Wednesday, 26 September 2018

(10.00 am)

SIR BRIAN LANGSTAFF: Good morning, all. Three things to mention before we start off this morning and, in one way, they are all linked by the idea of respect. What I have heard loud and clear over the last few days is how many of you did not feel properly respected as people by those who were your doctors, or those who were their political masters.

Respect we began with by respect for the dead and there are, I am told, about 40 people here today who haven't been at this before. Can I just mention to you again that if you want to show respect for those who are no longer with us, there is a memorial. It is in the chapel. The chapel is not difficult to find. It is not entirely easy, but it is not difficult to find. In the middle of the chapel, there is a memorial which contains the glass jars with messages. If you want to leave a message, there is time to do so. Please feel free, in a free moment, to do that if you would wish to pay your own respects and have not yet done so.

The second matter is this: outside the doors there's a small notice, perhaps a bit too small, which says, "Please don't take photographs". It is the sort of notice you see outside many event halls and which you

see other people often ignoring and nothing seems to happen. But there is a particular reason for it in these proceedings, which is that a number of those who are here do not want their photographs to be taken and certainly don't want them to be posted on the media without their permission.

Now, that happened overnight. I am sure that whoever took the photographs meant nothing by it, nothing malign by it, and may simply have missed the notice. But could I just ask that no photographs are taken without the consent of the person being photographed. The hall has been designed so that -- and those in charge of it have been asked to recognise the need to respect people's rights to privacy. So, that is the second element of rights.

May I say that the press have been very, very good about respecting privacy. For you will all have seen that they don't take photographs of people without permission, and I thank them in particular for that. It is so easy in a bit of news reel to pick up people whose faces are there, but who wouldn't want those faces to be shown on the media without their permission.

The third matter, I mention it now, you will have seen from the programme that this afternoon we have people who will be expressing a different perspective on

the events of today. If we truly, if you truly think that you should have had your rights respected by those talking to you, then I am sure you will recognise that they have a right to have the expression of their views heard respectfully. I'm sure you will. I said this at the start, they are people just as we, you, everyone involved are people, and I would hope that you will listen to them in silence. Applause is entirely a matter for you. I don't ask for that, but if you feel you wish to give it, then do so. That's your right.

But it is their right to be heard with respect. I am sure that you will respect them, just as you have respected, may I say, the slightly different views that we heard expressed yesterday, different perspectives. Not everyone would necessarily agree with everything that was said, but that's for you, and thank you for listening to them.

Today we start listening to Steven Snowden Queen's Counsel, who represents those who have instructed Collins as their legal representatives for the purposes of this Inquiry.

Opening statement by STEVEN SNOWDEN

MR SNOWDEN: Sir Brian, ladies and gentlemen, good morning. It is a pleasure to stand here and to be able to speak to you and to address you on behalf of those that we

represent.

Let me explain who we are, as I begin. I am Steven Snowden, with my junior, Brian Cummins, we are instructed by Collins Solicitors. They are a law firm who have inevitably had to do significant amounts of work pro bono on these issues, over many years.

Who are the people, who are those who I am privileged to represent today? Over 800 individuals of whom more than 650 are already Core Participants in this Inquiry, a significant cohort of this Inquiry. It is expected, we expect, that more will be added as this Inquiry moves forward.

They are all ages, all backgrounds. They are a true cross-section of society because the treatment disasters with which this Inquiry is concerned do not discriminate.

They are those who are infected and those who are affected. Amongst the group who instruct me there are families, bereaved family members, partners, widows, widowers, children, grandchildren.

The majority of those who instruct us are haemophiliacs or the family and relatives of haemophiliacs, or those infected by intimates, as the expression has it.

There are also some who received whole blood transfusions and misdiagnosis, but our largest group of clients are those infected or affected by the administration of factor concentrates.

Those who have spoken before me have dwelt on the horror of the symptoms and of the conditions, but we represent those within those who instruct us a full spectrum of primary illnesses and diseases that this Inquiry will consider, all forms of Hepatitis viruses, HIV, CJD, and all of the life shattering complications of those conditions on which others have already dwelt.

In addition, as again others have already said and I know more than echo, there are the consequential conditions; there is depression, there are cancers. Other lawyers have spoken to you about that, but you yourselves have spoken far more clearly and far more eloquently in the video commemoration from this very stage and directly in conversations around this hall over the last 48-hours.

The language you have used, of the shadow hanging over each infected person, is powerful and sobering. Most of those I represent are members of one of seven campaign groups who have fought for decades and bring much needed and much welcomed expertise to this Inquiry. Factor 8, The Birchgrove Group, The Fatherless Generation, The Forgotten Few, Manor House,

Positive Women and Tainted Blood. It is our privilege to act for them in their pursuit of justice. I'll come back to that word in a moment.

By way of preliminary comments though, Mr Chairman, where we appear in the running order, after what was said and heard yesterday, what can we sensibly say or add? We do endorse all of what was said to the Inquiry yesterday by the various individual and group infected and affected Core Participants. I hope to avoid repetition this morning, but if I do, please take it as re-emphasis rather than repetition.

I am confident in light of what's gone before that I will be less than the full hour allocated to me and I hope that will assist with your timetable for the rest of the day.

At the outset, I want to make four preliminary comments.

First, this is the third public inquiry in the United Kingdom. Archer, a private inquiry, no ability to compel witnesses. Penrose, in Scotland, in which those infected and affected had no real voice. Sir Brian, you must understand -- and we know that you do -- the feeling from those I represent that they have been here before and there is therefore some caution to our enthusiasm. But we do say at the outset, we

enthusiastically welcome this Inquiry and intend to work with it.

We believe this Inquiry is a truly momentous opportunity to deal with matters of the utmost significance. In one sense nationally and politically in terms of public accountability, in terms of our collective conscience as a nation to recognise and acknowledge where wrongs have occurred, and coming closer to home on a family and a personal level.

This is the first inquiry of this magnitude for this many participants with the power to compel on a UK-wide scale, to require documents to be produced, witnesses to be called to account and, for those whose conduct has been questioned, to have the opportunity or to be compelled to come forward and tell the truth. It is a very real opportunity to get the answers that people have waited decades for, provided that it continues in the spirit in which we are glad to say it has begun.

The nature of the events under scrutiny stretches language to describe, but as Professor Winston said, this is the biggest treatment disaster in the history of the National Health Service. It is therefore the Inquiry which affects more individuals than any other in British legal history, I believe.

Those I represent, and others in this hall, have

campaigned and waited for decades. They desperately hope it will serve its purpose of achieving justice. That word again, we'll come back to that.

Secondly, we bear in mind this is a public inquiry of previously unseen magnitude and extent. So many victims past, present and future, such a period of time to investigate -- the investigation not only of the facts and the circumstances of infection, but of how individuals and their families were treated, medically and socially. Investigations of how their persistent attempts to know, to understand and to obtain justice have been rebuffed, have been pushed back and have been covered up, we believe. Now is the time for that conduct to stop and for decency to prevail.

Thirdly, we bear in mind this is an opening. It is the start, it is a beginning. We do not yet have the documents or the evidence. There are many theories, suspicions and concerns, none as yet tested or probed forensically in public, and we are very grateful that that opportunity is afforded us. We therefore tread lightly over some of the detail now, but rest assured we expect it to be scrutinised fully in the course of this Inquiry. This is an opening statement, and we are responsible enough to wait for evidence to be seen, heard and tested before reaching conclusions on it.

Fourthly, we've already heard many personal stories and personal accounts. We will hear more today. You have seen some in the commemoration, some of you have spoken to the press. Many, Mr Chairman, we know, have spoken directly to you. We recognise and are grateful that the Inquiry has indeed taken the time and the care to meet with individuals and to put them at the heart of this Inquiry.

Let me tell you what I'm going to tell you over the next 20 minutes or so. What will I say in this opening? First of all, we welcome this opportunity at an early stage to have a voice heard and to engage in dialogue about what matters to us with this Inquiry going forward.

I will therefore say something about how the Inquiry must go about its work, we suggest.

Each and every single one of the terms of reference is vital, but, Mr Chairman, we know you have invited our thoughts on that, and we will emphasise a few and add some observations. I will conclude with some practical and procedural comments, but I will follow the pattern set by others before me, who spoke yesterday, and leave detailed submissions on certain areas to another occasion.

Let me come back to the word I mentioned twice:

justice. Those I represent seek justice. It is easy to say that the purpose of this Inquiry is to achieve justice.

What does that mean?

Those I represent have fought and fought and campaigned and asked and enquired and sought clarity and sought redress and demanded this Inquiry after doors were slammed in their faces, and their overwhelming common experience is of having been ignored, sidelined, belittled by those in authority.

Without exception they are all individuals who placed their trust in medical professionals. This, of course, was in the context of the 1970s and the 1980s and the prevailing view that doctors, like others in authority in those decades, were always right. We know that is not the case. That was eloquently expanded yesterday by David Lock QC in the context of Hillsborough. If you recall, he talked to us about that, where after years the families were eventually proved right and the state was proved wrong and then wrong and then wrong again, several times, until eventually justice prevailed.

Those I represent, who placed their trust in medical professionals then placed their trust in government. That trust has also been abused.

Those individuals feel disempowered. Their trust is broken.

I would like to take us one stage further in the Hillsborough story than David Lock took us yesterday, beyond the conclusion of the Inquest. The former Bishop of Liverpool, who I know many of you have met, The Right Reverend James Jones was commissioned in the wake of the final Hillsborough Inquest by the Prime Minister, when she was Home Secretary, to report on the experience of the ordinary members of the public who were victims. His report, produced in November last year, is called -- forgive the language, but this is it:

"The patronising disposition of unaccountable power."

I would like to quote from two paragraphs from his introductory letter. The Bishop writes:

"Over the last two decades, as I have listened to what the families have endured, a phrase has formed in my mind to describe what they have come up against whenever they have sought to challenge those in authority: the patronising disposition of unaccountable power. Those authorities have been both in the public and in the private sector. The Hillsborough families [he recognises] are not the only ones who have suffered from the patronising disposition of unaccountable power.

The families know there are others who have found that when, in all innocence and with good conscience, they have asked questions of those in authority on behalf of those they love the institution has closed ranks, refused to disclose information, used public money to defend its interests and acted in a way which was both intimidating and oppressive."

Pausing. Does that sound familiar?

So, he carries on:

"The Hillsborough families struggled to gain justice for the 96 has a vicarious quality to it, so that whatever they can achieve in calling to account those in authority has a value to the whole nation."

That, we suggest, is very much the sense of what we and you in this hall have been told time and time again by those I represent. It has been their experience, too. That -- we use another simple word for it -- is "wrong".

When I say that, I don't mean a lawyer's textbook definition of a crime or of negligence, but in the mind of any right thinking person it is simply wrong that that occurred. It should not have happened.

How do we define the justice that we, they, you seek?

First, it must be based on knowledge. Full access to the facts and information is the foundation of achieving justice in this Inquiry. Those I represent are demanding to know what actually happened, for individuals and on the wider stage in the medical, the commercial and the political sphere -- I will come back to that in a moment. What actually happened at the time when factor concentrates were introduced, when the alarm bells ought to have rung, and what then happened or was covered up when they began to ask perfectly proper questions.

We want to see and hear the truth, the unvarnished full truth. We don't want redacted documents. We don't want privilege or public interest immunity to be claimed, and we are grateful that you, Sir, don't want that either. But I'll mention in a moment how that device or those devices continue to be deployed, even today.

So, we need to know the full truth of what happened. We then need to have what was done analysed to understand what ought to have happened instead, and to have that stated openly. There needs to be accountability, there needs to be redress and there needs to be no way that this -- and by this we mean not only the initial infection, but what we do not hesitate to call the cover-up which followed it -- can happen

again.

Let me come back to The Right Reverend James Jones. In November 2017, as I say, he published his report. He recommended a document to public bodies. That document is called:

"The Charter for Families Bereaved through Public Tragedy."

And I pause to mention "bereaved" could equally be read as "infected" in this case.

Unfortunately, it is not clear to us whether the public bodies represented in this Inquiry have yet committed to that Charter, because this should not be an Inquiry dealing with bodies who are closing doors in our faces or holding them ajar only on their terms, but an Inquiry with public bodies and government positively welcoming the opportunity to engage with us and with the Inquiry and to be frank. They should be welcoming it genuinely, fully, far more than lip service.

This is a public tragedy, in the sense Bishop James was describing, and the things he says about the perspective of the bereaved and the injured must not be lost.

As I say, his Charter is a document which he encourages public bodies to sign up to and to commit in six points that they will do the following: point one:

"In the event of a public tragedy activate its emergency plan, deploy its resources to rescue victims [but listen to this] to support the bereaved and to protect the vulnerable."

Let's pause and put that in our experience of what's happened here.

In this context, we do question the activities of the so-called charitable trusts, the extent of their support for the bereaved, the equality of their support and their protection of the vulnerable.

Point two of the Bishop's six points:

"Public bodies should place the public interest above their own reputation."

Again, pause and apply that to our situation. Those who I represent say, "Do not be defensive. Do not obstruct this process. Do not withhold documents, do not lie to us any more. Do not seek to mislead the Chair of this Inquiry. Do not tamper with documents. Do not stall, do not be slow to comply. Volunteer, be proactive with documents, be proactive with witnesses for this Chair and this team. We, the infected and affected, demand no less".

The Bishop's third point in his Charter, which he encourages public bodies to adopt, is this:

"They should approach forms of public scrutiny,

including public inquiries and inquests, with candour in an open, honest and transparent way, making full disclosure of relevant documents, material and facts. [They endorse this sentence.], our objective is to assist the search for truth."

Let me re-read that:

"Our objective is to assist the search for truth."

We look to those public bodies and we say: can you say that is what you have done in the past? Can you undertake that that is now what you will proactively do?

This is not a witchhunt, but we do want you, the public bodies, to view this as an opportunity to be honest.

The Bishop's fourth point:

"Avoid seeking to defend the indefensible, or dismiss or disparage those who may have suffered where we have fallen short."

Let's apply that to ourselves. We suggest they should not stigmatise those innocent communities any longer.

Point five, the Bishop suggests:

"Public bodies should ensure all members of staff treat members of the public and each other with respect and courtesy. Where they fall short, they should apologise straightforwardly and genuinely."

We say, for this Inquiry, they must respect the entitlement of people to know. They must own up and not hide.

The Bishop's sixth point:

"Recognise that they are accountable and open to challenge."

Being accountable is not an end in itself. It is the first step in learning, in changing and in putting right.

We draw those six points together and we say that the time has now come for the defensive and self-exculpatory attitude of the public bodies to end. It cannot be right that those who are or were employed by the state in that sense to serve us all, to protect their own interests.

We do not know, as I say, whether any of those represented bodies who will speak after me, this afternoon, have signed up to that Charter. If not, we challenge them to do so.

May I turn to what I have put forward as how the Inquiry should go about its work, and I have called this "mindset" and "context".

We suggest the Inquiry must bear in mind the time and the attitudes. It must bear in mind, secondly, the complete innocence of those infected and affected, and

it must look with scepticism at what I will call the "narrative of necessity". I will explain that in a moment.

But, first, to put the context the Inquiry should operate in, the time and the attitudes.

In order properly to understand the experience and the suffering of these individuals and families, the Inquiry must consider the time and the social attitudes when this occurred. All those whose infection became public knowledge suffered huge stigma of the sort which is almost impossible to conceive in the changed world, in the changed social understanding we exist in today. That stigma, of course, compounded their medical suffering.

Forgive me if I tell you one story of a history relayed to us at this Inquiry by one of the Core Participants I represent. His story is this: aged 3, diagnosed as haemophiliac. Prescribed factor concentrate. Diagnosed with Hepatitis C. Aged 16, diagnosed with HIV. A vulnerable, troubled teenager believing his life was over, going off the rails. Pulled back, if I may use the expression, by the love of a good woman. Aged 21, after nine months having to go through with her the fear and anguish of having to tell her about his illness, frightened of what she would do,

relieved to discover that she stood by him. But then, with her support, undergoing a repeat of that fear and anguish in telling her parents before they married. As an adult, applying for jobs, mentioning his diagnosis of haemophilia, but not the diagnoses of HIV or Hepatitis for fear of stigma and prejudice.

Now, in his 40s, he receives what for many would be the crippling blow of being diagnosed with cancer, but in his case, it was what he described as a strange relief to realise that this was an illness he could actually tell people about, not something he felt he had to hide. Can we contemplate that? How has it come to that?

These are the sorts of experiences the Inquiry must understand and we know, Sir, that you try to do so, to fully comprehend what has been suffered. I emphasise this is not limited to those with HIV/AIDS, those who suffered other conditions, most notably Hepatitis, face stigma and abuse from its association with intravenous drug use and with alcohol.

So, that is the time and the attitudes in their context, I hope.

Secondly, the complete innocence of those infected and affected. These are entirely innocent individuals whose trust in the state has been broken. It is

essential the Inquiry is full and fearless, and we and all the other Core Participants represented today are determined to ensure that it will be.

These are not, as sometimes caricatured, grasping, complaining claimants, seeking a financial lottery. They are not a nuisance. They are not just a thorn in the side of successive governments or the medical profession. Their stories are horrific. Their suffering is genuine. It was entirely avoidable and they have been ignored.

They deserve the certainty of future peace of mind and dignity. Peace of mind for those infected, for those they love, for instance the mothers and fathers diagnosed, who have had to ask themselves, "What will happen to my children?", for the wives and widows infected and affected, for their children who should have been and the grief at their loss.

Innocent.

Thirdly, the "narrative of necessity", as I described it. What do I mean by that?

That is the narrative sometimes put forward that factor concentrates were some form of necessary ground breaking treatment which simply had to be developed and deployed. We suggest that is simply untrue. Perhaps it was indeed put forward to its recipients as a wonder drug, but those I represent consider the question of whether it was truly needed when balanced against the risks and the risks of viral infection in blood had long been recognised, that question was not asked, or was not asked sufficiently clearly.

Who are perhaps more cumbersome the existing haemophilia treatment of cryoprecipitate was effective and, importantly, significantly safer. It did not have to be superseded then by factor concentrates. It was not inherently dangerous. It came from single donors, not from combinations of thousands, as Factor concentrates did, where the risk is multiplied exponentially.

We do not accept there was insufficient cryoprecipitate to go round, or the production could not have been increased if necessary. The shift from voluntary single donors to buying factor concentrates, in effect commoditising blood products, had what we consider -- and what we believe this Inquiry will establish conclusively -- to bring with it entirely foreseeable risk.

Others, yesterday, identified the knowledge. They touched on evidence. You saw on the screen documents, which we believe will ultimately compel the Inquiry to conclude the risks of blood borne viruses were known and appreciated in the decades before the early 1970s.

Put another way, we believe that it is going to be shown as no more than an urban myth that haemophiliacs would have died without this product, or that in most cases it was an essential or life saving treatment.

We are grateful. The issue of self-sufficiency in factor concentrates will be looked at in detail. The promise of David Owen, as he then was in 1974/to 75, to achieve it never came to pass, as we know. We know and are grateful that the Inquiry has in mind to investigate that. The country was of course self-sufficient in whole blood, which was not imported or purchased.

We suggest that the use of existing medicine and science could have continued until there was complete confidence in the new science of the factor concentrates or until heat treatment could be developed, which, as we all know, was in the region of 1985, although there are questions as to why that was not sooner.

Or it could, at any stage, have been reverted to and, if so, thousands of infections and needless deaths would have been avoided. Any sense that this was a developing science which was essential, so much so that lives could be risked by implementing it, must, we say, be absolutely rejected.

May I turn to some of the practical aspects we urge, with the greatest of respect, Mr Chairman and the counsel to the Inquiry, about how to go about your work. The first of those points is thoroughness. A key concern of all our clients is the thoroughness of this Inquiry. In litigation, in court cases, there is the concept of dealing with cases not only justly, but proportionately, by which they mean applying just enough resources to make it sensible to do. We say that is not appropriate here. It is not appropriate to restrict the nature or the extent of the Inquiry in that way, but even in a proportionality test were to be applied, the immense significance of this Inquiry and what it is investigating demands the very greatest measure of time and resource.

We strongly encourage thoroughness ahead of speed. We believe it is better to reach the right conclusion more slowly, than the wrong conclusion quickly.

The second point on how the Inquiry should go about its work and practical aspects. The obtaining and preserving of documents and medical records. We all recognise the Inquiry must obtain, preserve and make available to all, and facilitate access to, any and all relevant documents. On a macro level, a large level, by which we mean government and public bodies' documents, but also on a micro level, by which I mean personal documents.

On the bigger stage, on a macro or a bureaucratic level, many of those we represent, as we recognise many of the other Core Participants represented by others do too, have devoted considerable amounts of time and developed real skill in harrying, pursuing the obtaining of government documents.

But there are still what appear to be hindrances to individuals getting documents from the public records office, from the National Archive, even in their own personal access to records departments of hospitals, let alone government departments. We are encouraged to hear the notices of retention and non-destruction of documents have been delivered, responded to and are believed to be being acted on, but are they?

So far as we are aware, those letters have been sent to NHS bodies. That's what we see from the Inquiry's website. We are encouraged to hear counsel to the Inquiry talking about documents being sought from health boards responsible for Haemophilia Centres, from the Haemophilia Society, from various trusts and from what she referred to only as "five large pharmaceutical companies".

It must be right, also, that any and all documentation from and produced by the HIV Haemophilia

Litigation in 1989/1990, and its settlement should be sought and disclosed as that clearly falls within the terms of reference.

Now, we understand the Department of Health have an effective system of electronic filing, or at least electronic cataloguing, which can be searched easily, but we do suggest that documents must also be sought from the Treasury. We understand they have the same effective system of electronic filing or cataloguing to allow relatively easy access. We would expect the Treasury to have documents relating to the financial implications and any cost benefit analysis, and that's important to know. That will be important to know.

We also suggest the documents must be sought from the Foreign Office for contact with US authorities and with overseas pharmaceutical companies. But, at present, the Foreign Office tell us those of us who have enquired that they must search manually through paper files. Freedom of information requests are refused on the basis that provision of the information would disproportionate, it costs them too much to do it.

We also respectfully suggest that documents must be sought from The Cabinet Office, where we believe critical decisions were made in respect of, for instance, the HIV litigation.

Let me give one example of issues on the larger, the macro, the bureaucratic scale. One of the Core Participants I represent asked, under Freedom of Information, for lists of files, where certain key words appear in their title. That is how one does it, many of you in this room will know.

As a result, he obtained a full list of file titles and the dates those files covered. He therefore became aware of the existence of a Treasury file -- not a Department of Health, but a Treasury file -- dated December 1991 and entitled:

"Health risks and special initiatives haemophiliacs and acquired immunodeficiency syndrome."

That, on the face of it, looks, doesn't it, as if it would be relevant to the issues? He asked for that full file. He received a response that he was not entitled. It would be too expensive to produce it, according to the test.

So, then he changed tack and he asked just for the first 20 pages. How could that be disproportionately expensive? That was in May 2018. He received a standard form acknowledgement from the Treasury.

In June, he then pointed out the time for his request to be complied with had expired. The response simply said:

"Your request is still being considered. We are sorry for the delay."

He chased again for an update at the end of July. He received the same sort of apology in August. He chased again in mid-August. Frustrated, he then changed tack and, with commendable determination, put in a Freedom of Information request for all government emails discussing his previous request for those 20 pages. He wanted to know what had gone on. In return, he received 30 pages of emails between the Treasury and The Cabinet Office discussing simply how to respond to his request for 20 pages of documents. But those 30 pages of emails suggest that the 20 pages should not be provide because they mention something a lot and that something, whether it is a name, whether it is a process, whatever it may be is redacted from the emails he has received.

That illustrates, Mr Chairman, the difficulties that individuals face. We desperately hope that public bodies are more cooperative with the Inquiry than with individuals. But what are we to think of that? What is any fair-minded observer to think of that?

Let me come briefly, on a micro or a personal level, and give you more account, it may be the experience of some of you sat in this hall. One of the Core

Participants yesterday told us that his father, one of the infected, died when he was 11. His mother paid £240 for his medical records and received 600 pages in a file. He read through them and he recognised that there were cross-references to other records, so this set wasn't complete. So, he went back to the hospital where it was indeed recognised that there was another file of 600 pages, but astonishingly, the hospital's first reaction was to suggest that because he was not his father, his dead father, he couldn't get those records.

They relented on that, but then -- and this is important -- they would not relent from further payment for the additional records. He was told that there is a system for destruction for old records. Fortunately for him, these were just about coming up for destruction in November of this year, so if he could hang on a bit and go back in November he could get them without having to pay the fee because they would otherwise just be destroyed.

That, we respectfully suggest, is an utterly unacceptable attitude and suggests that some trusts have not understood or implemented the clear guidance issued by this Inquiry.

So, that illustrates on a personal level how difficult it still is for individuals to obtain their records even this month, when the Inquiry has started. There are still problems with trusts destroying individual's records, and we do encourage the Inquiry again and again to bring to the attention of health trusts what is expected of them.

May I turn to a third aspect of practical points for how we respectfully suggest the Inquiry should go about its business; that is to do with commercial concerns.

As I observed a moment ago, counsel to the Inquiry mentioned in her opening that documents are being sought from five pharmaceutical companies, unnamed. We note that none is represented today, so far as we know, nor to our knowledge is any Core Participant. She did not name them. Their names, or at least the names under which as a matter of fact they traded and manufactured, or supplied factor concentrates in the 1970s or 1980s are well known to those in this hall.

We express the hope that formal approaches from the Inquiry will not attract what I can describe as a heavy handed response from successor companies to references private individuals make in the press or in the public to the roles they historically played. We desperately hope the Inquiry obtain their documents. It seems to us imperative that their role is investigated and to the

utmost extent that the rules and the jurisdiction of this Inquiry will allow, bearing in mind that companies change -- we know that -- as a matter of record.

We urge this Inquiry to obtain and disclose all relevant documents it can from private and commercial concerns, to require evidence from witnesses who were in any role of significance in decision-making in those private or commercial concerns at the material times. The issues to us are obvious. They will have evidence that relates to the developing science, and their knowledge and appreciation of risk. They will be able to assist with the influence they exerted over medical professionals, directors of Haemophilia Centres and others. They will be able to assist with the issues of independence and incentivisation, both personal and professional.

The fourth area we suggest the Inquiry could productively look at, which isn't mentioned much in the documentation so far -- there may be a good reason and we'll deal with that if we may -- is the Blood Products Laboratory.

This is one entity we understand now is a private commercial concern, but it was not at the material time. It was the Blood Products Laboratory. It isn't directly mentioned in the terms of reference, but its role is

very important, of course as we know, in understanding the issues of self-sufficiency. We suggest that the Inquiry and scrutiny of the roles of the Blood Products Laboratory, at Elstree, the Plasma Fractionation Laboratory in Oxford and the Protein Fractionation Centre in Edinburgh is required. We know they were unable to meet demand, and then commercial Factor concentrates began to be purchased from the USA, despite risk.

