Witness Name: Adrian Paul Warnock

Statement No.: 1
Exhibits: 24
Dated: TBC

UK COVID-19 INQUIRY – MODULE 3

WITNESS STATEMENT OF DR ADRIAN PAUL WARNOCK

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1. My full name is Dr Adrian Paul Warnock and my date of birth is the Personal Data I currently reside at Personal Data and I am currently unable to work due to my illness. I worked as a doctor in the NHS for 8 years specialising in psychiatry. In 2003 I left the NHS and worked in the pharmaceutical industry, and I was heavily involved in dealing with planning, running and communicating the results of clinical trials, working as a medical director on behalf of a number of pharmaceutical companies. In 2017 I became unwell with Blood Cancer and have had extensive interactions with the NHS since due to this and other subsequent diagnoses. Therefore, I have experience of working both in the NHS, in clinical research, and being a patient in the NHS.

2. I make this statement at the request of the Covid-19 Public Inquiry. This statement has been taken over the telephone, via Teams video meeting and via email correspondence by Kim Louise Harrison, the Designated Legal Representative for Clinically Vulnerable Families (CVF). I was active in the CVF Group as a member throughout the Covid period and was also the founder of Blood Cancer Uncensored which effectively functioned as a sort of subgroup to the CVF group. The matters stated within the following paragraphs are true to the best of my knowledge, information and belief.

3. My medical conditions are multiple and complex and I am under more than ten NHS consultants most of whom are still not allowed to offer face to face

appointments. For the purposes of this statement the most relevant conditions only are listed below with date of diagnosis:

a. **Autonomic Instability** - Diagnosed April 2021 but onset since 2017. This condition comprises many sub-diagnoses including all the following: Positional Orthostatic Tachycardia Syndrome (PoTS) which means I cannot tolerate standing up and get a fast heartbeat, dizziness and breathlessness and can collapse. In addition, this affects many parts of the body which is called multisystem dysautonomia. I had to get a diagnosis privately during COVID as the NHS was not able to offer suitable appointments, though I transferred to the NHS my appointments have all been telephone calls till today.

b. **Chronic lymphocytic Leukaemia (CLL) (a form of Blood Cancer)**. - Diagnosed May 2017 — in remission.

c. **Severely Immunocompromised:** Hypogammaglobulinemia & lymphopenia (low count and poor function B and T cells due to the blood cancer and its treatment). This status made me among the highest risk group of the Clinically Extremely Vulnerable Group.

d. **Difficult to treat Asthma (1976)**

e. **Colonic polyps** - Removed in 2017 and 2020. During COVID was unable to access an appointment through NHS so had the second one done privately.

f. **Septoplasty** with reduction of turbinates. Performed privately in April 2021 as unable to access NHS appointment during COVID.

g. **Small Stroke / Lacunar infarct**. Diagnosed during admission in June 2022.

h. **Covid infection** Diagnosed 21 April 2023

2. I stopped working in 2017 because of my illness. I had tried a bit of working from home between June and November 2017 but after my second surgery, I realised I just had to stop working and unfortunately, I have never since been able to go back to work. My blog gives more background history. **(Exhibit "AW1" Choosing Hope for 2020 – Blood Cancer uncensored Dec 31 2019 [INQ000485000]).**

3. The hope I felt at the end of 2019 for a better 2020 would turn out to be false and was about to enter what has been by far the worst time of my life, a living nightmare that in many ways still continues today. I required virtual counselling. I was feeling alone, isolated, uncared for, disposable and that society had given up on me. I could at times understand why some people would want to end their own lives.

4. Obviously, everything changed in 2020 as Covid started to spread. I remember being completely terrified. You can imagine the impact it had on me when I saw data which suggested that people with similar levels of low antibodies and low T cells like me had around an 80% chance of dying in hospital if they had Covid. I decided before lockdown and shielding that I was not going to go out. Luckily due to a broken rib I was already spending my days and nights in bed in my bedroom.

