Witnesses Names: Anne
Elizabeth Anakin and Gregory
William Murphy
Statement No.: WITN1944003
Exhibits: [redacted]
Dated: 22/5/2023

INFECTED BLOOD INQUIRY

THIRD WRITTEN STATEMENT OF
ANNE ELIZABETH ANAKIN AND GREGORY WILLIAM MURPHY

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. This third witness statement seeks to cover the broader impact of William's infections following receipt of contaminated blood and the years of injustices that followed. Although largely a joint statement, it includes first-person impact testimonies from both Anne and Gregory, intended to present their individual perspectives on how the Contaminated Blood Scandal ("CBS") has shaped their lives as members of William's immediate family, and how it irreparably affected relationships with their extended-family. It is presented conservatively, in the family's preferred, collective style, generally given in the third-person, thus referring to "William", "Maureen", "Anne" and "Gregory". The narrative is

formed around a mix of spoken and written submissions given by Anne and Gregory, collectively to be understood as "we", "us" or "our" etc.. However, where necessary, concerning their individual, first-person submissions, the reference styles are given as "dad" (William), "mum" (Maureen) or "nan" (William's mother, Catherine). It also includes certain first-person, verbatim quotes from Gregory pertaining to wider issues beyond his personal impact statement that he specifically wished to comment upon directly.

2. The ongoing impact of the CBS is complex and multi-faceted, spanning many decades and affecting every corner of our lives on both a macro and micro-level. It continues to influence not just us, as members of William's immediate family, but his grandchildren too. Albeit by no means exhaustive, in order to provide some coherence to the myriad and far-reaching impact of William's infections, we have divided this statement into various sections. In so doing, we aim to provide some clarity as to the many aspects of our lives that we believe have been most significantly impacted. The understanding or appreciation of certain nominal references to events or episodes that have been detailed more extensively in our first two statements is assumed.

Section 2. Impact on Maureen

3. The impact of William's infections particularly with Hepatitis B and C, and the decades of injustices that have followed, have had a profound and devastating impact on Maureen. She turned 85 in GRO-C 2023 and has arguably spent the last 50 years consumed by the effects of William's infections following receipt of contaminated blood – which, as per our first statement, may even have occurred as early as 1968 – from initially retiring early to care for her gravely ill husband, to her inexorable pursuit to seek justice on his behalf. This has incrementally eroded her psychological wellbeing on an unfathomable level, such that she is no longer the person that she used to be.

4. The impact of William's health decline on Maureen was huge. By 1991, she had to dedicate a significant quantity of time to care for him. From 1992 to 1994 she was practically his full-time carer. His needs became all-consuming. For

just one, graphic, but everyday example (as described in our first statement), he suffered from terrible, spontaneous oral bleeds, which seemed to come from nowhere; a direct result of hastening liver failure caused by cirrhosis caused by Hepatitis B and C infections. We recall us all being at a Chinese restaurant when his mouth suddenly started to profusely pour with blood. He had to wear dark clothes to accommodate for such situations. Eventually, we stopped going out altogether. The strain on her was huge. She simply could not work anymore.

5. William was a bookkeeper and self-taught accountant, albeit he never got his accountancy exams; his acute and chronic illnesses from the late 1960s onwards, plus certain health-limitations and general haemophiliac life experiences even prevented that. He always felt that frustration terribly. Maureen was also a bookkeeper, before eventually going into general retail. William unwittingly retired on December 5th 1991, aged 57 when he entered the Royal Liverpool University Hospital (RLUH) for a knee replacement operation, the immediate complications from which exposed the long-ignored parlousness of his true hepatic state.

6. Maureen had already retired, circa early 1990, aged 52, having developed heart complications, notably arrhythmias – she was born with an hereditary heart-defect in any case – due to the intensifying stress, particularly throughout the late 1980s when it was feared that William had HIV and began to decline markedly in his all-round health and psychology. It is impossible to prove now but we believe that she suffered two overlapping nervous breakdowns, for two different reasons, circa autumn 1987 and ongoing for perhaps a year or so thereafter (relating to William's refusal to accept his HIV-negative status), and then from March 1989 and ongoing for a further year or so (directly stemming from his steep medical decline). Whether that's psychiatrically possible, to have one breakdown sitting effectively atop another, we do not know.

7. It would have been impossible for her to prove that she was unable to work, but by spring 1990 she was beyond exhausted. She was hospitalised, suffering

from coronary complications, on two occasions around the late 1980s and early 1990s; certainly, March 1989 and then February 1992, the latter occasion ironically being whilst William was still in hospital.

8. We remember that only just over three years ago, on 18th February 2020, shortly before the first lockdown was announced, ourselves and Maureen attended an Inquiry meeting in Liverpool headed by Catherine Nalty, who explained that the investigation could be expected to continue for some two or three years thereafter, possibly not concluding until well into 2023. We think that the hammer-blow of that news, combined with the devastating effects of the lockdown that followed just weeks later, doubly triggered a severe and almost immediate psychological reaction in Maureen, that really had been waiting to erupt for decades. Since then, she has never been the same.

9. We have sought to restore her delicate equilibrium but it is such a fragile species that she now requires almost total mental tranquility, due to a near complete inability to cope with any mental adversity. GRO-D GRO-D GRO-D. It's clear to see that she is continuing to suffer a rather profound psychological reaction that is so complex and multi-layered that it would take a very particular type of expert to unravel.

10. We believe that her trigger point has been the very existence of the, necessarily all-encompassing, Inquiry. In late 2019, for notable example, she developed and was hospitalised with a then seemingly unremitting bout of the excruciating, stress-exacerbated facial disorder of trigeminal neuralgia – probably best described as a vicious combination of toothache and earache, and so painful that it has been commonly known as "suicide disease" for many decades. She first experienced passing episodes of that in February 2016, aged 78, we think triggered by the CBS-related exhaustion she was then overtly experiencing (not least the rigmarole that she would have to undergo just in order to access financial assistance through the means of The Caxton Foundation [more later], and the final despondency, so she thought, of realising

that there would likely never be a public inquiry into the scandal within her lifetime).

11. When the neuralgia returned with an absolute vengeance in late 2019, as she neared her 82nd birthday, we believe that it was, counter-intuitively and ironically, the all-consuming stress of being involved in the very Inquiry that she had long called for and immersed herself into (e.g. reading about, and watching it, and submitting the first part of our evidence) that was the causal trigger. She was especially frustrated that the end of yet another calendar year was in sight, after so many decades of campaigning, and that the Inquiry did not look like it was anywhere near finishing. Instead of undergoing surgery to correct her facial nerve damage, which would have left her with a lopsided, palsy-like disfigurement, she was placed permanently on intense, suppressive medication of the type usually reserved for epileptics. GRO-D GRO-D

12. In light of our collective trauma at the Archer Inquiry in 2007 (as described in our second statement), we were, unlike Maureen, counter-intuitively reassured by Ms Nalty's communication, in February 2020, of the expected time-span of the Inquiry which we only learned for certain at that meeting in Liverpool. Conversely, it strengthened our confidence that a robust and rigorous investigation was finally taking place, and, more crucially, one in which we could share our stories without qualification. However, for Maureen, we believe the realisation that the Inquiry would not reach a conclusion for some length of time, and possibly not in her lifetime, was the overarching catalyst for her all-round GRO-D deterioration. It really was that acute to witness. It hit her like a single, traumatic event; she had perhaps wrongly anticipated that the meeting in Liverpool in early 2020 was to inform us all that the process was almost complete, not that it had barely started.

13. When the pandemic then hit, we lost the old Maureen altogether. She is now a different person and it is clearly linked, to some very significant extent, to the ongoing traumas of the CBS, which have naturally been heightened by the very

existence of the Inquiry. It's an important insight into how complex her psychology, related to any and all aspects of the CBS, now is.

1. GRO-D

2. It is clearly a form of Post Traumatic Stress Disorder and it wasn't manifest in her, to an externally appreciable degree anyway, until spring 2020. Accordingly, whilst we are aware that she is 85-years old, her deterioration has been so drastic, so acute, so pointedly dated, and so obviously related to the CBS/IBI in such a complicated way, that we do not believe her current ill-health is merely GRO-D The long tentacles of the CBS are clearly also central. It is a complex web. We hold that she has become mentally exhausted due to prolonged injustice and whereas she used to possess the strength to fight against it, she has now been completely overcome.

3. Even were Sir Brian's report to be published tomorrow, Maureen would not really be able to appreciate the justice it would hopefully serve. Accordingly, if – as per our previous statements – Mr Burnham, for just one example, wished to take any credit for catalysing the Inquiry in 2017, as now seems to be the common media consensus, and even within some areas of the haemophiliac

cohort, he's also going to have to take responsibility for the fact that he didn't do anything in 2012 when he could have, and when we asked him to (as described extensively in our second statement).

4. We're not being irrational there by focusing on him to such a pointed extent. He is far from the only politician to have severely let us down over the last few decades, in fact there have been tens of them, if not scores. But he was certainly the only one we essentially entreated, specifically, and simply because of his public persona as a "people's champion" and who now seems to be perceived as having always been a great CBS activist, despite having caused so much pain over the years which he really could have averted had he wished to. Moreover, he's chosen public life presumably to try and make a difference. With that comes certain responsibilities.

5. Painfully, we can now say from personal, retrospective experience that those five years between 2012 and 2017 were utterly crucial for us, most especially Maureen. It is bitterly ironic that whilst she campaigned for an Inquiry for several decades, its very existence has now plunged her into a place of complete GRO-D dissociation because it has come too late for her. She was young enough to cope with The Archer Inquiry and its injustices in 2007, she could even attend IBI meetings as recently as February 2020, but now she is 85 and just battered emotionally, psychologically and physically. Really, the Inquiry has come three decades too late.

6. Our real frustration now is that whilst we are finally beginning to believe that we may see justice from this Inquiry, we don't think it's going to be of any real value to Maureen. So, had Mr Burnham, or others, acted even five years sooner, Sr Brian might have concluded the Inquiry, say, at the end of 2018. She would have been some five years younger, obviously. Of course, we've always known that she won't be around forever – indeed she's nearly died three times in the last 12 months alone: May 11th, June 3rd and June 4th, 2022, and that's a measure of how fragile she now is – but when the Inquiry started to look promising and she was still invested in the process, circa 2018/19, our hope

was that she would at least be around for a considerable period thereafter to acknowledge and appreciate its outcome. However, sadly, so far as the Inquiry is concerned, she is now GRO-D physically very vulnerable.

7. William's infections have also had an enormous impact on Maureen's financial security. She was forced to take early retirement, as said, circa spring 1990 to take care of William, who, needless to say, was also unable to work. She has not been able to work since, which has also affected her pension (as described extensively in our second statement). When the Caxton Foundation was finally introduced, Maureen was very reliant on the support that it purported to offer those like her.