Self-sufficiency, of course, was raised as an objective by David Owen, in 1974/75, but despite funding being provided, it was still not achieved by its target of 1977 or at all. The question is: why not?

The answer will in part lie, we suspect, with material from the Blood Products Laboratory.

We know there was significant problems at the BPL in the late 1970s and early 1980s. Expansion was pursued in 1981. It had a change of management and a change of control to the NHS. Necessary increases to the UK capacity was still not attained though. Products continued to be imported despite the known concerns. Criticism was made of its management, in a 1981 draft paper, as being too diffuse, fragmented responsibility, insufficiently and not continuously coordinated. Those responsible had very little experience of managing

facilities of the kind concerned. The directors of the laboratory are required to work out adequate policy guidance and without sufficient expert monitoring of their laboratory's performance.

Shamefully, that paper was severely redacted by officials before submission to ministers. We want to know who did this and why, so we can understand how things really were then.

We know expansion work at the Blood Products Laboratory was only completed in 1987. Meanwhile, the existing plant continued its production, relying on Crown immunity to dispense with all the requirements of the Medicines Act, but it was able to meet only about 40 per cent of national requirements. Lord Owen followed up his initial request for self-sufficiency, but was informed there had been no maladministration. We say there are obvious areas to be explored.

May I move on? Another area for the Inquiry to dwell on, we hope, is witness statements. We do understand this is the chance for each person to give their account and for each person to be heard.

For those represented by solicitors, we do believe it is anticipated that solicitors can be involved in taking detailed witness statements, cross-referenced to medical records, cross-referenced to other existing documents, so that they are as accurate as possible.

We do ask, though, whether it is right to have that account -- for those not represented by lawyers -- given to an investigator for the Inquiry in a simple narrative form: sit down and tell me your story. That's where it must start, but accounts must be cross-referenced to that individual's medical records or to the records of the relative who was infected. Recollection of dates and events of 30 years or more ago will inevitably be uncertain and prone to error and, for this Inquiry, the timeline and the numbers are important, as will be drawing inferences from many individual's medical records.

It may well be that trends will emerge from references in medical records to treatment decisions, recommendations. In the main sphere in which I practice, of medical and personal injuries law, we know how difficult it is for even the most diligent and determined solicitor to obtain and piece together an individual's full medical records, especially in cases of complicated or multiple conditions, treated at different hospitals or clinics. So, we do suggest that, for those not represented by solicitors, thought should be given by the Inquiry to someone on the Inquiry team carefully cross-checking the completeness and the

accuracy of each individual's records as obtained and pursuing any omissions quickly and thoroughly.

May I turn for a moment to talk about resources, fairness and parity of representation. This is not just a moan. We have a real concern about resources. As has been said by others who stood before me: as lawyers, we do not see this Inquiry as an income generating exercise.

On the contrary, as others have said, significant amounts of work have been undertaken by pro bono, which is a delightful lawyers' expression meaning for free or for good. I gratefully adopt what was said by Mr O'Neill QC for the Scottish Core Participants, about Core Participants consciously limiting their role and their attendance and their representation to the issues that directly concern them.

But I do and must mention only this: the fact that the infected and affected Core Participants are receiving public funds leads by a budget or a cap or rates and hours to an inevitable restriction on their representation. That is true whether it is considered that cap is fair or not. I pause to observe that the government bodies who are also Core Participants in this Inquiry are in truth also spending public funds on their representation, but without, so far as we are aware, any

cap or budgetary limit or limit on hours, and we do invite the Inquiry -- this is not an easy area, we recognise -- to consider it carefully. We appreciate this is not a court case, there are no parties, so expressions like "parity of arms" are inappropriate. We absolutely recognise that, but we do suggest that it is fundamentally wrong in a public Inquiry of this magnitude to put individual Core Participants in a position where those representing them either have to down tools when the budget is reached, leave the work undone, the representations underprepared or act pro bono, when government body Core Participants do not face those restrictions. There should be a level playing field.

I say that carefully. We are entirely in favour of transparency over funding and resources, and we do hope to carry this conversation on with the Inquiry team over the next days and weeks.

Let me turn briefly to the terms of reference. Some additional points, some areas of emphasis. Those we represent are clear in communicating to us, and inviting us to communicate to you, that they welcome the detail of the terms of reference and they welcome the Inquiry into each and every aspect identified. This, therefore, is without reducing the emphasis on all the others,

I mention only a few.

To us, the key issues of initial infection seem simple. What's in your terms of reference as 1(c), what was or ought to have been known of the risks. 1(h), why were people given and how did they come to be given infected factor concentrates. Issues 9(a) and 9(b) then, the issues of cover-up, and then that leads logically to issue 8, including the terms of the litigation settlement, about how a civilised society should react to those events.

Under paragraph 5 of the terms of reference, we welcome the Inquiry into tissue samples being kept, sent or tested without consent. Particularly, the testing of previously untreated patients, PUPs is the acronym, unnecessarily as guinea pigs. Those are both going to be detailed historical document intensive areas and we welcome them as areas of Inquiry.

We have already mentioned the role of the Blood Products Laboratory to be considered and we suggest it's failure to recall batches for heat treatment when others were already doing so explored to a limited extent in previous Inquiries clearly warrants attention and we think this falls under 1(h) and 1(i).

Commercial influence. We are pleased to see that under various of the terms of the reference 1(c), 1(g) and 1(h). We believe this is a key issue not adequately considered before.

We venture to suggest another one, correcting or reopening inquest verdicts. This may fall under terms of reference 9. This is one area where the proper and accurate recognition of someone's passing, their cause of death, might assist with the sense of closure and recognition of what happened and resolution for those left behind.

The death certificates of many who die of HIV/AIDS do not say so. They often refer to pneumonia as the primary cause of death. They almost never refer to Factor products.

You have heard others endorse the view that doctors were keen to play down the role of contaminated Factor concentrates. Death certificates often refer to cirrhosis, rather than Hepatitis. So, we suggest that as this area is explored the Inquiry could usefully work, perhaps, with the chief coroner, to give guidance for the future and guidance, if appropriate, for the re-opening or revising of past inquest conclusions.

Under terms of reference 9, a very significant concern of those we represent is the extent to which they are now driven to depend on the State for their financial subsistence. They talk heartbreakingly about

the indignity and the shame of having to apply to rejustify entitlement and, in effect, beg for charity. Those concerns were eloquently put in the commemoration video presentation.

The actions, the capricious decision-making and the inexplicable inconsistency and inequality of support in the different parts of the UK is disturbing and demands urgent consideration.

Points expressed firmly to us include the make-up, the constitution, the historical actions of the many trusts, including the MacFarlane Trust and the Skipton Trust, and the different, unequal welfare payments and entitlements, depending on which arbitrary category you fall into and the trustees' subjective discretion. It was mentioned yesterday, and we endorse that as being key concern to those we represent.

Also, the fact these trusts and bodies were set up to be arm's length vehicles by which successive governments could say they were meeting the needs of the infected and affected, but without any admission of liability and without taking direct responsibility for their decisions and the provision they made.

As I have said, the markedly different financial provision in England, Scotland and Wales expressed to us firmly as the view that the MacFarlane Trust effectively

acted illegally and continues to do so, as a credit broker taking equity release charges over people's properties and there are, we are told, significant problems and ongoing problems with the new statutory body.

At present, we understand from the possible timeline outlined by counsel to the Inquiry that hearings inquiring into those terms of reference, that is the provision and the trusts, may not start until Easter 2020. If so, we may not arrive at recommendations for change, even by way of interim recommendations, until the latter part of 2020, two years hence. That we, suggest, is too far away. This is one aspect of the Inquiry which we think could be extracted and expedited as far as possible.

If, for instance, the issues of immediate need, eligibility and appropriate levels of support were taken out from the consideration of the historical position, without for one moment belittling the need to investigate what the trusts have done, it should be possible, we would suggest, perhaps with the benefit of limited oral evidence, perhaps with written representations, to make early recommendations about changes to the level of financial provision. We commend that course to the Inquiry.

Finally, a few practical procedural points. Fully electronic disclosure, we welcome that. That is the only way this Inquiry will work properly. Mr Stein QC yesterday suggested building an electronic timeline or a chronology to be available to the Core Participants, to which the documents that are disclosed could be linked and marked appropriately. That will clearly avoid potential disputes over the dates and the significance of those documents. It will lead most clearly to the Inquiry and the public understand what should have been appreciated by whom and when.

It is right to dismiss previous government chronologies, the now discredited and now disavowed report on self-sufficiency in blood products in England and Wales, chronology 73 to 91. The timelining of this Inquiry must be clear, objective and beyond reproach.

So, subject to safeguards of marking the sources of original copies, recognising that different versions of the same documents, some annotated perhaps, may exist and returning originals to those Core Participants who provided them, the individual Core Participants. We absolutely commend that approach to the Inquiry.

The idea of the Chair sitting without assessors, we express our very firm provisional support for that. The idea of working with groups of experts. Again, we express our provisional support, but that is already in motion. We know that experts are beginning to be appointed provisionally, we hear that at the end of last week. We look forward to working with the Inquiry and other Core Participants on that, but we have had almost no time to consider names already promulgated.

It may be -- and I say this with great caution -- that there are some concerns to be raised over some names identified already. It is right to say no more publicly at this stage, nor to go into specifics, but we will liaise with other interested parties, other Core Participants and liaise with the Inquiry as soon as possible.

Let me finish -- you may be grateful I am going to finish -- let me finish by summing-up what we have said. We have optimism, but we hope you understand it is cautious optimism for the Inquiry. We are determined to work constructively with you and your team.

We described what we mean when we say we seek justice from this Inquiry. We challenge the public bodies which are Core Participants to comply with The Right Reverend Jones's Hillsborough Charter. We have suggested the mindset the Inquiry should adopt, to remember the context of the 1970s and 1980s, to debunk -- if I may use that expression -- the caricaturing of those infected and affected, to debunk the narrative that Factor of concentrates hadn't been necessary treatment. We have, I hope, made some practical suggestions of how the Inquiry might go about its work and emphasise some of the terms of reference.

Will you forgive me if I share one more story, so that you may see the resilience of some of those we now represent?

I stress this is a true story and my junior counsel has insisted I share it. A Core Participant spoke to him yesterday. He was diagnosed with Hepatitis. He was placed on medical treatments, which included pigs' blood and Chinese cats' ovaries. Those are new treatments to me.

He attended his consultant, who sadly told him he may also have variant CJD. He said to his doctor, "I'm on pig's blood, cats' ovaries and now you are saying I may have mad cow's disease", he said, "Yes, I am afraid that's right". With resilience he responded, "Is it a doctor I need or a vet?"

I haven't made that up. That is not me. That is one of you, and only people who have been touched by sadness and tragedy could display that sense of humour.

The dignity, perseverance and dogged commitment of those in this hall to getting to the truth must be matched by the Inquiry. These have been an emotional sombre few days, but we can build on this, moving forward.

Finally, I am going to close by returning to the report of Bishop Jones. I will take the liberty of adopting and adapting what he said at the end of his introduction. He said this:

"People talk too loosely about closure. They fail to recognise there can be no closure to love, nor should there be for someone you have loved and lost. Grief is a journey without a destination. The bereaved [and in this context we expand that to include the infected and affected] travel through a landscape of memories and thoughts of what might have been. It is a journey marked by milestones; some you seek, some you stumble on. For the families and survivors of this tragedy, those milestones do include the search for truth, accountability and justice."

And we look to the Inquiry to provide those.

SIR BRIAN LANGSTAFF: Thank you very much, Mr Snowden. We now have Caz Challis, please.

Opening statement by CAZ CHALLIS

MS CHALLIS: Good morning everyone, Sir Brian.

I am sorry we all have reason to be here, but goodness, I have met some amazing people here over the last few days.

First of all, I'd like to say how relieved I am that this Inquiry is finally underway. It has been such a long time coming and sadly, as we know, it's come too late for many people. I hope it will uncover the truth of what happened and will bring justice and some degree of closure to all those who have lost loved ones, and to all those of us who are still here dealing with the life changing effects of contaminated blood.

I'd like to thank Sir Brian and the Inquiry team for their good work so far, in making sure that we are finally heard and for handing us the talking stick.

The terms of reference seem to be comprehensive and inclusive of everyone affected and what we had asked for. The Inquiry team have come across as approachable, compassionate and responsive to our needs as a whole community.

From what I've understood so far, this Inquiry team are determined to get to the bottom of this terrible scandal that has taken and ruined so many lives, and this will of course be the main focus of the investigation.

I appreciate that this process of searching for the truth and justice needs to be thorough, but given how much time has been lost already, I hope that it will be as efficient and fast moving as possible.

My personal interest in the Inquiry is twofold. I am here as a person who was infected with Hepatitis C through NHS treatment, and I'm also here because of my voluntary work in Hepatitis C advocacy and my desire to support others affected by contaminated blood.

I am here with a righteous anger for all those who are infected with HIV, Hepatitis B, Hepatitis C and other blood borne viruses when the blood products and treatments they were given were known to be risky.

We need justice for the haemophiliacs who received infected blood products and for all those people who received infected blood transfusions, anti-D and other blood products. I hope this Inquiry will expose any cover-ups that occurred -- which we know they did -- and will help all of those affected, many of whom lack medical evidence as a result of these cover-ups, to be heard.

My personal focus is on Hepatitis C simply because that is what I know. I was infected with Hepatitis C myself through cancer interventions, which included a blood transfusion in early 1992. I want to stress that I am very grateful to my brilliant medical team for saving my life several times over, and I direct no blame towards any of them. Their care was the very best.

However, as a result of the cancer and the subsequent infection with Hepatitis C, my life over the last 26 years has not been an easy ride.

I was cured of Hepatitis C by taking part in the clinical trial of Epclusa in 2015, but by then I had already lost my quality of life and most of my working years, including my career as a therapeutic counsellor, and I have never had any acknowledgement or support for my loss of earnings and pension.

I still have chronic fatigue. I have been humiliated time and time again, like many others, having to jump through hoops at work capability assessments, trying to prove that I simply cannot work due to the chronic fatigue and other long-term effects of my illness and treatments, even though I may look fine.

This awful treatment of sick people needs to change for all those affected and I would like the Inquiry to look at this issue.

I have never received any financial help from the Skipton Fund or any other schemes, such as the English Infected Blood Support Scheme, because I did not meet their strict criteria regarding dates of infection. My application to the Skipton Fund in 2004 was rejected, and when I appealed this decision, enclosing supporting letters from two consultants, both of whom asked for

leniency regarding the harsh and arbitrary cut-off dates, I was refused again.

I am far more upset about this than I am about the fact that I was accidentally infected.

So, one of the things that I would like to see this Inquiry focus on is the examination of the various schemes' criteria to make sure that they are inclusive of all infected and that they don't discriminate against those of us who were infected in healthcare settings through negligence, or accidentally, especially after they began screening blood in September 1991.

I'd like the Inquiry to consider whether we need more education and awareness regarding the prevention of transmission, both in the community and in medical and clinical settings, so that accidents don't happen.

In my case, Hepatitis C slipped through the net a few months after they began screening. I know there will be many others in my situation who have been infected post-September 1991, who either don't know and who consequently cannot get any acknowledgement or financial and emotional support.

As a result of my own intensive study of Hepatitis C during my search for knowledge, support and treatment, I now work voluntarily on Hepatitis C advocacy, mainly in a large international online peer support group.

I interact daily with sick people struggling to get the same information, support and treatment for themselves.

So, I am here also as a campaigner for change in how we deal with Hepatitis C. Therefore, I would like this Inquiry to consider the current state of Hepatitis C care in the UK and to consider how it might be improved upon, so that we can raise awareness, reduce stigma and get people tested and treated quickly.

We know the look back exercise was woefully inadequate, and we know that people are still finding out that they were infected with contaminated blood decades after the event, causing extreme trauma and meaning that many find out they have Hepatitis C when it is already too late to save them from complications and liver damage.

We also know that there are thousands of people out there, far more than the official estimates, who will never find out until it's too late for them. I would like to see the NHS testing every single person for Hepatitis C -- it is not an expensive test -- and then quickly treating those who test positive. This is the only way we will find them all.

The recent rationing of treatment by the NHS was a cruel blow to those waiting patiently for the new direct acting antivirals to become available.

I personally know of some people who were given the older, cheaper, harsher Interferon and Ribavirin treatments as they were not deemed "sick enough" to merit the newer, very expensive ones.

The government has pledged to eliminate Hepatitis C by 2025, but that will never happen unless everyone affected is found, diagnosed and treated quickly.

However, drug pricing, currently, is prohibitive. So, perhaps ways must be found either to persuade drug companies to lower their prices or for the much, much cheaper generic equivalent medicines, which work perfectly well, to be purchased by the NHS.

I hope this Inquiry will consider what recommendations should be made in order for the tens of thousands of the unfound to be found, tested and treated.

There is a serious lack of education and awareness in the UK about Hepatitis C. Most lay people have never heard of it. If they have heard of it, it is likely they will have preconceptions about how it might be caught. Therefore, many people with Hepatitis C feel marginalised and afraid to speak out.

I'd like this Inquiry to consider the role of education in reducing the fear and stigma associated with Hepatitis C, and we have heard a lot about the

stigma this morning, and to address the need for better practical and emotional support systems for those affected.

So, finally, this government should look back, accept accountability and make amends to those affected by contaminated blood, as far as they are able. It should also look forward to ensure that this preventable disease is understood, identified, treated and finally eliminated in the UK.

The lack of integrity shown by the government is in stark contrast to the tangible integrity in this room. I hope this Inquiry's investigations will provide the framework and guidance for the work that lies ahead. Thank you.

SIR BRIAN LANGSTAFF: We will now take a 20 minute break until 11.35.

(11.15 am)

(A short break)

(11.35 am)

SIR BRIAN LANGSTAFF: Can I say that, during the break, somebody came up to me who had been responsible for posting the photographs, taking the photographs yesterday, which I spoke about this morning. He wants through me to apologise to all of you who have been upset by his doing so. It was, to my mind, an act of

integrity and no little courage to come to me, seek me out and tell me that and to ask me to tell you, which I would just like to recognise.

He says he meant no harm at all. As I had anticipated, it was entirely one of those things, which understandably, perhaps, people wanted to have a memento of being here.

We now have the privilege of listening to Peter Burney, an unrepresented Core Participant.

Opening statement by PETER BURNEY

MR BURNEY: I would like to offer my sincere condolences to all the families who have lost a loved one to this tragedy. It must have been an absolutely horrific position to find yourselves in, to watch someone pass, through no fault of their own, especially as it was entirely through the negligence of others.

In a country as strong as ours, who condemn the rest of world if they infringe on the human rights of their citizens and take the moral high ground at every opportunity, whilst they themselves can stand by and watch the impact that this contaminated blood tragedy has had on their citizens. That, to me, just takes the "great" out of Great Britain. One apology and ex gratia payments, papers going missing, medical records being lost, politicians describing this as a cover-up "on an

industrial scale" and threatening to go to the police. Two sets of health secretary files have vanished into thin air. This reads like a fictional Russian spy novel, but this is happening in our country. A country that our grandparents died fighting for and a country they fought for is standing by and watching their descendants die and have watched them die for decades, many of them victims, dying in poverty, leaving their loved ones to have to depend on benefits and handouts and their deaths covered up by governments, who put money before life.

All I can say is: shame on you.

When the truth comes out -- which it will, history will not treat you kindly.

I know almost every one of us, infected and affected, are really angry at the way we have been treated by previous governments and this government, especially with the way this tragedy has not been recognised for a lot of its victims. Where stigma has been attached, forcing victims to have to suffer in silence, afraid of what may happen if people found out they had a virus, and when it was discovered they had a virus, they have had to move home because of hate slogans painted on their houses, their children bullied at school. Victims have lost their jobs, relationship break ups, then abused by the benefit system, which is still going on today.

All this is because of the labels that have been stuck on the various conditions by the government whilst trying to cover-up what is most likely the worst scandal that modern day UK has ever been involved in. They purposely ostracised us from the rest of society because of the diseases they gave us when we trusted a system that was introduced to help us.

Who in their right mind would admit to being infected with some of these conditions?

I personally misled friends, family and neighbours. That is something I deeply regret, as in a way that means I am lacking moral fibre.

Hopefully, the public will get a glimpse of what we have had to suffer for decades. For that's all it will be, a glimpse. The public will never see the true pain and anguish that we and our loved ones have had to suffer. The governments knew there were tens of thousands of victims dying out there, yet it was cheaper for them to let the virus run its course and watch us die. Each and every victim that passed was a victory to them because they said he had died as a result of alcohol abuse or liver cancer, medical staff kept in the dark about conditions, Hepatitis not mentioned on death certificates. Hopefully it will all be exposed. What we need is justice for ourselves and the victims' families who have lost a loved one.

But remember there is a difference between justice and revenge. We must all try and stay focused on achieving our aims and not let one detract from the other. We are fighting for victims who are no longer with us and their families' needs are as great as ours, if not greater.

That is why each individual infected and affected person has a really important role to play in this Inquiry. The Inquiry is specifically interested in hearing everyone's story. Some of you will have legal representatives, others won't. Your story will come in the form of a statement. I can't overemphasise just how important your input is. The Inquiry will be looking for themes and similarities which may help them identify what has taken place and the extent of this cover-up. I know it will be difficult for a lot of you, as these memories are probably ones you wish to forget.

When you give an account of what happened, please try and give as much detail as possible. Only you know what happened to you and it's your statement.

I chose to give my statement to the Inquiry team. My way of thinking was simple: they are not influenced by any other motive other than getting to the truth.

From my experience with them they were courteous, professional, sympathetic and they were very experienced in what they do, and they were very, very thorough.

But what really grabbed my attention was when I found the team was training up experienced lawyers to take our statements. I believe the Inquiry team will be taking statements across the UK, where people can go to them, though I think a lot of it will be London based. I realised a lot of people may be reluctant to go public on this for various reasons. That should not be a problem, as the Inquiry team have what they call a "rapporteur", whose job is to take statements form various infected and affected victims. The rapporteur will go through statements and make a report, which will be handed to the Inquiry team. He will identify any themes that become apparent to him. The Inquiry team will go through his report and, once again, they will be looking for themes or anything that may help them identify this cover-up. So, again, the more detail the better.

If you don't want to be identified, the rapporteur is an option you could use. We really do need to try and help ourselves as much as we can.

No one will be as passionate about your story as you.

There will be some people who feel a sense of relief after telling their story. I know I did, because it was the first time I had fully opened up about what had happened to me. My wife was in the room to support me and after they left we continued to speak at length about how this scandal had affected us. This was the first time we had ever really spoken about it in detail, so it had a really positive effect on us.

On the other hand, it may have the opposite effect on others, and it may upset you. If that's the case, I am sure there will be people who will be able to help you. Remember, we have each other, and as infected and affected people no one understands better about what we have been through and what we are going through.

Me, personally, I was given two blood transfusions, one in 1975, one in 1986. I became ill in March 2009. All the medical personnel treated me as though I was an alcoholic. That was wrong. It was eventually established I had Hepatitis.

In December 2010, my family was told that I had two weeks to live and that I would not see Christmas. Then a DNR was placed against my name. I did live and I was placed on the liver transplant list for 9 month. They then suspended me from the list, in their words, "Because if a liver came up that weekend I would not survive the procedure".

I had end stage liver disease, hepatic encephalopathy and I was in a terrible condition. Thankfully, I am now Hepatitis C clear.

The reason I am telling you this is, if I would have been tested or made aware of this contaminated blood tragedy, my condition would not have progressed to this stage; a few simple lifestyle changes would have saved me a lot of pain and my family a lot of anguish.

We have, at this moment, a wonderful opportunity to raise awareness of Hepatitis B and C. Out of the 325 million people living with viral Hepatitis globally, upwards of 290, that is 9 in 10, are living with Hepatitis without knowing it. We need to encourage people to come forward and get tested with the availability of effective vaccines and treatments for Hep B and a cure for Hepatitis C, the elimination of viral Hepatitis is achievable.

If you were asked: have you ever had a blood transfusion prior to 1992? You automatically think of a red bag of blood. That is not the only thing you need to be thinking about. You can become infected by platelets, immunoglobulin, Factor 8s and many other pooled products. Also, people who have received

operations, such as C section births, dialysis, heart transplants or involved in any kind of trauma. In fact any kind of surgery prior to 1992.

The problem is, in a lot of cases, you were unconscious and probably unaware that you were being given contaminated blood products. So, anyone out there with unexplained liver problems, cirrhosis, and the doctors may be saying, "Well, it is because you drank in excess in your youth", you should be looking at getting tested. Just try and be assertive as you can and demand a test. It could cost you your life.

The main bug bear for me is new born children. Many were given blood at birth and there is no way that they would know that, and birth records are quite often destroyed. These children were born in the 1950s, 1960s, 1970, so by now they should be showing signs of the virus. I am the chairperson of a liver support group at Manchester Royal Infirmary, where we have found victims who have been transfused at birth and obtained payments from the Skipton Fund for them by using their parents' medical records and blood groups and birth certificates of infected children. These victims had previously been refused funding by the Skipton.

Now, the reason I say this is we are not learned men, but when we heard the story of the application

being refused, we adopted a commonsense approach. Though there was no medical evidence, as it had been destroyed, we explored a different avenue. We obtained irrefutable evidence and, after answering a few questions from the professors on the Skipton panel, both lump sum payments and annual payments were given.

What intrigues me is why was this approach not used by the Skipton. We think it is because the Skipton wanted to keep the number of beneficiaries as low as possible, to try to hide the enormity of the scandal, and to try and minimise the financial impact on the Department of Health.

In my opinion, that makes them complicit in this cover-up.

We have no desire to steal any limelight from the Inquiry, but while we are raising the profile of the contaminated blood Inquiry, we can reach out to people in a kind of "get tested" campaign or Hepatitis awareness. We can give the government a chance to put right a wrong. They should have followed other countries' leads like France, Canada and made an effort to find victims through advertising campaigns and contacting previously transfused patients. I know there was a half-hearted advertising campaign with dubious stigma-attached posters, just like a half-hearted look

back campaign, where there was another script the GPs had to follow to not give patients Hepatitis blood tests or HIV.

So, it must have been difficult for them, at that time, when their main aim was, at that stage, to cover-up a massive contaminated blood scandal. This government may say: we can't put right the wrongs from previous governments. We have given more to the contaminated blood victims, and let's not forget the apology.

They can make a massive difference now. Hepatitis can be beaten now with vaccines and it will be cost-effective to treat it now before sufferers get to the transplant stage.

