through her late 50s, or 60s or 70s. In autumn 2016 she was just 16 months shy of 80 and in vastly reduced health and frankly unable to enjoy the independence that she once wanted, having been widowed at 56. Of course she needed security but the matter of compensation *per se* – whatever the philosophy of such a nebulous concept – was almost moot. **Wasn't that what the Department of Health had always**

banked on? The attrition finally forcing us to realise that the fight was futile and that the legendary “powers-that-be” had prevailed?

1422. Similarly so regarding a public inquiry. **We just didn’t want a “Hillsborough style” one (it was a dreadful term – if you really thought about it – that was too often bandied, naturally by Burnham, as a constant media reminder of his carefully-honed, social-hero status) or any other quasi-solution. We wanted a statutory, public inquiry.** Thousands had died. Thousands of others had their lives wrecked. It was almost certainly caused by the recklessness of the UK state. **Why wouldn’t there be one?**

1423. Yet, for an inquiry to be worthwhile, and not actually cause more pain by being a rush-job, a tick-box exercise, it would surely need to last at least five years, if not more. It was debatable whether Maureen even had another half-decade, certainly of quality, anyway. Frankly, we weren’t even sure whether we had the endurance for such a surely draining process. For, we knew that, even if it started immediately in late 2016 – and given May’s obvious intransigence that **it was as likely as either Burnham replying to an e-mail, or Hay ever giving a straight answer to anything** – it would surely have to last until, say, late 2021, likely early 2022. Maureen would possibly, hopefully, be 84 by then; also Anne would have turned 60, and Gregory would be in his late 50s. Like with our push to secure financial assistance for Maureen, we began to realise that perhaps it was becoming chronologically counter-productive to keep pushing for a public inquiry (but certainly nothing less; we simply couldn’t conceive of enduring another Archer debacle; it should either be the full state provision or nothing at all).

1424. **We also knew that the chances of ever calling Hay to account were about as likely as finding blame for the CBS within the Archer Report, or GMC officials finally admitting after 11 years that they’d got their investigation wrong in 2004.** So that was a third campaign aim of ours that was frankly pointless to still harbour hopes of achieving. Finally, also, there was the never-really-explored option of GRO-D What chance was there of success on that score without a public inquiry having first established culpability? In any case, if a fantasy-inquiry would swallow the

years to, say, 2021 or even 2022 (at least),

GRO-D

GRO-D

Maureen would be 90.

Theoretically.

1425. **May's repugnant response, right-off-her-bat, proved to be the final bomb that exploded beneath us, so forcing us, finally, into an existential crisis of considering not only whether it was pragmatically worthwhile continuing to fight, but also whether we had wasted so much of our lives.** We didn't know which caused the most pain: the fire of continued rejection or the frying-pan of burnt regrets at having wasted so many years in a futile fight leading to nothing other than our own anguish. There's literally no point in trying to describe the despair of new year 2017. Suitable words haven't yet been invented. **May had killed us.**

1426. We knew that we had a final decision to make. That's easier said than done, though. You need to be in that position to appreciate how hard it is to know that, whatever conclusion you reach, it will only bring pain. The only slight hopes that we had on entering 2017 were both of a financial nature, one of which, though, we regarded as beyond remote. The first concerned the long-awaited outcome of the Government consultation, whereas the second was connected to the aforementioned and so-called

GRO-D

GRO-D

1427. Regarding the former, it was confirmed, late in 2016 – subsequent to the Government's report on the consultation process – that Maureen at least stood to gain a £10,000 lump sum, although no more help, as far as we could ascertain anyway, from discretionary assistance like the Caxton Foundation. Ironically, that latter aspect didn't tremendously bother her by then, given that she'd already decided to stop applying because it was too demeaning. In any case, it felt like the lump-sum was a final full-stop by the Government, especially when **aligned with May's defiance about an inquiry.**

1428. If Maureen were to receive £10,000 then that would take the overall figure she'd ever been granted to £85,000

GRO-D

GRO-D

It represented just £3,700 per



annum over the approx. 23 years of her widowhood, some £308 per month – and still barely covered her losses (and she still had a £20,000 mortgage to pay from her estate). However, she at least had a degree of security as she approached what, thankfully and eventually, proved to be her 80th birthday in 2018. Again, by absolute default, near-80-year-olds don't live lives as full as they would have in their late 50s, 60s or even early 70s, and therefore don't spend as much. It was heartbreaking to realise, then – not that there was much chance of it – that even were she ever to be properly “compensated” *per se*, aged 79 or 80 – **the irony is that she's still waiting at almost 85 – then such assistance would already be too late for her to benefit from meaningfully.**

1429

GRO-D

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GRO-D

GRO-D

The contextual parameters surrounding the CBS were seemingly perma-set: **the tragedy, in public perception, was way-south of Bloody Sunday, Hillsborough, and a whole host of other injustices; then, even within the internal perspective, so-called HCV-widows were on the lowest ranks of those considered worthy of assistance. She was in the bottom division, and at the foot of it.**

1431.

GRO-D

1432.

GRO-D

GRO-D

Such, of course, was always the un-explored fourth element of our original campaigning, right back to November 1994 when Maureen **GRO-D** – and it was incredible to realise that the lonely bus journey she took that day was 22 years earlier.

GRO-D

GRO-D

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GRO-D

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That's what comes, though, of years of being Bottomleyed, Dorrelled, Milburned, Reided beyond belief, and then Hewitted, Johnsoned, Burnhamed and finally Hunted and Mayed to within an inch of an insanity so pure and perspicacious that we probably couldn't have been more lucid had we tried. To think we'd also dealt with Hay, the GMC and Archer along the way. We admired GRO-D chutzpah, however we could only really root for her in the way you do for someone diving into a pool of sharks wearing a swim-suit made of sea-food. The Department itself was a sulphurous pit of mendacity but surely its GRO-D

GRO-D

1438.

GRO-D

GRO-D

1439.

GRO-D

GRO-D

**We were in a silent crisis.** We just didn't know how to turn or whether we even could. We can now see that it was actually something of a calm – though unwanted – before the storm that would unexpectedly well-up that spring. We had no idea what awaited. Also, there was another half-thought idea that we were only just contemplating, before we were eventually over-taken by events. We recall thinking that perhaps we might push on but only as far as the end of 2019. Our sketchy thinking was that, if we didn't have justice by then, we'd simply have to finally cut-our-already-huge-losses and not incur anymore anguish for the rest of our lives.

1440. **Our multi-layered, but nevertheless foggy, rationale was that September 2019 would mark a quarter-century since William's death. If we didn't have justice by then, it would be screamingly obvious that we never would.** Sometimes you just have to face horror head-on. Also, Maureen would indeed have, hopefully, turned 80 by then – in fact she'd be more headed towards 82. Moreover, there was just something about reaching William's anniversary in 2019, just three months before yet another new decade – our third since we'd started campaigning – that made reluctant sense to call things a day. Or rather 25 years.

1441. We just felt as though decisions were being made for us as to the wisdom of continuing to campaign: signals from the CBS universe, if you will. Out of three, arguably four, original campaign aims it seemed that we were only ever

destined to score a half-victory at most, probably more like a quarter. In any case, we still didn't really know, in early 2017, as to whether our forced inactivity was because we'd already finished campaigning but just hadn't realised or admitted it for certain, or whether it was the type of lacuna we'd experienced a few times since 1994, perhaps a necessary re-charging of batteries. **Would we continue? We didn't really know.**

1442. We think, then, that our campaigning, such that it was then, was headed to the borderlands of 2020 but then no further. But then the long-tentacles of the CBS ensnared us once again. For, before we'd even made any concrete decisions, we went from a campaigning dead-zone to a near twilight-zone – and it was Burnham, of all people, who dragged us back in the most un-predictable way imaginable. It would be. To be sure, we'd stopped being surprised a long time previously by the twists-and-turns of the CBS but nevertheless he – perhaps only similar to Hay and Reid – still had the ability to shock. In fact we were astounded.

1443. A garbled text message that Gregory received from an acquaintance on 23 April was something to the effect of: "Andy Burnham is going to report the Government to the police about the haemophilia scandal." What on earth? In the immediate moment there was a temptation to just ignore it. It sounded like yet another Burnham twist in our lives. To be ignored. There were only so many wardrobes we could climb through the back of where he was concerned. Yet, astonishingly, it was pretty much true. He was going to use his very last day as an MP to blow wide-open, in Westminster, the whole CBS [WITN1944466]. It seemed that he was about to do the very thing we'd asked of him five years earlier, or more pointedly eight. On his final day. Again, what?

1444. Duly, his speech in the Commons that week [ RLIT0001578 ] was incredible. Possibly the defining moment of the entire CBS-justice campaign going back decades, not just our own focused push for justice. And yet, it stung so deeply because we knew that he could have acted like that on two previous occasions and saved us five or even eight years of anguish.

Accordingly, what we say here may sound churlish, it may seem like the height, or even depth, of ingratitude; but we say it anyway.

1445. For, we hold that he chose the CBS, arguably even used it, effectively in his final hour as an MP – after 16 years, and significantly two failed attempts to become Labour leader – as the very last cause he decided to grandstand on, only for a very specific reason and at a precise moment in time. Simply to gain politically beneficial headlines before leaving national office to then stand, successfully, for an external political position. Consider the intro to the above cited article on “*Rochdale Online*” on 23 April: “*Andy Burnham, a former health secretary and Labour candidate for the Mayor of Greater Manchester has evidence that medical records may have been altered. He will use an adjournment debate in The House of Commons on Tuesday to issue an ultimatum to all party leaders: 'Make a manifesto pledge to launch a Hillsborough-style inquiry into the contaminated blood scandal or I will refer evidence of wrong-doing to the Police and ask them to undertake a comprehensive investigation.'*”

1446. He may, on the surface, have been campaigning for CBS-justice but he was also electioneering and signally sounding a dog-whistle about his Hillsborough achievements. To anyone who suggests we are being discourteous or unduly disparaging there, then, firstly, we're past caring; and secondly they likely don't know the art-of-political campaigning; and thirdly ask the following questions. Why did he only choose to take that action in April 2017, and not several years earlier, and moreover do so whilst he was in the midst of an election campaign for a political position of national significance? Why did he choose to grandstand like that, so late in his career as an MP – and therefore nearly powerless – when, frankly, we thought he would have been far more pre-occupied by that stage in his need to campaign to be elected for a major mayoralty? Why did he even choose to pre-advertise in the media what he intended to do, and let it be known over a weekend, indeed whilst in the midst of electioneering? Why did he only call for a “Hillsborough-style” inquiry – which was so identifiably BrandBurnham, anyway – and not a statutory public inquiry? The questions are entirely rhetorical. For as *Rochdale*

*Online* described him at that precise point in time, he was no longer really the MP for Leigh but rather: "[...] **a former health secretary and Labour candidate for the Mayor of Greater Manchester [...]**"

1447. How can we say such a thing given that he might very well have been the one to move May into a position of checkmate and given no choice but to hold a public inquiry which was announced just two months later after the General Election that she injudiciously chose to call? For we know from her own correspondence to us, just 11 months earlier, that she had absolutely no intention of doing so; **she gets no credit from us for finally doing the right thing, even if only after a year; for single years matter when you're 78, 79, nearly 80, as Maureen was.** Something must have changed in order for her to have turned. It was very probably, almost certainly, Burnham that caused it. It was the definition of bitter-sweetness. It was the archetypal moment of not knowing whether to cheer or cry.

1448. He finally fulminated on the national stage about the CBS, on the official record in Parliament, in the way that we had begged him to in 2012. Inevitably, a slew of positive headlines followed for him – and indeed us, it must be acknowledged – right in the midst of his campaign to become Mayor of Greater Manchester. It was a sublime performance, as was his carefully executed, and largely unchallenged presentation of near total un-impeachability before the IBI in July 2022. He knows how to command a stage alright.

1449. Like we said earlier, Burnham understands the power of opportunity. As we watched him vent in the Commons in his very final minutes as an MP in 2017, it was almost as if he was again standing before the Liverpool crowd in 2009 when he was effectively heckled into committing himself to the Hillsborough campaign, which he agreed to very readily.

1450. Despite how welcome the headlines were for the CBS in late April 2017 on the back of his belated tub-thumping, we felt that it was again so typically opportunistic. On the one hand, he was finally underscoring the injustices of the CBS, but on the other, he had chosen to only at a time of personal

convenience and considerable political advantage. Not only was it all too redolent of Dobson's last day deflection (albeit before summer recess) in 1998, and Cameron's pitiful final-minute apology in 2015, but it almost exactly matched Burnham's own, last-ditch, just-in-time breathlessness of 2010.

1451. Back then he'd advanced – in theory – the Skipton review, knowing that he'd be leaving his office at the Department of Health and that it would be left to somebody else to put the hard yards in but that he could claim the credit. It was the same in 2017. He knew, for an absolute certainty, that he'd be leaving parliament altogether within just days, and that it would fall to other parties to bring an inquiry home (a "Hillsborough-style" one, he hoped), yet once again he'd calibrated things just so perfectly – it's political brilliance, to be fair – for him to gain history's credit. We'd been round the Burnham-block too many times to fall for it. Yet, he was playing gallery-music to our ears.

1452. He was instantly regarded as a hero, despite having ignored our pleas for support for years and omitting to do anything overtly conspicuous or "Hillsboroughesque" to further our campaign. It was as though, in clearing his Parliamentary desk, he'd magically found one final piece of forgotten business at the very bottom of his in-tray. He was, though, again literally underscoring the CBS' standing as a mere, often last-minute afterthought in Parliamentary consciousness. Indeed, the press coverage the next day was all sub-linked to his Manchester campaign which then swiftly overtook all focus thereafter. Ironically, the medium-term was yet another episode of failed media-traction because it all centred around him, pointedly the defeated Labour party's buyer's-remorse at having chosen Jeremy Corbyn as leader in 2015, and not Burnham. The sub-text was that May, victorious by a whisker, would likely have been ousted had he been her challenger. WITN1944468

1453. We couldn't believe that he had stated that if the Government - which, again, he knew he wouldn't be part of, even if Labour won – did not set up an investigation, then he would go to the police with evidence about the CBS.



