

Friday, 11 June 2021

(10.0 am)

SIR BRIAN LANGSTAFF: It's Jason that you'd like to be called, is it?

THE WITNESS: Yes, please.

SIR BRIAN LANGSTAFF: Very well. Well, Jason, in a moment Mary will ask you to take the oath and then we will take it from there. For those who are watching remotely, we have what is for us, under current restrictions, a full house, both in this chamber and below, but there will be, I expect, something in the region of 300 or 400 people watching you outside and they're the public to whom you're talking.

Mary.

JASON JONATHAN EVANS, sworn

Questions by MS RICHARDS

MS RICHARDS: Jason, you've not given oral evidence to the Inquiry before and so I'm going to start by asking you about your personal experiences and what happened to your father and then we'll come on and talk about your campaigning and investigative activities.

A. Yes.

Q. So your father was Jonathan --

A. Yes.

Q. -- and he had haemophilia A?

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of mid-'84. At that time, he reverted to cryo for one treatment. His doctor convinced him, "I don't know what you're on about, media sensationalism", convinced him to go back on to concentrates, and then later that year he tested positive for HIV.

Knowing what I now know, that happened at a time when I think that haemophilia clinician, Shinton, at Coventry, was wrong to have done that.

Q. Your dad, I think, received treatment at a number of different centres --

A. Yes.

Q. -- Coventry at that point, he'd also been treated at Oxford?

A. Yes, a mix of Coventry and Oxford. Later on, once he had tested positive for HIV he received much of his HIV care at Oxford but also, in his younger days, he treated at Birmingham Children's, as well.

Q. Do you know which particular factor concentrates he was treated with?

A. Everything under the sun, to put it bluntly. Various BPL products, Hemofil by Baxter, Factor VIII by Armour, it would probably be easier to explain which ones he wasn't given, which would be things like the Speywood product, for example.

Q. Your mum, in her statement, has identified that,

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A. He did, yeah, born in 1962, and kind of a few years into his life, he developed the usual bruises, and was diagnosed with haemophilia A.

Q. He was infected with HIV and with hepatitis C as a result of his treatment with factor concentrates?

A. Yes.

Q. He died in October 1993. How old was he?

A. He was 31 when he died.

Q. How old were you?

A. Four.

Q. Because of your young age at the time of his death you don't have, I think, much firsthand knowledge of the circumstances in which he was infected?

A. Correct.

Q. But I know you've tried, through looking at his records, and we'll come on to some issues about records later, but looking at his records to find out what you can. But before we look at some things your mum said in her statement and, indeed, your dad's own HIV litigation statement, what, if anything, have you learnt about his treatment or what he was told?

A. I think the one thing that stands out to me is -- and it's in his medical records -- he raised his own concerns about possible AIDS transmission through factor products from media reports, during the course

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according to his records, she thinks he started home treatment in 1976 and first given Factor VIII concentrate in 1977?

A. That's my understanding.

Q. There's reference to him having hepatitis B and being jaundiced in 1976, 1977?

A. Yes.

Q. Then she also identifies records which refer to hepatitis in 1983 when he was being treated at Walsgrave Hospital for a knee problem?

A. That sounds correct, yes.

Q. I'm going to put a bit of your mum's statement on the screen, because it describes how she and your father learnt about his diagnosis, and it's probably best done in her own written words.

Soumik, it's WITN1678001, please.

Your mum, Sandra, says this, if we go to page 2, we pick it up at paragraph 7, we can see that she refers to:

"Jon [that's your dad] and I were married in June 1984."

Then she says that:

"Before we married, I was at home when my Father saw something on the news about a Scottish man dying as a result of receiving bad blood products. My

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1 Father told me and I immediately called Jon who was in
2 the hospital and told him. He demanded to be put on
3 cryoprecipitate but they reassured him there was
4 nothing to worry about and it was just one off case."

5 That's what you referred to.

6 A. Yes.

7 Q. "Jon was under Dr Shinton at CWH [Coventry and
8 Warwickshire Hospital] and had received treatment from
9 him for a long time. Jon even invited Dr Shinton to
10 our wedding.

11 "In March 1985 Jon was referred to Oxford to see
12 whether the Haemophilia Unit there would treat him
13 because he was having so many problems with bleeds in
14 his knees."

15 Then this:

16 "In the Spring of 1985, Dr Shinton invited us to
17 his office for a chat. He shuffled through Jon's
18 medical notes when he casually said 'your test results
19 are positive'. We were extremely confused and asked
20 'what test results?'. He then said Jon had been
21 diagnosed with HIV. He also told us there was no
22 cure. We asked when Jon would die but Dr Shinton said
23 he didn't know."

24 Then there's reference to saying there shouldn't
25 be any sexual contact or kissing or sharing

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1 not to go into detail about. Nothing happy, is the
2 answer.

3 Q. The stigmatising effect of the AIDS diagnosis is
4 something that your mum talks about and we'll look at
5 that in a moment, but we can hear from your dad in
6 a video, and we can hear from your dad's words in his
7 HIV litigation statement?

8 A. Yes.

9 Q. So if we start with video.

10 Soumik, could we play JEVA0000074, please.

11 We'll see your mum.

12 [Video played]

13 So that's the video we've got of your parents
14 talking about what happened.

15 A. The hairstyles and trousers of the eighties.

16 Q. One of the striking things about the video might be
17 said to be the fact that your dad described it as
18 being something wrong with him.

19 A. Yeah. He did feel that way. There are other private
20 letters I have at home that support that.

21 Q. Then there's a newspaper article from around, I think,
22 the same time, which your mum exhibited to her witness
23 statement. And again, I just want to look at a little
24 bit about it.

25 It's WITN1678002.

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1 toothbrushes. Then at paragraph 13:

2 "We asked when Jon had been tested and he said
3 it was some time ago. Jon's notes show that he first
4 tested positive in November 1984. This means that
5 Dr Shinton likely knew about Jon's test results for
6 months but he still neglected to tell Jon the results
7 of the test."

8 That's your mother's recollection and obviously
9 her account, she was there with your father when he
10 received this news of how they were told.

11 A. Yes, and what she outlines here is supported by the
12 medical records I've read as well.

13 Q. Then if we just look at paragraph 14, the next
14 paragraph:

15 "We were absolutely gobsmacked. We walked into
16 that office happy, having only married a year
17 previously, and came out with the knowledge that our
18 lives had changed forever."

19 I'm going to go into some of the ways in which
20 their lives were changed and then how your life was
21 changed in a moment but, before we do that, what
22 memories do you have of your father, Jason?

23 A. Very little direct, happy memories. I remember the
24 funeral very well, and him dying. And other things
25 that are very negative that it's probably best for me

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1 If we go to the next page. Again, it relates to
2 how your mum lost her job, and it's both your mum's
3 perspective and the employer's perspective. But it
4 was really just what your dad said again that I wanted
5 to pick up.

6 Soumik, under the heading "EXCLUSIVE by
7 Sue Robinson", could you just -- the column under
8 that is what I wanted to refer to.

9 It says this:

10 "Mr Evans, who had to give up work last year,
11 added: 'I feel as though all this is my fault and that
12 I should have a bell round my neck, ringing it
13 wherever I go, even though I haven't got AIDS'."

14 And that's your dad's perspective, thinking it
15 was his responsibility?

16 A. Yeah, I think he felt responsible for what happened to
17 my mum.

18 Q. There's a statement that we've got from your dad
19 prepared for the HIV litigation.

20 Can we go to that, please, Soumik. It's
21 WITN1210002.

22 We can pick it up at the bottom of the next
23 page, please. So we can see I think the dad gives
24 a date there of July 1984. That might not be right,
25 given what your mum said and what you've told us about

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the records, but in any event he talks about this:

"... I started to develop rashes on my legs, I also started to suffer severe headaches which resulted in sickness.

"In July 1989 I was extremely ill with a bout of gastric flu. I lost approximately 1 and a half stones over a period of a few days. My weight came down from 9 and a half stone to 8 stone."

He describes then almost being back to his normal weight at that point in time.

He describes then about suffering from night sweats.

"... on occasions have had to change the bed sheets in the night."

Then he talks about being constantly exhausted:

"The smallest amount of physical exertion leaves me feeling totally worn out."

Then if we go to the "Psychological":

"My reaction to being told that I was HIV Positive was fear. I felt that my world had come to an end. I was told that I would die, but the hospital didn't know when. The manner in which I was told (by Professor Shinton) left a considerable amount to be desired."

And then he refers again, and I think for

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your mum, his wife, losing her job, concern about not having children. And then your dad explains about how they confided in neighbours but:

"... not long afterwards, the neighbour in question came to our house and informed us that she felt it was her moral duty to tell everyone in the close my condition. From then on things got gradually worse."

There's then an account of the effect on your mum: crying home every night, extremely upset, losing her job, and the fact she had already given up a full-time job to look after your dad.

And then your dad refers to the news item we just looked at, and I know you wanted to refer to this, and he says this:

"There was a subsequent spot on Central TV News. We were informed by Central that we would have the opportunity of putting our side of the story and that is why we agreed to go on TV. However, after the news item appeared, we were completely ostracised. People would walk away from us, or talk about us as we passed them, staring at us as if we were criminals. We began to receive abusive telephone calls and letters suggesting that we should be locked up to stop AIDS spreading in the community. Lots of hurtful things

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present purposes the precise dates are going to be less important than what he actually says, to the gap between the test and being told.

A. Yeah --

Q. Your mum's name has been redacted there because initially she was anonymous.

A. The solicitors had accidentally put things back a year, so you'll see, rather than November '84, it's '83, and rather than July of '85 it's '84.

Q. And so it's your mum's name, it's Sandra's name that we can say that's referred to there?

A. Yes.

Q. Then if we go towards the bottom of that next paragraph:

"It is difficult to explain, but every aspect of my life, (my own sanity, that of my wife and the stability of our relationship) came to an end. This had an immense effect on me. If anything, the fear of what has happened and what may happen in the future has got worse."

Then there's reference to your mum's concerns about losing her job. And if we go over the page, we see various examples of the stigmatising effect of what had happened. So at the top of the page, your dad talks about losing contact with family friends,

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were said by people who we had never known before. It is difficult to explain to a third party the immense stress that all of this created."

Then he explains the toll that took on his relationship with your mum.

A. Yes.

Q. If we go over the page, we see reference to your dad saying that they tried to start afresh in a new town:

"We attempted to do this, but due to [the] HIV Positive status, no-one would give us a mortgage or any life insurance. In effect, we were left with no choice but to remain where we are."

And then, again, there are some passages redacted but I can read out the whole passages because the redaction should have been lifted because your mum is happy with this being said.

"Whilst all of this was going on, I was extremely depressed and felt that I could go on to develop AIDS at any time. These morbid thoughts [completely] occupied my mind."

A. Sorry, Jenni, can I just say, I think the last GRO-D, those last two lines --

Q. I'm not going to refer to that because that's not relevant.

A. Yes.

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1 Q. "These morbid thoughts [completely] occupied my mind.
2 I became [completely] introspective."
3 Then it refers essentially to your mum's fear
4 and the effect upon the relationship of that fear.
5 Then if we go down the page, we can see it says:
6 "Quite frankly in the 5 years that have passed
7 since I was diagnosed as being HIV Positive, the life
8 of my wife and myself have been hell. I believe that
9 a fair amount of the pain and suffering would have
10 been avoided had we known more about the disease, more
11 about the way in which the general public were
12 reacting to it. We both believe we have suffered
13 immense psychological damage as a result of what has
14 happened."
15 Those were the passages which perhaps most
16 powerfully convey from your dad's perspective the
17 impact. Was there anything else in this document that
18 you'd like to refer to?
19 A. No.
20 Q. We know, of course, your dad did develop AIDS, and
21 died only -- not long after. Your mum explains that,
22 in the course of his treatment, he was given AZT, and
23 that made him extremely unwell?
24 A. Yes, that's right.
25 Q. What was the impact on you? After your dad died --

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1 AIDS?"
2 She explained in a very simple way, I think.
3 You know, "It's something that makes you ill",
4 something to that effect.
5 And going through high school, you know --
6 I remember Tony referred to this -- you hear all the
7 AIDS jokes. I think it's long been the case. I think
8 it still is the case now. I think we might like to
9 pretend things have changed in certain sections of
10 society but overall they haven't. AIDS is the
11 condition that is okay to joke about. It's funny.
12 And we were subject to all that.
13 Q. You described in your statement feeling very isolated.
14 And an impact upon your education.
15 A. Yeah, I had this view, I think when I became a
16 teenager, which now seems ridiculous, but at the time
17 my view was, without knowing any detail, the
18 Government had killed my dad, and therefore anything
19 to do with or run by or funded by the Government, or,
20 you know, at the time I would have said, you know,
21 global corporation -- I just wanted nothing to do with
22 it. And that included school. That included, you
23 know, medicines, even basic things like aspirin or
24 paracetamol. To this day, you'd have to catch me in
25 a very bad situation to take any kind of medicine,

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1 you were very young, you were 4 years old -- how did
2 everything that happened affect you in the years that
3 followed?
4 A. Well, this whole situation marked life in every way.
5 At school, just general friends, the family, the whole
6 family. Parts of the family didn't see each other.
7 I didn't see my grandparents for about 12, 13 years,
8 probably, for reasons which I won't go into, but
9 they -- it all relates to this. Yeah, it just marked
10 every aspect of life. And, you know, I've now lived
11 my dad's entire lifespan, and I'm sat here. So it's
12 blanketed my entire existence.
13 Q. You were subjected to particular stigmatisation at
14 school, I think.
15 A. Yes. This was, let me think, year 4, year 5. And we
16 had a water fountain, and I'd gone to take a drink out
17 of the water fountain and there were two girls who, as
18 I was leaving the water fountain, one said to the
19 other, "Don't drink from that, that's the AIDS boy".
20 Now, I had no idea what AIDS was, but that was the
21 night I asked my mum about it. Because obviously
22 I knew my dad had died and I knew it was in what I'll
23 refer to as "mysterious circumstances". But I knew
24 nothing of AIDS, HIV, or even haemophilia for that
25 matter. So that was the night I asked my mum "What is

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1 which -- there's no rationale for it. It's just the
2 impact it had left on me, which continues to this day.
3 With the exception of my hay fever spray, which I have
4 been taking this week.
5 Q. You described in your statement how you would inundate
6 your mum with questions and some of your early
7 Internet researches, I think, to try to understand
8 what had happened?
9 A. Yeah. One of my main memories about starting high
10 school, which would have been 2000, 2001, was it was
11 when Google became a thing, for most of us, and
12 I would plug in "Factor VIII contaminated blood",
13 just -- and at the time there wasn't actually a whole
14 lot on the Internet anywhere about any of it. But
15 there were bits and pieces and it was from those
16 little bits and pieces I began to understand some
17 basics and I mean like real basics, I mean like: what
18 is haemophilia? I didn't know that until up until
19 that point.
20 So, yeah, the Internet began to enable me to
21 learn about this and I think it's also important to
22 mention that my mother probably couldn't explain as
23 much to me as she may have wanted to because, until
24 this day, one of the reasons she -- I asked her not to
25 come today is she cannot talk or listen to this

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1 without crying. So it was on me to find out for
 2 myself, to an extent.
 3 **Q.** You referred to the wider impact on family
 4 relationships. You were able to re-establish
 5 a relationship with your paternal grandparents after
 6 a number of years?
 7 **A.** Yeah.
 8 **Q.** One of the details your statement says is your grandma
 9 later developed dementia and in the latter stages of
 10 that she would call you by your father's name?
 11 **A.** Yeah. It's tough, but she did.
 12 **Q.** You also observe in your statement, and it's relevant
 13 to one of the broader campaigning issues we'll come
 14 back to later but you don't have anywhere to go to
 15 mourn your dad?
 16 **A.** Correct. There was a bit of a family tradition,
 17 I guess -- well, became a tradition, where when my dad
 18 died he had his ashes spread in his parents' garden on
 19 a rose bed. And subsequently, my grandparents have
 20 both had their ashes placed there as well, but suffice
 21 to say they're gone, my dad is gone, and there is no
 22 grave, you know, or anything. So yeah, there is
 23 nowhere to go. And that's -- I don't know, actually,
 24 you know, it's a horrible thing. But in a way,
 25 particularly as a teenager, maybe in some ways that

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1 spacemen, the kind of thing you see on the TV now with
 2 Covid, I guess, except HIV was not airborne and was
 3 understood not to be airborne. And the whole thing
 4 around me being born wasn't about "Here's a brand new
 5 child, oh what a great day", it was "I hope no one
 6 gets AIDS".
 7 **Q.** You've also subsequently discovered, I think, that
 8 your dad had relations, biological siblings, half
 9 siblings.
 10 **A.** Yeah, so my dad was adopted at birth. His mother --
 11 his biological mother, if you like -- was unmarried in
 12 the sixties and it's kind of what happened. So he was
 13 given up for adoption at birth. And, later on -- and
 14 it was actually around the time of Penrose, I think
 15 there was some change in the law around that time that
 16 allowed the descendants of adopted people to trace
 17 their biological family, which hadn't been possible
 18 for many years before that.
 19 So I happened to hear that on the radio and, to
 20 cut a long story short, I went through the process and
 21 I found them. His biological mother had died, but he
 22 had a sister. I met her. Again, I'm condensing parts
 23 of this story. I met her and I-- actually rewinding
 24 back a bit, during the process of this adoption search
 25 the agency had come to me and said, "We've found there

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1 was for the best, I don't know whether, maybe, it
 2 would have done more harm than good to, you know, be
 3 going to a grave every weekend but, yes, there is
 4 nowhere to go to remember him.
 5 Although, actually, in the lead-up to my
 6 grandfather's death, he had paid, I think, something
 7 like £2,000 to the Coventry Cathedral to have a laser
 8 etching on a glass plaque in some memorial room there
 9 with my dad's name on, which was done, and so there is
 10 a plaque in Coventry Cathedral with his name on which
 11 I was thankful for. And what's particularly sad about
 12 that is my granddad actually died a couple of weeks
 13 before the unveiling of that plaque, and he was super
 14 excited about that, but he never actually got to see
 15 it.
 16 **Q.** Your mum's provided in her statement further
 17 information about the stigmatising effect of the fears
 18 about AIDS, and she talks about the way in which your
 19 dad was cared for in hospital, feeling like he was
 20 being quarantined, and then, in terms of your own mum,
 21 I think that's when she was in hospital giving birth
 22 to you.
 23 **A.** Yeah, she is no great fan of the experience of me
 24 being born, because -- and I remember other witnesses
 25 described this -- people, you know, dressed like

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1 was a sister, there was also a brother", and I had
 2 mentioned to them about haemophilia, its hereditary
 3 nature and about how that might be a clue within, you
 4 know, the records they have access to.
 5 And the agency called me and they said there was
 6 a brother, unfortunately he's died, but we have his
 7 death certificate. And she said, "I don't know what
 8 this is, but it says human immunodeficiency virus on
 9 the death certificate", and I proceeded to explain
 10 that I would be willing to place a large bet of how
 11 that happened. And it had, my dad's brother was
 12 co-infected and died three years after he did.
 13 **Q.** You've described in your statement making a lot of bad
 14 decisions because, as you told us, you felt the system
 15 had killed your dad, and you described an impact on
 16 education, on employment, on relationships, on your
 17 own health and emotional and psychological wellbeing.
 18 **A.** Yes.
 19 **Q.** Were you ever offered counselling, psychological
 20 support of any kind?
 21 **A.** No, never. And I think the thing that is particularly
 22 despicable to me is, okay, now I'm 31. But as
 23 a child, as, you know, a four, five, six year old kid,
 24 how did I not have bereavement counselling? How was
 25 it never offered? I think we know from the evidence

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1 this Inquiry has heard how, it's because no one cared.
 2 The support wasn't there. But it's not right.
 3 Q. I'm going to move on in a moment to the question of
 4 your involvement in campaigning and how that came
 5 about in the work that you've done. Before I do so,
 6 is there anything else you want to say about your dad,
 7 what happened to him, or indeed the impact on you
 8 personally?

9 A. No.

10 Q. I think you've probably given us a clue to this
 11 already, Jason, in what you said, but what led you to
 12 become involved in campaigning and investigation?

13 A. Well, aside from the personal impact on me and my
 14 family, the real crux for me was I'd observed the
 15 various campaigns on and off over the years since,
 16 I don't know, I was probably 11 or 12 years old, in
 17 all honesty. But I'd never made myself known, I'd
 18 never got involved. Actually, I probably, for a large
 19 part of my life, just believed it was all
 20 an unavoidable accident that no one could have
 21 foresaw. I mean, who would believe what I think many
 22 people here now accept as the truth? So I never
 23 questioned that narrative.

24 But the crux for me, really, was 2015, when the
 25 Penrose Inquiry was going to report. Up until then,

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1 group, and that is certainly how I came to get to know
 2 many of the people that I know now. I think, to be
 3 honest, the first real campaigning step was the
 4 organising of the 2016 protest around the consultation
 5 on the schemes. Up until that point, I was doing real
 6 basics, you know. I was -- in fact, the most
 7 important thing I think I did at that time wasn't
 8 looking at documents, it wasn't, you know, trying to
 9 get the smoking gun. It was studying the history of
 10 the campaigning itself, and it's something I carried
 11 on doing ever since. And I do it, you know,
 12 unknowingly with people in this room by finding out
 13 what had gone before and where I think things could
 14 have been done differently in terms of the campaigning
 15 and what had held people back, what had worked, what
 16 hadn't worked.

17 That, I think, was very important with studying
 18 the history of the actual campaigning itself, and
 19 everything that had gone on before, a lot of which
 20 we've heard about this week.

21 Q. Can I ask you then a little bit Factor 8. I think
 22 it's Factor 8 Independent Haemophilia Group. What led
 23 you to set that up?

24 A. Well, as many of the people here and watching will
 25 know, there are a variety, and still are, of

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1 this whole thing had been a peripheral issue for me,
 2 not in the sense of the personal impact, but in the
 3 sense of the campaign, of thinking about becoming
 4 involved in campaigning.

5 I booked the day off work for the day of the
 6 Penrose Inquiry final report and, as was highlighted
 7 yesterday by Bill, it was not streamed live. You can
 8 watch it in that sense, but I think I was sat, you
 9 know, in the Facebook groups just waiting for someone
 10 to type something and just hitting refresh, waiting
 11 for some news.

12 Then, slowly but surely, the news began to
 13 trickle in of what was going on. And then later that
 14 night I saw the news reports, saw the papers, followed
 15 the burning of the report, people walking out and
 16 shouting some not very nice things, which I agree
 17 with, by the way.

18 But that day lit something, because I thought
 19 that was the day the campaign would be over and, for
 20 me at least, it was the beginning. For many others,
 21 it had gone on for much longer but for me, personally,
 22 that for me is when the campaign began.

23 Q. You'd set up Factor 8. Was that the first step or
 24 were there other things you did before that?

25 A. No. Initially, I was involved with the Tainted Blood

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1 campaigning groups, organisations, charities,
 2 et cetera. I felt that trying to -- I felt that the
 3 campaigns had become largely focused on the support
 4 schemes and/or monetary issues, and for very
 5 understandable reasons. Because there'd been Archer,
 6 there'd been the 1990 HIV litigation, there'd been
 7 Penrose. So it wasn't necessarily surprising that the
 8 focus had been on money and support and, you know, all
 9 of these things to some extent have failed, so where
 10 else do we go? I think that was the general feeling
 11 and why that was the focus. I totally get it.

12 I suppose the slight advantage for me is that
 13 I hadn't been through all of that directly. So for
 14 me, I was coming -- I wasn't yet -- I don't want to
 15 say broken by it, but people were tired and worn out
 16 and exhausted and they'd been up the mountain and down
 17 again so many times, they were worn out. Whereas
 18 I suppose one of the advantages that I had was being
 19 a bit fresher to, you know, being treated in that way
 20 by the state.

21 So I kind of felt like we should try and get
 22 a public inquiry, and I wasn't alone in that others
 23 view. You know, I know Tony shared that view, my
 24 mum -- many people here shared that view but I don't
 25 think it was the then heads of the various campaigning

24

(6) Pages 21 - 24

1 organisations. I mean, sure, you know, it might say
2 it on a website or if they were to be asked, you know,
3 The Haemophilia Society might say, "Yes, we'd like
4 there to be a public inquiry" but, as far as actually
5 going for it and making that the core focus, not
6 a potential side avenue that is a nice to have, that
7 was where I felt we should go.

8 And not just a public inquiry, it was also just
9 legal routes, let's get them in court, let's get
10 a public inquiry. That's the focus, forget the
11 schemes, forget the support.

12 Yes, I understand people need support, that
13 they're suffering. You know, my own family was a part
14 of that. But the way I saw it was that my dad was
15 suffering and he needed support 30 years ago and there
16 was none, and there still isn't, so something is not
17 working and restating the position over, and over, and
18 over again isn't working. There needs to be a change.

19 So I met with an anonymous person and a person
20 we'll call "Joe", at a pub, and we spoke about what
21 need to be done and, you know, it was perhaps one of
22 their ideas, more so than mine, to set up a new
23 campaigning organisation. And that manifested in the
24 form of Factor 8 and I, as someone that had decided to
25 be public, would kind of be the face of it in that

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1 So, yeah, they were the main avenues. Then, of
2 course, the political stuff. We needed MPs, we needed
3 people in the House of Lords to raise the issues
4 there, to submit the written questions. And
5 fortunately, because of the work that everyone else
6 had been doing for all the years prior, there were
7 already those key figures, and of course those that
8 had come and gone over the years. I think if you go
9 all the way back, I think it was Jack Ashley who was
10 quite an ardent supporter originally, and then over
11 the years there'd be different people, whether it was
12 Lord Morris or, you know, more recently Diana Johnson
13 or Andy Burnham, Alistair Burt, at a time.

14 So at different stages in time there had been
15 those key politicians and a number of them were still
16 there and ready to help, but I don't think it escaped
17 anybody. Everybody had their own MP that could be
18 contacted.

19 **Q.** In terms of the campaign objective of a public
20 inquiry, am I right in understanding that it was
21 important to you and those who you were working with
22 on this that it should be a statutory public inquiry,
23 because, as we'll come on to, you had concerns about
24 documents or people not giving answers, and
25 politicians not answering questions, and so you wanted

27

1 sense. And that's pretty much how it started.

2 **Q.** You've talked in your statement about there being four
3 main campaign avenues for this overarching objective
4 of getting a public inquiry: legal action, creating
5 and distributing stories in the press, lobbying and
6 political pressure and then using social media.

7 **A.** Yes.

8 **Q.** Those are the main means by which you sought to -- you
9 and those you were working with, sought to obtain the
10 objective of a public inquiry.

11 **A.** Yeah, and some of those were things I had direct
12 experience in, and still what I do for work now is
13 marketing and PR. So the social media aspect of it
14 was my forte, in a sense. I understood social media
15 content, creation, advertising of campaigns, how to
16 target demographics digitally and all that kind of
17 thing. That was my bag. What I couldn't do,
18 obviously, is the legal route. We needed a law firm.
19 I understood that.