The Department of Health should make doctors offer the test, and even more so to people who have settled here from other countries where Hepatitis is more prevalent. The UK was one of the last countries in the western world to introduce the test for Hep C. And remember, I believe that there are still a lot of victims out there who have been given contaminated blood products. Yes, they know they are ill, but they can't understand why. All we need to do is find them, and if we identify or save just one life, then this Inquiry has had a positive impact.

Another thing that bothers me is that the public may be led to believe that the cost of this Inquiry, or any other litigation that follows the outcome of the Inquiry, will come out of the NHS budget. We think it should be made clear that this is a problem that squarely lies on the shoulders of the government and it will not affect the NHS budget in any way. This message should come from the government sooner rather than later. We have been stigmatised enough.

I am aware that other people wish to talk to you, so I will make way for them, but before I go I just want to make one more point, especially to the victims who are watching from home, who can't attend today's meeting.

This Inquiry, though welcomed by everyone within our community, will have a daunting effect on many of us, especially for those who are not able to be involved as much as they would like because of health problems or personal problems, or both. Try not to let this Inquiry take over your life or add to your anxiety levels. There are people out there from within our community who are more than capable of trying to get us all justice and are able to give evidence. Participate if you can by telling your story, because the Inquiry is very much a victim-based Inquiry. You will be contributing more than you may know.

I know social media sites may feel like a great source of information, but try not to believe everything you read as often comments are made from an individual's personal perspective, which may not represent what is actually taking place. There always seems to be difference of opinion in these sites, try not to get involved, as these kind of confrontations always seem to take you to a bad place.

Just try and respect other people's views, whether you agree with them or not, and don't try to force your views on them. People will keep referring to the Penrose and the Archer Inquiries for comparisons. All of it will be negative, but much was learnt from these inquiries, both by us and the present Inquiry team, so hopefully we may be able to avoid some of the pitfalls.

Those of you with legal representation should be kept in the picture by your solicitors. If you have a question for them, try emailing them, then at least you will have a reply on an email. You may need it for reference in the future.

Well, thank you for listening to all I've had to say, and hopefully this Inquiry won't take too long, as I know there are a lot of us out there who don't have a certainty or luxury of time.

People may think that it's taken time to get this

Inquiry started. Well, the more time spent on preparation may mean the less time spent on the actual Inquiry, and failing to prepare is preparing to fail.

I guess what I'm trying to say is: be patient, stay strong, and above all else try and keep well.

SIR BRIAN LANGSTAFF: The next two statements to the Inquiry by individual Core Participants are going to be read to you. That is their wish and we are making sure that their wish is heard.

Sarah Fraser Butlin, junior counsel to the Inquiry, will read the statement, first, of Andrew Bragg.

Opening statement of ANDREW BRAGG (read)

MS FRASER BUTLIN: Thank you, Sir Brian.

The first statement I am going to read is a statement on behalf of Andrew Bragg, an unrepresented Core Participant. He says this:

"Due to work commitments I am unfortunately unable to attend the preliminary hearings in person. I would wish to make the following statements regarding topics which, from my experience, I would propose to be included within the scope of this investigation.

"Firstly, understanding potential infection risks from blood and blood products. The Inquiry should include an assessment of what systems and practices were in place within government and the NHS from 1970, to

assess the potential for the infection from blood transfusion and blood products. This should include to what extent information was gathered across the UK and also from other governments, research organisations and any other interested parties.

"Having gathered such information, how was this communicated within the NHS and government, and how was it acted on?

"Secondly, the use of risk assessment and action identified. Organisations must use robust risk assessment mechanisms to identify and respond to issues which may materially affect either the organisation or those it may have an impact on. It is clear that concerns about potential infectious agents in blood and blood products were in the public domain long before the NHS took effective action. It is therefore important to understand what processes were in place to collect information and assess risks. What were the mechanisms and systems in place to assess and act on potential risks identified with blood products and their use within the NHS? How were risks quantified and potential consequences and recommendations communicated? How were risks that were identified then acted on? What were the organisational systems and roles charged with acting on such information? And what were the individual responsibilities of those controlling these actions?

"Thirdly, the scope of potential exposure to HCV, HIV and other infectious agents. It would appear there has been reluctance by the NHS to accept any responsibility for infections resulting from blood transfusions and blood products, and to then take action to respond effectively. Some questions which should be addressed are: once potential exposure of individuals to these infectious agents had been established how was this communicated through the organisation? What actions were taken? How were individuals at risk identified and what information was communicated to them? Who was responsible for coordinating these actions and who was responsible for the delivery? What records of discussions and actions were taken? What is the retention period for these records?

"Fourth, Interferon and Ribavirin treatment for HCV. Prior to treatment with combined Interferon and Ribavirin, there was extensive briefing concerning the risks and side effects of treatment, together with an assessment of suitability. The side effects were very significant and the 48 week duration was a real test of endurance.

"However, following completion, the only medical interest was if the virus had been cleared with no

consideration of any other potential consequence of the treatment. In my case, in 2002, as soon as I had tested HCV negative for the specified period, I was discharged from the hospital with no further follow up since then.

"The long-term side effects of treatment have been very significant. Personally, post-treatment I have had a persistently elevated heart rate and high blood pressure, which requires daily medication. Other significant side effects have been fatigue and regular infections, which have implied a poor immune response.

"To date I have had sepsis on three occasions and also pneumonia. It would appear that there is no referral system in place for patients such as myself, let alone treatment available.

"While I have cleared the HCV virus, I have been left with long-term effects of the treatment, which have significantly impacted on my quality of life and work performance. I would therefore ask that the Inquiry looks at what post-treatment practices are in place and perhaps should have been in place.

"An additional question would be to determine why there has been so little medical interest in post-Interferon treatment conditions given the numbers having completed Interferon treatment and, based on informal information, the numbers having long-term side

effects.

"Fifthly, external regulatory oversight. In the industry in which I work, we operate in the full knowledge that should there be a major incident, fatality or significant injury, then we will be subject to external investigation by regulatory agencies. We will be held corporately responsible, but also individuals may be held to be personally responsible. This responsibility sharpens the awareness and interest in the prevention of failures, both systemically and individually.

"As an external example, it is 30 years since the Piper Alpha disaster. The Cullen Report resulted in a significant change in the regulatory framework and to the external verification of practices within the chemical and offshore processing industries. The changes proposed by Cullen are still robustly managed and constantly subject to review, audit and improvement.

"For the NHS, such external oversight is largely absent and it could be argued that the organisational response has been poor in this case because neither the organisation, nor individuals, seemed likely to be held to account. External experience would suggest this is unwise. I would therefore suggest that the Inquiry looks at whether there may be a role for external

regulatory review of the NHS in the event of significant failings.

"Sixthly, corporate social and ethical responsibility within the NHS. Having become aware of the scope and potential consequences for individuals of infected blood, the NHS then failed to react in a way which can be considered as being either responsible or ethical. The failure to proactively seek out infected individuals and then bring the highest standards of treatment and support is truly scandalous. Yet, seemingly no one in either the NHS or government felt able to stand up and challenge the approaches taken. It would appear from the policies adopted that the principles of ethics and values, which are integral to the medical profession, do not seem to have been reflected in the wider management of this particular issue by either the health service or by government.

"Considering the actions which were taken, then a conclusion may be that the moral compass of these organisations has not been functioning in this case in the way one would expect. There is a wider question concerning if this is also the case in other aspects of these organisations.

"I would therefore request that the Inquiry considers to what degree medical ethics have been or should have been applied across the NHS and by government in response to these blood infections.

"Seventh, the Skipton Fund and EIBSS. I only became aware of the Skipton Fund when reading an article about the establishment of this Inquiry. As a result, I suspect that there is no routine referral of infected individuals to this support mechanism. Once aware, I made an application and have been rejected on the grounds that I cannot prove that the infection I had was the result of NHS actions. Any chance I may have had of proving this causal link has been compromised by the retention of only a limited amount of personal data by one hospital and the destruction of all of my files by another. As a result of the actions of these NHS organisations, and given the terms of reference of the EIBSS assessment panel, then I have no ability to prove my case.

"I would ask that the Inquiry consider the following: should it be the responsibility of an individual to prove that HCV was acquired as a result of action by the NHS when supporting information is of poor quality or has been destroyed? Perhaps a fairer method would be for the NHS to prove it was not responsible for the infection.

"Why are elements of the NHS able to destroy patient

records without the consent of the patient? Such information may be of value or use in the treatment of long-term conditions or for epidemiology studies. A related but wider consideration is concerning patient records not being centralised, but widely dispersed and held only at the point of treatment. As an example, since 1986 I have been registered at four general practitioners and had treatment at five different hospitals. This does not support good medical administration or for instances that require consideration such as those which this Inquiry is considering. Thank you.

Opening statement of STUART MACLEAN (read)

MS FRASER BUTLIN: The second statement that I will read is on behalf of another unrepresented Core Participant, Stuart Maclean.

Stuart was given Factor 8 and cryoprecipitate as an 8-year-old child. Stuart's situation is slightly different from many others here today as he's not a person with haemophilia, but he has a medical condition called Ehlers-Danlos Syndrome, which means he has no tissue around his joints and, as such, he bruises easily.

Stuart was given Factor 8 as a child because of a swollen knee and, as a result, he was infected with

Hepatitis C and, like many people, he remained undiagnosed for 35 years. He wants the following statement to sink in to everyone for a minute:

"The NHS just celebrated its 70th birthday, but for almost 50 years of that time patients have been infected or affected from treatments, and left for decades without any warning that they might have been exposed to infection."

By this statement, it is not aimed at the front line nurses, but the people who are in charge of the NHS, the Department of Health and government.

Today Stuart welcomes the start of the public Inquiry and, as a Core Participant, he is looking forward to working with the Inquiry to get to the facts and the truth of why this scandal, the biggest scandal in the history of the NHS, was allowed to happen.

Stuart's hopes are that any person or organisation that is found to have acted negligently, recklessly or irresponsibly, then these people or establishments are brought to account for their actions.

But, as Sam Stein QC said yesterday about two groups, haemophiliacs and whole bloods, there is also a third group, the misdiagnosed, so in fact there are three groups of victims.

Some of the issues that are important to Stuart are

these: firstly, why was this disaster allowed to happen?

Secondly, why were victims tested without their knowledge?

Third, why were infections hidden from victims?

Fourth, he would like the Inquiry to look at the consequences of infections like losing careers, suffering breakdowns, depression and other mental health issues.

Fifth, the impact of regular cancer checks, hospital visits and the stress and worry this causes.

Sixth, what other viruses and infections have we been exposed to in the mix of Factor 8 blood products? Things like vCJD and the increased risk of Parkinson's and Alzheimer's, to name a few.

Seven, Stuart would like the Inquiry to look into how the government have handled this scandal over the last 30 years, as it is shocking, as has been mentioned by others over the last few days. He would repeat:

"We, the sick, now have to fight for justice in this Inquiry, while fighting to stay alive. Sick people should not have had to fight for so long for justice. The government and civil service should be ashamed. Thousands of lives have been destroyed. Thousands of families have had their lives turned upside down and thousands have died, and it is still going on today."

Eight, Stuart would also like the public Inquiry to look into how the schemes were set up and run:

"The schemes were supposed to help us and made us beg and have wrongly denied support to hundreds of victims."

Stuart would also like to add, since this Inquiry was announced by the Prime Minister, that over 80 more victims have died and that time is of the essence. If fault is identified, there needs to be action taken straight away as the Inquiry goes along, rather than waiting to the end of the Inquiry, because otherwise many people won't live to see justice.

Many victims do not have time on their hands to have to sit through an Inquiry and then criminal proceedings like the Hillsborough families and victims have had to endure. We owe it to all the deceased victims and their families, and the victims remaining that are battling this life sentence given to them through no fault of their own, to provide justice.

Most of all, Stuart would like the Inquiry to leave no stone unturned, looking at every individual company or establishment that is in any way connected to this scandal. Yes, speed is important to him as people are dying from this still today, but a total thoroughness is more important than speed.

He also hopes that all those that are involved, particularly government and the NHS, will be very open, transparent and will supply all relevant evidence to the Inquiry team, so that they can carry out their duties to the best of their ability and hopefully, after 30 years for some victims of campaigning, we will finally get to the truth, the answers we crave and closure.

Finally, what does he intend to add, because he thinks it's important that all of those infected and affected contribute. Stuart has already obtained his medical records and is looking forward to providing his written statement to the Inquiry and he would urge you all, if you haven't already, to take action to obtain yours or your loved one's medical records so that you can pass these on to the Inquiry or your legal teams. You can find guidance about how to do this free of charge on the Inquiry website.

Stuart runs a Facebook campaign group called Contaminated Blood Public Inquiry News, which will provide daily updates as the Inquiry progresses. His group is open to all victims, no matter how infected or affected. If you'd like to join, just get in touch and you will be welcome.

Stuart also intends to work closely with the Inquiry as a Core Participant and he will give the Inquiry team

all the assistance he can. And he says:

"Now let's get this started and hopefully get what we all deserve: justice and truth."

Thank you.

SIR BRIAN LANGSTAFF: Thank you, Andrew, thank you, Stuart. There is a slight change to the programme. Respecting the entitlement of Core Participants to be heard, those who are represented through representatives and those who are not, by themselves, or those who will read out their statement for them, it is the wish of Mark Stewart, an unrepresented Core Participant to have his statement read by his daughter Jade.

Opening statement of MARK STEWART

JADE: This is a very brief statement:

"My name is Mark Stewart and I have a mild to moderate Von Willebrand disease, and I was given contaminated blood, Factor 8, on 12 May 1981, in the Royal Free Hospital, in London, as just an 11 year old boy. I have learnt from my medical records that I did not require this treatment. I was a previously untreated patient or a guinea pig. I contracted Hepatitis C and was exposed to other fatal viruses thereafter. But despite this being known to my treating clinicians, I did not find out about my diagnosis until 2007, which is over 25 years later.

Through these years, I had repeated blood tests and monitoring, but was not informed about my condition. I was given 48 weeks of treatment for Hepatitis C with severe and debilitating side effects, including severe psychiatric injuries. I was made to pay for a substantial part of my treatment myself. The treatment was ultimately not successful and psychiatric difficulties continue.

"I want the Inquiry to look at why I was treated with contaminated Factor 8 when this was not necessary and why I was not informed about my diagnosis at the time. I particularly want the Inquiry to look at the position of previously untreated patients, and the testing and monitoring of patients that took place without their consent.

"I have information that can help the Inquiry from my medical records and I want to participate with the Inquiry to help find the answers. The contaminated blood scandal has absolutely devastated my family. My father and my brother were also given contaminated blood for Von Willebrand disease. As a consequence they contracted Hepatitis C, they developed liver complications and, as a direct consequence of this, died. My brother, Angus, in 2013 and my father, Angus Senior, died in 2002. I will be presenting a much more detailed statement when instructed and I hope to God that the truth will come out."

SIR BRIAN LANGSTAFF: Thank you, Mark, thank you, Jade.

The next statement is going to be made on behalf of the UK Thalassaemia Society. Those of you who have your programmes with you, you will see that it was to be by Christos Sotirelis. It will be by Roanna Maharaj.

Opening statement by ROANNA MAHARAJ

MS MAHARAJ: Hello everyone. Before I begin, I just want to say that I am in awe of all the stories I have been hearing over the past three days. We felt that we were alone in this, but now I know we have a family, even in this tragedy, but we are.

Before I go on to explain what Thalassaemia is -- because most of you I am sure don't know about it -- I am going to tell you a little bit about my story.

So, I'm a 29-year-old Beta Thalassaemia Major patient. What that meant was that I am unable to produce red -- well, haemoglobin. So, since I was born I have been having blood transfusions throughout my life.

Last year alone, I received 110 units of blood and other blood products, and that's just one year. Well, I was lucky to not have contracted Hepatitis during my time. Many of our members in the society and my friends

have all died from it. So, I really hope this Inquiry brings the truth out.

So, Beta Thalassaemia, as I said, is a life threatening inherited condition in which individuals are unable to produce normal adult haemoglobin. As a result of this, patients become profoundly anaemic and require regular blood transfusions ranging from every two to four weeks, depending on the severity of their case, in order to live.

Thalassaemia patients also receive iron collation therapy in order to remove the excess iron they accumulate during these blood transfusions.

The excess iron usually deposits in vital organs, consequently leading individuals to develop, although life long complications such as diabetes, osteoporosis, cardiac disease, renal disease, infertility, liver damage resulting in hepatocellular carcinoma, or liver cancer.

Until 2008, cardiac iron overload was thought to be the main cause of death in Thalassaemia. Since then, hepatocellular carcinoma has been a growing problem for patients with long-term Hepatitis C infection. Fortunately, transmission of Hepatitis C by blood transfusions is now very rare, so the risk may be limited to all the patients who still carry the burden

of the early infections.

As with frequent blood transfusions, the risk of obtaining blood borne viruses increases. Many Thalassaemia patients became infected with Hepatitis C during the 1970s and 1980s after being given contaminated blood. According to the National Registry for Haemoglobinopathies, it is believed that there are over 1,000 transfusion dependent Thalassaemia patients in the UK. Of these, it is believed that around 23 per cent contracted Hepatitis.

There was an Italian study done a few years ago and it is thought that approximately 80 per cent of the adult patients who received blood transfusions before the year of 1991 have been infected by Hepatitis C. Can you imagine the great scale of this?

However, due to the funding restraints placed on the NHS, sufficient emphasis was not placed on record-keeping, which meant that the incidents of Hepatitis C for Thalassaemia in the UK is unknown.

Liver disease and Thalassaemia is a medical consequence of both iron load and viral infection mainly caused by transfusion related Hepatitis viruses. Liver disease is more severe in HCV infected patients with active infection and this may be compounded by hepatic iron overload. It is thus anticipated that the numbers

of Thalassaemia patients who develop liver cancer will increase in the future and it will be one of the leading clinical problems in Thalassaemia.

According to a study done by Borgna-Pignatti, there has been an increase in liver cancer since the 1980s. Consequently, approximately 50 to 75 per cent of these cases have been associated with Hepatitis C virus and with the risk increasing if patients are co-infected with Hepatitis B.

Only a few people in Thalassaemia have undergone a successful liver transplantation. A number of these patients have received several cycles of anti-viral treatments between 6 to 12 months over the years, but they were proved to be ineffective for the more severe types of HCV. They increase hemolysis caused by these agents, frequently doubling with the patient transfusion requirement, restricted achieving optimal dosing leading to the treatment failure after a prolonged period of the patients trying to cope with increased treatment relieving iron berthing amongst other things.

Now, as you can tell, there is a lot to do with Thalassaemia in one way and now with Hepatitis.

So, in most communities in which Thalassaemia was predominant -- and Thalassaemia is predominant in north Africa, the Mediterranean, the Middle East, Asia and

South Asia -- in these communities there was an enormous amount of social stigma associated with just having Thalassaemia. With hours of blood transfusions, chelation therapy, social stigmatisation, mainly because of the deformed external features that most patients have, social exclusion, patients and their families face significant psychosocial and emotional distress.

For many of the affected persons in the UK, being a Thalassaemia patient resulted in social isolation, marital tensions and stigmatisation. The feelings attributed to the psychosocial burden due to Thalassaemia were then further reinforced by the stigma associated with Hepatitis C. They combined a range of factors, including illness related uncertainty due to the Hepatitis C diagnosis, prognostic, unpredictability, stigma and discrimination.

As well as previously unknown fear of transmission to others, they all cause additional stigmatisation and increase the uncertainty and negativity about the future.

We can all agree that treatment for Thalassaemia is extremely difficult and challenging in itself. However, with the additional burden of Hepatitis life became even more dire, as the treatment for Hepatitis was brutal and in most cases unsuccessful. And with the thought of

requiring life-long blood transfusions, there was an additional fright whether patients would acquire any more blood-borne illnesses. This in turn negatively affected the need for wanting to get better seeking and complying with the vigorous treatment regimes. Denial was also observed in a small number of families. Some families could not come to terms with Thalassaemia and more or less the reality of their child's new illnesses and denied it altogether.

Now, on behalf of our members I would like to speak to the Inquiry about what we think you should focus on. So I know a lot of the people who spoke over the past three days spoke about establishing the truth. The society would really like a real explanation as to how this atrocity happened, when did authorities, policymakers, the blood service know that the blood and blood products they were prescribing and issuing were contaminated? Who was responsible for continuing to use the contaminated products despite knowing it may have been compromised? Why was this injustice allowed and, if reports are correct, why was it swept under the carpet and why were the medical records lost and destroyed? Has there really been a cover-up as the report say? What steps were taken to explain the risk of transmissions of blood borne illnesses to patients

and their families?.

Now with regards to medical and psychological consequences what were the other medical consequences caused as a result of contracting a blood borne virus and what treatments, services and support were in place to help patients with this?

Now, bringing the psychological burden to light, what about the distress caused to all those who infected and affected, the lives whose dreams were unfulfilled, shattered and destroyed due to the tragedy, the loss of educational opportunities, employment, relationships and overall quality of life affected because of being given contaminated blood?

Now, how are the infected and affected going to be compensated? Will we get formal apologies from all the wrongdoers? Will the government explain what happened?

And monetary. Now, there are a lot of patients who were made to feel that they were begging for charity when they applied to the various funds which became increasingly difficult to access. Even today with the simple change from the Disability Living Allowance to the Personal Independence Payments patients are being sent to tribunals to appeal the negative decisions they received from PIP assessors due to the fact that their invisible illnesses doesn't portray on the outside.

The members agree with the terms of reference set out by the Inquiry and we would like the Inquiry to try to obtain all the relevant documentation from the NHS Trust treating Thalassaemia throughout the UK with the aim of trying to find out the exact numbers of patients infected throughout the years, as we are unable to find out exactly how many patients have been infected, and if they are deceased to get to the bottom of the real cause of death as in some cases the cause of death was just listed as Thalassaemia. So we don't really know what happened.

We hope that the relevant bodies will cooperate with this.

We are also really interested to work with the expert groups and the statisticians and infection clinicians because we have a lot of members and they have lived through a lot of circumstances. So we'd like to work with them to try to get to the bottom of this.

We hope that by having the Core Participant status would mean we will be an active part of the Inquiry and we look forward to finding out the truth and seeking justice for all the patients and their loved ones infected and affected by Hepatitis C and other blood borne diseases.

Thank you very much for listening to me.

SIR BRIAN LANGSTAFF: Thank you very much.

The Haemophilia Society are a Core Participant. They are represented by Raymond Bradley. He will now come and address you.

Opening statement by RAYMOND BRADLEY

MR BRADLEY: Good afternoon, Sir Brian, good afternoon, members of the public, ladies and gentlemen.

I have a limited timeframe of 30 minutes within which to address you and I am going to condense my opening statement but I will be delivering a more comprehensive opening statement to the Inquiry in written format.

Also at the outset I wish to apologise for my dulcet Irish tones and any lack of eloquence on my part in terms of the enormity of the personal tragedy that we have heard over the last two days.

As Sir Brian has indicated, I am instructed and appear on behalf of the Haemophilia Society, a legal entity that has charitable purpose and represents the community of persons infected and affected by receipt of contaminated blood and blood products due to the bleeding disorder conditions. Those persons have lived quiet lives of desperation, suffered in silence and have endured the tragic effect of their quiet lives of

desperation and decimated futures.

The Society carries a huge burden and has done so for many decades in terms of provision of support to its membership. For many decades it has criticised government for its paltry, subsistence-like subventions, that have added insult to injury and have created a fear within its community to take on the might of that Government because of the potential withdrawal of the subsistence.

The Government has been anything but empathetic to the consequences that have befallen you, as a very tragic group of people. It should be remembered that any nation is judged or assessed by the way it treats its most vulnerable citizens in their greatest hour of need.

The Society, it should be remembered, comprises some 5,000 members. It is an organisation that has represented myriad interests, most particularly relating to those infected and affected over the past 33 years, since the plight of HIV has reared its ugly head. There is an old legal concept, the concept of justice being delayed is justice denied and it is very apposite in your circumstances.

An inquiry process ought to have occurred many decades ago, but the consequences associated with the

delay of this investigation has resulted in many of those infected or affected not surviving to see the commencement of this Inquiry. In essence, going to their graves without the knowledge of why their life was cut short and why they suffered to such an extent in advance of their death.

In addition, the passage of time created additional psychological trauma for those who have survived to see the commencement of the Inquiry process. Government has provided only subsistence-type payments to ensure that persons infected or affected would not have the ability to maintain or advance their own cause in an effective and constructive manner. So, those persons were suffering both ill health and lack of financial capacity at that time and, therefore, would have been disadvantaged as a consequence.

Such a scenario has driven a wedge within the haemophilia community. As conspiracy theories have run amok, there was little or limited basis for such perspectives.

What is very clear is that vulnerable citizens have been denied justice, resulting in a very inward-looking consequence that ought not to have occurred, but was, in essence, a consequence of a failure of any proper humanitarian response by government.

Given the limited time frame, as I indicated, a more comprehensive opening statement will be filed with the Inquiry. We are now at the end of two days of opening statements, all of which have been very eloquent and The Society supports and endorses each and every view that has been put forward to the chairperson.

Many of those infected and affected have canvassed through The Society and, indeed through the other representative bodies -- Haemophilia Scotland, Haemophilia Wales and Haemophilia Northern Ireland -- to seek justice over the years. I now wish to focus on that justice and how The Society, my clients, will fight for justice for those infected by contaminated by blood products and their families.

Since the effects of this tragedy came to light, they have worked to improve healthcare entitlements, provide support and deliver care to those affected. Many of the trustees of The Society who commenced that work are no longer with us today. We remember their work and their objective was achieving truth and we hope now to be able to deliver that for them through your work.

The Society accepts that it ought itself to be investigated in relation to the various perceptions or criticisms that may exist, in terms of its actions or inactions, and it welcomes such scrutiny as it allows it an opportunity to be open and transparent in association with the events which so occurred.

Yet more than 30 years ago the Haemophilia Society called upon government to launch a public Inquiry into the infection of those thousands of its members with contaminated blood and blood products, and what has been correctly termed during the course of the past two days "the worst treatment disaster in the history of the NHS".

The Society demanded an immediate humanitarian response by government. After decades, and what I can only term an unconscionable delay, at least 2,400 people have died and many thousands more, who were needlessly exposed to Hepatitis C and HIV, continue to suffer with life changing consequences.

Those persons, as I have indicated, have lived quiet lives of desperation, endured decimated futures and indeed suffered destruction of life itself. Eventually, government has finally begun to listen and has established this Inquiry.

It should be remembered the first duty of any government, in any jurisdiction, is to protect its citizens. If government fails in that duty, its secondary duty must be to do all in its power to redress

the initial wrong. Yet, in the circumstances of persons infected and affected by receipt of contaminated blood and blood products, government has consistently looked the other way and, indeed, refused to acknowledge the true scale of the personal and humanitarian disaster.

