

Friday, 21 June 2019

(10.30 am)

SIR BRIAN LANGSTAFF: Good morning. We have Pete, do we?

MS RICHARDS: We do, sir.

SIR BRIAN LANGSTAFF: Pete, please.

PETER BURNEY, sworn

Questioned by MS RICHARDS

Q. Pete, you received two blood transfusions?

A. Yes.

Q. One in 1975 and one in 1986?

A. Yes.

Q. Were you on either of those occasions told anything about any risks of infection associated with the blood transfusion?

A. No, no, not at all.

Q. Now, you found out many years later in 2010 that you had been infected with hepatitis C.

A. Yes. The date's a bit sketchy, 2010. I actually became aware of it in 2011 though it was documented on my medical records I was told in 2010.

Q. It was about 2009 when you started to feel really unwell.

A. Yes. I first went to the doctor's in March 2009. I presented myself. I was in jaundiced, I had ascites and obviously I needed to come out of work because

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they would take maybe 15 litres of fluid off my abdomen. Each litre of fluid represents a kilo so I would lose 15-kilo overnight.

Q. By this time it was understood that there was something wrong with your liver but still no mention of hepatitis C; is that right?

A. Yes. The doctor did at some stage in 2009 he tested my liver enzymes. My liver enzymes came back high and he said cut back on your drinking, which obviously I did but I wasn't a massive drinker anyway. This is what I couldn't understand, you know. But I did and then I went back for another test and my liver enzymes was higher, so that didn't make any sense.

Q. In your statement you've said, essentially, looking back, you were being pigeonholed as someone who had alcohol problems rather than there being an investigation of what might in fact be wrong?

A. It only seemed to be pigeonholed by one GP. I think I got about six or nine sick notes. His sick notes always said anxiety and alcohol, something I can't remember, and the others that wasn't issued by him just said anxiety and depression so he was pigeonhole-ing me. I do not know why.

Q. The dates that you've given in your statement in terms of the blood tests which established the presence of

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I couldn't function and I went to see the doctor

I with a view to getting a sick note and, you know, that's how I kind of went to see him.

Q. In terms of the interactions you had with your GP in the course of 2009, you went more than once I think and you weren't given any test for hepatitis C.

A. Not initially, no. Basically, just issued the sick notes, he put on the sick notes, I'm pretty sure he put on the sick notes anxiety and alcohol, something to do with anxiety and alcohol. I did not really pay much attention because I only really needed the sick notes for work.

Q. Your symptoms of ill health continued. You began to feel very tired and you were experiencing itchiness?

A. I began to feel very tired prior to 2009. I couldn't understand why. I was anxious, I was showing signs of confusion but it all came to a head, as I say, in 2009.

Q. You described in your witness statements how you were having difficulty sleeping and you became very bloated and from a point in 2010 you started to have to have your stomach drained?

A. I suffered from ascites which is -- it's a noticeable, you know, signal for end stage liver disease and I used to have to kind of go in as an in-patient where

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hepatitis C are that you were tested at Stepping Hill Hospital on 14 July 2010, that the results came back positive about a week later, a week or so later, 22 July, and then you were told of the hepatitis C the following month in August 2010.

Does that sound right?

A. Yeah, but I wasn't aware that they were testing me for hepatitis C at that stage you see, so that only became apparent from my medical notes which I actually got in 2011, so throughout the testing procedures I wasn't aware and then I seemed to be aware of a doctor coming to see me in Stepping Hill as I was an in-patient and I don't even remember him telling me that I had hepatitis C and I didn't really understand what hepatitis C was anyway.

Q. You have referred to there being at some point a casual conversation almost, "Oh, you have hepatitis C", almost as an afterthought.

A. Well, it to have been that way because otherwise if somebody said to me, "Listen, you know, you have got hepatitis C and it's not good", then I would have registered -- that would have registered with me. So he's obviously told me and I've noticed from my medical records that's probably one of the only entries that's initialled and dated, so it seems to me

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1 it was more of a -- not a cover-up, I won't use that
 2 word, more of him trying to cover his own back saying
 3 that they had told me, yes.
 4 Q. Certainly whatever you were told, you said you didn't
 5 understand the enormity or significance of this
 6 information.
 7 A. No, not at all.
 8 Q. No-one explored with you the possibility that it could
 9 have been caused by the blood transfusions you had had
 10 many years previously?
 11 A. Absolutely not, no.
 12 Q. You weren't told anything about the risks of infecting
 13 others?
 14 A. No, definitely not, no.
 15 Q. And you put it this way in your statement, Pete,
 16 you've ended up finding out everything that you learnt
 17 from the internet yourself.
 18 A. Well, yes, yes. That was obviously after I was aware
 19 that I had hepatitis C, which really only came --
 20 I became aware of after I was placed on the liver
 21 transplant list after St James's, so. That would have
 22 been about March 2011, yes.
 23 Q. When you did find out or understand that you had
 24 hepatitis C and you researched it yourself, you became
 25 terrified of the risks of infecting others,

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1 Q. You have described the symptoms in your statement in
 2 very powerful terms. You were in terrific pain,
 3 convulsing pain, vomiting, soaked in sweat. What can
 4 you tell us about that time?
 5 A. Well, I've only kind of outlined one time, yeah, but
 6 there was many times like that and that particular
 7 time I think you are referring to is I was taken from
 8 the main ward and I was put into a side ward because
 9 it was obviously it was something drastically wrong
 10 with me and it was at the nighttime, and it was like
 11 there was -- I mean, I've never been pregnant but it
 12 was like there was a fist inside me trying to push out
 13 of my stomach but it was kind of like going all over
 14 my stomach.
 15 I had terrific cramps, cramps -- I don't know
 16 whether you would describe them as cramps. My body
 17 was just convulsing. It was all up my back, it was up
 18 my sides, it was in my legs, it was in my neck, my
 19 hands, my feet. It was just all over me.
 20 You know, I was vomiting, there was literally
 21 sweat just pouring out of me and the headaches were
 22 just horrendous. I really thought I ain't going to
 23 get through this.
 24 Q. You also became incredibly itchy?
 25 A. Well, yeah, again, that's a common sign, you know,

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1 particularly members of your family and grandchildren?
 2 A. I made a mistake. I'm not very computer literate, to
 3 be fair. I made a mistake of ending up on American
 4 websites and, wow, it was horrendous. It was like
 5 I really thought I was going to die -- well I was, but
 6 what I'm saying is it kind of drove home to me the
 7 enormity of it, yes.
 8 Q. You became afraid of sharing cutlery and crockery?
 9 A. Everything, yes.
 10 Q. And your granddaughter would say, "Here, Granddad, eat
 11 this cake", and you would say no because you were so
 12 worried you might infect her?
 13 A. Well, the one thing that stuck to my mind was my
 14 granddaughter kissing me, my eldest Granddaughter,
 15 she's 17 now, she would have been about 7 then.
 16 I said to her, "Look, what we're going to do now is
 17 when we kiss we're going to do it in the European way
 18 where we kiss on the cheeks", you know.
 19 So, yes, I was trying to -- things like ice
 20 lollies, you know, and cake, as you say, you know, it
 21 was just really, it was really frightening you know
 22 the prospects, you know.
 23 Q. In the autumn of 2010 you were admitted to Stepping
 24 Hill Hospital because your liver was failing.
 25 A. Yes.

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1 it's a common sign with end stage liver disease,
 2 because my liver was at end stage at that time. You
 3 just can't stop scratching and the only problem is
 4 when you break the skin, then you're open to
 5 infection, you know, but it was on my feet, it was on
 6 my legs, my arms, it was on the tops of my legs, it
 7 was -- I know it -- to someone listening to this you'd
 8 think, okay, you've got a rash and it was itching. It
 9 was worse than that, it was a lot worse than that.
 10 I found that probably one of the most debilitating
 11 aspects of having the condition that I had at that
 12 stage.
 13 Q. In December 2010, on 16 December 2010, a DNR, do not
 14 resuscitate, was put on your records at Stepping Hill
 15 Hospital.
 16 A. Yes.
 17 Q. You didn't know that at the time?
 18 A. No, no, because I think I was only brought in as an
 19 in-patient on 13 December.
 20 Q. You have identified in your statement a number of
 21 concerns you have about that. It wasn't discussed
 22 with you, your consultant's name or the consultant's
 23 name that's on it is not the consultant that was
 24 treating you and there's no mention of hepatitis C on
 25 the forms, and you've said in your statement you think

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1 that was -- could have been a deliberate omission.
 2 Why is that?
 3 A. Well, my family was called into a room and the doctor
 4 kind of said to me before I went in, "Has the
 5 consultant spoke to you? Has Dr Das spoke to you and
 6 explained Peter's position, how serious it is?" And
 7 the family said, "Well, no", and he said, "Well, we'd
 8 like a family meeting", which was on the Thursday
 9 I think, and they went into the room and this doctor,
 10 when he was speaking to my wife originally turned
 11 round and said, "I'm covering for Dr Das. Dr Das is
 12 on holiday", yeah.

13 Obviously, then he kind of met up with the
 14 family but I wasn't present there because I didn't
 15 know anything about it. He met up with the family and
 16 then on the DNR, obviously I've seen the document,
 17 there's no mention of hepatitis C at all. There was
 18 also a nurse present I would imagine, because she was
 19 taking notes as well, I would imagine that she was
 20 witnessing what was said and she never mentioned
 21 hepatitis C at all either.

22 Q. What you've said in your statement is that had you
 23 died then, not having been resuscitated, your death
 24 would have just been registered as an alcohol-related
 25 cirrhosis rather than hepatitis C-related or related

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1 out of the bath, you know.

2 Then I got quite aggressive with my wife and
 3 I said, "Why are you always behind me? Why are you
 4 following me?" Because I thought I was fine she said,
 5 "Pete", she says, "You're putting toothpaste on your
 6 razor blade to clean your teeth".

7 Q. Christine has described this period in her statement
 8 in this way:

9 "It was terrible, a nightmare. He was doing
 10 absolutely stupid things, ripping money up.
 11 I remember getting a call from a woman who asked who
 12 kept calling her phone. Peter, he kept trying to
 13 phone people and was calling her. I told her it was
 14 my little boy calling. Then there was the getting up
 15 in the middle of the night. He'd sleep for ten
 16 minutes then get up and start running the bath.
 17 I would hover round him. I saw him putting toothpaste
 18 on his razor."

19 Then she said:

20 "Sometimes I can still see bits of it now when
 21 he forgets things. He was never like that before. He
 22 has always had a strong mind. They have told him it
 23 will never go away and that's really hard for him."

24 A. Yeah, I still struggle with it now, to be fair,
 25 because it's really frightening because I can be doing

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1 to a blood transfusion?

2 A. Most definitely, yes. The coroner would have had no
 3 other option because the process on that DNR was
 4 futile and, you know, he was going to die.

5 Q. In January 2011 you developed hepatic encephalopathy.
 6 What can you tell us about that?

7 A. Well, okay, I thought I was fine, you know, I thought
 8 everything was normal and ticking along but some of
 9 the conditions that I had as a result of that was like
 10 I would go to bed and encephalopathy is a recognised
 11 brain disease but it's caused by your liver not being
 12 able to remove the toxins from your blood and the
 13 toxins then attack your brain, yeah, so it's
 14 a recognised brain disease. And I would go to bed at
 15 night and I would sleep for maybe 5 or 10 minutes,
 16 maybe 15 minutes, and I would think I had had my eight
 17 hours sleep. So I would get up and go to do my
 18 morning routine, so run a bath, clean my teeth, and
 19 the unfortunate thing is I was getting up four or five
 20 times a night and I was repeating my morning routine.
 21 So I was running baths four or five times a night.

22 Obviously, my wife was, you know, behind me
 23 watching me because, you know, this one particular
 24 time I filled the bath with cold water and that
 25 immediate my eyes water, kind of thing, and I jumped

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1 something, I can go into a room and I can forget why
 2 I'm in that room, and I can be in my own home, and for
 3 a couple of seconds you get that feeling of despair.
 4 You're panicking. You're not in control of yourself
 5 and that's happening now -- not now but you know
 6 still, yes.

7 My wife left something in the car and she asked
 8 me to go and get it, and this is going back that three
 9 weeks, and for the life of me I couldn't open the car
 10 and it was on a fob, you know, like it was obviously
 11 central locking and I just walked away and kind
 12 of -- I had that feeling of despair, you know, so you
 13 hide away, you know, and then she said, "Well, where's
 14 that ..." I said, "Oh, you get it", you know.
 15 Encephalopathy is an horrendous disease. I still have
 16 treatment. I have two forms of treatment for that
 17 now, you know.