20 And also, at that stage, certainly not the media
21 part, I had by then become okay at being able to
22 identify a document or small set of documents that
23 could paint a simple story for the press of a certain
24 aspect of what happened. But I couldn't have written
25 an article.

26

1 an inquiry that would have the power to compel the
2 provision of documents, compel the attendance of
3 witnesses?

4 **A.** We were super clear about that from the beginning.

5 And we were in danger of having -- and I don't
6 disparage the Hillsborough panel at all, I think it
7 worked in that situation. But we had -- I say "we" as
8 in the collective we, as in the community, perhaps not
9 me personally, but the community had been there
10 before, with Archer, for example. And when I was just
11 talking about looking at the history of campaigning
12 and what had gone right and wrong, the lesson had been
13 learnt from Archer of what happens when you don't have
14 a statutory inquiry or an inquiry with basically no
15 funding for that matter. So, yeah, that was a battle,
16 that we had to have -- or not a battle, as such, but
17 it was a mission to convince the community and those
18 that were in power to decide what shape this Inquiry
19 was going to take, that that was the way forward, for
20 us.

21 **Q.** Now, part of what you do is research and
22 investigation, I'm going to come on to that. In terms
23 of Factor 8, there's a website that's maintained.
24 It's a source of information, intended as a source of
25 information for people.

28

1 A. Yes.

2 Q. There are, I think, online discussion groups, there
3 are events, people meet up. So there's an element of
4 mutual support, is that right?

5 A. Yeah, the support part is a major thing, and until the
6 world that we live in now came about, we did, you
7 know, about three Christmas meet-up events, where it
8 does tend to be -- usually the only time we all see
9 each other is for this, or an APPG, or to do
10 a protest, or what we call business. And those
11 events, where people could just get together and
12 socialise, without that mental baggage of a day like
13 this, was super important. And I think probably was
14 super important for the reason that those Macfarlane
15 Trust men's weekends were important, in that it is
16 just a chance to socialise and be with people that get
17 it, in a way that people that aren't impacted by it
18 will never get it, from an emotional point of view.

19 So that support element is really important.

20 And meeting people in person. You know, the online
21 groups are great, and we have them, but I'm a strong
22 believer that the in-person stuff -- there are
23 a number of people that have come to those kind of
24 events, even people I've met in the last couple of
25 weeks here, that have either never met someone else

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1 to try to become -- I hesitate the word to use
2 "expert", but as knowledgeable about as possible, as
3 I could be. Ultimately because that is what had
4 impacted my father.

5 And so I understand there's the blood
6 transfusion side. It's not consciously left out for
7 any other reason than this is my focus, and focus,
8 going back to that again and again, is the thing
9 that I felt had been missing.

10 Q. You've talked about the initial primary objective
11 being obtaining a public inquiry. How at all has the
12 focus shifted in the following years? There is
13 obviously an ongoing public Inquiry, it's why you're
14 here talking to us.

15 A. Yeah. That was the original objective -- and/or if we
16 can't get one, let's go to court. And we ended up
17 doing it both ironically.

18 Once the public inquiry had been achieved, the
19 focus was on, initially, getting it out of the
20 Department of Health, got it to the Cabinet Office,
21 big community effort. We were fortunate to achieve
22 that. Then it was shaping it, statutory, judge-led,
23 powers to compel, et cetera.

24 Once the Inquiry was up and running, obviously
25 now it's difficult because now most of the time,

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1 impacted by this before or live in total isolation,
2 and I'm a strong believer that those people need
3 in-person interaction with other people impacted.

4 Q. In terms of the membership or constituents of
5 Factor 8, is it focused on, as the name would suggest,
6 those who are in some sense affected, whether as
7 direct recipients of treatment or as families, by
8 treatment with factor concentrates?

9 A. Yes. And the reason for that is simple. Again, I may
10 be right, I may be wrong, but my view, from an early
11 stage, is that the focus here needs to be on the
12 product. The product is what infected people, the
13 product is what has killed people. And it's one of
14 those things, it's always odd to me when someone --
15 you'll hear a phrase that's used in the media all the
16 time, where it will say some people were infected
17 through blood transfusions, some through haemophilia.
18 Which, even if you add "haemophilia treatment" on the
19 end to that, it's still -- to me it's kind of
20 irrelevant, in a way, whether or not someone does or
21 does not have haemophilia. What's important to me, or
22 the way I personally view it, is that product, the way
23 it was made, the sources of where the raw material to
24 make it came from and the way it was collected, that,
25 to me, was important. And that's the thing I wanted

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1 certainly my time, is spent researching to field
2 questions to yourself for hearings and whatnot.

3 But above that, I suppose now the wider campaign
4 objective is the compensation element. Because,
5 again, another reason for not making the schemes
6 a focus, either way, I think it's important to say
7 that I'm well aware now, as I was well aware when
8 I was deciding what the campaign focus should be,
9 that, from a selfish point of view, I could have said,
10 "Let's just focus on the Fatherless Generation" --
11 I know we'll come on to that -- "and let's try and get
12 those who have lost parents included in the support
13 scheme". Which of course still needs to happen. But
14 I could have just pursued that. And to be honest,
15 with everything that has gone on over the last
16 six years, I think that would have been much easier
17 achieved than what has been. And from a selfish point
18 of view, I could have said, "Well, that's me sorted."

19 But I felt that -- it was even less so to do
20 with the wider community, if I'm honest. I felt that
21 if that happened, I still wake up tomorrow feeling
22 like this isn't finished. And so I want to be able to
23 wake up and feel that this is finished. Not the pain
24 and the suffering, but the campaign is finished. And
25 for me, changing a support scheme or whatever wasn't

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1 going to do that for me.
 2 So I don't know if I've answered the question
 3 there.
 4 **Q.** You mentioned the Fatherless Generation, and I just
 5 wanted to ask you a little about that. We have heard
 6 something about it from others, but what's the
 7 Fatherless Generation group and how did that come to
 8 be established?
 9 **A.** Yes, so that is a subgroup, if you like, of Factor 8
 10 and it's led by Tony Farrugia. I suppose its primary
 11 purpose is a support group more than anything else.
 12 It began life, I suppose, around the time of the 2017
 13 BBC Panorama documentary. Because people began coming
 14 forward online, they would contact myself, Tony. One
 15 of the first was Lauren Palmer. And so we felt
 16 let's -- let's set up a Facebook group that's just for
 17 those who have lost parents, because we were in
 18 a common place. I suppose in a way it was kind of
 19 like where you had, let's say, Birchgrove or The
 20 Forgotten Few, where that was just for this specific
 21 group of people. Which from the outside might seem to
 22 alienate people, but it's that common bond and that
 23 shared experience that makes those category-specific
 24 groups important, and have a specific role, I think.
 25 So the Fatherless Generation is primarily

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1 talks about a toll over decades.
 2 You've been involved in campaigning for a
 3 shorter period of time, for reasons you've told us --
 4 **A.** Yes.
 5 **Q.** -- but still not an insignificant period of time.
 6 What's the impact of that been?
 7 **A.** The immediate one, but it was a conscious choice, was
 8 up until 2015, outside of regular work, you know, we
 9 all have hopes and dreams and one of mine was
 10 musically based -- I'm sure some people have seen the
 11 YouTube videos. And, you know, that was my hope and
 12 my dream, you know, as a young lad. And I had the
 13 opportunity to meet some of my heroes and do things
 14 through doing that, but I made a conscious choice to
 15 abandon it to do this, because I felt that this would
 16 never go away. And I felt that at the end of my
 17 life -- and it's a bit philosophical, but I'd rather
 18 look back and say I did something to do with this than
 19 music, which was perhaps my selfish interest.
 20 So I gave it up, consciously, willingly. And
 21 I miss it, but that's probably the biggest personal
 22 impact, you know. But then it's impacted on a lot of
 23 people around me. You know, my mother, partners, even
 24 my friends, you know, my friends circle. Even now
 25 I find myself, you know, when I see my mates, I don't

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1 a support group, although I think at times it does
 2 verge on campaigning. And certainly with the
 3 protests, there were a number of protests 2016, 2017,
 4 where the Fatherless Generation had a fairly big
 5 presence. And I've got to be honest, I think Tony
 6 kind of has done a lot there.
 7 You know, there's all these little things in the
 8 campaign that don't get said actually, like traipsing
 9 up and down to Westminster with banners and flyers and
 10 custom biscuits and -- and all kinds of things. And
 11 I think the secretary of the Inquiry may have seen
 12 Tony's banner that he stuck outside of where he was
 13 staying during the opening hearings, which had some
 14 choice words about AIDS on it, but ... So it has
 15 ventured into campaigning as well.
 16 **Q.** We're going to look at a number of the details of some
 17 of the work that you've undertaken, some of the
 18 campaigning activities, but before we do that, can
 19 I -- I just want to ask you a couple of questions,
 20 broader, more reflective questions, if I may.
 21 What's the impact been of campaigning on you and
 22 on your life? We've heard from a number of
 23 individuals in the course of the week and we have
 24 statements from other campaigners who haven't given
 25 oral evidence or haven't yet given oral evidence which

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1 have a whole lot to talk about other than this, which
 2 they don't want to hear about. You know, they'll ask
 3 about it out of politeness, but ...
 4 So it's, you know, it's condensed that. It's
 5 become my life, as it has for many people. You lose
 6 your life to it. You open the Pandora's box and you
 7 never get out of it. I think that's probably it.
 8 **Q.** Then again, in broad terms, what are the main
 9 obstacles you've faced, whether it's in the
 10 campaigning or investigation, as I say we'll look at
 11 specific instances, but overall, what kind of
 12 obstacles have you come up against?
 13 **A.** People in power that don't see this as a priority. So
 14 don't take action on it, or they consider action on it
 15 in the context of not what should happen but what the
 16 impact of doing something might be on other areas.
 17 The crazy world of FOI, where you try to get
 18 information, which you should be entitled to, and
 19 rather than exemptions, which are there for good
 20 reasons, being legitimately applied, instead it's
 21 decided that a piece of information shouldn't be in
 22 the public domain so let's find any way we can not to
 23 let that happen.
 24 And also, going back to 2016, was finding any
 25 law firm to take this on. I paid someone in 2016 to

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1 make me an Excel spreadsheet of the first 100 personal
2 injury law firms that come up in Google, and
3 I contacted every single one of them, and they all
4 said, the ones that got back to me at least, no, for
5 various reasons. Some said "There's been inquiries,
6 this has been dealt with, what do you want?" Others
7 said, "This is too big and we're too small".

8 Others, I think, probably just thought I was not
9 stable in the allegations I was making. I think they
10 were some of the main obstacles.

11 Q. The firm you did find to take it on is Collins, who
12 represents you in the Inquiry as well.

13 A. Yes.

14 Q. One of the pieces of work -- you referred to one of
15 the campaign -- one of the means of achieving your
16 campaign objective was potentially through litigation
17 and one of the pieces of work that you've done with
18 others with Collins is the group litigation. I'm not
19 going to ask you any details about that but, just
20 broadly speaking for anyone who doesn't know, what is
21 that?

22 A. So to put it in brief context, in the February of
23 2017, I was asked to attend a meeting, I think it was
24 the second meeting I'd probably had with Andy Burnham
25 who was holding something I think he called the

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1 friend's amazement, that they were going to issue
2 a letter before action to the Department of Health in
3 relation to my father, myself, and then Panorama was
4 coming in May 2017.

5 And then it became public then for the first
6 time when Panorama aired and it quickly became a group
7 legal action, which I suppose I haven't mentioned,
8 which is looking at the big picture, trying to
9 overturn the 1990 litigation, trying to get full
10 common law damages. That was the purpose of it.

11 We had our first hearing in September 2017.
12 I remember that like it was yesterday, because I,
13 first of all, had never been in a courtroom like that
14 before. I learnt on that day that it was not good to
15 not wear a suit jacket when you're the main claimant.
16 So I've never forgotten that.

17 But I remember I was just sat there with my
18 hands clenched under the table, that this application
19 was going to be granted, and Senior Master Fontaine
20 did grant it. And we then asked for it to be stayed
21 in light of this Inquiry, but it's there and it
22 exists, and time will tell what becomes of it.

23 Q. I asked you a few moments ago about obstacles, and one
24 of the obstacles you referred to was those in power
25 not listening or not wanting to take action. In your

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1 Justice Summit, where he brought together people
2 impacted by different what he saw as injustices. And
3 I went along with my anonymous friend, and we met
4 families from Hillsborough, Birmingham pub bombings,
5 Orgreave, and some other things that escape my mind at
6 this moment. And we all had about five or ten minutes
7 to explain our injustice -- and I was informed on the
8 day that that was now my job -- in a room of MPs,
9 peers, journalists, lawyers, et cetera.

10 So I did this and it was very difficult. I've
11 never done anything like that before. Afterwards, I'm
12 leaving. I got a business card from a law firm in
13 Northern Ireland whose name escapes me, and I was
14 saying goodbye to everyone, Des and Dani, and Dani
15 said, "Oh, you know, give us a ring if you want", and
16 I assumed that she was just being polite. Certainly
17 my view of lawyers at that point was not good. I
18 thought: oh yeah, I bet you'd be interested if it was
19 a whiplash claim or something.

20 So I just thought she was being polite but,
21 wanting to pursue every avenue, I did contact Collins.
22 Keeping this brief, in the April of 2017, I went,
23 again with my anonymous friend, to see Collins.
24 I took a bunch of documents that I felt were
25 important. It was agreed on that day, much to my

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1 statement you've paid tribute to the work of the APPG
2 who tried, you said, to raise issues over the years.

3 A. Yes.

4 Q. But you said in your statement your impression is that
5 progress is hindered due to the indifference of
6 Government ministers, and you talk about your
7 impression being that when there are ministers there,
8 they're there to deflect or defend rather than assist,
9 make decisions or take action. I wonder whether you
10 could elaborate upon that a little. What has given
11 rise to that impression?

12 A. A combination of meetings, but I think the one that
13 really sticks out in my mind, and it's worth saying
14 that I used to attend those meetings generally with
15 the purpose of just listening. And it also has to be
16 said that I think it is good that it's a Parliamentary
17 group where those of us impacted can attend it. You
18 know, I think that was really good, to have that kind
19 of access.

20 However, the one meeting that really sticks in
21 my mind, at a guess it was 2016 or 2017, Jackie
22 Doyle-Price had come to that APPG meeting to address
23 concerns around the schemes. And again, because that
24 wasn't a focus for me, I -- my intention was to just
25 listen to this. And the way she behaved in that

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1 meeting just -- I couldn't believe it, in a sense.
 2 I'm sure people that had been doing this for longer
 3 than me took it as par for the course, but me being
 4 fresher to it, I could not believe the way that sick
 5 and dying people were fobbed off by this woman.
 6 People were pouring their hearts out, talking
 7 about how bad their lives were, how bad their health
 8 is and you could tell that -- and maybe that's part of
 9 being a minister, is that you deal with so many causes
 10 that you become indifferent to it, I don't know. But
 11 it was hard for me to watch it. And I could see the
 12 stress in people's faces, you know, I could see the --
 13 how infuriated they were. And, in particular, one
 14 widow who does have anonymity, so I won't say her
 15 name, was sat in the front row really trying to take
 16 this Minister to task, utilising every kind of, in her
 17 mind, legal point that she thought that she could, but
 18 getting absolutely nowhere.
 19 And it just stuck with me, actually, as (1)
 20 a reminder of how badly people are dealt with by
 21 ministers, but also (2) of why I was not going to
 22 pursue a campaign which basically comprised of
 23 restating the position over and over again to people
 24 that frankly don't care and aren't going to do
 25 something unless they're forced to, either legally or

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1 statements for the Inquiry and no doubt will take such
 2 opportunity as they choose to respond to some of these
 3 observations.
 4 **SIR BRIAN LANGSTAFF:** Yes. I think those clinicians at
 5 earlier stages who responded had more time within
 6 which to consider, look at arguments, put in
 7 a response.
 8 **MS RICHARDS:** Yes, it's no one's fault.
 9 **SIR BRIAN LANGSTAFF:** Plainly, reasonable time is to be
 10 afforded to anyone who is subject to criticism,
 11 whoever they are.
 12 **MS RICHARDS:** I want to come on to the world of FOI, and
 13 perhaps ask you to tell us, first of all, what it is,
 14 what you mean by it, what an FOI request is, and
 15 perhaps you can just give us a whistle-stop tour of
 16 some of the terminology. Because there will be
 17 documents that we look at that might refer to
 18 Section 36 and the like.
 19 **A.** Yeah.
 20 **Q.** Can you tell us, first of all, how you came to alight
 21 upon that as the tool, or one of the tools that you
 22 wanted to use -- I know there are other campaigners
 23 that wanted to do likewise, but why it became an
 24 important tool for you and what it entails.
 25 **A.** Well, FOI stands for Freedom of Information. There's

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1 by the sheer weight of public opinion.
 2 And I think that's demonstrated by, you know,
 3 the 30 April 2019 uplift, that just so happened to be
 4 when the Inquiry started, by the recent written
 5 ministerial statement that just so happened to come at
 6 the time that it did. And, of course, the
 7 announcement of the compensation framework study that
 8 just so happened to be announced the day before Matt
 9 Hancock gives evidence.
 10 It's obvious. And it was also -- this same
 11 thing was stated by Lord David Owen at the Bad Blood
 12 documentary screening, where they said they will do as
 13 little as they can get away with in public opinion at
 14 the time. And I didn't want any part of playing into
 15 that, that game. But I think that pretty much sums up
 16 the indifference side of it.
 17 **MS RICHARDS:** I should have said, sir, at the outset, this
 18 morning, Jason, in common with other witnesses this
 19 week, and others whose evidence we're publishing, has
 20 made a number of observations, criticisms, sometimes
 21 significant criticisms about politicians, civil
 22 servants and others, who have not, for the most part,
 23 had time yet to respond and so no inference should be
 24 drawn from any lack of response.
 25 We are aware that some, at least, are working on

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1 an Act in the law which entitles the public to
 2 information, where it's economical and in the public
 3 interest -- which is a running theme throughout it --
 4 to do so.
 5 The reason why I'd picked that up as a thing to
 6 pursue is it became apparent to me during the course
 7 of wanting to research into this that the information
 8 that was available appeared to be incomplete, and in
 9 light of the fact that -- you know, you're seeing that
 10 the written Parliamentary questions following the
 11 Penrose Inquiry it was asked many times: when are the
 12 documents going into The National Archive? Where are
 13 the papers? It got dragged out for so long that in
 14 the course of that I decided to get involved with
 15 submitting Freedom of Information requests. Which,
 16 originally -- I think my earlier ones were quite badly
 17 drafted but I suppose before I get into the content of
 18 the FOIs, it's important to say that it's a really
 19 important Act.
 20 It's not perfect. I think one of its great
 21 limitations, which is an issue which the Information
 22 Commissioner is aware of, but Parliament have just not
 23 dealt with it yet, is the situation around private
 24 bodies that process data on behalf of public bodies.
 25 As it stands, most private bodies in that

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situation don't have to comply with FOI. The exception is that a minister can designate a private body as such. But the reason why this is relevant to us is the UKHCDO, which I know we'll touch on it later, but, just as an example, is a private body collecting and processing data on behalf of a public body. It's public information but it's not subject to FOI. And therefore the doors are closed. That information is not coming out unless they decide to, rather than having an obligation by an Act to provide certain data.

In the wider context, I decided to use this as a tool to get information that I felt otherwise we weren't going to get.

Q. And there were a number of defences or reasons public bodies can give for not providing information.

A. Yes.

Q. Amount of time it would take, amount of money it would cost. And then there's Section 36.

A. Yes. There's number of what the ICO, the Information Commissioner, calls exemptions. These are reasons why a public body wouldn't be obliged to disclose information to someone asking for it.

There are common ones that you tend to come up against from Government departments, pertaining to

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you can even think about going to the Information Commissioner you have to ask for what's called an internal review, where you're basically asking that same organisation to reconsider their original decision. An appeal, basically. They then have to come back. And then at that stage you can then go to the ICO if you're not happy with the outcome of the appeal.

But what's important to note is the time involved in each step of that process. For the original request, the body is meant to respond within 28 working days. If you then go through an internal review, so this is basically a month later -- I don't believe there is actually a statutory limit on internal review, but they should still, in theory, respond in a month. But you're now two months gone. On one FOI.

You then need to go to the ICO if you still don't have the information that you feel you should. That process usually takes more than a month. I don't think I've ever got an ICO decision back in less than a month. So that's three months.

And that's assuming the public body does respond within the limits set out by the ICO, which -- for certain departments, Cabinet Office is a prime one,

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things being or not being, in their view, in the public interest, to being the least -- it can cover things like advice that is given to ministers. There's a common argument that's presented by a public body when they don't want to disclose information, which is that if they were to disclose all the advice that it's giving to ministers, it would have what they refer to as a chilling effect. In other words, it would inhibit the frank and openness of advice that is given to ministers.

And many times when I've wanted to challenge a decision not to disclose material, I have made the argument that the public interest in the truth -- the full truth -- about this issue coming out overrides that argument. And I've not always been successful in making that argument.

Q. And is this right, you can ask for a review, so the body that you go to for information, if they say no, you can ask for a review of that, and ultimately you can go to the Information Commissioner, and you've done that on a number of occasions and we'll look at a couple of examples.

A. Yes. So there's a set process you have to go through with FOI where you have to ask for the information, if you don't get the information that you want, before

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also the Department of Health, that in my experience almost never happens.

So that's how you get to a situation where -- there are multiple examples -- where an FOI -- one FOI request from me has rumbled on for a year plus. Trying to get one piece of information.

And Steven Snowden QC mentioned during the opening hearings of this Inquiry about the information I was trying to get from the Treasury, and this process, that I think we'll talk about later, of how the Cabinet Office acts as the arbiter of what can and can't be released.

What this all amounts to is that you can spend a year of your life -- well, I have spent a year of my life trying to get one piece of information, in many cases. And so the idea that -- you know, getting to the truth of this issue without this Inquiry, I don't think ever would have happened, to be quite honest.

Q. And before we break, and after the break we'll look at some examples, but is this right: that when you do get material, it is often redacted?

A. Yes.

Q. And the redactions -- obviously we, as an Inquiry, apply our own redactions. We've seen some of them in particular in relation to personal data. So there

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1 will be personal data type redactions. But am I right
 2 in understanding that the redactions in the material
 3 you get often go much wider than that?
 4 **A.** Yes, and I have no problem with the personal
 5 redactions under FOI section 40, section 42, totally
 6 get that. If there's a patient's name on something,
 7 no one expects that that wouldn't be redacted. But
 8 often the redactions that are applied are nothing to
 9 do with that. They are to do with this -- you know,
 10 this is advice to ministers that we don't want
 11 disclosed, it wouldn't be public interest to disclose
 12 this information for a number of reasons. There is
 13 actually quite a wide arsenal of exemptions that they
 14 can use to argue the public interest point.

15 However, I have also had it from Scottish
 16 authorities, and Scotland have their own separate FOI
 17 Act, where they have exempted personal information
 18 that shouldn't be exempted. And by that I'm talking
 19 about the names of doctors, for example. Doctors
 20 whose names we all know, in relation to this story.
 21 However, in fairness to them, when I had then
 22 challenged it, they did agree to remove the
 23 redactions. But it's -- I feel with the exemptions
 24 it's always erred on the side of caution, and I don't
 25 know if perhaps now is a good time to go to the

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1 Now, that redaction, the Cabinet Office know
 2 this, so I'm not giving anything away. They made
 3 a mistake when they disclosed these emails to me and
 4 they forgot to, what's called, flatten the pdf. So
 5 I was able to extract the text from it and see what
 6 that redaction says. And what it actually says is:
 7 "... as we tried to do with the Chilcot
 8 Inquiry."

9 You can see the sentence below that says:

10 "The [Treasury] team will need to do a lot of
 11 consultation with former Ministers who I suspect will
 12 be very sore about ..."

13 And then on the next page it says, "this".

14 I feel that we -- I understand the Inquiry has
 15 its process, but I feel we've waited long enough to
 16 have the truth and to have the information.

17 And I couldn't care less about Sue Gray's view
 18 that this should be ran like the Chilcot Inquiry and
 19 we should wait -- people are going to die before this
 20 Inquiry finishes, and so I think there should be full
 21 transparency with the information now. I don't think
 22 we should be managed in that way.

23 And as far as ministers feeling sore about it,
 24 I mean, that -- I don't think that factors into the
 25 concerns of the people here.

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1 Cabinet Office emails, which show the approach that
 2 the public bodies take.

3 I can probably give you the reference. So it's
 4 JEVA0000026_0002.

5 **Q.** JEVA26, did you say?

6 **A.** Yes. So to put this in context, this is an email
 7 chain from within the Cabinet Office. So, yeah, if we
 8 could have the whole document, please. So Eirian
 9 Atkins is a civil servant who deals with FOI, Brian
 10 Williams is one of the lead sponsor officials for this
 11 Inquiry, as is -- you know, Sue Gray is a senior
 12 official for this Inquiry as well. People know her
 13 from other areas of work.

14 The thing I want to point out here is two
 15 things, really. First of all, there's much more to
 16 this email chain discussion, which effectively reveals
 17 that it's been decided that this information that I
 18 was asking for from the Treasury, which were files
 19 connected with HIV litigation, the Treasury wanted to
 20 give it to me but the Cabinet Office didn't want them
 21 to. It's to make it simple.

22 The part I want to highlight is the sentence
 23 towards the bottom there, where Sue Gray has said:

24 "Personally I would favour the Inquiry releasing
 25 the information in a managed way [redacted]."

50

1 That's all I have to say about that document,
 2 thank you.

3 **MS RICHARDS:** Sir, if we take a break now and then we'll
 4 come on to some more examples after the break.

5 **SIR BRIAN LANGSTAFF:** Yes, certainly.

6 So we'll take a break now until ten to 12.

7 You've heard me say on a number of occasions what the
 8 rules are. You're giving evidence, you mustn't talk
 9 about the evidence you have given, or any evidence you
 10 think you may yet give, whoever you're talking to.
 11 Anything else is fine.

12 **A.** Yes, thank you.

13 **SIR BRIAN LANGSTAFF:** Ten to 12.

14 (11.22 am)

(A short break)

15 (11.50 am)

16 **A.** Ms Richards, I wondered if we could just go back to
 17 where we were before the break?

18 **MS RICHARDS:** I was going to ask you to do that in any
 19 event, so perfect. So JEVA0000026, I think, Soumik.
 20 I'm not sure whether we have -- you and I
 21 electronically have the document in exactly the same
 22 format.

23 **A.** Yes, this is the exact first one I wanted to look at.
 24 I've got the page numbers, I think, in the same format
 25

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1 you have.