It has been complicit in the covering up of this immense human tragedy. For over 30 years various governments in this country have refused, neglected and omitted to put right its wrong. For that time the haemophiliac community and the whole blood community have had to fight unnecessary battles whilst suffering the devastating effects of terminal illnesses. It should be remembered those illnesses have connotations of stigmatisation and ostracisation.

Many people have died quietly, away from the public glare and away from any campaign to achieve justice for themselves and their families. Too many have died not having even told their closest family members due to the great fear, in particular the stigma that HIV infection could carry for that family. That stigma was largely created by government and its rhetoric around AIDS in the 1980s. Unnecessary, unwarranted and inappropriate connotations were propagated for whatever purpose.

The after effects and consequence of that stigma continued to affect society in this country and, indeed,

our clients', members and perceptions to this day.

Accordingly, government, in terms of doing the right thing, have maintained their policy of deleteriousness. I am going to bring you back through a little history.

A legal action was launched in 1990. When matters were due to proceed to court government was encouraged yet again to do the right thing by vulnerable members of this nation, you. Somewhat uniquely, a very learned judge, who was due to hear the case, Mr Justice Argyle, wrote directly to government as is referenced in his own memoirs. Also, privately, he wrote to the then Secretary of State for Health. He set out what might be described as the moral dimension in this case. He said:

"A government which takes upon itself the role of public provider of medical advice and clinical service is in a very different position to any commercial organisation. It is clearly arguable that their duty to innocent citizens who suffer injury under the aegis of such treatment has a moral dimension which should distinguish the assessment of their position from the criteria to be adopted by the defendants of a corporate character."

So, he went on to say:

"Government owes a duty wider than to its shareholders and its insurers. It should also mean that

the public may be entitled to expect from a government an appraisal of their position which is not confined solely to legal principles to be found in the laws of negligence or indeed proof."

He went on to describe your plight, the victims, as a special one.

The response to that plea by the UK Government of that time is nothing short of shameful.

On 2 November, the then Prime Minister, Margaret Thatcher, responded to a similar type of request to be delivered by Mr Justice Argyle. I'm going to refer to an excerpt from the Prime Minister's letter. She said:

"I am sorry if this is a disappointing reply, but the government is showing its great concern for haemophiliacs with HIV, by the ex gratia payments it is making. The question of compensation has been made a matter for the court to decide."

So, in essence, you take it as a community, you accept what you are given and we, the government on behalf of the people, will fight on against you in the courts, was the response.

Some two months previously, my clients, the Haemophilia Society, had received a response from Prime Minister Thatcher in the following terms, which I am going to refer as the second excerpt:

"In the present case, the government has not accepted that the infection of haemophiliacs with the AIDS virus -- tragic as it is -- was the a result of negligence; or that we should depart from the view reached by the Pearson committee when it rejected the arguments of some Genus scheme with no form of compensation. In the meantime, I can assure you that we are doing all we can to help the court action towards an early outcome.

"If there has been delays from the original timetable, that is because of the inherent complexity of the issues and certainly not because of any deliberate attempt on any side to delay things. I'm sorry if this is a disappointing reply. Yours sincerely, Margaret Thatcher."

Persons with haemophilia, at that time, were dying as the complexity of the issues delayed matters. Although there was purportedly no attempt on any scale to delay things.

The government abdicated its responsibility to do the right thing by the haemophilia community and hid behind the concept of litigation to avoid its moral responsibility to you or to respond to the consequences of HIV infection.

The true response of government has been to take advantage of its own volume of solicitors, who in this instance were members of the haemophilia community, who at their greatest hour of need were obliged to sign up to a financial system to which every person who was so infected had to commit, and a form of moral blackmail. If everyone did not sign up, there was no benefit.

That system paid minimal subsistence to those infected and affected and, in addition, had the beneficial effect, from the government's perspective, that its acceptance denied the haemophilia community to seek fair and equitable compensation.

This stroke -- and there is no other word I can use -- was pulled by government on its own most vulnerable citizens at their most weak time.

The Society, for whom I act, view such actions as a cruel and calculated attempt to subjugate its community into submission.

Also, government insisted that the haemophilia HIV community sign away any rights to any further action relating to Hepatitis C. Those persons had no knowledge of what Hepatitis C infection meant or even the potential legal consequences.

Yet again, in relation to Hepatitis C, and sadly once the magnitude of that infection became known, the

government failed to adequately deal with that tragedy and yet again put in place a further form of subsistence. Such a subsistence is not fair and equitable compensation, nor indeed did the government provide adequately for the needs or requirements of the persons infected or affected.

The consequences of subsistence payments is that persons are placed in a position of vulnerability and need with the inevitable effect that such persons are made to feel in some way beholding for such payments. That is not an appropriate response of a government who has a humanitarian perspective upon matters, but in essence it is the response of a government who seeks to achieve benefit at the expense of its own vulnerable citizens, you.

Once again, the magnitude of the infection with Hepatitis C, when it became known, resulted in government failing persons infected and affected. The government failed to adequately deal with the tragedy and yet again put in place what I can only describe as a further paltry form of subsistence. It failed to properly compensate for the devastating consequences visited upon your community.

Yet again people died without dignity, without knowing what would become of their family members whose

life path had been altered by virtue of the lack of financial resources available to them due to illness and the debt of their family member. Also, such persons went to their graves not knowing what had occurred or achieving any semblance of justice.

I wish to refer to another letter. This letter is dated 16 May 1996 from then Prime Minister John Major, and it indicates a very clear attitude of government and its perception of its duty to its most vulnerable citizens:

"The government has given the question of compensation very careful consideration, including the Irish scheme. I have great sympathy, but I really do think it is better to spend money provided for healthcare, from whatever source, on treating patients than on payments to people who received the best possible treatment available at the time."

I don't think many people in this room would agree with that statement:

"I am convinced that the best way we can provide practical help is to encourage research and best treatment for those infected, as well as supporting voluntary groups directly concerned with their care. We shall continue to support these efforts and explore other ways in which we can provide help.

"I am unable to comment on the possibility of any commercial company accepting liability through funding a settlement and I do not think it would be appropriate for us to explore that.

"It is therefore possible that haemophiliacs and those suffering from Hepatitis C might be able to benefit from lottery grants, but this would be a matter for the board to decide in response to any applications received."

In short, the assistance contemplated or considered to be appropriate by UK Government was the prospect of seeking lottery grant funding. That was their response to the worst treatment disaster in the history of the NHS.

Also, government, I would submit, laboured under the misapprehension that they had provided the best possible treatment at the time.

More than three decades later, the government finally offered an apology in the House of Commons. On 25 March 2015, the then Prime Minister David Cameron was asked to ensure that it was a full apology, transparent publication of all the proper compensation for the families terribly affected by this scandal. The Prime Minister answered:

"I can do all of the three things he asked for."

To this date, that particular commitment still remains outstanding. Prime Minister David Cameron indicated to each and every one of these people he would like to say sorry on behalf of the whole government for something which should not have happened.

On announcing the establishment of the Infected Blood Inquiry in 2017, Prime Minister Theresa May acknowledged the following:

"The contaminated blood scandal of the 1970s and 1980s is an appalling tragedy. It should simply never have happened. Thousands of patients expected the world class care our NHS is famous for, but they were failed. At least 2,400 people died and thousands were exposed to Hepatitis C and HIV, with life changing consequences."

She also said:

"The victims and their families, who have suffered so much pain and hardship, deserve answers as to how this could possibly have happened."

She went on to indicate:

"As Prime Minister, I am determined to stand up for victims in confronting justice and unfairness in society at every turn."

Whilst many of the infections that have tragically occurred happened over 30 years ago, those infected continue to die. The families affected continue to

suffer consequences. Such families, and many people in this room, are left in emotional and financial turmoil and continue to be beholden to government in relation to subsistence-type payments. Government's failure to adequately compensate -- unlike my own country, Ireland, where the situation I would say was addressed, after a time, in a compassionate, humanitarian and appropriate manner -- means that the haemophilia and whole blood community continue to be treated as second class citizens in receipt of subsistence for what your Prime Minister said was "lottery payments". Although financial recompense will never heal completely the wounds that have been left to expand over decades, creating turmoil, adversity and anxiety for families, however, even at this late remove, some effort that is reasonable by government would be the commencement of the healing process.

Having ignored the moral dimension, previous governments, present government and, indeed, in particular the present Prime Minister ought now to act on her own moral imperative. It is now time for this government, your government, to make good on its apology. Also, it is time the government commence the process of allowing healing to occur. It is a time to show that when government speaks it is not just for

delivering platitudes as in past decades, but it is now acting to address the injustices of this heinous tragedy. Now is the time to ensure that no one who is infected or affected continues to suffer in a manner in which so many have before and you have so eloquently outlined.

Now is the time to ensure that, in time, those persons with a destroyed quality of life and those with decimated futures can exit life with dignity safe in the knowledge that those who are family members or loved ones are appropriately provided for.

Now is the time to ensure that those who remain will no longer have to fight unnecessary and divisive battles. Although justice delayed is justice denied, and it has been delayed, any justice at all, even at this late remove, will be welcomed by you. Now is the time to ensure that that justice is finally delivered.

Successive governments have been the problem, who were unwilling to acknowledge the true extent of the health catastrophe that occurred and the moral obligation that arose. The Government must now be part of the solution. The setting up of this Inquiry is an incredibly welcome step. The work that this Inquiry has to undertake is incredibly important. Also, the apologies of government so delivered and the empathetic indications so provided are welcome. However, if this is to mean anything, government must ensure full and candid disclosure of what went wrong and why.

Government should not rely upon legal professional or public interest privilege in the context of this Inquiry. In Ireland, the government waived that privilege in the Lindsay tribunal and it should be sought by the Inquiry that it waives, as a matter of policy, its privilege in relation to sensitive documentation so that an all encompassing inquiry can occur and you can get the answers you deserve.

In Ireland during the Lindsay tribunal the government waived that privilege. I have to say, much of the interesting documentation that became available during that Inquiry was the so-called privilege documentation. If the apology that has been delivered is to mean anything, action unfair and equitable compensation must now follow long before this Inquiry concludes its investigation. Time is of the essence.

The model exists in my home jurisdiction, which I framed, that has been in existence for more than 20 years, to alleviate, healthcare concerns, the financial requirements and to provide insurance cover for people infected and affected.

This allows people to live with some dignity in the

context of their own quiet desperation. This allows people to have some confidence in what future exists for them. Also, the widows and the children of those persons who have died are fairly compensated through the entitlement of applications, loss of society claims et cetera. If matters here, in this country, are allowed to continue to fester, where government remains inactive, then the apology of government, the empathetic indications are hollow in the extreme.

Accordingly, the Haemophilia Society calls upon the present government, under Prime Minister Theresa May, to provide immediate action in the following areas: (1) financial support. At present differential financial arrangements exist, depending where victims were infected in the United Kingdom. You, as the infected and affected, are subjugated to a subsistence method that is dependent on a postcode lottery.

At the very least, as an interim measure, all should be eligible for the same financial arrangements as exist in Scotland. Such a concession by government is only a start and is not the end of matters. Government ought to address the fair and equitable compensation situation they had previously refused in the context of John Major's letter relating to the Irish compensation scheme.

More crucially, as occurred in Ireland, it is necessary that a compensation issue is addressed before the conclusion of this Inquiry. We had compensation before the investigation was completed. Where you, as chairperson, have the entitlement to make an interim recommendation, the Haemophilia Society requests that the current postcode lottery of subsistence benefits would immediately cease and, as an interim measure, that the support available in Scotland would become widely available. Also, that the issue of compensation be addressed on the basis of the Irish scheme model on a moral responsibility basis pending the conclusion of this investigation or Inquiry, as requested all those many decades ago by the very prescient Mr Justice Argyle.

I want to touch on an issue that's a very sensitive issue, but I think it is necessary that we consider it in the context of the Inquiry's work.

Support in counselling. This Inquiry will inevitably take the infected and affected on a roller coaster emotional journey, which will reveal old wounds and create new wounds and obliterate the coping mechanism of denial.

In short, what is termed by consulting psychologists as both retraumatisation and overcoming denial will

occur. Essentially, this means the re-experiencing of emotions connected to past traumatic events. This psychological impact of events thus far cannot be underestimated. Many would be suffering already with undiagnosed psychological and perhaps psychiatric consequences. The Inquiry process must be sensitive to such a scenario and provide comprehensive psychological and psychiatric supports at all stages, to those who will be both attending the Inquiry and indeed to those who are following its work from a distance. It is essential that this already fragile community is not further damaged.

Many persons who have lost loved ones are outside the healthcare system and are not in contact with any support service, so it is essential that such a potential failure is addressed. The Inquiry team has announced the availability of counselling support during these opening days of the Inquiry, which is very much to be welcomed. However, based upon my experience, in my home jurisdiction of representing many, many people, I believe that a much more permanent and indeed more comprehensive system must be set up as a matter of priority to provide an appropriate compassionate response to people's needs and requirements as the Inquiry progresses.

I have taken advice from psychologists who work with people in your situation, and that is their recommendation.

It would be fundamentally wrong and, indeed, potentially catastrophic to vulnerable persons of this Inquiry to create through its very necessary work a retraumatisation situation where, yet again, your community is left to its own devices to address such a scenario without the appropriate expertise or response or supports being provided.

The Inquiry has requested contributions on procedural issues. I intend to address those exact issues now based upon my own past experience of inquiries. This is my third public statutory Inquiry into the contamination of blood and blood products. It is my first in the United Kingdom.

The Society's members wish to participate in a comprehensive proactive and effective manner during the course of the Inquiry's investigation. To achieve its members' objectives I believe the following requires to occur: (1) that all Core Participants have access to all discovery documentation. This has already been indicated as being a right;

(2) That all Core Participants have the ability to indicate what documents should be utilised as part of

a core booklet for the examination of witnesses;

(3) That each Core Participant has a right or entitlement to examine witnesses in accordance with its legitimate interests under the terms of reference arising from its core participant status.

As I said, I have concluded two inquiries. In both, I represented victims like you. In both of those inquiries that was the right of entitlement that was available. Anything less I believe is inadequate participation and, more crucially, it is unfair to expect the Inquiry team itself to represent conflicting issues on any particular topic.

Also, I would emphasise the equality of resources ought to apply to all Core Participants. In public statutory inquiries I have seen victim groups and I have experienced the consequence, have been entitled to participate on an equal footing of resources. With government and others a true subvention of the necessary expertise that is required by way of medical and scientific and other input.

If the Inquiry itself needs an expert panel to assist it, it is no different for the victim groupings. The government bodies already have access to the necessary haematological virological and viral inactivation and other similar expertise. They are

already on the payroll.

Equality of participation means equality of resources. To participate as a Core Participant nothing less is adequate. No constraints apply to government or indeed pharmaceutical companies, in terms of resources. So, you need to be able to be represented on an equal basis.

I wish to endorse the comments that have been made today in relation to medical records. Every personal statement I believe necessitates the ability to review, as a prerequisite, assuming the medical records are available, those medical records. To do otherwise creates a potential injustice for you. This is your only opportunity to tell your story, which ought to be accurate. You are entitled to know whether you have been informed of your diagnosis in a timely manner, whether there was any other information relating to you in the medical records that you would like to comment upon in your statement, all other inquiries have used medical records as a crucial and essential source of information. The time period of 21 days from the date of cost entitlement to prepare a statement is extremely limited. Obtaining the records and reviewing the records, which are undoubtedly extensive and comprise many medical charts and are often located in various

hospitals, is a timely process. Often interviewing people for the purpose of taking statements is a very difficult situation for them and can take a number of meetings.

All of the foregoing presupposes the ready availability of the entire medical records. I believe that there is a necessity for medical records to be made available for each and every person to be able to prepare their statement. I think there is a requirement for efforts to ascertain why so many medical records are not easily accessible, and that's an issue that needs to be addressed as a prerequisite.

It should be remembered that the medical records are essential in relation to the following: ascertaining the infected product, ascertaining when the patient was informed of their diagnosis and whether it was timely, ascertaining if there were any physical examinations for signs of AIDS, ascertaining the first abnormal liver function test for bloods.

Core Participant status for the victims is to put the people at the heart of the Inquiry. Failing to address these issues or anything less diminishes, potentially, the quality and extent of your legal representation, and therefore your participation.

I am very much against time, so I am going to summarise the next issue. There is an elephant in the room, and the elephant in the room is the pharmaceutical companies.

The Haemophilia Society and its members require this Inquiry to investigate, to the utmost extent of its powers, those companies. Our clients believe the NHS was grossly negligent in allowing the utilisation of multi-donor pool plasma derived products manufactured from high risk donors where such products were neither properly screened nor virally inactivated.

The pharmaceutical companies manufactured and distributed those products to the NHS. The extent of the risk associated with those products, which your government or the NHS deemed acceptable, can only be ascertained by investigating those companies.

I want to give an example, and it comes from the Krever Inquiry and it has relevance in this jurisdiction. In Krever -- and it is a matter of public record -- one particular pharmaceutical company was the subject matter of significant investigation. The allegations against that company were that after the introduction of heat treatment, which ought to have removed HIV from blood products, that it had a fatally flawed heat treatment process that transmitted HIV. It engaged a very eminent virologist, a UK citizen who was

attached to the New York blood centre, who undertook assessments and confirmed the ineffectiveness of the heat treatment process. That company suppressed that research. The effect was that the product continued to be distributed. That product was utilised in Canada, and was the subject and cause of infection of Canadian people with haemophilia.

Subsequent to the Krever Inquiry there was a criminal prosecution and --

SIR BRIAN LANGSTAFF: Mr Bradley, would you like to take the next five minutes of what you have to say after lunch?

We have to respect those who are preparing the lunch for everyone and they I think might like to hear you shortly after the break. How much longer do you think you might have? Bear in mind that the timetabling was done carefully to ensure that people had a fair opportunity to speak and you agreed to a time limit, which you are somewhat in excess of. I am not objecting, but there we are.

MR BRADLEY: Unfortunately, my clients have got 50 per cent of the time of any of the other representative groups.

SIR BRIAN LANGSTAFF: This is not the time for an argument about it, this is the time for lunch.

MR BRADLEY: I appreciate that, and I'm happy to go to lunch.

SIR BRIAN LANGSTAFF: Let's take a break then, now, and it will be until 2.15.

(1.15 pm)

(A short break)

Opening statement by STEVEN SNOWDEN 3
Opening statement by CAZ CHALLIS 43
Opening statement by PETER BURNEY 51
Opening statement of ANDREW BRAGG 63
(read)
Opening statement of STUART MACLEAN 70
(read)
Opening statement of MARK STEWART 75
Opening statement by ROANNA MAHARAJ 77
Opening statement by RAYMOND BRADLEY 85

A

abdicated 93:21
ability 6:19 69:16 74:5 87:11 105:24 107:10
able 3:24 30:11,14 32:13 50:6 56:12 61:16,22 62:15 68:12 69:25 88:21 97:6 107:6 108:8
abnormal 108:18
absent 67:20
absolutely 22:24 35:6 40:22 51:13 76:19
abuse 19:19 53:24
abused 10:25 53:1
accept 21:14 50:5 65:4 92:20
acceptable 109:14
acceptance 94:11
accepted 93:3
accepting 97:2
accepts 88:23
access 12:25 23:22 24:11 25:10 83:20 105:21 106:23
accessible 108:11
accidentally 47:4 47:10
accidents 47:15
account 7:13 12:12 27:24 32:21 33:3 54:21 67:23 71:20
accountability 7:6 13:22 43:18 50:5
accountable 17:5,7
accounts 9:2 33:6
accumulate 78:12
accuracy 34:1
accurate 33:1 37:6 107:15
achievable 57:19
achieve 10:2 12:12 22:9 90:16 95:14 105:19
achieved 31:12
achieving 8:2 13:2 54:6 80:17 88:20 96:5
acknowledge 7:8 90:4 100:19
acknowledged 98:8
acknowledgement 26:22 46:8 47:20
acquire 82:2
acquired 26:13 69:20
acronym 36:14
act 6:2 32:13 35:11 50:25 64:19 94:16 99:20
acted 12:6 24:15 39:1 64:8,23 71:18
acting 48:25 64:24 100:2
action 64:9,16 65:6 69:21 73:9 74:13 91:5 93:9 94:20 101:17 102:12
actions 38:5,10 65:1,11,14,15 68:18 69:10,14 71:20 88:25 94:16
activate 15:1
active 79:24 84:21
activities 15:7
actual 63:2
adapting 43:6
add 6:7 9:19 61:19 73:6 74:8
added 4:11 86:6
addition 5:11 87:7 94:9
additional 28:14 35:20 66:21 81:18 81:23 82:2 87:7
address 3:25 50:1 85:5,10 100:2 102:22 105:8,12 108:22
addressed 65:8 99:6 103:2,11 104:16 108:12
adequate 32:2 107:4
adequately 37:1 95:1,5,19 99:5
administration 5:3 70:10
admission 38:20
admit 53:10
adopt 15:24 34:12 41:23
adopted 59:1 68:13 91:21
adopting 43:6
adult 19:4 78:5 79:13
advance 87:6,12
advantage 94:2
adversity 99:14
advertising 59:22 59:24
advice 91:15 105:1
advocacy 45:5 47:24
aegis 91:18
affect 61:7 64:12 90:25
afforded 8:20
afraid 42:19 49:22 52:21
Africa 80:25
afternoon 2:24 17:18 85:7,7
aged 18:17,19,23
agencies 67:6
agents 64:14 65:3,9 80:16
ages 4:13
ago 29:10 33:9 79:11 86:25 89:4 98:24 103:14
agree 3:15 62:10 81:21 84:1 96:18
agreed 110:17
ahead 23:15 50:13
AIDS 90:21 93:4 108:18
aim 60:5 84:5
aimed 71:9
aims 54:6
air 52:3
ajar 14:14
alarm 13:7
alcohol 19:20 53:24
alcoholic 56:19
alive 72:20
allegations 109:21
alleviate 101:22
allocated 6:13
allow 25:10 30:2
Allowance 83:21
allowed 71:16 72:1 82:20 102:7
allowing 99:24 109:7
allows 89:1 101:25 102:1
Alpha 67:13
altered 96:1
altogether 82:9
Alzheimer's 72:14
amazing 43:25
amends 50:5
amok 87:19
amount 69:12 81:2
amounts 4:5 24:5 34:10
anaemic 78:6
analysed 13:19
analysis 25:12
Andrew 63:11,12 63:15 75:5 111:8
anger 45:7
angry 52:16
anguish 18:24 19:3 53:18 57:10
Angus 76:24,24
annotated 40:19
announced 73:7 104:17
announcing 98:6
annual 59:6
answer 31:14
answered 97:24
answering 59:4
answers 7:16 74:7 76:18 98:17 101:11
anti-D 45:13
anti-viral 80:12
anticipated 32:23 51:5 79:25
antivirals 48:25
anxiety 61:19 99:14
apologies 83:15 100:25
apologise 16:25 50:24 85:14
apology 27:4 51:23 60:10 97:19,21 99:23 101:16 102:8
appalling 98:10
apparent 55:17
appeal 83:23
appealed 46:24
appear 6:5 24:8 26:5 65:3 66:12 68:13 85:19
Applause 3:8
application 46:23 58:25 69:8
applications 97:8 102:5
applied 23:11 69:1 83:19
apply 15:14 16:18 38:1 106:14 107:4
applying 19:4 23:7
appointed 41:3

apposite 86:22
appraisal 92:2
appreciate 35:3 44:23 110:24
appreciated 22:1 40:11
appreciation 30:11
approach 15:25 40:22 59:1,7
approachable 44:15
approaches 29:19 68:12
appropriate 23:9,9 37:20 39:17 95:11 97:3,11 99:7 104:23 105:9
appropriately 40:7 100:11
approximately 79:12 80:6
arbitrary 38:13 47:1
Archer 6:19 62:12
Archive 24:10
area 30:17 32:18 35:2 37:5,18
areas 9:23 32:17 35:20 36:16,17 102:12
arguable 91:17
argued 67:20
argument 110:22
arguments 93:7
Argyle 91:9 92:11 103:15
arising 106:5
arm's 38:18
arms 35:5
arose 100:21
arrangements 102:14,19
arrive 39:10
article 69:4
ascertain 108:10
ascertained 109:15
ascertaining 108:14,15,17,18
ashamed 72:22
Asia 80:25 81:1
asked 2:13 10:6 12:3 21:4,5 26:3 26:15,19 44:14 46:25 57:20 97:21 97:25
aspect 29:7 35:24 39:13
aspects 22:25 23:19 68:22
assertive 58:10
assess 64:1,18,19
assessed 86:13
assessment 63:24 64:9,11 65:21 69:16 91:20
assessments 46:12 110:2
assessors 40:23 83:24
assist 6:14 16:5,7 30:12,14 37:7 106:22
assistance 75:1 97:10
associated 49:24 80:7 81:2,13 86:25 109:13
association 19:19 89:2
assuming 107:11
assure 93:8
assured 8:21
astonishingly 28:8
atrocity 82:15
attached 52:20 110:1
attained 31:20
attempt 93:14,19 94:17
attempts 8:11
attend 61:13 63:18
attendance 34:15
attended 42:15
attending 104:9
attention 29:5 36:22 55:5
attitude 17:12 28:22 96:8
attitudes 17:24 18:5,8 19:21
attract 29:20
attributed 81:11
audit 67:18
August 27:4
authorities 11:22 25:15 82:15
authority 10:10,15 11:21 12:3,13
automatically 57:21
availability 57:17 104:17 108:6
available 23:22 40:5 48:25 66:14 96:2,17 101:14 103:9,10 106:9 107:12 108:8
avenue 59:3
avoid 6:9 16:15 40:8 62:15 93:23
avoidable 20:9
avoided 22:21
aware 24:16 26:9 34:25 57:7 61:10 68:4 69:4,7
awareness 47:13 48:7 49:17 57:12 59:19 67:9
awe 77:10
awful 46:16

B

B 45:8 57:12,18 80:9
back 6:3 8:3,12 9:25 13:5 14:2 18:22 28:6,18 48:9 50:4 60:1 91:4
backgrounds 4:13
bad 62:8
bag 57:22
balanced 21:2
based 12:25 55:9 66:24 104:19 105:13
basis 25:20 87:19 103:11,12 107:7
batches 36:20
battles 90:11 100:14
battling 73:17
bear 8:4,15 17:23 17:24 58:12 110:15
bearing 30:2
beaten 60:12
befallen 86:11
beg 38:2 73:4
began 1:10 13:9 31:8 47:11,17
begging 83:18
beginning 8:16 41:2
begun 7:18 89:20
behalf 3:25 12:3 63:15 70:15 77:4 82:10 85:19 92:21 98:4
beholden 99:3
beholding 95:10
believe 7:3,24 8:13 21:19,24 22:2 23:16 25:23 32:22 37:1 55:7 60:20 61:2 62:2 104:21 105:20 106:9 107:10 108:6 109:6
believed 24:15 79:7 79:9
believing 18:21
belittled 10:10
belittling 39:19
bells 13:8
beneficial 94:10
beneficiaries 59:9
benefit 25:12 39:21 53:1 94:7 95:14 97:7
benefits 52:9 103:7
bereaved 4:19 14:6 14:8,21 15:3,9 43:11
berthing 80:20
best 45:25 74:5 96:16,20,21 97:16
Beta 77:17 78:3
better 23:16 50:1 55:21 56:14 82:4 96:14
beyond 11:5 40:16
bigger 24:2
biggest 7:21 71:15
Birchgrove 5:24
birth 58:13,14,19 58:21
birthday 71:4
births 58:1
Bishop 11:5,16 14:19 16:21 43:5
Bishop's 15:11,23 16:14 17:4
bit 1:23 2:20 28:17 77:16
blackmail 94:6
blame 45:24
bleeding 85:23
blood 4:25 6:1 21:3 21:18,25 22:12 30:20,24 31:3,15 32:9 36:18 40:14 42:12,17 44:9 45:6,9,9,12,13,14 45:22 46:21 47:11 48:11 50:6 51:21

