

OPUS2

Scottish Covid-19 Inquiry

Day 16

November 24, 2023

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Friday, 24 November 2023

(10.00 am)

THE CHAIR: Good morning, everybody.

Now, Mr Gale.

MR GALE: Good morning, my Lord.

Today we have two witnesses. These are the first witnesses from the Scottish Covid Bereaved group. The first witness is Caroleanne Stewart, whose statement reference is SCI-WT0871-000001.

THE CHAIR: Thank you.

MS CAROLEANNE STEWART (called)

THE CHAIR: Good morning, Ms Stewart.

A. Good morning.

THE CHAIR: Please take a seat and make yourself comfortable. You'll be asked some questions by Mr Gale. Mr Gale, when you're ready.

MR GALE: Thank you, my Lord.

Questions by MR GALE

MR GALE: Good morning, Ms Stewart.

A. Good morning.

Q. Your full name is Caroleanne Stewart; is that right?

A. Yes.

Q. Your details are known to the Inquiry so your date of birth and your contact address. We've given the reference to your statement. Can I confirm that the

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statement that you've given to the Inquiry together with what you will say today is the evidence that you wish to provide the Inquiry with?

A. Yes.

Q. Now, we do have in force a general restriction order which -- I think I explained it to you the other day when we met.

A. Yes.

Q. So can you please try not to mention the names of anybody, including the people about whom you're talking. You're going to be referring to your brother, you're going to be referring to your fiancé -- can you just call them in that way, your brother and your fiancé --

A. Okay.

Q. -- if you would do that, please. If you do make a slip and you mention a name, don't worry, but we will have to stop if you do that in order that the tech guys next door can attend to it. It's not a problem but we will have to stop proceedings very briefly.

You're here to tell us about the death of your brother; is that right?

A. Yes.

Q. We know that he sadly died on 1 May 2020 in Queen Elizabeth Hospital in Glasgow; is that right?

A. Yes.

2

Q. I think he was 57.

A. Yes.

Q. You're also going to tell us about the death of your fiancé, and he died on 3 September 2020.

A. Yes.

Q. I think he was 46; is that right?

A. Yes.

Q. Can we talk first of all about your brother? As we are talking, your statement and various paragraphs of your statement will appear on the screen in front of you --

A. Okay.

Q. -- so we will look at that as we are progressing. Your brother was, I think, a family man.

A. Yes.

Q. He left a wife, a daughter and two grandchildren; is that right?

A. Yes.

Q. And I think you tell us he was the best friend of his own brother.

A. Yes.

Q. He enjoyed darts, snooker; and he was a taxi driver?

A. Yes.

Q. And I think he lived just round the corner from where you lived?

A. He did.

3

Q. You tell us that as a taxi driver and having regard to the -- I wonder could we have a moment, my Lord. I'm sorry, my Lord.

(10.03 am)

(A short break)

(10.18 am)

THE CHAIR: Right. The witness will be in in a minute. Ms Stewart, take your seat again. Sorry about the delay.

Mr Gale.

MR GALE: Thank you, my Lord. Ms Stewart, one of the things that we were doing in the interim period there is that we were disapplying the restriction order so that -- I think it's hopefully been explained to you -- you can name your brother and your fiancé, so we know their names are respectively Derek and Craig. You can name them but please don't name anybody else.

A. Okay.

Q. So it's just Derek and Craig that you can name. That makes life a little bit easier.

A. A wee bit.

Q. A little bit more natural.

So we were dealing with Derek --

A. Yes.

Q. -- to begin with, your brother. I think we'd taken from

4

1 you that he was a taxi driver and I think I was
 2 intending to go on to ask about the way in which he
 3 approached his work. I think you say in paragraph 8 of
 4 your statement that he was extremely cautious, and
 5 I think we need to put a date on this. These are the
 6 very early days of the pandemic?
 7 A. Yes.
 8 Q. And you explain that he would clean his taxi and had
 9 a tub of sanitiser where he would put his coins, so he
 10 took matters very seriously?
 11 A. Even pre-COVID he was very, very particular about his
 12 taxi, even just pre-COVID.
 13 Q. Right. And he was also interested in the news,
 14 particularly the news about COVID?
 15 A. Yes.
 16 Q. I think you say he used to record the news.
 17 A. He used to record it in case he missed anything.
 18 Q. You tell us at paragraph 9 that, prior to him becoming
 19 unwell, Derek had a hire in his taxi and you say it was
 20 round about 26 March 2020.
 21 A. Yes.
 22 Q. This fare — the person who was in the taxi was coughing
 23 and spluttering and you say that Derek stopped and put
 24 him out.
 25 A. Yes.