2 So what I wanted to highlight, firstly, about
3 this is the use of the language, which I think shows
4 the predisposition of the civil servants regarding
5 transparency. Specifically that sentence -- to put
6 this in context, this whole email chain is about
7 finding ways not to release information. This
8 sentence "I don't think we can apply section 22
9 unfortunately": it's unfortunate that they might have
10 to give me this information.

11 Then also the sentence above that where they
12 say:

13 "There is no intention for the files to be
14 transferred to [The National Archives]. I'm told,
15 were it not for the review they would be destroyed."

16 The review being this Inquiry.

17 The reason that was said was that it was
18 suggested, if we go to page 3 of this document, you
19 can see the last sentence there:

20 "... I wondered whether we could use future
21 publication and open up as part of the next release at
22 the end of the year."

23 There's an exemption under FOI where a public
24 body doesn't have to release information if it's due
25 to be published at some point in the future. So

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1 "And I would use [section 31] for now. Can
2 always revisit if it goes to [the Information
3 Commissioners Office]."

4 So they then plan to use an exemption that they
5 don't even think, by the looks of this, will stick, or
6 is legitimate, and are kind of half expecting me to go
7 to the ICO anyway. I just want to drive home that
8 point again, and this is not specific to the Cabinet
9 Office, I've seen this with the Department of Health
10 as well. They decide they don't want to release the
11 information and then will try and find any possible
12 thing that might possibly stick rather than erring on
13 the side of transparency.

14 Q. There were two further pages I wanted to just draw
15 your attention to, which I think probably pick up on
16 the theme you've just identified of not wanting to and
17 therefore trying to find reasons not to disclose and
18 you might get a clue as to why that was the thinking.

19 If we look, first of all, at page 5, please,
20 Soumik.

21 It says:

22 "Can I take your views on this please -- the
23 information is very much of its time, and is
24 unpalatable when viewed alongside the Inquiry and the
25 very many letters I know you will have read from

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1 within this email chain it was suggested that,
2 basically, by transferring it to The National Archive,
3 they then wouldn't have to disclose it at that moment
4 through FOI.

5 And also, I wanted to highlight what is on
6 page 7 of this document -- email chain. The second
7 sentence:

8 "The request was for the first 20 pages of
9 a particular file relating to the issue of
10 haemophiliacs (the information is attached). The
11 information dated back to 1990 and so many of the FOI
12 exemptions are not available to us."

13 That's because for information that's now
14 20 years -- it used to be 30 years -- old, a lot of
15 possible exemptions they can use fall away by
16 Section 64, which doesn't allow them to use some of
17 the other exemptions.

18 But I think what's important here is you're
19 seeing the approach that, rather than looking at the
20 information I'm asking for and then saying, "Oh,
21 there's an exemption here, we can't release it",
22 they've decided they don't want this information to be
23 released, and are now trying to find any possible
24 exemption to not release it. If we go back, please,
25 to page 3 again, the second full sentence:

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1 infected parties."

2 Then there's what might be thought a slightly
3 odd question:

4 "Will releasing it now damage the conduct of the
5 Inquiry ... I felt the best exemption was to apply
6 [section 31] ..."

7 So it would appear it is something about the
8 unpalatable nature of the content or the language used
9 that is making people reticent. Was that your
10 understanding of this?

11 A. Yes, and from the information which was subsequently
12 got, that relates to these kinds of files, I can see
13 exactly why they might think that. And also it might
14 be helpful to know that the redaction there from
15 memory, I do have the original pdf file and can send
16 that to the Inquiry but, from memory, I believe that
17 says something to the effect that their lawyers
18 thought there was a legal risk in relying on
19 section 31.

20 Q. If we just go to page 4, we see the response to this
21 email, an alternative view is put forward at the
22 bottom half of the page:

23 "My view is that the benefits of disclosing the
24 info outweigh the disadvantages -- to withhold it
25 (even if there are grounds to, which it seems there

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1 aren't) simply makes Gov look like it still has things
2 to hide.
3 "The language in the documents will be perceived
4 as cold and unfeeling ..."
5 Then there's a reference to the fact the Inquiry
6 will no doubt disclose this in any event so better for
7 the Government to be "on the front foot".
8 **SIR BRIAN LANGSTAFF:** Are you turning away from this now?
9 **MS RICHARDS:** I am, yes.
10 **SIR BRIAN LANGSTAFF:** Could we just go back to page 7.
11 What puzzled me when I first saw this was the
12 bit which comes after the redaction. So, piecing it
13 together, is your conclusion -- and tell me if it
14 isn't -- but it wasn't so much what was being said but
15 how it was being said and what that revealed about the
16 attitudes of those who were saying it?
17 **A.** Exactly.
18 **SIR BRIAN LANGSTAFF:** Thank you.
19 **MS RICHARDS:** Yes, sir.
20 And you'll have noted, sir, underneath the --
21 it's redacted -- it actually says, "The Records team
22 here are keen to release the information ..."
23 **SIR BRIAN LANGSTAFF:** Yes. The information.
24 **MS RICHARDS:** Yes. They don't think there's a reason to
25 withhold in terms of the actual content of the

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1 **Q.** I think in terms of overall numbers, you've said in
2 your statement -- and your statement was some time
3 ago, I think a year or so ago or more?
4 **A.** Yes.
5 **Q.** At that point you'd made more than a thousand
6 FOI requests?
7 **A.** Yes, and it's probably gone up a fair bit since then.
8 **Q.** We can take that down, thank you, Soumik.
9 I just wanted to look with you at some bits and
10 pieces of other information that you referred to in
11 your statement. So we can see, for example, you talk
12 about your first FOI request.
13 Soumik, that's WITN1210014, please. And if we
14 go to the next page.
15 What we see is a list of Factor VIII
16 concentrates. And as I understand it, this was your
17 first request. It was made to the Oxford Haemophilia
18 Centre.
19 **A.** Yes.
20 **Q.** And you asked for details of products used in Oxford
21 in the first six years in the 1980s?
22 **A.** Yes. And what's funny about this request, I didn't
23 put it in my statement but I am remembering it now, is
24 in their actual response, the Oxford Haemophilia
25 Centre had said, "We have redacted the names of

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1 information. And then, as you say, sir, the debate
2 goes on to --
3 **SIR BRIAN LANGSTAFF:** So this isn't hiding a secret in the
4 sense of what the secret is about, but it's hiding
5 what is -- the way in which it was being expressed
6 between people?
7 **MS RICHARDS:** That's what --
8 **SIR BRIAN LANGSTAFF:** If it's hiding, that is. That's
9 a conclusion which I have to think about, obviously.
10 **A.** Yes.
11 **MS RICHARDS:** Jason, these are emails from 2018. Is there
12 a later part of it? Is this material that you've ever
13 obtained?
14 **A.** Yes. So I got this material by doing my old trick of
15 FOI-ing for the internal correspondence about the
16 original FOI.
17 **Q.** Which is what this is?
18 **A.** Yes, yes, that's right.
19 **Q.** But you actually -- did you get the 20 pages of the
20 file that it refers to?
21 **A.** Possibly. And possibly only in part. The only reason
22 I can't be sure is, with the amount of FOIs that have
23 gone on, I couldn't quite say for certain in regard to
24 this particular one, but I could find out and let you
25 know.

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1 suppliers", or something to that effect, "due to
2 commercial" -- I think they relied on a commercial
3 redaction, but they actually didn't. So as well as
4 this being my first FOI request, it was also my first
5 experience of the incompetence, I guess, in actually
6 responding to them, on both sides. And that was
7 demonstrated also in the Cabinet Office emails, where
8 they applied redactions but then you were just able to
9 copy and paste the text out and see what was
10 underneath.
11 But yeah, I did get this list. Now whether or
12 not this is -- I believe this -- these were the
13 products used between two time periods. But looking
14 at it, I would think there were other batches. So
15 whether or not you could say this is a complete list
16 or not, I'm not sure, but I suppose it could
17 potentially be compared to the annual returns.
18 **Q.** Just to pick up on the point you made about what they
19 were going to redact and failed to, was it then your
20 understanding that what they had intended to do was
21 redact the name Profilate, Factorate, redact Alpha and
22 Armour?
23 **A.** Yes, that's my understanding, yes.
24 **Q.** So that was your first FOI request. It resulted in an
25 answer.

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1 **A. (Witness nodded)**
 2 **Q.** You said not all your requests, or similar requests,
 3 have been quite as successful.
 4 **A. (Witness nodded)**
 5 **Q.** So if we look at another couple of examples.
 6 Soumik, WITN1210015.
 7 If we go to the second page, you asked here the
 8 Cardiff and Vale University Health Board, so the
 9 public body with responsibility for the Cardiff
 10 Haemophilia Centre:
 11 "Please provide a list of products (and any
 12 other relevant information) that were administered to
 13 Haemophiliacs on a Clinical Trials Exemption basis
 14 during the period January 1983 to December 1986."
 15 If we go to the second page -- sorry, the next
 16 page, and we look at the bottom half of the page.
 17 That's it.
 18 This is, I think, the substantive response you
 19 got:
 20 "I am writing further to your email below ...
 21 "I can now confirm that the UHB has completed
 22 a search of its records and has established it does
 23 not hold information calling within the confines of
 24 your request".
 25 It goes on to say such information would have

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1 website in the early 2000s, which was subsequently
 2 digitally archived on The National Archives website.
 3 And going through that series of files, I noticed, (1)
 4 it was heavily redacted, and I felt that the
 5 redactions in that went beyond personal information.
 6 I think sometimes there were even examples where dates
 7 had been redacted or names of companies had been
 8 redacted. You know, it went beyond what you would
 9 expect.
 10 And, also, unhelpfully, the redactions in that
 11 series are not black blocks that you can see. It's
 12 just whited out. So on a lot of the redactions,
 13 unless you know what should be there, you don't even
 14 know there's been a redaction some of the time.
 15 Because that was on The National Archives
 16 website, I was on The National Archives website, and
 17 so began to plug into there "haemophilia blood
 18 products", "HIV blood", you know, general keywords,
 19 and saw that there were files physically at the
 20 archive which were not available online. And so
 21 I went there one day, physically in person, which for
 22 me is, I think, something like a 250-mile round trip,
 23 paid £5 for my reader's tickets and, sure enough,
 24 there was plenty of stuff there that, as far as
 25 I could see, the Department of Health had never

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1 been recorded within clinical trial documentation but
 2 they're no longer held, they would have been destroyed
 3 after 15 years.
 4 **A.** Yes. And it's probably worth saying the reason why,
 5 in the request, I'd bolted on the -- narrowing the
 6 scope to on the clinical trials exemption basis was
 7 I think, at that time, I had developed the view, which
 8 I still have now, that the Clinical Trials Exemption
 9 tool was abused in relation to using factor products
 10 which were not licensed, in a way that went, I feel,
 11 beyond the intention of CTX.
 12 **Q.** You can take that down.
 13 I wanted to ask you about the FOI requests that
 14 you describe starting to make to the Department of
 15 Health in September 2017, for files that you thought
 16 should have been at The National Archives and were
 17 not, and they're a series called HIM 22/1?
 18 **A.** Yes.
 19 **Q.** First of all, why were you interested in those files,
 20 and can you then just perhaps give us a narrative of
 21 what then happened?
 22 **A.** So the HIM 22/1 series of files, is the series that
 23 people here and that have looked at this, you know, in
 24 the past, would have seen were published in a heavily
 25 redacted form on the Department of Health's old, old

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1 released, which didn't quite mirror up to their
 2 statements over the years, which I know we'll probably
 3 come on to that separately.
 4 But that was why my interest in those files
 5 began. And being physically at The National Archives,
 6 each file had a reference number on it and I began to
 7 record, in an Excel spreadsheet online what those
 8 reference numbers were. And it was quite apparent
 9 that the reference numbers followed a pattern and the
 10 reference number would relate to the title of the
 11 file. And you could see, there was nothing
 12 particularly complicated about that doing this.
 13 Anyone could have done it. It was, you know, you've
 14 got files 1 to 10, and 5 to 7 are missing. And this
 15 applied to lots of different types of series and so
 16 that's where this identification, that files were
 17 missing that ought to exist, began.
 18 **Q.** I think if we look at WITN1210019, please, Soumik.
 19 The second page.
 20 I'm just hoping you can talk us through and
 21 perhaps summarise what the response was and what you
 22 learnt. So this is a reply from the Department of
 23 Health October 2017. Then if we look down the bottom
 24 of the page, we can see a reference to -- sorry, this
 25 is setting out your request -- a reference to only

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1 a certain number of the files, you thought 11 files,
 2 were actually available.
 3 Go to the next page, is this right, you've
 4 listed here a series of files you think should have
 5 been available at TNA but weren't?
 6 **A.** Yes, so this was -- there were two competing sets of
 7 releases here where the ones that I was saying should
 8 be available but aren't, were the files which were
 9 placed online following the Penrose Inquiry by the
 10 Department of Health and, having downloaded all of
 11 that stuff and scheduling it, it became apparent that
 12 these files, file volumes that I've set out here, had
 13 not been placed online as part of that exercise, for
 14 reasons which were and are now still unclear as to why
 15 that didn't happen at that time.
 16 **Q.** If we go to page 5, then me see the response to your
 17 request was:
 18 "DH holds the paper original of these files.
 19 However, as the information held by DH is already in
 20 the public domain, we will under Section 21 of the FOI
 21 Act ... refer you to the published source. [Here's
 22 a link to The National Archives website]."
 23 Why was that not an answer to your query in your
 24 view?
 25 **A.** So the reason why that wasn't a good answer was I'd

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1 ... Given that the Department says it is committed to
 2 transparency please can you make the files available
 3 on the TNA's Catalogue as soon as possible?"
 4 Then you've flagged up some specific files.
 5 What was your concern in relation to this series of
 6 files?
 7 **A.** Well, this -- there was so many examples of doing
 8 this, and I only exhibited some of them to my
 9 statement because there were literally so many and
 10 I was conscious of the wording of the Rule 9 but,
 11 again, making schedules of these various series that
 12 are clearly relevant to the matters this Inquiry is
 13 looking at, and there was, in almost every single
 14 series, there was what appeared to be selective
 15 missing files, that probably goes into the -- well, it
 16 does, into the hundreds, across a wide series of
 17 files.
 18 And so my concern was that amongst virtually
 19 every series of files relevant to these matters, there
 20 are missing files.
 21 **Q.** There's an answer on the next page about the TBL files
 22 but what I wanted to actually do was pick up --
 23 because it goes back to the HIM 22 series of files at
 24 the bottom of the page. So if we look at the
 25 bottom -- so we can see there, at the bottom of the

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1 noticed there was a significant difference between the
 2 stuff that was published following the Penrose Inquiry
 3 and was available to download online, was mostly
 4 unredacted. There was the very occasional page that
 5 was but it looked like a genuine attempt to be
 6 transparent with those particular files.

7 But the ones I set out and what they're talking
 8 about the other source I should go to here is the
 9 heavily redacted ones which were, it appears, dealt
 10 with very differently to the ones following the
 11 Penrose Inquiry. So they're right in a sense that
 12 some of the information was available from another
 13 source but, when you take into account the redactions,
 14 not all of the information I was asking for was.

15 **Q.** Then if I can ask you about another exchange about
 16 a series of files, it's at WITN1210008, please,
 17 Soumik. I am sorry, I've given you completely the
 18 wrong reference. That's your statement, Jason. 020,
 19 so WITN1210020, my apologies. Go to the second page.

20 So this refers to the TBL19 series of files, and
 21 you've said, if we go down the page, in your request:

22 "... these are concerned with hepatitis C. Some
 23 volumes of these files are available on TNA's
 24 catalogue, but not all of them. I have outlined those
 25 which are not yet on TNA's Online Discovery Catalogue

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1 page, it says:

2 "There are three files which will become
 3 historic records at the end of 2017, and will be made
 4 available at The National Archives next year."

5 And then if we just look at the bottom, we've
 6 got two of the HIM 22 files listed.

7 If we go over the page, we then see reference to
 8 various files having been destroyed. So third
 9 paragraph says:

10 "HIM/003/V001 and [2] have been destroyed as the
 11 content did not meet the criteria for permanent
 12 preservation at The National Archives".

13 And then it describes, if we just look down the
 14 page briefly, others not yet due for transfer, and
 15 others further that were destroyed.

16 Now you've referred in your witness statement
 17 to some of these files being destroyed. Is this what
 18 you were referring to?

19 **A.** Yes. And the reason why in their answer they've
 20 condensed so many different series is because I'd
 21 submitted separate FOI requests for each of the
 22 series, where I'd identified missing files. And in
 23 their answer, helpfully I suppose, they've condensed
 24 them all into one answer. But you can see in that top
 25 paragraph there, those particular series. They're

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1 saying it contained papers about the Haemophilia
 2 Society and have been destroyed.
 3 So it's material that was clearly relevant to
 4 this Inquiry that was destroyed. And the same for --
 5 you know, anything that starts with "HIM" is, in my
 6 view, going to be relevant, based on looking -- I'm
 7 sure the paralegals of this Inquiry will have clocked
 8 that a long, long time ago.
 9 So, yes.
 10 **Q.** And then, if we can take that down, I just want to
 11 then ask you about the process of going to the ICO,
 12 just by reference to one example.
 13 So JEVA0000071, please, Soumik.
 14 So this is an example -- we've moved back from
 15 Department of Health to Oxford now. You've asked for
 16 information, you're dissatisfied with the response,
 17 you've gone to the ICO. What then happened?
 18 **A.** Um, well, after some time, the ICO -- if we could
 19 scroll down the page just little bit -- concluded
 20 that:
 21 "... the Trust had failed to comply with its
 22 obligations under section 10 of the [Freedom of
 23 Information Act]."
 24 Which is no great surprise, given the way that
 25 not just Oxford but Government departments across the

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1 Office emails we were looking at, that do show that.
 2 **Q.** And I've gone to this as an example, rather than
 3 because of any particular significance in its own
 4 right, it illustrates the process, and you've ended up
 5 going to the ICO I think on a number of occasions?
 6 **A.** Yes. Yeah. There are three decision notices against
 7 public bodies which, you know, I submitted for the
 8 purposes of today. I think there's one to the Cabinet
 9 Office, I don't think we need to go to them, but
 10 there's been many other times I've gone to the ICO as
 11 well. It's not out of the ordinary at all. And I'm
 12 just glad that, in my experience, I feel like the ICO
 13 are fair, actually, and are much fairer than the
 14 departments themselves.
 15 **Q.** We can take that down, thank you.
 16 You described in your statement also another
 17 series that you were looking at, the JA418 series.
 18 And I think you -- again, working in The National
 19 Archive or looking at The National Archives recovery
 20 catalogue, you found volumes that were not there; is
 21 that right?
 22 **A.** Yes.
 23 **Q.** Or found that there were volumes that were not there
 24 but you thought should be there?
 25 **A.** Yes.

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1 board deal with it.
 2 I mean, I could go to the ICO at -- you know,
 3 probably hundreds of times with the amount of times
 4 that that has not happened. I feel it's more often
 5 the case that a request is not dealt with within the
 6 statutory limit than is. But it's worth, to be fair,
 7 saying that I think that is applicable to a number of
 8 different matters, above infected blood. I don't
 9 think FOI has the priority in most public
 10 organisations, or the resources, that it should.
 11 I actually attended a meeting only a couple of
 12 months back, organised by openDemocracy, and they had
 13 shown the amount of budget that is afforded to FOI
 14 across the board, and you can see -- there's a report
 15 available on their website about this -- and you can
 16 see that, over time, the amount of resource afforded
 17 on the whole to FOI just goes down and down and down,
 18 whilst the use of it, and arguably its importance, is
 19 going up. And especially with what's to come in the
 20 face of the pandemic, it will be very important to
 21 many people, I expect.
 22 And so I don't suggest that the only reason that
 23 this is happening is because of an orchestrated
 24 cover-up in regards to infected blood, but there are,
 25 I think, specific examples, perhaps like those Cabinet

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1 **Q.** And that led to you raising a concern about the way in
 2 which ministers were talking about the availability of
 3 information; is that correct?
 4 **A.** Yes. For decades, I think is probably right, I think
 5 this goes back to the early 2000s, multiple house
 6 ministers have said, it's well documented through
 7 Hansard, I expect in replies to many people, that all
 8 documents are in the public domain, or have been
 9 destroyed. And I think what I -- the conclusion
 10 I reached at some point in time was -- I've used the
 11 phrase it's the greatest lie they ever told. And the
 12 reason why it's the greatest lie is that not only was
 13 it untrue, and it's been shown now to be untrue, but
 14 by saying, if it's not in the public domain, it's been
 15 destroyed, at that time, in the early 2000s, and
 16 subsequently, mid-2000s, it -- I think it felt -- that
 17 alone felt scandalous to our community. And they
 18 could go to the press and they could say, "They've
 19 destroyed the documents, it's a scandal."
 20 And they have destroyed some files, as we've
 21 seen, but the other result of that is it stops people
 22 from looking, because why would you look for
 23 something, anything more to this story, if you've been
 24 told what's there is there, there's nothing more
 25 because it's been destroyed. It stops people from

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1 looking.
 2 And I can't actually really explain to this
 3 Inquiry now why, in the face of that, I even bothered
 4 to look. But for whatever reason I did. And when it
 5 became beyond doubt that it wasn't true, I then sought
 6 the help of Baroness Featherstone to try to address
 7 it, because I felt that, doing that as an individual,
 8 I wasn't going to get very far.
 9 **Q.** We'll just look at the letter there, WITN1210024. Go
 10 to the next page.
 11 We can see this is March 2018, you wrote to
 12 Baroness Featherstone saying:
 13 "I was wondering what we might be able to do in
 14 terms of getting a stop put to/overturn the below line
 15 by Ministers?"
 16 And you express a concern that that might be the
 17 line that was then given to the Inquiry.
 18 "Ministers took the line that 'All documents up
 19 to 1995 are available through The National Archive'.
 20 You've given some examples there. And then
 21 you've set out in your email to Baroness Featherstone
 22 your understanding from some of the research you'd
 23 undertaken that that was not the case.
 24 **A.** Yes.
 25 **Q.** And I think -- that was, I think, taken up by her with

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1 Department holds or has held, relating to the issue of
 2 infected blood."
 3 There's then a response in relation to some
 4 specific files, and we can see at the bottom of the
 5 page, if we look at the last paragraph, Soumik:
 6 "It is not clear why these two file sets were
 7 not released previously and I can only apologise for
 8 that. Also I am sorry that I cannot be firmer on the
 9 dates that these two sets of files will be available
 10 at The National Archives but DHSC has no control over
 11 this part of the transfer process ..."
 12 Then if we just go to the next page, it's
 13 a discussion of the process for transfer, but if we
 14 look at the very bottom, this then I think picks up
 15 upon your concern about ministers saying that all
 16 documents were available when all documents were not
 17 available.
 18 **A.** Yes.
 19 **Q.** So under the heading "Statement on release of files":
 20 "In relation to the statement 'All documents up
 21 to 1995 are available through The National Archives',
 22 the line is normally nuanced to explain that it
 23 relates to all relevant files and I am sorry that in
 24 some instances this did not happen. As you will
 25 understand, what is considered to be relevant is

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1 the Department of Health?
 2 **A.** Yes.
 3 **Q.** If we look at WITN1210025. Go to the next page.
 4 Am I right to understand this is the response to
 5 the line of enquiry or the trail that you began?
 6 **A.** Yes, and it's worth saying, as well, that it wasn't
 7 quite as simple as Baroness Featherstone writes and
 8 there is a reply. This had to be chased multiple
 9 times before we got this reply. And just to add as
 10 well, I am very grateful to Baroness Featherstone for
 11 helping me with this.
 12 **Q.** And the letter, which is from the Department of
 13 Health's Director General - Global and Public Health,
 14 says in the first paragraph:
 15 "As you will appreciate, there are many
 16 thousands of documents and it is a complicated picture
 17 between those that are available, those that have been
 18 recommended for release and those still to be
 19 considered. We are committed to complete openness and
 20 your questions are welcome.
 21 "In this letter we have addressed the contents
 22 of the two files you have asked about and their
 23 release to The National Archives, the process for file
 24 release and why this process can be delayed and the
 25 ongoing work to compile a list of all the files the

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1 a subjective decision and it is not clear why the two
 2 file sets you have identified were not included."
 3 Just before we look at what's then said to try
 4 and unpick that and work out what you understood by
 5 it, was this your understanding of what was being
 6 said: first of all the statement was wrong because of
 7 its use of the word "all" rather than "all relevant"?
 8 **A.** Yes.
 9 **Q.** Secondly, it was wrong, in any event, because even if
 10 it said "all relevant" not all relevant files had been
 11 because here are two examples that hadn't been?
 12 **A.** Exactly, and also it's really important to note, yes,
 13 there were two examples, because I felt that it would
 14 have been overkill to give Baroness Featherstone
 15 hundreds of examples, and so they've also clung onto
 16 that as in -- as these are two examples, but I think
 17 at that point as well, if not before, it was then
 18 immediately apparent, I think, to the Department of
 19 Health that we were onto this, and it was time to do
 20 something about it, because of, I think, the fact that
 21 an inquiry was going to happen. I strongly suspect
 22 that if this Inquiry had not been announced and was
 23 not going to happen, that the response would have been
 24 different, I think.
 25 **Q.** Then we see at the bottom of the page that the

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1 Department is now going to use the amended line. So
2 rather than the snappy "All documents up to 1995" it's
3 going to be:

4 "All files up to 1995, previously deemed to be
5 relevant to the issue of infected blood, and which
6 were agreed to release by The Advisory Council, were
7 transferred to The National Archives. However, we
8 recognise that this did not include all files that may
9 be relevant and work on identifying all additional
10 pre-1995 transfer for files is continuing. As well as
11 releasing these files to the public, DHSC is committed
12 to co-operating fully with the Infected Blood
13 Inquiry'. This new line will be shared with all parts
14 of DHSC."

15 Then you've subsequently, I think picked up --
16 and I don't know whether you understand it to be
17 because of this, or for unrelated reasons, a letter
18 was sent by Chris Wormald to two former Health
19 Ministers.

20 **A.** Yes.

21 **Q.** Perhaps we'll just look at that.

22 **SIR BRIAN LANGSTAFF:** Are we turning away from this
23 document?

24 **MS RICHARDS:** From this document, although not the theme,
25 but from this document.

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1 in her capacity as former Health Minister. But if we
2 just stick with this one, if we go to the previous
3 page, it says:

4 "I am writing to you as a former health minister
5 within the Department of Health and Social Care as
6 I have recently received a letter from the Right
7 Honourable Baroness Featherstone raising concerns
8 about public statements describing the release of
9 infected blood files to National Archives.

10 "Between 2015 and 2016, the Department released
11 a large number of files in the light of the Penrose
12 Inquiry in Scotland. This process involved officials
13 conducting a search of all files to identify relevant
14 files for transfer to The National Archives.