56:16 57:7,20,22 58:6,13,21 59:17 60:2,6,9,21 63:23 63:23 64:1,2,14 64:15,20 65:5,6 66:7 68:6 69:2 72:12 74:19 75:17 76:1,19,20 77:20 77:22,23 78:7,12 78:23 79:2,3,6,13 81:3 82:1,16,16 82:17,25 83:4,13 84:24 85:22,22 88:13 89:7,7 90:2 90:3,10 98:7,9 99:8 105:15,15 109:23 110:1
blood-borne 82:3
bloods 71:22 108:19
blow 19:8 48:24
board 97:8
boards 24:20
bodies 14:4,11,13 14:15,24 15:12,24 16:8,12,22 17:12 17:17 24:17 27:20 34:23 38:17 41:21 84:12 88:9 106:23
bodies' 23:24
body 35:12 39:5
bono 4:6 34:10 35:12
booklet 106:1
Borgna-Pignatti 80:4
born 58:12,15 77:19
borne 21:25 45:9 79:3 82:25 83:4 84:25
bothers 61:1
bottom 44:19 84:8 84:18
boy 75:19
BPL 31:16
Bradley 85:4,6,7 110:10,20,24 111:13
Bragg 63:11,12,15 111:8
break 50:15,18,20 53:1 110:14 111:1 111:4
breakdowns 72:7
breaking 20:23
Brian 1:3 3:23 4:3 6:22 43:20,23 44:10 50:15,20 63:6,13 75:5 77:3 85:2,7,18 110:10 110:22 111:1
brief 75:14
briefing 65:19
briefly 27:23 35:19
brilliant 45:23
bring 5:22 21:20 29:5 44:6 68:9 91:4
bringing 83:7
brings 78:2
Britain 51:23
British 7:24
broken 11:2 19:25
broker 39:2
brother 76:20,24
brought 71:20
bruises 70:22
brutal 81:24
budget 34:19 35:10 61:4,7
budgetary 35:1
bug 58:12
build 43:2
building 40:4
bullied 52:24
burden 78:25 81:11,23 83:7 86:2
bureaucratic 24:2 26:2
Burney 51:9,10,11 111:7
business 29:9
Butlin 63:10,13 70:14
buying 21:17

C

C 18:19 45:3,5,8,19 45:20 46:2,4 47:16,22,24 48:4 48:5,13,20 49:5 49:18,21,25 57:5 57:12,18 58:1 60:19 71:1 75:22 76:3,22 78:22,23 79:4,14,19 80:7 81:13,15 84:24 89:15 94:21,22,24 95:17 97:6 98:14
Cabinet 25:23 27:11
calculated 94:17
call 13:25 18:1 55:12
called 7:13 11:11 14:5 17:21 70:21 74:18 89:5
calling 12:12
calls 102:10
Cameron 97:20 98:2
campaign 5:22 59:18,24 60:1 74:18 90:16
campaigned 8:1 10:6
campaigner 48:3
campaigning 74:6
campaigns 59:22
Canada 59:21 110:5
Canadian 110:6
cancer 19:8 45:21 46:1 53:24 72:9 78:18 80:1,5
cancers 5:13
candid 101:3
candour 16:1
canvassed 88:7
cap 34:19,22 35:1
capability 46:12
capable 61:21
capacity 31:20 87:14
capricious 38:5
carcinoma 78:17 78:21
cardiac 78:16,19
care 9:6 45:25 48:6 88:17 96:23 98:12
career 46:7
careers 72:6
careful 96:12
carefully 33:25 35:3,15 110:16
caricatured 20:4
caricaturing 42:1
carpet 82:22
carries 12:9 86:2
carry 35:17 74:4 78:25 90:20
case 10:16 14:9 19:9 35:4 47:16 56:11 66:2 67:21 68:20,22 69:17 78:8 91:9,13 93:2
cases 22:5 23:5,6 33:20 58:4 80:7 81:25 84:9
cataloguing 25:6,9
catastrophe 100:20
catastrophic 105:5
category 38:14
cats' 42:13,17
caught 49:21
causal 69:11
cause 37:6,12 78:20 81:18 84:9,9 87:12 110:6
caused 79:22 80:15 83:4,8
causes 72:10
causing 48:12
caution 6:24 41:7
cautious 41:17
Caz 43:21,22 111:6
cease 103:8
celebrated 71:4
cent 32:14 79:10,12 80:6 110:20
centralised 70:5
centre 31:6 110:1
Centres 24:20 30:13
certain 9:23 26:4
certainly 2:5 93:13
certainty 20:11 62:24
certificates 37:10 37:16 54:1 58:22
cetera 102:6
Chair 15:18,21 40:23
Chairman 6:4 9:4 9:18 23:1 27:18
chairperson 58:17 88:6 103:5
challenge 11:20 17:6,19 41:20 68:12
challenging 81:22
Challis 43:21,22,23 111:6
chance 32:20 59:19 69:10
change 30:3 31:18 31:18 39:11 46:16 48:3 67:14 75:6 83:21
changed 18:11,12 26:19 27:5
changes 39:24 57:9 67:17
changing 17:8 44:9

89:16 98:14
chapel 1:15,15,17
character 91:22
charge 2:13 71:10 74:17
charged 64:24
charges 39:2
charitable 15:8 85:20
charity 38:2 83:18
Charter 14:6,12,23 15:23 17:18 41:22
charts 107:25
chased 27:3,5
cheaper 49:2,11 53:20
checks 72:9
chelation 81:4
chemical 67:16
chief 37:19
child 70:18,24
child's 82:8
children 4:20 20:15 20:16 52:24 58:12 58:15,22 102:3
Chinese 42:13
chose 54:24
Christmas 56:22
Christos 77:7
chronic 46:10,14
chronologies 40:13
chronology 40:5,15
circumstances 8:8 84:17 86:23 90:1
cirrhosis 37:17 58:7
citizen 109:25
citizens 51:19,22 86:14 87:21 89:24 91:18 94:15 95:15 96:10 99:10
civil 72:22
civilised 36:9
CJD 5:9 42:16
claimants 20:5
claimed 13:14
claims 102:5
clarity 10:6
class 98:12 99:9
clear 1:6 14:10 28:23 35:21 40:16 57:5 61:5 64:13 87:21 96:8
cleared 65:25 66:15
clearly 5:15 21:5 25:2 36:22 40:7 40:10 91:17
clients 5:2 23:4 88:12 92:23 109:6 110:20
clients' 91:1
clinical 46:5 47:15 80:3 91:15
clinicians 75:24 84:16
clinics 33:22
close 43:4
closed 12:4
closely 74:24
closer 7:9
closest 90:18
closing 14:13
closure 37:7 43:8,9 44:7 74:7
co-infected 80:8
coaster 103:21
cohort 4:10
collation 78:10
collect 64:17
collective 7:7
Collins 3:20 4:4
combinations 21:11
combined 65:18 81:13
come 6:2 7:15 8:3 9:25 11:19 13:5 14:2 17:11 19:12 27:23 36:5 44:4 44:15 51:1 54:14 57:16 61:4,8 77:2 82:7 85:5
comes 52:13 109:16
coming 7:8 28:16 44:4
commemoration 5:16 9:3 38:3
commence 99:23
commenced 88:18
commencement 87:3,9 99:16
commend 39:24 40:22
commendable 27:6
comment 97:1 107:18
comments 6:4,17 9:21 62:3 107:8
commercial 13:5 29:9 30:5,8,23 31:7 36:24 91:16 97:2
commissioned 11:7
commit 14:24 94:6
commitment 42:24 98:1
commitments 63:17
committed 14:12
committee 93:6
commoditising 21:18
common 10:9
Commons 97:19
commonsense 59:1
communicate 35:22
communicated 64:7,22 65:10,12
communicating 35:21
communities 16:19 80:23 81:1
community 44:17 47:14 61:15,20 85:21 86:7 87:18 90:10,10 92:19 93:22 94:3,11,18 94:20 95:23 99:9 104:11 105:8
companies 24:23 25:16 29:12,21 30:2 49:10 107:5 109:3,6,11,15
company 73:21 97:2 109:19,21 110:3
comparisons 62:12
compass 68:19
compassionate 44:16 99:7 104:23
compel 6:20 7:11 21:24
compelled 7:15
compensate 95:22 99:5
compensated 83:15 102:4
compensation 92:17 93:8 94:12 95:4 96:12 97:22 101:18 102:22,24 103:2,3,10
complaining 20:5
complete 17:25 19:23 22:14 28:6
completed 32:10 66:24 103:4
completely 99:12
completeness 33:25
completion 65:24
complexity 93:12 93:18
complicated 33:21
complications 5:9 48:14 76:23 78:15
complicit 59:13 90:6
complied 26:24
comply 15:19 41:21
complying 82:5
compounded 18:13 79:24
comprehend 19:16
comprehensive 44:13 85:12 88:2 104:7,22 105:18
comprise 107:24
comprises 86:16
compromised 69:11 82:20
conceive 18:11
concentrate 18:19
concentrates 5:3 13:7 20:22 21:9 21:12,17 22:7,15 29:17 31:8 36:6 37:16 42:2
concept 23:6 86:21 86:21 93:23
concern 23:4 30:23 34:5,16 37:23 38:16 92:15
concerned 4:15 32:1 96:23
concerning 65:19 68:22 70:4
concerns 8:18 29:9 30:6,8 31:21 38:3 41:8 64:14 101:22
concession 102:20
conclude 9:20 21:25
concluded 106:6
concludes 101:19
conclusion 11:5 23:16,17 68:19 103:3,12
conclusions 8:25 37:21
conclusively 21:20
condemn 51:17

condense 85:10
condition 57:4,8 70:21 76:2 78:4
conditions 5:5,10 5:13 19:18 33:21 53:4,11,25 66:23 70:3 85:23
condolences 51:11
conduct 7:13 8:14
confidence 22:15 102:2
confident 6:12
confined 92:2
confirmed 110:2
conflicting 106:11
confrontations 62:7
confronting 98:21
connected 73:22 104:2
connotations 90:13 90:23
conscience 7:7 12:2
consciously 34:14
consent 2:11 36:13 70:1 76:15
consequence 66:1 76:21,23 79:21 87:16,23,24 90:24 106:16
consequences 64:22 68:5 72:6 83:3,3 86:11,25 89:16 93:24 94:23 95:7,22 98:14 99:1 104:6
consequential 5:12
consequently 47:20 78:14 80:6
consider 5:8 18:8 21:1,19 35:3 41:6 47:12 48:5,6 49:13,23 69:18 103:17
considerable 24:5
consideration 38:8 39:18 66:1 70:4 70:11 96:12
considered 27:1 34:21 36:19 37:2 68:7 97:10
considering 68:18 70:12
considers 68:25
consistently 90:3
conspiracy 87:18
constantly 67:18
constitution 38:10
constraints 107:4
constructive 87:13
constructively 41:18
consultant 42:15
consultants 46:25
consulting 103:24
contact 25:15 104:14
contacting 59:23
contains 1:17
contaminated 37:15 44:9 45:6 48:11 50:6 51:21 57:7 58:6 59:17 60:6,9,21 74:19 75:17 76:10,18,20 79:6 82:18,19 83:13 85:22 88:13 89:7 90:2 98:9
contamination 105:15
contemplate 19:12
contemplated 97:10
context 10:13,17 15:7 17:22 18:4 19:22 41:24 43:12 101:5 102:1,23 103:18
continue 13:16 76:8 89:15 96:24 98:25,25 99:3,9 102:7
continued 22:14 31:21 32:11 56:6 90:25 110:4
continues 7:17 39:1 100:4
continuing 82:18
continuously 31:24
contracted 75:21 76:22 77:24 79:10
contracting 83:4
contrary 34:9
contrast 50:11
contribute 74:10
contributing 61:24
contributions 105:11
control 31:19
controlling 65:1
conversation 35:17
conversations 5:17
convinced 96:20
cooperate 84:12
cooperative 27:20
coordinated 31:24
coordinating 65:13
cope 80:19
copies 40:18
coping 103:22
core 4:9 6:9 18:16 20:2 24:4 26:2 27:25 29:14 34:13 34:14,18,23 35:8 35:12 40:5,20,21 41:5,11,21 42:10 51:9 63:7,16 70:15 71:13 74:25 75:7,11 84:20 85:3 105:21,24 106:1,2,5,14 107:3 108:20
coroner 37:19
corporate 68:3 91:21
corporately 67:7
correct 82:21
correcting 37:3
correctly 89:8
cost 25:12 58:11 61:2 107:22
cost-effective 60:13
costs 25:21
counsel 3:19 23:2 24:18 29:10 39:7 42:9 63:10
counselling 103:19 104:17
counsellor 46:7
countries 60:17,18
countries' 59:21
country 22:11 51:17 52:4,4,5 90:8,25 99:5 102:6
courage 51:1
course 8:22 10:13 18:13 22:11 31:1 31:10 39:25 44:21 53:21 89:8 105:19
court 23:5 35:4 91:6 92:18 93:9
courteous 55:2
courtesy 16:24
courts 92:22
cover 101:23
cover-up 13:25 36:7 51:25 53:5 54:18 55:20 59:14 60:6 82:23
cover-ups 45:15,17
covered 8:13 13:9 26:8 52:10
covering 90:6
cow's 42:18
crave 74:7
create 103:22 105:6
created 86:6 87:7 90:21
creates 107:13
creating 99:14
credit 39:1
crime 12:20
criminal 73:14 110:9
crippling 19:8
criteria 46:22 47:7 91:21
critical 25:24
criticised 86:4
Criticism 31:22
criticisms 88:25
cross-checking 33:25
cross-referenced 32:24,25 33:6
cross-references 28:5
cross-section 4:14
Crown 32:12
crucial 107:20
crucially 103:1 106:10
cruel 48:24 94:17
cryoprecipitate 21:7,15 70:17
Cullen 67:13,17
cumbersome 21:6
Cummins 4:3
cure 57:18
cured 46:4
current 48:5 103:7
currently 49:8
cut 87:5
cut-off 47:1
cycles 80:12

D

daily 48:1 66:8 74:20
damage 48:15 78:17
damaged 104:12
dangerous 21:10
dark 53:25

data 69:12
date 66:11 98:1 107:21
dated 26:11 96:7
dates 26:8 33:8 40:8 46:22 47:2
daughter 75:12
daunting 61:15
David 10:17 11:4 22:8 31:11 97:20 98:2
day 6:15 53:6 91:1
days 1:6 35:18 43:2 44:1 72:18 77:11 82:13 85:17 88:3 89:8 104:18 107:21
dead 1:10 28:10
deal 7:4 30:20 48:4 95:1,19
dealing 14:13 23:6 44:8
death 37:7,10,12 37:16 53:25 78:20 84:9,10 87:6
deaths 22:20 52:10
debilitating 76:4
debt 96:3
debunk 41:25 42:1
decades 5:22 7:17 8:1 10:15 11:17 22:1 48:12 52:7 53:16 71:6 86:3,4 86:25 89:12 97:18 99:13 100:1 103:14
deceased 73:16 84:8
December 26:11 56:21
decency 8:14
decide 92:18 97:8
decimated 86:1 89:18 100:9
decision 46:24
decision-making 30:7 38:5
decisions 25:24 33:15 38:22 83:23
deemed 49:3 109:14
deeply 53:13
defend 12:6 16:15
defendants 91:21
defensive 15:15 17:11
define 12:23
definition 12:20
deformed 81:5
degree 44:6 68:25
delay 27:2 87:1 89:13 93:14,20
delayed 86:22 93:18 100:14,15
delays 93:11
deleteriousness 91:3
deliberate 93:13
delightful 34:11
deliver 88:17,21
delivered 24:14 92:11 100:17,25 101:16
delivering 85:11 100:1
delivery 65:14
demand 15:22 31:7 58:10
demanded 10:7 89:11
demanding 13:3
demands 23:13 38:7
denial 82:5 103:23 103:25
denied 73:4 82:9 86:22 87:22 94:11 100:14
depart 93:5
Department 25:4 26:10 59:12 60:15 71:11
departments 24:11 24:12
depend 37:24 52:9
dependent 79:8 102:17
depending 38:13 78:8 102:14
deploy 15:2
deployed 13:16 20:24
deposits 78:13
depression 5:13 72:7
derived 109:8
descendants 52:7
describe 7:20 11:19 29:20 92:5 95:20
described 19:9 20:20 41:19 91:13
describing 14:20 51:25
deserve 20:11 75:3 98:17 101:11
designed 2:12
desire 45:5 59:15
desperately 8:1 27:19 29:23
desperation 85:24 86:1 89:18 102:1
despite 31:8,11,21 75:23 82:19
destination 43:11
destroy 69:25
destroyed 28:20 58:15 59:3 69:22 72:23 82:23 83:10 100:8
destroying 29:3
destruction 28:15 28:16 69:13 89:19
detail 8:21 22:7 35:22 54:22 55:20 56:8
detailed 9:23 32:24 36:16 77:1
determination 27:6
determine 66:21
determined 20:3 33:19 41:17 44:19 98:20
detract 54:6
devastated 76:19
devastating 90:12 95:22
develop 78:14 80:1
developed 20:23 22:16 24:6 76:22
developing 22:22 30:10
device 13:16
devices 13:16 105:8
devoted 24:5
diabetes 78:15
diagnosed 18:18,19 18:20 19:8 20:14 42:11 49:7
diagnoses 19:5
diagnosis 19:4 75:24 76:11 81:15 107:16 108:16
dialogue 9:12
dialysis 58:1
die 37:10 52:7,7 53:22 98:25
died 22:4 28:2 52:5 53:23 72:25 73:8 76:24,25 78:1 89:14 90:15,17 95:24 98:13 102:4
difference 54:4 60:11 62:6
different 2:25 3:13 3:14 33:22 38:7 38:12,23 40:18 59:3 70:8,19 91:16 106:22
differential 102:13
difficult 1:15,16 29:1 33:18 54:19 60:4 81:22 83:20 108:3
difficulties 27:18 76:8
diffuse 31:23
dignity 20:12 42:24 95:24 100:9 101:25
diligent 33:18
dimension 91:13 91:19 99:18
diminishes 108:22
dire 81:24
direct 38:21 45:24 48:25 76:23
directly 5:17 9:5 30:24 34:16 91:10 96:23
directors 30:13 32:1
Disability 83:21
disadvantaged 87:16
disappointing 92:14 93:15
disaster 7:21 67:13 72:1 89:9 90:5 97:13
disasters 4:14
disavowed 40:13
discharged 66:3
disclose 12:5 30:4
disclosed 25:2 40:6
disclosure 16:3 40:2 101:3
discover 19:1
discovered 52:22
discovery 105:22
discredited 40:13
discretion 38:15
discriminate 4:16 47:8
discrimination 81:16

discussing 27:8,11
discussions 65:15
disease 42:18 50:8 57:3 75:16 76:21 78:16,16 79:20,23
diseases 5:7 53:8 84:25
disempowered 11:1
dismiss 16:16 40:12
disorder 85:23
disparage 16:16
dispense 32:12
dispersed 70:5
display 42:23
disposition 11:13 11:21,25
disproportionate 25:21
disproportionately 26:20
disputes 40:8
distance 104:10
distinguish 91:20
distress 81:7 83:8
distributed 109:12 110:5
disturbing 38:7
divisive 100:13
DNR 56:23
doctor 42:16,20
doctors 1:8 10:14 37:14 58:8 60:15
document 14:4,4 14:23 36:16
documentation 24:25 30:19 84:3 101:10,14,16 105:22
documents 7:12 8:17 13:12 15:16 15:18,20 16:3 21:23 23:20,23,24 24:1,7,9,14,19 25:7,11,14,22 27:12 29:11,24 30:5 33:1 40:6,9 40:19 105:25
dogged 42:24
doing 36:21 50:25 91:2 93:9
domain 64:15
donors 21:10,17 109:9
doors 1:22 10:7 14:13
dosing 80:17
doubling 80:16
draft 31:22
drank 58:8
draw 17:10
drawing 33:12
dreams 83:9
driven 37:24 87:17
drug 19:20 21:1 49:8,9
dubious 59:24
due 46:13 63:17 79:16 81:11,14 83:10,24 85:22 90:18 91:6,9 96:2
dulcet 85:14
duration 65:22
duties 74:4
duty 89:22,24,25 91:17,24 96:9
dwell 32:19
dwelt 5:4,10
dying 52:8 53:20 73:24 93:17

E

early 9:11 22:1 31:17 39:23 45:22 79:1 93:10
earnings 46:9
easily 25:6 70:23 108:11
East 80:25
Easter 39:9
easy 1:16 2:20 10:1 25:10 35:2 46:3
echo 5:12
Edinburgh 31:6
education 47:13 49:17,24
educational 83:11
effect 21:18 38:2 56:9,10 61:15 85:25 94:10 95:9 110:4
effective 21:7 25:5 25:9 57:17 64:16 87:12 105:18
effectively 38:25 65:7
effects 44:9 46:14 65:20,21 66:5,9 66:16 67:1 76:4 88:15 90:12,24
efficient 45:1
effort 59:21 99:15
efforts 96:24 108:10
Ehlers-Danlos 70:21
EIBSS 69:3,16
Eight 73:1
either 13:15 35:9 47:19 49:9 64:12 68:7,11,17
electronic 25:5,6,9 40:2,4
element 2:15
elements 69:25
elephant 109:1,2
elevated 66:7
eligibility 39:17
eligible 102:19
eliminate 49:5
eliminated 50:9
elimination 57:18
eloquence 85:15
eloquent 88:4
eloquently 5:16 10:16 38:3 100:5
Elstree 31:4
email 62:19
emailing 62:18
emails 27:8,10,13 27:17
emerge 33:14
emergency 15:2
eminent 109:25
emotional 43:1 47:21 50:2 81:7 99:2 103:21
emotions 104:2
empathetic 86:10 100:25 102:8
emphasis 35:20,25 79:17
emphasise 9:19 19:16 42:5 106:13
employed 17:13
employment 83:11
encephalopathy 57:4
enclosing 46:24
encompassing 101:10
encourage 23:15 29:4 57:15 96:21
encouraged 24:12 24:18 91:6
encourages 14:24 15:24
endorse 6:7 16:4 37:14 38:15 107:8
endorses 88:5
endurance 65:23
endure 73:16
endured 11:18 85:25 89:18
engage 9:12 14:16
engaged 109:25
England 38:24 40:14
English 46:20
enormity 59:10 85:16
enormous 81:1
enquired 10:6 25:18
ensure 16:22 20:3 50:7 87:10 97:21 100:3,7,12,17 101:2 110:16
enthusiasm 6:25
enthusiastically 7:1
entire 108:6
entirely 1:16 3:8 19:24 20:9 21:20 35:15 51:5,16
entitled 26:11,16 92:1 106:16 107:15
entitlement 17:2 38:2 75:7 102:5 103:5 106:3,8 107:22
entitlements 38:13 88:16
entity 30:22 85:20
Epclusa 46:5
epidemiology 70:3
equal 106:17 107:6
equality 15:9 106:13 107:2,2
equally 14:8
equitable 94:12 95:4 101:17 102:22
equity 39:2
equivalent 49:11
error 33:10
especially 33:20 47:10 51:15 52:18 61:12,16
essence 73:8 87:3 87:24 92:19 95:13 101:19
essential 20:1 22:5 22:22 104:11,15 107:20 108:14

Essentially 104:1
establish 21:20
established 56:20 65:9 89:21
establishing 82:13
establishment 69:5 73:22 98:6
establishments 71:19
estimates 48:17
et 102:6
ethical 68:3,8
ethics 68:14,25
event 1:25 15:1 48:12 68:1
events 3:1 7:19 33:9 36:10 89:3 104:2,3
eventually 10:19 10:22 56:19 89:19
everyone's 54:13
evidence 8:17,24 21:23 30:6,9 39:22 45:17 59:2 59:4 61:22 74:3
ex 51:23 92:16
exact 84:5 105:12
exactly 84:7
examination 47:6 106:1
examinations 108:17
examine 106:3
example 26:1 67:12 70:6 109:16
exception 10:11
excerpt 92:12 93:1
excess 58:9 78:11 78:13 110:18
exclusion 81:6
exercise 34:8 48:9
exerted 30:12
exist 18:12 40:19 88:25 102:14,19
existence 26:9 101:21
existing 21:6 22:13 32:11,25
exists 101:20 102:2
exit 100:9
expand 43:12 99:13
expanded 10:16
expansion 31:17 32:9
expect 4:11 8:22 25:10 68:21 92:1 106:11
expected 4:11 29:6 98:11
expedited 39:14
expense 95:14
expensive 26:17,21 48:20 49:4
experience 10:9 11:9 12:16 15:5 18:6 27:24 31:25 55:2 63:20 67:23 104:19 105:13
experienced 55:3,6 106:16
experiences 19:14
expert 32:3 84:15 106:21
expertise 5:23 105:9 106:19,25
experts 40:25 41:2
expired 26:24
explain 4:2 18:2 77:14 82:24 83:16
explanation 82:14
explore 96:24 97:4
explored 32:17 36:21 37:18 59:3
exponentially 21:13
expose 45:14
exposed 54:1 71:7 72:12 75:22 89:15 98:13
exposure 65:2,8
express 29:19 40:24 41:1
expressed 3:14 38:9,24
expressing 2:25
expression 3:4 4:24 18:22 34:11 41:25
expressions 35:5
extensive 65:19 107:24
extent 8:5 15:8 23:10 30:1 36:21 37:23 54:18 64:3 87:5 100:19 108:23 109:5,12
external 67:2,6,12 67:15,19,23,25 81:5
extracted 39:14
extreme 48:12 102:9
extremely 81:22 107:22