5

1 Q. Obviously this is something you've been told.
 2 A. By Derek.
 3 Q. By Derek, yes. You say that Derek wasn't taking any
 4 chances —
 5 A. That's correct.
 6 Q. — and also that Derek thought this is when and how he
 7 must have caught COVID.
 8 A. Yes.
 9 Q. He also said, as you say in paragraph 10 — and you
 10 quote him as saying, "I'm finished with this. I can't
 11 handle it".
 12 A. He did.
 13 Q. What did you understand — first of all, did he say that
 14 to you or was that to somebody else? What do you
 15 understand he meant by that?
 16 A. He just meant that he would stop working because it
 17 wasn't safe to work anymore and this man that was
 18 coughing and spluttering in his taxi just made him
 19 decide that was it. He wasn't taking any chances.
 20 Q. We know from your statement that very shortly after that
 21 he became unwell.
 22 A. Yes.
 23 Q. The majority of the information that you give us after
 24 that I think is information that you obtained from
 25 talking either to Derek himself or to Derek's wife.

6

1 A. Yes.
 2 Q. You talk about him being unwell for a number of days in
 3 the house — this is at paragraph 12.
 4 A. Yes.
 5 Q. — and that he was, as you put it in your statement,
 6 feeling terrible and a bit breathless.
 7 A. Yes, gradually he was getting worse.
 8 Q. I think an arrangement was made that he would go to the
 9 COVID hub in Maryhill to be tested; is that right?
 10 A. Yes. He phoned his GP that morning to tell his GP that
 11 he was feeling basically really unwell and he was
 12 finding it hard to breathe, and it was the GP that said
 13 they would send out transport to take him to the hub, to
 14 the COVID hub, to be tested.
 15 Q. I think the arrangement was that there would be
 16 a patient transport van —
 17 A. Yes.
 18 Q. — which would be sent for him.
 19 A. Yes.
 20 Q. But he started to deteriorate —
 21 A. Yes.
 22 Q. — in the period waiting for the van, as I understand
 23 it.
 24 A. Well, his wife wasn't aware at the time that Derek had
 25 phoned his GP. He was doing it from up in his bedroom.

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1 Q. Right. But she then became aware of him, and you
 2 describe this in paragraph 13, that she saw Derek
 3 "coming downstairs, banging off the walls and
 4 breathless. He could hardly breathe, and his lips were
 5 all blue purple colour".
 6 A. Yes.
 7 Q. I think a decision was taken by Derek's wife that an
 8 ambulance should be summoned.
 9 A. Yes.
 10 Q. And I think you tell us that Derek's wife is in the
 11 medical profession.
 12 A. Yes.
 13 Q. I think she's a nurse; is that right?
 14 A. Yes.
 15 Q. The van did arrive for him — and, again, you're
 16 repeating what you've been told — and a short time
 17 later an ambulance arrived for him; is that right?
 18 A. Yes.
 19 Q. By that time, as you'd been told, Derek was struggling.
 20 He was in the driveway, he was clutching his chest and
 21 he slumped over the driveway gates?
 22 A. Yes.
 23 Q. And I think some of your neighbours thought he was
 24 having a heart attack —
 25 A. Yes.