18 Q. You were placed on the liver transplant list in
 19 February 2011.

20 A. Yes.

21 Q. You spent nine months waiting for that call.

22 A. Yes. That was in St James's in Leeds, yes.

23 Q. In November 2011 you did get a telephone call but it
 24 wasn't the one you were expecting.

25 A. No.

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1 Q. What were you told?
 2 A. Well, it was Bonfire Night, so the family was together
 3 and obviously, I'll be honest with you, nine months
 4 waiting for the transplant, it's really daunting, you
 5 know, because you know you're expecting these calls
 6 and yet you're dreading them. And I really, you know,
 7 I'm not the bravest soul, if you know what I mean,
 8 when it comes to surgical procedures.
 9 We got this phone call on Bonfire Night and the
 10 family was together. So I put the phone on speaker or
 11 I think my wife put the phone on speaker and it was
 12 Leeds and I thought, God, they've got a liver, and he
 13 said, look, we're going to suspend you from the liver
 14 transplant list like that, and I says, well,
 15 obviously, I said, "Well why", you know. She said,
 16 "Well, if we got a liver for you this weekend you
 17 wouldn't survive this procedure". So I know it sounds
 18 selfish but secretly I was relieved because then
 19 I could kind of -- I didn't have that cloud hanging
 20 over my head and not being able to move too far from
 21 Leeds and having to take my bag everywhere I went.
 22 Obviously, my wife and family, they was distraught,
 23 you know but, again, I was secretly relieved because
 24 I guess I'm one of life's cowards.
 25 Q. You continued with the symptoms you described and then

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1 the condition that I would have took anything.
 2 Q. Your viral count was checked every four weeks?
 3 A. Yes.
 4 Q. You knew that the results weren't looking good.
 5 A. Well, by that time I could talk to medical
 6 professionals and I could read between the lines, you
 7 know, and I knew it wasn't going good and on my second
 8 viral count, bloods, I spoke to the person who was
 9 doing it and it was in the specialist unit and I knew
 10 they were going to stop the treatment, you know what
 11 I mean. So I kind of said to her, I said, "Look, if
 12 you're going to stop my treatment I'd like you to
 13 phone me". She said, "I can't do that". I said,
 14 "Look", and I explained the position and she agreed to
 15 phone me, you know, rather than tell me in clinic
 16 because every member of my family was focused on this
 17 treatment, you know, healing me, kind of thing.
 18 Q. They thought this was going to be the wonder drug?
 19 A. Well, you do, don't you? I mean, it's like, you don't
 20 find too many atheists on a sinking ship, yeah, and
 21 this ship was sinking.
 22 Q. You wanted to be the one to tell Christine the
 23 treatment hadn't worked rather than her learning in
 24 the clinic at the hospital?
 25 A. And then having to walk through a crowded waiting

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1 in March 2013 you started on treatment for
 2 hepatitis C, treatment which included interferon and
 3 ribavirin?
 4 A. And telaprevir.
 5 Q. Yes, and telaprevir?
 6 A. Yes, yes.
 7 Q. What were the side effects of that treatment? What
 8 was it like?
 9 A. Well, the side effect of the treatment at first,
 10 I mean, by that time I was aware of what they'd done
 11 to me, yeah. So I had no trust whatsoever. I was
 12 quite hostile and I wasn't having it, you know. But
 13 then I had to inject myself, you know, every week and,
 14 you know, I wasn't into that either.

At first obviously there's trepidation but as
 the treatment started to kick in, it would send
 a lunatic mad. Everything was just exacerbated,
 everything was just made worse, you know. It's just
 affected every part of my body, you know. I had mad,
 crazy thoughts, you know, suicidal thoughts and, you
 know, I would be all right one minute and the next
 minute I'd be on the ceiling. I don't mean
 physically, I'd be -- I could be anywhere, you know.

It must have been horrendous for my wife and the
 family but, at that stage, I'd suffered so much with

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1 room. I got the call in the car and this nurse come
 2 on the phone and she said, "Look, I'm not happy with
 3 this", so I explained the situation and I said, "Look,
 4 this is at my request". I said, "I'd like you to kind
 5 on tell me what's going on". They said, "Look, we're
 6 pulling you off that treatment", so I thought ... you
 7 know.

But that gave me a bit of time to kind of break
 the news to Christine gently, you know. So it worked
 for me. I don't know whether it worked for Christine
 but it worked for me.

Q. It took you two or three days to tell her?
 A. Yeah. It was like dropping hints, you know, this
 treatment ain't all it should be and, you know, there
 could be others things, even if this fails and then
 I told her and then ... well.
 Q. You had to wait until August of the following year,
 2014 to start a second course of treatment.
 A. Yes, sofosbuvir and ribavirin, yes.
 Q. A consultant helped you access that treatment on --
 A. Compassionate grounds.
 Q. -- compassionate grounds?
 A. Yeah.
 Q. What was that course of treatment like?
 A. Again, after failing the first course of treatment,

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1 you're waiting for the same to happen again, you know.
 2 The side effects -- I think the side effects was worse
 3 from the ribavirin than they were from the actual drug
 4 itself, you know. That's what I believe, yeah.
 5 Again, it wasn't very nice. There was certain
 6 things that it was doing to me that I really don't
 7 want to go into on here, you know, and that was
 8 a three-month treatment and that was three bad months,
 9 you know, and I would say although it did clear the
 10 virus for which I'm grateful, I would say the effects
 11 of that treatment lasted a lot longer than three
 12 months, you know. I would, honestly and truthfully,
 13 I'd go into maybe a year before I actually kind of
 14 started to kind of get somewhere near normal, you
 15 know. I know it sounds strange but it's true.
 16 Q. The impact of the illnesses and the treatments that
 17 you have described over these years from 2009 onwards
 18 on your family life and your social life, what's that
 19 been?
 20 A. It's decimated it. Absolutely ruined it. I went from
 21 hero to zero.
 22 Q. You've explained in your statement that you haven't
 23 been able to go on holiday with the family anymore.
 24 You take your wife to the airport and you don't go on
 25 the plane.

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1 born ever, you know.
 2 I know it was only a flight simulator, and
 3 I know it doesn't seem like a great deal but to us it
 4 was, you know, it was a really pleasant experience.
 5 Q. You found yourself avoiding the people you grew up
 6 with and avoiding trying to make new friends and
 7 acquaintances because the conversation turns to, "Why
 8 aren't you working?" And you don't want to say, "I've
 9 got hepatitis C?"
 10 A. It's not only why are you working. It's silly things
 11 like it's if you're in a bar or because I will go in
 12 a bar and not drink, no problem, but you know you sit
 13 there they say, "What are you having to drink?"
 14 "I'll have a water."
 15 Don't you want a beer", you know? "No, no, I'm
 16 fine."
 17 "What? Don't you want to drink or can't you
 18 drink", you know, and then, you know, again that
 19 probe's coming because you know what's going come
 20 after that. Regardless of whether you are clear of
 21 the virus a lot of people's lack of knowledge of it,
 22 even though you're clear of it, will to them probably
 23 still mean you've got it, so even though you've got
 24 rid of this virus, yes, you're still open to stigma
 25 and, you know, they can distance themselves from you.

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1 A. The thing is you begin to see yourself as a burden,
 2 you know, and you know like my wife will go away with
 3 her sister and I know that she'll have a relatively
 4 good time, you know, sisters generally do.
 5 Whereas, obviously, I mean since they told me to
 6 kind of cut back on my drinking I haven't drank, you
 7 know, ten years I've not drank, you know. So I'm not
 8 saying drinking is the life and soul of the party.
 9 What I'm saying is my wife may want to have a drink or
 10 a bottle of wine or whatever but, I don't know, it's
 11 just -- it just seems to be one of the impacts of this
 12 condition, this hepatitis C, it does -- it affects you
 13 in so many different aspects.
 14 I mean, don't get me wrong, I'm not looking for
 15 a reason to blame certain things on hepatitis C but it
 16 really is -- it really is life-changing, it's
 17 life-shattering having this condition.
 18 Q. You talked in your statement how relatively recently
 19 you've gone on a flight simulator and that was one of
 20 the first things you've done as a family for a very
 21 long time?
 22 A. We have three, grandchildren, obviously, and a son and
 23 a daughter-in-law and it was the first time that we've
 24 actually done anything together with the youngest
 25 grandchild, you know, since -- well, since she's been

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1 Q. In terms of the stigma, you've described in your
 2 statement when you go to the hospital or at least one
 3 particular hospital, you very much felt the stigma
 4 when you had your bloods taken and there's a big
 5 yellow sticker with hazardous material.
 6 A. Yes, that's exactly right and that was in Leeds, that.
 7 That was where you know when I used to go for my liver
 8 assessments and to meet with the liver specialists and
 9 they used to give you a bag, and it used to have, on
 10 the bag it used to have a big yellow thing like
 11 a round wheel but cut into bits and "Hazardous
 12 materials", you know.
 13 I'd be sat there in the waiting room and I'd
 14 have the bag and it would be like that (*indicated*).
 15 You know, I'd be covering it, you know.
 16 Looking back on it, you know, I should have just
 17 turned round and gone, "You know what ... I'm not
 18 having this", you know. But, you know, at the time
 19 obviously I was with the wife and, you know, we was on
 20 the transplant list and I was potentially trying to
 21 save my life.
 22 Q. When you were an in-patient in hospital the nurses'
 23 station on the ward by your name there would be
 24 written in big red letters "Hepatitis C"?
 25 A. Yes, I flipped on that because there was people on the

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ward as in-patients that I knew because that was in Manchester actually, and I was kind of being pushed past it in a wheelchair and I seen it and I stopped the wheelchair and I grabbed the nurse and I turned round and said, "Listen, what does that mean?" She shown me and it was in big bold red letters. She says, "Hepatitis C". So I said, "Well, why have you got that on there?" So she says, "Well, it's because of what you're in for". I said, "Well, do you not think you should have a little bit more tact? Everybody that comes in here with any kind of enquiry", I said, "are going to approach that, look at my name, look at my bed number, and see 'hepatitis C' and they're going to look at the people that are visiting me." I said, "That needs to come off and that needs to come off now", and they took it off.

But that's one of the things that really stuck with me because I don't rightly know how long that was there and there was guys on that ward that I knew, you know, and -- well, I don't know. I got quite agitated by that.

Q. You've mentioned in 2009 going to the GP for the sick notes because you weren't able to work and you had to give up work.

A. Yes.

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to be fair. We was okay. We could holiday when we wanted and we could do whatever we wanted. We didn't have any financial -- you know, we had quite a nice home, quite a large mortgage, and that all kind of went rapidly wrong, rapidly quick.

Q. What obstacles, if any, have you faced in terms of accessing dental care?

A. That's a strange one, you see, because you have to declare it. When you go into the dentist they will ask you, like, what conditions you've got and, obviously, my platelets being low I have to declare that, then liver disease and hepatitis C because they could inject you with something that will go to your liver. Yeah, it's not good.

I had a problem with some -- with a tooth I think and they kind of said, "Right, well, we can't treat you for that", you know. "You need to go to the hospital". I said, "Why do I need to go to the hospital?" She said, "You've got three teeth there all the roots are twisted and they combined and we can't take them out". It was a lie. I went to the hospital and they said, "There's nothing wrong with your roots", and they also said to me that they'd put me to sleep. They couldn't do it because of my liver. When I got to the hospital he said, "We can't put you

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Q. That obviously had a big financial impact.

A. Massive, massive financial -- I went from £800 a week to £80 a week after six months plus housing benefit. I had a mortgage to pay, had a house to run. Luckily I've -- well, I've been quite prudent. I'm the youngest of seven children. I come from a council estate and everything, you know, as far as I've got a bit of a squirrel attitude.

Q. You'd been the provider for your family since the age of 15.

A. Yes.

Q. And no longer being able to be the provider has upset you?

A. Getting back to that from hero to zero, you know.

I think it's the same for everybody. It's indoctrinated in you. You know, you have to provide for my family. As I say, I was the youngest of seven children. My parents -- I was brought up with a Victorian attitude, you know. The guy should provide, the woman should kind of cook, you know. I know it sounds a bit strange but that's my parents instilled that in me because they was quite old when I was born. I think my mother was 45.

You know, I adopted that attitude and that kind of got me through life and we were going quite well,

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to sleep", you know what I mean. "You don't need to go to sleep. There's nothing wrong with your roots. We're just going to take them out".

Then the guys was there swinging on them and, you know, I went back to the dentists and I said, "Look, you know I need an extraction", and he said, "No, no, no, we don't want to extract it. We'll fill it", and then they'll say, well, okay, they filled one and then I'd go back and then they'd say -- or my filling would come out and they'd say, "Well, we'll temporary fill it". I've got temporary fillings in now that I've had in for over a year, you know, and all my family go to that dentist, you know what I mean, and they don't want to treat you. They just don't want to treat you. I know I've heard stories about people coming in masked up to treat you. There was none of that but after having said that you know, you know when you're not welcome at a party, you know that. I wasn't welcome.

Q. You made applications to The Skipton Fund and received payments. You didn't face obstacles yourself in accessing Skipton but you've been helping others over the years who have had difficulties?

