

Witness Name: GRO-B

Statement No.: WITN0136001

Exhibits: WITN0136002

Dated: 7th January 2019

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF GRO-B

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 20 November 2018.

I, GRO-B will say as follows: -

Section 1. Introduction

1. My name is GRO-B My date of birth and address are known to the Inquiry. I am a mother and a grandmother and my life revolves around my family. I enjoy spending time with my daughters and grandchildren, it gives me great pleasure helping them to go to clubs, swimming, horse riding and family outings. I also enjoy spending time with friends, swimming and Pilates.

2. Because my husband was never made aware of his diagnosis, I am not certain whether he contracted HIV or went on to develop AIDS however, the term used by Dr Ludlam when I was told about GRO-B:H's diagnosis was AIDS and I will therefore use this term throughout this statement. I intend to speak about my late husband's infection with AIDS as a result of his

treatment for cancer. In particular, the nature of his illness, how the illness affected him, the treatment received and the impact it had on him and our lives together.

Section 2. How Affected

3. My late husband [H] and I were married on the [GRO-B] 1969 after meeting in the civil service when we were sixteen. In April 1980 [H] started to be exhausted all the time. The first time I really noticed this was just after we moved house and he was painting; this should have taken couple of days, but took a week. I told him that the level of exhaustion that he had wasn't normal, so he went to see the doctor and they sent him straight to the Old Royal Infirmary in Edinburgh. [H] was told by the doctors that there were some abnormalities and they would just need to keep track of him. We weren't that worried because pernicious anaemia ran in [H]'s family.
4. I went to the local GP with our daughters about a week later and the doctor asked the girls to go into the waiting room and count the fish in the tank for him. I was immediately concerned as this didn't seem normal. The doctor told me that they had had a meeting about my husband that morning. I didn't understand why this had happened if [H] just had a bone marrow aberration. The doctor told me that [H] had Acute Myeloid Leukaemia and that he was going to die, but I must not tell [H] I didn't ask why I was told not to tell [H] I was so distressed that I don't even remember going home that day. [H] noticed that I wasn't myself but I just kept saying that I was fine and pretending that everything was normal.
5. Eventually I couldn't hide the secret anymore and I told him that he had Acute Myeloid Leukaemia. He went to the hospital to ask the doctor to explain to him what was going on and he was absolutely furious that he felt he had been lied to. He was told that he had a 'bone marrow aberration' and that one in three cases would develop into leukaemia.

[H] was later told that unfortunately his case had developed into Acute Myeloid Leukaemia. I do not understand why I was told that [H] had Acute Myeloid Leukaemia by our GP and [H] was told that he only had a bone marrow aberration. I would like to know who was incorrect and/or lying.

6. While [H] was being treated for cancer he received a lot of blood from the Old Royal Infirmary. Before [H] went into hospital he received transfusions of 6 bags of blood. He used to sit in a room with the haemophiliacs who were also receiving transfusions and have a chat.
7. Frequently when I visited he would have a drip with blood, platelets, chemotherapy and other bags of fluid I did not recognise. I do not believe that he received blood from any other hospital [H] had not previously received a transfusion because he had always been healthy. He used to joke that we were going to have a long life together because all of his family lived to over 90.
8. I do not believe that anyone told [H] about there being any risks related to having a blood transfusion. He was certainly not told of any risks in my presence.
9. As well as blood [H] also received platelets. These were donated by my brothers. I was proud of my brother [GRO-B] for donating platelets as he was deathly scared of needles and passed out onto [H]'s bed when he gave blood to see if he was a match. It took a couple of hours to have platelets milked from your system and you had to have needles in both of your arms. This procedure happened multiple times. My brother [GRO-B] was alright with the procedure. Either would go in whenever they got the call that [H] needed a donation.
10. [H] died on the [GRO-B] 1984. This was recorded as being due to Acute Myeloid Leukaemia. I have a copy of [H]'s death certificate which I have given to the Inquiry (WITN0136002). He was never told that he had contracted AIDS. I found out 10 years after [H]'s death,

from Dr Ludlum, that [H] had AIDS. I do not believe that I would ever have been told if I hadn't seen Dr Ludlam twice by chance.