8

1 Q. — or some of their neighbours thought he was having
2 a heart attack. I think Derek's wife shouted at the
3 ambulance paramedics.
4 A. Correct.
5 Q. And — well, you tell us what obviously she reported
6 that she shouted, and presumably she told you what state
7 she was in when she was doing this —
8 A. Screaming — she was screaming.
9 Q. Yes, okay. You say that she said, "He needs help. He
10 needs help. He needs to get oxygen".
11 A. Yes.
12 Q. But they didn't, as I understand it, get out of their
13 ambulance.
14 A. No.
15 Q. And she went up towards the ambulance and, as you say,
16 they put up their hands and gestured to her to stop and
17 not come any nearer.
18 A. Correct.
19 Q. Okay. Were they, so far as you're aware, aware of the
20 fact that there was a transport van in the area at the
21 time?
22 A. They were.
23 Q. In fact, as you say in paragraph 18, they shouted,
24 "Stop. Don't come near. There's a transport van
25 [here]", so they were conscious of that. Apparently

9

1 they just drove away in the ambulance; is that right?
2 A. Yes.
3 Q. They didn't get out of the ambulance? They didn't
4 afford him any help?
5 A. No.
6 Q. The transport van, as you put it in paragraph 19, was
7 a white van and the driver was just that, a driver. He
8 didn't have any medical equipment with him nor did he
9 have any medical qualifications apparently?
10 A. No. It was just — it wasn't one of the patient
11 transport vans that people think it was. It was just
12 a white van.
13 Q. Again, we understand from what you're telling us that
14 Derek was still hanging over the gate, gasping for air
15 and struggling to breathe.
16 A. Yes.
17 Q. Just taking matters short, the transport van and its
18 driver did take Derek to the Maryhill hub; is that
19 right?
20 A. Yes.
21 Q. There was a doctor and nurse there, waiting for him, and
22 they examined him in the van, I understand.
23 A. Yes.
24 Q. The decision was taken that his condition was
25 sufficiently serious that they wouldn't take him into

10

1 the hub but he was effectively — an ambulance was
2 arranged and he was taken to the Queen Elizabeth
3 Hospital?
4 A. There was other patients waiting at the hub obviously
5 clearly sick as well, but Derek — the first ambulance
6 arrived because he was so poorly. He got in the first
7 one. He went in front of everybody else.
8 Q. Right. In paragraph 23 of your statement you say that
9 when he arrived at the hospital in the acute receiving
10 ward, he crashed, and I think we understand what you
11 mean by that. As you put it, his condition had
12 seriously deteriorated and effectively he was having
13 a heart attack?
14 A. No, he wasn't having a heart attack. He was in
15 respiratory failure and his heart was in a lot of
16 distress. If they hadn't worked quickly and
17 efficiently, it could have resulted in cardiac arrest.
18 Q. Right. I think subsequently, while there may have been
19 some concern as to the accuracy of what Derek had been
20 saying, you subsequently realised that that was what was
21 happening to him, that a number of medical professionals
22 were working on him.
23 A. Yes.
24 Q. Now, he was transferred to the high dependency unit,
25 where he was given oxygen therapy and intravenous

11

1 antibiotics. He was also put on dexamethasone and
2 morphine?
3 A. Yes.
4 Q. The initial indications were that he appeared to be
5 doing okay and was picking up?
6 A. Yes.
7 Q. But you also tell us in paragraph 24 that he was
8 hallucinating.
9 A. Yes.
10 Q. Were you there at any time during this?
11 A. No, we weren't allowed in to visit. No visiting.
12 Q. Right. So how were you aware or how were other members
13 of your family aware that he was hallucinating?
14 A. Well, he was still phoning — he was still on the phone,
15 speaking to people. Yes, he was hallucinating, he was
16 distressed, he was disorientated. He was saying that he
17 was seeing things. We thought he was hallucinating
18 because he told us he was seeing these things, that
19 these people were all round about him and, "I can see
20 everybody round about me and they're working on me". At
21 this particular time we knew nothing about this so we
22 assumed that it was the medication. We spoke to the
23 staff about it on the phone and they said it was the
24 medication that was making him do this.
25 So at that point we did think he was majorly

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1 hallucinating because he was telling us there were
 2 people all round about him, they were working on him,
 3 they were pushing his chest, they were doing this, and
 4 we were thinking, "No, they're not" — do you know what
 5 I mean? — because he was obviously still weakened.
 6 That's why we thought he was hallucinating. But, yes,
 7 he was very distressed and disorientated and we did
 8 assume he was hallucinating by saying these things.
 9 He's saying he's seeing people all over him, round about
 10 him, working on him, but at that point none of the
 11 family knew at this point he'd actually crashed in the
 12 acute receiving unit.
 13 Q. As you say at paragraph 26, he was well enough to phone
 14 the family.
 15 A. Yes.
 16 Q. You and your family members, were you able to contact
 17 the high dependency unit in which he was located?
 18 A. We tried a lot and nobody answered the phone. It wasn't
 19 for want of trying. Nobody answered the phone.
 20 Q. Did you get through at all to the unit?
 21 A. Yes.
 22 Q. And when you did get through to the unit, did you get
 23 much information from the unit?
 24 A. No, no. Very, very little communication.
 25 Q. Now, were you personally trying to get through to the