A. Yes.

Q. What is your view or impression or experience of The

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1 Skipton Fund from that work you have done helping
 2 others?
 3 A. Well, The Skipton Fund, to be fair, right, you had
 4 a criteria that you had to satisfy. If you satisfy
 5 that criteria you sail through, yeah. If you didn't,
 6 then a brick wall came up, came up against a brick
 7 wall.
 8 There's a person in this room that I helped
 9 obtain payments from the Skipton and she was a blue
 10 baby and she applied to the Skipton for funding, yes,
 11 and because she was transfused at birth, they had no
 12 medical records, so I kind of -- I met her at
 13 a support group because I'm the chairperson of the
 14 Liver Support Group at Manchester Royal Infirmary and
 15 I met her there and I could see she was distressed and
 16 I said, "Look, you know, what's up", and she said,
 17 "Well, they won't give me any money. They are saying
 18 I can't prove I've been given contaminated blood". So
 19 I got the story anyway, she signed an authority and
 20 I could liaise then with The Skipton Fund on her
 21 behalf.
 22 So she got some documents but, basically, I did
 23 it as we got the birth certificates of the children,
 24 got the medical records from the father and the mother
 25 and it showed that the mother was rhesus negative so,

25

1 to say what criteria you have to satisfy. You have
 2 got to kind of do this and you've got to go to a GP.
 3 They are asking me, who's now hepatitis C clear, to go
 4 get a letter from the GP saying its due to my
 5 hepatitis that I need counselling. I haven't got
 6 hepatitis, yeah.
 7 So I turned round and said, "Well, look, I'm not
 8 going to do that. I don't have hepatitis. I'm going
 9 to turn round out and say I need counselling because
 10 of my cirrhosis". After a load of umming and ahhing,
 11 they agreed, yeah.
 12 So I got the letter from the GP, wonderful
 13 letter, and forwarded it to these guys and then they
 14 come back with this other criteria that you have to
 15 get an estimate as to how many hours you're going to
 16 need, an estimate as to how much per hour they're
 17 going to charge, and we want to see the public
 18 indemnity insurance, and we want to see the
 19 qualifications, and they have to be registered with
 20 such and such a body, and then no funding for the
 21 assessment, so you've got to fund that yourself.
 22 You get on the phone to these guys and say, "Can
 23 you give me a quote for ten hours", they are going to
 24 say, "Well, how do we know you are going to need ten
 25 hours? You need to come and be assessed. It will

27

1 basically, she had to have a transfusion at birth
 2 otherwise, she would have been dead.
 3 So I presented that to the Skipton. They asked
 4 me two questions. They said, "Well, look, she hasn't
 5 even got cirrhosis because her platelets are too
 6 high." I said, "She's SVR. She's cleared the virus.
 7 The platelets are right." So they said okay and they
 8 awarded her the money.
 9 That woman today wouldn't have been getting
 10 a penny but because of these, I won't say obstacles,
 11 the criteria are so black and white for them, there's
 12 no grey area, there's no hang on a minute if she's got
 13 this or she's got that then she must have had this.
 14 They don't work that way. They don't want to pay you
 15 because they want to kind of minimise the magnitude of
 16 this problem. They just don't want to give you the
 17 money, simple.
 18 Q. In terms of EIBSS you asked EIBSS about counselling,
 19 funding for counselling.
 20 A. Oh, yes.
 21 Q. Can you tell us about that?
 22 A. Well, EIBSS, yeah, I applied for counselling from
 23 EIBSS and actually getting from EIBSS the criteria
 24 gain that I had to satisfy was like pulling teeth.
 25 They have no template letters. They have no letters

26

1 cost you X and X amount of pounds". I go back to
 2 EIBSS and I say, "Well, look, are you going to pay for
 3 this assessment or if I pay for it, can you knock it
 4 off?" "No, we can't do that. We can't make
 5 retrospective payments."
 6 Everything that EIBSS try to do is never in your
 7 favour. It's always to stop you obtaining any kind of
 8 funding.
 9 Q. In addition to having to locate counsellors, get
 10 prices, get estimates, get the registration and
 11 insurance details of the counsellor you would also
 12 have to get confirmation you said in your statement
 13 that all other sources of support available such as
 14 local authority grants have been exhausted?
 15 A. Yes, of course.
 16 Q. And give them two quotes for that, and then you might
 17 get up to £900 counselling if you went through those
 18 various stages.
 19 A. Yes, yes. That is for -- they are giving this
 20 counselling, you know, because they've given you
 21 a terminal illness, you know. It does really beggar
 22 belief and I mean, to be honest, I mean, it's the
 23 English Infected Blood Support Scheme. I think
 24 they've got some cheek calling themselves that, to be
 25 fair.

28

1 Q. You have made number of observations about that scheme
2 from your own experiences. You have said it's got
3 echoes of the Department for Work and Pensions. What
4 do you mean by that?

5 A. Massive, massive, massive echoes goes of the DWP. In
6 fact, I have to say this, and I'm not a lover of the
7 DWP, I'm on a working group with the DWP and we meet
8 in Caxton house in London, and I have to say the DWP
9 are more understanding than EIBSS and I don't know
10 anybody -- I don't know anybody that's had dealings
11 with the DWP that would say that, unless they have had
12 dealings with EIBSS because EIBSS, if you want to
13 become a stage 1 recipient, basically, they ask you
14 questions which are identical to the questions that
15 are asked on the ESA 50 fitness to work form, and when
16 EIBSS, before they came into power, kind of thing,
17 they turned round and said, "Look, these medical
18 examinations and these assessments for stage 1
19 payments will be light touch, they will not be
20 anything like the DWP". They're identical, you know,
21 and, "Can you sit? Can you stand? Can you walk so
22 many metres", even 50 metres. It's the same, you
23 know. It's a tragedy what stage 1 victims have to go
24 through.

25 If they've got hepatitis C and they've been

29

1 get back to you promptly, but these guys pay him but
2 they don't advertise the fact that he's there. So for
3 the new person joining the scheme or a new person
4 that's ever had any interaction with EIBSS wouldn't
5 even know; understand me? So everything that they
6 seem to do is designed and aimed at not engaging with
7 the victim or the affected, you know. Everything that
8 they seem to do, and it is quite frustrating.

9 If you go to EIBSS with a request I'll guarantee
10 you this: if you are sent three emails in reply to
11 that request you will be dealing with three different
12 people. There's no continuity, so then every time you
13 get on the phone to them you have to go through your
14 application process, what you want it for, then
15 another person will answer that email. It's like they
16 are just trying to play games with you and we're
17 vulnerable people, we're all vulnerable people.

18 Q. At the time you signed your first statement, Pete, you
19 were having regular six-monthly liver scans?

20 A. Yes.

21 Q. You talked in your statement about the anxiety of
22 waiting for the next scan?

23 A. Yes.

24 Q. You concluded your first witness statement by saying
25 that you considered yourself one of the lucky ones.

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1 given hepatitis C for whatever reason, either a factor
2 reason or a transplant, give them the money. That's
3 what they are there -- they are there, to support you
4 but honest to God they just put obstacle after
5 obstacle after -- it's probably one of my worst pet
6 hates.

7 Q. One of the observations you have made in your
8 statement is your sense that the scheme, you put it
9 this way, always want to distance themselves from
10 giving help by signposting you to others.

11 A. Yes.

12 Q. Citizens' Advice, DWP, mobility schemes and the like.

13 A. This is exactly right because they'll turn round and
14 say, I mean, the previous schemes like the Caxton they
15 used to say, right, well, you know, if you do need
16 money or you do need financial help and there could be
17 a case of mismanagement you need to see a financial
18 adviser. If you have a problem with benefits then you
19 can go and see Mr Neil Bateman. We will pick up the
20 bill.

21 These guys have kind of said, look, go to the
22 citizens' Advice Bureau, Signposting, welfare rights
23 adviser. Never mentioning Neil Bateman, you know, and
24 Neil Bateman, okay, he's quite good at what he does
25 and he does help you and he does listen and he does

30

1 A. I did consider myself to be one of the lucky ones for
2 the simple reason being is that I wasn't HIV infected.

3 Q. You described in that first statement you and your
4 family living in fear of a diagnosis of cancer.

5 A. Well, yes, because statistically 1 in 4 people with
6 cirrhosis will go on to encounter cancer, yes, which
7 is 25 per cent.

8 Q. A few weeks after you signed that first statement in
9 February of this year, you got a phone call asking you
10 to come for an MRI scan.

11 A. Yes, I did, yes. What it was was I'd been on -- I'd
12 been to the hospital and I'd had my usual CT scan and
13 then they asked me to go and have an MRI scan which
14 was unusual, it was irregular. It was not normal.

15 Q. You had that scan on 20 February of this year?

16 A. That's correct, yes.

17 Q. In April, you went back to Manchester Royal Infirmary
18 for your six-monthly liver review.

19 A. Yes.

20 Q. You were expecting to be told the results of that
21 scan?

22 A. Of course, yes.

23 Q. Were you told those results?

24 A. No, they didn't have the results.

25 Q. So that's roughly two months on from the scan and the

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1 consultant you saw in April didn't have your scan
2 results.
3 A. No, no, no.
4 Q. You then on I think 10 May you had been attending an
5 Inquiry hearing in London and then you got a phone
6 call from the Manchester Royal Infirmary to say that
7 the consultant wanted you to come in on 15 May?
8 A. That's right, yes, yes.
9 Q. You didn't want to wait five days.
10 A. No.
11 Q. You had a conversation. What was the conversation
12 that you had?
13 A. On the 15th or ...?
14 Q. On the 10th when you phoned?
15 A. Basically on the 10th I got a phone call and this
16 woman said, you know, "You have to come in and see
17 [redacted] so I turned round and said, "Why do I have
18 to come in and see [redacted]? What's going on", kind
19 of thing. She said, "Well, it's a problem with your
20 scan but he'll explain it to you when you come in".
21 I turned round and said, "What are you thinking of
22 doing", kind of thing, I said, "because I need to
23 know". She said, "Well, we may do a small procedure",
24 so I said, "Okay, that's fine. What's the procedure?"
25 So she said, "We may stick something in your neck and

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1 because that gave me a foundation that I could work on
2 with Christine because, obviously, my concern really
3 is Christine, yeah, but yeah we walked away not
4 confident or happy but I walked away quietly relieved
5 because I was expecting a lot worse than that and the
6 way that he delivered that diagnosis was so
7 professionally delivered it was -- I applaud it.
8 I honestly applaud him for that.
9 Q. You said in a supplemental statement that you signed
10 on 10 June, you said this:
11 "I'm scheduled to go into hospital on 16 June
12 for a liver biopsy and ablation. They found two
13 problem areas in my liver. One they are going to try
14 and remove, a second one is difficult to get at."
15 A. Yes.
16 Q. "I think that means they can't get at it. [redacted]
17 hasn't discussed options like chemotherapy or how long
18 I have to live. I look upon that as a good thing
19 because they haven't mentioned it."
20 A. Yes.
21 Q. "As I said, [redacted] did mention the possibility of
22 a transplant but that's only if the cancer has not got
23 into a blood vessel in my liver or spread from my
24 liver to any other organ. I'm hopeful it hasn't."
25 A. Yes, all positive -- well, as positive you can be with

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1 go down to your liver and then take a biopsy and then
2 do something else". I says so it's really an
3 investigative procedure and she said, "No, it's
4 a curable procedure". At that stage, I was aware
5 I had cancer.
6 Q. On 15 May, nearly three months after your scan, you
7 saw [redacted] --
8 A. Yes.
9 Q. -- at the Manchester Royal Infirmary.
10 A. Yes.
11 Q. What did he tell you, Pete?
12 A. Well, I knew I had it you know because of the
13 conversation, yeah, but what [redacted] did do is when
14 we went into the office I was expecting all kinds of
15 doom and gloom, because that's what doctors do
16 generally, they paint the blackest picture and then
17 anything else is a good thing, and he expertly
18 delivered my prognosis and my condition, my diagnosis.
19 But he had all the answers ready, you know, he was
20 saying, "This is the plan moving forward. We'll be
21 okay here, you know if we get on with it", kind of
22 thing. "Your nodule is 2.2 cms. If we take that
23 away, you know, we can get you on the liver transplant
24 list. This is not all bad news", you know.
25 I thought, "Oh God, that's great", you know,

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1 a diagnosis of cancer.
2 Q. You went in for your appointment on Monday of this
3 week, Pete?
4 A. Yes.
5 Q. 17 June. What was the outcome of your appointment on
6 Monday?
7 A. Well, we went in and what they do is they do like a CT
8 can, yeah, and the radiographer will do the ablation
9 and, as I say, I went into the scan and he came back
10 out after the scan and he said, "Look, the
11 circumstances have changed". So I said, "Well, you
12 know, how have they changed?" And he said, "Well,
13 [redacted] will come down and speak to you about it".
14 I says, "Well, has the nodule grown?" He says, "Yes,
15 it's grown". So I said, "Has it gone into the vein?"
16 He says, "Well, yes, it's gone in", you know.
17 So we waited for [redacted], my wife and
18 I obviously were discussing it and, you know, I said
19 "Look, Chris, this is getting a bit, you know, it's
20 getting a bit warm now".
21 Anyway, cutting a long story short, [redacted]
22 came in and he kind of said, "Well, look", he said,
23 "This isn't good". He said, "From February your
24 nodule has grown quite rapid and you now cannot have
25 a liver transplant and we can't take the nodule away

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1 and we can't really treat your condition because your
 2 platelets are at 53" and it's below the cut-off period
 3 for any kind of chemo or anything like that, so it's
 4 changed from a curative procedure to a terminal
 5 condition now, yes.