Really!? Did he only come across that material on his very final day as an MP? Or had he sat on it for several years thus withholding evidence?

1454. It was just too good to be true that he was **suddenly voicing support for a campaign he'd been aware of for years and yet did nothing of headline substance for, especially given his national standing, and certainly in comparison to his high-profile Hillsborough efforts.**
1455. Accordingly, Gregory again emailed [WITN1944469] him, the next day, clearly notifying him that we had seen his speech the day prior. It was the shortest message of our entire campaign, under the subject heading: "*Contaminated Blood - thank you for yesterday (in confidence)*". The body-text then simply stated: "*For the record.*"
1456. The "*record*" that Gregory was referring to was not only that expressed in the subject heading, i.e. "*thank you*", but also the original and accompanying message, from September 2012, which he re-forwarded, beneath it, from five years earlier. Literally, all that he wanted to say was accomplished in the subject header. The rest of the transmission could not have made it clearer that the forwarded message, below, was from 2012 – **it was clearly time-stamped "14 September 2012 at 21:31:45 BST"** – and obviously sent just two days after the publication of the HIP report.
1457. Gregory elected to re-forward it to Burnham (and Rotheram) as an almost silent but powerful reminder – because he really didn't want an e-mail conversation with him – **that what he'd accomplished in Parliament in 2017 was crucially asked of him five years earlier (in fact eight)**. In any case, he had also repeatedly e-mailed him throughout those intervening years and, apart from one reply from Ms Menzies, and another from Ms Goodair, never got so much as a single acknowledgment from **either him or Rotheram**. The missive, then, was just designed, purely and simply, as another stone-in-the-shoe. A one-line reminder that, as much as we naturally were grateful for what he'd done a day earlier – **of course we were** – he'd also **been the cause of much pain for us** over many years previous. To be honest, we actually felt like we'd been **politically gaslighted. He's beyond savvy**. Therefore, if Gregory's one-liner served to keep him grounded then all

the better. We could never have predicted his staggering reply, however – but that's Burnham – which at a stroke then served to ensure his inclusion in our statement to the IBI, and the signal extent to which we have concentrated on him.

1458. Ironically, after all the years of never getting a direct response from him, he replied [WITN1944470] almost immediately, from his "2nd mailbox", but mistakenly replied only to Gregory's original email from 2012.

1459. Bafflingly, though, and rather defensively he also pointed out that we must have not seen or heard what he'd said in Parliament just a day earlier and so mistakenly structured his whole response around a five-years-old message. It was a ludicrous correspondence. He wrote:

*"Dear Mr Murphy*

*Thank you for your powerful email which, yes, is a hard read but I understand why you feel as you do. I appreciate that it may not mean a great deal to you now but I did end my speech yesterday with an apology for not having done more or sooner.*

*However, I have to take issue with you on some of what you said. You claim I did absolutely nothing as Secretary of State. That is simply untrue. I arrived in the DoH after the Government had formally responded to Archer so, as far as the Department was concerned, the matter was closed. At the instigation of my great (and late) friend Paul Goggins, I agreed to sit down in early 2010 with two of his constituents - [GRO-A] - and hear how they felt. In the end, our meeting lasted a couple of hours and I can honestly say that that was the first moment that my eyes were opened to what families like yours have been through.*

*Followed [sic] that meeting, I went back to the Department and instructed my junior minister, Gillian Merton [sic], to reopen the issue. If you check the record, you will find that she did that in Spring 2010. In the end, we ran out of time. Gillian's review reported after the 2010 Election and the Coalition made some modest changes after the Election. I appreciate that this does not amount to very much; but not is it true to say that I did nothing.*

*You then say that I did nothing as Shadow Health Secretary. Again, not true. If you check the Hansard of a debate called by Paul Goggins in 2013, you will*

*see that I intervened to commit Labour to acting if returned to Government in 2015. Again, not much. But not nothing.*

*You say that you would rather not get a reply unless I was prepared to use the momentum I have gained from Hillsborough for the service of victims of contaminated blood. That was what my speech was all about. I have today written to all party leaders asking them to commit in their Election manifesto to a Hillsborough- style inquiry (in my view better than a public inquiry). However, I have also said that, unless the newly-elected Government sets up this inquiry by the time the House rises for the summer, I will refer all the evidence in my possession to the Police and request a widespread criminal investigation.*

*Reading your email, I get the impression that you haven't had the chance to read my full speech and have only heard media clips. In case it is of interest, you can read it here in full [...]*

*As I said at beginning, I am sorry that I have not done more. But, the truth is, I have only recently become aware of the extent of the cover-up and the issue of falsified records. Hence yesterday's speech.*

*I can assure you that I am throwing what remains of my political capital at this and, as I have shown on other issues in the last, once I get hold of something I don't let. [sic] I don't do things by halves and that will be the case with this.*

*I don't know if any of what I have said cuts any ice with you; probably not. But I can only say that yesterday was a genuine attempt to cut through the platitudes and tell it like it is. I am sorry if it is not enough.*

*Best wishes Andy Burnham".*

1460. **Where to start?** It was incredible that he chose to explain everything that he'd done over the years in support of the CBS but added that he'd: "[...] *only recently become aware of the extent of the cover-up and the issue of falsified records. Hence yesterday's speech.*" Depending on his definitions of "recently" and "extent", that did not tally with what we knew. **For he was surely made aware of the "extent" of the scandal by Mr Goggins and others, indeed ourselves (i.e. in 2009, then again in 2012, then again in 2015) many years beforehand, not "recently".**

1461. He'd said in his speech that he'd previously been asked "to speak to the all-party group" about whether his "experience on the Hillsborough campaign might provide some insights that would help those still campaigning today, after all these years, for justice for those who have suffered from contaminated blood." He added: "When I focused on that question, I had something of a penny-drop moment [...] the more I thought about it, the more the parallels between the contaminated blood scandal and Hillsborough became clear." Yet we'd laid that bare to him at least five years earlier! So had Mr Goggins, as had Lord Morris in late 2009, which is when Burnham said that the seeds were first planted and that was why he apparently advanced the Skipton review in spring 2010. None of it added up, chronologically. Just how long did it take for seeds to germinate, or pennies to drop, or eyes to be opened? Seemingly the answer was eight years, from 2009 to 2017.

1462. It was also curious that in his e-mail he referred to "Gillian's review" – i.e. what we've called in this statement, purely for shorthand, the "Lansley-review", as published in early 2011. He said that "Gillian's review reported after the 2010 Election and the Coalition made some modest changes after the Election." Really? According to our information it was Ms Milton who commissioned that exercise in October 2010 ahead of its publication the following January. So which was the truth? Was it "Gillian's review" or was it commissioned by Milton/Lansley? Chronologically, of course, it would have made much more sense had Ms Merron been the one to commission the report because the timetable set by Ms Milton, just three months – including the Christmas recess – was incredibly tight. If he was correct, though, and it really was essentially "Gillian's review", then that would likely have meant that Burnham's department was also responsible for enlisting Hay. The toxic irony of such an interlinked-duo doesn't bear us dwelling upon it.

1463. He also commented in his e-mail about our experience, calling it a "powerful story". Accordingly, Gregory, as much as he really didn't wish to engage with Burnham, felt compelled to reply again [WITN1944471], stating that what Burnham had indeed rightly referred to as a 'powerful story' was actually sent

to him in September 2012. So, if he thought that William's story was "powerful" in 2017, why didn't he think so five years earlier? Gregory wrote: "(in confidence)

Dear Mr Burnham,

Thank you for your reply, and repeated thanks to you for your stance in parliament on Tuesday.

I am grateful for the information you supply in the 2nd and 3rd paragraphs of your response to me.

But I have to point something out concerning the last six paragraphs of your reply, from when you refer to events in 2013 and make reference to the late Paul Goggins, onwards.

For the email that I re-forwarded to you yesterday (purely to remind you of what I had said a long time ago to you) was actually sent on 14th September 2012 (i.e. two days after the HIP report was publicised). You have to read it in the light of it being written almost five years ago.

Thus, it was in 2012 that I asked you not to reply to me 'unless, of course, you are prepared to reply by stating that you are going to push with all your weight for a proper Public Inquiry into the events of 1970-1996'.

You were quite right to intuit that the email I had sent in 2012 clearly betrays the fact that at that stage I hadn't seen your speech in parliament in April 2017.

I had always understood that you hadn't replied to me for the last five years purely because I had explicitly made the condition that I only wanted a reply if you were to use your Hillsborough weight (a poor term) to the advantage of the Contaminated Blood Scandal, insofar as calling for the same type of investigation, which you have now only just done and for which I am grateful.

I suspect when replying to me yesterday that you did not notice that the email I enclosed (which I know you did originally receive because of the auto-generated response it elicited) had in fact been sent in 2012; indeed it was gratifying to see that much of what I said to you five years ago mirrored what you said in parliament just two days ago.

Anyway, I simply wanted to send you a one-line email of thanks yesterday (of course supplemented with a reminder of one of my previous communications to you - for there have been several others, to both you and Mr Rotheram over

the years).

I now repeat that thanks. Sincerely.

You wonder whether your response to me 'cuts any ice' (regardless of the misapprehension that you were under that I was writing to you contemporaneously in 2017 and not in 2012).

I wish to say that would be beside the point, in the overall scheme of things. What is more important is that your stance in parliament, and your reply to me (finally having used your Hillsborough weight - again I simply can't think how better to phrase that, unfortunately) have given me the confidence to at last draw a line in the sand and treat this as a 'year zero', move forward moment. To that extent, if either you or Mr Rotheram would ever wish to meet then I would be prepared to do so. For there is far more to my father's story (and his that [sic] of his two deceased haemophiliac brothers) than people realise, especially pertaining to events at the Royal Liverpool University Hospital during the 1980s (to a lesser extent Broadgreen Hospital). My father's story, which starts in 1978, when I was just 11, is truly shocking and revealing. Which is why I suspect I was the first person (representing my mother) asked to give evidence at the Archer Inquiry (minute one, second one). Incredibly, my evidence did not feature a single line in the subsequent report. Make of that what you will.

If you did ever wish to meet, I can assure you that, notwithstanding the justified tone of the re-forwarded email from 2012 that I re-sent to you yesterday, you would find me as defiantly-accommodating (if I can put it that way) as Margaret Aspinall whose steely but accessible campaign style I have rather studied as an object lesson for many years now.

A final note: I have always acted several steps removed from the main campaign groups for certain reasons; although I am part of the broader push, not some outside maverick. Largely that has been for one of the key reasons you mentioned right at the start of your Commons speech on Tuesday and for which I really applaud: regardless of the appalling financial constraints placed on my mother since 1994 when my father died, I have always had my sights set on the longer-term (judicial) picture rather than the immediate-term (financial) aspect of the campaign.

It is a state-backed inquiry that I have always called for; I believe that the

*results of the emergent truth would be utterly inevitable and all other aspects (e.g. compensation) would then naturally fall into place that way. I just didn't expect that it would take three decades and counting. Again, thanks."*

1464. Tellingly, we didn't hear back. Nor, to be truthful, did we really wish to. He'd done his job, albeit five or eight years too late. He'd likely changed the course of CBS history and probably for the better, or at least towards dénouement. There was no more to be said. However, and as much as we regarded the moment as "year zero", we knew then that if the day ever came when we could share our story fully, that we would recount how Burnham chose not to use the political capital of his Hillsborough campaigning success in equally overt – i.e. front and centre – support of the CBS. That happened, or rather didn't. It's evidence. Therefore it needs to be recorded.
1465. He also needs to explain why he didn't reply for five years. He had the chance to really lead the rally for CBS justice whilst he was in office, but chose not to. Accordingly, like with May, we never wish to see him gain any credit for the inception of the IBI announced in July 2017, i.e. just weeks after his conspicuous address to the Commons on his final day as an MP, even though it's likely that he made the difference, much like we always knew he could. He could have said in 2012 what he said in 2017 and then used both the status of his office and his Hillsborough-related political weight to call for an investigation into the CBS at least five years earlier.
1466. Maureen, now 85 – in GRO-C 2023 – almost died three times in 2022 alone, to add to her near fatalities in 1999 and 2014, and it's debatable as to whether she will see the culmination of the IBI. So, had this Inquiry been called in 2012, not 2017, then it would likely have concluded by now and she'd have seen the results of all her campaigning. Accordingly, however churlish it may seem to some – and we are aware that we're in a minority amongst the CBS campaign cohort regarding Burnham, who is a very, very persuasive personality – we simply cannot accept that he receives any

political credit for eventually calling for an investigation which should have been called at least five years earlier, if not 35.

1467. If he's now fully on board and vocal to the full extent of his exceptional powers, in comparison to many other public figures – and he's well aware of his own political capital, and it's really not a stretch to imagine that he may one day be the UK Prime Minister – then we can only say it's better late than never but we'd rather it had been much sooner, especially for Maureen's sake.
1468. As much as it would now appear that Burnham made the difference in April 2017, we actually didn't think so at the time. For, we'd become so cynical about every aspect of the CBS – Burnham included – that we honestly thought it would be another storm that the Government/Department of Health would just ride out, especially given that he was disappearing from view anyway. To his credit – yes, that word – he still kept the pressure up even after the General Election but we remained of the view that he was whistling in the wind like the rest of us had for decades.
1469. Nevertheless, we were prepared to keep on pushing. Naturally we submitted our names [ WITN1944472 ] to The Haemophilia Society's almost immediate petition, in early May, for a public inquiry. We wrote, to Jeff Courtney:
- "[...] Following your online invitation for signatories to come forward to support the Haemophilia Society's letter to the Prime Minister calling for an inquiry into the Contaminated Blood Scandal:*
- [we] would gratefully request that you add the following four names:*
- Mrs Maureen Murphy*
- Mrs Anne Anakin*
- Mr Gregory Murphy*
- Mrs Paula Murphy*
- We are the family (wife, daughter, son and daughter-in-law) of: William A. Murphy (one of three deceased haemophilic brother-victims of contaminated blood) who died on September 3rd, 1994, at the Royal Liverpool University Hospital, following complications arising chiefly from his infections with both Hepatitis B and C (though also A) including liver cancer, cirrhosis,*



*oesophageal varices, encephalopathy, psoriasis and various bodily ulcers and spontaneous haemorrhage sites."* There was nothing more to say.