13

1 unit or was it Derek's wife and his family?
 2 A. Our whole family were trying to get through to the high
 3 dependency.
 4 Q. I think you tell us at paragraph 28 that Derek FaceTimed
 5 you from the unit.
 6 A. Hmm—hmm.
 7 Q. He still had his clothes on and he wasn't in a hospital
 8 gown?
 9 A. That's correct.
 10 Q. And you took some screenshots for the purpose of showing
 11 to your mum —
 12 A. Yes.
 13 Q. — to establish that Derek was in hospital and that he
 14 was talking, as you put it?
 15 A. Yes.
 16 Q. And your mum was at that time 83?
 17 A. Yes.
 18 Q. What was her reaction to all that?
 19 A. What, to the photograph?
 20 Q. No, what was her reaction to what was going on with her
 21 son having to go into hospital.
 22 A. Her son is lying in the hospital and she can't go and
 23 visit him. She's 83 years — it's her son, she's his
 24 mother and she wasn't allowed to go and visit him. She
 25 was 83. She wasn't really clued up to going on phones

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1 and going on iPads and do FaceTime and — she wasn't
 2 that knowledgeable to do that. So she had to obviously
 3 rely on us telling her things, hence the reason why,
 4 when Derek FaceTimed me, I screenshots him on the
 5 FaceTime so that I could show my mum that he was sitting
 6 up, he did have his clothes on, to make her feel that
 7 he's okay —
 8 Q. Yes.
 9 A. — as we thought.
 10 Q. You do say, however, that it was destroying to watch
 11 because he was talking nonsense.
 12 A. Yes.
 13 Q. I think you also say that he was very — appeared very
 14 agitated and distressed.
 15 A. Yes.
 16 Q. So far as being tested for COVID, there was — as you
 17 say in paragraph 31, there was a first COVID test on
 18 arrival at the hospital which was negative —
 19 A. Yes.
 20 Q. — but the second test, which was done three days later,
 21 was positive.
 22 A. Yes.
 23 Q. And, again, was it Derek who let you know that or was it
 24 the hospital?
 25 A. The hospital let his wife know that.

15

1 Q. And you posed the question in paragraph 31 as — the
 2 question as to whether or not Derek had COVID when he
 3 was admitted or did he get it when he was in hospital.
 4 A. That's something they don't know.
 5 Q. Now, progressing on a little bit, you refer at
 6 paragraph 32 to a date, 11 April —
 7 A. Yes.
 8 Q. — and there was communications between Derek and his
 9 wife —
 10 A. Yes.
 11 Q. — when it's said that Derek was quite aggressive.
 12 I take it that wasn't Derek's normal —
 13 A. No.
 14 Q. — approach to his wife?
 15 A. No, that wasn't his nature at all.
 16 Q. I think you also say that Derek appeared to have really
 17 no concept of time at that point.
 18 A. No, because he was wanting — he was shouting to
 19 [redacted] that he wanted his medicine, he needed his
 20 medicine, he wanted to go to sleep.
 21 Q. Sorry, that was a breach. You mentioned the name.
 22 A. Sorry.
 23 THE CHAIR: We'll stop there.
 24 (10.37 am)
 25 (A short break)

16

1 (10.40 am)
 2 MR GALE: We were talking about Derek's distress and
 3 agitation and his aggressive behaviour which was out of
 4 character for him.
 5 A. Yes.
 6 Q. You say at paragraph 33 that the medical staff made an
 7 assumption that it was his medications that had made him
 8 worse and was causing --
 9 A. That's correct.
 10 Q. -- these conditions that he was manifesting; is that
 11 right?
 12 A. Yes.
 13 Q. His wife, however, got a phone call just before midnight
 14 on that night from a consultant at the ITU, saying that
 15 Derek had been transferred into ITU, intensive care
 16 therapy unit, had been ventilated and was on maximum
 17 life support. Now, that was obviously something
 18 presumably that his wife then communicated to you as
 19 well?
 20 A. Yes.
 21 Q. Obviously that -- on the basis of what you have been
 22 telling us, that represented a very serious and sudden
 23 deterioration in his condition?
 24 A. Yes, they withdrew his medication.
 25 Q. So they'd withdrawn his medication --