5. Two of my family members at the time were keyworkers, so I was in panic for my own safety. I asked my family to bring me food and water to the bedroom door. I felt like I was in a rabbit hutch. My already poor mobility began to get worse, this process of loss of function continued throughout the pandemic. I can no longer walk more than a few paces and require a mobility scooter. My health conditions mean once you have lost mobility it is often impossible to regain it.

6. Very early on two people in my family got sick. This was pre-testing for Covid so there was no formal way of finding out if they actually had Covid or not, but I was absolutely terrified that they had. Months later antibody tests showed that they almost certainly had been infected. I was so panicked that I left the family home and went to stay my parents' house in I&S making this plan just before

lockdown was announced. I moved around 26th March 2020. My parents are older, retired, and therefore I felt much safer there and, as my father also has had blood cancer, I felt confident that they would be taking similar precautions to me. Leaving behind my children with their mother was incredibly difficult emotionally.

7. I then isolated within a bedroom in my parents' home for another week or two. But after that we lived as a unit and completely shielded pre the official shielding guidance because we just instinctively knew that it was the right thing to do for us.

8. I then got the shielding letter and I was absolutely terrified as the shielding letter seemed to imply that I could not even go into my parents' garden (which looking back seems strange as the outside is so much less risky), and that I had to completely lock myself away. The phrase "protect the NHS" made me feel that it would not be able to help me if I needed it again like I had so much in 2017-2019.

9. We were very concerned that my father initially did not get the shielding letter even though he clearly should have. Trying to get that resolved was very problematic as there seemed to be an assumption that "of course" the computer system wouldn't have made a mistake. There was no clear mechanism to correct errors, and this wasn't the only time that bodies like NHS England, and various helplines would behave in a similar manner by just brushing off our calls to try and resolve matters related to not being included in whatever the latest list was. We, like many others, should not have had to fight for such things as this added to the fear and anxiety as I will outline below this kind of fighting was a constant companion.

10. I began to encounter other terrified clinically vulnerable people online and shared knowledge and experience of the nightmares of handling such things as getting onto the shielding list and being then able to get priority grocery deliveries. The level of distress and feeling unsupported by the NHS and other bodies was very strong. The emerging groups of the Clinically Vulnerable families, and a subset of that which I founded and which we called "Blood Cancer Uncensored" helped us all deal with the pandemic since we did not feel supported by the official bodies. But trying to help others navigate the bewildering and toxic official communication we were receiving was very distressing and added to psychological pressure.

11. In these early months of shielding more and more data became available that confirmed the very high risk faced by people with blood cancer like me. This was terrifying. What was awful was that there was no official attempt to communicate this data to my fellow patients. Blood Cancer UK, a charity provided some very helpful communication, but there was nothing from the government or NHS. I felt the need to step into that gap, but that pressure added to my own distress.

12. I collated some of this data into an article which told us that approximately 40% of people with blood cancer were dying if they caught COVID. Later in 2020 I reported that: *"despite shielding 1 in 64 patients currently in UK ITUs have blood cancer. This is almost 8 times the population rate of blood cancer of 1/500 suggesting a hugely increased risk of severe illness and death."* Despite this data suggesting we were among the very highest risk groups, many people with blood cancer were told by their doctors or other NHS bodies that they were not at any risk despite the clear clinical data. I knew that due to my inability to make antibodies my personal risk level would be much higher even than the average blood cancer patient. **(See Exhibit "AW2" High risk for Blood Cancer patients with Covid 19 May 31, 2020 [INQ000485011]).**

13. On 31 May 2020 the government relaxed its shielding guidelines for the first time. We were told we could go out for a walk. With hindsight, I think that the initial advice was overly restrictive and caused massive social and psychological damage for all of us, locking us up in our homes for ten weeks, and certainly it did for me. Some of my friendships and family relationships never recovered.