1470. The limbo of the ensuing weeks was deadening, as much as we knew that the political timetable was in flux anyway. Because it was just a matter of waiting to see whether Burnham's bullet had hit home. It didn't feel as though we could do anything but wait; we were exhausted again anyway. But what if months drifted and 2017 became 2018? What then? In truth, that was what we expected. We then heard that the Opposition leaders had headed a list of signatories demanding an inquiry and we were of course buoyed. Still, we thought it would prove to be naught but political shadow-boxing. **Our best honed instincts, drawn from decades of bitter experience told us to wait until autumn – after the familiar routine of the Parliamentary mid-year cycle, summer recess, followed by the conferences – and then take further stock of the post-Burnham landscape.**

1471. It was an ultimate irony that, after 23 years of campaigning, **we simply didn't see the announcement of the Inquiry coming. We were off-guard.** The news-break was a frozen-moment-in-time. **The words on the TV news-captions made sense, but did they really mean what the writers thought? Where was the catch? There had to be one.** Seemingly, there wasn't – although there was an horrific mini-period when it seemed that we were only destined for a "Hillsborough-style" investigation (which Burnham preferred, he told us personally about that; for the record, we are certain that we wouldn't have participated, for there was simply no way we were going to allow ourselves to endure Archer 2.0). No, it couldn't be a "Hillsborough style" exercise, no matter how much people were in thrall to Burnham, or even a "CBS-style" inquiry. We didn't want a Hillsborough-style inquiry (and we don't want a "Hillsborough-law" either; nor would we want a "CBS-law"; future accountability must not be attached to any single disaster for that would be an insult to victims of all other tragedies).

1472. It had to be a proper, statutory inquiry. Nothing but the most was good enough. Of course, we knew of the inherent flaw: for we were hoping that the

State, which we distrusted, could be trusted to oversee such an investigation. We knew, though, that there was no way out of such a fear and we had to let due process unfold – and still are. **Accordingly, our true moment of relief, albeit muted, wasn't necessarily the announcement of the Inquiry, it was upon hearing its status.** Maureen, though, was just six months short of 80. **She'd left William's death-bed when she was 56.**

1473. The moment that we heard it would be a full inquiry, virtually the whole of our 23-years of campaigning crystallised in an instant. If we were going to contribute then we would have to do it our way. We'd had three, or arguably four, aims since September 1994. Firstly, secure an Inquiry; well we'd done that (the whole CBS campaign cohort will take the credit for that – not Burnham or May – for it was because we never gave-in that the events of spring 2017 even had a basis around which to form). Secondly, prove beyond a shadow-of-doubt our most central, our most non-negotiable, our chief aim bar none, that William was subjected to intolerable medical negligence at least between 1991 and 1994 but really much earlier, and in so doing expose both Hay and the GMC; we were determined to use the IBI for that. Thirdly, to secure financial recompense for Maureen (given the steep demise of her health in 2022 that's ironically more necessary than ever now – and although we didn't know of such events in 2017, we could have predicted that she was headed for further health crises sooner-rather-than-later). Fourthly, to perhaps GRO-D in the basic matter of the infections; well, again, the Inquiry was required in order to unlock that potential.

1474. We instantly went into Archer-2.0 aversion mode. There was no way we'd allow ourselves to be shunted, ignored, dismissed or ordered again – save for statutory necessities. We had to approach the IBI our way. Our evidence was so complex, and our psychological needs – about which we make no apology – were, and are, so nuanced, that we had to tell our full story. Anything less would destroy us and be counter-productive. **We were stymied from exposing the truth in 1997 in the originally thwarted litigation, then again in 2004 by the GMC, then again by Archer in 2007. It wouldn't happen a fourth time.** Essentially, in order for us to trust the IBI, we needed it to trust us and form a virtuous not vicious circle.

1475. We didn't know, though, naturally, how the lay-of-the-land was. Very quickly Maureen was approached by Leigh Day (we do not have a copy of the letter), even before we knew that it would be a statutory inquiry, concerning the matter of representation. Accordingly, on 28 July she wrote the following [WITN1944473] in reply to Ms Jones:

*"[...] Thank you for your letter of 13th July [...]. You asked two questions of me.*

*Firstly, as to whether I would like my voice to be heard in the Inquiry 'as someone who was directly affected by this scandal'?*

*I would respond by saying that my voice will automatically be heard, simply by virtue of my being a widow of an infected victim. This has already been evidenced by the fact that Her Majesty's Government has already contacted me about the matter.*

GRO-D

*Beyond those two direct questions which I only feel that I can half answer, I simply do not know how to make definitive decisions about representations concerning the wider Inquiry. This is simply because no-one knows yet what form the Inquiry will take: e.g. if it is to be a 'Hillsborough style Inquiry' (and I make no preference here, one way or the other), I wouldn't see any need for representation during the first part of the proceedings, namely the conduct of an independent panel authorised to gather, inspect, and pass recommendations on the body of evidence, either already known or yet to surface.*

*I am sorry to be so vague but I genuinely do not know what decisions I can*

possibly make at this early stage.

GRO-D

GRO-D

*I hope you understand and I trust that this note suffices your request for my reply by today's date, even though I suspect you were expecting something more definite from me.*

*Regardless, I would like to thank you for the hard work that you have already undertaken for the contaminated blood community of victims and for the clear commitment you have towards overall justice in all matters related to it."*

1476. At the risk of suggesting that we were disunited GRO-D in terms of how to approach CBS-justice, we should stress that although we were absolutely opposed to a "Hillsborough-style" inquiry, Maureen actually wasn't so initially averse, simply because of the expediency factor; for obvious, chronological reasons. We didn't realise it then but that distinction, already evident by summer 2017, would eventually play a huge role, and negatively so, in all our IBI experiences, particularly after February 2020. **More broadly, and simply because of Archer, we were absolutely terrified of making the wrong decisions.**

1477. We genuinely had no idea whether it was best to have legal representation or not. Our instinct was that we may as well cover ourselves as much as possible. However, that would have meant convincing yet another third-party about the nuances of our evidence and how we wished to approach the Inquiry. **We feared being caught in a triangle with Leigh Day and the Inquiry team.** We also didn't wish to leave ourselves wide-open by not protecting ourselves legally. We were again in Catch 22 or even 44. Our 1997, 2004 and 2007 experiences – especially at Archer – had shaped everything. We were cautious and cynical to fault, yet who could really blame us?

1478. Meanwhile, it was telling that even the local media interest in the Inquiry began almost immediately, with Gregory featuring in a *Liverpool Echo* news report on 15 July [WITN1944474] in which he gave due credit to Burnham's significant efforts. Alongside photographs from 1992 of him with William on his wedding day, the article read:

*"A Liverpool man said he had asked the past six prime ministers for answers over the contaminated blood scandal he believes killed his dad.*

*Greg Murphy, 50, said he now hopes the inquiry announced by Theresa May will shine a light on how his dad contracted hepatitis C in the 1980s. He said the 'truly vile death' of his dad William had dominated his life and that of his widowed mum, now 80.*

*He claimed key medical records for his dad's time at the Royal and Broadgreen hospitals had disappeared, with his repeated requests to see them unsuccessful. He believes the missing documents could be part of what Liverpool-born former health secretary Andy Burnham called a 'criminal cover-up on an industrial scale'.*

*More than 2,400 haemophiliac and other patients died after being infected with hepatitis C and HIV in the 1970s and 1980s. The UK imported supplies of the clotting agent Factor VIII from the US, some of which turned out to be infected. Health chiefs say policies have been transformed in the decades since, with no viral infections recorded from blood transfusions since 2005.*

*Mr Murphy, from GRO-C said he believed his dad contracted Hepatitis C while being treated for haemophilia at the Royal in the early 1980s. He said his dad was extremely unwell but did not discover he had the illness until 11 years later, and died of internal bleeding, liver cancer and cirrhosis triggered by hepatitis C.*

*He told the ECHO: 'He was just 59, and never stood a chance. At his death he was fighting on four fronts: cancer, cirrhosis, the wider effects of Hepatitis C and of course his basic haemophilia. We saw him die a truly vile death, which I wouldn't wish on anyone.*

*'Our story follows an all-too-familiar and sinister pattern. Aside from the obvious injury caused by being infected, there are other answers we need. How was it key medical records went missing very, very quickly? What is missing? But it wasn't just my dad's, it was thousands of patients' documents. How does that happen? Pixies? Moths? Or part of a criminal cover-up on a grand scale, to use Andy Burnham's words?*

*'What damning information have we been prevented from reading for 30 or so years? My dad didn't just wake-up with these diseases. My mother will shortly be 80. There literally isn't a day to spare. I've been asking for answers since I*

*was 16 - this has dominated my life.*

*'Finally, we're at a point now where it seems that the truth will come out. It must. Once again, like with Hillsborough, the public will see the Establishment at its very worst [...]'*

1479. We still hadn't really progressed on the issue of how best, for us, to approach the Inquiry by the time that we reached both William's 23rd anniversary of death that September, and then our annual New Year's Eve status-check of campaigning, the 24th such undertaking of our fight. We could only conclude, though, that for the very first time there was more than a hint of justice in the air. We didn't want to get carried away, for the lessons of the previous decades were still with us, but we had more than mere hope. For the first time in years we even allowed ourselves to expect again. It's something of an understatement to say that 2017 had not been the year we anticipated.

### **The Infected Blood Inquiry – 2018-present**

1480. The most sobering aspect of 2018 was the almost immediate realisation that it would be 2019 – and therefore Maureen would be 81 – before any substantial progress could be made. Such is the “be careful for what you wish” aspect of campaigning for a public inquiry. Investigations like that don't get into first gear overnight. The immediate bonus, though, which oddly we hadn't anticipated, was that we realised that we could instantly stop campaigning but with a clear conscience. The latter parts of 2017 and much of early 2018 were certainly a blessing in that respect. However, we knew we had a final mountain ahead of us before we could reach what we hoped was the promised land of justice. We just didn't know when to start climbing it.

1481. We needed to know for certain that we could approach the Inquiry our way, but within statutory requirements. As such, we didn't make headway on our evidence in the first part of the year, which, in retrospect, was a considerable mistake, especially as unforeseen circumstances then prevented us from doing so in the latter part of 2018. Of course, we had all our materials ready –

the majority of our documentary evidence had been properly archived and organised for years, basically as we went along, suffering injustice after injustice. However, we didn't start literally scoping and writing our submissions – **which again, we stress, however counter-intuitive it may seem, have not been exhaustive** – because we still did not know whether we would be wasting our time. Our whole participation rested on being granted that licence. **If we weren't able to execute matters the way we wanted then we would not pursue things further. Although that would have been an absolute devastation, that we simply wouldn't have been able to articulate, it was better to face that psychological terror sooner rather than later.**

1482. It was perhaps just as well, though, that we actually weren't pre-occupied with compiling evidence in early 2018, for we were faced with the monumentally scandalous treatment that Maureen received consequent to the further reforms of the already-reformed payment schemes subsequent to the Government consultation of 2016 – which of course could all be traced back to the APPG work of early 2015 and, in turn, Mr Goggins' pivotal push in late 2013. That was just how the CBS years were eaten up, and victims got older whilst it all happened, if indeed they were still alive. As evidenced by the correspondences we've already adverted to, it was a genuine fear of Maureen's since 2016 that she would yet again face another exclusion to add to all the others that she had experienced since 1994. By early 2018 that was beginning to look like a certainty.

1483. Matters reached a head in June and her distress became too acute for her to express. Accordingly, Gregory was compelled to write yet another blistering letter [WITN1944475] to the Department of Health/English Infected Blood Support Scheme [EIBSS]. It was simply incredible that she was turned 81, and we were in the 24th year of campaigning, and even a year into the IBI process, yet we were still having to fight and complain. In an e-mail, sent on 21 June, that requires little background context but now stands as a symbol of the sheer un-relenting stress of the CBS that we faced year after year after decade, he wrote:

*"To whom it may concern:*

*Complaint regarding the treatment experienced in contact with EIBSS today*

(June 21st, 2018);

I write on behalf of my mother, Mrs Maureen Murphy (dob. GRO-C1938) a bereaved widow (since September 3rd, 1994) of a Hepatitis C and B infected haemophiliac, Mr William Murphy, (my father) who died after being treated with contaminated NHS blood products administered to him in the 1970s and 1980s.

Before continuing, I wish to make it clear that this complaint is not about the two call-handlers with whom I have dealt with this morning, whose hands were clearly tied, whose options of response were naturally limited, and who maintained courtesy, sensitivity and professionalism throughout the duration of the two telephone exchanges.

The substance of the matter is that:

My mother, who has been repeatedly discriminated against over the last three decades on the basis that my father contracted and died from Hepatitis C and B related complexities and not those of HIV, to the point where she currently receives no ongoing support from the various schemes established over the years, beyond her annual heating allowance, seems likely to be excluded again from the reviewed schemes of payment.