17

1 A. Yes.
 2 Q. -- and after that there was a deterioration in his
 3 condition; is that right?
 4 A. Rapid deterioration in his condition.
 5 Q. Yes. You pose a number of questions as to how that
 6 deterioration had happened and how it could have
 7 happened so quickly, but during that period the
 8 consultant, you say at paragraph 39, would phone your
 9 sister-in-law every day with updates; is that right?
 10 A. Yes.
 11 Q. And you say it was like a lifeline at that time.
 12 A. Yes, one call a day, aha.
 13 Q. And what information were you being given in those
 14 calls --
 15 A. Practically nothing. "He's just stable"; "He's just the
 16 same"; "No change"; "Just stable"; "Just the same"; "No
 17 change".
 18 Q. You did, as you say in paragraph 42, start asking
 19 questions and you then started phoning personally, as
 20 I understand it, late at night. I think they christened
 21 you the "midnight caller".
 22 A. I was called the "midnight caller".
 23 Q. And that was by a particular nurse, and again please
 24 don't name him, but --
 25 A. Yes, a male nurse.

18

1 Q. A male nurse.
 2 A. A male nurse.
 3 Q. Well, a nurse. You say he was "so nice and
 4 compassionate".
 5 A. He was.
 6 Q. At that time you were being told that Derek was doing
 7 well --
 8 A. He was.
 9 Q. -- that the ventilator was being switched down daily
 10 over the next week or so --
 11 A. Yes.
 12 Q. -- as matters progressed and he was starting to take
 13 breaths of his own and, as you put it, "doing really
 14 well". This is what you were being told?
 15 A. Yes.
 16 Q. I take it during this time none of your family were able
 17 to go and see him?
 18 A. No.
 19 Q. Were you able or was he in any condition to actually
 20 communicate with you?
 21 A. In intensive care?
 22 Q. Yes. Could he --
 23 A. No, he was unconscious.
 24 Q. Now, the midnight caller nurse came back after some
 25 period that he'd been off and he had a conversation with

19

1 you, and you refer to that at the bottom of
 2 paragraph 43. Could you just tell us what he said?
 3 A. The bottom of it?
 4 Q. Yes, at the bottom of paragraph 43, the last sentence.
 5 A. "I'm not going to say he's looking amazing Caroleanne
 6 but I'm shocked at the progress he's made."
 7 Q. And that obviously was optimistic so far as you and your
 8 family were concerned, and at paragraph 44 you said:
 9 "We honestly thought he was coming home because he
 10 was improving so well, and his ventilator [had been]
 11 turned down."
 12 A. We were even ordering balloons off Amazon, making
 13 arrangements to go out to the bottom of the
 14 Queen Elizabeth Hospital for him coming home, putting
 15 balloons round his driveway gates. Obviously we were
 16 going away to the gates at the bottom of the
 17 Queen Elizabeth, but -- we were all talking amongst the
 18 families what we were going to do. That's how confident
 19 we thought he was coming home.
 20 Q. Okay. Subsequently there was -- the possibility of
 21 a tracheostomy was mentioned.
 22 A. Oh, yes.
 23 Q. And you refer to that at paragraph 45. How did you
 24 become aware of that possibility?
 25 A. The ITU consultant had discussed it with his wife, that

20

1 he was doing okay, well enough, they thought, to do
 2 a tracheostomy, even though basically he had only been
 3 doing breaths on his own for maybe like a day and
 4 a half.
 5 Q. However, that unfortunately failed?
 6 A. Immediately failed.
 7 Q. And he was immediately reventilated and put again on
 8 full life support?
 9 A. Yes.
 10 Q. And again you have questions as to how that happened?
 11 A. Yes.
 12 Q. Now, Derek's daughter received a phone call I think at
 13 6.25 in the morning on 1 May with the terrible news that
 14 Derek was not going to make it --
 15 A. Hmm--hmm.
 16 Q. -- that his organs had failed and they were going to
 17 switch off his ventilator .
 18 A. Yes.
 19 Q. And you would presumably have been immediately made
 20 aware of that situation?
 21 A. Sorry?
 22 Q. You would have been immediately made aware of that
 23 situation?
 24 A. Yes, my niece phoned.
 25 Q. You phoned the unit at quarter to 8 that morning to ask