8. Callously, she was barred from assistance through the Skipton Fund due to the arbitrary cut-off point for eligibility, i.e. only recognising bereavements that occurred after August 30th, 2003, mandated by the then Health Secretary, John Reid; incidentally, it is not lost on us that his decision, announced in late August 2003, was likely not determined overnight and was perhaps many months in formulating, and that Mr Burnham was a member of the Health Select Committee until June of that very year. The unpardonable nature of that decision was such that, even as late as December 11th that year, William's case, in the context of being one of three haemophiliac brothers who had all been infected by contaminated blood was once again cited by Lord Morris in the House, for the umpteenth time, as a last ditch attempt to not only highlight the egregiousness of dividing the haemophiliac cohort into those who had been infected by HIV and HCV and those who had not, but also the plans to divide the latter group into two camps.

9. Indeed, his Lordship stated: "*There are many widows who have been waiting for help in recognition of the death of their partners who would find it inconceivable that they could be excluded. How much harder will it be for them to accept if they are told that their exclusion is simply a matter of the date on which their loved one died?*"

10. Yet that is exactly what happened, and once again Maureen was excluded from financial assistance due to Mr Reid's stone-hearted decision. We note that he tried to explain his pitiless rationale to the Inquiry in July 2022 by effectively saying that his actions in 2003 should now be seen at least as a step in the right direction. Sometimes, when people are in a hole, they should just stop digging.

11. Only in 2011 did Maureen finally receive help from the UK state – no thanks to Messrs Reid nor Burnham – some 17 years after William's death, and at least 33 years since he was infected by contaminated blood (he was categorically diagnosed with Hepatitis B in 1978 but had also acquired hepatitis in late 1968). When she was eventually assisted, she became aware that grants were available through the Caxton scheme to help applicants fund domestic improvements. She had long needed new windows desperately, so she submitted a request. Although successful, the process for providing evidence for the necessity of the work was brutal and demeaning. For example, she was asked to obtain three quotes from separate suppliers. She also had to provide itemised receipts when the work was completed. For someone then in her 70s, it was a laborious and daunting process, and one that continued in the ensuing years whenever she needed work. She eventually gave up pursuing further help. We daresay that the process for applying for such grants was likely designed to be unduly arduous in order to deter people from making requests and thus control funds quite strictly.

12. When the EIBSS was introduced, the process arguably became worse for Maureen in terms of bureaucracy. The indignities she suffered finally reached a nadir in February 2021 – i.e in the middle of the global pandemic and a year after GRO-D as mentioned earlier - when she failed to renew her annual EIBSS application. To put things into perspective, she had been required, aged 83, and during lockdown, to make a five mile round trip to her bank to obtain hard-copy account statements, and also request Council Tax certificates from the local authority in order to prove her ongoing eligibility for payments; obviously

William's infections and death were not enough. This was at a time when she was shielding, also. She was then a highly vulnerable – both physically and emotionally – 83-year-old sepsis survivor (having also overcome that life-threatening condition in 2014) and was being strongly advised by the UK Government to stay home. Eventually, she forgot that she hadn't completed her "renewal" in full. When her monthly assistance payment didn't arrive on April 27, she initially thought there might have been a delay due to the pandemic. Eventually, Gregory phoned EIBSS on her behalf but, as we then did not have Power of Attorney, he could only glean very basic information. Save to say, though, that we learned that her payments had ceased because she hadn't re-applied prior to the new tax year.

13. We were told that she would "re-qualify" only from May 2021 onwards, on provision of the relevant documentation, but that she would not be eligible for the retrospective payment from April 2021. We conveyed our outrage that they were denying an 83-years-old woman GRO-D, £860 right in the middle of a pandemic; money which would have made a very real difference to her quality of life. Of all of the things that have happened to Maureen over the decades, it was by far the meanest. These are the type of hidden indignities that victims of the CBS have had to endure for decades at the hand of the British state and should be exposed by the Inquiry. All the injustices she has suffered now seem to have been woven into a seamless, never-ending garment for her; the sheer arbitrariness and intransigence of the EIBSS in 2021 was just another in a long series of baseball bats that hit her square-on.

14. We lodged a formal complaint to EIBSS through Maureen's MP, George Howarth. Eventually we escalated matters as far as the health minister, Nadine Dorries. Although we finally received an update from her stating that the process would be changing from late 2021 onwards, such that applicants would no longer be required to re-submit their eligibility, it was implicit that the withheld April 2021 payment would not be reimbursed to Maureen. Staggering. Whilst we were relieved that the annual rigmarole had been lifted for her, the

bottom line was that she was callously denied £860, money to which she should have been entitled.

15. Along with Maureen's pointed desire, as previously stated, should any financial settlement be forthcoming at the end of the inquiry, to receive separate, itemised, and inflation-adjusted payments in respect of William's funeral, GRO-D GRO-D GRO-D she would also like to see a one-off reimbursement of the £860 scandalously denied her in April 2021. GRO-D GRO-D GRO-D These are the types of injustices, and anxiety-inducing communications and considerations that she has been beset by for well over three decades now as the CBS has continued to ravage her equilibrium. GRO-D Is it any wonder she has been left so exhausted by it all?

Section 3. Impact on Anne

16. ***Personal statement:*** It is difficult to revisit the past and to consider both the nature and enormity of the impact that dad's infection with Hepatitis C had on the lives of myself and my family; this was just life as I knew it and, initially, I never really thought there to be particular moments that impacted me. However, on reflection some memories I will never forget because they remain so prominent in my mind. Whilst my reportage of such events does not differ from that of my brother, Gregory, my perspective of the events, together with specific recollections is unique.

17. Dad's haemophilia was not something that I was aware of during the early years of my life. He would spend time in the park with Greg and I on Saturdays while Maureen worked and taught us both how to ride a bike. Family holidays were spent at our grandparent's cottage in Ireland and moving to our new house in spring 1968.

18. I was just about eight years old when dad experienced his first ulcer bleed – he had two near fatal bleeds within nine months of each other, the first being in November 1968. On that occasion he became ill whilst driving back from South Wales and was in a state of collapse when he arrived home. The second occurred in August 1969 whilst on holiday at our grandparent's cottage in Ireland. I have little memory of both events, but have heard many times from mum the details surrounding them, along with the worry and anxiety she felt. He was lucky to pull through on both occasions. I do, however, have a faint memory of visiting him one Sunday in hospital – someone in the ward had the radio on and it was playing an afternoon comedy starring Jimmy Clitheroe, whose voice was very distinctive.

19. During the 1970s, I became more aware of dad's haemophilia and remember his trips to the local hospital each time he had a bleed. He enjoyed DIY around the house, from digging up part of the back garden to make room for a garage, laying new flagstones in the front garden path and assembling fitted wardrobes. Whilst he liked being a handyman, the consequences of such ventures would, more often than not, increase the bleeds into his joints. The local hospital was only a five minutes' drive away, so depending on the location of the bleed, it would help if I sat in the passenger seat to change the gears for him in the car. I would then wait with him in the hospital whilst the bags of Cryoprecipitate defrosted.

20. I do not recall a specific family conversation where haemophilia was explained as such – it was rather something I gradually began to understand by asking dad questions – usually during the times when I waited in hospital and watched his treatment drip through into his vein. I would ask what was the white liquid in

the bag, why it was frozen and what was its purpose. I also learnt that two of his three brothers also had haemophilia A and remember wondering how they managed as children and how my nan coped with all of the cuts, scrapes and general rough and tumble of young boys. I then realised just how strong dad and his brothers had been throughout their lives, as well as nan, in managing their condition.

21. Dad's ulcer bleeds returned again in the mid 1970s – at a time when I was more aware of his illness. It was very traumatic and upsetting to see him so unwell. I also remember hearing the word 'hepatitis' for the first time during these years, but did not understand the nature nor cause of the condition.

22. In summer 1979 I met Simon and we were engaged two years later in 1981. Dad's ulcer had settled down somewhat during 1980 and surgery to remove it was being increasingly discussed as a more real possibility. In November 1981, he underwent surgery to remove the ulcer and I remembered being amazed that the new freeze-dried Factor VIII would control his bleeding during the operation.

23. Dad suffered a bout of hepatitis yet again – we had grown accustomed to this happening, but he always appeared to recover. To me in particular, hepatitis did not seem to be anything to worry about – it merely prolonged his time in hospital. However, on this occasion, he was still in hospital at the beginning of GRO-C and my 21st birthday party was on the GRO-C I was worried that he would not recover in time, but delighted that he was able to make it to my celebration – it was the best present ever. I asked the DJ to play the new Cliff Richard song titled 'Daddy's Home' and was thrilled to be able to dance with dad.

24. During the 1980s my life was filled with the usual stepping stones towards leaving the family home. I planned my wedding for 1983 and shortly after moved into my first home with Simon in Glasgow, where he was based for work. Thankfully, the move away did not last too long as by mid 1984 Simon secured work in Manchester, so that we could return to Liverpool. During this

happy and exciting time for me in the mid 1980s, dad was having to deal with the reality that his two haemophiliac brothers had been diagnosed with HIV and AIDS. Although his own test for HIV was negative, the relief at his own news was completely overshadowed with the knowledge that his two brothers had been given a death sentence.

25. Nevertheless, there were still some happy events during this period. In 1984, dad was thrilled that Everton won the FA cup and in GRO-C 1985 Simon and I had our first child, a boy. GRO-C GRO-C Everton became First Division (now known as Premier League) champions and also won the European Cup Winners Cup. Dad was never happier than when Everton were doing well. Our second child, also a boy, was born GRO-C 1987 GRO-C There was joy and relief all round.

26. The end of the 80's brought a lot of stress and sadness for dad. Redundancy struck in 1988 and he really thought his chances of finding another job would be impossible. Thankfully, he found another job that he really loved.

27. Before the end of the decade, in GRO-B 1989, dad's youngest brother died GRO-D and at the very start of the next, in GRO-B 1990, his eldest brother also died GRO-D. He had lost two of his brothers in the space of GRO-B.

28. His own health was starting to take its toll on him, not least the agony in his knee caused over the years by multiple bleeds into the joint. The pain was seriously impacting his quality of life. Naturally, it is very hard to enjoy your own life when someone you love is coping with tragedy and sadness in theirs.

29. In GRO-C 1991 Simon and I had our third child, another boy named Christopher. He was tested for haemophilia after birth and we could not believe our luck - GRO-C However, by September 1991, the small bruises that Chris kept getting, from learning to crawl and rolling over onto his toys, did not seem right and we asked for a further test.