At least, that is, according to the EIBSS website which lays out three criteria that she must meet:

Vis: (from the EIBSS website):

'Partners of a deceased beneficiary/check if you're eligible: You will not qualify for payment if:

- you were divorced, your civil partnership had been dissolved, or you were separated at the time
- your spouse or civil partner died before they registered with us, or any of the previous schemes

My father died in 1994. Given that he had not been infected with HIV he could not qualify for payments under the Macfarlane Trust. Further, given that neither of the Skipton or Caxton schemes were established in 1994, he could not possibly have registered with either of those prior to his death. Therefore, judging from the above cited criteria on the EIBSS website, my mother would clearly not qualify for support and she should not have been sent the literature that has been dispatched to her this morning which raised her hopes of finally,



aged 80, having been widowed since she was 56, being able to have a more secure future.

That literature had advised us to go online to the EIBSS website in accordance with the Discretionary Support guidance booklet (Pg 10) which refers to the need to download an application form from the site.

Upon accessing the site, however, we read the above criteria and realised that my mother would shockingly be excluded yet again from any kind of justice.

However, the information given above not only contradicts what was given in the printed booklet sent to my mother this morning but also that included in a further section of the EIBSS website.

Under the web-heading 'Discretionary Support Available' (sub-section 'Who Can Apply?') the EIBSS site clearly states:

'To be eligible to apply for an income top-up payment, the applicant must be registered with EIBSS. Everyone registered with EIBSS holds a unique reference number and will be:

- someone historically infected with HIV and / or hepatitis C from NHS blood or blood products
- a bereaved spouse, civil or long-term partner who lived with an infected beneficiary'

My mother quite clearly fits this category. Not only is the information given immediately above included on the EIBSS website but the exact same criteria is listed in the Guidance Booklet delivered this morning.

Therefore, in a highly distressed state – and I cannot stress enough how little my mother needs the ongoing distress of having to deal with the financial aspects of support (or not as the case may be) concerning the national scandal that befell my father and thousands of others – we had no choice but to contact the EIBSS this morning seeking clarity.

On presenting our query to the first call-handler, it was clear that the lady understood our issue and was unable to provide a definitive response one way or the other as to whether my mother would qualify for payment; simply because the given criteria contradicts itself. We were told to await a call-back later today.

After a 90 minute gap – an hour and a half of complete distress for my mother, who has had her hopes raised and then dashed yet again this morning, and

*then being left in a prolonged limbo – I decided to call back for an update.*

*I have been informed in the last hour that the matter has been referred to the Department of Health (an organisation that my family has absolutely zero faith in and that is totally responsible for the distress that my mother has experienced over three decades in any case).*

*Therefore it is clear to us that no-one at EIBSS could put my mother out of her misery and that we were right to point out the discrepancy.*

*We have been advised that we will get a call back today, presumably on the advice of the DOH.*

*Well, we've been on the receiving end of the DOH's failed promises for a very long time now and have no confidence that such a call will be forthcoming.*

*Regardless, that my mother should have to wait even one minute for clarification on this matter – 24 years after my father's death – let alone a wait that is now getting on for two hours and likely to be the rest of the day, at best, is yet another scandal.*

*I cannot tell you how heartbroken she is right at this moment, at the very thought that she is once again going to be excluded and discriminated against.*

*I would like to hear what your thoughts are about this latest shocking treatment of an elderly lady who has already suffered considerable distress for several decades.*

*Yours sincerely,*

*Mr G Murphy*

*on behalf of Mrs Maureen Murphy"*

1484. Thankfully, Maureen did receive a telephone response – we cannot say for certain exactly when – clarifying that she would, after all, qualify for payment and that the literature would be made clearer. In the grand scheme of things that episode might seem almost too incidental to merit inclusion in our evidence but we do so to highlight what she was still having to endure even as late as 2018 – and scandalously it wouldn't be the last time that she'd be abused by the EIBSS/DOH.

1485.

GRO-D

GRO-D

1486. Nothing surprised us any longer about the CBS and the stark fact that years of discrimination against Maureen would be extended simply because a lengthy investigation was underway to expose why *inter alia* such injustices occurred was the most circular irony imaginable. As we've said, the CBS universe always had newer methods of torment awaiting. With further irony, though – it had no limits there either – it also seemed that the very nature of the reformed payments would compound the historic inequalities against Maureen even further, of course along HIV v HCV lines, as was ever so since 1994.

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That's all Maureen had done since 1994.

1487.

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We've often said that if

the CBS was a work of social or historical fiction that it probably wouldn't get published on account of it being too far-fetched. There's only so much irony you can include in a script.

1488. A month later we finally had what we believed was our breakthrough moment with the IBI. Really speaking, it was when our Inquiry experience began in earnest – at a specially arranged meeting for potential Core Participants in Liverpool. We had an absolute mountain of 24 questions to ask and got through every one. Already it was different to Archer.

1489. Crucially, although we knew we couldn't be steered about legal representation, we gleaned enough to enable us to at least proceed and begin compiling evidence. Essentially, we'd asked if it was possible to be covered by legal protection but also liaise directly with the Inquiry regarding submissions. We also queried as to whether there would be any "sacred cows" or taboos in the investigation; for just random examples, deliberately using issues of sensitivity and magnitude, we cited the names of Ms Jowell and President Clinton, but could have mentioned scores more. We were told that the IBI would go "where the evidence leads". That was all we needed to hear. We left with complete buy-in. We couldn't believe we'd reached such a day after almost 24 years of campaigning. We could tell the entirety of William's story at last, and also expose the manifold injustices and discriminations that Maureen had faced for decades. Utterly monumental.

1490. The next day we were heartened to receive an e-mail [WITN1944477] from Mr Moore – our first communication proper as Core Participants to The Infected Blood Inquiry! An enormous milestone! It was a huge validation that shouldn't be under-estimated for its simple power. For, it meant far more

than an e-mail – perhaps in a way that, again, only we could ever understand.

**We mattered!**

1491. It was re-assuring that we'd obviously interpreted matters correctly and that we had a pathway to proceed in the precise way that we wanted and needed. *Inter alia*, Mr Moore wrote: "[...] *While I fully understand it may rake up old memories that you may have wanted to suppress, if you are able to give thought to documenting a chronology to date, that will be very useful when we come to take your evidence [...] Thank you for your help and willingness to engage with the Inquiry.*"

1492. We'd been concerned that the Inquiry would be Archer 2.0. If that was to be the case, then the prospect of facing such an ultimate and unsatisfactory end-stop was terrifying. **It would be the failure of all failures.** Yet, we had to explore things in order to know. Again, doing nothing was not a psychological option, as was always so since 1994; the double-edged sword that long cut deep into us – an inability to stop campaigning but always knowing that we were risking deeper wounds with every twisting failure. **Ultimately, to distort a familiar refrain, we always felt that it would be better to have fought and lost, time and time again, than to have never fought and lost at all.**

1493. Our problematic challenge, essentially, we maintain, was that William's story wasn't as straight-forward as a haemophiliac who got infected from contaminated blood and died. And we don't say that dismissively or insultingly. Quite the opposite. It was much more complex than the basic matter of infection. Instead, it hinged on questions about why he was treated the way he was; **almost about the absence of treatment as much as treatment itself.**

1494. We therefore chose Leigh Day to represent us

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We also knew that we simply had to capitalise on the free representation that the Inquiry was offering. **We'd have been stupid not to.** For, whilst we were keen to have a direct line with the Inquiry, purely because of the nuances in our circumstances, we still wished to reserve the right to consult with solicitors as a safety net. Even so, after everything we'd experienced through Irvings in 1997, then the GMC in 2004, and Archer in

2007, when our evidence was only ever allowed to be presented piecemeal, if at all, we simply couldn't trust any third-party with our very complex story. **We knew that we had to write our statements ourselves.**

1495. For, it was a bitter irony to recall that, in 2004, **we only provided the GMC with a relatively succinct version of William's story because of the limited time frame we were afforded in order to provide such an incredible amount of detail.** However, it's true to say that the enormity – in the truest sense of that word – of what befell William probably couldn't ever be adequately conveyed. Nevertheless, we always felt that if we'd had the chance with the GMC to put even a little flesh on the bare bones of evidence, then our case couldn't have failed. But we weren't able to.

1496. Similarly, **we were later denied the opportunity to share our story as planned at the Archer Inquiry.** Through the IBI, though, a surely final chance to expose the truth of William's case had suddenly emerged. Consequently, our previous experiences shaped our determination to be so punctilious and complete with our evidence. **It would be our last ever opportunity, especially also considering Maureen's prevailing ill-health.**

1497. In committing ourselves to Leigh Day, therefore, we thought we had every base covered. **It was a fateful decision and the effects of it are exactly why we're still compiling evidence as late as November 2022.** However, we know that we honestly made that decision purely because of Archer, the GMC, and also the earlier distortions by the so-called medical experts who were appointed to review William's case in 1997. **Frustratingly, we were tied-up in knots by our past. In trying to free ourselves, we inadvertently tightened things further. That's the CBS, though.**

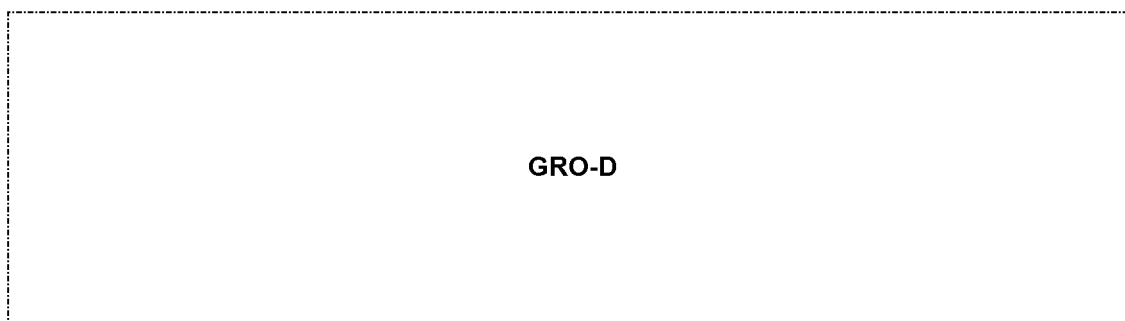
1498. Although we no longer felt the need to campaign *per se*, we were willing to support the Inquiry however we could. Accordingly, Gregory undertook further local publicity, giving an interview to *BBC Radio Merseyside* (we have no recording) to mark the start of the evidence hearings. It was heartening to know that the station had retained us as an Inquiry contact [WITN1944478]. The only downside of the period was that we quickly realised that, due to unforeseen circumstances, we wouldn't be able to progress with our evidence

compilation until the new year. However, we hoped that the half-year delay wouldn't ultimately be a problem. Unfortunately, in retrospect, we know that the time deficit prior to January 2019 was crucial, especially given the later loss of a complete year between August 2020 and 2021, largely due to the legal strictures we'd unwittingly saddled ourselves with.

1499. We faced the 24th anniversary of William's death in September 2018 feeling lighter-in-anxiety, if that's not a contradiction, than ever. Of course, we then also marked the 25th annual status-check of our campaign at new year 2019 in a state of curious calm. For, whilst we knew we had a huge and naturally distressing task ahead, it was nevertheless what we'd fought so long for. The anticipated catharsis was already healing us.
1500. Our evidence compilation began in earnest in January 2019. We knew the dual structure immediately. The first-part would detail the medical negligence that William endured, locally-speaking, at least between 1991 and 1994, but arguably earlier, but also in the national sense at the hands of the British Government. The second-part would begin on 4 September, 1994, and expose the appalling injustices that Maureen has endured since. Of course, it was a mammoth task and we considered that it would take somewhere between a year and 18 months to accomplish. Generally, we hoped to have completed everything by the end of 2020 at the latest. Once again, our naivete, like the ironies that continually beset us, knew no bounds.
1501. **Meanwhile, it was incredibly daunting to see so many witness statements already published by spring 2019 – and we were not a little envious, indeed frustrated – but we knew that it was simply impossible to have achieved similar.** What parts of William's or Maureen's stories could we leave out? We knew we had to record as much as possible, certainly everything that was salient, simply in order for it to be believed and provide the solid evidence that what we were claiming was true.
1502. For example, we would be stating that not one, but two, world-renowned doctors tested William twice for liver cancer in summer 1994, both through chemical and ultrasound methods, and yet both of them – plus a whole army of medics who were treating him in hospital at that very

point – completely overlooked the results. That doesn't happen, surely?  
Yet it did. No-one would believe it if we couldn't prove it. And no-one would  
then believe that the three medical experts appointed to review the case  
concluded that no negligence occurred and, furthermore, the GMC not  
only concurred with that astonishing view but also concocted a  
completely fictionalised account of it all! Yet those appalling vignettes were  
just a few of the 80-100 scandalous moments or injustices across the decades  
that we were intent on exposing. As if the Archer Inquiry would have  
discarded all of our evidence statements right at the last very moment –  
we're talking just minutes – and leave us exposed live on national TV  
with all preparations cast aside! The panel wouldn't have done that to  
us, surely? Yet that's exactly what happened.

1503.



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The immediate corollary was that she'd have to wait perhaps three, maybe four, years for an end – if indeed it will now ever come – to the precise discrimination that she suffered simply because she was a so-called HCV-widow and William wasn't infected by HIV.

1504. It was beyond momentous when **we submitted the draft of the first part of our evidence to the IBI on 9 July [WITN1944480]**. We had, at last – with just weeks remaining prior to the 25th anniversary of his death – told William's story in full, at the fourth time of trying. **It had taken from 4 September, 1994 to 9 July, 2019 to do so, but finally we'd been afforded the platform to present the whole, but certainly not exhaustively detailed, truth about the compounded scandal that he was subjected to.** We would several times say to the IBI that even if just one other human-being were to read of his end-to-end travails, that in itself would be a huge solace, just knowing that somebody beyond our triangle knew the truth.