14. Blood Cancer UK stated at the time: *"The Government's handling of it has added to the worry in our community. The way it has announced this on a Saturday night with no warning or consultation with charities and clinicians has created confusion and this adds to the impression already created that the shielding group isn't high enough on its list of priorities."* I quoted this in an article written on that day which again reveals the huge amount of anxiety I was feeling at the time. I wrote: *"A lot of us are by now after months of social isolation rather scared about ever going out again, in fact we may even have a full case of agoraphobia."* **(See Exhibit "AW3"**

Shielders advised they are safe to go out once a day June 1 2020 [INQ000485017]).

15. In the above mentioned exhibit, I also talk about how confusing the official guidance about shielding had been because it had stated that all people with blood cancer: "at any stage of treatment" were included, not making it crystal clear that they intended to include people who are on "watch and wait" i.e. not actually taking treatments but being monitored. I was very angry about this and about the BBC's communication also being unclear so made a complaint which like all the other ones I made during lockdown did not get an adequate response.

16. The emphasis on washing hands made us very paranoid and we washed all of our shopping and vegetables. I only felt safe hiding at home. I was emotional, irritable, and unable to think clearly and calmly about anything throughout these months. These feelings destroyed some of my relationships. As society began to open up, like many others I felt increasingly left behind.

17. Throughout shielding and the lockdowns I was still getting regular infections but Some of the infections came from bacteria in my own mouth so I don't necessarily catch infections from others. I could only have phone calls with my GP. This was not adequate for me and I felt incredibly vulnerable and frightened. I would have rather still been allowed to see my GP face to face despite the risk of catching Covid if appropriate PPE had been worn. I was scared of getting Covid, but I was also scared of dying from getting other infections. It was a huge shock not to be allowed to regularly access help and support for my many significant illnesses.

18. Even though lockdown is long over I still mainly have phone consultations with my GP and consultants although I do still occasionally see doctors face to face. I feel that the quality of care I am currently getting from the NHS is much worse than pre-lockdown. I think that the balance of risk of dying of Covid compared to dying from my other conditions was not thoroughly thought through by the medical professionals. I feel like Covid took over and every other health condition was minimised by the NHS and medical health providers. It feels to me that we are now

expected to put up with a severely substandard and inadequate service from the NHS as routine, and nobody in authority seems to care that we are being so badly let down. Covid gave the excuse to cut services and they have never been fully restored.

19. I think that some of the decisions were made were dangerous because everything stopped whilst everyone wished to deal with Covid. For example, private hospitals downed tools, and the government paid them to be part of the response to Covid. I was going to a private hospital before the pandemic to have examination of my lingual tonsils every three months because I had some insurance which allowed me to do that privately but that all stopped when Covid started.

20. I constantly had to make formal complaints to get treated seriously by the NHS at this time. Despite being a knowledgeable ex NHS employee I still found navigating the system almost impossible and wonder how many died because they were not able to be as assertive as me.

21. In May 2020 I caught a virus somehow (though I did not realise it at the time), I am still not really sure how (it was not Covid). It is possible that the virus had been gradually building up since before lockdown. See a contemporaneous account of this admission: (**Exhibit "AW4" A hospital admission in the Covid era 17 June 2020 [INQ000485018]**).

22. My asthma got a lot worse, and I was terrified and was living in awful fear. My GP prescribed antibiotics and steroids over the phone for weeks I felt the whole thing was badly managed. I am now steroid dependent due to the prescribing of steroids during this period which would not have happened had I received proper care.

23. I was minimising things to my GP on the phone because I was absolutely terrified of going into hospital, believing if I did I would catch Covid and die. Every night I would be awake for hours struggling to breathe and fearful that I might die of my asthma, but I was too scared to do what I would have done previously and go to hospital. Reading about increased deaths at that time at home did not surprise me and I was very fearful I would not survive the pandemic.

24. Eventually the GP said that there was nothing more which he could do for me over the phone, and that I was going to have to go into hospital. I got a taxi which was itself terrifying due to my fear of catching Covid. Suddenly being in a car, even with windows open and masks on was hard to cope with from a social anxiety perspective, also. I went to the hospital which dealt with my cancer treatment rather than the local hospital as I felt safer there and I was comfortable that they had the expertise to deal with my blood cancer.