30. Over the summer of 1991, dad made the decision that he should have replacement knee surgery. This decision was not taken lightly, but the extreme pain and discomfort was taking its toll. The first date he was given was for August, however on the morning he was due to be admitted he was told it was cancelled. Both dad and mum felt huge disappointment and booked themselves a short break away to help them ease their feelings of distress. Dad's next date for surgery was December.

31. He was in hospital recovering from recent knee surgery when I told him the news that Chris had haemophilia – his test result was given a week before Christmas and he was still in hospital at that point after having undergone his knee replacement surgery two weeks earlier. Dad remained in hospital over the Christmas period due to complications and the fact that the surgery was proving difficult to heal. We all tried to enjoy our Christmas – the best we could anyway.

32. In January 1992, he was informed by his consultant that he had tested positive for HCV and at the same time was told that he had cirrhosis of the liver. He was told he had anytime between two weeks, two months or perhaps even two years to live. We were all in total shock and I found it extremely difficult to accept – I just had no idea how he could possibly have cirrhosis. In the years that had gone by, with dad's previous bouts of hepatitis – no medical professional ever spoke about the effect it would have on his health in the years to come. I was under the impression that hepatitis was something which gave you jaundice and a patient would get better once the acute phase was over. I think this was the moment when our very first questions were formed – how can you develop cirrhosis so quickly, but only now learn you had liver disease? Dad's consultants knew that he had hepatitis in the past, and they knew hepatitis can cause liver damage, so how did his liver get to the cirrhosis stage without anyone realising?

33. The GRO-C we celebrated Christopher's first birthday, but dad and mum were in hospital and unable to join us.

34. Over Easter of that year, Simon and I booked a family break to New Quay in Wales with the children, but I had no idea that dad was about to have the first in a succession of near fatal variceal bleeds. Mum and Greg had to deal with the traumatic emergency facing dad, within hours of us setting off to Wales. I was blissfully unaware of what was happening at home and made a call from a local phone box the following day to say we were fine and that the boys were enjoying themselves, only for mum to say that dad's condition was serious and that I should arrange to come home as soon as possible. Miraculously, however, dad's condition stabilised and we were able to continue with the holiday.

35. Dad suffered so many problems and complications between January 1992 and his death in September 1994. In retrospect, the time Greg and I had left with him after his diagnosis with cirrhosis of the liver was marred with his many hospital admissions, not least with the regular endoscopic variceal sclerotherapy that he now needed. It seemed that every week there was some new ailment for him to endure and to overcome, another test to have. Mum would usually spend her days sitting with him in hospital and I would try and cover some evening visits once Simon was home from work.

36. The day dad developed hepatic encephalopathy was a Sunday morning in early August 1994. Mum had no idea what was wrong with him and thought he was extra tired, so left him to 'sleep' while she was out attending GRO-C GRO-C. She realised something must be wrong when she failed in her attempts to get him to wake up after returning from GRO-C. I was called over to see if I could wake him up. When I arrived, I could see that he was aware enough to respond with 'yes' when I asked him to 'wake up', but he continued to 'sleep'.

37. He was admitted to hospital once again and the doctors at Accident and Emergency initially thought he was an alcoholic when assessing him. It was always such a battle when dad was admitted to hospital as an emergency. Medical staff would ask seemingly unnecessary questions in order to correctly

diagnose him and they would get frustrated with us as a family when we tried to tell them what we thought would be helpful information which would speed up the diagnosis. We were completely shocked when we realised what encephalopathy was and that dad was now in severe liver failure. He spent a week in Royal Liverpool University Hospital while plans were being made to transfer him to Newcastle Freeman Hospital. He'd been told that he was to be assessed for a liver transplant – we were all encouraged by this news but extremely anxious at the same time. At last, something was being done.

38. Dad and mum were driven up to Newcastle in a hospital taxi on 13 August. Greg, Simon and I drove up to visit on 16 August but were only able to stay for that day as the boys were being looked after by Simon's parents. The medical staff answered questions and talked everyone through the procedure involved in having a liver transplant and what it would mean for dad afterwards. We drove home from Newcastle with such a feeling of hope.

39. The day after we returned home, dad and mum were given the devastating news that he would not be suitable for a liver transplant as he had a tumour on his liver and would need a course of chemotherapy. He was given a choice to either stay at Freeman Hospital and have the chemotherapy there, or they could arrange for it to be done back at RLUH. He just wanted to go home.

40. The feeling of utter devastation and unbearable disappointment everyone felt is hard to put into words. It is distressing to think about how distressing this news must have been for dad and the mental torment it must have caused him. No one could function properly for days afterwards. We had a constant question: why had RLUH not picked the tumour up during the tests dad had been having throughout July of that year?

41. Dad never started his chemotherapy treatment. It was scheduled for September 6 but he died September 3 and there has not been a day since where I have not wondered if things could have worked out differently. We have asked questions about his medical treatment ever since and as yet no one has

given us a truthful answer. It is only when you hear the truth that you can begin to understand.

42. After dad died it was very hard for all of us. Mum needed lots of support whilst I also had my boys to focus on. As a result, I never really had time to grieve. My husband Simon had been made redundant in the May before dad died and had still not found work; naturally this took its toll on our family life. Greg almost immediately took on the enormous task, albeit we did not know the sheer enormity, of trying to publicise the effects that Hepatitis C had on William's health. At the time we were wondering if other haemophiliacs were also experiencing problems with Hepatitis C too. The 'connected world' was still a long way off and therefore it was difficult to find out about others who were in the same position.

43. I wish the CBS had not dominated so much of our lives. I have now reached the age that I can realise that this has been a part of my life on an almost daily level. If I am not impacted every day, then at least many times each year. In the past 29 years since dad died, I have been supporting mum in her quest to find answers to what happened and why. On a practical level, I have supported her with any campaign with which she has become involved. Prior to that, I was supporting dad as his health deteriorated.

44. As the years have gone by and as I look back on it all, I will always wonder as to how much different our lives might have been, not forgetting to mention those of my family - Simon, Christopher and my other two sons, if there hadn't been that constant gnawing away of the knowledge that our government had created this deliberately cruel and still (as I write) unresolved injustice, and they did it without any thought or consideration of what that decision would mean to the haemophiliac community. The CBS has truly dominated our lives.

45. The members of the local Haemophilia Society group in Liverpool did not seem too bothered about HCV as a topic of conversation – and the chairperson at the time, also a haemophiliac, would frequently lose patience with mum, Greg and I whenever we broached the subject. However, one regular attendee shared

their concerns with us and also sought answers. Through discussions with this attendee, we learnt of other meetings also attended by concerned haemophiliacs. Mum hoped these meetings would give her the answers to the many questions we were starting to ask ourselves. The group we later discovered was the Manor House Group. We then no longer attended our local Haemophilia Society meetings.

46. From that point onwards, our lives (mum's and Greg's especially) became a mission to find answers and to promote what we saw as a glaring injustice – William had died from HCV because of NHS contaminated blood products and no one in the official world of haemophilia and Government wished to speak about it.

47. There were times between then and now that were peppered with moments of perceived breakthroughs and we would allow ourselves to believe that enough evidence had been secured to make the government listen. These moments were always short lived and the great feeling you had of hope would quickly be replaced by such anger. Time and time again, the response from the government was 'haemophiliacs were given the best treatment available at the time, no wrong done here!'

48. Mum, Greg and I have spent many days of conversations for 29 years, going over and over everything that we have felt has failed us – whether it be the medical treatment dad received or the injustice mum has been a victim of – she lost the willingness and desire to keep going fairly recently. I know I can speak for mum, in that both her and I could not have made our main statement of evidence without Greg. He has told not only dad's story so well, and in such detail, but highlighted the task faced by mum and other HCV widows in their plight to gain justice.

49. I have not found it easy to get involved with every aspect of the Infected Blood Inquiry, because it has come at a time when we were so fatigued with everything that had been promised in the past. Initially we did all view it as yet another Inquiry and were skeptical that anything would come of it. It must have been so difficult for everyone infected and affected by the CBS when the

Inquiry first started and witnessing others sharing their own stories has been so harrowing. Living with your own emotions is difficult enough, but watching various witnesses give evidence has forced me to realise the enormous suffering that the CBS has caused and continues to do so.

50. As a result of this, I have only followed the hearings if there is a certain witness providing evidence who is directly relevant to us. Generally, Christopher has not followed the Inquiry, and like myself cannot wait to shut the book on this. As a family we are very desperate to get closure and for this to be over with. Greg has had the hardest part because he has told every single detail of dad's story. When we first received his medical records, Greg and I wondered how we would make sense of the enormous quantity of various documents, but he came up with one solution – to simply file them into chronological order, by date.

51. As long as people realise the full extent of what happened in the haemophilia world and the part the government played in keeping the scandal concealed, I will feel some semblance of solace. Moreover, I want justice to be nuanced to each and every victim. Over the years, anytime whenever something about haemophilia or contaminated blood made the news, it quickly got shut down or it never received much airtime. I was perpetually frustrated and at times despairing, wondering what to do to get this story out to the public. Over the years, little bits have been shared about haemophilia, but the story has never really been told in its entirety. We all hear the odd information from the Grenfell Inquiry and other such Inquiries but the previous Inquiries in relation to contaminated blood does not seem to cut through to public consciousness. I hope that this time around, the CBS finally gets the airtime and acknowledgment that it deserves.

Section 4. Impact on Gregory

52. ***Personal statement:*** Dad's infection shaped my entire life. I only knew him as a relatively well man for a short period. Although I was not aware of his haemophilia until I was 14, his ill health, culminating in his diagnosis with

Hepatitis C, cirrhosis and eventual liver cancer when I was 25-through-27, had a profound impact on many aspects of my formative life, most noticeably my education. For example, when I first started senior school, in September 1978, my French teacher considered me an exceptional pupil in that particular subject. In early December, at the first "parents evening" that mum and dad attended at my new school, she congratulated them on my singular command of rudimentary French almost from day one. By the following summer, though, she was so completely nonplussed as to what had happened to me that she contacted them. Having displayed such initial promise, I had noticeably faltered and it wasn't only in one singular aspect; I was suddenly failing right across the spectrum of my education. As though I had fallen off a cliff mid-year. Looking back, the timing seems too coincidental, and was inevitably linked to the deterioration in my father's health which began in earnest on December 18th, 1978, just a week prior to my first Christmas break as a senior pupil. He nearly died that Christmas, and then was seriously ill again in March 1979. Accordingly, by the end of that academic year, my performance had plummeted to such an alarming extent that my form teacher asked my parents if there was anything wrong with me and if home-life was okay. Of course, I hadn't mentioned anything to the teachers because you just didn't speak so openly like that back then if you were a child.