11. I was visiting [GRO-B] the man I was getting engaged to, as he was in hospital after a mild heart attack. I saw Dr Ludlam in the corridor and we had a brief conversation. Dr Ludlam was not treating [GRO-B] but he assured me that [GRO-B] would be fine in a conciliatory way. [GRO-B] was more seriously ill than was first thought and he passed away the following day.
12. I was in the hospital again to visit my mum a couple of years later when I bumped into Dr Ludlam again and he asked after [GRO-B] I told Dr Ludlam that [GRO-B] had unfortunately died from a massive heart attack the morning after I had spoken to him. Dr Ludlam looked visibly shaken. I remember thinking that this was strange because death was part of his work.
13. A few weeks after I had bumped into Dr Ludlam and told him about [GRO-B] death he called me and asked me to come in for a chat. This was now early in 1994. I asked him on the phone what he wanted to discuss but he wouldn't tell me. I remember spending the evening wondering what could possibly be wrong now.
14. When I went to see Dr Ludlam he told me that [H] had contracted AIDS before his death. He said that because [H] had been so ill he had assumed that we hadn't made love and he asked me whether or not we had. I told him that we had once when [H] was home from hospital and Dr Ludlam told me that I would have to be tested for AIDS. After I was tested Dr Ludlam told me to go and treat myself to lunch and some shopping, I was in such a state of shock I don't really remember that afternoon. When I returned to the hospital at 4 o'clock Dr Ludlam wasn't there and I had to wait for him. When he returned he told me that I hadn't been infected.

15. Looking back I believe that Dr Ludlam only told me that [H] had contracted AIDS because he was worried that I had contracted it and infected [GRO-B]. As is outlined later in my statement, Dr Ludlam and I had a very close relationship and the fact that I was being told almost as an afterthought felt like a massive betrayal.
16. I have so many questions that I wish I had asked Dr Ludlam. In particular why it had taken him 10 years to tell me that I might have contracted AIDS. However, I was in such a state of shock and then relief that I just didn't think about all of the things that I now want to know. I have included a list of these questions in the final section of this statement.
17. [H] never injected drugs nor was he promiscuous, he also never had any piercings or tattoos.

Section 3. Other Infections

18. I do not know whether [H] had any other infections as a result of receiving blood and blood products but I suspect he might have had Hepatitis C.

Section 4. Consent

19. I believe that [H] must have been tested for AIDS without his consent. [H] never mentioned any risk of AIDS to me and he would have done so if Dr Ludlam had told him that he needed to be tested.
20. At the time I did not believe that [H] was being tested on as I did not even know that he had contracted AIDS. However, having been lied to by Dr Ludlam, has made me wonder what else he was lying about. [H] did consent to the experimental chemotherapy and knew that it was an experimental treatment.

21. When Dr Ludlam told me that [GRO-B] had contracted AIDS before his death he told me that phials of [GRO-B]'s blood had been kept. I felt physically sick that 10 years after his death these phials were still being kept. I know that [H] would have told me if Dr Ludlam had asked to take his blood for HIV or AIDS testing. I didn't ask any more questions because I was in shock.

Section 5. Impact

22. [H] and I had always wanted a very close family and we worked hard on that, making sure that we were both focused on raising our two daughters: [GRO-B] and [GRO-B]. [H] was a very hands-on father. When [GRO-B] was born she had a milk allergy and [H] used to nurse her when he got in from work, they were exceedingly close. Then [GRO-B] came along and [H] continued to spend time with the girls when he got home, he loved it. He would play games with them while I made supper and then he would do the baths and the bedtime stories.
23. As they got older we were still very family oriented. Weekends were spent taking the girls to ballet, country dancing and shopping. [H] would go to the football and the girls and I would meet up with family and friends. On Sundays we would go for a picnic at the park or beach, visit grandparents or friends or have them over to the house for meals.
24. We moved house to [GRO-B] to be near a good primary and secondary school for [GRO-B] before she started school. It was a small semi-detached house with a garden, neighbours with children on either side and more neighbours and friends across the street. It was the happiest time. We would go to coffee mornings, swimming, walks, birthday parties and [H]'s favourite – Guy Fawkes night.
25. Shortly before [H] became ill he had changed jobs to become a Credit Controller and he received three rapid promotions. He had to work a lot of overtime before we moved house. We moved to a

detached house and he was overjoyed because he felt like he had made it and we were leaving our struggles behind us. It is difficult now to think that we didn't achieve any of the international holidays or other luxuries he worked so hard for us to have.