21

1 how he was and you were told that he had passed away at
 2 7.20 in the morning. You make the obvious comment that
 3 nobody had told you and clearly that would have been
 4 devastating news for the entire family.
 5 A. Well, if you get a phone call at 6.25 in the morning to
 6 be told that your dad -- basically his organs have
 7 failed, his ventilator is no longer supporting him and
 8 they were going to switch off his life support machine
 9 but they had to wait for a second doctor to come to
 10 agree -- because it's got to be two doctors that agree
 11 for a life support machine to be switched off -- and you
 12 don't hear nothing back from a hospital -- from that
 13 moment at 6.25, we were all staying off the phone
 14 because we didn't want to phone my niece, didn't want to
 15 phone my brother -- we all stayed off the phone waiting
 16 on a phone call from ITU that never came. So I had to
 17 phone myself to find out and ask how my brother was.
 18 Well, I knew how he was, obviously he was bad, and
 19 that's when I was told that he'd passed away at 7.20
 20 that morning.
 21 Q. You tell us a little about what information you were
 22 given or obtained about the circumstances of Derek's
 23 passing in that there were strangers -- there were
 24 nurses there who were strangers who may have been
 25 holding his hand when he died.

22

1 A. [redacted] -- sorry.
 2 (10.51 am)
 3 (A short break)
 4 (10.54 am)
 5 THE CHAIR: Thank you, Mr Gale.
 6 MR GALE: Thank you, my Lord.
 7 Now, you tell us, Ms Stewart, about bereavement in
 8 paragraphs 51 and following of your statement, and
 9 obviously we can read that and we don't want to go
 10 through it in detail with you because I realise it must
 11 be very upsetting for you. But the funeral arrangements
 12 were that I think there could be 12 people at the
 13 funeral; is that right?
 14 A. Hmm--hmm.
 15 Q. And you weren't able to clothe your brother in the
 16 clothes that you would have wanted him to be in for his
 17 cremation?
 18 A. No.
 19 Q. And I think there was a question of personalising
 20 a blanket that could have been made available to him in
 21 his coffin, and that wasn't possible either?
 22 A. No, my niece had ordered a blanket when he died -- the
 23 day Derek died, my niece had ordered this blanket,
 24 a personalised blanket, with his grandkids' names on it
 25 to wrap him up in case he got cold, and she was told,

23

1 "No", it wasn't allowed.
 2 Q. The coffin I think was sealed, it was not allowed to be
 3 opened and you wouldn't be able to see your brother?
 4 A. No.
 5 Q. You in fact couldn't touch the coffin in the funeral
 6 parlour. I think you wanted to touch it, but that
 7 wasn't possible, was it?
 8 A. No, not even to put your hand on it to say "Goodbye"
 9 wasn't allowed.
 10 Q. You did manage, however, to insist on walking behind the
 11 coffin?
 12 A. Yes.
 13 Q. And you also did manage to insist on a piper?
 14 A. Yes, we were told "No", it wasn't allowed either, and it
 15 was actually my niece that insisted that we would walk
 16 behind her dad and we would walk 2 metres apart because
 17 there was -- they only stayed about five minutes in the
 18 crematorium so there was absolutely no point in getting
 19 the big black cars and it was more personal to walk
 20 behind Derek. They said "No" at the beginning and my
 21 niece said, "Well, we were doing it. We will stay
 22 2 metres apart, we're outside and it's the last thing we
 23 can do for my dad. We're doing it", so that's what they
 24 done.
 25 And I asked if I could get a piper and I was told,