53. I'd always been worried about dad but didn't really know why. When I was eight or nine, I knew that he'd had some problems with his knee and elbow, which necessitated occasional visits to hospital. So I was always aware that there was that uncomfortable aspect to his life. He also always walked with a limp whereas other dads didn't. I also always knew that, apparently, whilst we were on holiday in 1969 – with several other members of my mum's family including her parents, my Gran and Grandad – that he had been hospitalised in Belfast and that mum, Anne and I had to return to Liverpool without him. That was an oft-talked about incident amongst the extended family, and I'd often hear in passing that dad was lucky to be alive. I think that must have frightened me throughout the 1970s as I started to grow; knowing that I could have lost dad before I'd even got to know him.

54. Although I obviously couldn't remember the Belfast incident – I was just two and Anne was eight – nor really knew the precise nature of his illness, I was aware that something bad had happened back then. Further, having, by 1978, never subsequently witnessed dad being in hospital, I knew that his condition must have been serious all those years earlier.

55. Although he might have been beginning to manifest Hepatitis B, or Non-A/Non-B/Hepatitis C even, in the 1970s, he appeared to be in good health until the final weeks of 1978, therefore virtually all my life by that stage. By 18th December that year, though, the day after we put our Christmas decorations up, when Anne had only just turned 18, and I was 11, he was suddenly hospitalised, and in an emergency, after his ulcer erupted. I could hear the adult relatives mentioning "Belfast" again and therefore I knew how serious it was. Visiting dad in hospital that Christmas Day was horrible, really fearing that he was going to die. Although he survived that scare, and the next one in March, I sensed that things had changed for dad.

56. What I couldn't have known then, though, was that it was the beginning of the end not only for dad but also the family life that I had known. Nothing was ever the same again. Nor was he. His hospitalisations were then almost constant from December 1978 to December 1981. For example, he was hospitalised on two separate occasions in 1979, in March and October, the second one of which was for emergency dental care, and then again in an emergency in December 1980. The dental work he received in 1979 was partly because, as a haemophiliac – but I didn't know that then – he hadn't been receiving proper care. I just knew that dad couldn't really go to the dentist. His teeth and gums were in a shocking state.

57. I know that during both stays in 1979 that he looked noticeably jaundiced. However, on the second occasion in October – because I'd already learned earlier that year what jaundice was – I knew that things were much worse. Because, whereas in March he had merely turned yellow, he had instead

become a deep orange the following October. So much so that it was frightening. Given that he went into hospital that autumn only to have dental work done, then, looking back, he must have experienced an almost immediate jaundiced reaction to blood products. We've never seen the medical records from that period. As a 12-year-old, I simply knew that something was seriously wrong. Also, dad could no longer hide his countenance, even from Anne and me. We knew instinctively that things were bad and that it had all started the previous December and was somehow historically linked to whatever had happened in Belfast a decade earlier, and that his general physical infirmity – his bad knee and elbow – were also all part of the same disturbing picture. He still wasn't better by Christmas 1979 but at least we had him home for the festive season that year. But it had been a full year of him being sick almost the whole time and I just sensed that he wouldn't last long. I think if someone had told me then that I would still have him until I was 27 then I'd have happily taken it.

58. The period between dad's discharges from hospital in late 1979, and then throughout the early 1980s, was very oppressive for our family. It really started after the March 1979 episode, I think, certainly October at the latest, when he was sent home with a big pack of instructions and a really pungent antiseptic. The whole house reeked of it. Sometimes I now get a whiff of a certain strain of sterilisation chemicals and it takes me right back to that depressing time. We had to keep our distance from dad and were also advised not to share cups or cutlery and he wasn't even allowed to keep his toothbrush in the same bathroom as ours. The pandemic of 2020 brought back a lot of memories of that time.

59. Also, when I was 12, I was the only boy in my class to develop a moustache which I was acutely embarrassed about. So, I decided to shave it off with my dad's electric razor. He went berserk when he found out, which I didn't understand. I was panic stricken and unable to compute why he was shouting at me. I know now he was just terrified of me picking up a germ from his razor. We were all on a knife edge at that time. There was a vague oppressiveness in

the house which was hard to deal with on a daily basis but I am not sure the extent to which I consciously acknowledged it at the time. Again, as a child in the 1970s, you just kept your emotions in check.

60. By late 1981, aged 14, I genuinely knew every nook and cranny of the Broadgreen and Royal Liverpool University Hospitals. I couldn't visit dad's bedside during the week – they were the hospital rules then, Sundays only for children – but I obviously had to accompany mum on many of her nightly visits. I was therefore just left, and trusted, to walk around the stairwells, communal areas and corridors. The nightly highlight was a visit to the hospital shop where there may be a football magazine to flick through. When I look back, it was all so sombre and almost always autumn or winter; December 1978, March 1979, October 1979, December 1980, November 1981 - and I'm sure there were other occasions. Even some Christmas tunes, when I hear them now, evoke only sad memories, not the festive feelings that they are meant to. It was never warm or sunny.

61. During dad's crisis in late 1981, Anne turned 21 and it was a big occasion for us that a party had been arranged for early GRO-C. Dad was determined to be discharged – he'd been in hospital almost continuously since November 9th – in order to dance with Anne. It was very distressing for us all but especially her to see him in such poor health. Typically, the following day, he felt dreadfully ill and it was no surprise that he was readmitted to hospital just days later. I was convinced we'd lose him for I knew our luck just had to run out at some point. He couldn't keep dodging death. So, for the third December out of four (1978, 1980, 1981), we fretted as to whether we'd have him home for Christmas. Thankfully that time he was. I think, though, that I remember thinking that it might be our last Christmas as a family; just a vague recollection of me thinking that way.

62. I'm convinced I spent the whole period from December 18th, 1978 to early January 1982 in a total daze. Again, as a child, I just didn't say anything. I do recall one adult saying to me that I looked as if I had the weight of the world on

my shoulders. It really shocked me. Particularly as they had said it in a very sharp way, that it wasn't right for me to be looking so sullen. I literally have no idea if I was depressed, but I do know that if I stumble upon certain news reels or events from that era, or quite often music, I am plunged into a very bleak mental state. I try to catch it and squash it, but it took me years to acquire that awareness and a self-developed coping-mechanism to move on quickly, I mean in seconds, or at the most minutes. I just talk to myself saying "there it is again - the black dog barking".

63. I don't know how I got through it all but I know I was largely alone in doing it. I had my Faith – I've always at least tried to live a practising Catholic life – and my love of football, watching Everton whenever I could afford; although I'm not too sure how much being an Evertonian was actually a help to me (I've always retained my dark humour). Mum was all consumed by dad and I could be trusted to be left to my own devices. Because I was a fairly competent child in terms of common sense, and externally I seemed to be coping, I don't think she, nor dad, ever noticed that I was struggling. I didn't really myself. It was only years later that the blindingly obvious truth of my childhood became crystal clear to me. You just begin to piece everything together.

64. By my fourth year in senior school, 1981/82, my form teacher who was also a priest, reiterated my former French teacher's concerns to my parents from 1978; that I just seemed to stare out of the window all day. I was perpetually tired and mentally absent but I just couldn't fix it. I was never mischievous, truanting or disrespectful - quite the opposite. But I just wasn't there, mentally or even emotionally. The teacher was very concerned about it. He said I was vacant. It seemed that something had massively changed in me.

65. Ironically, my dad – and we now know he was suffering the effects of Hepatitis C on top of previous Hepatitis B infections – really abrasively challenged me about all this. Whatever it was, he said, I needed to shake myself out of it. I didn't have an answer for him. In fact I was more amazed that people had even noticed me. I was really shocked by the whole episode and just couldn't make

any sense out of it. I didn't rebel or retreat into myself but equally I just didn't know what on earth to do to placate the adults in my life who seemed to be really concerned about something that they could apparently see in me that I had no idea I was exhibiting, let alone knew how to address.

66. In hindsight, I think I spent those four years present but absent so to speak. I was just short of 15 and I'd thought my father was going to die on any given week since I'd been 11. It's so obvious now as to what I was experiencing; the only surprise from a modern vantage point of mental awareness is that the adults who surrounded me back then were seemingly unable to join-the-obvious-dots. When I was 11, my dad had nearly died in December 1978; then he went yellow and orange in March and October 1979 when I was 12; then nearly died again in December 1980 when I was 13. Then he had a near-fatal episode again in November 1981, and even early December 1981 when I was 14. It was like an annual occurrence for me, aged 11-through-14; it just seemed as if he was dodging death on a calendar basis. Looking back, I can clearly see how this must have had a profound influence on a boy of my age. I wish I could go back and tell him.

67. In 1979, Anne, aged 18, met her boyfriend, Simon. I was only 12. Simon naturally became Anne's life. She got engaged in June 1981 and married in 1983 when she also left home. I was just 16. She had grown up and I was still essentially a child. From 1977 when she started work and living an adult life, I was just going to school the whole time and just basically existing. Our lives were completely different. There was no sister really with whom I could share my fears and anxieties; albeit that type of pastoral dynamic didn't necessarily exist in our family in the first place. Plus, neither of us knew what we were facing anyway – our life experiences were still pretty limited. Furthermore, I genuinely didn't appreciate that I had any fears and anxieties that I could or should share. I just knew that there was evidently something about me that apparently the adults around me were really concerned about.

68. I was never offered psychological support in relation to that, and as perverse as it may sound to modern ears, I'm strangely glad that I wasn't. I think I just knew I could get through things if people would just let me. I must have had my own coping mechanisms then without even realising. I've never been offered retrospective counselling since, either. It would be largely pointless sitting down as an adult now to classically "talk about my childhood"; for, I'm a totally different person to the one I was between 11 and 16. I know that's stating the obvious to an extent but I know how completely different I am now, and have been for years, even well before dad died. I know that 12-year-old boy, and above, because I was him but I really don't recognise him as me. Curiously, though, I very much recognise the very young boy prior to 1978 as being me. But there's a whole period of my life, starting from 1978, that I don't really see as being "me". It's as though somebody else came and lived those years between 1978 and 1988/89. I really can't explain it any clearer than that and not sure I'd want to.

69. Whether it's healthy or not that I seem to have lived my life with two complete disconnects, I have no idea but it's worked for me. But I somehow managed to wake up, circa 22, and finally overcome whatever the problem was in me that adults had apparently recognised a decade earlier, presumably some sort of prolonged torpor. It was as though I went into a self-preserving mental hibernation in 1978 aged 11 - I know I was absolutely fine prior to that, life was great in fact and then it suddenly wasn't – and re-emerged circa 1989 when it was relatively safe to do so. Years later, mum was visited a few times by Alison Jones after dad's death but I believe these were more informal, almost social visits as opposed to professional counselling or such like. However, none of us ever noticed the absence of psychological support throughout all those years from 1978 to dad's death in 1994 and even beyond; it was not something we were ever looking for.