26. It was at this point that I noticed [H] was very tired and he was diagnosed with leukaemia.
27. I think the fact that I was asked to conceal my husband's diagnosis from him was entirely inappropriate. It placed me under a lot of stress and pressure, which wasn't acceptable. There were numerous times during and after [H]'s illness where looking back I wish I had asked questions. If [H] and I had been provided with more information about his prognosis we would have the ability to both say goodbye and put our affairs in order. This would have made the period following his death less traumatic. However, I just didn't feel able to question the doctors. I remember when I was about 13 I was rolling around on the floor in pain and thought I was dying and my dad told me I had to wait until 09:00 to call the doctor. I was admitted to the Western with kidney stones. The doctors would come and stand at the end of your bed and whisper, but they never told you anything. I had to wait until I came out of hospital before the local doctor would explain what was wrong. I was brought up in an environment where you just didn't question the doctor. They knew what was best.
28. During the first year after [H]'s diagnosis I was struggling. This struggle was exacerbated by the fact that I had been told, by the GP, that [H]'s Acute Myeloid Leukaemia was a death sentence before [H] even knew that he had it. I saw Dr Ludlam in the corridor of the hospital and even though I had my coat on he noticed that I had lost 2 stone in weight. He pulled me into his office and told me to tell him what was happening. I said that I found it difficult to cope if I didn't know exactly what was happening. He told me that he would tell me everything. I told him that my in-laws were giving me grief and living in my house from Monday to Friday. Dr Ludlam said that he would talk to

them for me and we had an inside joke where we called them my 'out-laws'. After that conversation he gave me permission to pop into his office or phone with questions. I did both of these things and when I visited, his secretary would usually make me a coffee. The ability to talk to Dr Ludlam in this way was a great help and we had many conversations about [H]'s health. I also called him Chris and not Dr Ludlam. I thought he was my knight in shining armour. Now that I know that he was lying to me I feel it has affected my ability to trust. Now I look back on that time and I feel like I don't know what the reality was.

29. I do not know when [H] was infected with AIDS. I do not know what impact having AIDS had on [H]'s capacity to recover from Leukaemia. I do not know what complications or conditions resulted from the AIDS. I have always assumed that all of the things that were wrong with him were due to the leukaemia, but I do not know whether or not this is the case. Because of these uncertainties I will outline the decline in his health from the time of his diagnosis.
30. [H] lost a lot of weight, his body was totally wasted away and he became skeletal. He began to suffer from very severe oral thrush. It was so bad that he used to have wooden sticks with pads that he put into his mouth to scoop out all of the gunk which had accumulated in there. I was told that the chemotherapy had probably given him thrush. The thrush got so severe that they had to put a Hickman Line into [H]'s heart. He also suffered from serious coughs and chest infections.
31. [H]'s eyes looked haemorrhaged. He would have these grey patches on his eyeballs. Later on in his illness he also often looked like he had a strange tan. He was a very peculiar colour but I don't know if I would say he looked jaundiced. I am not sure exactly when his skin changed colour but I know that this had happened by April 1983, because that was when I read in the press that the NHS was buying blood from America which was being taken from drug addicts and prisoners. It was a horrendous thing to have to read about and I was very panicked. I

went to see Dr Ludlam immediately who assured me that all of the blood would be irradiated and that there was nothing to worry about. I believed him.

32. [H] was very depressed in 1983, he had had a lot of chemotherapy by this point and although he had occasionally gone into remission the cancer would always come back. By Christmas 1983 [H] had thrush and a horrendous cough and the agony on his face when he coughed was unbearable to watch.
33. Dr Ludlam phoned to ask if [H] could come home for a short while. [H] was receiving medication through his Hickman Line so the family doctor, Dr Macleod, agreed to come and administer the drugs three times a day. I agreed to [H] coming home and picked him up from the hospital along with a vast array of medical supplies: needles, syringes, bottles of drugs, saline solution, gloves etc. I kept them all on the sideboard in the house, except for some of the medication which needed to be kept in the fridge. Dr Macleod came the following morning. At lunchtime Dr Macleod told me that I was going to put [H]'s medication through his Hickman Line myself. I had to give [H] three phials of medication and the line had to be flushed out at the beginning, between each medication and at the end. I can't remember what I was putting into him but I am convinced that I was not qualified to be administering those drugs. In fact, I am sure that I was doing something illegal.
34. I now wonder whether [H] already had AIDS at this point and Dr Macleod passed his treatment on to me because he was scared of contracting it or passing it on to his patients.
35. During the time that [H] was at home I started to run out of drugs so I phoned Dr Macleod. He told me that he couldn't prescribe those drugs as it was illegal so I had to phone the hospital. The hospital also said it was illegal. However, after consulting Dr Ludlam I was told that I would

be given a very limited supply of the medications. This meant that I had to keep going to and from the hospital to collect them.