6 Q. What prognosis were you given in terms of life
 7 expectancy?

8 A. Time. Again, he wasn't too forthcoming with that
 9 because I don't think they like to kind of take a punt
 10 on it, if you like. I said, "Well, I've been
 11 discussing this with Christine. Sometimes you have to
 12 do reverse psychology with these guys. I said, "I've
 13 been discussing this with Christine. I think I've got
 14 three to six months to live". He said, "Oh no", he
 15 says, "you're wrong. You've got maybe a year, maybe
 16 two". He said, "You haven't got three to five".
 17 So -- and that's it, so I am one of the people that
 18 won't see the end of this Inquiry, you know.

19 Q. Pete, those are the questions I have for you. I think
 20 there's something more that you wanted to say
 21 yourself.

22 A. There's plenty I want to say. I would like -- because
 23 this prognosis has come so recently, yeah, I haven't
 24 had time to kind of come to in terms with it so I'd
 25 like to read something that I've written because

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1 32 days turnaround from the date of the scan. The
 2 scan was done on 20/2/19. I got diagnosed on 15/5/19.
 3 I would say that delay has created a delay in
 4 treatment which in my case could cost me my life.
 5 I have registered a complaint with PALS in May this
 6 year citing my concerns.

7 My condition should not have got this far.
 8 I was referred for a standard scan. Victims of this
 9 NHS scandal should be fast-tracked for every
 10 procedure. From February to June my nodule had
 11 exceeded the limit for the transplant. This, in
 12 effect, has given me a death sentence. There is
 13 a victim dying because of this contaminated blood
 14 tragedy every 96 hours, while the Department of Health
 15 stand by and watch.

16 There is a system in place in Ireland where
 17 victims are fast-tracked. Why are we always behind
 18 other members of the Union and having to follow their
 19 example, which the English never do. The reason for
 20 this believe is they are happy and proud at the speed
 21 and the rate victims are dying.

22 There is one voice less with every passing.
 23 I could use the word to describe them as animals but
 24 I can't as that would be unfair to the animals, that
 25 they at least look after their own. I am definitely

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1 I don't think I would be able to talk and forgive me
 2 if I've got to refer to this, because it's not that
 3 I'm daft or anything it's just that I think it's
 4 better this way. I might get my point across, yeah,
 5 so I'll have a go.

6 As you were aware I was due for an ablation
 7 procedure on 17/6/19. Before the procedure they scan
 8 you. The scan doctor came to see me and said the
 9 circumstances had changed and the consultant would
 10 come to talk to me. [redacted] arrived. My wife and
 11 I was obviously stressed. After a lengthy
 12 conversation the upshot was the nodule was too close
 13 to the portal vein and it had grown so, as it stands,
 14 no removal of the nodule and I am no longer suitable
 15 for a transplant.

16 There may be another treatment but because my
 17 platelets are so low, I more than likely won't be
 18 suitable for that. My platelets are low because of
 19 the cirrhosis I have been given because of the
 20 hepatitis C, which is a result of being given
 21 contaminated blood. If my platelets go below 10 there
 22 is a good chance I will have a bleed on the brain.
 23 That's not good. When I went for the MRI can there
 24 was, I would say, a 40-day delay in the hospital
 25 receiving the scan results. Their time allowance is

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1 a victim who will not see the end of this Inquiry.
 2 I am one of the many who won't see justice. At this
 3 stage you won't even know my name but when I am done,
 4 you will remember it well because the difference with
 5 me is I will not pass quietly. I will scream from the
 6 rooftops and document every part of my passing and
 7 show you for what a bunch of lying, murdering
 8 criminals who have stood by and watched a victim die
 9 every 96 hours without any kind of remorse and knowing
 10 many of these victims are dying in poverty leaving
 11 thousands of affected families in poverty and having
 12 to rely on the means tested hand-outs from the very
 13 people who covered up this mass murder, the Department
 14 of Health. You really are not fit to be called human
 15 beings. You need to start taking notice of the death
 16 and the blood of the innocent victims you have on your
 17 grubby little hands.

18 As regards the apologies we have had, they are
 19 welcome but worthless if we are living in poverty.
 20 Again, you need to follow the Republic of Ireland's
 21 policy of making an interim payment at the beginning
 22 of the Inquiry again this seems to be a situation
 23 where the tail is wagging the dog.

24 That's about my terminal illness that I was
 25 given on Monday. That isn't my closing remark.

40

1 I feel as though I had to get that out there because
2 I'm living proof -- at the moment -- but I don't know
3 how long, you know, so I have to get that out and
4 I don't apologise for any of the words I've used in
5 it.

6 In fact, I think I've been quite conservative.
7 But I would now like to move on to my closing remarks,
8 if I may.

9 **Q.** Go ahead.

10 **A.** This inquiry has been a long time coming. I think if
11 we put together all the years of individual victims
12 campaigning and total them up, we would be left with
13 a total figure of thousands of years. That's years of
14 governments not listening in denial and more focused
15 on covering up the deaths of thousands of innocent
16 victims.

17 Many of the campaigners and the victims are
18 sadly no longer with us. This includes haemophiliac
19 victims where they were used -- where they used
20 children referred to as PUPs to try out new medication
21 on them and observe them in clinical trials,
22 thalassaemia victims who had to receive authorised of
23 transfusions per year. Many of those transfusions was
24 contaminated, sickle cell victims, whole blood
25 victims, people who suffered traumas, mothers given

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1 not have had to live the life you have lived because
2 of this tragedy, whereas I had no choice. You had
3 a choice and you chose to support me and care for me
4 during the horrendous ten years. All of the care you
5 gave me was unpaid care saving the Department of
6 Health tens of thousands of pounds and now you and
7 I have another massive obstacle to get over having
8 been diagnosed with terminal liver cancer.

9 I am truly sorry to have to put you through
10 this, Christine. You deserve better. But if I can
11 get through this I know it will be because of your
12 strength and support. We both know I may not see the
13 end of this Inquiry but let me say this: I will do
14 everything in my power to beat this condition and
15 I know when I feel like giving up you will be there to
16 push me forward and, as we have spoke about, I don't
17 want you to be subject to a begging bowl lifestyle
18 having to deal with the English Infected Blood Support
19 Scheme and their demeaning demands. So, Chris, keep
20 your chin up and put your best foot forward and I'll
21 try and do the same. But please try and forgive me if
22 I falter. Thank you.

23 **SIR BRIAN LANGSTAFF:** Pete, I'm deeply sorry that chances
24 are that you may not see the end of this Inquiry. Can
25 I just thank you for what I think is enormous courage

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1 transfusions during child birth, blue babies
2 transfused at birth, von Willebrand victims and
3 victims misdiagnosed with von Willebrand and infected,
4 victims who were misdiagnosed as haemophiliacs and
5 given factors.

6 All the above have been infected for a variety
7 of different reasons but we have one thing in common:
8 we are all victims of this contaminated blood tragedy
9 and as victims we must try to work together as one to
10 make sure this tragedy is (a) never allowed to happen
11 again and (b) the voices of all the campaigners who
12 have passed are heard again and never forgotten,
13 because it's their voices who have gotten us where we
14 are today and they who paid the ultimate price, and
15 authority need to understand one thing, this tragedy
16 will not go away, regardless of the outcome of this
17 Inquiry, until we have justice and some kind of
18 closure for the victims and for the families of the
19 victims who paid that ultimate price.

20 I would like to say thank you to the Inquiry
21 team for all their efforts to date. They are doing an
22 excellent job under extremely difficult circumstances.

23 I would also like to thank my wife Christine who
24 has to suffer the effects of all my conditions
25 alongside me for the last decade or so. You should

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1 in telling us that you have not yet, and it's obvious,
2 had time to come to terms with your recent appointment
3 and the diagnosis as it currently stands and to do
4 that in part in front of us and those who are
5 listening online. I can only admire you for that and
6 thank you.

7 **A.** Thank you, Sir Brian.

8 **SIR BRIAN LANGSTAFF:** We need a break, Ms Richards, and it
9 will be 12.05.

10 **MS RICHARDS:** Yes, sir.
11 (11.35 am)

(A short break)

13 (12.09 pm)

14 **SIR BRIAN LANGSTAFF:** Ms Richards, we now have four
15 witnesses from the same family and I gather they want
16 to be known by their first names: Jennifer, Eleanor,
17 Sarah and Ann.

18 **MS RICHARDS:** That's right, sir.

19 **SIR BRIAN LANGSTAFF:** Could you please come forward.
20 **ANN DORRICOTT, SARAH DORRICOTT, ELEANOR DORRICOTT, and**

JENNIFER DORRICOTT, sworn

Questioned by MS RICHARDS

23 **MS RICHARDS:** You are here to talk about Mike Dorricott,
24 Michael to you, Jennifer?

25 **JENNIFER:** Yes.

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1 **MS RICHARDS:** Michael was your son. Ann, Mike was your
2 husband, Eleanor and Sarah, Mike was your Dad. We are
3 just going to have a photo of him up on the screen,
4 just to start with.

5 It's 1196020.

6 That's Mike. Can you tell us about the medals.

7 **ANN:** Yes. He was selected to play golf for transplant
8 golf games and he went to South Africa. He was
9 passionate about golf, that was his biggest passion,
10 and he was really proud and he won.

11 **MS RICHARDS:** Thank you. We'll take the photo down now
12 and we are going to put it up towards the end again
13 when Sarah will be reading some material that Mike
14 wrote.

15 Jennifer, I am going to start with you, if

16 I may, and ask you a little bit about Michael's
17 childhood?

18 **JENNIFER:** Yes.

19 **MS RICHARDS:** When Michael was about three he fell off
20 a slide and bumped his head; is that right?

21 **JENNIFER:** Yes, that's correct.

22 **MS RICHARDS:** What happened?

23 **JENNIFER:** He bumped his head and there was a swelling
24 came on the back and after a little while it was
25 bleeding and when it didn't heal up as well as we

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1 was a thing called Osgood-Schlatter disease, it's with
2 lumps on his knees because he had very big muscles in
3 his thighs and he was, you know, very active and
4 football, cricket at that time and then golf.

5 **MS RICHARDS:** You said in your statement, Jennifer, that
6 only once during his childhood at the age of seven or
7 eight did you have to take him to hospital and on that
8 occasion he was given cryoprecipitate.

9 **JENNIFER:** Yes.

10 **MS RICHARDS:** In December 1982 when Michael was 15, he
11 required some dental treatment in relation to impacted
12 wisdom teeth.

13 **JENNIFER:** Yes.

14 **MS RICHARDS:** The plan was for him to be given
15 cryoprecipitate but you understand he was, in fact,
16 given Factor VIII. What can you recall about that?

17 **JENNIFER:** I can't remember very much actually about when
18 he went for his teeth out. I couldn't tell you
19 offhand or I couldn't have done, how many teeth he did
20 have out but I've since found out it was two teeth.
21 They didn't tell me anything. I just assumed they
22 would give him the treatment that he'd had before and
23 that was it. He was going to have the teeth out so
24 that they were, you know, get rid of them.

25 **MS RICHARDS:** You put it this way in your statement,

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1 thought it should have, we took him to the doctor's
2 and because we knew that haemophilia was in the family
3 he sent us to the Halifax General Hospital to have him
4 tested.

5 I took him to the hospital and they gave him
6 some sedative to make him a bit sleepy and eventually
7 they managed to take some blood from him and when we
8 saw the specialist when the result was done, he told
9 us they couldn't find haemophilia and so we were very
10 pleased.

11 But after a while his head still didn't heal up
12 as it should have done so we went back to the doctor
13 again and he sent him to Huddersfield Royal Infirmary
14 where he was tested again and they did find
15 haemophilia, but we were told it was mild.

16 **MS RICHARDS:** So mild that throughout Michael's childhood
17 in your care he played football and you didn't wrap
18 him in cotton wool.

19 **JENNIFER:** No.

20 **MS RICHARDS:** He was a very active boy.

21 **JENNIFER:** He was a very active boy. In fact, we once got
22 to take him to see a doctor, a surgeon I think it was,
23 and as we walked through the door the gentleman said
24 to us, "I know one thing about your son. He is not
25 a lazy boy because lazy boys don't have this", and it

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1 Jennifer:

2 "There was no discussion; there was no dialogue;
3 there was no consent."