70. In early 1986, aged 19, at the height of the AIDS fear amongst the haemophiliac community, and through pressure from family members – again and always worried about my future – I began working, completely against my will or desire, in the Civil Service, as my aunt was able to recommend me for a

position; it was pure nepotism. It's not an exaggeration to say that I aced my interview – because I knew from mum and dad the simple power of the currency of being respectful and courteous. But I'd rather assumed, or hoped, that my distinct lack of talent and aptitude would lose the day for me. I thought the adults interviewing me would see right through me again, like grown-ups apparently always had. Frustratingly, though, I got the job that I didn't want. Inevitably, my employers and I soon realised that I was a less than competent official. It's not lost on me that the nub of this Inquiry is the incompetence of the British government in the 1980s and that the very same administration was lax enough to once even employ me, despite my glaring unsuitability. To a degree, I even feel a bit hypocritical criticising the inadequacy of public officials from the 1980s when I was less than professional myself. At least my incompetence didn't kill anyone, though. I was again mentally absent, unable to arrest it, and simply powerless to perform to the standards expected of me. Again, I look back and it's screamingly evident that I had so much going on mentally with my dad's poor health, as had been the case since I was 11. It really wasn't an ideal time for me to be embarking on a career that I didn't want anyway.

71. I started the Civil Service in February 1986, when dad was still yet to receive his HIV negative test. At the same time, the media was rife with news about AIDS. Again, I was continuing to experience a similar malaise to that which my teachers had noticed in senior school. I sat through a three-week training period, GRO-D, before realising on my first day on the actual job that I hadn't retained a single piece of information, and I do not exaggerate. I simply didn't know what I was meant to be doing, which was very embarrassing. My seniors then assumed that I just hadn't listened. But I had. It just didn't stay in. I somehow muddled through the following disastrous years, doing a job, badly, that I really didn't want to do anyway.

72. Absentmindedness would not be an adequate term to describe my mental state during that period of time. I was literally going through the motions of life, merely living on autopilot, giving the impression of being there but actually not. I find it hard to fathom how I was ever able to get through any given Monday to

Friday; indeed, how I met my wife of 30 years and counting – the only good thing to come from my time as a Civil Servant – and navigated a quasi-career. Again, I was not a person that I now recognise. During my time in the Civil Service, I made the then biggest GRO-D error then on record. It probably still is. The GRO-D didn't tell anybody until it was discovered. An internal investigation took place. The adjudicators were astonished that I could have been so absent-minded as to have made such a blunder. I should have been fearful that I could have been arrested for fraud but I was thankfully oblivious even to that distinct possibility. Somehow, the evidence trails thankfully proved that I had employed no guile and the investigators realised that I was too stupid to have contrived such a complex miscalculation anyway, and that nothing criminal was occurring. They were simply agog that I could have been so reckless. I was then moved into the most mundane part of the GRO-D as far away from GRO-D as possible. It was soul destroying to have literally not an ounce of professional respect from my peers. My workplace was a desperate place for me to be. Home life was even more despondent.

73. Aged 22, in early 1989, I then awoke as though from a prolonged catatonic state, that I now dare to genuinely think might actually have been some complex psychological form of self-preservation; an inner, sub-conscious instinct almost. I remembered that I had always wanted to pursue a career in sports journalism. Under my own steam, I was able to secure a coveted place on the UK newspaper industry's journalism course; there were only 150 places per year at five different centres around Britain (The National Council for the Training of Journalists). The nearest centre was in Preston. I finally moved away in September 1990. Shortly prior, I became engaged to my now wife, Paula. I did well on the journalism course and, out of 30 students, I was one of the highest performers. In the late summer of 1991, within just three or four months of qualifying, I managed to secure a reputable job working in Bristol for the largest independent national news agency outside London. I beat 99 other competitors for my post.

74. Around that time in late 1991, dad was preparing back in Liverpool for his knee operation. We didn't know anything about Hepatitis C or cirrhosis then, and life at home seemed veritably stable. Moreover, I was due to be married in June 1992. It felt as if things were finally falling into place. From being totally shell-shocked after my Civil Service nightmare, I suddenly had a feeling of self-worth. I looked ahead to the days when I would finally sit in the press box at Everton or Arsenal, or Huddersfield on a wet night or wherever.

75. Shortly afterwards, though, in January 1992 dad was jointly diagnosed with Hepatitis C and cirrhosis. Just weeks beforehand, in late GRO-C 1991, Anne's youngest son, Christopher, was diagnosed with haemophilia aged just 10 months. Her eldest son, Richard, born in 1985, was just six, and David, born in 1987, was merely four. Suddenly, haemophilia and all of its bloody tentacles was back like the old-familiar spectre hovering over us all. Anne, of course, was all consumed with her three boys, particularly Christopher. After the birth of Richard, she briefly went into retail before becoming a full-time mother and housewife. Meanwhile, dad's health was deteriorating and mum couldn't cope.

76. Having managed to secure the career of my choice, it all came to a screeching halt. I just couldn't justify remaining in Bristol and had to make the decision to step down and return to Liverpool where there were very limited opportunities for me. I remember walking from the building for the last time. One of the senior editors told me I was making a big mistake and that I didn't realise what I was doing. I did. One of my colleagues from the time ended up on Sky Sports News. Also, I was only a month away from a screen test for HTV-West. My life could have taken a completely different route. But I simply had to return north to be with my family. I remained in journalism but in a completely different strand and with reduced options.

77. I do not know how my wife, Paula, has managed over the years. We met when she was only 21. Mum is forever grateful to her, particularly for the support she has provided me over the years. She has kept me going in times of extreme mental anguish. We were married in June 1992. The first years of our marriage

were meant to be our happiest, yet I was going through such incredible emotional upheaval. Right throughout our marriage, the CBS has been looming over us. How she has stayed with me, I have no idea. We do not have kids, GRO-C She knows my life could have gone in a different way. I had to pursue corporate journalism in order to keep wages at a strong level. Yet ironically, although well compensated, it ultimately wasn't the career that I had aspired to in sports journalism, but I didn't have a choice, which was a feeling that had hung over my entire life since age 11. At least it wasn't the Civil Service.

78. The CBS, though, has been so insidious that it now even influences how I watch a film or a TV show, let alone how I receive the news about current affairs. If it was possible to have acquired post-birth DNA almost, then that's how I would articulate the almost inherited, default way that I have been influenced to think, having witnessed the CBS and its ongoing injustices close-up. It has instructed and informed the way that I view and interact with the world on every level. I automatically become disbelieving and cynical and then need to rein myself in. I suspect conspiracies when there is no need and again, I have to force myself to be objective. That can be quite draining having to constantly reset myself.

79. It's also complex because of course there are occasions when it's right to be cynical, when it's correct to suspect a conspiracy or cover-ups – the CBS is one of the biggest examples of that. But it's about finding that balance. The only progress I have made since 2007, when, deep down, I always knew that we had been stitched up at the Archer Inquiry, and then finally discovered that for sure only in November 2020, is that I have become acutely aware of my propensity to think in this default way about everything, even when it's not required, and therefore I try to consciously think otherwise, because it would be quite corrosive not to. On some inexplicable level, I have learnt to compartmentalise my feelings surrounding the CBS.

80. I now realise that I tend initially to think in this way because it's how I've been conditioned. Thus, I've now become quite slow to form my opinions about things because I'm constantly keeping my conspiracy dog at bay, my knee-jerk cynicism. It's quite debilitating because I now find that I almost need to know the ins-and-outs of every situation, even trivial ones, because I'm consciously working against the tendency in the first place to be cynical and conspiracist, which I know is not healthy. I often hear people say 'if it looks like a duck, and quacks like a duck, then it's a duck', or 'go with your instincts' and generally I can see that, but I almost still need to know for sure that it's a duck, or that my gut-feeling is right, just in case I come to the wrong conclusion. That's how wary, self-consciously cautious I've become. I think I'd be pretty useless on a jury because I'm always working against myself; i.e. fearing I may have reached a certain verdict simply because of how I've been conditioned by the CBS.

81. I know all too well that cover-ups and conspiracies exist, that's human nature unfortunately. But I now tiresomely almost work against that knowledge purely because of my lifetime experiences of the CBS. It's constantly like having two parallel trains of thought at once. I have been left with a contaminated blood scandal footprint, for sure; it is always there. You have to guard against it, otherwise it can just corrode you. I can't undo the past; I can't unwire myself. But by God's grace, I have learnt to cope with it simply by catching myself in the moment. I really can't articulate it any further than that. I know how I think, how I operate and I know that it's all a direct result of the CBS, and the memory I have of the 11-year-old boy I once was before everything changed, and that I really wasn't on course to be the way I am now. I seem to remember that I was actually very wide-eyed and trusting to the other extreme whilst I was a young child. I recognise that boy as me, but rather the boy I was meant to be. I now fight against the opposite, cynical extreme, just to get back to the middle position. In a curious way, then, perhaps the CBS has had at least one benefit for me, if I've somehow ended up with this curious sense of forced balance and objectivity. The point is, though, that whatever equilibrium I think I have – others can judge that if they wish – it really doesn't come naturally. I have to work at it

every day, to spite the CBS and its long-effects, and it's really draining and I'm never at ease.

82. I do not now self-evaluate every single micro-thing, lest I've given that impression. I do get on with life and enjoy myself. Nevertheless, when the pandemic came out of nowhere, I had to consciously reign myself back from going down a conspiracy avenue. Indeed, witnessing first-hand the disaster that killed my father, and left a lasting legacy on the lives of myself and my family, has left me with an inherent distrust of politicians and medics. When the vaccine was rolled out, it felt like a sequel to the CBS as fears about the safety of NHS products resurfaced. Sometimes I'd love to be able to get into other people's minds to see how others think and maybe understand what's considered normal. I only have the way that I have been shaped by my experience, and a significant part of that was my formative upbringing throughout dad's trauma, and then my early adulthood – I was 27 when he died – as I have witnessed mum suffering injustice after injustice.

83. I really have to force myself to be objective in life, whatever the subject matter because I know it's important to be so, and moreover healthy, but I really struggle to achieve that required balance. I know how to check myself if I find myself lapsing into undue cynicism – I couldn't possibly articulate it – but it's a perennial hazard for me and quite tedious. I know where that default tendency comes from – because it's everything connected to the CBS. Consequently, I can say with certainty that my whole outlook, based on my childhood and more senior experiences has been shaped by the long effects of the scandal. In fact, it's pretty obvious that it should be so; for when you consider that the whole menace of it crashed into my life when I was just 11, and the state inquiry into it likely won't conclude until I'm 56 in 2023, then it rather speaks for itself.