F

face 19:18 26:14 27:19 35:13 81:6
Facebook 74:18
faces 2:21,21 10:8 14:14
facilitate 23:22
facilities 32:1
fact 29:16 34:17 38:17 47:4 58:2 71:23 83:24
factor 5:3,24 13:7 18:18 20:22 21:9 21:11,17 22:7,15 29:17 31:7 36:6 37:13,15 42:2 57:24 70:17,24 72:12 75:17 76:10
factors 81:14
facts 8:8 13:1 16:3 71:14
fail 43:8 63:3
failed 68:6 95:1,19 95:21 98:12
failing 63:3 95:18 108:21
failings 68:2
fails 89:24
failure 36:20 68:8 80:18 87:24 99:4 104:16
failures 67:10
fair 34:22 94:12 95:3 102:22 110:16
fair-minded 27:22
fairer 69:22
fairly 102:4
fairness 34:4
fall 16:24 37:4 38:14
fallen 16:17
falls 25:2 36:23
familiar 12:8
families 4:19 8:9 10:19 11:18,23 12:1,10 14:6 18:7 43:16 51:12 54:3 72:24 73:15,17 81:6 82:6,7 83:1 88:14 90:17 97:23 98:16,25 99:1,14
families' 54:8
family 4:19,22 7:9 53:12 56:21 57:10 76:19 77:12 90:18 90:20 95:25 96:3 100:10
famous 98:12
far 5:15,15 14:18 24:16 29:13 30:19 34:25 39:13,15 44:11,18 47:3 48:17 50:6 104:3
fast 45:1
fatal 75:22
fatality 67:5
fatally 109:23
father 28:1,10,10 76:20,24
Fatherless 5:24
fathers 20:13
fatigue 46:10,14 66:9
fault 51:15 73:9,18
favour 35:15
fear 18:24 19:2,6 49:24 81:17 86:6 90:19
fearless 20:1
features 81:5
fee 28:19
feel 1:7,19 3:9 11:1 49:21 56:2 62:1 83:18 95:10
feeling 6:23
feelings 81:11
felt 19:11 68:11 77:11
fester 102:7
fibre 53:14
fictional 52:3
field 35:14
Fifth 72:9
Fifthly 67:2
fight 72:19,21 88:12 90:11 92:21 100:13
fighting 52:5 54:7 72:20
file 26:7,9,10,16 28:4,8
filed 88:2
files 25:19 26:4,8 52:2 69:13
filing 25:5,9
final 11:8
finally 40:1 43:4 44:3,12 50:4,8 74:6,8 89:20 97:19 100:17

financial 20:5 25:11 37:25 38:23 39:24 46:19 47:21 59:11 87:14 94:5 96:2 99:2,12 101:23 102:13,13 102:19
find 1:15,16 48:13 48:18,22 51:14 59:22 60:23 74:16 75:24 76:18 84:5 84:7
finding 48:10 84:22
fine 46:15
finish 41:14,15,15
firm 4:4 40:24
firmly 38:9,25
first 6:18 7:10 9:11 12:25 17:8 18:4 23:3 26:20 28:9 44:2 56:4,8 63:11 63:14 89:22 105:16 108:18
firstly 63:22 72:1
five 16:21 24:22 29:12 70:8 110:11
flawed 109:24
focus 44:21 45:19 47:6 82:11 88:11
focused 54:5
follow 9:21 60:2 66:4 101:18
followed 13:25 32:14 59:20
following 14:25 63:19 65:24 69:19 71:2 92:25 98:8 102:12 104:10 105:20 108:14
follows 61:3
footing 106:17
force 62:10
forcing 52:20
foregoing 108:5
Foreign 25:15,17
forensically 8:19
foreseeable 21:21
forget 54:20 60:9
forgive 11:12 18:15 42:6
Forgotten 5:25
form 20:22 26:22 33:5 54:15 55:13 93:7 94:6 95:2,21
formal 29:19 83:15
format 85:13
formed 11:18
former 11:5
forms 5:8 15:25
Fortunately 28:15 78:23
forward 4:12 7:15 9:14 17:20 20:21 20:25 41:4 43:3 50:7 57:16 71:14 74:11 84:22 88:6
fought 5:22 10:5,5 52:6
found 12:1 49:7,9 49:15 52:21 55:6 58:18 71:18 92:3
foundation 13:1
four 6:16 70:7 78:8
fourth 16:14 30:17 65:17 72:5
Fourthly 9:1
Fractionation 31:4 31:5
fragile 104:11
fragmented 31:23
frame 88:1
framed 101:21
framework 50:13 67:14
France 59:21
frank 14:17
Fraser 63:10,13 70:14
free 1:19,20 34:11 74:16 75:18
Freedom 25:19 26:3 27:7
frequent 79:2
frequently 80:16
friends 53:12 77:25
fright 82:2
frightened 18:25
front 71:9
Frustrated 27:5
full 5:6 6:13 12:25 13:12,18 16:2 20:1 26:7,15 33:20 67:3 97:21 101:2
fully 8:22 14:18 19:16 40:1 56:4
function 108:19
functioning 68:20
Fund 46:20,23 58:20 69:3,4
fundamentally 35:7 105:4
funding 31:11 35:16 58:23 79:16 97:2,12
funds 34:19,24 83:19
further 11:3 28:13 66:4 81:12 94:20 95:2,21 104:12
future 8:6 20:11 37:20 62:20 80:2 81:20 102:2
futures 86:1 89:18 100:9

G

gain 12:10
gathered 64:3,6
general 70:7
generating 34:7
Generation 5:25
generic 49:11
gentlemen 3:23 85:8
genuine 20:9
genuinely 14:18 16:25
Genus 93:7
getting 24:9 42:25 55:1 58:9
give 3:10 26:1 27:24 32:20 37:19 54:21,22,24 59:19 60:2 61:22 74:25 109:16
given 33:3,24 36:5 36:5 44:24 45:10 49:1 56:16 58:6 58:13 59:6 60:8 60:21 66:23 69:15 70:17,24 73:18 75:16 76:3,20 79:5 83:12 88:1 92:20 96:11
glad 7:18
glare 90:16
glass 1:18
glimpse 53:15,17
globally 57:13
go 9:16 17:21 18:23 21:15 23:2,18 28:18 29:8 41:10 42:4 52:1 55:8,10 55:15,18 61:11 77:14 110:24
God 77:1
goes 73:10
going 9:9,13 18:21 22:2 36:15 41:14 43:4 51:24 53:2 56:15 63:7,14 72:25 77:4,16 83:14 85:10 87:3 91:4 92:11 93:1 108:25
good 1:3 2:16 3:23 12:2 18:23 30:19 34:12 43:23 44:11 70:9 85:7,7 99:22
goodness 43:25
government 10:24 14:15 23:24 24:7 24:12 27:7 34:23 35:12 40:12 49:5 50:4,10 52:17 53:4 59:19 60:7 61:6,8 63:25 64:7 68:11,17 69:2 71:11 72:16,22 74:2 83:16 86:5,8 86:10 87:9,25 89:5,12,20,23,24 90:3,21 91:2,6,10 91:14,24 92:1,7 92:15,20 93:2,21 94:1,14,19 95:1,4 95:11,13,18,19 96:8,11 97:11,15 97:18 98:4 99:3 99:16,19,22,22,23 99:25 100:21,25 101:2,4,6,13 102:7,8,11,20,21 106:18,23 107:4 109:14
government's 94:10 99:4
governments 20:7 38:19 52:10,17 53:19 60:8 64:4 90:8 99:19 100:18
GPs 60:1
grabbed 55:5
grandchildren 4:20
grandparents 52:5
grant 97:12
grants 97:7
grasping 20:4
grateful 8:19 9:5 13:14 22:6,10 41:14 45:23
gratefully 34:12
gratia 51:23 92:16
graves 87:4 96:4
great 41:7 51:23,23

54:8 62:1 79:15 90:19 92:15 96:13
greater 54:9
greatest 23:1,13 86:14 94:4
grief 20:17 43:10
grossly 109:7
ground 20:22 51:19
grounds 69:9
group 4:18 5:1,24 6:8 47:25 58:18 71:23 74:18,21 86:12
groupings 106:22
groups 5:22 40:25 58:21 71:22,24 84:15 96:23 106:15 110:21
growing 78:21
guess 63:4
guidance 28:23 32:3 37:19,20 50:13 74:16
guinea 36:15 75:21

H

haematological 106:24
haemoglobin 77:19 78:5
Haemoglobinopa... 79:7
haemophilia 19:5 21:7 24:20,21,25 30:13 70:20 85:3 85:19 87:18 88:9 88:10,10 89:4 92:24 93:17,22 94:3,11,19 99:8 102:10 103:6 109:4 110:7
haemophiliac 18:18 90:10
haemophiliacs 4:22 4:23 22:3 26:12 45:11 71:22 92:16 93:3 97:5
half-hearted 59:24 59:25
hall 2:12 5:17 7:25 12:15 27:25 29:18 42:25
halls 1:25
hand 56:10
handed 29:21 55:16
handing 44:12
handled 72:16
handouts 52:9
hands 73:13
hang 28:17
hanging 5:19
happen 2:2 13:25 20:15 47:15 49:6 52:21 71:16 72:1
happened 2:7 12:22 13:3,6,8,18 13:20 15:6 37:8 44:6 54:21,23 56:5 82:15 83:16 84:11 98:5,11,18 98:24
happening 52:4
happy 110:24
hardship 98:17
harm 51:4
harrying 24:6
harsh 47:1
harsher 49:2
hate 52:23
HCV 65:2,17 66:3 66:15 69:20 79:23 80:15
head 86:20
heal 99:12
healing 99:17,24
health 7:22 24:19 25:4 26:10,12 29:5 52:2 59:12 60:15 61:17 68:17 71:11 72:7 87:14 91:12 100:20
healthcare 47:9 88:16 96:15 101:22 104:14
hear 9:2 13:11 24:12,18 41:3 91:9 110:13
heard 1:6 3:5,11,14 6:6 8:25 9:1,12 32:21 37:14 44:12 45:18 49:19,19,25 58:25 63:9 75:7 85:17
hearing 54:13 77:11
hearings 39:7 63:18
heart 9:7 58:1 66:7 108:21
heartbreakingly 37:25
heat 22:16 36:20 109:22,24 110:3
heavy 29:20
heinous 100:2
held 67:7,8,22 70:6
Hello 77:9
help 45:16 46:19 53:9 54:17 55:19 55:24 56:12 73:3 76:16,18 83:6 93:9 96:21,25
hemolysis 80:15
Hep 57:18 60:19
hepatic 57:3 79:24
Hepatitis 5:8 18:19 19:5,18 37:17 42:11 45:3,5,8,8 45:19,20 46:2,4 47:16,22,24 48:4 48:5,13,20 49:5 49:18,21,25 53:25 56:20 57:5,12,13 57:15,18,19 59:18 60:2,11,17 71:1 75:22 76:3,22 77:24 78:22,23 79:4,10,14,19,22 80:7,9,22 81:13 81:15,23,24 84:24 89:15 94:21,22,24 95:17 97:6 98:14
hepatocellular 78:17,21
hesitate 13:24
hid 93:22
hidden 72:4
hide 17:3 19:12 59:10
high 51:19 66:7 109:9
highest 68:9
Hillsborough 10:18 11:4,8,23 12:10 41:22 73:15
hindrances 24:8
historical 36:16 38:10 39:18
historically 29:23
history 7:21,24 18:15 52:13 71:16 89:9 91:4 97:13
HIV 5:9 18:20 19:5 24:25 25:25 45:8 60:3 65:3 86:20 89:15 90:19 92:16 93:25 94:19 98:14 109:23,24
HIV/AIDS 19:17 37:10
holding 14:14
hollow 102:9
home 7:9 11:9 52:23 61:13 101:20 104:20
honest 16:2,13
hoops 46:12
hope 3:7 6:9,14 8:2 19:22 27:19 29:19 29:24 32:19 35:16 41:16 42:3 44:5 44:25 45:14 49:13 50:12 77:1 78:1 84:12,20 88:20
hopefully 53:15 54:1 62:15,22 74:5 75:2
hopes 71:17 74:1
horrific 20:8 51:13
horror 5:5
hospital 28:6 66:4 69:13 72:9 75:18
hospital's 28:8
hospitals 24:11 33:22 70:9 108:1
hour 6:13 86:14 94:4
hours 34:20 35:1 81:3
House 5:25 97:19
houses 52:24
huge 18:10 86:2
human 51:18 90:7
humanitarian 87:25 89:11 90:5 95:12 99:7
humiliated 46:11
humour 42:23
hundreds 73:4

I

idea 1:5 40:23,25
identified 21:22 35:24 41:9 50:8 55:22 64:10,20,23 65:12 73:9
identify 54:17 55:16,20 60:24 64:11
ignored 10:9 20:10 99:18
ignoring 2:1
ill 56:17 60:22 87:14
illegally 39:1

illness 18:25 19:10 46:15 81:14 96:2
illnesses 5:7 82:3,8 82:25 83:25 90:12 90:13
illustrates 27:18 28:25
imagine 79:15
immediate 39:16 89:11 102:12
immediately 103:8
immense 23:12 90:7
immune 66:10
immunity 13:13 32:12
immunodeficiency 26:13
immunoglobulin 57:24
impact 51:21 59:11 60:25 64:13 72:9 104:3
impacted 66:17
imperative 29:25 99:21
implemented 28:23
implementing 22:23
implications 25:12
implied 66:10
important 25:13,13 28:13 31:1 33:11 54:11,16 64:16 71:25 73:23,25 74:9 100:24
importantly 21:8
imported 22:12 31:21
impossible 18:11
improve 88:16
improved 48:6
improvement 67:18
inactions 89:1
inactivated 109:10
inactivation 106:25
inactive 102:8
inadequate 48:10 106:9
inappropriate 35:5 90:22
incentivisation 30:15
incident 67:4
incidents 79:18
include 38:9 43:12 43:17 63:24 64:2
included 42:12 45:21 63:21
including 16:1 36:8 38:11 46:7 76:4 81:14 96:12
inclusive 44:14 47:7
income 34:7
inconsistency 38:6
increase 80:2,5,15 81:19
increased 21:16 72:13 80:19
increases 31:19 79:3
increasing 80:8
increasingly 83:20
incredibly 100:23 100:24
indefensible 16:15
independence 30:15 83:22
indicate 98:19 105:25
indicated 85:18 88:1 89:17 98:3 105:23
indicates 96:8
indications 101:1 102:9
indignity 38:1
individual 6:8 35:8 40:21 54:10 63:7 64:25 69:20 73:21
individual's 29:4 33:7,12,20 34:1 62:3
individually 67:11
individuals 4:8 7:23 8:9 9:7 10:11 11:1 13:4 18:7 19:24 24:9 27:19,21 29:1,22 65:8,11 67:8,22 68:5,9 69:7 78:4 78:14
industrial 52:1
industries 67:16
industry 67:3
ineffective 80:14
ineffectiveness 110:2
inequality 38:6
inevitable 34:20 95:9
inevitably 4:5 33:9 103:20
inexplicable 38:6
infected 4:17,23 5:2,20 6:8,21 14:9 15:21 17:25 19:23 20:12,16 28:2 33:8 34:18 36:6 38:20 42:1 43:12 45:3,8,12,13,20 46:21 47:4,8,9,19 48:11 52:15 53:11 54:10 55:14 56:13 57:23 58:22 68:6 68:8 69:6 70:25 71:5 74:9,21 79:4 79:14,23 83:8,14 84:6,8,24 85:21 86:19 87:2,11 88:7,13 90:2 94:6 94:9 95:6,18 96:22 98:6,24 100:4 101:24 102:15,15 103:20 108:15
infection 8:8 13:24 18:9 21:3 36:2 46:2,22 63:22 64:1 69:9,24 71:8 78:22 79:21,24 84:16 89:6 90:19 93:3,25 94:22,25 95:16 110:6
infections 22:20 65:5 66:10 69:2 72:4,6,11 79:1 98:23
infectious 64:14 65:3,9
inferences 33:12
infertility 78:16
Infirmary 58:18
influence 30:12 36:24
influenced 54:25
informal 66:25
information 12:5 13:1 25:19,20 26:4 27:7 48:2 62:2 64:3,6,18,25 65:12 66:25 69:21 70:2 76:16 107:17 107:21
informed 32:16 76:2,11 107:16 108:16
infringe 51:18
inherent 93:12
inherently 21:10
inherited 78:4
initial 13:24 32:15 36:2 90:1
initiatives 26:12
injured 14:21
injuries 33:17 76:5
injury 67:5 86:6 91:18
injustice 82:20 107:13
injustices 100:2
innocence 12:2 17:25 19:23
innocent 16:19 19:24 20:18 91:18
input 54:16 106:20
inquest 11:5,8 37:4 37:21
inquests 16:1
inquiries 16:1 36:22 62:12,14 105:14 106:6,8,15 107:19
inquiring 39:8
inquiry 3:21 4:10 4:10,12,15 5:8,23 6:7,18,19 7:1,3,10 7:23 8:4,23 9:6,8 9:13,15 10:2,7 13:2 14:11,13,15 14:17 15:18 17:1 17:21,23 18:4,8 18:16 19:14 20:1 21:19,24 22:10 23:2,5,10,12,18 23:21 24:19 27:20 28:24 29:2,4,8,10 29:20,24 30:2,4 30:17 31:3 32:18 33:4,10,24,24 34:7,24 35:2,7,17 35:23 36:12,17 37:18 39:7,14,25 40:3,10,16,22 41:4,12,17,20,23 42:4 43:1,19 44:3 44:10,15,18 45:2 45:14 46:17 47:6 47:12 48:5 49:13 49:23 54:12,12,16 54:24 55:7,12,16 55:17 59:16,17 60:24 61:2,4,14

61:18,23,24 62:14 62:22 63:1,3,6,10 63:23 66:18 67:24 68:24 69:5,18 70:11 71:13,14 72:5,15,20 73:1,6 73:10,11,14,20 74:4,12,15,17,19 74:20,24,25 76:9 76:12,16,18 78:1 82:11 84:2,2,21 85:12 86:24 87:3 87:9 88:3 89:5,21 98:7 100:22,23 101:6,8,10,15,18 103:3,13,19 104:6 104:9,16,18,25 105:6,11,14 106:11,21 108:21 109:5,17 110:8
Inquiry's 24:17 50:12 103:18 105:19
insisted 42:10 94:19
instance 20:13 25:25 39:16 94:3
instances 70:10
institution 12:4
instruct 4:18,21 5:6
instructed 3:20 4:4 77:1 85:18
insufficient 21:14
insufficiently 31:24
insult 86:6
insurance 101:23
insurers 91:25
integral 68:14
integrity 50:10,11 51:1
intend 7:1 74:8 105:12
intends 74:24
intensive 36:16 47:22
interact 48:1
interest 13:13 15:12 45:2 65:25 66:22 67:9 101:5
interested 41:11 54:12 64:5 84:14
interesting 101:14
interests 12:6 17:15 86:18 106:4
Interferon 49:2 65:17,18 66:24
interim 39:11 102:18 103:5,8
international 47:25
interventions 45:21
interviewing 108:1
intimates 4:23
intimidating 12:7
intravenous 19:19
intrigues 59:7
introduce 60:19
introduced 13:7 53:9
introduction 43:7 109:22
introductory 11:16
investigate 8:7 22:10 39:20 109:5
investigated 29:25 88:24
investigating 23:13 109:15
investigation 8:7 44:22 63:21 67:6 87:1 101:19 103:4 103:13 105:19 109:20
investigations 8:10 50:12
investigator 33:4
invisible 83:25
invite 35:2
invited 9:18
inviting 35:21
involved 3:7 32:23 53:6 58:2 61:16 62:7 74:1
inward-looking 87:22
Ireland 88:10 99:5 101:6,12 103:1
Irish 85:15 96:13 102:24 103:11
iron 78:10,11,13,19 79:21,25 80:20
irrefutable 59:4
irresponsibly 71:19
isolation 81:10
issue 22:6 36:8 37:1 46:18 68:17 103:2 103:10,16,17 108:11 109:1
issued 28:23
issues 4:6 26:1,15 30:9,14 31:2 34:15 36:2,6,7 39:16 64:11 71:25 72:8 93:13,18 105:12,13 106:12 108:22
issuing 82:17
Italian 79:11

J

Jade 75:12,14 77:3
James 11:7 14:2,19
jars 1:18
job 55:13
jobs 19:4 52:25
John 96:7 102:24
join 74:22
joints 70:22
Jones 11:7 14:2 43:5
Jones's 41:22
journey 43:11,14 103:21
judge 91:9
judged 86:13
July 27:3
jump 46:12
June 26:23
junior 4:3 42:9 63:10
jurisdiction 30:1 89:23 101:20 104:20 109:18
justice 6:2 8:2,11 10:1,1,3,22 12:10 12:23 13:2 41:20 43:18 44:6,24 45:11 54:2,4 61:21 72:19,21 73:12,19 75:3 84:23 86:21,22 87:22 88:11,12,13 90:16 91:9 92:11 96:5 98:21 100:14 100:14,15,17 103:15
justly 23:6

K

keen 37:15
keep 59:9 62:11 63:5
kept 36:12 53:24 62:17
key 23:3 26:4 36:2 37:1 38:16
kind 32:1 58:2,3 59:18 62:7
kindly 52:14
Kingdom 6:19 102:15 105:16
knee 70:25
knew 53:19
know 5:12 6:22 8:11 9:4,18 10:15 11:6 12:1 13:3,18 17:2,16 19:15 22:9,9,17 25:13 25:13 26:6 27:9 29:13 30:3 31:1,6 31:16 32:7,9 33:18 41:2 44:4 45:15,20 47:17,19 48:9,10,16 49:1 52:15 54:19,22 56:3 58:14 59:23 60:22 61:25 62:1 62:23 77:12,15 82:12,16 84:11 107:15
knowing 57:15 82:19 95:25 96:4
knowledge 12:25 18:10 21:22 29:14 30:11 47:23 67:4 72:3 87:4 94:21 100:10
known 21:25 29:18 31:21 36:4 45:10 75:23 94:25 95:17
Krever 109:17,18 110:8

L

labels 53:3
laboratory 30:21 30:24 31:4,5,15 32:2,10 36:19
laboratory's 32:4
laboured 97:15
lack 45:16 49:17 50:10 85:15 87:14 96:1
lacking 53:14
ladies 3:23 85:8
landscape 43:13
LANGSTAFF 1:3 43:20 50:15,20 63:6 75:5 77:3 85:2 110:10,22 111:1
language 5:19 7:20 11:12
large 23:23 24:22 47:25
largely 67:19 90:20
larger 26:1
largest 5:1
late 31:17 44:5

48:14,18 99:15 100:16
launch 89:5
launched 91:5
law 4:4 33:17
laws 92:3
lawyer's 12:19
lawyers 5:14 33:3 34:6 55:6
lawyers' 34:11
lay 49:18
lead 40:9
leading 78:14 80:2 80:17
leads 34:19 36:7 59:21
learned 58:24 91:8
learning 17:8
learnt 62:13 75:19
leave 1:18 9:22 35:10 73:20
leaving 52:8
led 61:2
left 37:9 56:6 66:16 71:6 99:2,13 105:8
legal 3:20 7:24 54:13 62:16 74:15 85:19 86:21 91:5 92:3 94:23 101:4 108:23
legitimate 106:4
length 38:18 56:6
leniency 47:1
let's 15:5 16:18 60:9 75:2 111:1
letter 11:16 92:12 96:6,6 102:24
letters 24:16 46:25
level 7:9 23:23,23 23:25 24:3 27:23 28:25 35:13 39:24
levels 39:17 61:19
liability 38:21 97:2
liaise 41:11,12
liberty 43:5
lie 15:17 31:14
lies 50:13 61:6
life 5:9 18:21 22:5 44:8 45:24 46:2,6 52:11 58:11 60:24 61:19 66:17 73:18 77:21 78:3,15 81:23 83:12 87:4 89:16,19 96:1 98:14 100:8,9
life-long 82:1
lifestyle 57:9
light 6:12 83:7 88:15
lightly 8:21
limelight 59:15
limit 35:1,1 110:17
limited 19:17 36:21 39:22 69:12 78:25 85:9 87:19 88:1 107:23
limiting 34:14
Lindsay 101:7,12
line 71:9
link 69:11
linked 1:5 40:7
lip 14:18
list 26:7 56:24,25
listed 84:10
listen 3:8 15:3 89:20
listened 11:17
listening 3:17,18 51:8 62:21 85:1
lists 26:4
litigation 23:5 25:1 25:25 36:9 61:3 93:23
little 31:25 51:1 66:22 77:16 87:19 91:4
live 56:22,23 73:12 78:9 101:25
lived 84:17 85:23
89:17
liver 48:15 53:24 56:24 57:1,3 58:7 58:17 76:22 78:16 78:17 79:20,22 80:1,5,11 108:18
Liverpool 11:6
lives 22:23 44:20 72:23,24 83:9 85:24,25 89:18
living 57:13,14 83:21
load 79:21
located 107:25
Lock 10:17 11:4
logically 36:8
London 55:9 75:18
long 21:3 44:4 62:22 64:15 72:21 78:15 101:18
long-term 46:14 66:5,16,25 70:3 78:22
longer 1:14 16:20 54:7 88:19 100:13 110:14
look 16:8 18:1 30:18 41:4 43:19 46:15,18 48:9 50:4,7 59:25 72:5 72:15 73:2 76:9 76:12 84:22
looked 22:7 90:3
looking 54:16 55:19 58:9 71:13 73:21 74:11
looks 26:14 66:19 67:25
loosely 43:8
Lord 32:14
losing 72:6
loss 20:17 46:9 83:10 102:5
lost 14:22 43:10 44:7,25 46:6
51:12,25 52:25 54:3 82:22 104:13
lot 27:15 49:25 52:19 54:19 55:9 55:10 57:10,10 58:4 60:20 62:23 80:21 82:12 83:17 84:16,17
lottery 20:5 97:7,12 99:11 102:17 103:7
loud 1:6
love 12:4 18:22 20:13 43:9
loved 43:10 44:7 51:12 52:9 53:18 54:3 74:14 84:23 100:10 104:13
low 59:9
lower 49:10
lucky 77:24
lump 59:6
lunch 110:11,12,23 110:25
luxury 62:24

M

MacFarlane 38:11 38:25
Maclean 70:13,16 111:10
macro 23:23 24:2 26:2
mad 42:18
magnitude 7:10 8:5 35:8 94:25 95:16
Maharaj 77:7,8,9 111:12
main 33:16 44:21 58:12 60:5 78:20
maintain 87:12
maintained 91:3
major 67:4 77:17 96:7
Major's 102:24
majority 4:21
make-up 38:9
making 16:2 44:11 63:8 92:17
maladministration 32:16
malign 2:9
managed 67:17
management 31:18 31:22 68:16
managing 31:25
Manchester 58:18
manner 87:13 99:8 100:4 105:18 107:16
Manor 5:25
manually 25:18
manufactured 29:16 109:8,11
March 56:17 97:20
Margaret 92:10 93:16
marginalised 49:22
marital 81:10
Mark 75:11,13,15 77:3 111:11
marked 40:7 43:15
markedly 38:23
marking 40:17
married 19:3
massive 60:6,11
masters 1:9
matched 43:1
material 16:3 30:8 30:23 31:15
materially 64:12
matter 1:22 2:23 3:9 29:16 30:3 74:21 92:18 97:7 101:8 104:22 109:18,20
matters 7:4 9:13 91:5 93:18 95:12 102:6,21
mean 10:4 12:19 13:23 20:20 23:7