1505. It was a major psychological lift, therefore, to learn that not only would Mr Moore read the entire submission but that the Inquiry chair, Sir Brian Langstaff, had committed to reading every statement *in-toto*. In our accompanying e-mail, sent jointly to the IBI and Leigh Day, we stated the basic essence under-pinning our initial evidence-tranche: *"We would emphasise that our evidence in this 'Part One' (emphasis) enclosed is very particularly nuanced and is not simply seeking to prove/establish that William was infected by contaminated blood products with the Hepatitis A, B and C viruses. That is taken as a given. Rather, we have concentrated almost exclusively on how he was treated subsequent to being co-infected with the above diseases. We hold that the care afforded to him was shambolic. The question remains as to why it was so over such a sustained period and right to his death."*
1506. The extent, though, to which we were, once again, completely and procedurally out-of-our-depth, was betrayed by our supplementary message to both parties: *"We anticipate that it will probably be quite some time before we hear from either of you in response to our submission, which is entirely natural given the size of the enclosed (which, again, we emphasise is only 'Part One' of our intended preliminary evidence). Further, we would be quite content if you were in fact to liaise between yourselves in order to decide what you believe would be the best next move to progress our evidence beyond this provisional stage. Whilst we do certainly have our own views as to what may be a workable and perhaps economic solution for the next stage, we understand that both of you are respectively better placed to make a prudent judgment call."*
1507. We hadn't realised it but we'd already effectively undermined the whole chronology of our IBI experience. Unfortunately, involvement in such a mammoth process, of which you realise very quickly you are but one-stitch in a much bigger tapestry, is not a dress-rehearsal. **You don't get to iron-out the procedural mistakes you've made and the unwise decisions you've initially taken, on the second time around the course.**

1508. Naturally, the passing of the 25th anniversary of William's death on 3 September, 2019, was an incredibly sombre moment. Yet, counter-intuitively, it was not without hope amidst despair. Yes, we were marking a whole quarter-century of completely unresolved grief, and it was an absolute travesty of justice, in the truest sense of that often tritely-bandied phrase, that **we'd spent even the very months leading-up to that awful milestone knee-deep – occasionally literally – amidst the copious medical notes that recorded his demise (and yet so much is missing) and formed the basis of our contentions, but it was indescribably cathartic that we'd at last been enabled to speak for him, and tell the truth that he wished us to convey.** We know that for an absolute fact. He wanted people to know what had happened to him and told us so in the months prior to death.

1509. As alluded to, we'd anticipated that we wouldn't hear back from either the IBI or Leigh Day for quite some time after the submission of our first evidence. Accordingly, given how draining and distressing – no matter how conversely therapeutic – it was to compile "Part One", and of course the fact that it was a very signal summer for us, we afforded ourselves some necessary respite between 9 July and the end of September 2019. We returned to our IBI process in October and inevitably we were immediately struck by the fact that we were recording events and details that had occurred exactly a quarter-century earlier, sometimes to the very day – it was just remarkable how many times that happened – and that was a very trying experience, it should be emphasised. It was necessary to become detached almost from the source material that surrounded every turn, simply in order to be able to plough-on. Whether that's healthy is another matter entirely.

1510. We were significantly re-assured that our whole approach to the IBI was still running as smoothly as we'd anticipated – not matter how un-orthodoxly – when we received a welcome telephone update from Leigh Day in late September, followed by a supporting e-mail [WITN1944481] on 27 September. Ms Sarah Westoby, solicitor to Ms Jones, wrote: *"I write further to our telephone conversation last week to update you. I have spoken with Emma Jones about our conversation and confirm that your status as core participants will not be affected by your decision to have direct contact with the*

*Inquiry for the purpose of submitting your statement. I also confirm that we will continue to send you updates on the progress of the Inquiry from time to time. I am still waiting to hear from the Inquiry about accepting the statement you wish to sign. I have sent an email to follow this up today and will let you know as soon as I hear. As soon as this is confirmed by the Inquiry I will advise them that you wish to be in direct contact to submit Part 1 (and then Part 2) of your statement. With best wishes, Sarah."*

1511. We took it as read that the very last reference was to the formal, signed, submission of our evidence, not the draft provided on 9 July. Again, we anticipated a lengthy silence from both parties regarding the finalisation of our first tranche whilst we continued to work in parallel on our second submission. Things could not have been running more smoothly, we thought.
1512. It was also an unexpected fillip, on 19 October, to receive the formatted files of our first evidence that the IBI had worked on since July. We really hadn't anticipated such a quick turnaround. However, without realising it, the first warning signs that the triangular liaison, that we'd requested, wasn't running as efficiently as we'd hoped were perhaps embedded in the accompanying e-mail from Leigh Day [WITN1944482]. *Inter alia*, Ms Westoby wrote: "Your question to me several weeks ago now when we first spoke about this process for submitting your witness statement was whether you could liaise directly with the Inquiry, and you asked whether you could sign the document provided to you by the Inquiry team at that stage. This is their response so, if you are content with this version of the statement, you would be able to sign and return this version (though, as you will see, there are some gaps to fill in, such as your dates of birth). I will text you the password to access the attachments. Let me know whether you would like to send the signed version to me to submit, or whether you prefer to liaise with the Inquiry direct."
1513. There was just something odd about the message that we couldn't quite pin-point. However, on the surface, things seemed satisfactory: anyway, we had evidence files to finalise. It was yet another monumental juncture. However, before we were even able to look at the evidence, let alone consider the curious nature of Ms Westoby's message – not that we were really paying

attention then; we just thought that the somewhat detached tone was typical legal-speak which our lay-ears weren't necessarily attuned to – **Maureen suffered the first of the three significant health scares that have marked our IBI years and have also contributed to the major delays in our experience as witnesses, even to this day.**

1514. As mentioned elsewhere in our evidence – particularly in our third statement, and also touched-on within the aforementioned document-range [WITN1944133] pertaining to the events of late 2020 – Maureen was hospitalised with a severe episode of trigeminal neuralgia (which she'd been experiencing intermittently, but ever-worsening, since spring 2016) which was undoubtedly stress-triggered. The whole period of debilitation obliterated the final months and weeks of 2019 for us. **Of course, that's the inherent risk of the Government delaying a public inquiry into a major disaster for three decades or so; key witnesses who were once in their 50s are then inevitably in their 80s, if indeed still alive.** We shouldn't have been in the slightest bit surprised that the attritional process of the IBI – the very thing for which we'd campaigned for decades – had such a deleterious effect on her but it would be wrong to say that we appreciated as much at the time.
1515. It should be remembered that Maureen was forced to retire from work through ill-health, and also ironically the need to care for William, in her early 50s. As recounted earlier, she almost died from pneumonia in hospital in May 1999, then again in 2014 when she was further hospitalised with sepsis – in between times she'd endured a major cancer-scare – and was beset by other compounding medical problems, not least congenital cardiac issues. All told, then, it was perhaps absolutely inevitable that our experience of a public inquiry – called when Maureen was 79 in 2017, which really only got started in summer 2018 when she'd turned 80, and then dominated our lives in the lead-up to the 25th anniversary of William's death in 2019, by which stage she was 81-and-a-half – would be battered by incidences of ill-health in someone of that age who was already significantly compromised.
1516. It took months to stabilise her, especially to get her adjusted to a new regime of medication. Naturally, we hadn't been able to make too much headway with

the review of our evidence by the end of 2019, and certainly had no intentions of doing so over the festive period. Thus, we were only just about able to renew focus on the IBI in January 2020. We were then only starting to worry that the time lost at the end of 2018, plus the brief summer respite we'd afforded ourselves in summer 2019 after the submission of our first draft, added to the lost late-autumn thereafter, was starting to aggregate into a significant delay, some 10 lost months by that stage, which may eventually haunt us. Once again, we barely knew the half.

1517. What should have been the seminal, ideally final, year of our effective IBI participation instead turned into an unmitigated end-to-end disaster. **It was every inch as distressing as our Archer years.** Again, it was largely because of the still deeply felt scars from that earlier torment that many of the problems, not all we stress, that we later endured in 2020 came to pass.
1518. We were in the midst of finally reviewing part-one of our evidence when we participated in the IBI event in Liverpool in February 2020, which Maureen also attended – which she found fractious and deeply stressful, despite the expertise shown by the deputy secretary to the IBI, Ms Catherine Nalty, in keeping order as best she could (it was inevitably and rightly populated by infected and affected victims of one of the biggest peace-time disasters and scandals that this nation has ever known and therefore replete with personal anxieties and expressed anguish and emotion; again, the blame for that lies squarely with HM Government, 1990-2020).
1519. As described elsewhere Maureen had different expectations from that meeting than we did. As also expressed, the immediate aftermath, for her, was devastating, especially to hear that the IBI still likely had two, if not more, years to run. Also, we were just weeks from the COVID 19 lockdowns. All told, the combination of her IBI experience between 2017-19, plus her health travails in late 2019 and ensuing new medication, combined with the news that the Inquiry was nowhere near over, and the shock of being confined to home as a "shielded" person, hardly able to see her children or anyone else, triggered a decline so steep that it had to be seen to be believed. We've never been able to reset her. She is now a product of early 2020.

1520. As we've said elsewhere, it was an almost indescribable psychological and physical earthquake that likely had been building within her for three decades and had probably long been just short of a final tipping-point. Yet four came along almost at once: hospitalisation; new, and quite severe, suppressant medicine; IBI anxiety; and COVID. Somehow, we were able to get our first evidence satisfactorily reviewed and signed – we don't know how – and dispatched our signatures directly to the IBI in early March (we could see the grim realities of COVID looming) by registered mail to Fleetbank House. Our plan was to return to the preparation of our second tranche whilst somehow trying to stabilise Maureen – then 82 – remotely. The stress was off-the-scale.
1521. How to put the first part of 2020 into a nutshell? Well: **it was 26 years since William's death and we were effectively still campaigning, just in a completely different way, right in the middle of a global pandemic, whilst trying to stabilise a seriously compromised and elderly, widowed-victim of the CBS, who was likely suffering the inevitable eruption of decades of injustice, discrimination and un-closed grief, caused by the very disaster and scandal that was under investigation, and which we were having to evidentially revisit every single day, in what was a mad panic, or so we thought, to submit our evidence to the very process for which we'd campaigned for decades, lest we ironically miss the deadlines which would then devastate us beyond repair. We lived all that.**
1522. That was the vicious circle we were already in prior to August 2020. **We need the IBI, the Cabinet Office, Leigh Day, the GMC, Hay, Reid, Burnham, Cumberlege and Warner *et al* to know all that.** Of those last two named, the former had once described our campaigning for justice, due to the scandal that we and others had endured, as a “***national sport***”, whilst the latter had termed the CBS as “***one of those tragedies***”. Well, frankly, your Lordships – **and we hope you are instructed to read our evidence by the IBI** – we'd like to see how you would have *sportingly*-fared in 2020 as *one of those years*. **It was 12 months straight from the depths of CBS hell.** The fact that we still have our sanity is a minor miracle. We have no hesitation saying that, for

us, the long-effects of the scandal were still as a roaring inferno engulfing us on all sides even as late as July that year. And then it got worse.

1523. Everything that happened from 13 August 2020 to August 2021 has been more adequately described and chronicled elsewhere, particularly in the aforementioned documents range of [WITN1944133]. **We were caught in the crossfire of something that was completely beyond our control, capabilities and endurance. To have learned that Hay was, indirectly but ultimately, the common-denominator and ultimate author of so much of it all – everything about the CBS for us only ever seemed to be two-steps removed from him – was the coup-de-disgrace.** Did we make mistakes in how we approached the IBI? Of course we did. Would we change things the second time around? Well, we think so but heaven knows how; **again, which parts of William's or Maureen's stories should we have omitted?** We'd like to see how other people would fare in consolidating evidence across a now 54-years period (1968-2022) – *n.b.* Anne is 62 and Gregory is 56, so we're talking almost entire lifetimes – into the documents that we've prepared; **maybe Cumberlege would see it as "sport"**. WITN1944483

1524. However, as much as we know we were un-orthodox, we were conditioned by the known events and experiences of: **1991** (William's surgery and subsequent diagnoses); **1994** (his final and scandalous demise; and then the events at Coventry that autumn); **1997** (the medical experts' stitch-up that we were subjected to by Messrs Davies, Little and Machin); **2003** (Reid and his immediate successors); **2005** (the GMC); **2007-09** (by Archer); **2009/10** (Johnson and Burnham); and **2012-17** (Burnham again). **No one in their right mind, approaching a process as serious and demanding as the IBI, would ever have conceded an inch of control on proceedings having endured that disgraceful litany.**

1525. On 13 August, all the carefully calibrated liaison processes that we thought were working smoothly, backfired on us. Then, subsequent to a serious miscommunication with the Inquiry, we devastatingly decided to remove our co-operation and involvement, as per the e-mail chains between ourselves, the IBI and Leigh Day over the subsequent months [again see

WITN1944133], and pointedly our response to the reveal of GMC evidence relating to our scandalously thwarted case against Hay in 2005 which we again have no hesitation in branding as corrupt. The GMC's verdict contained such serious misrepresentations of the truth and reality – events that simply never happened were actually presented as cold fact – that we do not see how any other conclusion could be reached. We know the import of our allegation.