Section 5. Impact on Anne's son, Christopher

84. Besides everything that William was going through, circa 1992 and the impact that his twin diagnoses of Hepatitis C and cirrhosis of the liver were having on the entire family, Anne and Simon still had their boys to care for, Christopher

especially, and they needed to keep their daily routines as normal as possible. They were still learning how to cope with a child who has haemophilia, as they were used to having two boys who were boisterous, forever having falls and scrapes GRO-C It was hard stopping Christopher from imitating everything that his older brothers were doing.

85. Christopher, now 32, was actually more affected, we maintain, by the CBS than we were, even though he is William's grandson and born in 1991. It was suggested during 1993 that he start on regular prophylaxis and that fitting a portacath would make injections easier to cope with. It was becoming normal practice to give the younger boys with haemophilia regular treatment. That suggestion did not sit comfortably with Anne because she was still coming to terms with William's recent diagnosis with cirrhosis caused by HCV as well as the knowledge that her two uncles had died GRO-C because of contaminated blood products. Such grievances had occurred so recently in Christopher's early life that Anne could not do it. Whilst she acknowledged that he needed treatment, she only administered it as and when required. It was bad enough that she had to inject him with a blood product at all, never mind injecting him with more just to keep bleeds at bay. Christopher was however fitted with a portacath, not to help cope with regular prophylactic injections, but because it allowed Anne to keep Factor VIII at home to treat him on demand as necessary, without the out-of-hours trips to A&E. It would also help to preserve the quality of the veins in his arms.

86. Christopher was always given treatment, but it was provided on demand, as opposed to prophylactically. Anne could not get on board with what was starting to become the norm amongst the mothers she would meet at the haematology clinic; that prophylactic treatment was some kind of wonder drug to be given regularly. The other mums would tell Anne that their experience with haemophilia was something new to them and many did not seem to know about their family history of haemophilia. Prophylaxis relieved such mothers of the burden of leaving work at a moment's notice to return home to treat their sons should they suffer from a bleed. Anne was not working so the benefits

were not so pressing for her, and abstaining from treatment was perhaps, at least in this respect, less of a constraint. Nevertheless, it appeared she was alone with her logic of 'less is safer'.

87. Anne recalls visiting William in hospital one Sunday afternoon in 1992 and telling him how Christopher had fallen the day before, resulting in a large haematoma on his forehead. The subsequent visit to Alder Hey Accident and Emergency Department had not been a good experience and she told William that they were due back at the hospital later that day for Christopher to have a further injection. William's advice was to ensure they injected the factor into a vein. Beforehand, Anne presumed that surely all medical professionals would know to do that. However, unbelievably, she had to repeat her father's words to the doctor just as he was able to administer Factor VIII into the flesh of Christopher's thigh muscle. This particular visit to Accident and Emergency, came with the realisation that any bleed Christopher had outside the hours of 9-5pm Monday-Friday was likely to be difficult. It was a shock to learn that Anne knew more about haemophilia than the doctors on evening and weekend duty.

88. In June 1994 Chris had a particularly severe bleed in his left ankle, it quickly became a 'target joint' for him and he was beset with regular bleeds in that joint from then on. The deterioration in his ankle prevented him from engaging with a lot of the normal activities that other boys his age partook in.

89. Christopher regularly used crutches since the age of eight and his mobility deteriorated year by year. He was struggling with everything he did, his social life was impacted and he could not walk for or stand for long – which eventually impacted his ability to hold down a job. He had to leave one job in retail which required him to be on his feet all day and another in an office, where he had to walk to various departments throughout the day. Walking to use local transport to get to and from his places of work was extremely difficult, so Anne and Simon helped him with lifts where possible.

90. Chris learnt how to drive an automatic car in 2013 and applied for a small car through the Mobility Scheme. This made a huge difference to his life – he found independence from relying on others to help him travel around. Later that year Chris had to apply for a new benefit, PIP, that had been introduced to replace the existing DLA. His claim was unsuccessful and his car was taken from him. Once again, he was left to rely on walking to and from public transport to get to work, which increased his bleeding. It was hard to watch him suffer. Thankfully, the government reviewed the criteria required for the mobility component of PIP in 2018.

91. In 2016 Chris had his ankle fused at the age of 25. This was a difficult decision for him, but he had got to the stage where he could no longer bear the pain he was suffering. Gregory recalls that perhaps a year prior to Chris getting his ankle completely fused they were talking in the pub about his arthritic problems. Gregory was shocked to hear Christopher, then just 23, calmly talking about his reluctant desire for a lower leg amputation, just to get rid of the pain once and for all. He said he would get a prosthetic limb and learn to carry on for the rest of his life. Haemophiliacs have a high pain threshold, yet his pain was unbearable. Although he was taking blood products by this stage, the damage was long since done. His ankle was shattered. To hear him say this was shocking. Gregory tried to dissuade him and asked if he'd told his mum, Anne, about his thoughts. We're glad that he eventually decided to have the ankle fused instead, which was a qualified success. If Anne hadn't been around, though, to dissuade him, then he likely would have had much of his leg amputated.

92. Christopher has been through so much pain. His experience of haemophilia has been more akin to the likes of William and his generation. Most of his haemophiliac contemporaries, born in the 1990s, do not share this experience. If William had not been infected with Hepatitis B and C from contaminated blood, Anne would not have anxiously withheld more liberalised treatments from her son, which, in turn, led to so much unnecessary (in hindsight) erosion of his joints. It is in this legacy way that the consequences of the CBS for Christopher are so multi-layered and far-reaching. Having witnessed the

trauma William had to endure, Anne felt compelled to treat him as an earlier-generation haemophiliac, certainly considering the reserves she had concerning any treatment he had whilst very young. Anne will always feel the guilt of choosing to only treat Christopher when a bleed started rather than the regular, more preventative treatment which his contemporaries received.

93. Christopher and Anne also had very little respite after the blood products were said to have been made safe, for in the 2000s the dark threat of vCJD kicked in and that raised completely new fears over the safety of blood products. It was like going back to the early 1980s and that ominous, omnipresent anxiety. It was a really dark phase for him and Anne. She recalls receiving a letter informing her that Christopher could have been exposed to the virus, but thankfully he was safe.

94. Christopher never contracted any of the hepatitis viruses, but some of his slightly older contemporaries were not so fortunate. At the time when he was in hospital having a portacath fitted, there were a few young boys, no more than 10 years older than Christopher, who were dying from HIV related illnesses. It was hard for the family to witness that. Anne asked Christopher's haemophilia nurse how she dealt with it all – coming out of one room nursing a boy dying from AIDS, to managing Christopher who was just a baby but fortunate to be happy and healthy. But that was her life, much like as Maureen, Greg and Anne herself had dealt with William – you just move forward day by day, dealing with whatever you need to deal with.

95. We do not think Christopher has really acknowledged the extent to which he has been affected by the CBS. He does not knowingly carry that baggage around in the ways that we do, or earlier generation haemophiliacs obviously do, because he was chronologically one step removed from it all. Yet in another sense he has been more directly affected by it, when you think about it. He certainly knows, though, that there is a distinction between him and the haemophiliac peers he grew up with but he does not use this reality against Anne. He is understanding and sympathises with the reasons for her reluctant decisions to shield him from so much medication. Indeed, in some ways, it

actually makes Anne feel more guilty that Christopher so stoically suffered through so much pain. He is every inch a CBS victim, just not in the classic sense.

Section 6. Impact on the wider family

96. William's infections also had an incredibly destructive impact on our GRO-D too. As discussed in the first two statements, his two haemophiliac brothers were also infected by contaminated blood, which we will discuss in more detail below.

97. William was born in GRO-C 1934 and it was discovered quite quickly, certainly within his first six months, that he and his older brother, born in GRO-B 1933, were severe haemophilia A sufferers, with less than 2% clotting factor. Our paternal grandmother, Catherine, had two haemophiliac sons only GRO-B apart. It was only whilst she was heavily pregnant with William that she learnt the possible truth about her first son. Her concerns had first started around when he was six months old but then increased towards the end of 1934 when she was due with William. Although she had a brother, David, with haemophilia, but we believe he was more of a mild sufferer, there was apparently no understanding in the family that she was a carrier of the disease. We believe that William, perhaps around six-months-old, and his older brother, then nearing GRO-B were diagnosed jointly.

98. It was a complete shock for Catherine to discover that her two boys were similar to her sibling, David, but in reality, far worse. She then had a third son but thankfully he was not a haemophiliac. Therefore, the mistaken understanding, then, was that maybe the disease was dying out within the family. However, Catherine then had a fourth son and he exhibited signs of haemophilia very early, too, and was discovered to be as severe a sufferer as his two haemophiliac brothers. She then had a daughter who was obviously unaffected.

99. Gregory has a clear recollection of a certain dynamic between the haemophiliac brothers and their mother that existed roughly at the start of the CBS fears in the mid-1970s.

100. He recalls that, just a GRO-C prior to his ninth birthday, William took him to his cub scouts' investiture. Said Gregory: "Dad and I rarely had moments like that together, so it was special. We then drove down to nan's house, which was also quite rare. I thought I was being shown off in my cub scout uniform, but it became obvious quite quickly that we were actually there to watch a TV programme instead, which turned out to be one of the now infamous *World in Action* programmes in December 1975, most likely the second episode.

101. "Dad, two of his brothers – I'm guessing that they were both of my haemophiliac uncles – and nan were seated behind me on the armchair and sofa. I sat on the floor quite disgruntled. There were definitely four adults behind me, two of whom were dad and nan, and I'm almost certain that the other two were males and my haemophiliac uncles. I recall that it was a strictly family event, as such. There were no non-family members in that room. Obviously, therefore, one of nan's four sons, and her daughter, were not there. Although I cannot be absolutely sure which two of my three paternal uncles were in the room along with nan and dad, however it would make complete sense if just the three haemophiliac brothers and nan gathered for a moment of import which I was all but oblivious to.

102. "Obviously, they would have had to make a real appointment to view such an episode in 1975. They must have made phone calls to watch it together. I was virtually ignored as they remained transfixed by the TV. I knew it was grown-up television. I remember seeing the people standing in lines to donate blood together with the sombre tones of the narrator. What I remembered more than anything else, though, were the adults sat behind me, chatting about how terrible it was. I instinctively knew that they were all implicated in some dark way. I just didn't know how."