4 **JENNIFER:** No, there was none of that. They just gave him
5 what they gave him and it just happened to be
6 Factor VIII.

7 **MS RICHARDS:** Mike obtained his medical records and you've
8 exhibited those to your statement. We'll just have
9 a look at a couple of them to show what was happening
10 during this period.

11 Paul, could we have 1196002.

12 We can see this is a letter from November 1982.
13 It's about the dental treatment that Jennifer has just
14 been describing and the concluding paragraph explains
15 that:

16 "The doctor proposes to admit him to
17 Huddersfield Royal Infirmary on 14 December for
18 extraction of these four teeth under general
19 anaesthesia the following day and will arrange this
20 with [redacted], Consultant Haematologist, in order
21 that appropriate cryoprecipitate can be administered."

22 So Mike's understanding, Ann, when he looked at
23 his records was that the plan had been for him to
24 receive cryoprecipitate.

25 **ANN:** That's correct.

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1 **MS RICHARDS:** Then if we have up on screen, please, Paul,
2 1196003, we can see that, in fact, this is dated
3 15 December, so the day after, we see there the
4 reference top of the page 3000 units Factor VIII given
5 and if we have the next page of that please, Paul, top
6 of the page there we can again see it says Factor VIII
7 before 2,820 units injection, Factor VIII after 2,820
8 units injection and then the factor measurements
9 there.

10 So Mike's understanding when he looked back at
11 his records, Ann, was that whilst the plan had been to
12 give him cryoprecipitate, he had in fact been given
13 Factor VIII.

14 **ANN:** He did, yes.

15 **MS RICHARDS:** It was Mike's view and, Jennifer and Ann,
16 you both expressed it in your statements Mike believed
17 that he had been treated as a PUP.

18 **JENNIFER:** Yes.

19 **ANN:** Yes, correct.

20 **MS RICHARDS:** We can see his view scribbled on some
21 documents, 1196017 please, Paul.

22 We see this is a document from the Tainted Blood
23 website. If we just go down to the handwritten bit,
24 please, we see there there's a reference to previously
25 untreated patients, PUPs, that usually meant either

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1 operation and they were normal.

2 **ANN:** Yes.

3 **MS RICHARDS:** But follow-up or liver function tests the
4 following year and after that showed abnormal ranges
5 in terms of the liver enzymes.

6 **ANN:** Yes.

7 **MS RICHARDS:** Jennifer, do you recall any discussion with
8 you about the significance of any liver tests
9 following the operation?

10 **JENNIFER:** No. Nobody said anything to me.

11 **MS RICHARDS:** You've got Mike's UKHCDO records, Ann, and
12 we will have them up on screen again, please.
13 1196009 please, Paul.

14 If we look at the entries here, if we look at
15 the centres 047 is Huddersfield, and we can see that
16 at 047 there's a reference to Mike receiving the
17 cryoprecipitate in 1978 and then 1982, '83, '84 and
18 '85 at Huddersfield he receives Factor VIII. There's
19 four entries for BPL Factor VIII and then Armour
20 Factorate is the last of those entries.

21 Whilst we are looking at that, do you recall,
22 Jennifer, any occasions after the dental treatment
23 where Michael received Factor VIII?

24 **JENNIFER:** No, I don't recall any, no, because I'm just
25 wondering if he'd left home by that time.

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1 children or infrequently treated mild to moderate
2 haemophiliacs and then the handwritten entry:
3 "Was I one of these?"
4 Is that Mike's handwriting?

5 **ANN:** It is, yes.

6 **JENNIFER:** Yes, it looks like it.

7 **MS RICHARDS:** If we go on to the next page please, Paul --
8 in fact it's the page after, sorry. That's it, keep
9 going. Thank you.

10 We can see this is a letter again from the
11 Tainted Blood website and there's a reference to
12 previously untreated patients which has been
13 underlined by someone in the letter, and then we've
14 got at the top:

15 "My first Factor VIII December '82. I was
16 a PUP."

17 Again, is that Mike's handwriting?

18 **ANN:** It is, yes.

19 **MS RICHARDS:** That was Mike's conclusion, he had been
20 given Factor VIII unnecessarily and contrary to the
21 plan that he had understood --

22 **ANN:** Yes, that's right.

23 **MS RICHARDS:** -- which was Cryoprecipitate.

24 Ann, you have explained in your statement that
25 Mike had liver function tests around the time of his

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1 **MS RICHARDS:** You do make a reference in your statement to
2 a discussion when Mike was going to go on holiday and
3 there was a possibility of him taking some Factor VII
4 with him.

5 **JENNIFER:** Yes.

6 **MS RICHARDS:** And you are not sure that he even needed to
7 use it.

8 **JENNIFER:** No, he didn't. I saw the doctor that day,
9 [redacted] and he gave me the Factor VIII and said
10 that Michael had to take it with him just in case he
11 needed it because they knew it was heat-treated.
12 Those were his word. It was heat-treated.

13 **MS RICHARDS:** Then if we look at the entries above that,
14 centre 140 this is when Michael went to university,
15 Jennifer, in Newcastle.

16 **JENNIFER:** Yes.

17 **MS RICHARDS:** Is that right, he went to Newcastle
18 University?

19 **JENNIFER:** Yes.

20 **MS RICHARDS:** We see after that there he received
21 cryoprecipitate or DDAVP but when he returned to
22 Huddersfield, centre 047 again, we see him being given
23 BPL Factor VIII.

24 **JENNIFER:** Yes. I'm amazed.

25 **MS RICHARDS:** Did Mike ever recall being given any advice

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1 or warnings himself about any risks associated with
 2 Factor VIII?
 3 **ANN:** No.
 4 **MS RICHARDS:** Ann, you met Mike in 1988?
 5 **ANN:** Yes.
 6 **MS RICHARDS:** In 1990 Sarah was born.
 7 **ANN:** Yes.
 8 **MS RICHARDS:** What can you tell us about Mike at this
 9 time?
 10 **ANN:** He was a very ambitious man, kind, caring, was
 11 a good father, good husband. Sorry, I'll just look at
 12 my notes.
 13 **MS RICHARDS:** That's all right.
 14 **ANN:** He was hard working, he was highly intelligent. He
 15 was a family man. He was a straight talking Yorkshire
 16 man. You know, you knew where you stood with him.
 17 **MS RICHARDS:** Eleanor was born in 1996.
 18 **ANN:** Yes.
 19 **MS RICHARDS:** It was in 1996 that Mike was diagnosed with
 20 hepatitis C.
 21 **ANN:** Yes.
 22 **MS RICHARDS:** How did that come about?
 23 **ANN:** Well, Sarah was having her tonsils out in '95 and
 24 I think her platelets were low at the time and Mike
 25 got chatting with one of the nurses and he mentioned

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1 **MS RICHARDS:** He had to have a liver biopsy.
 2 **ANN:** He did.
 3 **JENNIFER:** That showed that he had chronic hepatitis C and
 4 cirrhosis.
 5 **ANN:** He did, yes.
 6 **MS RICHARDS:** What was the impact on you and Mike of the
 7 receipt of that diagnosis?
 8 **ANN:** Well, we were shocked. We were shocked about the
 9 hepatitis C. We didn't really know very much about
 10 hepatitis C at the time but when he had the liver
 11 biopsy and it came back cirrhosis, you know, we were
 12 devastated, yes.
 13 **MS RICHARDS:** Mike had been leading a busy and normal
 14 life.
 15 **ANN:** Yes.
 16 **MS RICHARDS:** Had he been experiencing any symptoms at
 17 that stage?
 18 **ANN:** Well, he was always tired and he'd come home from
 19 work and go to bed. He was just tired and then he
 20 just realised later that having been diagnosed with
 21 hepatitis C that that was one of the conditions and he
 22 went, "Ah, I realise now why I've been so tired".
 23 **MS RICHARDS:** He carried on working. He was working for
 24 Weetabix I think at the time.
 25 **ANN:** Yes.

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1 that he was a haemophiliac and she just says, oh,
 2 I think maybe you should, you know, get tested because
 3 he hadn't been to a Haemophilia Centre for quite some
 4 time, so that's what he did.
 5 **MS RICHARDS:** So there had been any follow up to the
 6 abnormal liver tests that you recorded in your witness
 7 statement?
 8 **ANN:** None.
 9 **MS RICHARDS:** It was almost accidental that he was
 10 prompted, as it were, that he was prompted as it were,
 11 to go to have a check-up.
 12 **ANN:** Yes.
 13 **MS RICHARDS:** If we have up on screen please, Paul,
 14 1196012, we can see this is a letter from June 1996
 15 from Addenbrooke's Hospital. If we look at the first
 16 paragraph, the last four lines, it refers to Mike
 17 having come into the clinic and then it says this:
 18 "While he was in clinic we took the opportunity
 19 to take some blood in order to check his inhibitor
 20 status and his viral status. We explained to him that
 21 as he has had blood products in the past prior to 1985
 22 he may well have been exposed to hepatitis C."
 23 That was the first Mike knew of this risk; is
 24 that right?
 25 **ANN:** Yes.

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1 **MS RICHARDS:** And then in 1997 he changed jobs and you
 2 relocated to Surrey.
 3 **ANN:** Yes.
 4 **MS RICHARDS:** As part of his job he travelled a lot,
 5 travelled all over Europe.
 6 **ANN:** He did, yes. He loved his job.
 7 **MS RICHARDS:** I think at the time of Mike's diagnosis with
 8 hepatitis C you also underwent testing?
 9 **ANN:** I did get tested, yes.
 10 **MS RICHARDS:** You described the wait for that result which
 11 was negative as a terrible wait.
 12 **ANN:** Definitely, yes.
 13 **MS RICHARDS:** In January of 1999 Mike had his first course
 14 of treatment for hepatitis C. That was interferon and
 15 ribavirin.
 16 **ANN:** Yes.
 17 **MS RICHARDS:** He persisted with it for 27 weeks but then
 18 it wasn't successful.
 19 **ANN:** No, it failed.
 20 **MS RICHARDS:** Can you recall in relation to that first
 21 course of treatment what the side effects were?
 22 **ANN:** I just remember he had flu-like symptoms and that's
 23 all I can remember at the time.
 24 **MS RICHARDS:** He was put on the liver transplant list in
 25 the middle of 2000.

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1 **ANN:** Yes.

2 **MS RICHARDS:** There were a number of false alarms, of

3 calls. What can you recall about that time, waiting

4 for that call?

5 **ANN:** There was three false alarms. Just the waiting was

6 bad enough but having three false alarms, you know,

7 you'd get to the hospital and then they'd decide they

8 wouldn't use the liver because it wasn't healthy

9 enough and then the call that he did get was okay and

10 they went ahead with the transplant.

11 **MS RICHARDS:** That was October 2000 when Mike had his

12 liver transplant, his first liver transplant.

13 **ANN:** Yes.

14 **MS RICHARDS:** You said seeing Mike in intensive care was

15 devastating.

16 **ANN:** It was, yes.

17 **MS RICHARDS:** He didn't want the girls to see him like

18 that.

19 **JENNIFER:** No.

20 **MS RICHARDS:** Jennifer, you visited Mike with your husband

21 daily in hospital during this time.

22 **JENNIFER:** Yes.

23 **MS RICHARDS:** How was he?

24 **JENNIFER:** He was -- well, very ill at first but

25 eventually they moved him out of intensive care and he

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1 mind, you know, is it -- is the cancer going to be

2 there? So, yes, we were devastated. Yes.

3 **MS RICHARDS:** He was put on the waiting list for a second

4 liver transplant.

5 **ANN:** Yes.

6 **MS RICHARDS:** That was carried out the following year in

7 2008.

8 **ANN:** Yes.

9 **MS RICHARDS:** Again, Mike suffered a number of infections.

10 He contracted sepsis at one stage.

11 **ANN:** Yes.

12 **MS RICHARDS:** But he recovered, but it was after that

13 second transplant that the hepatitis C came back.

14 **ANN:** Yes.

15 **MS RICHARDS:** He had to undergo a second course of

16 treatment for the hepatitis C.

17 **ANN:** Yes.

18 **MS RICHARDS:** That was again interferon and ribavirin.

19 **ANN:** Yes.

20 **MS RICHARDS:** What was the effect of this second course of

21 treatment on him?

22 **ANN:** Well, this treatment, the second course of treatment

23 was really bad, really bad. He had the flu symptoms,

24 he had aching joints. At one point I remember him

25 saying he just feels like he's been hit by a bus. He

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1 gradually, slowly, over three weeks made a recovery so

2 he could go back home. You know, he seemed to chatter

3 normally and he seemed to be his normal self at that

4 time.

5 **MS RICHARDS:** He recovered sufficiently to return to work.

6 **ANN:** He did, yes.