1526. Distressingly, the period from 13 August to 15 November in particular – the latter date being just after we'd endured Hay's appearance before the IBI – was amongst the toughest of our entire campaign for CBS-justice, ranking alongside our Archer devastations. The miscommunication referred to above essentially led us to believe that the Inquiry had tired of us. It only compounded our grief at having failed William. It was a default hazard within us that was undoubtedly caused by the traumatic legacy of our Archer experiences.
1527. It was so insufferable, though, that at one point we decided that the very last thing we'd do before pulling out of the IBI would be to complain to the Cabinet Office. Even if that was to be a waste of time – something we were long used to – it would at least be the very last waste of time in the whole catalogue of failed paths we'd pursued since 1994.
1528. As things stood, though, at the start of 2021, the only thing that we thought we controlled was our dignity. We felt that the IBI had fulfilled our worst fears: not only had its very existence precipitated Maureen's decline (which, and again it goes to our naivete, we just didn't see coming) but it really was Archer 2.0 after all; the stuff of our worst nightmares. And so it has remained. **The very thing for which we'd fought had bitten us. "Be careful what you wish for" doesn't begin to cover it.**
1529. We simply had to cut-our-losses once-and-for-all and cease contributing. That was it, the end of all our campaigning: September 1994 to January 2021. Still, we reasoned, with our old, self-protecting pragmatism, that it was better to quit in January than February. Better than leaving it until March, and so on. We had to use every psychological hack that we could. It was our last devastation



but it had to be faced sooner not later. We'd flown too close to the sun and got burned. And then...things got even worse than they already were.

1530. Maureen noticed in June 2021 that her EIBSS payments had stopped. It was subsequently discovered that she hadn't "renewed" her application in time, i.e. still in the middle of a pandemic, and in shielded lock-down and still adjusting to heavy-duty medication and largely being alone whilst doing so. The matter was only semi-resolved. She was able to be "renewed" back into the scheme – **what, was she suddenly somehow re-widowed? did William come back only to die all over again?** – but not "backdated", thus depriving her of a month's payment in respect of April 2021 which has still never been returned and probably never will. Even as late as 2021 she was still being hit by the Department of Health's iron-fist. **Reid would have been proud of them.**

1531. She submitted the following (we can only access the *verbatim* draft) on, we think, 22 June, to the Health Secretary, Matt Hancock – the latest agent of chaos and misery to hold that office, who was only 15 when William died and just three when he was infected with HCV (indeed he was born just 10 weeks prior to the start of his demise proper that began with HBV in December 1978) – which she copied to Mr Howarth and the IBI (emphases in original):

*"Dear Mr Hancock,*

*CONTINUED EIBSS DISCRIMINATION AGAINST ME AS A SO-CALLED  
"HEPATITIS C WIDOW"*

*You will see that I have sent this to my MP, Mr George Howarth, also the Shadow Secretary for Health, and the Infected Blood Inquiry, to fully expose the appalling injustice you have subjected me to this very week by denying me – a locked-down 83-year-old with health difficulties – one month's payment (April 2021), according to the 'rules' of your England Infected Blood Support Scheme. I am to be punished, effectively, for not processing my means-tested renewal forms quickly, during a global pandemic.*

*I send this to those third-parties not in the hope of redress – for I am long used to the discrimination that the Department of Health has subjected me to for over three decades, and know that nothing is beyond its mean-spiritedness – purely in order for it to be known that these abuses are continuing in the background even to this day; despite it being four years since the IBI was*

called.

To make clear what you have done:

You have deprived me of £868.41 because I couldn't gather together in time copies of my bank statements for three months in order to prove my income, along with photo-copies of my pension statements from Marks & Spencer, and photo-copies of my Council Tax records with GRO-C Council. Apart from the fact that I should never have to jump through so many hoops just to gain some financial support (since 2017) in respect of the wicked death and suffering that my haemophiliac husband endured after being infected with hepatitis A, B and C in the 1970s by contaminated blood supplied by the very department you now oversee, all of the above paperwork would have required me to visit banks and other places to fetch the photo-copies you demand. Yet you locked me down due to COVID.

I have many health issues and must be careful at this time which I have found deeply anxious. I eventually got all my forms to you – which you have deliberately made a difficult process – just one month late in May 2021. Because of that you have docked my April money stating that rules apply.

Not only did your department deny me assistance following the death of my husband in 1994, when I was aged 56, because he'd only died of liver cancer and cirrhosis caused by Hepatitis C and B, not HIV, you then, in 2003, further denied me help because he died before August 30th of that year. Since then, you have even denied me parity with similar widows from Scotland. And now, just because my forms were sent a month late, you even deny me £868.41. Of all the cruel things you have persecuted me with for three decades and more, this has been by far the meanest.

I have no doubt now – because I'm used to the despicable actions of the Department of Health – that you will use my apparently broken EIBSS membership (despite me still having the same reference number since 2017) to deny me backdated parity, to 2017, with Hepatitis C widows in Scotland when you make this adjustment in late 2021.

You, Mr Hancock, went on record with the IBI stating that you'll only make backdated payments to the start of EIBSS membership. You have refused to ensure that my membership is continuous from 2017 by deliberately denying me my April 2021 payment, and I can see through this in the same way that I

*have seen through every penny-pinching discrimination that you have subjected me to since 1994.*

*I was 79 when the IBI was announced. I'm now almost 83 and a half, quite ill, and no nearer justice. I have given up on that. But the Inquiry, my MP, and the Shadow Health Minister need to know that your nastiness is still happening.*

*Mrs Maureen Murphy* "WITN1944483"

1532. As said, she never has been re-imbursed. **That's the CBS, though: the anti-gift that keeps taking away.**
1533. Quite unexpectedly, from June 2021 onwards we gradually returned to the IBI fold. We had to learn to trust the process all over again. We're not sure that we've ever managed to, however. There's little point dwelling on that, though.
1534. Nevertheless, by early 2022 we were back to full speed compiling final evidence. Our IBI process had been an odyssey, truly an epic poem, that we weren't expecting but we had a last-chance of fulfilment.
1535. Sadly again, though, just when we were starting to progress towards culmination, Maureen – 84 in GRO-C 2022 – then endured her third health crisis of the IBI years alone, and the sixth in total of our campaigning years. She was lucky to escape the effects of a truly vicious fall in May which resulted in four broken bones and a serious head injury and naturally prolonged hospitalisation. However, she then suffered a major, near fatal, complication on 3 June which the medics were only just about able to stabilise. Some 36 hours later, however, further complications set-in – through which she suffered the loss of four units of blood – and she was given the GRO-C late on the Saturday evening of 4 June, in the midst of Her Majesty's Platinum Jubilee weekend. **It was an appalling sight: Maureen lying on a blood drenched hospital bed, the sheets of which had to be cut away by scissors from underneath her in order to keep her still whilst the bed was necessarily changed. It brought back so many memories of William's final traumas. We feared then that our IBI involvement had ended by complete default and in the most horrific way.**

1536. However, she rallied, yet again. She survived and we just wonder if the inner desire to see justice, once-and-for-all, is the power that sustains her. Naturally, it took several months to re-stabilise her back into her home-setting. Her life has changed demonstrably, though. Consequently, as the summer of 2022 unfolded we again monitored the IBI as though from afar. There was one benefit to such a delay, though, for it enabled us to watch Burnham's evidence submission which, to reference a term he used in dispatch to us in 2017, was eye-opening.

1537. Really, at the start of the IBI there were five living witnesses that we were keen to see explain themselves before the chair: **Hay, Reid, Burnham, Cumberlege and Mr Mehan**, formerly of Fentons Solicitors attached to the Archer Inquiry. Probably in that order. Of course, we didn't necessarily wish to hear from, or see them *per se*, for we had no idea whether we could stomach it (**we have described earlier how distressing it was to even virtually be back in Hay's company**). But we thought we'd play things by ear. As it transpired, **we really couldn't deal with Reid's appearance**. Just couldn't. However, we have covered elsewhere, as a repeated thread within this second statement, post-August 2003, our general take on his evidence and his need to be given "credit". We trust we've done so. We also note that he's evidently re-adjusted to life after parliament; **the £65,000 help-fee was obviously beneficial**. However, we were conversely compelled to watch Burnham. For, when all's said and done, the man is political box-office, and likely knows so, and potentially a future prime minister. To say we were transfixed is yet another understatement.

1538. Naturally, it was difficult to watch his accomplished appearance before the IBI in July 2022. We immediately noted, though, how he sought to generate headlines even within the first hour – not that we are averse to publicity about the CBS – often seeking to advance into the morning session what, by obvious *chrono*-logicality, was bound to be discussed in the afternoon period. Classics from Burnham's bottom-drawer.

1539. We heard, though, his almost crystal clear recollections of his breakthrough meeting with Mr Goggins in 2010, citing the reason for his sharp recollection

being the extraordinary nature of that day. Yet, conversely, he was unable to be any more certain than "vague" about specifically crucial memories of the Haemophilia Society campaign event outside his constituency office in June 2009 which was, presumably by definition and certain descriptions that he offered, also a far from standard occasion.

1540. He said he had a "vague" memory that rather than refusing to meet campaigners he actually went outside, but couldn't remember for certain. He believed that if he did go outside then it was only at the end, when there were only a couple of campaigners remaining who presumably didn't seize the opportunity to hold an impression-lasting conversation with him, despite all their planning and waiting. Odd, that. Presumably, then, it was the late absence of most lobbyists who could hardly have attested to the apparent fact that he perhaps did or didn't come out, because they'd gone, that then gave rise to the popular memory that has persisted within the haemophilia cohort that he refused to meet anyone? It's what we got told at the time, anyway. Again, though, we accept that we're outliers concerning how cynical we are concerning Burnham.

1541. We only mention the above curiosity because: firstly, of how sharp his memories are of other matters pertaining to the CBS around that specific time, particularly when at pains to underscore how long he has been committed to our cause; and secondly because **in his statement of 24 June, 2022 he was quite categorical in his recollection that he'd actually gone outside. There was no "vagueness" about it. So when, between 24 June and 15 July, 2022 did his categorical memory of an event from 13 years earlier suddenly become "vague"?** Lest it not be forgotten that 19 June, 2009 was a very significant day for the CBS campaign as described earlier.

1542. Further, in his written statement to the IBI in June 2022, and his verbal evidence in July, and also in his earlier, time-warping e-mail to Gregory in April 2017, he made significant reference to how seminal his 2010 meeting with Mr Goggins was for him. Indeed, in his oral evidence to the IBI, he'd said he'd been asked by his fellow MP to consider the parallels with Hillsborough (much as we'd asked him in 2012). Yet in his self-described "valedictory

statement” to the Commons in 2017 – a gloss-over term to describe a speech best described as “last ditch” or frankly “far too late” – he placed great emphasis on a meeting he’d had in 2016 with the APPG at the invitation of Ms Johnson.

1543. He’d said to Gregory in 2017 [WITN1944482] that he was asked as to whether his experience *“on the Hillsborough campaign might provide some insights that would help those still campaigning today, after all these years, for justice for those who have suffered from contaminated blood.”* He added: *“When I focused on that question, I had something of a penny-drop moment—this was when I was preparing to speak to the group. The more I thought about it, the more the parallels between the contaminated blood scandal and Hillsborough became clear. Obviously, both relate to the 1980s and both resulted from appalling negligence by public bodies, but there is also the fact that both have been subject to an orchestrated campaign to prevent the truth being told. It is that failure to give the victims the truth that compounds the injustice and the suffering.”* Again, we wonder how long it takes for a penny to drop?

1544. Really, despite the fact that we’d been communicating that very thing to him repeatedly for at least four years by then (2012-16), wasn’t that also expressly, by his own testimony at the IBI, what Mr Goggins had first advised him about in 2010? Presumably, then, if his meeting with Johnson in 2016 was a “penny-drop” moment, then his prior one with Mr Goggins was merely a ha’penny insight, and prior to that there was Lord Morris’ briefing, which he recalls for its bluntness. Interestingly, even after Ms Johnson’s invitation in 2016 it still took him a full year to reach a full shilling and speak in the Commons. We consider it a good job that Parliament wasn’t prorogued the previous week otherwise he wouldn’t have been able to speak at all, presumably, because he still hadn’t reached full understanding.

1545. Finally, we noted that there was nothing of originality in anything he offered to the IBI verbally in July 2022, despite it appearing so, especially to the media. He talked about *“departmental lines”, “manslaughter”* and other such references. Yet we’d been telling him about those very things for years.

We noted that in addition to Burnham's pattern of last-ditch activity – and of course he wasn't alone, especially given his own activities in 2010, but also Dobson's in 1998 and Cameron's final moment apology, such as it was, in 2015 – there always seemed to be someone, or something else to blame for his tardiness or inability to act as fully as he could.

1546. Whether it was the handcuffs of Labour's Archer response in 2010 that conspired against him whilst he was Secretary of State, or some unidentifiable, overarching, systemic force dictating official policy down the decades, he sought to convey how passive he had to be. He seemed oblivious to the obvious, though, in pursuing that thought train. For there was no, and is no, dark, departmental force militating against CBS-justice. For the Department of Health, the NHS, and the pharmaceutical giants are made up of human beings, like him. It's people who have failed, repeatedly, through plain and simple, as old as Adam, human weakness not because they have been placed in inescapable strait-jackets by mysterious powers-that-be.
1547. Somewhere along the line, at the root of the whole CBS and its appalling aftermath, a human being, or plural, not a system or a force or an entity, will have made a first bad decision rather than a good one, almost certainly based on money. Subsequently, a whole series of actors – whether they be pharmaceutical professionals, medics, politicians or civil servants will have compounded Decision One by a whole, aggregated series of personal choices not to expose or disrupt the erroneous direction of fatal travel. They will have avoided taking those brave decisions for a whole panoply of varying reasons: career ambitions, peer pressures, mortgages, or maybe just a plane to catch.
1548. THAT is the system. THAT's the dark force: the often tragic effects of individual and cumulative human failures. One after the other after the other. It may have grabbed the headlines when Burnham spoke of charges of "*Corporate Manslaughter*" being brought against the Department of Health, but ultimately he knows how vacuous that statement really was. You cannot send an entity to jail and it would take another half-century to even unravel the causal knots that have tied-up CBS victims for decades before even knowing who, almost certainly posthumously, to put on trial on Day One.