15 "Further to this release of documents and in
16 answer to some Parliamentary Questions ... the
17 statement 'All documents up to 1995 are available
18 through The National Archives' has been used on
19 several occasions. This line was normally nuanced to
20 explain that it related to all relevant files and I am
21 sorry that in some instances this did not happen. As
22 you will understand, what is considered to be relevant
23 is a subjective decision."

24 Then we see the next paragraph refers to the new
25 amended line, and then the last paragraph says:

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1 **SIR BRIAN LANGSTAFF:** Did you ever investigate further the
2 difference of reasoning in "deemed to be relevant" on
3 the page we've -- which isn't now on the screen, and
4 this "may be relevant" --

5 **A.** No.

6 **SIR BRIAN LANGSTAFF:** -- and the fact it's a subjective
7 decision by someone unnamed?

8 **A.** No, I didn't, but that's a fair avenue to explore,
9 I think.

10 **SIR BRIAN LANGSTAFF:** In a sense it could, I'm not saying
11 it was, but it could be open to interpretation that if
12 I was prepared to say it is relevant, you have it, and
13 if I'm not prepared to say it is relevant, you don't.

14 **A.** Yeah.

15 **SIR BRIAN LANGSTAFF:** But without knowing who the "I" is.

16 **A.** Yes.

17 **SIR BRIAN LANGSTAFF:** Yes, I see.

18 **MS RICHARDS:** That was the response to
19 Baroness Featherstone on 7 June 2018. If we go to
20 WITN1210027, and go to the second page, we'll see this
21 is a letter to Baroness Blackwood dated 20 June 2018.
22 If we just look at the next page, we'll see it's from
23 the Permanent Secretary to the Department of Health
24 and Social Care, and there's a near identical letter
25 of the 21 June to Jane Ellison, also being written to

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1 "I'm drawing this to your attention as you were
2 holding office when these statements were made either
3 in PQs [Parliamentary Questions] or in one instance in
4 a speech. Attached at Annex A, are the PQ responses
5 identified following a trawl of Hansard by DHSC
6 officials; this is just for noting and no action is
7 required. We are not able to correct the official
8 record for previous sessions."

9 Top of the next page:

10 "I apologise that you were advised incorrectly
11 on these occasions."

12 Then there's a reference to an exercise to
13 identify:

14 "... all files the department holds, or has
15 held, that are in any way linked to the issue of
16 infected blood [so that the Department can respond to
17 the Inquiry]."

18 If we just go over the page, we can see, in the
19 annex to the letter, a list of some multiple occasions
20 upon which it was said that all documents had been
21 disclosed.

22 **A.** Yes.

23 **Q.** This by Baroness Blackwood, but we've got the same
24 exercise performed in relation to Jane Ellison. So is
25 this right, Jason: your raising this with Baroness

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1 Featherstone has led to the Permanent Secretary at the
2 Department of Health and Social Care essentially
3 apologising to two former ministers because they were
4 incorrectly given the line that "All documents prior
5 to 1995 had been disclosed", et cetera, et cetera,
6 when that wasn't the case, and they made those
7 statements to or in Parliament?

8 **A.** Yes, exactly. And the other thing I want to point
9 out, on the previous page is where it was said --
10 I don't know if it was on this page or the previous
11 one -- no action was required --

12 **Q.** The previous one, bottom of the previous page.

13 **A.** You know, I think given for how long that had gone on,
14 and this had been said before 2015 as well or a very
15 similar line, I feel that, okay, they can't correct
16 the record in Hansard for a previous session, but
17 I feel strongly, given everything that everyone has
18 been through, not just me, but everyone that has tried
19 to look for documents, so I include people like Andrew
20 March and the Lewis brothers, there should have been
21 some kind of statement to Parliament, to this
22 community, to say that "We have been telling you the
23 wrong thing".

24 I found these letters, the apology letters,
25 because I happened to be searching the

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1 In fairness, they probably could have turned around on
2 a cost basis, grouped them all together and said,
3 "This is getting ridiculous". They didn't do that.
4 But they did cancel all of my pending FOI requests,
5 which I'd spent a lot of time putting together by the
6 way, because they'd now decided, for whatever reason,
7 perhaps because of this Inquiry, perhaps because all
8 this had been going on for so long now, of them either
9 realising that this was wrong, these lines that they
10 were putting out in Parliament and to those impacted
11 were wrong, or because they wanted to get their house
12 in order for the Inquiry, or both, had decided to
13 commission the Government's internal audit agency to
14 carry out an audit into their relevant files and,
15 because of that, they were able to cancel all my FOI
16 requests because there is an exemption regarding
17 something being subject to an audit.

18 **Q.** For the sake of completeness we'll just look at the
19 letter sent to you, WITN1210008. Oh I've done it
20 again, I'm sorry. I keep giving the number of your
21 statement and not the exhibit number, sorry Soumik,
22 sorry Jason. WITN12100026. If you go to the second
23 page, we can see the letter sent to you, 4 June 2018.
24 Is this what you're referring to?

25 **A.** Yes.

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1 House of Commons library, there was no public
2 statement that this apology had happened whatsoever.
3 I strongly suspect that this is the first time many
4 people in our community are learning about this, and
5 I think that's wrong.

6 **Q.** You think it's wrong because the apology is being made
7 to the ministers --

8 **A.** (Witness nodded)

9 **Q.** -- and that may or may not be wrong, but the apology
10 is not being made also to people in the community who
11 would have had a direct and intimate and important
12 interest in this material.

13 **A.** Yes. Exactly. And I just -- I can well imagine there
14 are people that did campaign and who have now died
15 that believed this line, and not even their families
16 were given the apology. So, yes, I think that's
17 right.

18 **Q.** But you'd said in your statement that it was in
19 June 2018, which, we can see, is around the time of
20 this correspondence, you said that the Department of
21 Health abruptly stopped cooperating with your FOI
22 requests. What do you mean by that?

23 **A.** In fairness, there was a different way they could have
24 done it under the Act, but I had about 60 FOIs pending
25 for different series where there were missing files.

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1 **Q.** "Thank you for your request [et cetera]."

2 Then we can see below the italicised section,
3 that last sentence, that paragraph:

4 "I have therefore aggregated your requests ..."

5 So that's putting them all together:

6 "I can confirm that DHSC may hold information
7 relevant to your requests. However, it is being
8 withheld under Section 22, which states that public
9 bodies are not obliged to disclose information that is
10 intended for future publication.

11 "Section 22 is a qualified exemption and we are
12 required to assess as objectively as possible whether
13 the balance of public interest waves disclosing or
14 withholding the information.

15 "In general, there is a strong public interest
16 in information being made as freely available as
17 possible. However, as there is wider public interest
18 in the files that have been created by DHSC in
19 relation to blood policy, it is important that this
20 information can be accessed simultaneously by the
21 general public, rather than releasing information file
22 series by file series."

23 If we go on to the next page.

24 "As an assurance process is ongoing, early
25 release of the requested information could be

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1 misrepresentative of the status of the files that we
 2 hold relating to blood policy. It is in the public
 3 interest that the assurance process is able to
 4 conclude before making this information available to
 5 the public, to ensure confidence and accuracy in the
 6 information disclosed.
 7 "Therefore, we consider that, on balance, the
 8 public interest is better served by withholding this
 9 information under section 22 of the FOIA at this
 10 time."
 11 That's the decision you referred to?
 12 A. Yes, yes. And I think what else is interesting about
 13 this is, if we could go back to the top of that where
 14 you can actually the wording of this particular
 15 request they've responded to --
 16 Q. The previous page, please, Soumik.
 17 A. So -- and if we could -- yes, there. Thank you. So
 18 I had asked for a list and status of the volumes
 19 within a particular series, the titles of those
 20 volumes. So I wasn't actually asking for the content
 21 of the files, even. This wasn't about that
 22 information, the content of those files being
 23 available so that people could see documents. I was
 24 just asking if these files existed and, if not, what
 25 the deal was, and they weren't even willing to give me

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1 and are basically considered -- well, by much of the
 2 national press at least -- to be journalist
 3 blacklists. And I came into possession of a number of
 4 these lists and, sure enough, my name appeared
 5 multiple times within these lists from different
 6 Government departments, where I could make an FOI to
 7 virtually any Government department, and my FOI was
 8 then referred to Clearing House at the Cabinet Office.
 9 Basically, no matter what it was. And so I had
 10 entered this list. I'll leave it to others to decide
 11 whether it's a blacklist or not.
 12 Q. If we just look at two documents in relation to that.
 13 Soumik, it should be JEVA0000082.
 14 Sir, we can see this is an email of 10 March
 15 2020, subject: "Round Robin List" from Clearing House
 16 mailbox to FOI Clearing House:
 17 "Dear Colleagues,
 18 "Please find attached the Round Robin List for
 19 10 March 2020.
 20 "****TO NOTE***
 21 "Five new requests were received today ..."
 22 Then there's reference to "JJ Evans", which is
 23 you.
 24 A. Yes.
 25 Q. Then it says:

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1 that.
 2 So I think the reasoning that they give kind of
 3 goes -- misrepresents the position a little bit.
 4 Q. Then coming forward in time from 2018 to 2020, in
 5 terms of your ability to utilise Freedom of
 6 Information Act requests to Central Government, is
 7 something called the Round Robin List; is that right?
 8 A. Yes.
 9 Q. And you have the privilege of being on it.
 10 A. Yeah, so I was totally unaware of this, until
 11 recently, recent months within the last year.
 12 A reporter that I can name, a public reporter called
 13 Jenna Corderoy from the openDemocracy organisation
 14 contacted me, and she is greatly involved in looking
 15 at this body, I guess you could call it, called
 16 Clearing House that sits within the Cabinet Office who
 17 preside and kind of act as an arbiter over Freedom of
 18 Information, and people may have seen the various
 19 press reports in the national press about -- far wider
 20 than infected blood, but about this. They describe it
 21 as an Orwellian unit.

22 And she contacted me to say that whilst looking
 23 into this issue, she'd noticed my FOIs, and I was
 24 sent -- they had been campaigning heavily to get these
 25 lists that are known internally as round robin lists,

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1 "No new guidance has been added."
 2 Then if we go to JEVA0000083, please, Soumik.
 3 This is a week or so later. So 16 to
 4 18 March 2020 Round Robin List. Again it's from
 5 Clearing House to -- well, it seems to be from
 6 Clearing House to Clearing House mailbox.
 7 "Dear Colleagues,
 8 "Please find attached the Round Robin List for
 9 16-18 March 2020.
 10 "****TO NOTE***
 11 "Two requests were received:
 12 "[Redacted]
 13 "Guidance has been added to the following ..."
 14 Then your name. So you're on a list and now
 15 you're the subject of guidance.
 16 A. Yes.
 17 Q. Do you know any more about what it is about?
 18 A. There are examples. I may have submitted them, I
 19 can't remember off the top of my head, where you can
 20 see some of the advice that's added to some of my
 21 requests. But I think there's two problems with this.
 22 One, my requests are being dealt with differently to
 23 someone else's would be, for reasons which are unclear
 24 to me. And, secondly, I'm not made aware of this by
 25 them, but also, there's -- within the FOI Act there's

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1 a principle that all FOI requests should be what they
2 call applicant blind. In other words, it shouldn't
3 matter if I'm a carpenter, a journalist, an astronaut,
4 whatever, my FOI should be dealt with in the same way,
5 no matter who I am. And, in fact, it shouldn't really
6 be considered what my job is or what I do or if I'm
7 a campaigner or anything because I'm a citizen asking
8 for information.

9 And what this shows is that that applicant blind
10 ethos is not being followed. And that is also
11 demonstrated in a submission, I think I made, of data
12 access request response I got from the Department of
13 Health, where I submitted an FOI request to them and,
14 in their internal email chain discussing it, they'd
15 identified that this is Jason of the Factor 8
16 campaign, which they shouldn't be doing as part of the
17 applicant blind process.

18 Q. But as a matter of fact, are -- what is happening to
19 FOI requests that you make to Central Government in
20 2020, 2021?

21 A. As far as I can tell, every request now gets referred
22 to Clearing House.

23 Q. Do some get answered? Do all of them get answered or
24 do all of them get turned down?

25 A. It's very dependent but, without a doubt, I think

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1 why it was of interest to all of you. We have
2 looked at it I think, in an Inquiry hearing before.
3 A. Yes.
4 Q. It must have been one of the presentations.
5 HHFT0000916_02. We can see it's a letter 14 May 1979
6 from Dr Aronstam, Treloars, to Dr Craske at the Public
7 Health Laboratory Service:

8 "Dear John,

9 "We have not had any cases of hepatitis
10 following NHS Factor VIII. As far as your suggestion
11 about transfusing mild haemophiliacs with this
12 material is concerned, I totally disagree with this
13 concept. I do not wish any of my mild haemophiliacs
14 to develop hepatitis in any form and therefore adopt
15 the policy of either using DDAVP or cryoprecipitate."

16 Now, when you had this letter drawn to your
17 attention, what is it you then wanted to find out?

18 A. I wanted to see what had caused this letter to be
19 sent.

20 Q. So what steps did you take?

21 A. So, if we could just scroll up a little bit on this
22 document, please, although we could already see it, in
23 all fairness. Public Health Laboratory, Dr Craske.
24 And also the date, May '79. So my instinct was to go
25 to The National Archives and to find the PHLS files

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1 Cabinet Office and Department of Health are the worst.
2 The Cabinet Office are definitely the worst in terms
3 of timescale, and this -- you know, as we saw through
4 the emails, they seem to err on the side of, we're not
5 going to disclose, and if he goes to the ICO and
6 manages to win then fine, but we'll try our luck at
7 ICO, basically.

8 And I remember when a number of us went to the
9 meeting with Oliver Dowden and Nadine Dorries in
10 January 2020, Brian Williams, who happens to get
11 involved in these FOIs quite a lot, was there. And
12 I made a joke to him. I said, "Oh, I'm sorry about
13 all the FOI nuisance", and he kind of laughed a little
14 bit, but it's almost like this unspoken game now,
15 where we both know they're just not being transparent,
16 and it's almost like a joke because it's gone on for
17 so long and is so consistent.

18 Q. I want to ask you next about then some public health
19 laboratory service documents or files. You talked in
20 your statement about how Adrian Goodyear brought to
21 your attention a letter from Dr Aronstam.

22 A. Yes, Adrian Goodyear had -- and also Andrew March had
23 mentioned this document to me on more than one
24 occasion --

25 Q. We'll just look at the document, so that we can see

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1 from that time period, which I thought would either
2 contain what caused this letter, or other material
3 surrounding it that would be relevant to it, or both.

4 Q. Then what happens when you tried to identify the
5 relevant PHLS files?

6 A. So anyone -- it might be a fun activity on lunch --
7 can go to The National Archives Online Discovery
8 Catalogue right now, and type in this reference DN
9 1/33 and what you'll see is that there's a big piece
10 of text on it that says, "Misplaced while on loan to
11 Government department". And my next step then most to
12 find out what department, when, why, how, all of those
13 questions.

14 Q. Let's look at JEVA0000030, please, Soumik.

15 We can see this is you in May 2017:

16 "Dear National Archives,

17 "Almost 1 month G I wrote to you ... but I have
18 received no response or reply despite attempts to
19 prompt you and so I would expect this request to
20 become a priority.

21 "My query was in regard to record: DN 1/33

22 "Your website states that this record is missing
23 and was 'Misplaced while on loan to government
24 department'."

25 As you told us. Then you ask, and you say this

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1 was under FOI to request you're asking:
 2 "Please could you confirm that this was the
 3 Department of Health (or if a different department)
 4 and when this loan took place?"
 5 A. Yes.
 6 Q. Then what happened in terms of getting an answer to
 7 that?
 8 A. Took them a while. And as you can see there, I had
 9 already asked for it, but eventually I did get
 10 a response. But I think I may even have had to have
 11 intervened again subsequent to this. I suspect the
 12 answer might be revealed there.
 13 Q. Top of the next page is what you're told. I think, in
 14 fairness, I should say that the date of this appears
 15 to be 1 June so your chasing does appear to have been
 16 responded to promptly, I should say. The top of the
 17 next page. There should be a second page, Soumik.
 18 "Having checked in the repository, I can confirm
 19 that document DN 1/33 was on loan to the Department of
 20 Health (to a now defunct subsidiary body, the Health
 21 Protection Agency). It was originally requisitioned
 22 by them on 11/01/2010."
 23 So the document had gone to the Health
 24 Protection Agency, at that point in time, seven years
 25 earlier, and not made its way back to The National

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1 out whether the material is associated with cases of
 2 hepatitis, as most patients treated under these
 3 circumstances will be as susceptible to non-A, non-B
 4 viruses in the transfused material.
 5 "I am aware that you may prefer to use
 6 commercial concentrate for some patients in this
 7 class, but it would provide valuable information if
 8 you could use some of the material issued in the way I
 9 have suggested."
 10 I should, in fairness, I think just refer to the
 11 bit in handwriting at the bottom:
 12 "I realise that the above suggestion does not
 13 apply to the LMT boys."
 14 I think that says.
 15 But that's the letter, as we understand it, that
 16 triggered Dr Aronstam's response --
 17 A. Yes.
 18 Q. -- saying, "I'm not going to do that", and then we've
 19 got it -- I don't need to display it, there's
 20 a further letter from Dr Craske saying, "Oh, I didn't
 21 mean it quite like that", I am paraphrasing --
 22 A. Yes.
 23 Q. -- but we've got the three letters.
 24 Is it, as far as you understand, a whole file
 25 that's gone missing that was on loan to the Health

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1 Archives; is that right?
 2 A. Yes, correct.
 3 Q. And we've got the letter that it responded to.
 4 A. Yes.
 5 Q. And a following response. And actually, for the sake
 6 of completeness, let's just look at them. They've
 7 come to the Inquiry from a different route,
 8 HHFT0000916_003. I think it's the first letter in
 9 time. Yes.
 10 So this is the letter from the Public Health
 11 Laboratory Service, 10 May 1979, to Dr Aronstam, and
 12 I think we've looked at this in an earlier hearing,
 13 but if we just look at the text:
 14 "You will be aware that the study of NHS
 15 Factor VIII has been going for almost a year; I have
 16 not so far been notified of any cases of hepatitis in
 17 patients treated with the designated batches used in
 18 this study. Perhaps you could also let me know
 19 whether in actual fact you have had any cases after
 20 these batches.
 21 "I would suggest that for the second year of the
 22 study some of this material should be used to treat
 23 mild haemophiliacs coming up for non-urgent operations
 24 such as tooth extraction. We have found from
 25 observations at Oxford this is the best way of finding

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1 Protection Agency within which these letters would be
 2 located, or just the letters themselves?
 3 A. So DN1/33s would be a whole file, and so I think it's
 4 good that that letter has been obtained, but the
 5 question remains that what else would have been in
 6 that file? And from the other files, from -- because
 7 the other PHLS files from different date ranges are
 8 there, and so things like minutes of meetings,
 9 et cetera, and other documents, may be lost forever.
 10 And so as to what else could be in there,
 11 I could only speculate.
 12 Q. And in terms of your experience of the files, would
 13 you expect this file -- I've lost reference to it --
 14 DN1/33, would it be, in your experience, containing
 15 files relating to a particular point in time? So it's
 16 likely to be all material from around the late
 17 seventies or early 1980s?
 18 A. Yes. And the description on The National Archives
 19 website actually says, I think it's something like,
 20 April to June 1979 the material in this particular
 21 file would cover.
 22 Q. And do you have any understanding as to why, in 2010,
 23 the Health Protection Agency, which was then
 24 a subsidiary body of the Department of Health, was
 25 requesting this material from 1979?

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1 A. Well, I think the best place to start in answering
2 that is JEVA29, page 4.
3 Q. So JEVA0000029, please, Soumik.
4 A. So in the second email there, there is a chronology of
5 some of what's gone on with this file.
6 Q. Sorry, which page is that? Because I'm looking at
7 a different page.
8 A. It's on screen now, the bullet points which outline
9 the chronology. It's on -- the correct one is on my
10 screen.
11 Q. Yes. So this is a -- "In terms of tracking/tracing",
12 is that the bit you're referring to, "a summary of the
13 below email trail appears to indicate"?
14 A. Yes. So you can see in 2016, long, I think, before
15 I start asking about this file, there'd been some
16 interrogation of what's happened to it, and they've
17 outlined some of the chronology there of when it was
18 uplifted or loaned to the HPA. They think it's
19 possibly gone to the Ministry of Justice for an
20 opinion on sensitivity. It's come back, and -- it's
21 just been all over the shop, I think is one way to
22 phrase it.
23 But then, interestingly, and all this
24 correspondence has come by way of a totally separate
25 FOI, if we could go to page 7 of this document,

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1 Which is kind of unprecedented, I think. I mean
2 there are 20-year rules, 30-year rules. But forever.
3 And that is exactly the position we've ended up
4 in, in the sense that it's gone missing on loan to
5 a Government department. I can only speculate as to
6 what has happened.
7 Q. And I think -- is there a more recent update, you've
8 received something further in relation to this?
9 A. Um, yes. So I had submitted a fresh FOI some time
10 ago, asking for The National Archives to remove the
11 redactions, basically, so that it would reveal what
12 the sensitive item is, and what -- what is the score
13 with this file? Basically.
14 Q. And I think we can see that at JEVA0000085. Is this
15 the right one?
16 A. If you could just scroll down. Yes, this is it.
17 Q. So you ask:
18 "... can you provide me with copies of all
19 emails disclosed as part of ..."
20 And that's the reference:
21 "... but without any application of Section 36?"
22 So in other words, without the redactions.
23 A. Yeah.
24 Q. And the response I think we see, if we go to the third
25 page --

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1 there's some explanation as to why it was sensitive
2 and why it may have gone missing.
3 "[Redacted] has now had a look at the file and
4 has identified [something that we don't know]. It
5 appears it is more complicated than previously
6 thought."
7 Then if we could, on this same page, just scroll
8 down to the next email. It says, second line down,
9 towards the end:
10 "I know that it contains a sensitive item, which
11 is why it was not opened."
12 In other words, made available to the public.
13 And then if we could go to page 24, at the
14 bottom of this email it says:
15 "Also - what is the position on keeping this
16 information out of the public domain permanently."
17 And this is in 2004, long before, about the same
18 file. So there was something in it, we don't know
19 what they were talking about because it's redacted --
20 and I hope the Inquiry can get this -- these emails
21 from TNA without the redactions -- there was something
22 in that file that was deemed -- sorry, about the
23 clicking -- to be sensitive, at least going back to
24 2004, when it was suggested: how do we keep this out
25 of the public forever?

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1 A. It's also worth noting that was 8 April 2021 that I
2 asked that.
3 Q. And if we go to the third page, we can see bottom half
4 of the page is a response, 4 June 2021.
5 A. So around two months later, over the statutory limit.
6 Q. Yes. In fact, I'm sorry, it's -- that's still --
7 they're still telling you they haven't finished?
8 A. Yes.
9 Q. They're thinking about it.
10 Sorry, so we should go to the next page. We can
11 see at the bottom half of the page, just to get the
12 date, "FOI Requests, National Archives, 9 June 2021".
13 This is the substantive response, which is then on the
14 following page.
15 "Thank you for your enquiry ..."
16 Etc, etc, third paragraph:
17 "Unfortunately, we are unable to provide you
18 with this information because it remains covered by
19 the exemption at section 36(2)(b & c) of the FOI Act,
20 which exempts information if release would prejudice
21 the conduct of public affairs."
22 Then, if we go down a further couple of
23 paragraphs, it says:
24 "We are required to conduct a public interest
25 test when applying any qualified exemption."

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1 And they're supposed to weigh the public
2 interest in disclosure and the public interest in
3 withholding.
4 "With the agreement of the Qualified Person, who
5 in this case is the Chief Executive of the National
6 Archives, in whose reasonable opinion this exemption
7 is engaged, the public interest has been concluded and
8 the balance of the public interest has been found to
9 fall in favour of non-disclosure".

10 If we see the bottom of the page:

11 "... it is considered that the release of some
12 of the information requested would prejudice the
13 effective function of the process for retention and
14 transfer of public records. It is important that
15 officials are able to exchange views freely and
16 frankly and to fully discuss any issues that [affect]
17 this process. To release some of the information
18 requested may act as an inhibitor to necessary
19 discussions which would not be in the public
20 interest ..."

21 Then in the next paragraph:

22 "After careful consideration, it has been
23 decided that the balance of the public interest lies
24 in favour of withholding the information on this
25 occasion and that the factors for non-disclosure

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(2.05 pm)

2 **MS RICHARDS:** Jason, I'm going to ask you next about
3 a handful of the areas where you have resorted to your
4 own investigation, your own enquiries, looking into
5 substantive issues. The first is arising out of your
6 witness statement where you talk about learning that
7 Travenol, who managed Hemofil, had sourced plasma from
8 Russian cadavers. What did you uncover or what did
9 you think you uncovered?
10 **A.** I think in this area it was less about uncovering
11 something but maybe confirming a suspicion, which is
12 I'd learned about this issue that plasma had been
13 obtained from Russian cadavers, corpses, and what
14 I wanted to know is if Travenol, which is the company
15 that was alleged to have used that plasma, if their
16 Hemofil product, which is exported to various
17 countries throughout the world, if that specific kind
18 of plasma was used in the products here, the -- this
19 whole original area is documented in a number of books
20 and online articles but I actually reached out to
21 Hogan Lovells, who -- I think originally I went to
22 Baxter Healthcare, and then developed a dialogue with
23 Hogan Lovells and they eventually confirmed that the
24 Lessines plant in Belgium, where it seems to be that
25 cadaver blood went to, Hemofil from that specific

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1 outweigh any benefits of release."

2 Then you've been sent copies of the same emails,
3 is it with all the redactions still in place, or most
4 of the redactions still in place?

5 **A.** Nothing was changed.

6 **Q.** You received that this week?

7 **A.** Yes. That happened the night before last.

8 **Q.** Is this right, you have, I think, no way of knowing
9 whether what's redacted is central to issues relating
10 to infected blood or indeed absolutely nothing to do
11 with issues relating to infected blood?

12 **A.** Yes, I make no bones about that whatsoever. This
13 could be to do with anything in 1979 which, what,
14 40 plus years later, is seemed to be too sensitive for
15 the public to know about. It -- we don't know. We
16 don't know. But, needless to say, 1979 at the Public
17 Health Laboratory Service was a big year for the
18 events this Inquiry is looking at and, hopefully, the
19 Inquiry will be able to find out.

20 **MS RICHARDS:** Sir, I note the time. It is probably a good
21 point to break for lunch.

22 **SIR BRIAN LANGSTAFF:** Yes. Well, we will take a break
23 until five past two. Five past two.

24 (1.04 pm)

(The luncheon adjournment)

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1 plant in Belgium did come to the UK, and I think we
2 have the email showing it.

3 **Q.** JEVA0000031. It just says:

4 "I can now confirm that during the late 1970s
5 and early 1980s some of the Hemofil used in the UK was
6 indeed imported from Travenol's facility at Lessines
7 in Belgium."