25. As soon as I arrived, I was put into a side room. I was masked with a high-quality mask that I had brought with me, but the security guard asked that I replace it with a hospital one which I know was a lower quality mask. I was later on allowed to revert to using my higher grade mask but the medical staff were masking with the low-quality paper ones so I just didn't feel safe. I remember that one nurse gave me a hug, and in one sense it was exactly what I needed because I needed someone to show me some sort of compassion but in another sense that was obviously dangerous. It was strange to suddenly be surrounded by people, frightening but also weirdly it was quite nice to have at least some face to face social contact (even via masks). It is hard to over-state how hard I found the isolation.

26. During the admission I couldn't open any windows and get fresh air as the building was a tower block which had been built without thought to ventilation. I was terrified that I would catch Covid throughout the admission despite being in a side room. I didn't know if the air I was breathing in had been properly filtered or was circulating from other areas of the hospital where people were infectious, I did not see any HEPA filters. Not knowing if I had clean air made me feel extremely unsafe.

27. Whilst in the hospital they did a PCR swab of my nose and identified I had a rhinovirus (common cold virus) growing there and it was explained that often makes asthma worse. I had 18 months of swabs testing positive via repeated trips to hospital for the Rhinovirus. This is the common cold virus. My inability to get rid of the Rhinovirus is the reason why my asthma was so bad. I remember thinking that if I am not able to get rid of a common cold virus then how could I get rid of Covid. I became more determined than ever not to catch it and was shielding very strictly.

I was reading about immune compromised patients being Covid positive for months and months and was convinced that would happen to me if I didn't die from it.

28. I was very much concerned not to have the human connection that doctors and nurses give and did not feel compassion transmits over the phone at all well. But each trip to the hospital was terrifying and I could not understand why only paper masks were used. Now in many NHS hospitals no masks are used at all even in areas dedicated to those receiving cancer care. Even when masks are available, my experience is that most patients and staff no longer use them.

29. I was still getting bacterial infections in my throat, skin and chest. I started pushing quite hard to get put onto infused antibodies to help me deal with all of this. Outside of the pandemic this should have been quite easy as it is a very common thing for people with some types of blood cancer to gradually experience a worsening of their immune system and then to be given either IVIG or SCIG which is donated antibodies. Unlike many others I was able to get monitored for COVID antibody levels by my team and they told me the vaccine was not working for me.

30. In August 2020 I had a nasty fall at my temporary home due to my autonomic dysfunction which triggers dizziness. I had blood bursting out of my leg as though an artery had burst. I was terrified, I didn't think an ambulance would come and so somehow, I managed to get into my parents' car and get to hospital. My experience at the hospital was horrific. I told them about my condition and how I was immunocompromised but not everybody was wearing a mask, not all the medical staff and not all the patients. I was wheeled through a general area and I felt incredibly unsafe. See also a contemporaneous complaint email which I sent from the department on the day and their reply to that complaint. **(See Exhibit "AW5" Complaint re A and E 7 August 2020 [INQ000485019] and Exhibit "AW6" Response 23 November 2020. [INQ000485020])**

31. I was unable to get any NHS follow up for my wound which I am sure would have been arranged pre-Covid. As a result, it did not heal for months due presumably to my poor circulation and poor immune system. I had to get a private doctor to review me and dress the wound. If I had not, then the wound would not have healed and

might well have become infected which could have been very serious for me. Fortunately, I found a private doctor who was by then able to see me in an outpatient's department of a private hospital.

32. I made a formal complaint about not getting the antibody replacement treatment (SCIG or IVIG) and eventually managed to get approved for it. During Covid it should have been easier to be referred to this as eventually it would provide protection once the population antibody levels were high enough but it was harder! I was initially asked to come up to the hospital once a month for an IV infusion (IVIG). I had to push hard for to instead have a subcutaneous infusion at home which my hospital was reluctant to do. Why the NHS didn't try to move all appropriate patients to having this treatment at home I will never understand. This all added to my increasing stress making my physical conditions worse as my body over-reacts to adrenaline due to my autonomic dysfunction.