103. As the AIDS crisis came to the fore in the mid-1980s, and the threat to haemophiliacs, Gregory distinctly remembered having seen the programme several years earlier, particularly when *World in Action* revisited the subject in 1985, when he was aged 18, and had a feeling that it was all connected and moreover that Catherine and her haemophiliac boys would therefore be a close-knit set in that context, given how closely they had gathered together a decade earlier. He couldn't have been more wrong. They operated instead like four different silos, but he knew that until at least 1975 that was obviously not the case. By 1986, it became obvious that the subjects of haemophilia and AIDS and all matters connected, were not to be discussed openly in and around GRO-D It was the start of an all-pervasive secrecy that we hold ruined the structures of GRO-D

104. On 17th or 18th December 1984, we – with William and Maureen – went to a public meeting at the RLUH with his then consultant, Dr McVerry, as mentioned in our first statement. We don't recall either GRO-D GRO-D where there were perhaps 50 or more present. Dr McVerry told attendees that there was nothing to worry about. Said Gregory: "It was the first time I – then aged almost 18 - recall my father saying he did not believe it. My father was just a very ill man most of the time. He'd had liver problems and been regularly jaundiced. When we got to the end of 1984, I knew for the first time, for an absolute fact, that there was at least a fear of a connection between haemophilia and AIDS, despite Dr McVerry's assurances, and my parents were not shielding me from this. We had known about AIDS for a while at that point. I just couldn't understand, though, GRO-D She said to me several years later that she had always known she would outlive three of her children. She was quite correct if she always believed that, for she eventually put three of her sons into the ground. She should never be forgotten in this Inquiry because she was still alive to see the deaths of her haemophiliac sons and it is right that she is featured in our statement.

105. "I knew then by joining previous memories together, that my dad had always GRO-D Factor VIII was presented as the wonder drug. GRO-D GRO-D Owing to his innate conservatism, he effectively lived as a 1940s or 1950s haemophiliac. GRO-C GRO-C right in the midst of the mid-1980s eruption of the CBS and the more general awareness of the irrefutable link between AIDS and haemophilia.

106. "There was always a curious dynamic between the three haemophiliac brothers in dad's family. Even from the early 1980s, any joking or playfulness between them seemed to have gone. There was also an overbearing sense of an omerta of sorts GRO-D GRO-D GRO-D There was definitely some sense of repression abroad. For example, I gradually learned that nan was being largely shielded GRO-D GRO-D regarding HIV and haemophilia; of course, that fitted because she GRO-D GRO-D She would plonk herself on the armchair and read quality papers. Being a then late-teenager I would often sit there and laze around and just yack back and forth to her whilst the rest of the business of the house carried on around us. We almost developed our own support network without realising. We would share our perspectives on the AIDS crisis and the effects on the haemophilia cohort. Somehow my parents missed all of this, yet it went on right under their noses.

107. "It got to a point circa late 1986 or early 1987 when GRO-D GRO-D gathered in the local church club – GRO-D GRO-D given the subject matter that they were clearly intent on discussing, i.e. AIDS and haemophilia, GRO-D It was

actually a quite healthy conversation in one sense, GRO-D because it was almost like finally lancing a boil. But then GRO-D GRO-D GRO-D"

108. Continued Gregory: "I remember sitting there, quietly drinking a pint and saying nothing, because I never did, knowing that nan knew everything anyway. I would have found the scenario hilarious if it hadn't been so serious. For example, the *Sunday Express*, then still a reputable newspaper at the time, had followed the haemophilia-AIDS crisis closely, and nan purposely bought that each week, along with other broadsheets - she also bought the Scottish *Sunday Post* which quite often reported on the CBS. We'd just sit there week after week updating each other about everything we knew.

109. "I hadn't really been attuned previously to the fact that she had been GRO-D GRO-D But I knew that she knew everything apart from the exact status of her boys, which she monitored by simply using her eyes. As the years passed GRO-D I resolved never to play by those rules. I think in later years, even before we had no choice but to commence our publicity campaign after dad's death in autumn 1994, I was thought a loose cannon about it all because, being then older, I'd speak about it, using plain English words, not codes or nods. I didn't care. It was possibly the healthiest mental choice I ever made. I could see the carnage going on all around me – not that you needed special powers of intuition, it really was that glaring to anyone with eyes and ears – and I wasn't going to let it corrode away at me due to some unspoken code of misplaced continence. Of course, there's always a time and a place, but the GRO-D mantra during the late-1980s seemed to be 'no time, no place'. I wasn't abiding by that. As long as I respected the need for sensitivity – especially whilst the three brothers were obviously still suffering and rapidly declining, and of course GRO-D GRO-D were obviously in shock albeit removed from it to various degrees – and then, of course, several years later concerning certain required anonymities, especially in the arena of publicity, then I'd speak openly."

110. Added Gregory: "When Anne moved out in 1983 after getting married, I do not think we then knew of the potential connection between haemophilia and AIDS. I would place that first realisation definitely in 1984. But it was only in the mid-1980s that mum and I really started to open up with each other about what life was like with dad, then. It was pretty insufferable to be honest. The two of us became a support network and without that we would have gone under. If not for the open relationship I had with mum about dad's general demeanour, and that which I shared with nan about the haemophilia-AIDS crisis in general, then I think I would have gone under that way, too. I was still in a general blur, though – as I've described in my impact statement – despite those healthy relationships that I'd formed. Without them I dread to think how I'd have coped.

111. "I recall, also, sometime in mid-1986, that GRO-D accidentally received the positive test results GRO-D in the post. GRO-D So, it was only then that he discovered for certain GRO-D That was the first proper conversation they had about AIDS, I believe. My father was horrified. GRO-D GRO-D GRO-D So, then it was just dad waiting for the postman."

112. Continued Gregory: "It took an age for my father's result to come through. He was tested and re-tested and re-tested. He thought it was inevitable. We could not believe that he was negative, nor seemingly did the hospital. Yet he could not pick up the phone and share the good news with his brothers as of course they had tested positive. He had a reprieve, apparently, that he was HIV negative. This shaped his whole experience with Dr Hay as he felt that he could not complain. Few outside the medical fraternity understood about HCV at that time. But even Dr McVerry had affirmed in a letter in 1982 that there was nothing 'wrong' with him after being infected with so-called Non-A,Non-B hepatitis, though in hindsight, we know that there was.

113. "Dad had to reluctantly remove himself from the fraternal dynamic. His two GRO-D brothers even stopped asking him how he was, like all three of them had triangularly done throughout most of their lives, GRO-D GRO-D Suddenly instead of there being three, it was two plus one. My dad had to carry the burden of premature survivor's guilt with him, yet the whole while he was slowly dying too. The problem was that my father knew he was unwell but had no explanation for it. He almost craved a positive HIV result to explain why he felt the way he did. Whilst there was no GRO-D between dad and his brothers, from that point onwards the three of them never really interacted in the same way again. What a desperate state of affairs."

114. Continued Gregory: "Whilst our GRO-D sought to shield my nan from the ever-worsening situation, she was not deaf nor blind. She could hear the silence and visibly witness the obvious deterioration in her three haemophiliac sons; the only mystery to her was how dad was somehow HIV-negative. GRO-D GRO-D GRO-D GRO-D It was a very strange time. I would sit up and wait. GRO-D GRO-D GRO-D Strangely it was ever strengthening the bond between dad and me that had been missing for so long in our lives.

115. "In September dad said to me that it wouldn't be long. By GRO-B he informed me that it would be a matter of weeks now. I had planned to go away for the weekend in late GRO-B 1989 and considered rearranging my plans but my father encouraged me to go out and live my life. The period between late 1988 to 1994 was the best relationship my father and I had. Unsurprisingly, that was exactly when I awoke from what I earlier described as the mental hibernation I had entered into aged 11. I think in those last weeks of summer and GRO-B GRO-B 1989 he really appreciated my support and company."

116. Having witnessed William's GRO-D we assumed that any other such death would follow a similar pattern. GRO-D GRO-D GRO-D GRO-D – Gregory last saw him at Christmas 1989 when, ironically, they only talked about the Hillsborough disaster earlier that year (a subject that we have mentioned frequently and purposefully in our second statement) – we GRO-D Suddenly, he was the only haemophiliac left in the family. He felt that it was only him to go then. He witnessed his two haemophiliac brothers dying whilst being racked by the insidiousness of survivor's guilt complex. Moreover, all the while it was being intimated to him that he should have felt relieved at being HIV-negative, but in reality he felt dreadful, both physically and emotionally

117. Said Gregory: "The period between dad's negative result in October or November 1986 and mum finally realising there was something wrong with him in early 1989, was an appalling time between him and me in which I left home twice. My parents were generally rock-solid as a marital unit, but on one occasion GRO-D such was the pressure she felt. I was almost perversely pleased to hear that she was having problems with my dad too, because, until that point, I thought it was just me. That's when we started to hold each other up metaphorically. It opened my eyes. I realised that the conflict I'd been having with my father was not simply the usual friction that occurs between a father and his teenage son; there was far more to it. He became so argumentative and liverish, such that he seemed like a completely different man. The eventual fatigue he suffered was almost a

blessing. It was a relief when he'd fall asleep as at least then he couldn't complain about anything."

118. In late 1987, William was made redundant. He was at his lowest ebb. How does a haemophiliac get a job? He turned a corner, though, in mid-1988. We do not know what happened, but eventually he just became gradually graceful again, like the man we always knew. By early 1989, he managed to find some sort of serenity again and it was great, although he was all the while living with the knowledge that his haemophiliac brothers might soon die. In spring 1989, William and Maureen discovered Italy and he went on a plane for the first time. Yet, although they returned to Italy in September 1990, they both deep-down knew that he was on borrowed time – that there was something seriously wrong that would become obvious at some point. He finally received his double diagnoses of HCV and cirrhosis in January 1992, just 16 months after that second, and last, trip to Italy. Of course, he knew he'd had acute hepatitis episodes in the past, say in 1968, 1978, 1979 and 1981 but he had no appreciation that there was a chronic effect.

119. In 1992, when William was eventually diagnosed with cirrhosis, indeed liver failure, and Hepatitis C, the previous decade made complete sense to us all. What if Maureen had left him in the mid-1980s, then? What if Gregory had joined the army, just to escape home - and the Civil Service - and never returned? Somehow, by default, our immediate family had stuck together throughout the decade. Indeed, by the late 1980s, the four of us were dead strong and it was just as well considering what the early 1990s were about to throw at us, effectively starting with the deaths of William's haemophiliac brothers in GRO-B 1989 and GRO-B 1990. We all knew we were facing an uphill battle, yet from January 1992, once we knew the full extent of it, we could not share any of that with the wider family, bereaved as they were through the death of William's two haemophilic brothers GRO-D Moreover, HCV made no headlines at the time, unlike HIV, and the gravity of such a diagnosis was not generally understood.