36. At some point during [H] illness, I think that it was Dr Macleod who commented that the girls were looking pale. He arranged for blood tests to be conducted. The girls were concerned that they were being tested for leukaemia but I now wonder whether they were being tested for AIDS. One of the nurses who was taking blood couldn't find a vein and was becoming more and more distressed. Eventually she had to leave the room and be replaced by another nurse. With hindsight I wonder whether she was scared of the girls' blood because of AIDS.
37. In April 1984 Dr Ludlam arranged for [H] to go to the [H] Hospital, a country hospital, for convalescence. While [H] did need the break it was strange that he was in a bed which didn't even have access to a window. I suppose that he did have company, whereas in the Royal Infirmary he was on his own.
38. Dr Ludlam told me that they had tried all of the chemotherapies that were available in this country but there was an experimental new chemotherapy in America that they wanted to try. Dr Ludlam asked for permission to try the treatment and funding was approved.
39. Dr Ludlam suggested that I arrange a caravan holiday for our family for when [H] would finish this new chemotherapy, so that he could recover. After [H] finished the treatment I was due to pick him up from the hospital on the Friday so I took the girls to my parents' house for the weekend. I collected [H] and he was exhausted, he just wanted to sleep. I woke up the next morning and I was just lying there looking at him. When he woke up and opened his eyes they had haemorrhaged, so I phoned the hospital and they told me to bring him in immediately.
40. [H] begged me not to call an ambulance because he found it so painful to be driven while in the back of the ambulance. I had to get a

neighbour to help me carry him down the stairs and into the car because he couldn't make it on his own. When I got to the hospital the attendant took one look at [H] and told me to park on the pavement because he looked so ill. He got a wheelchair and took him to his room. After he had been admitted the sister on the ward told me to go away for an hour so that they could do some tests. I was so distraught that I was crying; even though I was trying to tell myself to get a grip and I spent an hour crying in Martin's café.

41. The sister called me into her office when I returned to the hospital and told me that [H] was dying and to phone anyone that would want to visit him. She told me that they must only come at 'visiting time' and that they must not tell him that he was dying.

42. I had to go outside the hospital to find a phone box. The nearest phone box had a group of winos outside and so, there I was, bawling my eyes out in this phone box while they watched. I phoned [H]'s parents first as they had a distance to come and told them the sad news. I had to tell them to come during visiting hours and not to tell him that he was dying. [GRO-D]

[GRO-D] Then I phoned my mum and her response was just keep praying, as usual. The girls say that they knew the second I called what was happening. When I left the phone box the winos were asking if I was ok and offered me a drink.

43. When I got back to [H]'s room he was out of it, but he stirred when Dr Ludlam came in with a group of students. I understand that it was a teaching hospital and it was quite common for groups of students to come in with the doctors but I feel that on this occasion it was entirely inappropriate. I had just been told that my husband was dying and they were there asking him questions about how he felt.

44. After they left [H] asked why I was there because it wasn't visiting hour. I told him that I was waiting for the girls to visit and then I would take them home. [H] closed his eyes but then he got the rigours and

I had to try and find someone to help. The nurses were all clearing up from tea so I had to get Dr Ludlam from the end of the ward. When I got back to the room [H] was already dead from a massive brain haemorrhage and rapidly changing colour.