33. Initially this infusion did not provide me with protection from Covid (as evidenced by Covid antibody levels). Each dose of the vaccine did not lead to any increase in my levels. I was hopeful that eventually the donated antibodies would contain enough covid antibodies to help protect me but at no point did any of my doctors explain this to me clearly. At the time many of my fellow patients were not able to get antibody testing done so I felt lucky that I had been able to, but worried that the vaccines as predicted were not having the proper effect in me. The treatment did stop me from getting other infections.

34. I got onto the Evusheld clinical trial (this was a specific antibody to Covid injection designed to prevent infection). I took a huge risk by going into a clinic to have this done but was very surprised that I had to find the study myself rather than be referred to it by the NHS, despite having completed an online registration form expressing my willingness to be in trials. I only had one dose and then the positive effect which we could detect in antibody levels in my blood faded away as you would expect.

35. I was absolutely flabbergasted when we were given the advice to stop shielding and I simply ignored that advice because I thought it was stupid and irresponsible,

I remain incredibly frustrated because nothing has been done about air quality for public buildings such as schools and hospitals. I was aware that Parliament and government departments have ensured that they have state of the art air quality systems. We were becoming outcasts as others returned to some semblance of normality. For severely immunocompromised people like me to feel safe we have to have clean air in buildings. We know this is possible due to machines like HEPA filters and ventilation and yet the government have completely failed to do this. It is as bad as if all the ramps were removed from buildings so that wheelchair and mobility scooter users could no longer access them.

36. There has been no official communication to help immunocompromised people to assess air quality but some do use carbon dioxide levels as a proxy for air quality. Personally, I still try not to go into public buildings unless absolutely necessary because I don't feel the air quality is safe. This all adds up to a sense of ongoing social disadvantage and makes ordinary living very hard. Asking people to help reduce my risk e.g. by opening a window is often met with mocking or other unhelpful comments. This leaves one feeling very vulnerable and frustrated. Gaslighting feels like the right word to describe how this process feels. Even doctors and nurses sometimes criticise us for wanting to take preventive measures.

37. Throughout 2021 I was painfully aware that whilst vaccines work for some, they do not work well for many of us who are immune compromised. Imagine my horror when the government gas lighted us all claiming falsely in press statements and adverts vaccines worked well for all clinically vulnerable patients. This is simply not true. It was irresponsible in the extreme to tell us that even the immune compromised would all be safe from Covid if we just had the vaccine.

38. My background as a pharmaceutical physician kicked in and I was convinced that the law about promoting medicines had been broken. I made public a series of complaints I made and the wholly unsatisfactory responses I received. This whole experience made me feel even more that the authorities were not helping us. This episode is one of the most shameful things that happened during Covid (**See Exhibits "AW7" to "AW11" [INQ000485021], [INQ000485022], [INQ000485023], [INQ000485001], [INQ000485002].)**

39. I wrote the following in an online article: *"The plight and high level of risk faced by the hundreds of thousands of people with blood cancer, and others who are immune compromised, has been scandalously airbrushed out of the pandemic story. The UK's NHS has utterly failed in its duty of care to us because it has refused to proactively offer post vaccinations antibody testing to* **all** *blood cancer and immune compromised patients. And it has refused to tell us that the vaccines may not work for us. Blood Cancer UK recently completed a survey of its members who report just 20% of them had been warned by doctors or nurses that the vaccine might not work for them."* **(See Exhibit "AW12" "THE most dangerous time for blood cancer patients as only 20% told vaccines may not work for them 6 July 2021"[INQ000485003]).**