23:24,25 41:19 63:2 84:21 91:25 101:2,17
meaning 34:11 48:13
means 53:14 70:21 99:8 104:1 107:2
meant 2:8 51:4 77:18 79:18 94:22
measure 23:13 102:18 103:8
mechanism 69:7 103:23
mechanisms 64:11 64:18
media 2:5,22 62:1
medical 10:12,23 13:4 18:13 20:7 23:20 28:3 30:12 32:25 33:7,12,15 33:17,20 42:12 45:17,23 47:14 51:24 53:24 56:18 58:21 59:2 65:24 66:22 68:15,25 70:9,20 74:11,14 75:19 76:17 79:20 82:22 83:2,3 91:15 106:19 107:9,11,12,18,20 107:25 108:6,7,10 108:13
medically 8:9
medication 66:8
medicine 22:13
medicines 32:13 49:11
Mediterranean 80:25
meet 9:7 31:7 32:13 46:21
meeting 38:19 61:13
meetings 108:4
member 96:3
members 4:19 5:21 11:10 16:22,23 77:25 82:10 84:1 84:16 85:8 86:17 89:6 90:18 91:1,7 94:3 95:25 100:10 105:17 109:4
members' 105:20
membership 86:4
memento 51:6
memoirs 91:11
memorial 1:14,17
memories 43:13 54:20
men 58:25
mental 72:7
mention 1:4,12 2:23 13:15 14:8 27:14 34:17 36:1
mentioned 9:25 29:11 30:18,25 36:18 38:15 53:25 72:17
mentioning 19:4
merit 49:4
message 1:19 61:7
messages 1:18
met 11:6 43:25
method 69:22 102:16
micro 23:25 27:23
mid-August 27:5
middle 1:17 80:25
mild 75:15
milestones 43:15 43:17
million 57:13
mind 8:4,15 11:19 12:20 17:23,24 20:11,12 22:10 30:2 50:25 53:10 110:15
mindset 17:22 41:23
minimal 94:8
minimise 59:11
Minister 11:8 73:7 92:9,25 96:7 97:20,24 98:2,7 98:20 99:11,20 102:11
Minister's 92:12
ministers 32:6
minute 50:15 71:3
minutes 9:10 85:9 110:11
misapprehension 97:16
misdiagnosed 71:23
misdiagnosis 5:1
mislead 15:17
misled 53:12
missed 2:9
missing 51:24
mix 72:12
moan 34:5
model 101:20 103:11
moderate 75:16
modern 53:6
moment 1:20 6:3 13:6,15 18:3 29:10 34:3 39:19 57:11
momentous 7:3
monetary 83:17
money 12:5 52:11 96:14
monitoring 32:3 76:2,14
month 29:2 56:24
months 18:23 47:17 80:13 92:23
moral 51:19 53:14 68:19 91:13,19 93:23 94:6 99:18 99:21 100:20 103:12
morning 1:3,4 3:23 6:10 43:23 50:1 50:23
mother 28:2
mothers 20:13
motion 41:2
motive 55:1
move 32:18 52:23
moves 4:12
moving 43:2 45:1
multi-donor 109:8
multiple 33:21
multiplied 21:12
myriad 86:18
myth 22:3

N

name 27:15 29:15 56:23 72:14 75:15
names 29:15,15 41:6,9
narrative 18:2 20:19,21 33:4 42:2
nation 7:7 12:13 86:13 91:8
national 7:22 24:10 32:14 79:6
nationally 7:5
nature 7:19 23:10
necessarily 3:15
necessary 20:22 21:16 31:19 42:3 76:10 103:2,17 105:6 106:18,24
necessitates 107:10
necessity 18:2 20:19 108:7
need 2:14 13:18,19 39:16,19 42:20 45:11 47:12 50:1 54:2 55:23 57:15 57:22 60:23 62:19 82:4 86:15 94:4 95:9 107:6
needed 5:23 21:2
needless 22:20
needlessly 89:14
needs 13:21,22,23 38:19 44:16,24 46:16 54:8 73:9 95:5 104:24 106:21 108:11
negative 62:13 66:3 83:23
negatively 82:3
negativity 81:19
neglected 90:8
negligence 12:20 47:10 51:16 92:4 93:5
negligent 109:7
negligently 71:18
neighbours 53:12
neither 67:21 109:9
net 47:16
never 22:9 37:12 46:8,19 48:18 49:6,18 53:17 98:10 99:12
new 22:15 39:4 42:13 48:24 58:12 82:8 103:22 110:1
newer 49:4
news 2:20 74:19
NHS 24:17 31:19 45:4 48:19,23 49:12 61:4,7 63:25 64:7,16,21 65:4 67:19 68:1,4 68:6,11 69:1,10 69:14,21,23,25 71:4,10,16 74:2 79:17 84:4 89:10 97:14 98:12 109:6 109:12,14
nine 18:23
non-destruction 24:13
normal 78:5
north 80:24
Northern 88:10

notably 19:18
note 29:12
notice 1:23,25 2:10
notices 24:13
novel 52:4
November 11:11 14:3 28:17,18 92:9
nuisance 20:6
number 2:3 59:9 80:11 82:6 108:3
numbers 33:11 66:23,25 79:25 84:5
nurses 71:10

O

O'Neill 34:13
objecting 110:19
objective 16:4,7 31:11 40:16 88:20
objectives 105:20
obligation 100:21
obliged 94:4
obliterate 103:22
observations 9:20
observe 34:22
observed 29:10 82:6
observer 27:22
obstruct 15:16
obtain 8:11 23:21 29:1,24 30:4 33:19 74:13 84:3
obtained 26:7 34:1 58:19 59:3 74:10
obtaining 23:19 24:6 79:3 107:23
obvious 30:9 32:17
occasion 9:24
occasions 66:11
occur 99:24 101:11 104:1 105:21
occurred 7:8 12:22 18:9 45:15 86:24 87:23 89:3 96:4 98:24 100:20 103:1
offer 51:11 60:15
offered 97:19
office 24:10 25:15 25:17,23 27:11
official 48:17
officials 32:6
offshore 67:16
old 28:15 75:18 86:21 103:21
older 49:2
omissions 34:2
omitted 90:9
once 55:18 65:8 69:7 94:25 95:16
one's 74:14
ones 11:24 44:7 49:4 52:9 53:18 54:20 84:23 100:11 104:13
ongoing 39:4
online 47:25
open 16:2 17:5 74:2 74:21 89:2
opened 56:4
opening 3:22 8:15 8:23 9:10 29:11 43:22 51:10 63:12 70:13 75:13 77:8 85:6,11,12 88:2,3 104:18 111:5,6,7 111:8,10,11,12,13
openly 13:21
operate 18:5 67:3
operations 58:1
opinion 59:13 62:6
opportunities 83:11
opportunity 7:4,14 7:16 8:20 9:11 14:16 16:12 51:20 57:11 89:2 107:14 110:17
opposite 56:10
oppressive 12:7
optimal 80:17
optimism 41:16,17
option 55:23
oral 39:22
order 6:5 18:6 49:14 78:9,11
ordinary 11:10
organisation 64:12 65:10 67:22 71:17 86:17 91:17
organisational 64:24 67:20
organisations 64:4 64:10 68:20,23 69:15
organs 78:13
original 40:18 93:11
originals 40:20
osteoporosis 78:15
ostracisation 90:14
ostracised 53:7
ought 13:8,20 36:4 86:24 87:23 88:23 99:20 102:21 106:14 107:14 109:22
outcome 61:3 93:10
outlined 39:7 100:6
outset 6:16,25 85:14
outside 1:22,25 83:25 104:13
outstanding 98:2
ovaries 42:13,17
overall 83:12
overcoming 103:25
overemphasise 54:15
overload 78:19 79:25
overnight 2:7
overseas 25:16
oversight 67:2,19
overwhelming 10:8
owe 73:16
Owen 22:8 31:11 32:14
owes 91:24
Oxford 31:5

P

pages 26:20 27:9 27:10,12,13,13 28:3,8
paid 28:2 94:8
pain 53:17 57:10 98:17
painted 52:24
paltry 86:5 95:21
panel 59:5 69:16 106:21
paper 25:18 31:23 32:5
papers 51:24
paragraph 36:11
paragraphs 11:15
parents 19:3
parents' 58:21
parity 34:4 35:5
Parkinson's 72:13
part 31:14 39:12 46:4 76:6 84:21 85:15 100:21 105:25
participant 29:14 42:10 51:9 63:16 70:15 71:13 74:25 75:11 84:20 85:3 106:2,5 107:3 108:20
participants 4:9 6:9 7:11 18:17 20:2 24:4 26:3 28:1 34:13,14,18 34:23 35:8,12 40:5,20,21 41:5 41:12,21 63:7 75:7 105:21,24 106:14
participate 61:22 76:17 105:17 106:17 107:3
participation 106:10 107:2 108:24
particular 2:2,19 68:16 90:19 98:1 99:20 106:12 109:19
particularly 36:13 74:2 76:12 86:18
parties 35:4 41:11 64:5
partners 4:19
parts 38:7
pass 22:9 51:14 74:15
passage 87:7
passed 53:22
passing 37:6
passionate 55:25
path 96:1
patient 63:4 69:25 70:1,4 75:21 77:18 80:16 81:9 108:15
patiently 48:24
patients 36:14 59:23 60:2 66:13 71:5 76:13,14 78:6,10,22,25 79:4,8,13,23 80:1 80:8,12,19 81:5,6 82:2,25 83:6,17 83:22 84:6,7,23 96:15 98:11
patronising 11:13 11:21,25
pattern 9:21
pause 14:8 15:5,14 34:22
Pausing 12:8
pay 1:20 28:19 76:5

payment 28:13
payments 38:13 51:24 58:20 59:6 59:6 83:22 87:10 92:16 95:7,10 96:16 99:4,11
payroll 107:1
peace 20:11,12
Pearson 93:6
peer 47:25
pending 103:12
Penrose 6:20 62:12
pension 46:9
people 1:8,11 2:1 2:18,20,25 3:6,7 4:7 7:16 17:2 19:11 36:5 42:22 43:8,25 44:5 45:12 46:16 48:1 48:8,10,16 49:1 49:18,21 51:6 52:21 55:8,10 56:2,12,14 57:13 57:16,25 59:17 60:16 61:10,20 62:11,25 71:1,10 71:19 72:20 73:12 73:23 80:10 82:12 86:12 89:13 90:15 92:21 95:24 96:16 96:18 98:3,13 99:1 101:24,25 102:2 104:20 105:2 108:2,21 110:7,16
people's 2:14 39:2 62:9 104:24
perception 96:9
perceptions 88:24 91:1
perfectly 13:9 49:12
performance 32:4 66:18
period 8:6 65:16 66:3 80:18 107:21
permanent 104:21
permission 2:6,19 2:22
perseverance 42:24
persistent 8:10
persistently 66:7
person 2:11 5:20 12:21 32:20,21 45:3 48:19 54:11 63:18 70:20 71:17 94:5 108:8
personal 7:9 9:1,2 23:25 24:11 27:23 28:25 30:15 33:17 45:2,19 61:18 62:4 69:12 83:22 85:16 90:5 107:9
personally 49:1 53:12 56:16 66:6 67:8
personnel 56:18
persons 81:8 85:21 85:23 87:11,13 89:17 90:1 93:17 94:21 95:6,8,9,18 96:3 100:8 102:4 104:13 105:5
perspective 2:25 14:21 62:4 94:10 95:12
perspectives 3:14 87:20
persuade 49:9
Peter 51:8,10 111:7
pharmaceutical 24:22 25:16 29:12 107:5 109:2,11,19
photographed 2:12
photographs 1:24 2:4,8,10,18 50:22 50:22
phrase 11:18
physical 108:17
pick 2:20
picture 62:17
piece 33:19
pig 75:21
pig's 42:17
pigs 36:15
pigs' 42:12
PIP 83:24
Piper 67:13
pitfalls 62:15
place 15:12 54:18 62:5,8 63:25 64:17,19 66:13,19 66:20 76:14 83:5 95:2,20
placed 10:12,23,24 42:12 56:23,24 79:16,17 95:8
plan 15:2
plant 32:11
plasma 31:4 109:8
platelets 57:24
platitudes 100:1
play 37:15 54:11
played 29:23
playing 35:14
plea 92:7
please 1:19,24 6:10 43:21 54:21
pleased 36:24
pleasure 3:24
pledged 49:5
plight 86:20 92:5
pm 111:3
pneumonia 37:11 66:12
point 14:25 15:11 15:23 16:14,21 17:4 23:18 61:12 70:6
pointed 26:23
points 14:25 15:11 17:10 23:3 29:7 35:20 38:9 40:1
police 52:1
policies 68:13
policy 32:2 91:3 101:9
policymakers 82:16
political 1:9 13:5
politically 7:5
politicians 51:25
pool 109:8
pooled 57:25
poor 66:10 67:21 69:21
portray 83:25
position 35:9 39:18 51:14 76:13 91:16 91:20 92:2 95:8
positive 6:1 48:21 56:9 60:25
positively 14:15
possibility 97:1
possible 33:1 39:6 39:15,21 41:13 45:1 54:22 59:10 96:17 97:5,16
possibly 98:18
post-Interferon 66:23
post-September 47:19
post-treatment 66:6,19
postcode 102:17 103:7
posted 2:5
posters 59:25
posting 50:22
potential 40:8 63:22 64:1,14,19 64:21 65:2,8 66:1 68:5 86:8 94:23 104:16 107:13
potentially 105:5 108:23
poverty 52:8
power 7:11 11:14 11:22,25 89:25
powerful 5:20
powers 109:6
practical 9:20 22:25 23:19 29:7 40:1 42:4 50:2 96:21
practice 33:17
practices 63:24 66:19 67:15
practitioners 70:8
preconceptions 49:20
predominant 80:24 80:24
prejudice 19:6
preliminary 6:4,16 63:18
preparation 63:2
prepare 63:3 107:22 108:9
preparing 63:3 110:12
prerequisite 107:11 108:12
prescient 103:14
Prescribed 18:18
prescribing 82:17
present 8:6 25:17 39:6 62:14 93:2 99:19,20 102:11 102:13
presentation 38:4
presenting 76:25
preserve 23:21
preserving 23:20
press 2:16 9:4 29:22
pressure 66:8
presupposes 108:5
prevail 8:14
prevailed 10:22
prevailing 10:14
prevalent 60:18
preventable 50:7
prevention 47:13

67:10
previous 27:8 36:22 40:12 52:17 60:8 99:18
previously 8:5 36:14 58:23 59:23 75:20 76:13 81:17 92:23 102:23
prices 49:10
pricing 49:8
primary 5:7 37:12
Prime 11:8 73:7 92:9,12,24 96:7 97:20,24 98:2,7 98:20 99:11,20 102:11
principles 68:14 92:3
prior 57:21 58:3 65:18
priority 104:23
privacy 2:14,17
private 6:19 11:23 29:22 30:5,8,22
privately 91:11
privilege 6:1 13:13 51:8 101:5,7,9,13 101:15
privileged 4:8
pro 4:6 34:10 35:12
proactive 15:20,20 105:18
proactively 16:10 68:8
probably 54:20 58:5
probed 8:18
problem 55:12 58:4 61:5 78:21 100:18
problems 29:3 31:16 39:4,4 58:7 61:17,18 80:3
procedural 9:21 40:1 105:12
procedure 57:2
proceed 91:6
proceedings 2:3 73:14
process 15:16 27:16 44:23 86:24 87:9 99:17,24 104:6 108:1 109:24 110:3
processes 64:17
processing 67:16
produce 26:17 77:19 78:5
produced 7:12 11:11 24:25
product 22:4 108:15 110:4,5
production 21:15 32:11
productively 30:18
products 21:18 30:20,24 31:3,15 31:20 32:9 36:19 37:13 40:14 45:9 45:12,14 57:25 58:6 60:22 63:23 64:2,15,20 65:6 72:12 77:23 82:17 82:19 85:22 88:14 89:7 90:3 105:15 109:8,9,12,13,23
profession 20:8 68:15
professional 30:16 55:3 101:4
professionals 10:12 10:24 30:13
Professor 7:20
professors 59:5
profile 59:16
profoundly 78:6
prognostic 81:15
programme 2:24 75:6
programmes 77:6
progressed 57:8
progresses 74:20 104:25
prohibitive 49:8
prolonged 80:18
promise 22:8
promulgated 41:6
prone 33:10
proof 92:4
propagated 90:23
proper 13:9 37:5 87:24 97:22
properly 1:7 18:6 40:3 95:22 109:10
properties 39:3
proportionality 23:11
proportionately 23:7
propose 63:20
proposed 67:17
prosecution 110:9
prospect 97:11
protect 15:4 17:14 89:23
protection 15:10
Protein 31:5
prove 46:13 69:9 69:16,20,23
proved 10:20,20 80:14
provide 27:14 43:19 50:12 73:19 74:20 88:17 95:5 96:20,25 101:23 102:12 104:7,23
provided 7:17 31:12 40:21 87:10 96:14 97:16 100:11 101:1 105:10
provider 91:15
providing 74:11
proving 69:11
provision 25:20
38:22,24 39:9,24 86:3
provisional 40:24 41:1
provisionally 41:3
psychiatric 76:5,7 104:5,8
psychological 83:2 83:7 87:8 104:3,5 104:7
psychologists 103:24 105:1
psychosocial 81:7 81:11
public 6:18 7:6 8:4 8:19 11:10,22 12:5 13:13 14:4,6 14:11,15,19,24 15:1,12,12,24,25 16:1,8,12,22,23 17:12 18:10 23:24 24:9 27:19 29:22 34:19,24 35:7 40:10 41:20 53:15 53:17 55:10 61:1 64:15 71:12 73:1 74:19 85:8 89:5 90:15 91:15 92:1 101:5 105:14 106:14 109:18
publication 97:22
publicly 41:10
published 14:3
pulled 18:22 94:14
PUPs 36:14
purchased 22:12 31:8 49:12
purportedly 93:19
purpose 8:2 10:2 85:20 90:23 108:2
purposely 53:7
purposes 3:21
pursued 31:17
pursuing 24:6 34:2
pursuit 6:2
pushed 8:12
put 9:7 15:5 17:20 18:4 20:21,25 22:2 27:6 35:8 38:3 52:10 59:19 60:7 88:6 90:9 95:2,20 108:20
putting 17:8

Q

QC 10:17 34:13 40:3 71:21
quality 12:11 46:6 66:17 69:22 83:12 100:8 108:23
quantified 64:21
Queen's 3:19
question 15:7 21:1 21:4 31:13 62:18 66:21 68:21 92:17 96:11
questioned 7:14
questions 12:3 13:10 22:18 59:5 65:7
quickly 23:17 34:2 48:8,21 49:7
quiet 85:24,25 89:17 102:1
quietly 90:15
quite 58:14
quote 11:15

R

rails 18:21
raise 48:7 57:12
raised 31:10 41:8
raising 59:16
range 81:13
ranging 78:7
ranks 12:4
rapporteur 55:13 55:14,22
rare 78:24
rate 66:7
rates 34:20

rationing 48:23
Raymond 85:4,6 111:13
re-emphasis 6:11
re-experiencing 104:1
re-opening 37:21
re-read 16:6
reach 23:16 59:17
reached 35:10 93:6
reaching 8:25
react 36:10 68:6
reaction 28:9
read 14:9 28:4 62:3 63:7,11,12,14 70:13,14 75:9,12 111:9,10
reading 69:4
reads 52:3
ready 108:5
real 6:21 7:16 24:6 34:5 65:22 82:14 84:9
realise 19:10
realised 55:10
reality 82:8
really 32:8 52:16 54:11 55:5,23 56:8,9 78:1 82:14 82:23 84:11,14 96:13
reared 86:20
reason 2:2 30:19 43:24 57:6 58:24
reasonable 99:16
reasons 55:11
rebuffed 8:12
recall 10:18 36:20
receipt 85:21 90:2 99:10
receive 78:10
received 4:25 26:16 26:21 27:4,10,17 28:3 45:11,13 46:19 57:25 77:22 79:13 80:12 83:24 92:24 96:16 97:9
receives 19:7
receiving 34:19
recipients 20:25
recklessly 71:18
recognise 2:13 3:3 7:7 9:5 17:5 23:21 24:3 35:3,6 43:9 51:3
recognised 21:4 28:4,7 52:19
recognises 11:24
recognising 40:18
recognition 37:6,8
Recollection 33:8
recommendation 103:6 105:3
recommendations 33:16 39:10,11,23 49:14 64:22
recommended 14:4
recompense 99:12
record 30:3 109:19
record-keeping 79:18
records 23:20 24:9 24:11 28:3,5,11 28:14,15 29:2,4 32:25 33:7,7,13 33:15,20 34:1 51:24 58:14,21 65:15,16 70:1,5 74:11,14 75:19 76:17 82:22 107:9 107:11,12,18,20 107:23,24 108:6,7 108:10,13
red 57:22 77:19
redacted 13:12 27:16 32:5
redress 10:7 13:22 89:25
reduce 48:7
reducing 35:25 49:24
reel 2:20
refer 37:11,12,16 92:12 93:1 96:6
reference 9:17 25:3 30:25 35:19,23 36:3,11,25 37:5 37:22 39:8 42:5 44:13 62:20 69:15 84:1 106:4
referenced 91:10
references 29:21 33:15
referral 66:13 69:6
referred 24:22
referring 62:11
reflected 68:16
refused 12:5 25:19 47:2 58:23 59:1 90:4,8 102:23
regarding 46:22 47:1,13 63:19
regards 83:2
regimes 82:5
region 22:17
registered 70:7
Registry 79:6
regret 53:13
regular 66:9 72:9 78:7
regulatory 67:2,6 67:14 68:1
reinforced 81:12
rejected 22:24 46:23 69:8 93:6
rejustify 38:2
related 70:4 79:22 81:14
relates 30:10
relating 25:11 86:18 94:21 102:24 107:17
relation 88:24 94:24 99:3 101:9 107:9 108:14
relationship 52:25
relationships 83:11
relative 33:8
relatively 25:10
relatives 4:22
relayed 18:16
release 39:2
relent 28:13
relented 28:12
relevance 109:17
relevant 16:3 23:23 26:15 30:5 74:3 84:3,12
relief 19:10 56:2
relieved 19:1 44:2
relieving 80:20
reluctance 65:4
reluctant 55:10
rely 101:4
relying 32:11
remain 100:12
remained 71:1
remaining 73:17
remains 98:2 102:7
remember 41:24 54:4 56:13 60:20 88:19
remembered 86:12 86:16 89:22 90:13 108:13
remove 78:11 99:15 100:16
removed 109:23
renal 78:16
reopening 37:4
repeat 19:2 72:18
repeated 76:1
repetition 6:10,11
reply 62:19 92:14 93:15
report 11:9,11 14:3 40:14 43:5 55:15 55:18 67:13 82:24
reports 82:21
represent 4:1,8 5:6 5:21 6:23 7:25 10:1,5,23 12:16 13:2 15:15 18:17 21:1 24:3 26:3 35:21 37:23 38:16 42:8 62:4 106:11
representation 34:4,15,21,25 62:16 108:24
representations 35:11 39:23
representative 88:9 110:21
representatives 3:20 54:14 75:8
represented 14:11 17:17 20:2 24:4 29:13 32:22 33:3 33:23 75:8 85:4 86:18 106:7 107:6
representing 35:9 104:20
represents 3:19 85:20
reproach 40:16
reputation 15:13
request 26:24 27:1 27:7,8,12 32:15 68:24 92:11
requested 103:13 105:11
requests 25:19 103:6
require 7:12 30:6 70:10 75:20 78:6 109:4
required 31:6 32:2 106:19
requirement 80:17 108:9
requirements 32:12,14 95:5 101:23 104:24
requires 66:8 105:20

requiring 82:1
rescue 15:2
research 64:4 96:21 110:4
resilience 42:7,19
resolution 37:8
resource 23:14
resources 15:2 23:8 34:3,5 35:16 96:2 106:13,17 107:3,5
respect 1:5,10,10 1:13 2:14 3:11,12 16:23 17:1 23:1 25:24 62:9 110:12
respected 1:7 3:2 3:13
respectfully 3:5 25:22 28:21 29:8
respecting 2:17 75:6
respects 1:21
respond 27:12 64:11 65:7 93:24
responded 24:14 42:19 92:10
response 26:16,24 29:21 66:10 67:21 69:2 87:25 89:12 92:7,22,24 94:1 95:11,13 97:8,12 104:24 105:9
responsibilities 65:1
responsibility 31:23 38:21 65:5 67:9 68:4 69:19 93:21,24 103:12
responsible 8:24 24:20 31:25 50:21 65:13,14 67:7,8 68:7 69:23 82:18
responsive 44:16
rest 6:14 8:21 51:17 53:7
restraints 79:16
restrict 23:9
restricted 80:17
restriction 34:20
restrictions 35:13
result 26:7 45:17 46:1 47:22 53:23 69:5,10,14,20 70:25 78:5 83:4 93:4
resulted 67:13 81:9 87:1 95:17
resulting 65:5 78:17 87:22
retention 24:13 65:16 69:12
retraumatisation 103:25 105:7
return 27:10
returning 40:20 43:4
reveal 103:21
revenge 54:5
Reverend 11:7 14:2 41:22
reverted 22:19
review 67:18 68:1 107:10
reviewing 107:23
revising 37:21
rhetoric 90:21
Ribavirin 49:2 65:17,19
ride 46:3
right 3:4,10,11 10:15,20 11:6 12:21 14:2 17:9 17:13 23:16 24:24 33:2 40:12 41:9 41:22 42:19 53:10 59:20 60:7 90:9 91:2,7 93:22 105:23 106:2,8
righteous 45:7
rights 2:14,15 3:2 51:18 94:20
risk 21:12,21 30:11 31:9 64:9,10 65:11 72:13 78:24 79:2 80:8 82:24 109:9,13
risked 22:23
risks 21:3,3,25 26:12 36:4 63:22 64:18,20,21,23 65:20
risky 45:10
Roanna 77:7,8 111:12
robust 64:10
robustly 67:17
role 29:25 30:7,25 34:14 36:18 37:15 49:23 54:11 67:25 91:14
roles 29:23 31:3 64:24
roller 103:20
room 26:6 50:11 56:5 96:18 99:2 109:2,2
round 21:15
routine 69:6
Royal 58:18 75:18
ruined 44:20
rules 30:1
run 53:21 73:2 87:18
rung 13:8
running 6:5
runs 74:18
Russian 52:3