7 **MS RICHARDS:** He had various surgical procedures, surgery

8 for a blocked bile duct the following years, he

9 contracted MRSA at one stage.

10 **ANN:** He did, yes.

11 **MS RICHARDS:** He had lots of appointments over the years

12 that followed.

13 **ANN:** Yes.

14 **MS RICHARDS:** But he continued working for that period of

15 time.

16 **ANN:** He did, yes.

17 **MS RICHARDS:** Then in 2007 Mike had a routine scan and

18 what did that show?

19 **ANN:** It showed tumours and they said he would need

20 another liver transplant and he was lucky enough to

21 get another liver transplant.

22 **MS RICHARDS:** What was the impact of that diagnosis of

23 cancer on Mike and on you?

24 **ANN:** We were devastated. Every time he went to the

25 hospital for scans we were -- it's always in your

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1 was not himself. It was -- he was very aggressive,

2 which was a really, really hard time for us. We

3 didn't know what to do, and I was away from my family.

4 I felt really alone at the time. It was like he had

5 a rage in his eyes. It was as if he was possessed,

6 and I was scared of him.

7 **MS RICHARDS:** You said in your statement that he became,

8 on this course of treatment, a different man,

9 volatile, aggressive, mood swings, a Jekyll and Hyde

10 character.

11 **ANN:** Yes, a Jekyll and Hyde character.

12 **MS RICHARDS:** Completely unlike him.

13 **JENNIFER:** Yes.

14 **MS RICHARDS:** Sarah and Eleanor, what can you recall about

15 this period when your Dad was undergoing this second

16 course of treatment.

17 **SARAH:** I just remember being like walking on egg shells

18 in the house and, I mean, I was a teenager at the time

19 and I was pushing boundaries, so trying to find where

20 the line was, and I'd often challenge him and that

21 made things worse. There was a few times where Mum

22 had to come between me and my Dad where he'd been

23 quite violent.

24 We knew it was the drugs. We knew it was just

25 the treatment. It wasn't him. He was a different

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1 person. It wasn't him. He was a lovely, lovely man
 2 and this treatment really altered his mind. It was
 3 just very, very difficult years and it took its toll
 4 on all of us and especially him.

5 **MS RICHARDS:** I am going to ask both of you in a while to
 6 talk more generally about how the years were but in
 7 relation to the relationship that you had with your
 8 Dad at this particular point in time, one of your
 9 responses was to self-harm.

10 You have explained in your statement how after
 11 your Dad concluded his treatment you were able to
 12 re-establish your close and loving relationship with
 13 him.

14 **SARAH:** Yes. In later years Dad and I became really,
 15 really close and I'm so grateful for it. I rang him
 16 every day and we'd talk about anything and everything
 17 and we put all of it behind us and I'm really grateful
 18 that we both had that closure on such a really
 19 difficult time.

20 **MS RICHARDS:** That treatment, when it finally finished,
 21 did clear the hepatitis C but Mike continued to have
 22 routine scans every three to six months and he retired
 23 on health grounds in 2008 --

24 **ANN:** He did, yes.

25 **MS RICHARDS:** -- at the time of the second transplant.

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1 **MS RICHARDS:** We have an email Mike wrote from around that
 2 time to explain how he was feeling physically.

3 Paul, it is 1196016, please.

4 It's a letter Mike wrote to his doctor in June
 5 2011 and he says this:

6 "I do not know how I would cope if I had to go
 7 back to work. My head feels like it is full of cotton
 8 wool and I am having difficulty concentrating on even
 9 the most simple of tasks. When I do have to do
 10 things, even the most simple of tasks takes me ages to
 11 do. What I used to do as a matter of course whilst
 12 having a senior role travelling around the world
 13 dealing with time zone changes and the general abuse
 14 that I put my body through now leaves me struggling.
 15 I'm sorry if I'm not explaining this properly but I
 16 guess that is symptomatic of the way I am feeling
 17 right now. This is something that's been going on for
 18 at least a year now and I cannot say that this feeling
 19 is getting any better or any worse. I don't know if
 20 this feeling is due to the interferon, the
 21 immunosuppression, the steroids or what. It cannot be
 22 the state of my liver as I believe that the LFTs are
 23 as good as they have ever been. To be honest with you
 24 I don't really care what is causing it as I can deal
 25 with it as long as I don't have any pressure put on

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1 At some point he received a letter about the
 2 risk of vCJD. What can you recall about that, Ann.

3 **ANN:** I just remember getting the letter, Mike getting the
 4 letter and showing it to me. I've searched for the
 5 letter, I can't find it. He just thought it's like
 6 another nail in the coffin, you know. We were shocked
 7 again.

8 **MS RICHARDS:** You've recalled in your statement an
 9 incident where a doctor shouted something across
 10 a crowded room.

11 **ANN:** Yes, I wasn't there at the time and he'd gone for
 12 bloods and he was in a crowded room waiting to have
 13 bloods taken and a doctor came in and said out loud,
 14 "Are you aware that you're at risk of variant CJD",
 15 and Mike was shocked, you know. He didn't know what
 16 to say.

17 Afterwards he was really, really angry but
 18 I know he was upset. He was very, very upset and the
 19 doctor -- Mike complained and somebody had spoken to
 20 the doctor and he came and apologised at his bed.

21 **MS RICHARDS:** In 2011 Mike had operations to resolve
 22 multiple stomach issues and swelling that he was
 23 experiencing as a result of all the operations he had
 24 had.

25 **ANN:** Yes.

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1 me. It gets worse when I must do something and then
 2 the most trivial of tasks just seem to become the
 3 biggest deal in the world. In addition to this, I am
 4 constantly tired and my legs are causing me more
 5 concern. They are so swollen that I am now having
 6 difficulty in finding trousers that will go over my
 7 calves."

8 That's a brief summary but in Mike's words of
 9 how physically and mentally he was feeling at this
 10 time.

11 **ANN:** Yes.

12 **MS RICHARDS:** You decided you were going to downsize and
 13 relocate to Cumbria.

14 **ANN:** Yes.

15 **MS RICHARDS:** You completed on the purchase of a house
 16 that you and Mike were going to live in.

17 **ANN:** Yeah.

18 **MS RICHARDS:** Then in February 2014, Mike had a routine
 19 scan again, and what was the outcome this time?

20 **ANN:** Well, he was cancer-free for five-and-a-half years,
 21 so we thought everything was fine. That's why we
 22 decided to downsize and move to Cumbria. And
 23 I relocated to Cumbria first while Mike stayed with
 24 Eleanor while she finished college, and I was at work
 25 at the time and Mike phoned me and said, "I've just

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1 had my scan and it's not good", and he just said the
 2 cancer's come back and there's nothing they can do and
 3 it's terminal.
 4 **MS RICHARDS:** And he was given to understand he might have
 5 about 12 months to live.
 6 **ANN:** Yes, he was given 12 months to live, yes.
 7 **MS RICHARDS:** Eleanor, I think you recall being at home
 8 when your Dad was on the phone receiving the
 9 diagnosis. What can you remember?
 10 **ELEANOR:** All I remember was sitting on the top of the
 11 stairs and hearing the phone call that he was having
 12 with his doctor and I can't really remember much about
 13 it but -- because I kind of blacked most of it out,
 14 but all I can just remember is sitting at the top of
 15 the stairs and crying and then going downstairs and
 16 just talking to Dad about it, him being really upset.
 17 **MS RICHARDS:** Mike underwent a number of treatments. He
 18 had internal radiation therapy and chemotherapy.
 19 **ANN:** Yes, he had to ...
 20 **MS RICHARDS:** His health went downhill.
 21 **ANN:** It did.
 22 **MS RICHARDS:** There was an occasion when Eleanor had to
 23 call you because Mike was acting very strangely. He
 24 was confused. He didn't know where he was.
 25 **ANN:** Yes.

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1 **MS RICHARDS:** By this time Mike's organs were failing.
 2 **ANN:** Yes.
 3 **MS RICHARDS:** He died on 3 April 2015. He was 47.
 4 **ANN:** Yes.
 5 **MS RICHARDS:** One of Mike's dying wishes was that his
 6 death certificate should accurately reflect what he
 7 believed was the true cause of his death and so there
 8 was an inquest.
 9 **ANN:** Yes.
 10 **MS RICHARDS:** What can you recall about that?
 11 **ANN:** Obviously, because he knew he was going to die he
 12 said to me, "Please make sure that you get on the
 13 death certificate exactly how I died". He was very
 14 adamant about that, and when he did pass away the
 15 doctor that was on duty at the time wouldn't put down
 16 a cause of death, so it went to an inquest.
 17 **MS RICHARDS:** If we have up on screen 1196004, please,
 18 Paul, we can see a letter from [redacted], Consultant
 19 Hepatologist, to the coroner and if we go down please,
 20 the second paragraph explains that:
 21 "There were no risk factors for hepatitis C
 22 other than the fact that he had been transfused with
 23 Factor VIII for his underlying haemophilia. Almost
 24 all the patients that we screened in that early period
 25 in the 1990s were positive for hepatitis C."

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1 **MS RICHARDS:** He was admitted to Lancaster Hospital on one
 2 occasion because of a serious infection and you had
 3 a particular difficulty with a paramedic. What was
 4 that?
 5 **ANN:** We'd got to hospital and we were waiting in the
 6 corridor, waiting for Mike to be seen, and Mike was in
 7 and out, drifting in and out of consciousness, and the
 8 paramedic was stood with me and the other paramedic
 9 was checking him in, and we just got chatting and the
 10 paramedic said to me, "Do you realise how much it
 11 costs for an ambulance to come out", and I said, "No,
 12 no idea", and so she told me, which I can't remember
 13 now, and also she said maybe next time you should go
 14 through your GP.
 15 **MS RICHARDS:** Mike was seriously unwell at this stage.
 16 **ANN:** He was. He'd just had chemotherapy and they said to
 17 look out for high temperatures. I was obsessed with
 18 taking his temperature. He wasn't aware of what was
 19 happening. They gave me a list of things to look out
 20 for, you know, and I did the right thing, you know.
 21 **MS RICHARDS:** In March 2015 Mike succumbed to another
 22 infection and this time I think Mike's sister, Jane,
 23 drove you to hospital, a different hospital, you
 24 didn't want to go back to the Lancaster Hospital.
 25 **ANN:** No, he didn't, no.

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1 Then in the final paragraph, [redacted] says
 2 this:
 3 "There is no doubt in my mind that he acquired
 4 his hepatitis C virus infection as a consequence of
 5 transfusion of infected Factor VIII."
 6 Then if we have please up on the screen 1196014.
 7 This is the death certificate following the conclusion
 8 of the inquest and if we go down to the cause of death
 9 in section 9:
 10 "Cause of death: 1 (a) liver failure; (b)
 11 hepatocellular carcinoma; (c) hepatitis C virus
 12 infection; 2 haemophilia and the treatment thereof.
 13 Conclusion, narrative: death was the consequence of
 14 transfusion with infected Factor VIII blood products."
 15 **ANN:** Yes.
 16 **MS RICHARDS:** So the outcome of the inquest reflected what
 17 Mike knew and believed to be the case.
 18 **ANN:** Yes.
 19 **MS RICHARDS:** I want to ask each of you just a little to
 20 the extent that you feel able to, to talk about the
 21 impact of Mike's death.
 22 Jennifer, you have said in your statement it was
 23 totally and utterly devastating.
 24 **JENNIFER:** It is, yes.
 25 **MS RICHARDS:** That the loss of a child is not one that you

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1 ever come to terms with.
 2 **JENNIFER:** No, I'll never get over this.
 3 **MS RICHARDS:** The wider family, Mike's sister, Jane, with
 4 whom he was very close and other family members have
 5 all been profoundly distressed by losing Mike.
 6 **JENNIFER:** They have, yes, and continue to be so.
 7 **MS RICHARDS:** Ann, what was the impact on family life of
 8 Mike's illness and treatment?
 9 **ANN:** Well, we tried to lead a normal life. You know when
 10 he was well enough we'd go camping and caravanning and
 11 we'd have some good holidays abroad. We tried to lead
 12 a normal life for the girls but it was just out of our
 13 control. It was out of our control completely and we
 14 tried to make the best of things. But it did have an
 15 impact on all of us, definitely.
 16 **MS RICHARDS:** Were you or Mike ever offered any
 17 counselling or psychological support?
 18 **ANN:** No -- well, Mike was offered counselling when he got
 19 the diagnosis of terminal illness, yeah. He didn't
 20 take it.
 21 **MS RICHARDS:** But at no other stage?
 22 **ANN:** Nothing.
 23 **MS RICHARDS:** You were both offered antidepressants.
 24 Neither of you wanted them. Mike didn't want feelings
 25 to be taken away.