45. At this point the girls were coming up the stairs to visit their dad. This part is a bit blurry, but the sister took them into her office and told them that their dad was dead and they had to be good for their mummy. She then left them on their own in her office while she brought my mum and dad to me. I don't understand how anyone could be that cruel; she was inhumane. [GRO-B] was screaming "I don't believe you" and when the sister returned she brought the girls to [H]'s room. When [GRO-B] saw her dad she ran out of the room screaming. My mother-in-law and father-in-law arrived. After a while we all left. I just wanted to be on my own with my girls but my father took my car keys off me and drove us all home. The in-laws came along also.
46. I remember waking up howling and my mum hugged me. I became a little girl again and felt all of the power and strength just leave. Through it all I had been so strong and kept the routine going and the homework and the outings as normal as possible for the girls. It was at this point that we all retreated into ourselves. It has had a devastating effect on our lives; all of our lives.
47. I think that because my father wouldn't let me see [H] before he was cremated I found it difficult to accept his death. I used to wake up and hear his car coming onto the drive. I would hear him coming up the stairs and jump out of bed to greet him, but he was never there.
48. I started to have a recurring nightmare where I would have to take up a floorboard and there would be a clue. Then I would have to perform various tasks to get other clues. I felt in the nightmare that if I followed the clues I could get him back. I was always bathed in sweat and panicking because I could never remember all the clues, then at some point after I woke up I would realise I had been having a nightmare. In

the beginning I would have this nightmare more than once a week and then it gradually started to happen less and less frequently.

49. [H] was cremated about a fortnight after he died but I didn't feel that I had any say in his funeral as my dad forbade me to see him. My dad said that I had been through enough. I wanted to have the girls put flowers on his coffin, but I was advised not to by the minister. At no point was I told that I could see [H] in the casket which is strange because every family member who has died since I have had the opportunity to see. When [GRO-B] died I had him brought back to the house where I sat and talked to him for three days. That made the grieving process easier because I instantly knew he wasn't coming back.
50. After [H]'s death I took an interest in Holistic Therapies, I think that this was because I wished I could have done more during his long illness to alleviate his pain and suffering. I had a bad fall 4 years ago and I am still recovering, I am hoping to get back into this holistic space.
51. It was hard for us all when [H] died, we all went into ourselves as we found our pain too difficult to talk about. There was no support emotionally and finding out that [H] had AIDS 10 years after he died was horrific; it destroyed my faith in humankind. Consultants, doctors, sisters and nurses all knew about [H] having AIDS but neither he nor I were told. The shock of thinking that I could have had AIDS and passed it onto the girls was unimaginable.
52. Shortly after [H] died [GRO-B] developed scoliosis and needed major surgery. She had six and a half hours of spinal surgery to inset Luki rods down the length of her spine – this was the loneliest day of my life.
53. About 7 years after [H] died I went to visit Dr Ludlam to complain about how we were treated as a family during [H]'s illness. I told him that I believed [H] should have been told that he was dying and that we should have been allowed to visit him outside of visiting hours when

he was dying. This was especially so as [H] had his own room and there would have been no disruption to anyone else. There are so many emotions that could have been expressed before he died, if just those two things had been done differently. Imagine the difference it would have made to [H] the girls and me if we had all been able to express our love for each other. He offered us family counselling at Morningside and told me that the things I had highlighted did need to change.

54. I also went to visit Dr Macleod to tell him that I shouldn't have had to administer the medication to [H]. He knew that I would have done anything to help [H] but I was exhausted and on my knees and I should never have been put in that position. I told him that Dr Ludlam had promised that Dr Macleod would be administering the medication himself. Dr Macleod simply told me that I was a bloody stupid woman and I said that I did not come to see him to be spoken to like that so I left. I believe he knew that [H] had AIDS and believed I was stupid for not thinking about it.

NOT RELEVANT

NOT RELEVANT

55. There was always financial worry once [H] got sick. For the four years that he was ill money was tight. [H] was meant to receive 6 months full salary and then 6 months half salary from his employer but [GRO-C] extended that to a year at full salary and 6 months at half salary as thanks for all his hard work. When [H] died we got a payment from [GRO-C]. I was offered a lump sum and a small pension or no lump sum and a larger pension. [GRO-C] from [GRO-C] advised me to take the lump sum and the smaller pension. He also said that he needed to take the company car back, so he would come over and take me out to buy a new car. I stayed in touch with him for five years after [H] died. During that last year he told me that he thought I would have remarried by now and that I would have been better off with the larger pension. I always admired his honesty.

56. I also received a government widows pension. My mum and I had to go to the DWP and stand in an enormous queue. I remember being told

by the woman at the counter that I was lucky because Margaret Thatcher had just decided that women under 40 whose husbands died should go back to work, but I still qualified and would get half a pension. When [GRO-B] was about 16 I went back to work, that would have been about 6 years after [H] died.