24

1 "No, no piper". When I asked the reason why, I never
 2 got a reason why. They were just saying there was no
 3 piper, and I said, "Well, there will be a piper", and we
 4 got a piper and he walked 2 metres in front of the
 5 coffin, the hearse.
 6 Q. Just two other points in relation to the funeral. Your
 7 83-year-old mother obviously was at the funeral and you
 8 make the point -- and I think everybody can appreciate
 9 that -- that at the end she was, as you put it in
 10 paragraph 64, "a wee 83-year-old, frail woman who had
 11 just cremated her son and couldn't get a hug or
 12 anything".
 13 A. Yes.
 14 Q. The other thing that you observe in relation to the
 15 funeral was what you call the "old metal trolley" and
 16 the noise of it.
 17 A. Yes, a rattle tattle metal trolley, the oldest thing
 18 you've ever seen in your life coming down -- my brother
 19 getting wheeled down on it.
 20 Q. And unfortunately that made a reappearance later?
 21 A. It did.
 22 Q. You made a complaint to the Scottish Ambulance Service
 23 which you refer to in paragraph 65 and following, and
 24 that was something you made very quickly after your
 25 brother's death, as I understand it.

25

1 A. Very quickly because a paramedic's job is supposed to
 2 come out an ambulance and assess a patient and decide
 3 whether they need urgent medical intervention or not and
 4 act on it. They do not sit in an ambulance, watch a man
 5 hanging over a driveway gate to die and then drive away
 6 and leave him, so, yes, I did phone up to ask
 7 a question.
 8 Q. And you were informed that there would be an
 9 investigation?
 10 A. Yes.
 11 Q. There was an investigation?
 12 A. Yes.
 13 Q. And the two paramedics who were involved were suspended
 14 during the course of that investigation?
 15 A. Suspended immediately.
 16 Q. And in August 2020 you got a letter from the
 17 Ambulance Service --
 18 A. Yes.
 19 Q. -- in relation to the investigation, and you tell us
 20 about this in paragraph 68, where you say that the
 21 paramedics had admitted that they failed in their duty
 22 of care --
 23 A. Yes.
 24 Q. -- and they explained it or admitted it that they had
 25 panicked and didn't know what to do.

26

1 A. Yes.
 2 Q. As a consequence of that, they had to undergo
 3 a retraining programme before they were allowed back out
 4 on the road again?
 5 A. Correct.
 6 Q. You pose the question as to whether or not -- had Derek
 7 been taken to hospital in an ambulance at an earlier
 8 stage, whether he could have been saved. You pose that
 9 question.
 10 You express your opinion -- and indeed you've
 11 already done that, but just for the record it's at
 12 paragraphs 70 and 71 -- you express your opinion and
 13 your feelings about what happened.
 14 Now, can I ask, Ms Stewart, that the letter that you
 15 received, do you still have it?
 16 A. No, that went to my niece.
 17 Q. Right. Is it possible that that letter can be
 18 obtained --
 19 A. Possibility.
 20 Q. -- and made available to the Inquiry team? It can
 21 probably be asked of your legal representatives. But if
 22 it can be, we would be grateful to see that letter and
 23 we will arrange to have it copied and returned to you.
 24 A. Yes.
 25 MR GALE: My Lord, may we take a few minutes. It's

27

1 11 o'clock?
 2 THE CHAIR: 10 past?
 3 MR GALE: Yes.
 4 THE CHAIR: Very good. 10 past then.
 5 (11.02 am)
 6 (A short break)
 7 (11.10 am)
 8 THE CHAIR: Yes, Mr Gale.
 9 MR GALE: Thank you, my Lord.
 10 Ms Stewart, we're going to go on to talk about your
 11 fiancé, Craig. You tell us at paragraph 72 that he did
 12 not die of COVID but his consultant told you that he
 13 died as a result of COVID.
 14 A. Yes.
 15 Q. He was 46 and he died following a brain aneurysm?
 16 A. Yes.
 17 Q. And I think you indicate that he had had at least one
 18 previous brain aneurysm earlier in his life.
 19 A. Two. Two brain aneurysms.
 20 Q. Three weeks before he died, he started complaining that
 21 he couldn't read the text messages that you were sending
 22 him; is that right?
 23 A. Yes, I was texting him and I never ever got a reply
 24 back, which wasn't -- which was quite unusual for Craig,
 25 and he kept -- when he came home, I'd say to him, "Why