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1 **MS RICHARDS:** Thank you.
 2 (12.45 pm)
 3 (A short break)
 4 (12.55 pm)
 5 **MS RICHARDS:** Eleanor, we have agreed I am going read
 6 a couple of passages from your witness statement where
 7 you explained how matters have affected you. You say
 8 this:
 9 "I did not know the extent of my father's
 10 illness and I did not know that he would not be with
 11 us for most of my life. He died when I was only
 12 18 years old. Sarah and I should not have to lose our
 13 father at such a young age. We should not have to
 14 explain to our children why they have not got
 15 a grandfather. We should not have to walk down the
 16 aisle without him. My mother should not have to be
 17 a widow at 48 years old. This could have been
 18 avoided. This should not have happened. We have to
 19 live our lives with no father to support us.
 20 "Watching my father slowly deteriorate and
 21 watching him die whilst holding his hand has severely
 22 affected my mental health. Since he passed away
 23 I have suffered from severe anxiety, stress,
 24 depression and suicidal thoughts. I had never
 25 suffered from panic attacks before my father died and

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1 **ANN:** No, he didn't want to suppress his feelings. He
 2 wasn't the sort of man to take antidepressants. He
 3 was a strong man.
 4 **MS RICHARDS:** You describe in your statement your
 5 devastation at the loss of Mike. You loved him and
 6 you miss him every day.
 7 **ANN:** Yes.
 8 **MS RICHARDS:** Sarah and Eleanor, I will ask Eleanor first,
 9 what can you tell us about the impact of your Dad's
 10 illness on you growing up and how it affected you.
 11 **ELEANOR:** Well, when we were growing up Mum and Dad gave
 12 us everything that we needed and obviously tried to
 13 act like a normal family despite everything that was
 14 happening. You know, Dad worked really hard to live
 15 in an nice area in Surrey and we went to good schools
 16 and we went on nice holidays like Mum said and stuff
 17 like that, and obviously that was nice but obviously
 18 there was that underlying aspect of, you know, he's
 19 had two liver transplants, he was on borrowed time, he
 20 knew at some point something was going to happen and
 21 go downhill at some point.
 22 Can I just have a minute?
 23 **MS RICHARDS:** Of course you can.
 24 You have talked -- would you like a break?
 25 **SIR BRIAN LANGSTAFF:** Let's take a ten-minute break.

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1 after he passed I had one a week on average. When
 2 I started university in 2015 this increased to about
 3 two or three a week and I felt suicidal. I had never
 4 felt like this before and it was getting to the point
 5 where I could not leave the house. In January 2017
 6 during my second year I dropped out of university due
 7 to the severity of my anxiety. I am seeking therapy
 8 to help my mental health and I now have CBT and
 9 bereavement therapy. However, these events will
 10 forever be with me. I believe had my father not have
 11 died this would not be the case."
 12 Is there anything else you would like to add to
 13 that, Eleanor?
 14 **ELEANOR:** No.
 15 **MS RICHARDS:** Thank you.
 16 Sarah, you wanted to talk about how growing up
 17 with your Dad's illness and his death had affected
 18 you.
 19 **SARAH:** I think when you grow up as a child and your life
 20 is so full of hospital visits and medication and death
 21 always potentially being on your doorstep, you have
 22 a different outlook on life. After my Dad's second
 23 transplant, he very much lived for the moment. And
 24 then after the second as well he just wanted to make
 25 the most of every single second. So he was very

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1 impulsive and spontaneous and if he wanted to do
2 something he went and did it or he learned how to do
3 it, and we very much lived by that lifestyle and it
4 was lovely, you know, being able to have such good
5 memories with him and making the most of it, but when
6 you live with death on your doorstep constantly
7 throughout your childhood and your teenage years it
8 leaves a mark. I have quite bad anxiety now and I get
9 very stressed quite easily and I have control issues
10 which I've said in my statement has got quite a lot to
11 do with the bad interferon years with my Dad, and
12 there was a lot of control in that house and because
13 my Dad's health was out of his control we had to find
14 control in other ways and it took its toll on us.

15 I find myself almost replicating that in my own
16 parenting and I have to stop myself sometimes to not
17 be so controlling and just kind of -- it's the fear of
18 the unknown, the fear of death, it's being paranoid,
19 it's very stressful. When I was pregnant, I found out
20 I was pregnant two weeks after my Dad's funeral, which
21 was quite a shock for all of us, and I don't regret my
22 decision to continue the pregnancy whatsoever. My
23 little boy is amazing but had I not been grieving,
24 I think my decision to continue the pregnancy might
25 have been different as the circumstances as to

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1 it's the way your mind works and I was very, very
2 paranoid.

3 But luckily he's not a haemophiliac and, yes,
4 so -- it's very, very hard bringing up what would have
5 been my Dad's first grandchild and he's three and
6 a half now so he's, you know, he knows people and he's
7 always pointing to pictures of my Dad, you know, and
8 asking, you know, who's that? Who's that? And it's
9 very, very hard and he would have loved him so much
10 and I knew that he wanted a grandchild and ... yes.

11 **MS RICHARDS:** Is there anything else you want to say?

12 **SARAH:** No, that's it.

13 **MS RICHARDS:** Ann, I wanted to ask you about Mike's
14 campaigning work. He was closely involved with
15 campaigning activities --

16 **ANN:** Yes.

17 **MS RICHARDS:** -- in the years before his death and one of
18 the issues he was most passionate about was the issue
19 of proper financial support or compensation.

20 What can you tell us about what Mike did.

21 **ANN:** Lobbying MPs, various letters to MPs. At the time
22 when we lived in Farnham in Surrey our MP was Jeremy
23 Hunt who was also Health Secretary at the time and he
24 used to write to Jeremy Hunt, emails, met up with him
25 a few times. He respected Jeremy Hunt. They were on

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1 conception was un-ideal.

2 But we wanted to -- I wanted to bring this
3 little joy, a bundle of love into our lives and he did
4 exactly that and he looks just like my Dad as well
5 sometimes. In the right light, he looks just like
6 him. But when I was pregnant with him, obviously
7 pregnancy hormones do wicked things to your brain but
8 adding grief into the mix as well, it's not a nice
9 experience.

10 So obviously haemophilia runs through our family
11 bloodline so it was very, very paramount that I could
12 potentially have a haemophilia boy, although my Dad's
13 haemophilia was only very mild, the haemophilia that
14 my son could potentially have would also be mild, as
15 far as I'm aware, but when I was pregnant with my son,
16 I went into overdrive and paranoid.

17 I was phoning haematologists. I was having
18 appointments with anyone I could get my hands on.
19 I had meetings at the haemophilia clinic with what
20 treatments are like nowadays, because I was so scared
21 of the fact that I thought that if my own son had
22 haemophilia and that he had to be treated, that the
23 same thing would happen again and again and again and
24 I just, I couldn't live with that fear that my son
25 could potentially have -- I know it sounds silly but

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1 first -- you know, they called each other by their
2 Christian names. He had a good relationship with him,
3 yes.

4 **MS RICHARDS:** There was a meeting that Mike was invited
5 to, you attended as well, around February 2014 to meet
6 with Jeremy Hunt in his capacity as Secretary of State
7 for Health --

8 **ANN:** Yes.

9 **MS RICHARDS:** -- to discuss what would be a fair and final
10 settlement for victims of contaminated blood is how
11 you have described it.

12 **ANN:** Yes.

13 **MS RICHARDS:** Mike did a lot of work in trying to come up
14 with a proposal and some figures and some suggestions.

15 **ANN:** Yeah, it was very difficult because each
16 circumstance -- everyone's different, so he found it
17 really difficult to come up with a figure but we went
18 to discuss -- we went to his offices to discuss this
19 and in the room were Jeremy Hunt, Jane Ellison, who
20 was undersecretary, and also about 20 other civil
21 servants in the room and the week before we'd just got
22 the result that he was terminal so, as you can
23 imagine, the room was -- when Mike told the room that
24 it was terminal Mike got very upset, very emotional
25 and towards the end of the meeting Jeremy Hunt came to

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1 myself and Mike and shook our hands and said to us,
 2 "Don't worry about this, we'll sort it". Those were
 3 his words.
 4 **MS RICHARDS:** You said:
 5 "Jeremy shook mine and Mike's hands and
 6 guaranteed him, 'I will sort this out'."
 7 **ANN:** He did.
 8 **MS RICHARDS:** Then you say in your statement since this:
 9 "Since that meeting he has not fulfilled his
 10 promise."
 11 **ANN:** No.
 12 **MS RICHARDS:** That is your view and that was Mike's view?
 13 **ANN:** Yes.
 14 **MS RICHARDS:** Is there anything else you would like to say
 15 about that subject?
 16 **ANN:** No.
 17 **MS RICHARDS:** Sarah, you want to read something your Dad
 18 wrote and we'll put back up on screen your Dad's
 19 photo.
 20 **SARAH:** It's quite long, so you will have you bear with.
 21 He wrote it over the course of three years so
 22 chronologically it doesn't quite flow. You know, he
 23 didn't have time to obviously finish it.
 24 "This nasty, nasty disease has completely
 25 shattered my life. I'm 44 years old and until last

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1 infection with hepatitis C in 1982 I had only ever had
 2 one course of cryoprecipitate. My liver function
 3 tests in 1982 prior to treatment with Factor VIII were
 4 perfect. Why I was changed from cryoprecipitate to
 5 Factor VIII in 1982 is beyond me. There was no
 6 discussion, no dialogue and no consent.
 7 "The three treatments of Factor VIII that I had
 8 prior to heat treatment being established in 1985 were
 9 for teeth extraction and minor muscle bleeds caused by
 10 playing football. None were for life-threatening
 11 situations.
 12 "The Government of the day are fully aware of
 13 the risks involved in the new treatment -- the
 14 Government of the day were fully aware of the risks
 15 involved in the new treatment. In 1980 a report to
 16 ministers from an advisory group indicated a 90 to
 17 100 per cent certainty that the new treatment would
 18 expose people to non-A non-B hepatitis, later to
 19 become known as hepatitis C.
 20 "I found out I was hepatitis C positive in 1996
 21 when I was 28 years old and then only by chance.
 22 I had dropped out of haemophilia care as I didn't need
 23 it. Within two weeks of seeing a haemophilia
 24 consultant I'd found out that I had hepatitis C and
 25 I was grade 5 cirrhosis of the liver, where 5 was the

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1 year lived in Farnham Surrey with my wife Ann and two
 2 daughters. Up until the end of November 2008, I had
 3 quite a senior position within United Biscuits
 4 (McVitie's) where I worked in the international part
 5 of that business. My team managed roughly half of the
 6 world and I was lucky enough to get to travel all over
 7 the place. I thoroughly enjoyed my job, had a great
 8 time and have made some truly great friendships along
 9 the way. Unfortunately, I was pensioned off at the
 10 end of 2008 on the grounds of ill health.
 11 "I used to be a mild haemophiliac and only ever
 12 needed blood products for traumatic injuries or
 13 medical procedures. In 1982 I was treated with
 14 a product called Factor VIII. Prior to my treatment
 15 my liver function was tested and was normal. 12
 16 months after the treatment my liver function was
 17 tested again and was abnormal. The only possible
 18 cause was the treatment I was given. It was now taken
 19 that for every haemophiliac the first date of
 20 treatment with Factor VIII is the date at which they
 21 were exposed to hepatitis C, around 25 per cent of
 22 British haemophiliacs were also infected with HIV.
 23 "Because I was a mild haemophiliac I was lucky
 24 enough to only require treatment as a result of
 25 sporting injuries or when I had surgery. Before my

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1 maximum. I didn't even realise and I thought my
 2 fatigue was down to working too hard and not getting
 3 enough exercise. I was lucky enough to be able to
 4 carry on working as thankfully it was not a physical
 5 job. The brain seemed to continue to be working even
 6 though the liver wasn't.

7 "Following this, I was treated with combination
 8 treatment, interferon and ribavirin, which did nothing
 9 except annoy me. I was injecting every other day so
 10 continually felt ill. I had the usual flu-like
 11 symptoms and felt generally ropery. The combination
 12 treatment is awful. It is 27 weeks of feeling like
 13 you have the flu and I'm talking proper flu where you
 14 feel shattered all of the time, not just a cold.
 15 Unfortunately, this treatment didn't work and I was
 16 eventually told in early 2000 that I would need
 17 a liver transplant. I literally went to pieces.

18 "I had previously been an active sporty
 19 energetic type, despite my haemophilia and was now
 20 reduced to being a wreck. I was put on the liver
 21 transplant list and subsequently received
 22 a replacement liver on 2 October 2000. Thankfully
 23 I recovered relatively quickly. I had a great
 24 employer at United Biscuits and a great boss who eased
 25 me back in and I was able to return to a full and

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active life with only a few compromises. The transplant meant that I could do things I had written off being able to do. The family all learned to ski together and my daughter and I learned to scuba dive. I started sailing, had a go at paragliding, in fact, I had a new lease of life.