8 **A.** Yes, I don't think there's too much more I can really
9 say in regards to this, other than for me, it seemed
10 to be the final piece to form a loop there.

11 **Q.** Another piece of work which you undertook, we can see
12 from WITN1210028, so this is a chronology that you
13 compiled, if we go to the next page in relation to
14 Dr Rejman. Dr Rejman was a medical officer within the
15 Department of Health --

16 **A.** Yes.

17 **Q.** -- and it's right to note you've made in your
18 statement quite significant allegations or expressions
19 of view about his role?

20 **A.** Yes.

21 **Q.** We're going to look at some of the documents or some
22 of the events that have led you to reach those views.
23 But I should say again, Dr Rejman has not had
24 sufficient opportunity to respond if he chooses to,
25 and we are anticipating we'll have a substantive

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1 statement from him in due course, in any event. And
 2 of course he may wish to choose to respond at that
 3 stage, so no inference should be drawn from any
 4 absence of response from him at this stage.
 5 **SIR BRIAN LANGSTAFF:** We should take it that the
 6 allegations, if he wishes to answer them, will be
 7 answered later.
 8 **MS RICHARDS:** Yes, yes. As I say, no fault attaches to
 9 him in that regard at all.
 10 **A.** It's worth, I think, saying as well, something that,
 11 despite this piece of work being a number of years, at
 12 this point, in the making, that there's something
 13 about Dr Rejman I only learned a couple of weeks ago,
 14 which is that during the mid-to late '70s he actually
 15 worked under Professor Ingram at, I believe, St
 16 Thomas', which I think is substantial in putting this
 17 into context.
 18 **Q.** So what you've done in this chronology is identified
 19 a series of documents from 1989 through to 1996,
 20 essentially, which are relating in particular to
 21 either communications authored by Dr Rejman or
 22 received by him or onto which he was copied, and which
 23 are in particular concerned with issues relating to
 24 hepatitis C.
 25 **A.** Yes.

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1 right to note there were lots of other civil
 2 servants --
 3 **A.** Yes.
 4 **Q.** -- referred to in a number of these documents, some
 5 names come up more than others. Dr Rejman's is
 6 obviously a common theme. This is your
 7 interpretation, I think, of the significance and the
 8 interrelationship between these materials?
 9 **A.** Yes. Correct.
 10 **Q.** So, I'm very much in your hands, Jason, as to what
 11 you'd like to talk us through about this. We've got
 12 most of the underlying documents available for
 13 display.
 14 **A.** Yes.
 15 **Q.** But we've also got your summary of them here. So are
 16 there particular documents in terms of the work you
 17 undertook that you would wish to draw attention to?
 18 We can look at as many of them as you'd like.
 19 **A.** Okay. I'm certainly not suggesting we have to look at
 20 all of them. Because with this, the -- when
 21 I originally started this piece of work, it was not
 22 intended for anyone else to see it. It was to be
 23 a tool to enable me to understand something, that I
 24 might be able to derive something from to help me with
 25 other research. But as it grew, it painted a timeline

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1 **Q.** I think you've also done a podcast on this and other
 2 subjects; is that right?
 3 **A.** I did, yes, I did.
 4 **Q.** Just before we look at any of the other details what,
 5 broadly speaking, is the purpose of the podcasts,
 6 along those lines, that you do?
 7 **A.** I think at the time, I felt that, regardless of what
 8 may happen, in terms of this Inquiry and whatever else
 9 may follow, that it was just a way of documenting --
 10 I know that reading lots of words on paper isn't for
 11 everyone and I thought it was an accessible way of
 12 documenting what I believe shows the person
 13 responsible for some of the cover-up in relation to
 14 these issues.
 15 **Q.** I think when Bruce Norval gave evidence this week he
 16 used an analogy of a jigsaw and finding pieces of
 17 a much bigger jigsaw, and I asked him about whether
 18 was it possible that some jigsaw pieces might be in
 19 the wrong place and he accepted that possibility.
 20 It might be there's a different analogy one
 21 could use in relation to the work you've done here.
 22 You're trying to connect dots --
 23 **A.** Yes.
 24 **Q.** -- and so you have drawn lines or links or attached
 25 significance to the involvement of Dr Rejman -- it's

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1 of events which I would, in simple terms, say, at the
 2 outset, show that this one individual withheld
 3 information, public health information that he should
 4 not have, in relation to hepatitis C. Which is even
 5 more important taking into account what I said, that
 6 he worked under Professor Ingram in the mid to
 7 late seventies, became a senior official in the
 8 Department of Health, and then, armed with that
 9 experience, conducted what I think is a great
 10 injustice against our community.
 11 I suppose where this takes off, although in
 12 light of what I'd learnt two weeks ago, perhaps this
 13 was all already known in the mid to late seventies,
 14 but regardless, because I do set it in the context of
 15 the HIV litigation, as well, I suppose the first
 16 document we could start with is the 29 September 1989
 17 document, the second one on this screen.
 18 **Q.** Soumik, that's DHSC0002495_027, please.
 19 Whilst we're waiting for that, I've noted quite
 20 a lot of the materials that you've referred in this
 21 chronology are from the HIM 22 series that we talked
 22 about this morning.
 23 **A.** Yes, correct.
 24 **Q.** So we can see -- this is just the memo, I think, so it
 25 gives us the name and date: September 1989, from

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1 Dr H Pickles to Dr Rejman.
2 "HCV testing":
3 "I received the attached paper with my papers
4 for the CBLA meeting this week."

5 Then there's reference to ACVSB, which we'll
6 come on to, but Advisory Committee on the Virological
7 Safety of Blood, I think.

8 A. Correct.

9 Q. If we could go then, Soumik, to the papers, which are
10 the same number but it's 028 at the end.

11 A. The quote that's relevant to this --

12 Q. The first paragraph?

13 A. -- is where it says:

14 "... infections resulted most obviously from
15 large-pool blood coagulation products, in fact, most
16 haemophiliacs at risk would develop hepatitis after
17 the first or second exposure to [the] product."

18 This is just one of many examples in this
19 chronology which I used to demonstrate that Dr Rejman
20 would have had awareness that haemophiliacs were
21 en masse exposed to hepatitis C viruses.

22 It may sound obvious now, in light of the
23 evidence the Inquiry has heard to date, but it's to
24 demonstrate that Dr Rejman specifically had -- had
25 that knowledge.

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1 A. Yes.

2 Q. -- in previous hearings. But it's right to observe
3 that he and sometimes others from the Department of
4 Health at this time are participating in UKHCDO
5 meetings where the HIV litigation amongst other
6 matters is discussed?

7 A. Yes, correct, correct. Yes.

8 Q. So then if we move on to -- was it 29 September 1989,
9 Jason?

10 A. Yes.

11 Q. NHBT0000061_086. This is the cost benefit analysis
12 document.

13 A. Yes.

14 Q. So we can see:

15 "Cost - Benefit analysis of Introduction of
16 Routine Hepatitis C Testing of Blood Donors - Factors
17 to be considered."

18 A. Yes. And what I felt was important about this
19 document, which by the way, again, this is from
20 Dr Rejman, is this shows not only did he have
21 awareness of virtually all haemophiliacs being exposed
22 to hepatitis C, but he's also aware of the serious
23 nature of hepatitis C.

24 Where it's got "Risk to individual recipient",
25 towards the middle there, he talks about 50%

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1 Q. And would you accept this too, Jason, on the basis of
2 your knowledge of these documents, because this
3 particular one is passing from Dr Pickles to
4 Dr Rejman, there are others where there are multiple
5 recipients of similar materials, it is knowledge that
6 would appear to lie at the heart of the Department of
7 Health at the time?

8 A. Yes.

9 Q. It's not just Dr Rejman, in other words, who has
10 access to this information, although he's the common
11 theme for all the documents you've identified here?

12 A. It seems to be widely shared and known information,
13 yeah.

14 As far as where we go next, I suppose the
15 29 December 1989 document.

16 Q. Just before we do that, if we go back to the
17 chronology it might be worth picking up one further
18 entry --

19 Soumik, back to WITN1210028.

20 I don't think we need to go to the underlying
21 document but if we look at the second page and we just
22 look at the third entry, it shows Dr Rejman in
23 October 1989 participating in a meeting with
24 Haemophilia Centre Directors. I think we've looked at
25 those minutes, and a number of others --

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1 developing chronic hepatitis, survival average,
2 cirrhosis. He also -- you know, the passage under
3 that talks about blood transfusion. But in this
4 context I'm focusing on factored products, as we've
5 discussed earlier. But to me this is that
6 demonstration that he is aware of the serious nature
7 of hepatitis C. And obviously, at this point, in
8 1989, it had long been widely accepted by this point
9 anyway. But it's just to reaffirm that position.

10 Q. And we've got the reference there to "chronic active
11 hepatitis", "chronic aggressive hepatitis", and we've
12 seen those phrases used in earlier publications,
13 you're right, some years before this.

14 A. Yes.

15 Q. I think we can look back at Professor Preston in 1978
16 to see this terminology as opposed to "chronic
17 persistent hepatitis"?

18 A. Yes.

19 Q. So this is the more serious form of hepatitis that
20 doctors had observed?

21 A. Yes.

22 Q. And you also flag up in your chronology, under
23 "Financial", the word "Litigation", so the risks of
24 not introducing hepatitis C testing, one of the risks
25 is identified as being the risk of litigation?

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1 A. Yes, that's right.
 2 Q. Then where would you go next, then, in the documents
 3 that you have identified in your chronology?
 4 A. 12 February 1990.
 5 Q. Soumik, HCDO0000271_014, please.
 6 A. I know this is a document the Inquiry has considered
 7 in earlier hearings as well.
 8 Q. If we go to the second page, we can see it's:
 9 "Minutes of the ... Meeting of the AIDS Group of
 10 Haemophilia Centre Directors ... 12th February 1990."
 11 And we've got the list of attendees, a range of
 12 largely haemophilia clinicians, but at the bottom,
 13 just above Ms Spooner's name, we've got Dr Rejman.
 14 A. Yes. And on -- I've got here 14, but the key part of
 15 this for me is that he is in attendance during the
 16 decision not to give hepatitis data to The Haemophilia
 17 Society.
 18 Q. So it's page -- I think it might be the fifth page of
 19 the electronic copy, please, Soumik.
 20 Third and fourth line down?
 21 A. Yes.
 22 Q. "After further discussion, Dr Simpson agreed ..."
 23 And Dr Simpson was there as representative of
 24 the Medical Defence Union.
 25 "... agreed that the Haemophilia Society should

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1 Self-sufficiency in blood products is a sensitive
 2 subject at present as the haemophiliacs with HIV are
 3 alleging negligence by the Government for failing to
 4 achieve it quickly enough in this country."
 5 And then in the next paragraph, they say:
 6 "... there is a risk that remarks by UK
 7 spokesmen would be exploited for the purposes of the
 8 litigation. [This] could also present an opportunity
 9 for awkward questions about past performance in this
 10 country."
 11 I think, Dr Rejman aside, those remarks more
 12 generally could be said to be something of
 13 a conspiracy of silence on the matter, through fear of
 14 what the consequences may be.
 15 Q. You've identified in your chronology -- we don't have
 16 the documents about the HIV litigation itself as part
 17 of the material today -- that this is -- in parallel
 18 with what we're seeing here, there are discussions
 19 going on within Government, within the Department of
 20 Health, about the strategy of the HIV litigation and
 21 potentially how to settle it?
 22 A. Correct, yeah. Where I would go next, if you just
 23 give me a moment, I suppose actually, in relation to
 24 the litigation, it would be the 22 February '91
 25 letter.

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1 not be given hepatitis data."
 2 A. Yes. And I believe that follows the discussion before
 3 that about if hepatitis could be another matter for
 4 which there may be litigation. I believe that was
 5 expressed by Dr Lowe, off the top of my --
 6 Q. Yes, bottom of the previous page. And I think you're
 7 right, we may have explored this with Dr Lowe in fact:
 8 "Was hepatitis likely to be another item for
 9 which haemophiliacs would seek litigation and was it
 10 advisory board for the Haemophilia Centre Directors to
 11 continue to collect data?"
 12 A. Yes. And, again, I suppose the important thing in
 13 this context is that Dr Rejman presumably is witness
 14 to all of this -- all of this discussion that's going
 15 on at this time.
 16 Where I would go next is 14 August 1990.
 17 Q. Soumik, DHSC0002472_085, please.
 18 A. So, this is regarding the fact that The Haemophilia
 19 Society have invited someone from the Department of
 20 Health to come and speak at one of their events. And
 21 importantly, towards the top right there, you can see
 22 Dr Rejman is copied into this document. And the
 23 second paragraph from there:
 24 "We would advise against [the Chief Medical
 25 Officer] or a deputy speaking at this Conference.

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1 Q. DHSC0004766_068, please, Soumik.
 2 A. So this document, and you can see it's from
 3 Dr Rejman -- and it's also important to note, I think,
 4 that this, February '91, this is some months after the
 5 Government announced the HIV litigation has been
 6 settled. This letter shows Dr Rejman is the architect
 7 of what we would all later come to know as the
 8 "waiver":
 9 "During a brief conversation with
 10 Dr Peter Kernoff of the Royal Free Hospital, he
 11 mentioned to me that he has received a couple of writs
 12 in respect of hepatitis infection in haemophiliacs."
 13 Then go to paragraph 3:
 14 "I believe that any that are HIV positive would
 15 have to agree not to raise hepatitis in any further
 16 litigation ..."
 17 So Dr Rejman is -- this is -- in the research
 18 I've done at least, this is the first time I see this
 19 idea suggested in -- you know, at all, really. This
 20 is the first reference I've seen to a possible waiver
 21 that happens after, months after, the litigation is
 22 announced, at least, to have been settled. So part
 23 summary, I suppose: this person, who has been in
 24 haemophilia care since the mid-to late '70s and
 25 becomes a senior civil servant in the Department of

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1 Health, has the awareness of hepatitis C, that
 2 virtually all haemophiliacs have been exposed to it,
 3 and the seriousness of it, is now the same person
 4 suggesting that those in the HIV litigation, at least,
 5 should sign away their rights to be able to legally do
 6 anything about that.

7 Following on from that, there are a number of
 8 documents in the chronology which back up some of the
 9 points already made on a number of occasions.
 10 I suppose the next place I would go is maybe looking
 11 at Dr Rejman's relationship with the destruction of
 12 the ACVSB files which -- maybe that picks up in the
 13 12 January 1993 document.

14 Q. That's SCGV0000210_96, please, Soumik.

15 A. There's a couple of things it might be important to
 16 note at this point, as well, that I don't think we
 17 have gone to those documents, but Dr Rejman was tasked
 18 with the -- being in charge of litigation discovery
 19 within the Department of Health as well. So he would
 20 have had been in possession of various documents at
 21 various times relating to the ACVSB and others.

22 This document that we're looking at here is
 23 Dr Rejman's request to wind up the ACVSB which, among
 24 other things, I suppose the important matter that it
 25 dealt with was in relation to when to introduce

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1 that date, 9 February '93, and that date is
 2 referenced, as well, in the Department of Health
 3 internal audit produced in, I think, 2000 in relation
 4 to these files.

5 So on this day, the files are closed, retained
 6 in section, and marked for a review in five years'
 7 time, which -- again, is open to further
 8 investigation, I think -- occurs on exactly the same
 9 day that for the first time the issue of hepatitis C
 10 compensation is raised in the House of Commons by Alf
 11 Morris. I think that's on page 48 of the CBCA
 12 document, the Hansard reference.

13 Q. Just before we leave this, we can see we've got on the
 14 right-hand side, I think, there's -- we are looking at
 15 the bottom of the page a moment ago but if we look
 16 halfway down the left-hand side we've also got
 17 reference there to "Closed file sent to DRO
 18 Repository, Destroyed on [9 February 1993]", so
 19 there's the date there at the bottom of the page, I
 20 think, that you refer to in your chronology?

21 A. Yes.

22 Q. Then, as you say, on that very day in Parliament, if
 23 we go to CBCA0000045, did you say page 48, Jason?

24 A. I've got page 48, yeah.

25 Q. So this is an extract of Parliament -- a collection of

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1 a hepatitis C test and what test to introduce, and
 2 why.

3 The advice that it gave usually made its way to
 4 ministerial level. I don't know if we can go to the
 5 paragraph, I think it's towards the end, where he
 6 requests permission to wind up the ACVSB.

7 Q. Page 3, Soumik, paragraph 8.

8 A. And also to set -- so this body that oversaw matters
 9 relating to hepatitis C testing, in the backdrop, by
 10 the way, we'd haven't gone to it, but at this time in
 11 France, legal action is raging on. Various
 12 sentences -- criminal legal action as well, by the
 13 way. And during all of this -- and, as you say, this
 14 is joining dots or showing things that happened side
 15 by side that perhaps it's for the Inquiry to drill
 16 down into, but Dr Rejman requested permission to wind
 17 up the -- to close it down basically and make a new
 18 body.

19 Then, less than a month later, if we go to the
 20 9 February '93, the dockets.

21 Q. That's DHSC0014,975033, please, Soumik.

22 Sir, this is a later email but attaching copies
 23 of destruction dockets and then I think we get to the
 24 ACVSB ones if we go to page 11 to start with, yes.

25 A. So you can see, in the bottom left of these dockets

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1 Parliamentary written questions and answers, and we've
 2 got the date there, "Haemophiliacs 9th February 1993".

3 Do you want to make the reference to this?

4 A. So Alf Morris asks:

5 "... the Secretary of State for Health what
 6 representations she has had in regard to compensating
 7 people with haemophilia who have contracted hepatitis
 8 in the course of treatment under the NHS; what reply
 9 she is sending; what action will be taking; and if she
 10 will make a statement."

11 And it's, again, just something I leave with the
 12 Inquiry to explore if there is any connection between
 13 the first time this matter is ever raised in the
 14 House of Commons and that being the day that files
 15 connected with that very issue are destined for
 16 a shorter life than they might otherwise have had.

17 In my chronology, there are other parts of this
 18 timeline in between where I'm guessing we should go
 19 next. But I think maybe to 29 September 1994.
 20 Dr Rejman attends the third meeting of the MSBT, which
 21 is the new version of the ACVSB.

22 Q. Before we do that, perhaps we could just flag up, we
 23 don't need to go to the underlying document, but
 24 15 November '93, so if we just go back to the
 25 chronology, Soumik, WITN1210028. If you go to page 7.

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1 We can see there, just for the 15 November 1993,
 2 there's reference also to the waiver, although this is
 3 obviously now well past the date upon which those
 4 undertakings had been sought.
 5 **A.** Yes.
 6 **Q.** So then the next entry in your chronology -- we'll go
 7 to the underlying document -- it's PRSE0003670. And
 8 we can see it's a meeting of the Advisory Committee on
 9 the Microbiological Safety of Blood and Tissues for
 10 Transplantation, 29 September 1994. And if we look at
 11 the list of people, we can see Dr Rejman forms part of
 12 the secretariat.
 13 **A.** Yes, and the important bit for me in this document is,
 14 in regards to a possible look-back exercise that's
 15 discussed, it's said there was also considerable
 16 potential for litigation associated with HCV
 17 look-back.
 18 **Q.** Yes.
 19 So if you pick it up from page 3, Soumik, bottom
 20 of the page.
 21 We can see the heading "HCV look back", and
 22 there's a paper introduced by Dr Robinson.
 23 Then if we go over the page, first paragraph,
 24 last sentence, I think that's the reference you were
 25 drawing attention to:

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1 **A.** Yes.
 2 **Q.** And in the bolder print "Advisory committee on the
 3 Virological safety of blood", and then we've got in
 4 brackets, that's the bit you were referring to?
 5 **A.** Yes. Yes, that's right.
 6 So with the bottom left saying "Destroyed
 7 on 9-2-93", it doesn't seem to sit with being sent to
 8 the Departmental Records Office on 30 July because it
 9 would have already have been destroyed, so therefore
 10 wouldn't have been able to be sent to the DRO. So my
 11 personal reading -- there may be a better one or
 12 another one -- is that, like all the others, it was
 13 closed and retained on 9 February '93. It was sent to
 14 the DRO on 30 July and destroyed on 29 September '94.
 15 And was due for review on the day under that, July of
 16 '95, which would mirror up with what it says in the
 17 internal audit report, that these files were destroyed
 18 before they reached the review date.
 19 **SIR BRIAN LANGSTAFF:** So the words "Destroyed on" don't
 20 refer to "9-2-93" in that box? Our eyes are
 21 distracted, you would say, by that box. You say
 22 someone came along later and written -- it may be in
 23 a different coloured pen, we just don't know from the
 24 photocopying --
 25 **A.** Yes.

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1 "There was also considerable potential for
 2 litigation associated with HCV lookback."
 3 **A.** Yes. And again, on the same day that this happens, we
 4 can then go, in -- in the dockets, we can see one --
 5 another volume of the ACVSB files is destroyed on this
 6 same day.
 7 **Q.** DHSC0014975_033. If you go to page --
 8 **A.** It will be GEB1, volume 4 is the relevant docket.
 9 **Q.** I think if we go to page 12. Ah -- actually, no, if
 10 we go back to the -- can we go to page 11.
 11 Sorry, GEB1, volume 4. I think we looked at
 12 that.
 13 **A.** Yes, so sorry, we've got on here, where it says,
 14 "Branch review decision", you see that date there.
 15 And I remember having discussion on this date where,
 16 in the bottom left there, as you highlighted a moment
 17 ago, where it says, "Destroyed on 9 [February] '93",
 18 there's also, above that, to the right -- sorry, in
 19 the middle column, where it's got "Sent to DRO", the
 20 Departmental Records Office, on 30 July '93.
 21 **Q.** Sorry, if we just go back to the whole page, Soumik,
 22 it's probably easier to see it in that.
 23 So we are looking at the top left-hand quarter
 24 of the page, we've got -- top of the page we've got
 25 "GEB1; Volume 4".

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1 **SIR BRIAN LANGSTAFF:** -- but they've written, across the
 2 page, "Destroyed on 29-9-94". And that you would say,
 3 presumably, would fit with what's on the other four
 4 sheet that we've got in the same slide --
 5 **A.** Yes.
 6 **SIR BRIAN LANGSTAFF:** -- which show "Branch review
 7 decision ... on", and there's nothing in between the
 8 "decision" and the word "on". That seems to be what
 9 it should be in the box, except where it's been scored
 10 out and another date has been put in?
 11 **A.** Correct, yes.
 12 **SIR BRIAN LANGSTAFF:** Yes. So this, you say, is something
 13 written over the top?
 14 **A.** I believe so, yes. Yes. Or just an erroneous
 15 comment.
 16 **SIR BRIAN LANGSTAFF:** Well, whatever, it's written on this
 17 for some reason.
 18 **A.** Yes.
 19 **MS RICHARDS:** And you're -- again, I think you accept
 20 maybe you're joining dots that can't necessarily be
 21 joined but you're drawing attention to two things
 22 happening on this date?
 23 **A.** Yes.
 24 **Q.** One is a meeting, which is a bigger meeting, looking
 25 at national look-back but identifying the potential

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1 for litigation, and the other is, whether related or
2 not, the kind of onward march of documents being sent
3 away and disposed of?

4 **A.** Yes.

5 **Q.** Then if we go back to your chronology, what would be
6 the next document of particular interest?

7 I should say, Jason, we've got them all and --

8 **A.** Yes.

9 **Q.** -- I've read them all, so they're all of significance
10 and interest.

11 **A.** Yes, there are quite a large number but I'm trying to
12 be selective in the interests of time, but I think
13 maybe we should go to 13 September '95, if possible.

14 **Q.** Finland?

15 **A.** Yes.

16 **Q.** DHSC0002549_045.

17 **A.** So ... the document. This is maybe one of the ones
18 I consider to be the most important, in terms of the
19 question what could or should have been done
20 differently. Paragraph 2, this is from Dr Rejman, to
21 what I assume are officials, I remember Mr Pudlo
22 certainly was, in the Department of Health:

23 "During the conference in Helsinki, I spoke to
24 Professor Leikola, who is head of the Finnish Blood
25 Transfusion Service about the incidence of HIV and

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1 if we were to have used cryo as in Finland, an
2 inference you could draw from this is that we may have
3 had 20 to 30 HIV cases, as opposed to well over 1,200.

4 And so when we have clinicians saying in
5 evidence to this Inquiry when it comes to (1)
6 self-sufficiency and (2) choice of product, there is
7 little that could or should have been done
8 differently, as was said at the end of the Penrose
9 Inquiry. I look at this and say that's rubbish. You
10 can see here that, going from this data and
11 transposing it on the UK, had we adopted this Finnish
12 policy, we could have saved almost everybody from HIV
13 and a significant proportion from HCV.

14 I also, in relation to that document -- I'm not
15 going to have the exact page reference, but in the
16 Department of Health's self-sufficiency report, the
17 2006 report that Lynne Kelly referred to in her
18 evidence, and that was a great achievement getting
19 that report withdrawn, but to me, this is the real
20 self-sufficiency report, and the real what was the
21 right product report. Because it has the hard data
22 and contrast this, a private letter within the
23 Department of Health, which in so many words brings
24 about what I've just said, to what their public
25 documents said.

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1 hepatitis C in Finland in recipients of blood and
2 blood products.

3 "He [said] that there are known to be 2 HIV
4 positive haemophiliacs in Finland, and 6 HIV positive
5 blood recipients in Finland. The number of
6 haemophiliacs positive for HCV is probably between
7 50-60%. The population of Finland is 5 million
8 compared to 56 million for the UK."

9 And I think what stands out to me about this --
10 in fact before I say that, it's probably right to go
11 to paragraph 4:

12 "The reason for the low incidence of HIV in
13 Finnish haemophiliacs, is that prior to 1985 most of
14 the patients were being given cryoprecipitate. Since
15 this involved pooling approximately 20-30 individual
16 donations of [cryo] on any occasion, then even in
17 severe haemophiliacs who might need to be treated 2 or
18 3 times a week, the overall number of donations to
19 which a haemophiliac was exposed was likely to be less
20 than in the case of Factor VIII concentrate."

21 Now, what's crucial for me about this document
22 is that, looking at this, if you just -- and I'm no
23 mathematician or statistician, and my GCSE results can
24 confirm that, but if you were to -- the population of
25 Finland and the population of the UK is times 10, 11,

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1 It raises the question of why those two things
2 are so much different. And, again, to highlight that
3 I think it's quite obvious from this that there was
4 a lot that could and should have been done
5 differently, in hindsight or not, given the evidence
6 the Inquiry has seen.

7 **Q.** Then if we go back to your chronology --

8 **SIR BRIAN LANGSTAFF:** Just before we do that, another way
9 of putting the figures relatively so that those in the
10 UK may get a handle on it, apart from using your
11 mathematics, might be to say 5 million probably
12 approximates to the population of Scotland at the
13 time.

14 **A.** Yes.

15 **SIR BRIAN LANGSTAFF:** The same comments would follow that.

16 **A.** Yes, true. Yes.