1549. In deftly directing our gaze towards systems and entities, Burnham successfully avoided the reality that individual people have been to blame for the CBS – a whole series down the decades – for acting badly in the first place and then failing to act well in the latter. People like him in the second phase. But we've lost count of the amount of people, or collective groups that he told us were not to blame. So who were? No-one, apparently, just some indefinable, Infected Bloodlord dictating the whole toxicity of the CBS, it seems. No, it was just ordinary people.
1550. It was as much about the presence of individual persons making the wrong decisions as it was about the absence, or rather sidelining, of others who tried in vain to act for the good. Those like his friend, Mr Goggins, whom he remembered tearfully, and who, ironically, Gregory was acquainted with professionally, quite separately from the CBS.
1551. Burnham suggested that he was powerless to act against the forces, the system, the entity, the indefinable whatever, despite the fact that he did that very thing regarding Hillsborough. Yet "Goggo" – and the good, unsung people he surrounded himself with, some of whom we are aware are now pursuing social justice quite literally in their own legal or media careers – would have pushed back had he been in the same elevated position. A true champion. We know that for a certainty, because that's how "Goggo" was, and it is at least gratifying that Burnham has ensured that his name is part of the IBI record, as we have done also. The problem is, and always has been, of course, that good men like "Goggo" are never allowed to be in the positions that men like Burnham find themselves in, where decisions that matter, that can truly change things, can and should be made.
1552. We thank him, though, for getting us those headlines in July 2022 – ultimately based on nothing but nebulosity – which we noted rather conveniently obscured the shortcomings that he was forced to admit to in the first hour of his verbal testimony which typically didn't make the media wires. As we've also stated in this second statement, we're not so wrapped-up in our own injustices to realise that it was likely Burnham who made the difference in



2017 and forced May's hand to call the IBI. As we've said, we have proof [WITN1944463] that she had no intention of doing so even a year earlier.

1553. We really wondered where his testimony was heading. Whether he would eventually say the "s word". We admit to having had our doubts. In the end, he did. Fulsomely. Reading between the lines – and we were re-assured that his articulate abilities deserted him in those very moments; that's when you can detect authenticity, not rehearsal – it seems that somewhere along the line, Andy Burnham didn't realise he'd become Andy Burnham. We did, though. That's why we asked his help. That's why Mr Goggins asked him, in 2010, to "*do what you're doing for the Hillsborough families*". Lord Morris saw it, too. Why was he seemingly so diffident? Only he knows the answer.

1554. Again, it wasn't because he was acting overtly for Hillsborough and not us that we felt aggrieved. It was because the CBS was a "health" issue, emphasis, and he was the "Health Secretary", and then Shadow "Health Secretary". It was his brief, his patch! It shouldn't have been Mr Goggins asking him. Andy Burnham, already the people's champion by 2010, to "*do what you're doing for the Hillsborough families*". It should have been Rotheram asking him "*to do what you're doing for the CBS families*".

1555. That's why we've focused on him and not necessarily Dobson, Milburn, Hewitt and Johnson (to a degree) from that litany of Blair/Brown can-kickers at best – deniers of justice, at worst – for they were all just people, nodding individuals of no consequence whatsoever, who chose to make bad decisions rather than good. **Reid is another matter altogether**. It's why we've also all but ignored Rotheram, another one whose general silence regarding the CBS, certainly in comparison to Hillsborough, and even as Gregory's constituent MP, with no parliamentary protocol to hide behind – in contrast to his predecessor, Mr Kilfoyle, for whom we here express certain gratitude – was deafening. Because none of them were Andy Burnham. Andy Burnham was and is.

1556. The word "sorry" appeared in his Inquiry word-cloud five times on 15 July but it was the last two that were the most important, and the final instance most of all. Firstly, he said, he "*would like to say sorry to everybody for being too slow to act. I wish I had done things sooner. I do. I really do.*" That was good. But

he then made qualifications about what he knew, or rather didn't, "*at the time*", which we not only vehemently disagree with but have comprehensively dismantled above and earlier. He "knew" because we've shown that we told him, time and again. He just chose not to act, as Andy Burnham, for whatever reason was most applicable in his career trajectory. He was an individual making the wrong decisions, just failing to act.

1557. Thankfully, though, he then laid his caveats aside and just said "*to everyone in this room and watching, I would just like to say sorry that I didn't do more, but we are here today, not because of anything that I have done or any politician did but it was because you never gave up.*" He was right. We never did give up. Our three statements to this Inquiry, some 400,000 words covering evidence from 1968 to 2022, describing a campaign that really began in earnest in 1986 – with our lives wrecked from certainly December 1978 onwards – bear testimony to all that. We're utterly exhausted.
1558. We say thankfully, though, because he actually could have pointed to things he had done. "*Not much, but not nothing,*" as he once told us. Because it's one of the few concessions that we make to him that he was, in passing-part, right about some of the things he said in his unfathomably belated response, in 2017, to the e-mail we sent in September 2012 [WITN1944432] after the HIP-report – the third occasion that he (or Ms Menzies and Ms Goodair) overrode Parliamentary constituency protocol (incidentally, we could always tell the good guys who would cast aside that convenient cover and respond to us directly; we always knew how that worked).
1559. He told us in 2017 that he'd not done the "*nothing*" that Gregory alleged. That was essentially true, he could point to several things. But deep-down, he always knew that we weren't talking about things that Rt Hon. A. N. Other MP could have done. We were talking about the extra things that Andy Burnham could have done and didn't. So thankfully, the second time, he just said "sorry", without qualification. He got there. We're grateful.
1560. He said he'd been "*on a journey, really,*" in terms of his "*understanding of the way this country works,*" ever since being "*invited to the 20th anniversary [of the] Hillsborough disaster*", and that day represented his "*fork in the road*".

Well, we could dispute as to how long the trek was that finally led him to the CBS, as well as Hillsborough, given that the former was under his nose all along and he didn't need The Kop to scream it to him. But we took his analogy in good part. He said that until then he *"was a loyal minister...doing my bit, I was a team player...reading the lines to take,"* and then realised that the Government he was part of was *"clearly not listening to the people I had grown up with,"* and finally had to decide *"what to do",* and *"that is what happened to me on the 20th anniversary of the Hillsborough disaster."*

1561. Well, we were the type of people he'd grown up with, too. Moreover, Gregory was even the type of person he'd sat next to at Goodison Park, in 2010, as he described in that plaintive e-mail to him of 2012, begging him to act. Gregory told him of the pain he'd endured for 90 minutes – and not just watching Everton, but they won that day on 20 March, 2010 – as Burnham sat there with what very much looked like his father. Gregory told him how he'd had to contain himself, and say nothing to a man who, only the previous June, two months after he'd made his promise to The Kop, had bluntly told him [WITN1944399] that: *"The Department does not intend to revisit its response [to Archer]. I hope this clarifies the Government's position on this matter."* Then he sent that to his *"Customer Service Department"*. We'd ask him to re-read the last few sentences again. Furthermore, we weren't "customers" and that wasn't "service"; quite the opposite.

1562. Gregory told him, in 2012, about the pain he'd caused us and particularly Maureen with that abominable response in June 2009. He told him in 2012 how he hadn't said anything to him at Goodison Park in 2010 – ironically just three months after his apparent breakthrough meeting with Mr Goggins –because, ultimately, Andy Burnham, then Her Majesty's Secretary of State for Health, was simply having a day off, watching Everton with (presumably) his dad and he didn't need any common grief in that sanctity. Gregory told him that, ultimately, the biggest pain he felt that day was that he just wanted to be sat there with William, not still fighting in the then 16th year of a post-mortem justice campaign that is now 29 years long and counting, against the very man sat next to him, amongst others. Just two men sat next to each other amidst 36,000 but poles apart. What

Gregory sat next to that day wasn't a department, or a force, or an entity, it was just a man, a politician, another in a long line who made the wrong decision.

1563. Incidentally, a very similar scenario occurred with Gregory and Johnson, in The Albert pub, on Victoria Street, at lunchtime on 26 September, 2019. Both men were at their leisure – Gregory with his wife – and they both happened to be stood next to each other at the bar ordering. An affected, bereaved-victim of the CBS stood next to the former Health Secretary who had caused him and his mother so much pain. Did Johnson need his private life being intruded by a random member of the public? Certainly not. Gregory's heart was pounding, of course, and his head was banging, but ultimately he respected the moment for what it was. It was actually quite powerful in its way. **We can only wonder, though, if ever Johnson or Mr Burnham had found themselves in similar situations to those Gregory encountered in 2010 and 2019, literally within ear-shot of the men who had contributed to a lifetime of anguish, whether they would have remained as continent.**
1564. So, Mr Burnham, has now placed on-the-record, under oath, that he is effectively a changed man, a different politician. Someone who now will challenge. Essentially, Andy Burnham now finally knows that he is Andy Burnham and that with that comes the responsibility to continue being Andy Burnham. We would dare, then, to offer him two strands of advice, as well as good luck, if he ever plans to re-enter Parliament, especially at the levels he's likely to act. Firstly, it won't be easy for Andy Burnham to continue being Andy Burnham: yet if he intends to, then he's going to have to remember that principle at every accountable turn. Secondly, he could do a lot worse than stop in-the-moment, every single time and ask: "What would Goggo do?"
1565. On Friday, 15 July, 2022, Andy Burnham said to us all, through the IBI: *"I would just like to say sorry that I didn't do more."* If we're not mistaken, that's the first proper, human, heartfelt apology – discounting Cameron's pathetic 77-seconds effort in 2015 amidst the pantomime of the final pre-election PMQs before the raucous, last-day-of-school House of Commons – that

we've had since 1986. It's taken 36 years for it to come, and the irony is not lost on us that it took Andy Burnham being Andy Burnham to be the one to finally make it. We accept it, without reserve.

## Consent

1566. We don't believe William was treated as a guinea pig in the classic sense of patient experimentation, nor even in the way that many within the contaminated blood cohort justifiably refer to, i.e. with a very specific meaning. Rather, we hold that he was a guinea pig in a more abstract sense. Indeed, we think he was treated as something of unique experiment, in that he was actually denied treatments that would have positively advanced his health, both short and long-term. It is our conviction that such interventions were withheld in order to see how he would progress, or rather regress. We believe that Hay saw the huge research potential when, in the late 1980s at the height of the CBS, he encountered a patient like William: i.e. co-infected with HCV and HBV, having also suffered HAV, but being HIV negative. He was an exception even within his own family. He truly was the "other Murphy brother" with haemophilia. Throughout the 1970s and 1980s, Hay was a published medic and expert in his field. There was not a nuance he did not know regarding haemophilia, hepatitis nor contaminated blood and his reputation was burgeoning. We believe this was a major factor in how he dealt with William who was surely a case of research interest to him.

1567. Basically, either Hay is a complete fraud and not the expert that he professed to be, or he did indeed know what he was talking about, and simply used William to advance his own knowledge base. Sometimes medics learn more about diseases by doing nothing and letting them take their course, especially in patients who are probably already deemed in terminal decline. How could he have not known what was right in front of him, specifically from 1987, in the shape of William?

1568. Further, if it really was the case that, in late summer 1994, he, a world expert in his specialism, genuinely hadn't noted the liver cancer that had quite predictably developed, for likely six months, in a long-term patient of his, whom he was seeing regularly throughout that period, and who was, according to medical knowledge, a prime candidate to suffer such a complication, then that surely transfers the onus of responsibility back on the GMC, who therefore conclusively erred in finding, on all the evidence given them in 2004, that there was no case for negligence. When Hay correctly requested an alpha-fetoprotein test in June 1994, why did he do so, and why did he do nothing with the results? That test, already so very late in William's deterioration, was clearly requested by him because he surely knew that his patient might very well have liver cancer, which makes it all the more scandalous that no action was then taken.

1569. Further, William was not even referred to Dr Gilmore by Hay – who was very possessive, as indicated by his references to “my patient” – and therefore indignant at the referral. Maureen asserts that in June 1994, Hay said something to Dr Gilmore, along the lines of, “*What are you going to be able to do for this man that I've not been able to do for seven years?*” Yet within minutes, the latter had already earmarked William as a potential liver transplant candidate and slated for work-ups to be conducted on him at the RLUH and later the Newcastle Freeman Hospital. William and Maureen told us repeatedly of their disbelief at that moment. That things moved so very fast and suddenly and they were somewhat overwhelmed, yet elated, that such a life-extending chance was even thought possible. We were all buoyant. Of course, we knew he wouldn't last forever, he would have been 88 now had he lived, but we certainly believed that he could have had another 10-15 years, and crucially quality ones, too.

1570. Throughout the remainder of that summer, between July and August 1994, William was clearly on the trajectory for a liver transplant. Furthermore, we also knew that were he to successfully undergo such, that he wouldn't be a haemophiliac any longer, which was incredible to comprehend. Yet, throughout all that time, there was proof that he was already suffering from cancer, and probably since March. He had an alpha fetoprotein

reading of 9280 from late July. Hay called for that test and did nothing with the results. Why did he not tell Dr Gilmore, the co-consultant in charge of William circa July 1994, that he'd even requested the test, let alone not inform him of the cancer that must have developed?

1571. When Maureen saw Hay in the RLUH, just a week after William received his diagnosis in Newcastle, she recalled that he said something immediately defensive, in a knee-jerk manner, along the lines of, "*well, he didn't have cancer when he left Liverpool*". In fact, she believes that they were his very words *verbatim*, and she related as much at the time. She was shell-shocked. So, was she left to conclude that William had somehow contracted cancer on the A1 when he moved to Newcastle and that the tumour grew to such an extent in just four days?
1572. Notwithstanding that we believe that William was actually denied vital treatments, it's always been a parallel suspicion that he was treated without his consent in certain other aspects, yet we would never be able to prove it. For example, as we've detailed in our first statement, he was very injudiciously placed on the Relifex (nabumetone) drug trial in spring 1989 which was completely inadvisable for a man with such previous gastric problems. Indeed, it seems that Hay might well have ignored a colleague's advice not to place him on the regime.
1573. William was always innately reticent about medical interventions, yet he felt he often had no choice but to be passive concerning the major treatment episodes, especially in his later years. He was no longer able to be as conservative as he was throughout the first part of the 1970s. For example, in December 1978, the true start of his demise, he was taken to hospital in a medical emergency, and then again in November 1981, with several other notable instances of hospitalisation having occurred in the meantime. Then, after discharge almost at new year 1982, he didn't return to hospital as an in-patient until his hernia operation in 1990. During the whole period from his knee operation in 1991, through to his diagnosis with cirrhosis in 1992, culminating in his death in 1994, we're convinced that he was subjected to a degree of experimentation, but we would never be able to provide

definitive proof as to what. Whether or not, in the relatively benign period between 1982 and 1989, pre-Relifex, he was also on programmes, we don't know.