"There were some minor hitches in the next few years which included a bit of re-plumbing, hernia repairs, MRSA and C.diff but nothing I couldn't get over. That was until the summer of 2007 when a routine scan found cancer in the transplanted liver. I was put on the transplant list again as it was suspected that I had developed cancer. I was advised it would take four weeks to get a liver as cancer patients went quite high up the list. Eight hellish months later I had the second transplant in April 2007. Surgery went well but the hepatitis C came back very aggressively and things weren't looking good.

"At the end of 2007, United Biscuits started the process to pension me off. I had the option to challenge this but, given the circumstances and my state of mind, I think it was best for all that I just took it. I couldn't work then and can't do so now as I get too tired. Retiring was the only viable option

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the transplant. Cancer cells were found in the blood vessels of the liver meaning that they might have got out and circulated around my body and started again.

"There is a huge difference between my salary when I worked and my pension. We have had to change our lives from top to bottom. It now means that I cannot do what I wanted for my family but we are all still here, so I'll count my blessings.

"I also believe I'm in a better position than so many others infected, similarly infected, so I try not to go on about my lot too much. I'm lucky that I did not get HIV. I am lucky that I was able to continue to work until relatively recently. I am lucky that I get a pension from the company which means we can survive -- survive, not live. I am lucky that have we have been able to stay in our family house, although should the need arise we will have to sell up and move somewhere less expensive."

Note: since he wrote this, Mike has had to uproot his family in order to cut down expenses and move closer to Ann's family.

"I am lucky to have a caring and supporting wife and family. I'm lucky to have two great kids who just get on with things without seeming to let our circumstances affect them. I was lucky to have two

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that was open to me.

"I was still hepatitis C positive at the time. However, it was running riot as I was heavily immuno-suppressed to stop the rejection of my new liver. The body's defence against the hep C was squashed and so it could do what it wanted. The decision was taken to offer me the combination treatment again. This time it was for 72 weeks and again was awful. The doctors at Addenbrooke's put me on peginterferon and ribavirin which has thankfully controlled the hepatitis C for the time being. I came off the combination therapy in February 2010 after 72 weeks of it. I felt like I had flu and was extremely tired most of the time. I also had an almost constant run of infections and minor complaints which became very, very irritating. There were times when I struggle to get out of bed in the mornings as I just couldn't be bothered.

"Thankfully it was seen to be successful as the hep C went undetectable. As I understand it, I was the fourth person in the UK to have the combination treatment post transplant. One of the first three didn't make it; so, as I mentioned, it wasn't looking good.

"The lumps were confirmed as being cancer after

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transplants. Unfortunately, I've been told that there won't be another should the need arise but will fight that decision as and when.

"Everything was going fine with the second transplant until February 2014 when a routine scan nearly six years after the operation showed that the cancer had returned. Unfortunately, it was seen to be inoperable and treatment options were very limited. A further transplant has been ruled out. I'm now undergoing chemotherapy. However, the chance of success is less than 10 per cent. The original prognosis was that my cancer is terminal and if I make it to this time next year I will be doing well."

Note: since Mike wrote this, the chemotherapy has had to be discontinued as it made him so ill. He is now fighting recurrent infections and hoping to get well enough to try final treatment in tablet form that might hopefully shrink the tumour and buy him a little more time with his family, which he never got well enough to start taking.

"Looking at the impact that this has had on my family and I is hard to explain. I had a senior general management role within United Biscuits, working in the international division. I travelled the world with my job, having a team of managers

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1 across the globe. Following my second transplant,
 2 I was offered early retirement on the grounds of ill
 3 health and I had no option to take it as I was too ill
 4 to return back to work. The financial impact of this
 5 decision was that my package to pension difference was
 6 in the region of £65,000 a year lower. I was 41 when
 7 I retired. When you gross this up to include
 8 a reasonable rate of salary increase per annum and one
 9 promotion over the next 24 years, this would give a
 10 loss income of around £2.25 million. This does not
 11 include any share options either. To put this into
 12 perspective, United Biscuits has just been sold.
 13 A manager who worked for me will receive a bonus of
 14 around £500,000 as a result of this change in
 15 ownership. I would have been expected to receive in
 16 excess of this.

17 "My situation is atypical of haemophiliacs.
 18 I understand that and I would not be expecting any
 19 Government to put up a support package in place to
 20 cover these losses, unless of course previous
 21 governments were found to be fully culpable of my
 22 infection. I believe they are, by the way. The
 23 impact of this scandal had has on my family is
 24 measurable. I am now not in a position to be able to
 25 provide what I should have been able to do. As you

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1 proportion. It would be quite easy to put categories
 2 into place to cover the differing levels of impact,
 3 thus managing the overall cost. It would also be all
 4 inclusive.

5 "The financial impact of the scandal is only one
 6 part of how this has affected me and my family. The
 7 chances are that I will be dead in the next 12 months.
 8 Nothing will ever repay this. I won't be there for my
 9 wife and two daughters, I won't get to walk them down
 10 the aisle, I won't be there to meet our grandchildren,
 11 and my wife will be on her own. We won't be able to
 12 enjoy our move to the lovely Yorkshire Dales. I look
 13 out of my window now and I see that I am going to be
 14 missing this view. The diagnosis of cancer came two
 15 weeks after we had completed on our house purchase.

16 "The only thing that will mitigate the impact to
 17 a certain extent is a financial package that will make
 18 my wife and family financially secure for the future.
 19 No apologies or potential criminal prosecutions for
 20 what have taken place will mean anything and it is
 21 time that the Government sorts this issue out. We
 22 have had years of pain and anguish as a result of the
 23 actions taken by previous governments. They knew the
 24 risk of moving from relatively safe product
 25 cryoprecipitate to the massively riskier Factor VIII.

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1 will understand, a reduction in income as indicated
 2 has had huge implications like the payment of
 3 university fees, the provision of nicer things in
 4 life, the fact that my wife has had to go back to work
 5 full time to make the books balance, to the fact that
 6 we have had to move from the south-east to a more cost
 7 effective part of the country leaving all of our
 8 friends behind. I shudder to hear that the house
 9 prices in the south-east continue to soar after we
 10 have moved out of the area. My eldest daughter is now
 11 at university and I am not able to provide any
 12 financial support for her, which upsets me
 13 tremendously. Realistically, if I make it to the age
 14 of 50 I will be lucky.

15 "You may be aware Jeremy Hunt was my constituent
 16 MP until we moved. He is fully aware of my situation,
 17 as we have corresponded regularly and met on a number
 18 of occasions. I might have mentioned that I have had
 19 a meeting with him in February 2014, and Jane Ellison,
 20 where they invited me to a meeting to understand what
 21 a potential settlement would look like. The impact
 22 that this scandal has had on individuals varies. The
 23 package offered could be pro rata'd to reflect this,
 24 i.e. those most severely affected receive 100 per cent
 25 of said package, those less so receive some

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1 "The risk involved with me passing hep C to my
 2 wife and children has been frightening. People
 3 automatically assume that hep C infection is due to
 4 intravenous drug usage and living with the stigma of
 5 it cannot be underestimated. The current Government
 6 have resolved a lot of the outstanding issues:
 7 Hillsborough is being resolved, Icesave has been dealt
 8 with, Equitable Life has been resolved. This is the
 9 last big issue that remains undealt with, despite
 10 previous attempts. I have tried to keep this brief
 11 but, as you will see, it's not easy.

12 "If this has been a little incoherent, I do
 13 apologise but I am currently sat here hooked up to a
 14 pump delivering my chemotherapy. This is the impact
 15 that this wholly avoidable infection has had on my
 16 life. Whatever the reasons are for changing me from
 17 cryoprecipitate to Factor VIII when I was 15 years old
 18 has had the impact of ruining my life. I have gone
 19 from being a fit, active man to someone who can just
 20 about manage day-to-day. I have gone from a senior
 21 role flying around the world and thoroughly enjoying
 22 life to being a retiree at the age of 42. I have gone
 23 from having a relatively good income to scraping about
 24 to make ends meet. I have gone from being able to
 25 provide for the needs of my family to not being able

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1 to do so at all. This nasty, nasty disease has
 2 completely shattered my life."
 3 **MS RICHARDS:** Thank you, Sarah. Is there anything else
 4 any of you want to say?
 5 **ANN:** I just wanted to say we're so grateful for the two
 6 transplants that Mike had, and the donor families.
 7 I also wanted to thank Sir Brian and also Collins, who
 8 have been wonderful. That's all I wanted to say.
 9 **MS RICHARDS:** Eleanor, Sarah, Jennifer? That's all the
 10 questions, sir.
 11 **SIR BRIAN LANGSTAFF:** Thank you very much indeed, each and
 12 all of you, for giving us what your story is and for
 13 allowing Mike's voice from beyond the grave to be
 14 heard. Thank you.
 15 As you know, we finish now for the day and we
 16 finish our sessions here in Leeds. The Inquiry will
 17 move on in honour of its promise to be a UK-wide
 18 Inquiry. It seems that each day brings another moving
 19 day that there are aspects which are barely bearable
 20 in a number of the accounts which we've heard, deeply
 21 moving, all unique, all with a common base.
 22 For those who are listening remotely, as well as
 23 you who are here, can I just say this: Sue when she
 24 gave evidence told us that she didn't think she was
 25 worthy of giving evidence earlier in this week because

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1 hearing here in Leeds in particular but elsewhere.
 2 That's not true. I'm not inviting people to
 3 come and tell me of their misery but of their
 4 experience, which will include misery. It will be
 5 important for them if they can bring themselves to
 6 come forward and offer what they have to say to do so.
 7 I can thank you for being here and for offering your
 8 accounts, all of which have had different aspects to
 9 them to massively increase the knowledge of me, of the
 10 Inquiry team -- I know I speak for them all -- and
 11 many of which have been, as I say, hardly bearable
 12 because they have been so moving. Today is a perfect
 13 example of that.
 14 It bears repeating that we do not have the
 15 luxury of time. That's obvious. So the sooner that
 16 those who feel that they might possibly have something
 17 to offer from their own experience -- it will be
 18 unique because each person's is unique -- do so and
 19 every statement will be read whether or not the
 20 witness is called for oral evidence. Those of you
 21 here or those of you outside this room who think,
 22 "Well, I missed the boat, the Inquiry's come to Leeds
 23 and they haven't asked me to give a statement" should
 24 know this: I promised at the outset of this Inquiry
 25 that it would put people first and last. This is only

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1 of the stories which everyone else had to tell and
 2 hers was just her own account. You will have agreed,
 3 I'm sure, that it was important to hear it. It is
 4 important to hear those who have not yet spoken and
 5 there will be many. I can't promise -- I never have
 6 promised -- that everyone who makes a witness
 7 statement will be asked to give oral evidence but some
 8 might be and it is important to me, it is important to
 9 us, it is important to the public knowledge of what
 10 has happened, that the Inquiry should take its
 11 evidence to be as reflective as it can be of the
 12 various different experiences which people have had
 13 with infected blood and infected blood products.
 14 In particular, there are many who we think have
 15 not yet come forward in the numbers that we might have
 16 expected if one took a demographic approach, those in
 17 particular who suffer from thalassaemia and sickle
 18 cell disease who would have had transfusions
 19 necessarily, and disease being no respecter of rank or
 20 persons or race or origin, one would have expected to
 21 see perhaps more from that community or those
 22 communities. It may be that what has restricted
 23 people such as those with such diseases coming forward
 24 has been the feeling that they can't really add to the
 25 emotion, the moving accounts which we have been

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1 the first part. The last obviously has to come.
 2 We shall hear at that stage from a number more.
 3 It won't be everyone who has made a statement,
 4 I cannot say that and I will not make you any false
 5 promises, but it will include -- we will consider for
 6 those sessions anyone who has given a statement
 7 whether already or yet to come. So no-one should
 8 please feel inhibited at offering what insight they
 9 have, and it may be critical insight even if the
 10 individual themselves does not think so.
 11 That's my rallying call to others. My thank
 12 yous go to you. It's been a privilege for me to meet
 13 so many of you and to be able to listen to what you
 14 have had to say to me here, what you have had to say
 15 to me around this Inquiry room which I have found
 16 rewarding. So thank you very much indeed.
 17 That's it in Leeds. The Inquiry will move on.
 18 We have a week's break -- we need a break -- but
 19 a week's break before we start again in Edinburgh
 20 where we have two weeks. Those of you who are at all
 21 interested in northern supremacy may reflect on the
 22 fact that we have had a week in Belfast and we will
 23 move on from Edinburgh after a further week's break to
 24 have a week in Cardiff. We have had two in Leeds. It
 25 is not long. We haven't been able to accommodate as

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1 many as we would have wished but, as I have said we
2 don't have the luxury of time and if anyone wanted to
3 reflect on that, today is all one needs to go to.
4 So thank you all. Thank you to counsel and the
5 legal teams and goodbye for now.
6 (1.29 pm)
7 (Hearing adjourned until Tuesday, 2 July 2019)
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(29) Ellison... - general

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(30) general... - his

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