17 **MS RICHARDS:** If we go back to your chronology, Jason,
18 I think we've reached 1996 now.

19 **A.** Yes.

20 **Q.** The April 1996 letters may be of interest, given your
21 evidence this morning about approaches to transparency
22 and disclosure. So shall we perhaps look at those?

23 **A.** Yes, yes.

24 **Q.** So if we could go to -- well, actually, if we just
25 look at all of them, because they're short and it

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1 makes it easier to follow DHSC0003969_046.
 2 We can see this is a request from -- it's from
 3 Dr Napier, the medical director for the National Blood
 4 Transfusion Service Wales. It's addressed to
 5 Dr Rejman, and it appears that, from the first
 6 paragraph, he's been asked:
 7 "... to advise with regard to a claim against
 8 the North London Blood Transfusion Service by
 9 a [patient] who contracted Hepatitis B infection ..."
 10 And then if we go to the bottom of the page, we
 11 can see he says:
 12 "The issue has ... been raised as to the nature
 13 of the evidence supporting the decision not to mandate
 14 the use of anti HBC screening of donations. I am
 15 aware that this was based on advice given to the
 16 Department by the Advisory Committee on the
 17 Virological Safety of Blood."
 18 So he asks her for help in knowing what those
 19 arguments are.
 20 The reasons are not necessarily particularly
 21 important, but what we'll see is the response within
 22 the Department of Health to Dr Napier asking for
 23 information.
 24 **A.** Yes, correct.
 25 **Q.** So if we go then to DHSC0003969_045. We can see it's

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1 **SIR BRIAN LANGSTAFF:** The rules at this time, in 1996, of
 2 disclosure would require any relevant document to be
 3 disclosed if it was in the possession, custody and
 4 control of one of the parties?
 5 **MS RICHARDS:** That's absolutely right, sir, subject to
 6 public interest immunity.
 7 **SIR BRIAN LANGSTAFF:** In which case you'd say: there is
 8 this document, it's subject to privilege.
 9 **MS RICHARDS:** Yes.
 10 **SIR BRIAN LANGSTAFF:** It looks as though this is saying
 11 something perhaps a bit different, on first blush.
 12 **MS RICHARDS:** Then the third document you refer to in this
 13 chain, Jason, is 9 April 1996, DHSC0002544_050.
 14 **A.** Yes. The key part here, I mean, obviously they don't
 15 want to disclose this information, but I'd picked up
 16 in my chronology on the final sentence:
 17 "No doubt these are already available to
 18 Dr Napier but it at least allows us to offer something
 19 and avoiding the appearance of secrecy in a matter of
 20 reasonable public concern."
 21 This is, by no means, kind of the end of this
 22 chain. And I don't think I've seen the full --
 23 I suspect there's a lot more to this chain of events
 24 that I haven't seen.
 25 **Q.** We can see from paragraph 2, Mr Pudlo is addressing

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1 a memo from Dr Rejman, 1 April 1996. He refers to
 2 paragraph 1 to the letter from Dr Napier.
 3 **A.** Yeah, I mean, the key sentence for me in this document
 4 is where it said:
 5 "... decisions made by the ACVSB and its
 6 successor committee the MSBT should not be made
 7 available to Dr Napier or the Courts unless we are
 8 forced to do so."
 9 I think that says something about the
 10 transparency, and we can follow this trail on in my
 11 chronology, it's 3 April 1996.
 12 **Q.** Which is DHSC0002544_057, please.
 13 **A.** Here, paragraph 2:
 14 "It may be that if the plaintiff in an action
 15 obtained an order from the Court we should reconsider.
 16 However, I think it possible that we would then seek
 17 to rely on public interest immunity in any event."
 18 So even if someone gets a court order they're
 19 still going to fight that. I mean, it doesn't really
 20 speak well to the transparency, I suppose.
 21 **Q.** This is a letter from, it would appear, a solicitor
 22 within what would then have been the Treasury
 23 Solicitors Department, now GLD, to Dr Rejman?
 24 **A.** Yes.
 25 **Q.** Then --

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1 this to Dr Rejman and he's agreeing with the legal
 2 advice that "we should not disclose". He talks about:
 3 "The advice given by the [committee] is in the
 4 normal course of events confidential to Ministers.
 5 There are good reasons for not voluntarily breaching
 6 this position."
 7 So that's the, as it were, starting point:
 8 confidential, we don't want to disclose this --
 9 **A.** Yes.
 10 **Q.** -- and the avoidance of the appearance of secrecy that
 11 you've drawn attention to in paragraph 3 is in the
 12 context of saying, well, we can share the lines
 13 already in the public domain with Dr Napier.
 14 **A.** Yes.
 15 **Q.** Was there anything else, Jason, specifically from your
 16 Dr Rejman chronology? That's, I think, the last entry
 17 in the Dr Rejman-specific bit of it.
 18 **A.** I suppose the only other thing to point out perhaps in
 19 the chronology at this time is -- I'm not sure if you
 20 have the articles or not, I'm not sure we need to go
 21 to them, but in my chronology on the 8 and 9 October,
 22 I've got -- maybe it's worth bringing up this page in
 23 the chronology.
 24 **Q.** Sorry, let me just go to it. It's WITN1210028,
 25 page 11.

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1 We might have the articles but, I'm afraid,
 2 I don't have the references noted, Jason, so it's
 3 probably easier to take it from the chronology.
 4 **A.** No problem. So:
 5 "On the 8th October the Canadian Red Cross lost
 6 a Civil Lawsuit. For the first time a Canadian Court
 7 had ruled that people had been infected with HIV as
 8 a result of Red Cross's failure to screen out gay
 9 blood donors in the 80s. Some payouts exceeded
 10 1 Million Dollars per victim. The story ran widely in
 11 Canadian press on the 9th hitting front pages."
 12 Then if we could uncrop.
 13 **Q.** Go back to the full page.
 14 **A.** You'll then see, in addition to that, if we look at
 15 the entry "26th/27th September" as well,
 16 Justice Krever -- the Krever Inquiry was being
 17 challenged about his intention to place blame in the
 18 inquiry. And after that, we've then got this legal
 19 finding in Canada. And then afterwards, I don't think
 20 we need to scroll down, but Krever can place blame,
 21 and did.
 22 And in between those events you can see on the
 23 left there, 14 and 15 October, a shed load of the
 24 ACVSB GEB files were destroyed as well. And I can't
 25 say in relation to this time period, but I have seen

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1 HIV testing without consent. And that was a concern
 2 for you personally because of what your mum said about
 3 the way in which your -- she and your father
 4 discovered his own HIV result. Tested, I think,
 5 November 1984, he didn't know he was being tested.
 6 **A.** Yes.
 7 **Q.** You've suggested in your statement that you think that
 8 the process for testing without consent may have been
 9 in part because of a race to develop a marketable HIV
 10 test. But what's the factual basis for that?
 11 I understand the factual basis for thinking that lots
 12 of people may have been tested without their consent,
 13 because we have heard and seen a lot of evidence to
 14 that effect.
 15 **A.** Yes. I haven't exhibited the documents to my
 16 statement to support this. I'm happy to provide them
 17 if necessary. But I believe that the documents in
 18 relation to this show that Dr Tedder at the
 19 Middlesex Hospital, in collaboration with others, was
 20 in such a race. The test -- my understanding is the
 21 test that he was working on developing was
 22 subsequently sold to Wellcome laboratories, later
 23 acquired by GSK, GlaxoSmithKline.
 24 And in relation to this area, I -- the only
 25 other thing I would add is that I do think it would be

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1 communications between the British embassy in Canada,
 2 but relating to the earlier period, the early
 3 nineties, to the Department of Health here about
 4 what's happening in Canada legally in relation to
 5 contaminated blood issues.
 6 So it would be surprising to me if that wasn't
 7 happening at this time as well. And it raises the
 8 question if there is a connection between the timing
 9 of that and the destruction of yet more volumes.
 10 And as well, in relation to -- it would be at
 11 around this time, I think, that hepatitis C
 12 campaigning in the UK was picking up a bit more as
 13 well.
 14 I think that's probably where I'd leave the
 15 Rejman chronology.
 16 **MS RICHARDS:** Thank you.
 17 And obviously, sir, it'll be for you to decide
 18 in due course, not least following the examination of
 19 as many of the documents as we can see, and hearing
 20 from Dr Rejman, hearing submissions as to what dots
 21 you may choose to join in due course.
 22 **SIR BRIAN LANGSTAFF:** Yes.
 23 **MS RICHARDS:** Jason, just a couple of other areas that you
 24 touch on more briefly in your statement about areas
 25 where you've done research. One of them was about

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1 helpful to the Inquiry to hear from Dr Abraham Karpas,
 2 who I think has a lot of knowledge and a lot to say in
 3 this area.
 4 **Q.** Just on the issue of consent, I'm just going back to
 5 that for a moment, and leaving aside the question of
 6 a race to develop a test and what kind of data might
 7 or might not be required for that, but the question of
 8 obtaining consent, the ethical obligation in relation
 9 to that, would presumably have been upon the
 10 haemophilia clinicians, in your dad's case the
 11 Dr Shintons of this world, as opposed to whoever was
 12 then doing the virological testing in the laboratory,
 13 whether it's the Middlesex or somewhere else. You'd
 14 accept that, would you?
 15 **A.** Yes, correct, yeah.
 16 **MS RICHARDS:** I should just say, sir, again, I think we --
 17 we've notified Dr Tedder of the issue. Again, through
 18 no fault of his own, he won't have had time, I think,
 19 to respond, so no inference should be drawn from any
 20 lack of response. It may be an issue that we are able
 21 to obtain further evidence on in due course.
 22 You have also, just on a similar but not
 23 identical theme, flagged up as another area of concern
 24 for you, issues about AIDS studies being undertaken.
 25 So once the infections had been identified in

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1 haemophiliacs and their families, being seen as
2 a subject of epidemiological interest for research,
3 again, this is not a criticism in the slightest,
4 because you've given us a huge amount of material with
5 your statement, you've not, I think, exhibited that to
6 your statement.

7 **A.** No.

8 **Q.** And we can ask you for it if we don't already have it,
9 but what in broad terms is the material that has led
10 you to express that concern?

11 **A.** So the Inquiry will find that material most notably,
12 I think -- because you will see it in the MRC, Medical
13 Research Council, papers, but for me where it's most
14 notable is in the Cabinet Office Sub Committee on AIDS
15 papers. And I believe during one of the hearings,
16 I think it was your presentation on the Oxford
17 Haemophilia Centre, I submitted one those documents to
18 draw attention to the fact that Dr Rizza had sat on
19 this kind of Cabinet level AIDS group, and it's within
20 those papers that you see the various epidemiological
21 studies, discussed the funding, how much funding,
22 where it was coming from, who it was going to, and it
23 was -- you know, I don't dispute the fact it may have
24 that scientific value, but again, it was -- appears to
25 me to have been done without any form of consent or

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1 NHSBSA and the relevant devolved bodies, that's how
2 the numbers are arrived at. And of course now it's
3 even more confusing in terms of trying to find out the
4 numbers of those impacted by factor concentrate
5 products because of the fact that -- the schemes as
6 they now exist will be the first to say, when the AHOs
7 closed down, the data that the new schemes did not get
8 is route of infection.

9 So although they might be able to say how many
10 beneficiaries have died since they've taken over from
11 certain dates, what they don't say, and say they can't
12 say, is how many people infected through factor
13 products, blood transfusions.

14 So my approach to trying to find out that figure
15 was to go to the UKHCDO, who managed the National
16 Haemophilia Database which has been in existence since
17 around 1969, to my knowledge. And my success has not
18 been good.

19 There are examples, you know, exhibited to my
20 statement of that, but also it's the roundabout way of
21 getting bashed from pillar to post trying to get that
22 information. I don't know if we could go to JEVA32.

23 **Q.** Yes.

24 JEVA0000032, Soumik.

25 **A.** So this is a response to an appeal to a Freedom of

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1 explanation to anybody.

2 **Q.** So again, it goes back to the ethical issue of being
3 studied. Even if you're not the subject of something
4 that would be regarded as clinical research, being
5 studied without your -- even your knowledge?

6 **A.** Yes.

7 **Q.** I just want to then turn to UKHCDO. You made
8 reference to one of your concerns about UKHCDO in the
9 course of your evidence this morning.

10 First of all, in your statement you refer to
11 having tried to locate data relating to the numbers
12 infected by factor products who have died as a result
13 of their infection.

14 **A.** Yes.

15 **Q.** What steps had you taken -- what, if any, answers did
16 you obtain?

17 **A.** So it's probably worth putting this in the context of,
18 historically, when the answer to that question has
19 been sought through Parliament, when an answer has
20 been forthcoming, it's been as a result of departments
21 going to the Alliance House organisations and looking
22 at their numbers, of how many beneficiaries did we
23 have? How many do we now have? How many do we know
24 have died? And the numbers being calculate that way.

25 And even now, you know, through FOI requests to

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1 Information Request to the Department of Health.

2 If we go down -- yeah, so you can see, top
3 paragraph, they quote my request, asking for data from
4 the NHD. And again, this goes back to something I was
5 talking about this morning, which is the situation
6 when it comes to public data held by a private body,
7 and how it's made inaccessible. And I've said in an
8 interview not so long ago that the way this has been
9 set up is how I would set it up if I had public data
10 I didn't want anyone to know about.

11 So we can go back to the full page. The long
12 and short of it is that the Department of Health,
13 it's -- might have to ...

14 **Q.** I think we can see it there, the penultimate paragraph
15 on that page says -- if we go to the previous
16 paragraph, Soumik, sorry:

17 "I have discussed your request with the team
18 which has the relevant policy responsibility ... DH's
19 Research and Development Directorate has confirmed
20 this information is not held by DH ..."

21 So the Department of Health doesn't hold it. It
22 says:

23 "... although [we] provided the funds [for] the
24 National Haemophilia Database [we no longer fund
25 that]."

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1 A. Yes.
 2 Q. The next paragraph --
 3 A. So, basically, the Department of Health are saying
 4 that they don't have it. And then I -- I don't think
 5 I have exhibited this, but when I have then gone to
 6 the UKHCDO and asked them for the data, they've said,
 7 "We're a private body, we're not subject to FOI".
 8 They have, on their website, a form that you can fill
 9 out to request data, not on an FOI basis but just of
 10 a "Please help me out", on a goodwill basis. I've
 11 also done that in the past and they've refused to
 12 provide it that way as well.
 13 But also there was this issue around the
 14 Department of Health saying they don't fund the
 15 National Haemophilia Database, and that being
 16 questionable because of what I found out from
 17 JEVA0000033.
 18 Q. So the service level agreement?
 19 A. Yes. I have got_0016.
 20 Q. If we just look at it, first of all, it's "Service
 21 level agreement ... made between NHS England and
 22 [UKHCDO]", and if we go first of all to page 4, just
 23 to see what it is, we can see there reference to the
 24 National Haemophilia Database. If we just go down the
 25 page a bit, please, Soumik.

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1 about these people and others without any consent at
 2 all?
 3 And it's worth then going to JEVA34, which is
 4 the poll.
 5 Q. Whilst we're getting that, Jason, I should just
 6 probably observe that I think your answer was about
 7 this agreement being signed by the Secretary of State,
 8 that legally in the legislation there's a distinction
 9 between the Secretary of State and NHS England.
 10 A. Yes, sorry, no, just -- yeah, I should have phrased
 11 that better. I was talking about the agreement that
 12 was referred to by, I think, Charles Hay in relation
 13 to the consent of --
 14 Q. Understood.
 15 A. Yes.
 16 Q. Oh, hence the document you now want to look at.
 17 A. Yes.
 18 Q. So we're talking now about the question of patient
 19 consent for the holding of data.
 20 A. Yes, and what we can see on the screen here is a poll
 21 that we ran in the private Factor 8 group:
 22 "Please respond to this poll if you are
 23 a Haemophilia patient. Do you recall ever being made
 24 aware that your medical information, including
 25 infection data, is being passed to a private

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1 So it provides four -- information from the
 2 provider, which is UKHCDO, as I understand it, to the
 3 Commissioner, NHS England, that they'll provide
 4 certain data held, presumably, on the National
 5 Haemophilia Database.
 6 A. Yes.
 7 Q. Then the page you referred to, Jason, did you say 16?
 8 A. 16.
 9 Q. The last page.
 10 A. So it's 3.1. Now, I do understand by the way, that
 11 this service level agreement is set in the context of
 12 NHS England. However, I still think it's a bit
 13 disingenuous for the Department of Health to say they
 14 don't fund the NHD just because -- if it is
 15 NHS England, but it's clear from 3.1 that monies are
 16 involved.
 17 Q. Public monies --
 18 A. Yes.
 19 Q. -- are involved in any event.
 20 A. Yes. So I questioned the response I received from
 21 them in that regard, and come back to this whole issue
 22 of public monies being spent to collect and manage
 23 public data, why is it by a private body, the same
 24 private body by which the Secretary of State has
 25 signed an agreement can collect health information

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1 organisation called the UKHCDO?"
 2 55 people responded, all of which said no.
 3 So I wanted to bring that to the Inquiry's
 4 attention, although, by the sounds of this consent
 5 that the Secretary of State has signed off, it's
 6 apparently irrelevant. But I do question the
 7 appropriateness of it, given the history of this, and
 8 what's gone on.
 9 Q. Then, just before we leave the topic of UKHCDO, you've
 10 also voiced in your statement a particular -- not in
 11 your statement, in your exhibits -- a particular
 12 concern about Dr Craske's research work --
 13 A. Yes.
 14 Q. -- not least because I think that appears on your
 15 father's records as held on the National Haemophilia
 16 Database?
 17 A. Yes. So any -- anyone that's requested their
 18 information or the information of their family member
 19 from the UKHCDO and the National Haemophilia Database,
 20 will know that, more often than not, hopefully, you
 21 get a schedule of batch manufacturers -- I don't think
 22 they include batch numbers, which again I question
 23 why, but batch manufacturers of product that's been
 24 given. And, on my father's extract, there was an
 25 entry that said, "Dr Craske's research work" and

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1 I know, because having spoken to people and having
2 seen it, that it appears on that of many others as
3 well. It's by no means unique to my father's
4 schedule.

5 I did ask the UKHCDO about it, and Charles
6 Hay -- I believe it was Charles Hay, replied by email
7 to say "I believe it was part of what would later be
8 the Craske, Fletcher et al study showing the exposure
9 to hepatitis C was basically 100 per cent".

10 What I'm not entirely certain about is the exact
11 nature of how that information was used as part of
12 that study, and the exact mechanics. Obviously I'm
13 not saying we should now, but you can read that study,
14 but quite how it connects to these entries by the NHD
15 is unclear. But I think, again, it's another avenue
16 that needs to be explored.

17 **MS RICHARDS:** Sir, given the time, I have got a handful of
18 further topics to cover so would it be a good time to
19 take a break there?

20 **SIR BRIAN LANGSTAFF:** Yes, certainly. So we'll take
21 a break until quarter to four.

22 (3.15 pm)

(A short break)

24 (3.45 pm)

25 **SIR BRIAN LANGSTAFF:** Well, we'll wait. I am, I think,

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1 our friends overseas, in particular the US lawyer,
2 Eric Weinberg, and his journalist friend, Donna Shaw,
3 have been particularly helpful to me. And Eric has
4 even posted, you know, documents physically. He's
5 a paper man I think rather than digital, as I am. So
6 he has posted pharma memos, depositions, et cetera, to
7 my house.

8 Donna Shaw has sent me things as well.

9 So, and others. Blood Watch, in Canada, who are
10 a campaign group that focuses on keeping paid plasma
11 out of Canada today, in present time, and others too.
12 You know, there's number of people internationally
13 that have been very helpful.

14 **Q.** You have said in your witness statement that you've
15 found what you described as an unspoken wall of
16 silence, in relation to fuel companies, and their
17 role. What did you mean by that?

18 **A.** As much as I and many others may criticise the
19 Government, the Department of Health, about this
20 issue, I think they at least accept that it happened.
21 And we can give them that, but when it comes to the
22 pharmaceutical companies, I think the primary wall
23 that we face is the denial of their involvement or
24 responsibility, before you even get into the realms of
25 causation or negligence or anything else. It's that

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1 40 seconds too early.

2 **MS RICHARDS:** Jason --

3 **SIR BRIAN LANGSTAFF:** Just give him a moment. Right.

4 **A.** Thank you.

5 **MS RICHARDS:** I just wanted to touch next on your research
6 in relation to pharmaceutical companies.

7 **A.** Yes.

8 **Q.** You've identified in your statement you've had
9 a particular interest in looking at the role of
10 pharmaceutical companies, you've talked earlier today
11 about you seeing products as being one of the central
12 issues for exploration.

13 Before I ask you a couple of questions about the
14 responses you've had from pharmaceutical companies,
15 what has the focus or nature of your research been,
16 broadly speaking?

17 **A.** Very difficult, because pharmaceutical companies,
18 obviously, are not subject to FOI, for instance. One
19 of the things I did notice in the HIM 22/1 series we
20 were talking about was there was a significant lack of
21 that kind -- that was the kind of documentation
22 I thought should have been there that wasn't.

23 So, for a lot of that kind of research, it's
24 been based in either books, such as the Douglas Starr
25 book, that people would be familiar with, but also,

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1 denial of any involvement from some of these
2 companies, and it is complicated by the fact that many
3 of the then companies have been sold, merged, spun
4 off.

5 I understand that. But I think that the Revlon
6 example is a good one of where those issues are at
7 play. But there needs to be an acceptance that
8 a company's history did involve people suffering
9 serious harm and dying, and you can't just focus on
10 the good stuff as though -- as much as, though, as
11 someone in marketing and PR, I understand it's not
12 a good luck.

13 **Q.** In relation to Revlon, I'll refer in a moment to a
14 witness statement we've had on behalf of Revlon Inc,
15 the current incarnation --

16 **A.** Yes.

17 **Q.** -- but I think you flagged up a memo from 1986 that
18 you wanted to refer to. It's JEVA0000084.

19 **A.** So the only reason I wanted to refer to this document
20 is not in relation to its general content, but it's
21 what in the top left corner, which clearly says,
22 "Revlon Health Care (UK) Limited". But, as well as
23 that, is where it says, "Revlon", the logo is the same
24 logo that Revlon Inc use today which is characterised
25 by that interlocking "LO". That is the Revlon logo

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1 that is in use today and that can be seen in JEVA62.
 2 Q. So 0000062, top left-hand corner.
 3 A. It's clearly derived from that same Revlon logo,
 4 whether it's Revlon Inc or Revlon anything else, as
 5 evidenced in what this document actually is. This is,
 6 as of April this year, the history of Revlon on the
 7 Revlon website, which starts at 1910.

8 So on Revlon's website they claim the full
 9 history of Revlon going back to 1910. I don't think
 10 there's any particular need to go through the whole
 11 timeline. It's pretty, you know, extensive. It might
 12 be worth looking at page 5 of this document though,
 13 which is in relation to 1932 where it says, "Revlon is
 14 founded". So on their website, they say that Revlon
 15 was founded in 1932, and that's Revlon Inc, saying
 16 this. And, of course, there's absolutely no mention
 17 of the contaminated blood scandal in their timeline
 18 but I don't think anyone would really expect that.

19 And I contrast in my statement the fact that,
 20 when it suits Revlon, for the purposes of marketing,
 21 their claim their history going to 1932, but in the
 22 email sent to my legal representatives they say
 23 otherwise.

24 Q. And that, I think is WITN1210034. It's the bottom of
 25 the page that you're referring to there, Jason, yes?

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1 Jason, but as a matter of record, the Inquiry has
 2 received a statement in response to your statement in
 3 this regard from Rajinder Bassi, litigation partner at
 4 Kirkland & Ellis International LLP, representing
 5 Revlon, Inc, and they say -- or he says in that
 6 statement:

7 "Revlon, Inc. is a global company focused on
 8 beauty products. It is certainly not a pharmaceutical
 9 company."

10 They wish to say that the email that we've just
 11 looked at wasn't a threat, veiled or otherwise, in
 12 terms of legal action or legal threat. And that
 13 Revlon Inc has never had ownership of Armour. And
 14 that can be published in due course on the Inquiry
 15 website, in accordance with the way in which we would
 16 normally disclose and publish such documents.

17 A. Yes.

18 Q. And then just before we move on from pharmaceutical
 19 companies, you've also exhibited, at WITN1210030, some
 20 other communications. I think if we go to the third
 21 page, there's a communication from Pfizer saying: We
 22 were not involved in the Contaminated Blood scandal.

23 And from Merck, over the page, drawing, I think,
 24 a distinction between Merck, an affiliate of Merck,
 25 Darmstadt, Germany and Merck & Co, Inc, trading as MSD

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1 A. Yes, this email was sent to my legal representatives
 2 by Revlon's general counsel in New York upon them
 3 finding out about the protest that Factor 8 had
 4 organised outside of Revlon's London headquarters in
 5 I think 2018. And what they essentially say here is
 6 that Revlon Inc has no connection to the events of the
 7 eighties, to summarise it. They say they have no
 8 connection to Armour Pharmaceutical company and
 9 describe the various commercial sales of Armour.

10 And so the point that I draw is -- in the final
 11 paragraph there, they say:

12 "The current Revlon, Inc. was created on
 13 April 24, 1992 ..."

14 But then as I pointed out on their website they
 15 say Revlon was founded in 1932, not 1992.

16 I understand that they seek to draw a distinction
 17 between Revlon Inc and Revlon as a whole. It gets
 18 very confusing. But needless to say, I think they
 19 have to claim the full history of this company, which
 20 does include the infection of thousands globally with
 21 HIV, and the associated deaths, or they don't claim
 22 anything before 1992. I don't think they should be
 23 able to pick and choose their history.

24 I think that's all I have to say about Revlon.

25 Q. And I should note, and I know you're aware of this

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1 or Merck Sharp and Dohme.

2 Is it the same theme, or is there a particular
 3 observation you wish to make in relation to those two
 4 entities?

5 A. Yeah, I submitted these just to highlight, you know,
 6 the -- I think it's hard enough having to deal with
 7 the issues that are obvious that have impacted this
 8 community. It's hard enough having to campaign
 9 against powerful organisations that would rather we
 10 didn't exist. But then you get these veiled threats
 11 of legal action from -- I mean, it's clear, these --
 12 you know, "defamatory article" from Merck and Pfizer,
 13 and then Revlon can say what they want. But to me,
 14 you know, Revlon's lead counsel in New York doesn't
 15 email my legal representation about me to say they
 16 hope I have a nice summer. It was clearly a veiled
 17 message that they didn't like the protest that we'd
 18 organised. And so I just wanted to highlight that, in
 19 the face of everything else, we also have to deal with
 20 this kind of stuff.

21 Q. You've also raised in your statement, and I think
 22 again it's been a theme of some of the campaigning and
 23 investigative work you've undertaken, the issue of
 24 pharmaceutical funding for organisations and
 25 individuals. So you've identified concerns about

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1 funding provided to UKHCDO by pharmaceutical
2 companies, The Haemophilia Society, public bodies,
3 individual clinicians.