1574. Although William, by early 1992, had begun to exhibit many clinical indicators of the end stages of liver failure – cirrhosis, three varices episodes (we even know from Hay's own research that these were classic signals, never mind the plethora of other medical documentation to that effect) – nothing proactive was done to help him. That's why we suspect that William was part of a very specific, undefined medical study programme. He knew that he was being studied to a certain extent but, from 1992 especially, but he also became acutely aware that he was falling through certain care stages and was accordingly suspicious. Further, we felt that, to a degree, throughout his care under Professor Shields, Hay and later Dr Gilmore, he was a victim of bureaucracies. That belief, though, was eclipsed by our gnawing sense that he was being denied treatments besides the very minimums required, e.g. episodic sclerotherapy, from 1992 to 1994. It is now blindingly obvious that Hay must have been monitoring what was happening if he omitted certain treatments or interventions. For just one example, maybe he was curious to see just how long after the onset of varices (April 1992) he would suffer another encephalopathy episode (August 1994).

1575. An anomaly about our statements is that our criticisms lie not in the fact that William was infected with Hepatitis B or C via contaminated blood (which we consider to be axiomatic), but the treatment, or lack of, that he received thereafter. It's an open and shut case that he was infected with contaminated blood, there's no point trying to expose that. What hasn't been explored is what sufferers endured on a daily and weekly basis thereafter. In at least our case, it virtually all boils down to just one man: Hay.

1576. How did the medical experts appointed in 1997 to review Maureen's litigation attempt reach the conclusions that they did? Moreover, did they reach them independently, or was pressure applied, particularly from the medical world? We simply could not fathom how Dr Davies, in particular, reached the verdicts that he did based on the evidence given. Hay would have



known that Dr Davies was being appointed. For, he's since exposed (in November 2020 to the IBI) that he well knew of our medical negligence case against him prior to its collapse almost as soon as we were made privy to the experts' reports in late summer 1997. He therefore would have known who was providing that expertise. We don't think we ever knew, prior to the thwarting of Maureen's case, that he even knew it was happening. So how did he become aware of it? Who made him aware and when? The only possibility that we can conceive is that one of the potential experts informed him. We certainly don't think Maureen's solicitors would have told him prior to that point. Yet, like with the later failures, i.e. with the GMC in 2004 and at Archer in 2007, he always seemed to be operating in the background every single time against us. And yet he accused us of "low level guerrilla warfare" against him in his evidence to the IBI in 2020!

1577. We don't know whether anybody else within the whole haemophilia cohort also experienced problems with Hay. Even if we're the only ones, though, we would like him to answer a simple question; are you the expert you claim to be? If so, then did you miss William's cancer in 1994 because of a blunder, or was it wilful? They are the only two possibilities.

1578. When Hay provided his evidence to the IBI in November 2020, we had to watch from our homes and it was a daunting prospect. Gregory even said to Ms Westoby, at Leigh Day, that he didn't think he could be in the "same room" as him, even virtually. We weren't sure how we would react when we saw his face. On the second day, Hay implicitly referred to Gregory. A letter flashed up on screen, alleging that he and Maureen were the people who allegedly "harangued" him in Coventry in 1994. That was when he rather colourfully accused us of subjecting him to "low level guerrilla warfare". It didn't happen.

1579. He also effectively accused Gregory of being an ambulance-chaser in his campaigning for CBS-justice, and of him having been largely absent from William's bedside during his many hospitalisations from 1987 to 1994. Yet the truth was that not only had Gregory met Hay on various occasions at the RLUH but was an almost constant presence alongside his

father throughout those traumatic years; he wheeled him around the grounds of the Freeman Hospital, Newcastle, just 24 hours before he received his cancer diagnosis that Hay should have spotted five or so weeks earlier, at least. It was entirely typical, though, that he stooped so low and crassly during a public Inquiry to castigate a bereaved relative in the way that he did. It was also unfortunate, due to the earlier miscommunications that we endured in relation to our representation by Leigh Day [WITN1944133] that we weren't prepped ahead of such toxic evidence being shown on-screen. We know from our long activities in the CBS justice campaign that most fellow campaigners would not have had too much difficulty in identifying to whom Hay was referring, despite the redactions.

1580. Of course, we've always known that Hay was indeed the expert he professed to be, and that he hadn't made a huge blunder in summer 1994 regarding non-identification of William's cancer, but rather that it was a deliberate omission in furtherance of his own scientific research. He must have suspected that he was in terminal decline and that his last resort would be a liver transplant. Yet he never offered that. Instead, notwithstanding his attendance to the basic and immediate medical complexities in a patient like William, the only tenable, and perversely the only feasible, explanation, is that he effectively left him to rot in order to further his medical publishing career.

#### Treatment, care and support

1581. As stated earlier, Maureen and Gregory, in January 1992, met Hay and his assistant, Alison Jones, in a small room at the RLUH. They asked directly as to how long William had left to live. Gregory was getting frustrated, for a helpful answer was not forthcoming. Hay categorically said that he could have as little as a fortnight or he could perhaps have years. Gregory asked again whether it would be years or days. Indeed, he would have incrementally bartered him down, month by month, day by day until he gave a narrower

answer. He eventually estimated that William would have two-and-a-half years left. In the end, he was spot on. There is no documentation to prove that this conversation happened, but we attest that it certainly did. Hay's prescience was truly remarkable. So, was he just watching those two-and-a-half years unfold and tracking whether his expectations regarding the deterioration of William's health were met, i.e. varices, other complications, encephalopathy, and eventually cancer?

1582. We kept getting told that William's diagnosis with Hepatitis C was not until the spring of 1992, however circa January 18th 1992 we were categorically informed that he already had cirrhosis and HCV. We should also have been told at that stage that he was in "liver failure": for his medical records attest to this. However that nuance wasn't communicated to us until the (known) encephalopathy episode that William endured in August 1994. In fact at that stage we were informed that he was in the final phase, of the end part, of liver failure; three separate medical demarcations were outlined. We were stunned to learn that he'd been in "liver failure" for at least 32 months.

1583. We know that William and his two haemophilic brothers were all treated by Hay. Indeed, it was whilst one was quite literally dying in the RLUH, in late 1989, that Maureen, when sat outside her brother-in-law's hospital room, finally realised for certain that there was indeed something wrong with William, for she could see it. She finally acknowledged that he was not just being cynical and negative in the three years since his first HIV negative test. She could see that there was something indefinable yet unequivocally wrong. By that point, for example, he was already falling asleep at the drop-of-a-hat and looking generally unwell. She finally agreed that he wasn't just being miserable and that he really was sick. Thereafter, and right to his death in 1994, they were a united front.

1584. The whole medical cohort, though, focused exclusively on HIV throughout the 1980s and into the 1990s. Accordingly, there was a generally oppressive atmosphere bearing down on William to the effect that he needed to accept that he was fortunate in not acquiring the virus, like his brothers had. Further, Hay actually said to Maureen something akin to "*when is he going to get it*

through his head that there is nothing wrong with him?" To a certain extent, Maureen may have validated Hay's inertia, by also initially thinking William was being unnecessarily negative. By late 1989, though, she was fully on board, however reluctantly, with her husband's innate understanding of his internal deterioration. It was quite clear to her that Hay, thereafter, was short tempered and impatient with them both, perhaps having sensed that he'd finally lost Maureen's support. She recalls that he continued to emphasise that William had effectively dodged the bullet of HIV, the virus that had killed his two brothers, so why couldn't he just be relieved that he was negative and accept that fortune?

1585. There will always be a gnawing injustice inside Maureen that GRO-D  
GRO-D she was treated differently. That sense has always prevailed even since 1979; and, as we have underscored, a doctor's letter actually referred to William as "*the third Murphy brother with haemophilia*". Seen now in retrospect it seems like a fore-shadowing of everything that was to follow over subsequent decades. There's always been a sense that we were/are the "other" family. The Government compounded this, and the most egregious effects of such divisions were most acutely exposed, as we described earlier, at The Haemophilia Society annual meeting at Coventry in November 1994 just weeks after William's death.
1586. Really speaking, Maureen never psychologically recovered from the mental battering she and Gregory took that day, right in the depth of the immediate and still raw, dark depths of the black-pain she was enduring so early in her widowhood. Aside from the macro-injustice of William having been given infected blood, all the subsequent micro-injustices that we have detailed in our evidence have served to corrode her morale to the point where she is now but a shell of her once vital self. To say that she has long suffered the ongoing effects of Post Traumatic Stress Disorder - multiplied perhaps 10 or 20-fold given the additional heartaches she has endured since William's death – is no exaggeration. To know that she could not have failed more to secure justice, and so repeatedly, had she tried has been a huge weight to carry.

1587. Again, we also place it on-the-record, and it goes to the matter of stigma, that after William's diagnosis with HCV in 1992, Maureen was repeatedly tested for the virus, the results of which were negative.

1588. In the weeks after William died, Maureen frequently met Ms Jones. Psychological support, *per se*, was not offered. Rather, we believe she was more gauging the atmosphere. In fact, Maureen was offered the exact opposite of mental health support. We suspect that all three of us would have benefited from such a service, but think we wouldn't have necessarily understood as to why we were being spoken to in "soft ways". Moreover, in the space of a week in January 1992, for example, Maureen was faced with the double blow of learning of William's Hepatitis C and cirrhosis of the liver, in which he was essentially given a prognosis of two-and-a-half-years to live. No pastoral support was offered. That's why we were amazed to read from several of Hay's testimonies to the Penrose Inquiry that there was a framework for psychologically supporting those with infections.

1589. He essentially fabricated a structure that suggested that he worked closely with the hepatologists and pastoral support workers. That simply didn't exist, certainly not prior to September 1994 and throughout his time in Liverpool, as we have underscored in our chronology. At the time, however, we never noticed its absence. It was not ever something we were looking for and, in that respect, we never felt cheated. It was a different world, then. But we're in a different, more aware age now. Accordingly, we would feel somewhat disingenuous to suggest that it was a scandal not to have been offered support of this nature.

### Post-script

1590. We sign these words in spring 2023 knowing that, essentially, the IBI is already over before we've even had the chance to publish our evidence or appear at Aldwych. That chance has sadly now gone for us. We've often referred throughout our statements to "the ultimate irony" or words to that

effect. Well, it probably is the ultimate irony that we've essentially missed the deadlines for appearing at an Inquiry for which we've been fighting since September 1994 - some 29 years ago. However, in the depths of our despairs over the decades, had we been told that one day we would at last be given the chance to place William's and Maureen's stories on-the-record, once and for all, and in full, then we'd have taken that and no more. It's distressing, though, to realise that will be all.

1591. We simply had to tell the whole arc, though. **We'd have longed to have submitted and published our evidence by, say, spring 2019, just six months after the effective start of the IBI, knowing that we'd already done our bit.** It just wasn't possible for a whole slew of reasons, not least because we had so much evidence to relate. Still, we are where we are, which is where we have fought to be for so long; possibly on the cusp of finally seeing CBS-justice served. We wish it had come much sooner but we're at least glad that it's likely to come later rather than not at all.

1592. Throughout our three-, or arguably four-pronged campaign, we have often struggled with the need to extend forgiveness to those who caused the CBS and then others who compounded the injustices that Maureen, in particular, has endured. We also continually contended with the visceral dilemma about whether we should have just had the good grace to accept what happened. Well, on the first point, we absolutely do forgive those involved in the ongoing horrors of the CBS; to not do so would go against every Christian instinct we have. It would be even more corrosive. However, that doesn't mean that accountability should be dodged, because that would prevent justice. Forgiveness and justice are not mutually exclusive. They are goods. Attaining those two basic tenets of humanity have sustained us, and it's through them that we've actually been able to reach an acceptance of what happened whilst still fighting to expose it. Seeking the truth can never be an evil, only a good. **As much, though, as we genuinely do forgive, we have the nagging doubt that some of those names in our evidence probably don't accept that there's anything to be forgiven for. That's their call.**

1593. Our strongest advice, though, to all those we have cited, who might be bristling with indignation at our evidence, would be to not protest and just accept that they made errors and take-it-on-the-chin, as it were. We know a thing or two about corrosiveness. Just face the moment, and accept the accountability.

1594. Finally, we'd like to think that our evidence, although unique, in some way stands also for so many others amongst the cohort of infected and affected victims like William and Maureen. For, as well as recounting our personal experiences, we have, albeit unwittingly, effectively written something of a social history of the CBS years; the lived horrors of it all. We're acutely aware that so many victims have not had the chance to submit their evidence because they died a long time ago. Others maybe aren't well enough, or too old, or didn't feel that they could say too much anyway, or didn't know how to, or perhaps didn't have the evidence to do so. We'd like to think that in some vicarious way, our evidence will stand for them, too, almost emblematic, symbolic of the hurt that the CBS rained down on a particular population of stricken people in the late 20th and early 21st centuries. None of them deserved what happened. William – God rest his soul – and Maureen didn't deserve any of it. They didn't know what was going to hit them.

#### Statement of Truth

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

Signed

GRO-C

Anne Elizabeth Anakin

Dated 22/5/2023

#### Statement of Truth

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

Signed

GRO-C

Gregory William Murphy

Dated

22/5/2023