S

sadly 42:15 44:4 94:24
sadness 42:23
safe 100:9
safeguards 40:17
safer 21:8
Sam 71:21
samples 36:12
Sarah 63:10
sat 27:25
save 48:14 60:24
saved 57:9
saving 22:5 45:24
saw 21:23
saying 42:17 58:8
says 1:23 14:20 51:4 63:16 75:1
scale 7:12 26:2 52:1 79:15 90:5 93:19
scandal 44:20 53:5 56:7 59:10 60:6 71:15,15 72:16 73:23 76:19 97:23 98:9
scandalous 68:10
scenario 87:17 104:7 105:9
scepticism 18:1
scheme 46:21 93:7 96:13 102:25 103:11
schemes 46:20 73:2 73:3
schemes' 47:7
school 52:25
science 22:14,15,22 30:10
scientific 106:20
scope 63:21 65:2 68:5
Scotland 6:20 38:24 88:9 102:20 103:9
Scottish 34:13
screen 21:23
screened 109:10
screening 47:11,17
script 60:1
scrutinised 8:22
scrutiny 7:19 15:25 31:3 89:1
search 16:5,7 25:18 43:17 47:23
searched 25:6
searching 44:23
second 1:22 2:15 23:18 70:14 93:1 99:9
secondary 89:25
secondly 8:4 17:24 19:23 64:9 72:2
secretary 11:9 52:2 91:12
section 58:1
sector 11:23
see 1:25 2:1 13:11 24:17 34:7 36:24 42:7 47:5 48:19 53:17 56:22 73:12 77:6 87:2,8
seek 10:1 12:24 15:17 41:19 43:15 51:1 68:8 88:11 94:12
seeking 16:15 20:5 82:4 84:22 97:12
seeks 95:13
seemingly 68:11
seen 2:17,24 8:24 9:3 106:15
self-exculpatory 17:12
self-sufficiency 22:6 31:2,10 32:15 40:14
self-sufficient 22:11
semblance 96:5
Senior 76:25
sense 7:5 12:14 14:19 17:14 22:21 37:7 42:23 56:2
sensible 23:8
sensibly 6:6
sensitive 101:9 103:16 104:6
sent 24:16 36:12 83:23

sentence 16:4 73:18
sepsis 66:11
September 1:1 47:11
serious 49:17
serve 8:2 17:14
service 7:22 14:18 68:17 72:22 82:16 91:15 104:15
services 83:5
set 9:22 28:6 38:17 73:2 84:1 91:12 104:22
sets 52:2
setting 100:22
settings 47:9,15
settled 60:16
settlement 25:1 36:9 97:3
seven 5:21 72:15
Seventh 69:3
severe 76:4,4 79:23 80:14
severely 32:5
severity 78:8
shadow 5:19
shame 38:1 52:12
shameful 92:8
Shamefully 32:5
share 42:6,10
shareholders 91:25
sharpens 67:9
shattered 83:10
shattering 5:9
shift 21:16
shocking 72:17
short 16:17,24 50:18 87:5 92:8 97:10 103:24 111:4
shortly 110:14
shoulders 61:6
show 1:13 99:25
showing 58:16 92:15
shown 2:22 22:3 50:10
sick 46:16 48:1 49:3 72:19,20
side 20:7 65:20,21 66:5,9,25 76:4 93:14
sidelined 10:9
sign 14:24 94:4,7 94:20
signed 17:18
significance 7:5 23:12 30:7 40:9
significant 4:5,10 31:16 34:9 37:22 39:3 65:22 66:6,9 67:5,14 68:1 81:7 109:20
significantly 21:8 66:17
signs 58:16 108:18
silence 3:8 52:21 85:24
similar 92:10 106:25
similarities 54:17
simple 12:17 33:4 36:3 54:25 57:9 83:21
simply 2:9 12:21 20:23,24 26:25 27:11 45:19 46:13 98:10
sincere 51:11
sincerely 93:15
single 9:17 21:10 21:17 48:19
sink 71:3
Sir 1:3 3:23 6:22 13:14 19:15 43:20 43:23 44:10 50:15 50:20 63:6,13 75:5 77:3 85:2,7 85:18 110:10,22 111:1
sit 33:5 73:14
sites 62:1,6
sitting 40:23
situation 15:14 47:18 70:18 99:6 102:22 105:2,7 108:3
six 14:25 15:11 17:10
sixth 17:4 72:11
Sixthly 68:3
skill 24:6
Skipton 38:12 46:20,23 58:20,23 59:5,8,8 69:3,4
slammed 10:8
slight 75:6
slightly 3:13 70:18
slipped 47:16
slogans 52:24
slow 15:19
slowly 23:17
small 1:23,23 82:6
Snowden 3:18,22 3:23 4:3 43:20 111:5
so-called 15:8 101:15
sobering 5:20
social 18:8,12 62:1 68:3 81:2,4,6,9
socially 8:10
society 4:14 24:21 36:9 53:7 77:5,25 82:14 85:3,19 86:2,16 88:5,8,12 88:18,23 89:4,11 90:25 92:24 94:16 98:21 102:5,10 103:6 109:4
Society's 105:17
solely 92:3
solicitor 33:19
solicitors 4:4 32:22 32:23 33:23 62:17 94:2
solution 100:22
sombre 43:2
somebody 50:21
someone's 37:6
somewhat 91:8 110:18
soon 41:12 66:2
sooner 22:18 61:8
sorry 27:2 43:24 92:14 93:14 98:4
sort 1:24 18:10 27:4
sorts 19:14
Sotirelis 77:7
sought 10:6,7 11:20 24:19 25:2,7,14 25:23 29:11 101:8
sound 12:8
source 62:2 96:15 107:20
sources 40:17
South 81:1
speak 3:24 17:17 49:22 56:6 82:10 110:17
speaks 99:25
special 26:12 92:6
specifically 54:12
specifics 41:10
specified 66:3
spectrum 5:7
speed 23:15 73:23 73:25
spend 96:14
spending 34:24
spent 63:1,2
sphere 13:5 33:16
spirit 7:18
spoke 9:22 42:10 50:23 82:12,13
spoken 5:4,14,15 9:4,5 56:8
spy 52:3
squarely 61:6
staff 16:22 53:24
stage 5:17 9:12 11:3 13:4 22:19 24:2 41:10 57:3,9 60:5,14
stages 104:8
stall 15:19
stand 3:24 51:20 68:12 98:20
standard 26:22
standards 68:9
standing 52:6
stark 50:11
start 1:4 3:6,18 8:16 33:6 39:9 71:12 102:21
started 29:2 63:1 75:2
state 10:20 17:14 19:25 37:24 48:5 91:12
stated 13:21
statement 3:22 8:23 43:22 51:10 54:15,23,24 63:11 63:12,14,15 70:13 70:14 71:3,9 74:12 75:10,12,13 75:14 77:1,4,8 85:6,11,12 88:2 96:19 107:10,19 107:22 108:9 111:5,6,7,8,10,11 111:12,13
statements 32:19 32:24 55:7,8,13 55:15 63:6,19 88:4 108:2
statisticians 84:15
status 84:20 106:5 108:20
statutory 39:4 105:14 106:15
stay 54:5 63:4

72:20
steal 59:15
Stein 40:3 71:21
step 17:8 100:23
steps 82:24
Steven 3:18,22 4:3 111:5
Stewart 75:11,13 75:15 111:11
stick 44:12
stigma 18:10,13 19:6,19 48:7 49:24 50:1 52:19 81:2,12,16 90:19 90:20,24
stigma-attached 59:25
stigmatisation 81:4 81:10,18 90:14
stigmatise 16:19
stigmatised 61:9
stone 73:21
stood 19:1 34:6
stop 8:14
stories 9:1 20:8 77:10
story 11:4 18:15,17 33:5 42:6,9 54:13 54:14 55:25 56:3 58:25 61:23 77:16 107:14
straight 73:10
straightforwardly 16:25
strange 19:9
stress 42:9 45:22 72:10
stretches 7:19
strict 46:22
stroke 94:13
strong 51:17 63:5
strongly 23:15
struggled 12:10
struggling 48:1
Stuart 70:13,16,17 70:24 71:12,25 72:15 73:1,6,20 74:10,18,24 75:5 111:10
Stuart's 70:18 71:17
stuck 53:4
studies 70:3
study 47:22 79:11 80:4
stumble 43:15
subject 40:17 67:5 67:18 109:20 110:6
subjective 38:14
subjugate 94:17
subjugated 102:16
submission 32:6 94:18
submissions 9:23
submit 97:15
subsequent 46:2 110:8
subsistence 37:25 86:9 94:8 95:3,3,7 95:21 99:10 102:16 103:7
subsistence-like 86:5
subsistence-type 87:10 99:4
substantial 76:6
subvention 106:18
subventions 86:5
successful 76:7 80:11
successive 20:7 38:18 100:18
successor 29:21
suffer 52:20 53:16 53:19 89:15 91:18 99:1 100:4
suffered 11:24 16:16 18:10 19:16 19:18 85:24 87:5 89:19 98:16
sufferers 60:13
suffering 18:7,14 20:9 72:7 87:14 90:11 97:6 104:4
sufficient 32:3 79:17
sufficiently 21:5
suggest 9:16 12:14 16:18 17:23 20:24 22:13 25:7,14,22 27:13 28:9,21 29:8 30:17 31:2 33:22 35:6 36:19 37:3,17 39:13,21 67:23,24
suggested 40:4 41:23
suggestions 42:4
suggests 16:21 28:22
suitability 65:21
sum 59:6
summarise 109:1
summing-up 41:15
superseded 21:9
supplied 29:17
supply 74:3
support 15:3,9,9 19:2 38:6 39:17 40:24 41:1 45:6 46:8,21 47:21,23 47:25 48:2 50:2 56:5 58:17 68:10 69:7 70:9 73:4 83:5 86:3 88:17 96:24 102:13 103:9,19 104:15 104:17
supporting 46:24 69:21 96:22
supports 88:5 104:8 105:10
supposed 73:3
suppressed 110:3
sure 2:7 3:3,5,12 44:11 47:7 56:12 63:8 77:15
surgery 58:3
survive 57:2
survived 87:8
surviving 87:2
survivors 43:16
suspect 31:14 69:6
suspended 56:25
suspicions 8:18
swept 82:21
swollen 70:25
sympathetic 55:3
sympathy 96:13
symptoms 5:5
syndrome 26:13 70:21
system 25:5,9 28:15 53:1,8 66:13 94:5,8 104:14,22
systemically 67:10
systems 50:2 63:24 64:19,24

T

tack 26:19 27:6
Tainted 6:1
take 1:24 2:18 6:10 11:3 43:5 50:15 51:19 55:7,13 61:19 62:8,22 65:6 74:13 86:7 92:19 94:1 103:20 108:3 110:10 111:1
taken 2:4,11 9:6 39:17 44:20 54:18 62:25 65:11,15 68:12,18 73:9 82:24 105:1
takes 51:22 91:14
talk 34:3 37:25 43:8 61:10
talked 10:18
talking 3:3 24:19 44:12
tamper 15:18
tangible 50:11
target 31:12
team 15:21 33:24 35:17 41:18 44:10 44:15,18 45:23 54:24 55:6,7,12 55:16,17 62:14 74:4,25 104:16 106:11
teams 74:15
teenager 18:20
tell 7:15 9:9,9 18:15,24 19:11 25:17 33:5 51:2,2 77:16 80:21 107:14
telling 19:3 56:3 57:6 61:23
tens 49:14 53:19
tensions 81:10
term 89:13
termed 89:8 103:24
terminal 90:12
terms 7:6,6 9:17 14:14 25:3 30:25 35:19,23 36:3,8 36:11,25 37:4,22 39:8 42:5 44:13 69:15 82:7 84:1 85:16 86:3 88:25 91:2 92:25 106:4 107:5
terrible 44:19 57:4
terribly 97:23
test 23:11 26:18 48:20,21 58:11 60:16,19 65:22 108:19
tested 8:18,25 36:13 48:8 49:15 57:7,16 58:10 59:18 66:2 72:2

testing 36:13 48:19 76:14
tests 60:2 76:1
textbook 12:19
Thalassaemia 77:5 77:14,17 78:3,10 78:20 79:4,8,19 79:20 80:1,3,10 80:22,23,24 81:3 81:9,12,21 82:7 84:4,10
thank 2:19 3:16 43:20 44:10 50:14 62:21 63:13 70:12 75:4,5,5 77:3,3 85:1,2
Thankfully 57:5
Thatcher 92:10,25 93:16
themes 54:17 55:17 55:19
theories 8:17 87:18
therapeutic 46:7
therapy 78:11 81:4
Theresa 98:7 102:11
thin 52:3
thing 57:22 61:1 91:3,7 93:22
things 1:3 14:20 32:8 47:5 51:5 72:13 80:20 93:14 93:20 97:25
think 3:1 27:21,22 36:23 39:14 55:9 57:21 59:8 61:4 62:25 82:11 96:14 96:18 97:3 103:17 108:9 110:13,14
thinking 12:21 54:25 57:23
thinks 74:9
third 2:23 6:18 15:23 29:7 71:23 72:4 105:14
Thirdly 8:15 20:19 65:2
thorn 20:6
thorough 44:24 55:4
thoroughly 34:2
thoroughness 23:3 23:4,15 73:24
thought 33:23 78:19 79:12 81:25
thoughts 9:19 43:14
thousands 21:11 22:20 48:16 49:15 53:20 72:23,23,25 89:6,14 98:11,13
threatening 52:1 78:4
three 1:3 66:11 71:24 77:11 82:13 97:18,25
time 1:19 8:6,13 9:6 12:15,15 13:6 17:11,23 18:5,8 19:21 23:13 24:5 26:23 30:23 41:6 44:4,25 46:11,11 56:4,8 60:5 62:24 62:25 63:1,2 71:5 73:8,13 76:12 77:25 87:7,15 88:1 90:9 92:8 93:17 94:15 96:17 97:17 99:7,21,23 99:24 100:3,7,7 100:12,17 101:19 107:21 108:25 110:17,21,22,23
timeframe 85:9
timeline 33:11 39:6 40:4
timelining 40:15
timely 107:16 108:1,16
times 10:21 30:8 45:24
timetable 6:14 93:12
timetabling 110:15
tissue 36:12 70:22
title 26:5
titles 26:7
today 1:11 3:1,18 4:8 9:2 13:17 18:12 20:2 29:13 53:2 70:19 71:12 72:25 73:24 83:20 88:19 107:9
today's 61:13
told 1:11 12:15 28:1,14 39:3 42:15 56:21 90:18
tones 85:15
tools 35:10
topic 106:12
topics 63:19
total 73:24
touch 74:22 103:16
touched 21:23 42:22
traded 29:16
tragedy 14:7,19 15:1 42:23 43:16 51:13,21 52:18 57:8 77:13 83:10 85:16 88:15 90:7 95:1,19 98:10 100:3
tragic 85:25 86:12 93:4
tragically 98:23
training 55:6
transfused 58:19 59:23
transfusion 45:22 57:21 64:2 79:8 79:22 80:16
transfusions 5:1 45:13 56:16 65:6 77:20 78:7,12,24 79:2,13 81:3 82:1
transmission 47:14 78:23 81:17
transmissions 82:25
transmitted 109:24
transparency 35:16
transparent 16:2 74:3 89:2 97:21
transplant 56:24 60:14
transplantation 80:11
transplants 58:2
trauma 48:12 58:2 87:8
traumatic 104:2
travel 43:13
tread 8:20
Treasury 25:8,11 26:9,10,22 27:11
treat 16:23 52:14 60:13
treated 8:9 33:21 48:8 49:7,16 50:8 52:17 56:18 76:9 99:9
treating 48:21 75:23 84:4 96:15
treatment 4:14 7:21 20:23 21:7 22:5,16 33:15 36:20 42:3 45:4 46:16 47:23 48:2 48:23 65:17,18,20 66:2,5,14,16,23 66:24 68:10 70:2 70:6,8 75:20 76:3 76:6,7 80:18,19 81:21,24 82:5 89:9 91:19 96:17 96:22 97:13,17 109:22,24 110:3
treatments 42:12 42:13 45:10 46:15 49:3 57:17 71:6 80:13 83:5
treats 86:13
trends 33:14
trial 46:5
tribunal 101:7,12
tribunals 83:23
troubled 18:20
true 4:13 34:21 42:9 53:17 90:5 94:1 100:19 106:18
truly 3:1,1 7:3 21:2 68:10
trust 10:12,23,24 10:25 11:1 19:25 38:11,12,25 84:4
trusted 53:8
trustees 88:18
trustees' 38:14
trusts 15:8 24:21 28:22 29:3,6 38:11,17 39:9,20
truth 7:15 13:11,12 13:18 16:5,7 34:24 42:25 43:17 44:5,24 52:13 55:1 71:15 74:7 75:3 77:2 78:2 82:13 84:22 88:20
try 19:15 54:5,22 55:23 58:10 59:10 59:11 61:18 62:2 62:6,9,10,18 63:5 84:2,18
trying 46:13 53:5 61:21 63:4 80:19 84:5
turmoil 99:2,14
turn 17:20 22:25 29:7 34:3 35:19 82:3 98:22
turned 72:24
twice 9:25

two 11:15,17 15:11 39:12 46:25 52:2 56:16,21 63:6 71:21 78:7 85:17 88:3 89:8 92:23 106:6
twofold 45:2
type 92:10
types 80:15

U

ugly 86:20
UK 31:19 38:7 48:6 49:18 50:9 53:6 55:8 60:18 64:3 77:5 79:9,19 81:8 84:4 92:7 97:11 109:25
UK-wide 7:11
ultimately 21:24 76:7
unable 31:7 63:17 77:18 78:5 84:6 97:1
unacceptable 28:22
unaccountable 11:13,21,25
unaware 58:5
uncertain 33:10
uncertainty 81:14 81:19
unconscionable 89:13
unconscious 58:5
uncover 44:5
underestimated 104:4
undergoing 19:2
undergone 80:10
underprepared 35:11
understand 6:22 8:11 13:20 18:6 19:15 25:4,8 30:22 32:7,20 39:6 40:10 41:16 60:23 64:17
understandably 51:6
understanding 18:12 31:1 63:22
understands 56:14
understood 28:23 44:18 50:8
undertake 16:10 100:24
undertaken 34:10
undertook 110:1
underway 44:3
undiagnosed 71:2 104:5
undone 35:11
undoubtedly 107:24
unequal 38:12
unexplained 58:7
unfair 101:17 106:10
unfairness 98:21
unfortunately 14:10 63:17 110:20
unfound 49:15
unfulfilled 83:9
uniquely 91:8
United 6:19 102:15 105:16
units 77:22
unknown 79:19 81:17
unnamed 29:12
unnecessarily 36:15
unnecessary 90:11 90:22 100:13
unpredictability 81:15
unrepresented 51:9 63:15 70:15 75:11
unseen 8:5
unsuccessful 81:25
untreated 36:14 75:21 76:13
untrue 20:24
unturned 73:21
unvarnished 13:11
unwarranted 90:22
unwilling 100:19
unwise 67:24
update 27:3
updates 74:20
ups 53:1
upset 47:3 50:25 56:11
upside 72:24
upwards 57:14
urban 22:3
urge 22:25 30:4 74:12
urgent 38:8
USA 31:8
use 12:17 18:22 19:20 22:13 41:25 55:23 64:9,10,20 70:2 82:18 94:14
usefully 37:18
usually 78:13
utilisation 109:7
utilised 105:25 110:5
utmost 7:4 30:1 109:5
utterly 28:21

V

vaccines 57:17 60:12
value 12:13 70:2
values 68:14
vanished 52:2
variant 42:16
various 6:8 24:21 36:25 47:6 53:4 55:11,14 83:19 88:24 90:7 107:25
vCJD 72:13
vehicles 38:18
venture 37:3
verdicts 37:4
verification 67:15
versions 40:18
vet 42:20
vicarious 12:11
victim 53:22 106:15,22
victim-based 61:24
victims 8:6 11:10 15:2 52:8,19,20 52:25 53:20 54:7 55:14 58:19,22 59:22 60:9,21 61:12 71:24 72:2 72:4 73:5,8,13,15 73:16,17 74:6,21 92:5 98:16,21 102:14 106:7 108:20
victims' 54:2
victory 53:22
video 5:16 38:4
view 10:14 16:12 37:14 38:25 88:5 93:5 94:16
views 3:4,13 62:9 62:11
vigorous 82:5
viral 21:3 57:13,19 79:21 106:24
virally 109:10
virological 106:24
virologist 109:25
virtue 96:1
virus 52:22,23 53:21 58:17 65:25 66:15 80:7 83:4 93:4
viruses 5:8 21:25 45:9 72:11 75:22 79:3,22
visited 95:23
visits 72:10
vital 9:18 78:13
voice 6:21 9:12
volume 94:2
voluntarily 47:24
voluntary 21:17 45:5 96:23
Volunteer 15:19
Von 75:16 76:21
vulnerability 95:8
vulnerable 15:4,10 18:20 86:14 87:21 91:7 94:15 95:14 96:9 105:5

W

wait 8:24
waited 7:17 8:1
waiting 48:24 73:11
waived 101:6,13
waives 101:8
wake 11:7
Wales 38:24 40:15 88:10
want 1:13,18 2:4,5 2:21 6:16 13:11 13:12,13,14 16:11 32:6 45:22 55:22 61:11 76:9,12,17 77:9 103:16 109:16
wanted 27:9 51:6 59:9
wanting 82:4
wants 50:23 71:2
warning 71:7
warrants 36:22
wasn't 28:6
watch 51:14,21 53:21
watched 52:7
watching 52:6 61:13
way 1:5 6:4 12:6 13:23 16:2 22:2 23:10 39:11 40:3

48:22 52:16,18 53:13 54:25 58:13 61:7,11 68:6,21 73:22 80:22 86:13 90:4 95:10 96:20 106:19
ways 49:9 96:25
we'll 8:3 30:20
we've 9:1
weak 94:15
website 24:18 74:17
wedge 87:17
Wednesday 1:1
week 41:4 65:22
weekend 57:1
weeks 35:18 56:22 76:3 78:8
welcome 7:1 9:11 35:22,23 36:12,17 40:2 74:23 100:23 101:1
welcomed 5:23 61:14 100:16 104:19
welcomes 71:12 89:1
welcoming 14:16 14:17
welfare 38:12
went 28:6 91:23 92:5 96:4 98:19 101:3
western 60:19
whilst 51:20 53:4 90:11 98:23
widely 70:5 103:9
wider 13:4 68:16 68:21 70:4 91:24
widowers 4:20
widows 4:19 20:15 102:3
wife 56:5
Willebrand 75:16 76:21
Winston 7:20
wish 1:20 3:10 54:20 61:10 63:8 63:9,19 75:10 85:14 88:11 96:6 105:17 107:8
witchhunt 16:11
withdrawal 86:8
withhold 15:16
witness 32:19,24
witnesses 6:20 7:12 15:20 30:6 106:1 106:3
wives 20:15
woefully 48:9
woman 18:23
Women 6:1
wonder 20:25
wonderful 57:11
word 6:3 8:3 9:25 12:17 94:13
words 26:4 56:25
work 4:6 7:1 9:16 17:21 23:2,19 32:2,9 34:10 35:10 37:19 40:3 41:18 42:5 44:11 45:5 46:12,13 47:24 49:11 50:13 63:17 66:17 67:3 74:24 84:14,18 88:19,20,22 100:23 103:18 104:10 105:1,6
worked 88:16
working 40:25 41:4 46:6 71:14
world 18:11 51:18 60:19 98:11
worry 72:10
worst 53:5 89:9 97:13
wouldn't 2:21
wounds 99:13 103:21,22
writes 11:16
written 39:22 74:12 85:13
wrong 10:20,21,21 12:18,21 23:17 35:7 56:19 59:20 90:1,9 101:3 105:4
wrongdoers 83:16
wrongly 73:4
wrongs 7:8 60:7
wrote 91:10,11

X

Y

year 11:11 28:17 75:18 77:22,23 79:14
years 4:6 10:19 33:9 39:12 46:3,7 67:12 71:2,5 72:17 74:5 75:25 76:1 79:11 80:13 84:6 86:19 88:11 89:4 90:7 98:24 101:22
yesterday 3:14 6:6 6:8 9:22 10:17 11:4 21:22 28:1 38:15 40:4 42:11 50:23 71:21
York 110:1
youth 58:9

Z

0

1

1 102:12 105:21
1(c) 36:3,25
1(g) 36:25
1(h) 36:4,23 37:1
1(i) 36:23
1,000 79:8
1.15 111:3
10 57:14
10.00 1:2
11 28:2 75:18
11.15 50:17
11.35 50:16,19
110 77:22
12 75:17 80:13
16 18:19 96:7
1950s 58:15
1960s 58:16
1970 58:16 63:25
1970s 10:13 22:1 29:17 31:17 41:24 79:5 98:9
1974/75 31:11
1974/to 22:8
1975 56:17
1977 31:13
1980s 10:13 29:17 31:17 41:24 79:5 80:5 90:22 98:10
1981 31:18,22 75:17
1985 22:17
1986 56:17 70:7
1987 32:10
1989/1990 25:1
1990 91:5
1991 26:11 47:11 47:19 79:14
1992 45:22 57:21 58:3
1996 96:7

2

2 92:9 105:24
2,400 89:13 98:13
2.15 111:2
20 9:10 26:20 27:9 27:12,13 50:15 101:22
2002 66:2 76:25
2004 46:23
2007 75:25
2008 78:19
2009 56:17
2010 56:21
2013 76:24
2015 46:5 97:20
2017 14:3 98:7
2018 1:1 26:21
2020 39:10,12
2025 49:6
21 18:23 107:21
23 79:10
240 28:2
25 75:25 97:20
26 1:1 46:3
29-year-old 77:17
290 57:14

3

3 18:17 106:2 111:5
30 27:10,13 33:9 67:12 72:17 74:5 85:9 89:4 90:7 98:24
325 57:13
33 86:19
35 71:2

4

40 1:11 32:13
40s 19:7
43 111:6
48 65:22 76:3
48-hours 5:18

5

5 36:11
5,000 86:17
50 71:5 80:6 110:20
51 111:7

6

6 80:13
600 28:3,8
63 111:8
650 4:9

7

70 111:10
70th 71:4
73 40:15
75 22:8 80:6 111:11
77 111:12

8

8 5:24 36:8 70:17 70:24 72:12 75:17 76:10
8-year-old 70:18
80 73:7 79:12
800 4:8
85 111:13
8s 57:24

9

9 37:5,22 56:24 57:14
9(a) 36:6
9(b) 36:6
91 40:15
96 12:11