4 There's a few matters I wanted to ask you about
5 that, really again, in fairly broad terms. You've
6 said in your statement that you've seen in your
7 research that historically, commercial influences have
8 led to poor decision making and worse.

9 A. Mm.

10 Q. Can you flesh that out a little and help us understand
11 what you're referring to there?

12 A. Well, I think if you look at the pharmaceutical
13 company documents, I know that the Inquiry has a large
14 selection of the ones that I believe originated from
15 the US firm Baum Hedlund, and also there's an
16 incredible document called the Trail of AIDS which was
17 put together by a US campaigner Dr Dana Kuhn, and
18 it's, in my view, obvious to look through those
19 documents without going to any, that the overriding
20 concern of the commercial organisations, as I might
21 expect, was to make money, and that that goal of
22 making money out-rid Caxton Foundation to do with
23 safety and what is best for the patient.

24 An area that I haven't, I feel, been able to
25 reach the end of is I've seen, at the point in time

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1 concern that historically that led to bad decisions.
2 But you continue to raise it as a current concern.

3 A. (Witness nodded)

4 Q. Why is that? Is not the question of pharmaceutical
5 funding for such organisations or individuals not
6 addressed if it's transparent, if everyone knows that
7 X body or X doctor has received a certain amount of
8 money from a named pharmaceutical company? Why is
9 that not enough?

10 A. I think it depends on the setting and, particularly
11 when you're dealing with this issue, it's not only
12 about actual conflict, but also about perceived
13 conflict. And I think sometimes it's easier for our
14 community to see that, as opposed to those in power,
15 where if it was the other way round, I'm sure it
16 wouldn't be looked upon nicely.

17 I suppose, as an example, I'm sure it wouldn't
18 be seen as fair by the Department of Health for me to
19 sit on the Inquiry's expert panel of whatever, talking
20 about whether or not it was appropriate for certain
21 products to be used at certain times because I'm
22 clearly biased.

23 So when it comes to things like pharmaceutical
24 funding, if an organisation is taking funding, I think
25 if it's spelt out exactly what it's for, then maybe

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1 which I think is mid-to late '70s where the purchase
2 of commercial concentrate was, by the way of central
3 contracts, from the Department of Health and not by
4 individual centres.

5 I've always wanted to see the terms of those
6 contracts, I've only ever seen just like a purchase
7 order that refers to the central contracts. I've
8 never seen the terms and conditions related to it.
9 I would like to see those if they exist. I wonder
10 what factors the terms of those central contracts that
11 the Department of Health may have played in the
12 decisions made to continue importing product when it
13 was known it was less safe.

14 But then having said all that, to go slightly
15 off topic for a second, I do fully subscribe to the
16 theory that I think Bruce touched on earlier in the
17 week, that yes, self-sufficiency it's an argument in
18 terms of HIV, but my belief is that concentrate
19 products, untreated, unpasteurised in general, should
20 never have been allowed to have been used until it was
21 at least reasonably thought that they were safe.

22 And I think it's clear that they were never
23 thought to be safe.

24 Q. The second point in relation to pharmaceutical funding
25 is you've talked in your statement about that -- your

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1 that helps. But there's still the perception of it.
2 And by that, I mean, let's say with The Haemophilia
3 Society, for example, in Revlon's response to
4 criticism we were just talking about, they say in
5 there that, as far as they're concerned, ultimate
6 responsibility for Armour now rests with the
7 pharmaceutical company Sanofi.

8 If, without looking at The Haemophilia Society's
9 latest reports, but if The Haemophilia Society then
10 accepts financial contribution from Sanofi and has
11 this relation with them, when, in my view, this
12 company still has not had justice and redress in
13 relation to Armour, I would suggest that a more
14 appropriate approach would be to say to Sanofi that
15 "We want nothing to do with you, we will not promote
16 your products or your open days or anything you do
17 until you deal with this longstanding issue where
18 people have been seriously injured and have died
19 because of the actions of the company that you're now
20 responsible for".

21 I don't buy into the notion that was mentioned
22 about, well, if we can get 10 grand out of them, then
23 that's good for us because we can use that money to do
24 some good. I mean, what's 10 grand to this community?
25 It's nothing. You know, Factor 8, in our latest

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1 fundraiser -- and we don't have any paid employees, we
2 don't have any fundraisers, by me putting a post on
3 Facebook, we raised 4 grand in 30 days. Now, it was
4 a small amount of money but it goes to show that it's
5 not actually that hard to raise money when you've got
6 a cause that people believe in. And I don't buy into
7 the fact that these things can't exist without pharma
8 money. I think they can and I think it's defeatist,
9 and perhaps you've got the wrong employees. If you
10 can't do that, I think there are talented marketers
11 that could do that.

12 Q. The next topic I wanted to ask you about, I guess,
13 could be described as another form of campaigning or
14 investigation, and that's the trying to find out
15 answers, tame redress, ^ch the making of
16 complaints, or asking bodies to investigate matters.

17 A. Yes.

18 Q. There were three I wanted to touch on. I'm only going
19 to go in any detailed sense to the third. The first
20 is in relation to the police. You say, in your
21 statement, you made contact with the West Midlands
22 Police and then The Metropolitan Police because you
23 wanted to raise issues relating to potential criminal
24 liability in relation to contaminated blood.

25 A. (Witness nodded)

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1 police in the idea that Dr Mark Patterson's case
2 should be reconsidered in different terms, because his
3 actions arguably could have led to deaths.
4 I contacted the West Midlands Police about that,
5 whether they were the correct organisation or not,
6 I don't know, but they were my local police force.
7 The -- and whether or not that was the specific
8 allegation raised or not, the response was I heard
9 somebody tapping of keys on the keyboard, and whatever
10 search term the woman on the phone had put into her
11 computer, the response I was given was that, oh, there
12 was this Inquiry, the Archer Inquiry, into this stuff,
13 it's been dealt with already.

14 And I was trying to then explain, "No, no,
15 this -- what I'm saying to you is -- was not
16 considered by Archer. This is nothing -- it's not
17 nothing to do with it but it wasn't considered by
18 Archer", and I was trying to explain to him it wasn't
19 a statutory inquiry, you can't rely on that inquiry as
20 some kind of official investigation into those
21 matters, but it was -- the answer was: no, no, no,
22 this has been dealt with, this is -- you know, didn't
23 want to know. Goodbye.

24 And then I did try and raise the same issue with
25 the Met Police as well, over the phone. And to be

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1 Q. What response did you get?

2 A. When I contacted the West Midlands Police -- I don't
3 know if you want me to mention the specific allegation
4 and the name of the person?

5 Q. It's a matter of public record. It's not redacted in
6 your statement, you're free to mention it.

7 A. So going back, I believe, to the late seventies, very
8 early eighties, there was an individual,
9 a Dr Mark Patterson who was stealing blood plasma and
10 selling it to what was the equivalent then of
11 Novo Nordisk now, stealing British plasma at a time
12 when we were trying to achieve self-sufficiency and
13 selling it overseas on the black market.
14 Dr Mark Patterson was tried at the Old Bailey and he
15 was convicted, of criminal theft.

16 Upon learning about this, and keeping in mind
17 that was considered at the time in terms of a theft,
18 and nothing more, and I don't know what the law is
19 around criminal trials and if they can be opened back
20 up in certain ways or not, but morally I felt at least
21 that, given what we know now about self-sufficiency
22 and the way things could be different in terms of
23 people died, no doubt, because we weren't
24 self-sufficient, and they wouldn't have died if we
25 were, I felt that maybe I could try and entertain the

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1 fair, the response was slightly better, in that the
2 person I spoke to took some notes and said he'd refer
3 it to the relevant department.

4 I did ask if there was any way he could give me
5 some kind of reference number so that I could maybe
6 follow it up and see if there was an update or what
7 they decided to do with it but he said, "No, we don't
8 do that, I'll pass the information on", and he
9 was quite adamant there was no way he could give me
10 any kind of reference number to follow it up. So
11 I never received any kind of update either, so I take
12 it that went no further either.

13 So that was my experience with the police.

14 Q. Then, in relation to Dr Rejman, you have made
15 a complaint to the General Medical Council.

16 A. Yes.

17 Q. And the response you've received from the General
18 Medical Council -- we've got it, we can go to it if
19 necessary but probably don't need to -- is that they
20 have placed any investigation on hold pending the
21 outcome of this Inquiry. Is that right?

22 A. Yes, that's right.

23 Q. And then the third area of complaint I was going to
24 ask you about was the Health Ombudsman.

25 A. Yes.

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1 Q. Perhaps we will look at a couple of documents in
2 relation to this.
3 So JEVA0000023, please. In fact we can probably
4 go to JEVA0000024, because that's the covering letter
5 following the report.
6 So, just so we can understand this, the
7 complaint is by you, it's about University Hospitals
8 Coventry and Warwickshire NHS Trust, and it's about
9 your father's records, is that right?
10 A. Yes, this dates back to what some people will remember
11 was ventilated in the 2017 BBC Panorama documentary,
12 where the Trust had told me for well over a year that
13 not only did they not hold records for my father but
14 that he was never a patient there. And they had told
15 me this many times. I would make in person visits,
16 over the phone, email correspondence, I had asked over
17 and over and over again. Same response every time.
18 In the run-up to BBC Panorama being aired, the
19 producers sent a right of reply to the Trust saying
20 basically that "Jason says he's tried to get the
21 records for every year, you say you don't have them,
22 just want to make sure this is the case."
23 Within a day of that happening the Trust had
24 gone back to the BBC saying, "Oh, we've just found
25 three volumes of Jonathan Evans's medical records".

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1 February of this year. What has happened since then?
2 A. Well, in the -- I think it might be at the end of this
3 report --
4 Q. If we go to page 6, please, Soumik, we can see the
5 recommendations.
6 A. Yes, in the recommendations there's a part where they
7 say the Trust needs to come up -- it's paragraph 34.
8 "... we recommend that within two months of the
9 date of the final report the Trust prepare an action
10 plan, including ..."
11 What it sets out there.
12 And this report was -- I don't know if we can go
13 back to when it was dated, on the --
14 Q. The decision is 26 February 2021, and that's also the
15 date of the letter to you.
16 A. Yes.
17 Q. Which says, "I've also sent a copy to the Trust."
18 A. And so, as of today, that has not happened. And
19 I actually received an update last night from the
20 Ombudsman, out of the blue, saying that they still
21 have not heard anything from the Trust.
22 Off the top of my head, I believe the Ombudsman
23 has said that they'll give them a couple of weeks and,
24 if nothing further happens, it will be escalated.
25 Q. I want to then move to, in fact, the question of

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1 And bear in mind the Trust never told me. The BBC
2 told me. I then had to apply to the Trust to get the
3 records, and eventually, months later, I did get them.
4 But this complaint was hinged off the fact that
5 following all that, I wrote to the Trust saying that I
6 wanted a full explanation of what had happened, and
7 why I'd asked for so long and they'd already -- and
8 they'd always said they didn't have them and then,
9 within a day of the BBC asking, they all magically
10 turn up.
11 I got many different stories, well, three
12 different stories, I believe, which are outlined in
13 this complaint. And I'm not sure if we need to go to
14 specific bits but the long and short of it is that the
15 ombudsman did find the Trust guilty of
16 maladministration, as outlined at the start of
17 paragraph 1.
18 Q. I don't think it makes any difference at all to the
19 point that you're making, Jason, but just as a matter
20 of strict technical accuracy, I think they say the
21 Trust found the records within two days. So within
22 two days of being contacted by the BBC. But your
23 point is the same?
24 A. Yes.
25 Q. So the Ombudsman found maladministration. That was

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1 ministers and ministerial interactions. I'll start
2 by, well, referring to some documents, two documents
3 that you highlighted in a Guardian article this week
4 but the first document takes us back to 1983.
5 DHSC0003824_178, please, Soumik.
6 Now, this a letter of 4 May 1983. We, the
7 Inquiry, have it as material provided to us by the
8 Department of Health. But how did you obtain the
9 material? Was that again through Freedom of
10 Information?
11 A. No. This is in one of the LIE series of documents,
12 which have not, up until this Inquiry getting off the
13 ground, been at the National Archive. My suspicion is
14 that the Inquiry had sight of those documents and then
15 afterwards they've ended up in The National Archives.
16 I don't believe those documents have in full been
17 disclosed to any of the Core Participants at this
18 stage, only one of the LIE series. But I'd gone
19 physically to The National Archives in the light of
20 waiting for that disclosure from the Inquiry,
21 I thought it might be helpful to our legal team to go
22 physically to the National Archives to get them faster
23 from there.
24 So I'd been doing that and, whilst doing that,
25 this was one of the sets of files that I'd got

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1 physically from the archives.
 2 **Q.** We can see, if we just go to the top of the page, it's
 3 from Hugh Rossi MP, 4 May 1983. It's addressed to
 4 a constituent, a Mr Spencer, and we can see from the
 5 second paragraph that Mr Rossi is a minister in the
 6 Department of Health and Social Security, but on the
 7 Social Security side. And you have noted, I think,
 8 and drawn attention to the last paragraph of the
 9 letter, which says:

10 "As regards 'AIDS', I will ask for figures if
 11 they are available, and agree with you that it is
 12 an extremely worrying situation, particularly as
 13 I read in the weekend press that the disease is now
 14 being transmitted by blood plasma which has been
 15 imported from the United States."

16 **A.** Yes.

17 **Q.** Now, as I understand it, Jason, please correct me if
 18 I'm wrong, you have attached significance to this
 19 document in two ways: the first is to juxtapose what's
 20 said here by Mr Rossi with the Department of Health
 21 line of "no conclusive proof".

22 **A.** Yes, and in particular, in The Guardian article it was
 23 drawn with Ken Clarke's statement in the November of
 24 '83 saying there's no conclusive evidence that AIDS is
 25 transmitted by blood products.

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1 First is a minute from 1978. Then the second is
 2 the Hugh Rossi letter that you've dug out of the LIE
 3 files --

4 **A.** Yes.

5 **Q.** -- with the observation being:

6 "... the problem with this letter is that the
 7 Minister appears to be saying, or reporting from what
 8 he has read in the press, that AIDS was being
 9 transmitted by blood plasma at a time when statements
 10 were being made that there was no conclusive evidence
 11 that this was so."

12 **A.** Yes. And I mean clearly, the importance of this is
 13 that, you know, I think many of those in our
 14 community, and perhaps the Inquiry, would say that
 15 there was awareness of AIDS in blood products long
 16 before even the May of '83. But the importance that I
 17 attach to this is that it is a Government Minister
 18 saying that, and clearly, the Department of Health,
 19 Treasury solicitor, you know, discussing the fact that
 20 that's not going to look very good to have two
 21 different Government Ministers saying different
 22 things, and particularly the fact that Hugh Rossi is
 23 saying this many months earlier as well. I can see
 24 why that would be concerning to them.

25 Again, it just goes back to this question of

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1 **Q.** We'll no doubt be looking in later Inquiry hearings
 2 and with later witnesses at precisely those types of
 3 statements in 1983 and 1984.

4 **A.** Yes.

5 **Q.** So that's the first point you'd made about it. The
 6 second point you've made about this letter requires us
 7 to look at a document from 1990. DHSC0046942_084,
 8 please. We can see the date is 22 March 1990, it's
 9 a letter from a Mr Burrage in the Department of
 10 Health, or Ms Burrage, a DE Burrage, in any event, to
 11 the Treasury solicitor, and it's about the
 12 HIV/Haemophilia litigation, the process of discovery,
 13 so the process of providing documents to the other
 14 side, essentially.

15 **A.** Yes.

16 **Q.** There's a number of observations about documents that
 17 they propose to hold back on grounds of privilege, or
 18 for other reasons, and we'll no doubt want to perhaps
 19 again look at those in later Inquiry hearings as well.
 20 But, for present purposes, if we go to the second
 21 page, pick it up at the top of the page:

22 "Finally two documents which we think would fall
 23 into the third category -- we would like to withhold,
 24 but it is questionable whether privilege could be
 25 substantiated ..."

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1 transparency. It's not there. And I suppose I'll
 2 leave it for other people to consider how appropriate
 3 this potential exercise is, in the face of litigation.

4 **Q.** Your point, as I understand it, is in relation to
 5 this, it's not just you drawing the line between the
 6 two dots, between what Mr Rossi was saying and what
 7 Mr Clarke and others were saying.

8 **A.** Yes.

9 **Q.** The Department of Health itself in 1990 is drawing the
 10 same line between the same two dots?

11 **A.** Yes, exactly.

12 **Q.** Do you know, and you may well not know, I ask this
 13 only because I don't currently know the answer, but we
 14 haven't had an opportunity to try to find out yet --
 15 whether that document was withheld from the HIV
 16 litigation disclosure or not?

17 **A.** The problem I have in answering that question -- at
 18 this moment, I think the answer to that can be found
 19 in material we may have acquired elsewhere, and I'm
 20 not sure what --

21 **Q.** That's fine. I understand.

22 The next topic, again, still just sticking with
 23 issues relating to ministers, two further matters.
 24 One I think will require us to go to a document, the
 25 other won't.

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1 You've talked in your statement about, again,
2 another of the strategies you deployed, and indeed
3 we've heard many other campaigners, I think, and
4 individuals, talking about deploying the same tactics:
5 writing to ministers, raising matters with ministers.
6 And you've said that the response that you often get
7 is that the issues are not addressed, and what you get
8 is what you described as a diversion or a deflection
9 or an obfuscation.

10 A. Yes.

11 Q. I mean, you've given an example, I think, in the
12 material you exhibited, which is there's a letter from
13 a Minister, I think O'Shaughnessy and a letter from
14 Jeremy Hunt, and you've deconstructed them and
15 provided your own analysis, which I think was sent off
16 to the Minister. I don't think we need to go to that,
17 but it's the broader point that you have not felt that
18 there are, is this right, clear and comprehensive
19 answers which actually address fully the points that
20 are raised?

21 A. Totally. And it can be seen not only in that
22 documentation which is really, and amazingly -- I was
23 amazed at that point in time that they began to argue
24 with me -- which I thought was great -- on the
25 technical aspects of, you know, heat treatment and all

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1 compensation, and then there are two strands to that
2 that I want to ask you about.
3 First of all, in your statement, you say that
4 you or Factor 8 had campaigned for compensation to be
5 paid on a proper legal basis similar to the Republic
6 of Ireland. I think you've given that as an example
7 rather than as a model that must be followed.

8 Again, just in broad terms, what did you see as
9 the advantages of such a scheme, and what response, if
10 any, had that campaign resulted in?

11 A. Well, it was myself that, in the January 2020 meeting
12 with Oliver Dowden and Nadine Dorries, put forward
13 this notion that they should be engaging with us on
14 a compensation framework now. And I was supported in
15 that by a number of individuals that were there, and
16 what followed.

17 We were pushing that because of the fact that --
18 well, on one hand, because we now have the public
19 Inquiry, and the nature of our goals was: public
20 inquiry, compensation, accountability. We have the
21 public inquiry, which to some extent will help with
22 the third point, of accountability, and so it was seen
23 that, in the meantime, let's go after the compensation
24 point. Push that.

25 The current exercise announced around that, it

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1 these other issues, rather than just giving a generic
2 response.

3 But you see it in all the other aspects as well.
4 You know, just as an example, there was a recent
5 letter that Tony Farrugia and Lauren Palmer sent to,
6 I believe, Penny Mordaunt about the lack of inclusion
7 of those that have lost parents or those that have
8 lost children in the current support mechanism. And
9 the response that came back just completely didn't
10 deal with the issues they'd actually raised, and made
11 the suggestion that to do that -- it said, "We are not
12 considering any structural reform at this time". It
13 left me thinking why is that "structural reform", as
14 opposed to the recent announcement and the things that
15 have been changed? What is structural reform and what
16 is whatever they're suggesting it isn't?

17 And that's just commonplace. I think maybe
18 everyone sitting here that's impacted by these events
19 that's wrote to the Department of Health or the
20 Cabinet Office will have written a letter, they then
21 get a response and say, "Well, that didn't answer my
22 question. That didn't address my issue". That's just
23 par for the course.

24 Q. That, I think, takes me very neatly to my penultimate
25 topic for you, which is about financial support and

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1 did catch us offguard. We -- I don't think we were
2 expecting such an exercise to be announced. I think
3 we saw it working differently, but needless to say, we
4 welcome it.

5 As regards to the Republic of Ireland,
6 ultimately, you know, what we're campaigning for, we
7 believe people are entitled to common law damages --
8 I mean, what's important about the Republic of Ireland
9 scheme, and again, I know that Tony Farrugia had
10 touched on this in his closing remarks when he gave
11 evidence, is that in terms of those who have died, the
12 claim is treated as if they are not, for the purposes
13 of the full assessment of their damages.

14 Now any in-depth questions around damages
15 I would refer to our lawyers, because I don't think my
16 knowledge is great enough to talk about that, but
17 that's one of the main points from the Republic of
18 Ireland that we think is very important.

19 Q. And the other key plank of the concerns that you've
20 raised in relation to financial support is, I think,
21 precisely what you just alluded to with the letter
22 from Tony and Lauren, the absence of any financial
23 provision for the bereaved, other than widows,
24 widowers, long term partners, civil partners. So for
25 people such as you, individuals such as you, who have

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1 lost a parent, with all the consequences that had for
 2 you, or for people such as, again, with a number of
 3 witnesses we have heard from who lost a child, no
 4 payments in terms of financial assistance for them.
 5 And that's been a theme of your campaigning, as I
 6 understand it.

7 **A.** Well, I personally have tried to avoid getting into
 8 campaigning on the support schemes themselves to any
 9 great extent, because we've put -- as I said earlier
 10 in my evidence, I would -- don't see that as an end.
 11 But that being said, I mean, it's disgraceful that --
 12 the one aspect of this that I see as really unjust is
 13 I do, rightly or wrongly, tend to look at it on
 14 a family level.

15 And so the current situation means that there
 16 are -- in light of this recent announcement, there
 17 will be bereaved families, to put it that way, that
 18 receive tens of thousands of pounds a year. I make no
 19 judgment on whether or not that amount is appropriate.
 20 I would suggest not, hence why we are continuing to
 21 campaign for compensation. But the point I'm making
 22 is there will be other bereaved families -- and in my
 23 view, some of the worst impacted -- and I will
 24 specifically name Lauren Palmer here. Her father's
 25 dead. Her mother, who was also infected, is dead.

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1 that I would take issue with, so the beginning of,
 2 I guess, the second paragraph, "One tragic aspect", it
 3 says:

4 "One tragic aspect of the epidemic was because,
 5 initially, no one understood that the disease was
 6 transmitted by body fluids."

7 I take issue with that sentence. I take issue
 8 with the sentence that follows that.

9 "Every haemophiliac in the country received
 10 frequent blood transfusions from the National Health
 11 Service."

12 I mean, I could unpick that but I think it's
 13 obvious. Not every haemophiliac received frequent
 14 treatment. And beyond that, they weren't receiving
 15 blood transfusions.

16 Going down a couple of lines, starting -- the
 17 sentence starting "Very quickly" -- well, those two
 18 words:

19 "Very quickly, before our scientists and doctors
 20 appreciated that blood supplies needed to be treated
 21 to be safe, more than 1,200 haemophiliacs in Britain
 22 contracted HIV."

23 I would suggest that it's not the case that all
 24 1,200 people infected with HIV were infected before
 25 scientists or doctors appreciated that there was

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1 And she stands to receive -- that family stands to
 2 receive a big fat zero. No support.

3 And how is there any fairness in that? You
 4 know, tens of thousands of pounds on one hand to one
 5 family, zero to you.

6 And that, to me, that just blows my mind.

7 And likewise to those like Colin and Denise, who
 8 have lost their children. And I saw the impact that
 9 my dad's death had on his mother and father. Totally
 10 wrong as well.

11 And I -- yes, it needs -- it does need to be
 12 fixed.

13 **Q.** You took issue, I think possibly one way of putting
 14 it, with what was said in an autobiography by
 15 Kenneth Clarke.

16 **A.** Yes.

17 **Q.** JEVA0000065, please, Soumik.

18 This is an extract from Kind of Blue,
 19 Mr Clarke's autobiography. I think you may have taken
 20 issue with a number of aspects, I don't know, but for
 21 present purposes, am I right in understanding it's
 22 what we see on the third paragraph of this page about
 23 compensation?

24 **A.** That was ultimately what this resulted in being
 25 changed, but just to outline a number of the things

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1 a problem. And in fact, that sentence is in complete
 2 contrast to the legal advice that was given to the
 3 Department of Health, which I can't go to the
 4 document, but it was highlighted in the In Cold Blood
 5 documentary broadcast on ITV in September last year.
 6 And then we come on to this other disputed line. He
 7 says:

8 "The haemophiliacs who spent the rest of their
 9 lives with this disease were eventually given
 10 compensation ..."

11 Clearly they weren't, because we're still
 12 campaigning for that now. And also, going down the
 13 page a few more lines, the sentence beginning "When
 14 I became the only health minister":

15 "When I became the only health minister from
 16 that time still prominent in the public eye, these
 17 campaigners usually named me in their campaigns,
 18 because it improved their prospects of publicity."

19 I have no concern about our prospects of
 20 publicity when it comes to Ken Clarke. I think this
 21 demonstrates ego, perhaps, to take that view. And
 22 then also, going down another three or so lines, he
 23 talks about Simon Glenarthur, who he says was the
 24 minister responsible for this area. The sentence:

25 "Simon behaved impeccably throughout the crisis

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1 but unfortunately he [had] acted on the medical and
 2 scientific advice given to him ..."
 3 I have little doubt the Inquiry has access to
 4 the various letters sent by Dr Peter Foster when he
 5 was at the ASTMS to Lord Glenarthur, telling him that
 6 factor concentrates should be withdrawn, and we should
 7 stop importing product from America due to the risk of
 8 AIDS, and the various rebuttals he received. So to
 9 say the medical and scientific advice somehow was that
 10 that shouldn't happen is wrong, because the
 11 documentary evidence doesn't support it.

12 So there's a lot about this page I don't like.

13 Q. And you instructed solicitors who wrote to the
 14 publishers?

15 A. Yes.

16 Q. And is this right, what it resulted in was an
 17 amendment in relation to the reference to
 18 compensation?

19 A. Yes. I mean, ideally we would have liked to have
 20 changed basically this whole page. But the main
 21 reason why we didn't go on is myself and literally
 22 about 12 or 15 other people together raised I think
 23 £600 or £900 to pay the firm in question to send
 24 a letter before action and to do a little bit of
 25 correspondence afterwards, but we wouldn't have had

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1 "The compensation framework study will provide
 2 advice on potential compensation framework design and
 3 solutions to Government. It is important that
 4 Sir Robert Francis QC, the independent reviewer, is
 5 able to complete his work as quickly as thoroughness
 6 allows."

