

Witness Name: Bruce Norval
Statement No.: WITN2235014
Exhibits: None
Dated: 7 February 2025

INFECTED BLOOD INQUIRY

FOURTH WRITTEN STATEMENT OF BRUCE NORVAL

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 14 January 2025.

I, Bruce Norval, will say as follows:

Please describe the nature of the work which you have been undertaking, in relation to the question of compensation, since the publication of the Inquiry's Report in May 2024.

1. Since the publication of the Inquiry's Report in May 2024, I have continued to interact with individual campaigners and campaign groups across the UK, as I have done since before the commencement of the Inquiry. I speak to anybody who contacts me to ask for help, including a large number of bereaved families. I receive four or five messages a week from people asking for my help to understand the compensation scheme and what it means for them. I have also supported a number of people in speaking to their MP.
2. Until recently, I had not been asked to attend any of the engagement meetings with either the Government or the Infected Blood Compensation Authority (IBCA). I have recently been asked to meet face to face with Sir Robert Francis

KC, the Interim Chair, and David Foley, the Interim Chief Executive, together with two other campaigners. This only came about because other campaign groups argued that they had to meet with me because of my expertise regarding issues related to infection via blood products.

3. I had a virtual meeting on 27 January 2025 with some of the key members of the IBCA team. The meeting lasted about 2 and a half hours and was effectively a walk through the scheme, its staff and processes. I am due to meet Sir Robert Francis in person on 4 March 2025.

What if any external support or assistance has been, or is, available to you and your colleagues in undertaking the work described above?

4. There has been some scope for me to discuss the terms of the scheme with my legal representatives. However, access to legal advice has been limited, due to a lack of funding that has been made available. No other support has been provided.

Please describe the involvement of people infected and affected in the decision-making regarding compensation (whether by Government or IBCA or both) as you have experienced it

5. The biggest problem with the design of the scheme has been the failure of the Government to establish medical and legal expert panels as envisaged by the Inquiry in its second interim report. In January 2024, nine months after the Inquiry's second interim report in April 2023, John Glen MP (Paymaster General), announced that the Inquiry had appointed an Expert Group to advise on the Government's response to the Inquiry's Second Interim report recommendations regarding compensation. The role of this group was not clear.
6. In February 2024, John Glen MP announced that Professor Sir Jonathan Montgomery had been appointed as Chair of the Expert Group. This created mis-trust as Professor Sir Jonathan Montgomery is involved with the

pharmaceutical company Bayer, which manufactured blood products. Professor Sir Jonathan is the Chair of Oxford University Hospitals trust. I have recently discovered that Oxford University is currently carrying out research into a hepatitis C vaccine, in a study which will see participants infected with hepatitis C. This has raised a suspicion in my mind that an attempt is being made to minimise the impacts of hepatitis C infection.

Please describe the principal concerns (if any) which you have in relation to the involvement of people infected and affected in the decision-making regarding compensation (whether by Government or IBCA or both

7. The Inquiry's second interim report made it clear that it was vital that the expert panels should engage with beneficiaries. There has been no such engagement. The clinical group informed the scheme without any consultation with the infected and affected community. This is undoubtedly where the primary errors and angst are flowing from.
8. The Expert Group chaired by Jonathan Montgomery did not take into account all of the evidence obtained by the Inquiry and I therefore believe it has made a number of flawed assumptions. For example, there has been a failure to take into account exposure to blood products in childhood, a failure to take sufficiently into account the extra hepatitis manifestations of hepatitis C and a failure to recognise the ongoing effects of treatments for hepatitis C. I believe that the levels of compensation fixed by the scheme are inadequate as a result. I understand that the topic of levels of the awards of compensation is out of the scope of this statement. I believe that there are a number of problems with the awards and I would be happy to provide the Inquiry with further information in this regard.
9. As mentioned at paragraph 2, I have not been invited to attend the meetings between the Cabinet office or the IBCA and campaign groups. I understand from speaking to those who have been in attendance that there are around fifteen participants at these meetings and each participant is given four minutes

to express their concerns. This is a lecture or a webinar and is not meaningful engagement.

10. The lack of independence of the scheme from Government due to it not being a proper Arm's Length Body as recommended by the Inquiry shows that there has not been an acknowledgement that the Government is one of the biggest participants in the infected blood scandal. This is one of the things that victims are struggling with the most. I can see lots of issues impacting on the accuracy of claims being hidden behind the Regulations. The scheme says it's the responsibility of the Government while the Government says the scheme is an Arm's Length Body. My fear is that the unfairness becomes engrained in inadequacy.

Please describe the impact upon you of the matters set out in 1-4 above

11. I am tired and worn out as a result of the events since the Inquiry's Report was published. I need to be able to move on, and so do my family. I do not want to have to continue to fight but have not come this far over more than four decades to just walk away.

Please describe the impact you perceive the decision-making regarding compensation (by Government, IBCA or both) to be having on people infected and affected, and why.

12. There are significant signs of stress and mental illness amongst the community. I am aware that a large number, including family members, have been put on anti-depressants over the last few months – many members of the community are mentally unwell. People are desperately trying to build their lives and need certainty to be able to do so.
13. The uncertainty about when claims might be dealt with is leading to members of the community becoming increasingly isolated. At times it feels like we are being set against each other, which leads to people becoming more and more entrenched.

Are there any particular steps or measures which you consider could be taken by Government, IBCA or both to alleviate any detrimental impact upon you and/or the infected and affected communities? If so, please set them out.

14. I believe that the majority of the concerns and depressive angst could be solved by introducing members of the Inquiry's expert groups to inform the next set of Regulations. I have faith in Sir Brian and in expert panels. Their responses were thoughtful, measured, considered and well evidenced. My only criticism would be the lack of paediatric consideration in viral exposure. The second set of Regulations should be handed to Sir Brian Langstaff and the Inquiry should be allowed to go through them with their experts having been involved and to give them credible feedback. There is too much anger about the current situation. People are in this horrendous place where they are still fighting, still in fight or flight mode which is contributing to mental ill health. All of this could be resolved by going back to the Inquiry and their experts to seek assurances that the scheme criteria are medically justifiable and capture the full range of impacts on both the infected and affected.

Statement of Truth

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

Signed GRO-C

Dated Feb 21, 2025

NOT RELEVANT