40. On 21 December 2021 I wrote that treatments for immune compromised with Covid were being released in the UK to help us if we caught Covid. This should have been a time of hope. But there was a new eligibility list to unfairly ration the treatment and a complex process was created. It soon become clear there was a major disaster in implementing this which meant that in the opposite at the beginning of shielding where I got the letter and my dad did not, this time round I did not get the letter or the priority kit, but my dad did! I soon discovered I was far from the only person to be missed off and some had incorrectly been included. The NHS kept denying there had been a problem and refused to help us. **(See Exhibit "AW13" "Covid19 positive? How to get lifesaving treatments quickly. And how to avoid catching omicron in the first place. 21 December 2022."[INQ000485004])**

41. On 26 January I shared the hopeless replies that I had received from different NHS and government bodies that I had approached to try and get this error corrected both on my own behalf and that of many who were in similar despair over the Christmas period. Different NHS departments and the Department of Health each passed the buck to each other, denied that there had been a problem and, in some cases, told me I did not qualify even though I clearly did. **(See Exhibit "AW14" "UPDATE on UK Monoclonal antibody roll out – dangerous misinformation, denial and how to avoid deadly delay 26 January 2022". [INQ000485005])**

42. I even tried to get the Health Ombudsman involved but the timelines on any enquiry they would make would be way too long to help save my life and that of others. I do not think it is possible for anyone who wasn't in this position at the time to understand the extent of the pressure I was feeling under at the time with my own life and the lives of many others being treated with contempt by the official bodies.

43. On 30 January 2022 I reported that several changes had been quietly made without any proper announcement or communication **(See Exhibit "AW15" "PCR requirement for Covid 19 monoclonal antibodies and antivirals to be dropped but patients now being refused treatment for not being sick enough yet January 30 2022."[INQ000485006])**

44. Someone without an immune compromise might not understand that all this horrifically bad communication did not just put people at risk if they caught Covid but also massively increased the anxiety level for those of us like myself who were frightened that they could not get antivirals or antibodies if they needed them. Most of us still have that fear as the process remains complex today.

45. On 3 February 2022 Some additional people with blood cancer finally received their priority PCR tests but that these had not come with any explanation of how they should be used, and I was still not one of them. In addition, the NHS admitted that "under 1000" patients had not been referred for appropriate treatment of their Covid 19 as a result which put their lives at risk. They would not confirm if anyone had died as a direct result, however. I still didn't know if I would be able to get appropriate treatment if diagnosed with Covid personally. **(See Exhibit "AW16" "UK NHS admits priority PCR error. Some kits sent out to CLL patients missed off. Hundreds have missed out on treatment referrals Feb 3 2022" [INQ000485007].)**

46. It wasn't until 15 March 2022 that I finally received official communication that I was indeed entitled to the Covid treatments, without any apology or explanation as to why I did not get this sooner. None of the official bodies I complained to ever issued a final complaint response nor updated their initial dismissive responses which were in my view gaslighting and abusive. I am so upset that I and many others were

treated in this manner **(See Exhibit "AW17" "UK NHS sends out another batch of Covid19 treatment emails March 15, 2022" [INQ000485008].)**

47. In February 2022 I was one of the authors of an International Consensus statement on Covid and blood cancer and other Immune compromise. **(See Exhibit "AW18" "International Covid 19 Blood Cancer Coalition (ICBCC). Patient Impact and Recommendations. Protecting immunocompromised blood cancer patients during the Covid 19 pandemic Feb 21 2002." [INQ000485009])**

48. The release of the above statement coincided with the end of all UK Covid precautions. I wrote, *"Today I feel betrayed . . . I've been condemned to a greater risk of death and betrayed along with 500,000 others."* **(See Exhibit "AW19" "Thrown to the wolves by the UK: the end of all Covid protections and no more tests except for those on the new at greatest risk list 22 Feb 2022." [INQ000485010])**

49. On 17 March 2022 I was again initially elated then crushed when I learnt that Evusheld had been approved but it was immediately clear it would not be funded. Once again, I felt betrayed as did my online contacts. I explained more, launched my petition to parliament on this, and shared the letter I had published in the BMJ. I felt that the government had wasted so much money on other things such as dodgy PPE and test, track and trace and yet something that was genuinely going to help people live they were not prepared to fund. **(See Exhibit "AW20" "Astra Zeneca's Evusheld preventative Covid 19 Monoclonal Antibody injection licensed in UK. But so far the NHS refuses to pay for it! 17 March 2022." [INQ000485012])**

50. In April 2022 I downloaded government data and demonstrated that at that point 1 in 22 of all deaths from Covid were occurring in people who had blood cancer. This is truly shocking as only approximately 1 in 270 of the population are diagnosed with this condition. I reported that there was actually an increased risk at that point compared to during shielding. And by that point of every 63 people who started the pandemic with blood cancer 1 of them had by then died of Covid.