7 You might have copyright on that phrase sir, I'm
 8 not sure:

9 "At the outset of the Infected blood Inquiry,
 10 the then Chancellor of the Duchy of Lancaster decided
 11 that it was overwhelmingly in the public interest that
 12 legal representation for infected and affected core
 13 participants in the inquiry should be funded by
 14 Government, and without means testing. This funding
 15 will continue until the conclusion of the Inquiry.
 16 However, this study [so there's Sir Robert Francis
 17 independent compensation framework review] is quite
 18 separate from the Inquiry. Sir Robert will want to
 19 hear directly from infected and affected people and
 20 put them at the heart of the process. Legal
 21 representation will not be required to put forward
 22 views."

23 So it would appear from this, and the reason I'm
 24 raising it with you, Jason, is not just because the
 25 timing, in terms of this is an announcement made this

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1 the money to actually go through with this at that
 2 stage. So we accepted a small victory by him agreeing
 3 to remove the word "compensation" and left it there.

4 Q. Last question on compensation.

5 We can take that down, thank you, Soumik.

6 Compensation is, it would appear, now actively
 7 under consideration through the appointment of the
 8 independent reviewer, you mentioned a few moments ago
 9 something that, as it were, came out of the blue
 10 a little. Could we just look at one document. It's
 11 a Parliamentary question and answer from yesterday or
 12 the day before, RLIT0000661. If we look at the bottom
 13 half of the page, sorry the date is 7 June, three or
 14 four days ago, but this week.

15 Penny Mordaunt -- sorry, can we just go back.

16 Can we just see the question? Just go back up,
 17 Soumik.

18 The question posed by Kevan Jones:

19 "To ask the Chancellor of the Duchy of Lancaster
 20 and Minister for the Cabinet Office, whether people
 21 affected by contaminated blood products will have
 22 access to legal representation for the infected blood
 23 compensation framework review."

24 Then we can see the answer by the Chancellor of
 25 the Duchy of Lancaster, Penny Mordaunt:

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1 week, but you've made some observations in your
 2 statement about funding for legal representation for
 3 the early stages of the Inquiry process. There maybe
 4 an echo of that here. You'd identified the problems
 5 that might arise through not having legal
 6 representation in the early stages of the Inquiry
 7 process.

8 Do you have any observations or thoughts or
 9 concerns about this announcement, this recent
 10 announcement, that there will be no funding for legal
 11 representation for the infected and affected in terms
 12 of participation in and Sir Robert Francis' review?

13 A. Well, according to Penny Mordaunt, we've now all
 14 developed the ability to be PI lawyers and can make
 15 schedules of loss and heads of loss. Clearly, we're
 16 not and we can't do that. People are sick and they
 17 are dying, and to expect us to be able to do that is
 18 wrong.

19 And, to give context to this as well, on the day
 20 the written ministerial -- sorry, it wasn't a written
 21 ministerial announcement. On the day that the
 22 compensation framework review chairperson, Sir Robert
 23 Francis QC, was announced, there was a Zoom meeting
 24 organised by the APPG. Penny Mordaunt joined that
 25 meeting, I attended it along with a variety of others,

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including The Haemophilia Society and other campaigners and a number of MPs.

Penny Mordaunt joined that meeting and began to explain the detail of what we now know about that compensation framework review. And she said "Oh, I'm saying this now because I wanted to give you guys the scoop on what's going on", you know, trying to make us feel important and like we were on some inside track. But, of course, in the days of the Internet, and us not being completely stupid, despite what they may think, the Government had press released it on their website about a minute before she began to say, "Oh, we're giving you the inside scoop". And actually, despite the differences I may have with The Haemophilia Society, **GRO-A** did take Penny Mordaunt to task about that, and I think he was right to.

On that Zoom meeting, I thankfully had the chance to ask Penny Mordaunt this very question. I asked her: will victims and families have access to legal representation? And she gave this answer: "Oh, I don't think you'll need that. It will be okay. They want to hear from you directly".

And one of the justifications Penny gave me for that, she said, "We don't want this to be some long,

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this. It's independent of this Inquiry, but we do expect that Sir Robert Francis will come to give evidence here, and explain what his review amounts to. And of course, any proceedings here are open to the -- will be a forum in which the Core Participants will be represented. They will be represented in the way that they have been, at appropriate expense. And I would expect, if submissions arise, that there are plenty of highly experienced PI lawyers involved in the Inquiry from all parties who can make appropriate representations to me.

A. Yeah.

SIR BRIAN LANGSTAFF: So that's all I think I have to say at the moment.

MS RICHARDS: That will, of course, be after Sir Robert has produced his report.

SIR BRIAN LANGSTAFF: Yes.

MS RICHARDS: And as I understand it your concern is about input into the report?

A. Yes, correct.

SIR BRIAN LANGSTAFF: Obviously it's a question of process and the -- what I'm talking about comes after the proposals are produced.

A. Yes.

MS RICHARDS: The last matter I had to ask you, Jason, is

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drawn-out, bureaucratic process".

I rebutted her on that, and I said: surely, for 2,000 people to make their own representations to this process will result in exactly that happening, as opposed to -- and I suggested taking those legal firms that represent Core Participants in this Inquiry making the representations and I didn't then have the opportunity to make a further rebuttal but it didn't seem like she agreed with my view on that either.

Then obviously, naturally, I should probably mention the fact that we all heard, when Matt Hancock gave evidence, he said something quite different to what is outlined here. And he said yes, we should have that.

So, like the Ken Clarke/Hugh Rossi letters, we have two Government ministers saying different things. One of them is wrong and, weirdly for Matt Hancock, one of them is right. And I hope that Penny Mordaunt does reverse the Government's position on this, because it's wrong to expect sick, dying, bereaved, injured people to become PI lawyers and to be expected to know the ins and outs of common law damages and compensation.

Q. The last matter I --

SIR BRIAN LANGSTAFF: I think perhaps I should just say

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just in relation to the question of a memorial. And you told us this morning, when I was asking you about what had happened to you personally, about the fact that there isn't somewhere that you have to go and mourn your father.

A. Yes.

Q. You've raised the broader point with Central Government, I think, with the Department for Culture, Media and Sport, about funding for a memorial for all those affected by what happened. What response did you get?

A. I'm just going to find --

Q. We've probably got it on the screen, actually.

JEVA0000069, please, Soumik.

A. I've got at _0006 -- it's not the response but I think it's an insight into the thinking.

Q. Can we go to page 6, Soumik, and see if -- is that the email to the Department of Health?

A. This is the correct document, yes.

So after the second dash they say -- and this is their internal -- this is from the Department for Culture, Media and Sports to the Department of Health, because -- to put some context on this, I'd written to DCMS, they'd come back and, to paraphrase, they weren't fans of the idea, and they suggested that

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1 funds could be raised privately for such a memorial.
 2 And I'd then written back to them and said, "You
 3 should speak to the Department of Health, I don't
 4 think you understand what the Contaminated Blood
 5 Scandal is". Again, I'm paraphrasing a longer letter.
 6 So they say here:
 7 "... we don't decide who should and shouldn't
 8 have memorials but can only advise how they might put
 9 [to] do it themselves.
 10 "He's [as in me] is wanting some kind of
 11 recognition of what he regards as a [Department of
 12 Health] mistake ..."
 13 That's the most of their thinking, as in the
 14 Department for Culture, Media and Sport's thinking,
 15 I've seen in relation to this. It saddens me greatly.
 16 And I said something around -- about this in my
 17 statement, that -- heard Bill talking this week about
 18 how, in Scotland, you know -- and I've seen the
 19 fundraisers online for the Scottish memorial
 20 fundraiser. It's a very noble effort. I get it. But
 21 it's disgraceful that that's going on. And I think
 22 the reality is that what, in my view, would be an
 23 appropriate memorial for something where thousands of
 24 people have been harmed and have died, you're not
 25 going to raise that money by doing charity fun runs,

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1 appropriate. I don't know. I think it would be open
 2 to this community to decide, but I don't think
 3 anything that's been done to date, or is on the cards
 4 currently to be done, is the appropriate memorial.
 5 I think we need something proper.
 6 **Q.** And you've put it in these terms in your statement,
 7 Jason.
 8 "This is incredibly important for many of those
 9 infect and affected, it would go a long way to helping
 10 people to feel that the scandal is not forgotten.
 11 This should not be a cheap gesture or raised through
 12 crowdsourcing."
 13 Then you refer to the Bali memorial and the
 14 memorial for the 52 victims of the London bombings,
 15 and say this:
 16 "A substantial and respectable memorial that
 17 reflects the gravity and scale of what has happened
 18 should be established in the memory of all those who
 19 have died from the infected blood scandal and the
 20 costs of this should be funded by the Government."
 21 **A.** Yes.
 22 **MS RICHARDS:** Sir, those are the questions I have for
 23 Jason. I'm sorry it's been another longish day but,
 24 clearly, we need to take a break now to check whether
 25 there are any suggestions for further questions,

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1 and not to undermine them in any way. This needs to
 2 be a proper memorial, funded by Central Government.
 3 And as I say in my statement, they have -- Central
 4 Government funds have been used for memorials, for
 5 things like the Bali bombings, the 7/7 bombings, where
 6 the scale of those disasters -- and I don't try to
 7 take away from them in any way, but the scale in terms
 8 of the numbers involved are nowhere near the
 9 Contaminated Blood Scandal. And there's been nothing.
 10 So yes, we have the Birchgrove. I went there
 11 recently. I think it's very important and it should
 12 be there. But again -- and I applaud everyone
 13 involved in that effort, and I can see why it was
 14 needed, but again, a piece of stone in the middle of
 15 a wood in Swindon is not the place that this community
 16 should have. It's not appropriate. What's clearly
 17 appropriate is something in a central -- I think there
 18 should be something in London. And I think
 19 I mentioned in my statement that -- I believe it was
 20 with the Bali bombings memorial. That was placed
 21 outside of the Foreign Office as a reminder of what
 22 can happen when not all steps that could or should be
 23 taken are.
 24 I think something near the Department of Health
 25 even, as a reminder of what they've done, might be

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1 either from Jason's own representatives or from the
 2 legal representatives of Core Participants.
 3 **SIR BRIAN LANGSTAFF:** So shall we say quarter past five?
 4 **A.** It will be quarter past five.
 5 **MS RICHARDS:** Yes.
 6 **SIR BRIAN LANGSTAFF:** Quarter past five.
 7 **MS RICHARDS:** Thank you.
 8 **(4.53 pm)**
 9 **(A short break)**
 10 **(5.15 pm)**
 11 **MS RICHARDS:** Jason, just three questions, on three
 12 completely different matters.
 13 The first is this: in the context of trying to
 14 understand more about UKHCDO and the National
 15 Haemophilia Database, did you come across any
 16 information about a company called Medical Data
 17 Solutions and Services, and its role, if any, in the
 18 National Haemophilia Database?
 19 **A.** No.
 20 **Q.** Okay, nice short answer. Thank you.
 21 The second question goes back to your evidence
 22 this morning about your father's treatment. Were you
 23 able to discern at all from your father's medical
 24 records any pattern in different types of treatment
 25 which you received or was the administration of his

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1 concentrate therapy apparently random?

2 **A.** The unusual thing is, this is something I actually

3 thought about last night, and have discussed with

4 nobody. I do think the Inquiry should look at -- in

5 my own head I came with this term for it, which was

6 "bad batch management", but I did see in my father's

7 batch use history that there were multiple occasions

8 where he'd be given a batch of, say, Armour, and then

9 two days later he might be given, let's say, a BPL

10 product. And then two days after that, he'd be given

11 the same product he'd had two days before again. And,

12 you know, I've given the example perhaps to be

13 looked at the other way round there, where -- and you

14 do see this, as well -- you have a BPL product one day

15 and then a commercial product and then exactly the

16 same BPL batch after the commercial product has been

17 given, which I struggle to see how that would make

18 sense in the context of what was known at the time,

19 and what we know now.

20 That is seen in my father's treatment history,

21 and I've seen it because, before this Inquiry was

22 announced, something that some people would do is send

23 me their batch number treatment history. I wouldn't

24 ask for it but people would send me it, and say, "Is

25 there anything you can see in this?" And I would see

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1 the applicant thinks to complain and goes to the ICO.

2 I think the FOI Act should forbid that, and

3 I think, instead, organisations should have an onus

4 placed on them to only apply exemptions where they're

5 absolutely necessary.

6 I also think public bodies, more public bodies

7 agreeing to embrace the openness and candour charter

8 that, again, Steven Snowden QC referred to in our

9 opening remarks at the opening hearings of the

10 Inquiry, broader adaption of that charter.

11 **MS RICHARDS:** Thank you.

12 Sir Brian, do you have any questions?

13 **Questions from SIR BRIAN LANGSTAFF**

14 **SIR BRIAN LANGSTAFF:** Yes.

15 It really goes right back, actually, to where

16 you started today, really, with your own account about

17 your family and how matters had affected you, and how

18 then the campaigning had affected you. And you told

19 us at one stage that one day you could wake up and say

20 it's finished, but in almost the next breath you're

21 saying you felt it would never go away, and you

22 referred to Pandora's Box, and you'd never get out

23 of it. How do you see matters resolving for you,

24 personally, when the Inquiry is over?

25 **A.** I think the emotional toll will never be finished but

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1 that, commonly.

2 And I think that is something the Inquiry should

3 maybe look into further, to see how common that was.

4 **Q.** The last question is this: some of the themes that

5 have emerged from your evidence today relate to issues

6 about openness, candour, transparency. Do you, from

7 your perspective, have any thoughts or suggestions

8 about what could be done to embed those values into

9 Government and public body decision making and

10 actions?

11 **A.** I think there should be an embedded spirit within

12 public bodies to err on the side of transparency,

13 rather than caution of what perceptions may be of

14 information.

15 I do think the FOI Act needs reform. I think

16 some of the exemptions aren't necessary and, to be

17 fair, I think other exemptions are necessary.

18 And I think, as well, what I mentioned earlier

19 today, that there should be, I think, some kind of

20 clause in the FOI Act which forbids this practice that

21 we've seen through the documents today, where a public

22 body decides it wants to withhold information because

23 it doesn't like the idea of releasing it, and then

24 tries to find any possible exemption to prevent its

25 release that it might think might possibly stick, if

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1 do hope that the campaign can finish. And this

2 relentless need that I feel inside to go through the

3 documents and to understand it, and to, you know, do

4 the work I do, I hope that that can finish. I fully

5 recognise that the emotional effects, and, for those

6 infected the physical effects, may never finish, and

7 in fact may get worse, but I hope that the campaign

8 can finish.

9 **SIR BRIAN LANGSTAFF:** Thank you, very much.

10 **A.** Thank you.

11 **MS RICHARDS:** Jason, is there anything further you'd like

12 to add?

13 **STATEMENT BY THE WITNESS**

14 **THE WITNESS:** Yes, and it's only short.

15 I'm grateful to the Inquiry for asking me to

16 give evidence, and I'm grateful to everyone who has

17 supported the Factor 8 campaign, and to everyone who

18 has highlighted or advanced our cause.

19 Four and a half years ago, I met two amazing

20 people, Des Collins and Dani Holliday from Collins

21 Solicitors. And Collins believed in us, and were

22 willing to do what, at that point, in 2017, no one

23 else would, to fight the big fight.

24 And no matter what happens, I'll always be

25 grateful that they gave us that opportunity. And

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1 likewise I'm grateful to Steven Snowden QC and
2 Brian Cummins in this Inquiry for the group legal
3 action.

4 The only reason I sit here now is because my
5 father, Jonathan Evans, was subject to a horrific
6 reality, and an early death, at age 31, from
7 hepatitis C and AIDS. I was young, but I remember.
8 I remember AIDS, the funeral, the drama. I remember
9 the never-ending mental toll it took on my mother.
10 I saw what it did to his parents and to his brother.
11 I knew it could never be fixed, it never was and
12 it never will.

13 In a way, I think campaigning is our way of
14 trying to fix it. Fooling ourselves that if we win,
15 somehow everything is okay again. But the reality is
16 that for too many of us, there can never be a win for
17 this campaign. There can never be a victory, only
18 a Pyrrhic victory.

19 I'm 31, the same age my father was when he died,
20 and I'll have more years of life than he had. But
21 what's importance is that the story of what happened
22 to him, and so many other innocent victims, outlives
23 me and all of us here and watching. We need the truth
24 and I hope we can find some form of peace. We do not
25 have that yet.

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1 wasted talent and I hope we make them proud.

2 Thank you.

3 [Applause]

4 **SIR BRIAN LANGSTAFF:** It's often at the end of someone's
5 evidence that we see how much it means. Really see
6 it. So thank you for that.

7 I'm not going to take long because of the hour,
8 but you mentioned how many of the questions that you
9 were asking were met with what you described as
10 obfuscation. Can I just say, you haven't obfuscated
11 answering the questions we've been putting to you.
12 Thank you for that. And thank you for, through those
13 questions and answers, showing what it's been like to
14 be, albeit a Johnny-come-lately to the campaigning
15 trail, you've shown us very clearly, and methodically,
16 and taken us through, bit by bit, the reasons why you
17 think, first of all, that you have been -- found it
18 very difficult to get the answers -- and you haven't
19 got all of them yet by any means, and why that is, and
20 made suggestions and shown us why -- how you reached
21 those suggestions.

22 And I think that's enormously valuable, so thank
23 you.

24 **A.** Thank you.

25 [Applause]

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1 What has been done to us has caused division and
2 in-fighting. It is the result of the decisions made
3 and not made by those in power, hurt and loss not
4 being acknowledged and not being dealt with properly.
5 And we know the conversations: why don't I have what
6 they have? They don't deserve more than me. If they
7 get what they want, I might get less. They've been
8 cured. It doesn't get worse than dead. They're not
9 infected. What happened to me is worse.

10 But it shouldn't have been made to be that way.
11 The Government is to blame. Bayer is to blame.
12 Baxter is to blame. Revlon Health Care don't care.

13 I hope that proper redress, accountability, and
14 the truth can end that. But it's right to say there
15 is far more support and friendship within our
16 community than I would have ever imagined. I know
17 that from the support I get from people like my
18 anonymous friend and Tony, and the Treloar crew, and
19 more people than time would allow me to name.

20 I would also like to thank my wife, Brisca, for
21 her support, and being the brightness in my life.

22 Lastly, I pay my respect to all those who have
23 campaigned and have died campaigning, their work and
24 the lives of all those we've lost lives on through us.

25 I'm almost there. The saddest thing in life is

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1 **SIR BRIAN LANGSTAFF:** Now, next week we don't meet until
2 Wednesday, do we?

3 **MS RICHARDS:** That's right, sir. So we're sitting on
4 Wednesday and Thursday, 16 and 17 June, for
5 presentations on other Haemophilia Centres, so
6 Haemophilia Centre's whose policies and practices have
7 not so far been explored in the evidence. It was our
8 hope to cover next week all the remaining Centres but
9 there are just too many of them so we're going to be
10 covering 30 next week, I hope, in the two days
11 allotted, and then the others we will be covering
12 because we've said we will cover all and we will, at
13 a hearing probably in the autumn.

14 I just want to list, if I may, the Centres we're
15 covering next week so that those will know if it's
16 a Centre of particular interest or importance to them.

17 So the aim next week is to cover, and this in no
18 particular order: the Royal Manchester Children's
19 Hospital, Blackpool, Leyton, Maelor, Blackburn,
20 Lancaster, Booth Hall, Sheffield Children's Hospital,
21 the Royal Liverpool Alder Hey and Walton Hospitals,
22 Leeds -- I'm hoping to do those on day one -- and then
23 Aberdeen, Dundee and Inverness, Edgware, Hammersmith,
24 Charing Cross, Northwick Park, Westminster,
25 Hillingdon, St Mary's, Cambridge, Norfolk and Norwich,

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1 Bristol, Southampton, Truro, Great Ormond Street, UCH
 2 and Middlesex, is the plan for next week.
 3 **SIR BRIAN LANGSTAFF:** Those who are interested will have
 4 taken note of what you've had to say. Those who have
 5 missed the full list can pick it up on the website
 6 with the transcript. So I look forward to seeing
 7 those of you who wish to be here joining us next
 8 Wednesday at ten o'clock.
 9 So Wednesday, ten o'clock.
 10 **(5.31 pm)**
 11 **(Adjourned until the following Wednesday at 10.00 am)**

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(80) where - would

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| <p>W</p> <p>would... [80] 96/3 96/5 96/12 96/14 96/21 99/11 100/20 101/12 101/19 107/17 108/1 109/16 109/20 110/1 110/6 113/2 114/9 114/16 114/24 115/7 115/22 115/24 116/7 116/14 117/10 117/19 123/9 123/16 123/21 124/2 124/3 125/5 128/15 130/16 130/21 130/22 131/2 134/6 134/10 135/25 135/25 136/9 136/14 138/4 140/9 145/7 145/18 146/25 149/18 151/15 152/9 154/9 156/13 156/14 161/15 166/22 166/23 167/14 167/24 172/15 173/10 173/20 175/1 175/23 177/19 178/6 179/23 183/7 185/22 187/1 187/9 189/17 189/22 189/24 189/25 191/21 192/23 194/16 194/19 194/20</p> <p>wouldn't [10] 45/22 49/7 49/11 54/3 123/10 155/16 155/17 158/24 177/25 189/23</p> <p>writes [1] 74/7</p> <p>writing [3] 61/20 79/4 169/5</p> <p>writs [1] 116/11</p> <p>written [16] 4/15 26/24 27/4 42/4 44/10 78/25 120/1 123/22 124/1 124/13 124/16 170/20 180/20 180/20 184/23 185/2</p> <p>wrong [21] 3/8 7/18 28/12 30/10 66/18 76/6 76/9 81/23 82/5 82/6 82/9 83/9 83/11 106/19 157/9 165/18 174/10 177/10 180/18 182/17 182/20</p> <p>wrongly [1] 173/13</p> <p>wrote [5] 73/11 92/17 162/5 170/19 177/13</p> <hr/> <p>X</p> <p>X body [1] 155/7</p> <hr/> <p>Y</p> <p>yeah [35] 2/1 7/19 8/16 10/4 14/9 15/15 16/9 16/20 17/7 17/11 17/22 18/23 19/10</p> | <p>26/11 27/1 28/15 29/5 31/15 38/18 43/19 50/7 60/11 71/6 78/14 86/10 99/23 110/13 115/22 119/24 130/3 136/15 140/2 143/10 152/5 183/12</p> <p>year [25] 3/5 6/16 8/10 10/8 14/15 14/15 20/23 48/5 48/14 48/14 53/22 59/3 68/4 86/11 94/15 94/21 99/2 99/2 102/17 149/6 161/12 161/21 163/1 173/18 176/5</p> <p>years [28] 2/1 13/6 14/1 14/2 14/7 17/6 19/18 20/12 21/15 21/16 25/15 27/6 27/8 27/11 31/12 32/16 40/2 54/14 54/14 59/21 62/3 64/2 93/24 102/14 105/11 112/13 192/19 193/20</p> <p>years' [1] 119/6</p> <p>yes [219]</p> <p>yesterday [3] 22/7 39/12 178/11</p> <p>yet [11] 24/14 34/25 42/23 44/23 52/10 66/25 68/14 134/9 168/14 193/25 195/19</p> <p>York [2] 150/2 152/14</p> <p>you [502]</p> <p>you know [1] 69/5</p> <p>you'd [16] 1/3 13/18 15/24 22/23 38/18 59/5 73/22 82/18 107/11 107/18 131/7 136/13 166/5 180/4 191/22 192/11</p> <p>you'll [6] 10/8 30/15 57/20 92/9 133/14 181/22</p> <p>you're [34] 1/13 3/3 31/13 39/15 44/9 47/3 47/7 47/16 52/8 52/10 54/18 69/16 83/24 88/14 88/15 93/1 93/13 97/12 106/22 112/13 114/6 124/19 124/20 124/21 138/3 149/25 150/25 153/11 155/11 156/19 158/6 162/19 185/24 191/20</p> <p>you've [75] 1/17 2/15 8/25 19/7 20/13 21/5 21/10 26/2 31/10 34/17 35/2 35/3 36/9 37/17 40/1 46/20 52/7 55/16 58/12 59/1 64/13 65/3 66/21 67/4</p> | <p>68/16 69/15 69/17 71/4 72/23 73/20 73/21 77/15 99/7 102/2 104/17 105/18 106/1 106/21 108/20 110/11 115/15 132/11 134/25 135/7 137/4 137/5 144/9 146/8 146/8 146/10 146/14 147/14 151/19 152/21 152/23 152/25 153/5 153/6 154/25 157/5 157/9 160/17 166/6 167/2 169/1 169/6 169/11 169/14 171/6 172/19 180/1 184/7 187/6 195/15 197/4</p> <p>young [4] 2/11 14/1 35/12 193/7</p> <p>younger [1] 3/16</p> <p>your [195] 1/19 1/20 1/20 1/23 2/11 2/18 2/19 3/9 3/25 4/12 4/13 4/17 4/20 6/8 6/9 6/20 6/22 7/4 7/5 7/6 7/11 7/13 7/17 7/22 8/2 8/2 8/4 8/14 8/18 8/25 10/5 10/10 10/21 10/24 11/1 11/2 11/9 11/12 11/13 12/5 12/7 12/15 13/3 13/16 13/20 13/21 13/25 15/13 15/14 16/5 16/6 16/6 17/5 17/8 17/8 17/10 17/12 17/15 18/16 18/18 18/20 19/8 20/13 20/15 20/16 21/4 21/6 26/2 34/22 36/6 37/15 39/25 40/4 40/4 40/6 48/14 55/15 55/22 56/9 57/13 59/2 59/2 59/11 59/12 59/16 60/19 60/24 61/2 61/20 61/24 64/25 65/16 65/23 65/23 66/18 66/21 67/5 68/16 71/16 73/21 73/22 74/20 75/15 76/5 80/1 80/25 82/18 82/21 83/20 84/1 84/4 84/7 86/5 88/14 90/20 90/21 91/10 91/16 92/22 93/15 96/12 96/14 100/15 103/3 103/4 103/5 104/17 107/6 107/10 107/15 110/2 112/22 113/3 115/15 119/20 121/6 125/5 128/7 128/10 128/17 128/20 132/15 134/24 135/2 135/3</p> | <p>135/3 135/7 136/10 137/5 137/6 137/16 138/5 138/5 138/8 138/9 138/10 140/17 143/6 143/24 144/10 144/11 144/11 144/14 146/5 146/8 146/15 147/14 151/2 152/21 153/6 153/6 154/25 154/25 156/16 156/16 157/20 158/6 161/9 162/22 168/4 169/1 169/15 171/3 173/5 180/1 183/18 184/5 187/6 188/21 188/22 188/23 190/5 190/7 191/16 191/17</p> <p>yourself [1] 32/2</p> <p>YouTube [1] 35/11</p> <hr/> <p>Z</p> <p>zero [2] 174/2 174/5</p> <p>Zoom [2] 180/23 181/18</p> | | |
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