57. [GRO-B] has since said that she would have liked to have gone to university but she never mentioned it at the time because she didn't believe that we could afford it. We had had to be careful with money all our married life and then suddenly all of [H] s hard work paid off just before he became ill. We were starting a new chapter where we could afford luxuries like foreign holidays but those luxuries never materialised. Suddenly after [H] s death we were watching the pennies and going around the charity shops clothes shopping. What is difficult though is that what has happened to [H] has left a void that I do not think that any amount of money could ever make up for.

Section 6. Treatment/Care/Support

58. [H] was never told that he had been infected before he died. As far as I am aware he therefore, never received any treatment. I do know that because he wasn't told about his diagnosis he didn't have any therapy or counselling.
59. At the time of [H] s death we were not offered any counselling or support. About 7 years after [H] died I went to visit Dr Ludlam to complain about the way in which [H] and our family were treated while he was ill. During that meeting he offered us family counselling with Morningside. We did attend but it didn't work for us. When I was told that [H] had contracted AIDS I was not offered any counselling.

Section 7. Financial Assistance

60. After Dr Ludlam told me about my AIDS test results in 1994, he said that he had been to court on behalf of a number of haemophiliacs. I got the impression that he had been fighting to get them compensation and he said that we could also receive compensation. He did all the paperwork and I received a cheque from the Macfarlane Trust in August 1994. I also received a cheque to give to each of my daughters. In order to receive the money we had to sign a form which said that we wouldn't talk to the newspapers.
61. I have not heard anything from the MacFarlane Trust since I received my cheque, although I have moved house and didn't think to tell them, because I didn't think we would ever receive anything else from them. I was not aware that the scheme was being changed to Scottish Infected Blood Support Scheme, (SIBSS) until my daughter GRO-B told me to complete an application form for SIBBS.
62. I filled in the form with the help of two girls who work at SIBSS and they were very helpful. I started to receive a monthly payment in July 2017 with no back-payment. I had problems with the pension service who tried to reduce my pension payments because of my SIBBS payments. This has fortunately now been sorted. I do not know whether I will always receive that money or whether my payments could be increased or decreased.
63. H has never received a payment himself by way of his estate. I do not understand this as he was the one who was infected and suffered unbelievable pain and depression.
64. I felt like we could try to put everything behind us when we received the compensation and see it as a gift from H from the other side. In reality however we have lived under a black cloud ever since because talking about this had been so difficult.

Section 8. Other Issues

ANONYMOUS

65. I was told by someone within the Blood Transfusion Service that the Factor VIII in Scotland was genetically engineered and therefore, there weren't as many risks. I was told that the man-made Factor VIII was produced near Liberton and that this technology was the reason that Scotland wasn't as badly affected as England.
66. I have a number of questions that I have never previously had the chance to ask after I found out about the AIDS. I would like to have these answered. I have listed these below.
67. When Dr Ludlam told me that [H] had contracted AIDS why was counselling not offered as that was a life changing revelation?
68. When exactly did [H] contract AIDS?
69. When did Dr Ludlam know that [H] had contracted AIDS?
70. Why was I not told that [H] had contracted AIDS?
71. Why was [H] not told that he had contracted AIDS?
72. Did [H] have Hepatitis C?
73. Would I have been told if [H] had contracted Hepatitis C?
74. Why was I promised that [H] would be safe because the blood was irradiated?
75. Was it the case that the blood was not irradiated, that the process didn't work or that [H] had already contracted AIDS?
76. Why was I repeatedly told not to tell [H] that he was dying? First by our GP when [H] was diagnosed with Acute Myeloid Leukaemia and later by the Sister in the hospital the weekend that [H] died.
77. Would Dr Ludlam have ever told me that [H] had contracted AIDS if I hadn't seen him at the hospital?

ANONYMOUS

78. Did Dr Ludlam only tell me about [H]'s infection with AIDS because he was worried that I had passed it on to GRO-B
79. Was [H] given Factor 8 as this is known to cause brain bleeds?
80. Did Dr Macleod know that [H] had AIDS?
81. How many of [H]'s symptoms were due to AIDS?
82. Would [H] have needed surgery to have a Hickman Line inserted into his heart if he had not contracted AIDS?
83. [H] died of a massive brain haemorrhage, why was that not listed on his death certificate?
84. [H] was given AIDS by blood transfusions while in hospital. Why was that not on his death certificate?

Statement of Truth

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

Signed [GRO-B]

Dated 9-2-2019