51. There has been no update on this data more recently so we cannot understand currently what the risk is to us of catching Covid. Many of us, including myself feel cast off and abandoned. At that time, I also republished a simple plan which would help manage the risk, and looking at this highlights the sense people like me still have right now in 2024 of society failing us as none of these simple points are implemented properly in the UK even today. **(See Exhibit "AW21" "UK: 1 in 22 Covid deaths are now in people with blood cancer despite shielding and antivirals. 1/63 of all Blood Cancer patients have died from Covid. April 27 2002." [INQ000485013])**

52. It is also seen in refusing to fund Evusheld which I had been fighting for personally, including creating a petition. In August 2022 I described this failure to protect us as part of the gas lighting of the immune compromised **(See Exhibit "AW22" "Evusheld betrayal – UK Govt still gas lighting the immune suppressed rather than protecting us August 12 2022." [INQ000485014])**

53. I am fully convinced that all this interaction with NHS and other bodies and a feeling of being betrayed and abandoned was putting my own body under undue stress, as were some other personal circumstances at the time. All this stress would build up to a life-threatening moment when yet again the NHS would let me down.

54. I was having a series of attacks and collapses where I had neurological symptoms one of which happened at a clinic and led me to A and E where I was discharged after not being fully investigated. I was being told by my doctor however that the autonomic dysfunction leads to a greater susceptibility to stress and could even lead to a stroke as my body over-reacts to adrenaline.

55. Thus, it is the context of my deteriorating mental and physical health at that time in the first half of 2022 that I became more and more unwell and at risk. I should not have had to fight for others and myself I was too sick to do any of this, but felt I was fighting for my life as I had been throughout the pandemic.

56. One day I appeared to be having a stroke because I was very weak and numb down on one side, I couldn't speak and I couldn't swallow. My mouth was also drooping. The ambulance was rung by someone I was with, they were supposed to come within 10 minutes as for a heart attack but didn't come for 4 ½ hours. My friend was told that since I was still breathing, I was not a priority. It felt like we were living in a poor country rather than the UK as you always expect the Ambulance service to be there for you. I was absolutely terrified because of my medical training I knew that there was a good chance that if I was indeed having a stroke that if I didn't get to hospital soon to have the clot blood busting drugs then I could become very disabled indeed. Perhaps I would never be able to speak again.

57. I was finally taken to hospital in the ambulance and when we arrived at the hospital there were multiple ambulances lined up at the hospital and I realised why the wait had been so long. However, I was in such a severe state that I was bumped up the queue and taken straight into the resuscitation area of A and E.

58. The person with me had been able to travel in the ambulance and had managed to explain to the paramedics my condition and what I needed. I was then taken into the A & E room, and they would not let the person who was with me at that point come in with me. This was very distressing for me because I could not speak and yet I was terrified of going into hospital and I really felt I needed someone in there with me to explain about my condition and the protections that I needed and felt that even if I caught Covid I might well not be able to get the treatment I would need.

59. I remember seeing that a large number of the staff and patients were not wearing masks which as I was still largely isolating frightened me. I started to thrash around because it was the only thing I could do in panic because I couldn't speak. I remember a nurse then saying that I was being difficult and not cooperating but luckily the ambulance paramedic who had been speaking to the person who I was with explained that I was not being uncooperative but that I was scared because people didn't have masks on. I am so pleased that the paramedic spoke up for me. I remember being able to type with one hand and explaining that I would rather die at home with a stroke then die at hospital with Covid. I told them by typing that I did not consent to be admitted unless it was to a side room and they should send

me home rather than put me on a normal ward. After that they reluctantly agreed to put me in a side room although during the admission threatened to move me out. I should not have to fight for such things.