120. Strangely, William's already bereaved mother, Catherine, was completely stoic about his circumstances when he informed her about them in early 1992; he chose to keep her only broadly, but not graphically, informed throughout the remainder of his life. We were waiting for her to collapse with the realisation that she would lose a third son to contaminated blood but she never did. She could see that William was not deteriorating quite as fast GRO-D GRO-D GRO-D Thus, she could identify that William's health was nowhere near as precipitous but she knew, from a mother's instinct, how preoccupied he was.

121. GRO-D

GRO-D Moreover, he and his sister, were ultimately fellow bereaved victims of the CBS. We were all let down.

122. In reality, the dynamics of William's GRO-D began to shatter from 1975 onwards as the CBS took hold and the GRO-D ominous effects in different ways. That disintegration continued until his death in 1994 and has been compounded ever since. The biggest problem was that by November 1994 we started to ramp up our publicity campaign for justice. GRO-D GRO-D Anything that was not HIV simply didn't resonate as an injustice.

123. GRO-D The unsaid attitude towards us, even from within the haemophilia community, was "you will not win". That wasn't the only strand of our campaign, though, i.e. to expose that William and those like him were every bit as much victims of the CBS as HIV-haemophiliacs were. For, we also had the visceral feeling that Dr Hay had acted negligently and that we had a claim against him. He was a dominant figure for us. We believe GRO-D there was no need to prolong the fight for justice after the HIV-settlements of 1991, GRO-D GRO-D That's not necessarily a criticism; sometimes people need to see the processes of justice and redress in action, as a result of other people's efforts, in order GRO-D to realise and finally be convinced that they were dealt a massive injustice that still needed to be corrected far more than they first imagined. GRO-D GRO-D GRO-D realised that we were always onto something in our push for justice, and we were not just ambulance chasing after all.

124. We think that William's GRO-D just about tolerated us during our initial campaigning from 1994 onwards but, by 2001, Gregory was prominent again in local and national press, after a long hiatus, and that resurfacing of publicity eventually GRO-D was reticent about appearing in the media in any case, but also didn't wish to GRO-D realised that she had to become prominent again and started appearing across various platforms. Footage of an appearance she made on *BBC* news in 2007 is still available online. That ran parallel with the Archer Inquiry which was a travesty for us as we've described at length in our second statement. All told, our media presence became necessarily ever more expansive than GRO-D had ever anticipated GRO-D

GRO-D

125. Our argument was that those basic, fundamental, biological facts of reality simply had to be mentioned in dispatches – it was William's family history when all said and done – GRO-D

GRO-D

GRO-D This was impossible for us. Our entire campaign hinged on the double standards for those infected with HIV as opposed to HCV, with the latter being completely unrecognised and overlooked. Therein lay the very injustice of the whole issue, aside from the overarching scandal that they were all infected by NHS blood products to begin with, an injustice that just screamed out for a public inquiry to be held. You can't expect to rightly demand answers to questions if you don't stand up in the first place and ask for them to be posed or for those culpable to be brought to account. It doesn't just happen by magic. Therefore, it was always completely necessary to discuss the context of William GRO-D in illustrating our arguments. Furthermore, the Haemophilia Society expected it of us, quite often imploring us to air the story, as did a whole slew of politicians who needed to use our case to illustrate the injustices. That was a tremendous responsibility for us. There was a much bigger picture to consider. For quite a long while William's story became a key test-case, certainly until Maureen withdrew her co-operation with the Haemophilia Society in 1998 before then resuming cordiality again in 2001. As we've described in depth in our second statement, the very overview of William's case was repeatedly quoted in the Commons and Lords for over the course of a decade or more. That simply had to happen. GRO-D GRO-D Even though we were her children and supportive of her in every other aspect of the CBS, we simply could not go along with that. Sadly, then, for a short while, GRO-D as regards our future publicity.

126. GRO-D There is just, very sadly, a classically irreconcilable issue. We also actually have huge respect for GRO-D who was married to GRO-D GRO-D She is a good, honourable and very decent woman who just happened to be married to a haemophiliac who was infected by blood products and died.

Section 7. Stigma

127. It's only been in the process of compiling our evidence that we've fully recalled the extent of the stigma from the medical profession due to William having HCV. It may sound strange but we GRO-D

the myriad of other compounded injustices that Maureen has faced over the decades. Counter-intuitively, a lot of William's medical forms didn't even mention his Hepatitis C at first. However, we do believe that in the period between 1993 and 1994, he only received cursory or unavoidable medical help. He really only received rigorous intervention once his health reached a critical point. We still don't believe anyone was being necessarily proactive.

128. As we've stressed in our first and second statements, though, William was subject to two particular strands of stigma, ironically concerning two diseases that he never had: HIV and alcoholic cirrhosis. The matter of him being dropped by his dentist circa 1986, at the height of the CBS/AIDS crisis, simply because he was a haemophiliac was deeply unjust. Also, the immediate, default assumptions that were made by medics at the RLUH in April 1992 (Professor Shields, as described in our first statement) and August and September 1994 (both times at the A/E dept, also in our first statement) to the effect that his cirrhosis and consequent problems were caused by alcohol abuse were deeply distressing episodes. Consequently, when we were assumed in the mid-1990s to have no lived experience or understanding of the stigmas that haemophiliacs had endured throughout the 1980s, simply because William had tested HIV-negative, made us furious. He was ostracised by his dentist simply for being a haemophiliac; he initially had to hide his condition from the employers he served between 1973-88 because of potential dismissal (he needn't have worried because he made redundant anyway in November 1987); and he was assumed to have been an alcoholic. He certainly knew about stigma, despite his HIV status.

129. Personally, Gregory only recalls one isolated episode of stigma from when he worked in the Civil Service, when he was advised by an ill-informed colleague not to talk too openly about William's haemophilia because of the link to AIDS. It was a trivial moment and didn't leave a lasting impact. Nevertheless, as the years rolled by, and we wanted to make people more aware of our campaign against overt injustice, we obviously decided not to be self-stigmatised. We decided that if people didn't want to associate with us because we were the

children of a Hepatitis C-infected haemophiliac, then so be it. We'd prefer not to know them. However, we were never really subject to any stigma as a result of William's haemophilia and infections.

130. We know that William was deeply hurt by Professor Shields' words when he came by his bedside to review his progress and meet him properly for the first time in April 1992, far more so than the previous dentist situation. For, he told us, several times, that during the course of that very first conversation he had with the professor, he had to endure him speaking about the context of cirrhosis of the liver and varices and then blithely saying that, "unfortunately, that's where heavy drinking gets you". It was shocking that somebody of his professional standing could make such a lazy assumption. As we said earlier, Professor Shields was immediately, and very, apologetic afterwards on learning the truth. On other occasions, also, when William had his late-stay emergency admissions, having informed the hospital staff that he was a haemophiliac with cirrhosis, their first checkpoints were still always alcoholism or diabetes. We understand why alcoholism was the immediate suggestion, but even so, Maureen was dreadfully upset and angry at this every time it happened. Of all the various triggers that could infuriate her, that upset her more than anything.

131. Also, from 1993 to 1994, as William's cirrhosis intensified, Gregory knew that he might have to leave his workplace quite suddenly on any given day to attend one of his father's increasingly regular medical emergencies, whether they be false alarms or not. As a method of anticipating such episodes, he told his colleagues that William had stomach cancer rather than cirrhosis because he expected that people wouldn't believe that his condition was caused by HCV (and also HBV, as we later learned as our knowledge increased) as opposed to alcoholism. Gregory then felt incredibly guilty when William did in fact get cancer in summer 1994; which of course was a hammer blow that he couldn't then tell his colleagues about, because they had been under the impression that he'd had cancer for a long while anyway. The only saving grace was that the interim between William's real cancer diagnosis and his death was so fast, just weeks, insofar as Gregory no longer had to suppress his grief at the former

occurrence. It was a hideous period. But then the CBS has been for decades. Generally, as a family, we were forced to become very guarded as William's health deteriorated simply because of the alcoholic stigma around cirrhosis. It is a misnomer to suggest that only the HIV-infected members of the haemophiliac cohort were concerned about social stigma; the HCV-only-infected population was, also, especially directly connected to alcoholism, as well as enduring a legacy from the HIV era simply for being haemophiliacs anyway.

132. Our relationships didn't change but that was only through self-preservation. We took preventative measures because we knew that there was a stigma awaiting us if people knew about William's cirrhosis of the liver before we had a proper chance to explain the injustice that had befallen him. To an extent, we were conscious to hide this in the same way that HIV haemophiliacs did not want to expose that infection because of the social judgement and stigma. For nine out of ten would automatically assume his cirrhosis was alcohol related. The reality was, though, that we actually wanted people to know the full story, i.e. that he'd developed cirrhosis, and cancer, and all manner of vile complexities as a direct result of being infected with Hepatitis C through contaminated blood products administered on the NHS due to incompetent decisions made by the UK Government. But we wanted that whole story to be known, not just parts of it, and that's not exactly the type of thing you can mention briefly at the gatepost, so to speak. We knew we always wanted to set the record straight about William – he wanted to do it himself but didn't have the strength – but do so in a controlled manner, with us in charge of the factual narrative. That's where the difference lay between us and so many within the HIV-haemophilia cohort who didn't wish for their stories to be exposed for fear of stigma. We had a stigma, too, but we wanted to overcome that, not cower from it. We were hopeful that if people knew the full story about William that they would be understanding and sympathetic, perhaps also outraged. What we didn't expect was that we would meet so much opposition – especially at the Coventry 1994 event (as described at length in our first statement) and even from medics – for daring to speak out and telling the truth.

<u>Section 8. Other issues</u>

133. We have been asked as to what we are expecting from this Inquiry. We know that people will not go to jail. What we want is for people to know that the CBS happened and that, secondly, it was definitely covered up. Even if that is adequately established but there is no associated "Hugh Pym moment", so to speak, i.e. a headline episode in which it is communicated right across the media that this was all unequivocally concealed, then we will be disappointed. If that does not come across fully and comprehensively, we would be acutely disheartened about that one thing above all – because our bar is set so low – even eclipsing our desire to see, say, Mr Burnham properly explain his inactions (we really don't believe he did so at the IBI in 2022), or Mr Reid to eventually apologise for his 2003 decision to further compound the injustices against Maureen, or for us to finally learn the full truth about what happened to us at the Archer Inquiry, or indeed concerning Maureen's thwarted 1997 litigation or the failed GMC complaint in 2004. But we also keenly want Dr Hay to know that he made mistakes and moreover that we've always known. Even if he is left with one night's lost sleep (we do not think he would ever lose two), then this would all have been worth it.

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