60. During four days in hospital the stroke like symptoms disappeared quickly on being given IV fluids, but my disturbed blood pressure and pulse that had caused this took much longer to settle. A brain scan also revealed that I had previously had an actual completed small stroke on the other side of the brain which I had not noticed at the time. I was put on two more medicines to reduce the risk of this recurring. My doctors warned me to dramatically reduce my stress levels following the recent threatened stroke. I reflected on the irony that it was the NHS and their awful communication that had contributed to my increased stress.

61. There has been a long-lasting impact that these experiences have had on me. I have gone from someone who worked within the NHS, trusted the NHS and had received a high quality of care prior to Covid in relation to my cancer and other illnesses to being someone who now does not trust the NHS, does not trust society and does not trust the government.

62. I genuinely believe that somebody somewhere in government and / or the NHS has made a calculation that people like me are more expensive to keep alive and it is better for them if we die.

63. There aren't any proper Covid tests or masks now in many hospitals and other healthcare settings and that also makes me feel that people just want me to die of Covid. It is a huge psychological burden to feel that government, the NHS and society no longer cares about people like me who are severely immunocompromised. It has had a massive impact on my relationships, and I am very cautious about what I do now and the risks that I take.

64. I felt that I had to fight for everything. My dad to get on the shielding list, me to get on the antiviral list, me to get antibodies, me to get treatment in side rooms, me to

get Evusheld, everything was a battle. That battle continues today with every encounter even in hospital where masks often seem to be a thing of the past.

65. I believe that despite the early impressions that perhaps we would become a kinder more compassionate society as a result of going through Covid this has proven not to be the case. I feel as if people like myself who are clinically vulnerable are very much second class citizens. Nobody seems to want to do anything to protect us.

66. My fear of Covid did not go away magically because the government tried to tell us it was all over. That is gaslighting and even if the pandemic is over, Covid is now endemic and continues to pose a huge risk. It concerns me greatly that we are not dealing properly with those risks let alone planning for future pandemics.

67. In April 2023 I finally caught Covid but by this point I managed to get the therapeutic drug within a few hours to enable me to fight it off. I still had to make a huge number of phone calls to obtain the treatment. The details are below but in summary, first of all I called 111 and they refused to have anything to do with me as they said it was the wrong time of day, my GP said that he could do nothing because it was a Friday and to wait until Monday, luckily when I contacted my clinical nurse specialist she helped me and got me referred. During the 3 hours of being on the phone trying to deal with all of this I could really feel myself deteriorating but once I took the tablets and also a double dose of antibodies plus steroids it really did help me fight off the virus. I know that people who get the therapeutic drugs that they need on the first day are much more likely to recover from the illness and not get as sick as if they wait longer than that. After 5 days there is no point in having the drugs which is why timely access to them is so important. **(See Exhibit "AW23" "When Covid finally caught me May 7 2023" [INQ000485015].)**

68. I continue to worry about catching Covid, and I worry that next time getting antivirals may not be possible in such a timely manner and that therefore I might need hospital or worse. I remain frustrated that there are not better attempts to improve access to society for people like me. I avoid any place that is poorly ventilated but surely public buildings if they are required to have a ramp ought to also be required to have adequate ventilation to at least reduce the risk of infections. Why should

masking be despised even by health staff? My life remains significantly limited by Covid but I do take some risks. Why should society not be doing its best to allow me to reintegrate as much as possible?

69. Perhaps the following quote from one of my articles best sums up how so many of us now feel: *"We are the ones dying in hospital. And some of us feel that society is quite happy about that. There are huge social justice issues going on."* **(See Exhibit "AW24" The Rejection of an Underclass 25 August 2022. [INQ000485016])**

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: **Personal Data**

Dated: 28 June 2024