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1 didn't you answer my texts?", and he said, "I heard the
2 ping but I couldn't read it, I couldn't read the text".
3 This went on for days. And then I was texting him
4 again, no reply, and then he would send me a random
5 text, so once again I said, "Why are you no answering my
6 text?", and he went, "I can't read it. I can hear that
7 I've got a text, but when I go to read it, I can't
8 really see it".
9 Q. I think you also noticed that his face was a bit
10 swollen.
11 A. He come home from work one day and one side of his face
12 was swollen and his eye was kind of drooping down a wee
13 bit, and I said to him, "Your face is swollen". He
14 said, "Is it?". I said, "Hmm—hmm". He said, "Maybe
15 it's just a wee abscess I've got coming", and he was
16 doing this to his face (indicates), but he said, "My
17 face isn't sore". So I took photographs to show him the
18 swelling on his face and he still insisted it might just
19 be a wee abscess.
20 Q. I think you then wondered whether he might need glasses.
21 A. He mentioned that as well, aha.
22 Q. You Googled his complaints and you found out that it
23 could be a sign of bleeding on the brain. You mention
24 that at paragraph 77.
25 A. Yes.

29

1 Q. So you phoned an optician and spoke to a receptionist at
2 the optician's?
3 A. I did.
4 Q. You tell us about that at paragraph 78. And you gave
5 the receptionist a background to Craig's condition and
6 some of his relevant medical history.
7 A. I told the receptionist everything about his medical
8 history. I told her about the previous brain aneurysms,
9 he'd also had another two brain episodes in between the
10 two brain aneurysms, his sudden vision loss that went on
11 to double vision and then went back to obviously just
12 normal vision — single vision again. The first thing
13 she said was, "Has he got a headache?" and I said, "No",
14 because he never had a headache, and I was told
15 immediately right away, "Well, he's not an emergency",
16 and put the phone down.
17 Q. Right. It's probably obvious from the way you described
18 that, but do I take it from what you are saying that the
19 receptionist did not check with anybody such as an
20 optician as to what the symptoms that you were
21 describing might have indicated?
22 A. No, the receptionist triaged a patient presenting with
23 serious problems — a receptionist, their job is to
24 answer a phone or take appointments, not to triage an
25 emergency.

30

1 Q. And you express that concern at paragraph 80, and we can
2 read that as well as what you've said. Craig did go off
3 to work and on 1 September, in the course of the day,
4 you got a call to say he'd collapsed at work.
5 A. Yes.
6 Q. He was then taken to hospital, to Edinburgh Royal
7 Infirmary?
8 A. Yes, he collapsed in Edinburgh Airport.
9 Q. Okay. And you received a call from a consultant at
10 Edinburgh Royal Infirmary saying that he was "very
11 confused and very critical", I think is the way you put
12 it.
13 A. No, I got a call asking me if I'd known about Craig
14 having any previous bleeds to the brain, and I said,
15 "Yes, why?", and he said, "Well, we think maybe that's
16 what he's suffering from just now".
17 Q. You say at paragraph 85 that you asked if he was okay
18 and they said, "He's very confused and very critical".
19 That presumably was what whoever you were speaking to at
20 the —
21 A. It was the consultant in the acute — resus, in the A&E
22 department.
23 Q. Now, your brother I think took you to hospital, but in
24 the course of that journey to hospital in Edinburgh you
25 got a call to be told that Craig was now — had another

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1 bleed on the brain, had a stroke, was now unconscious
2 and on a ventilator?
3 A. Yes.
4 Q. Regrettably nothing could be done for him, as you tell
5 us in paragraph 90, and he remained in ICU and you were
6 eventually told that there was no brain activity and
7 that he was brain dead.
8 A. Yes.
9 Q. His ventilator was switched off on 3 September at
10 10.00 am. You weren't allowed to be there when the
11 ventilator was switched off —
12 A. No.
13 Q. — but you were allowed to go in immediately afterwards;
14 is that right?
15 A. Yes.
16 Q. I think you explain what the consultant told you at
17 paragraph 99 of your statement. Perhaps you would just
18 read that out for us, please.
19 A. "The consultant explained that because of ... previous
20 surgery that he had a gap in his brain. The blood
21 therefore had a space to go and did not build up causing
22 headaches like his first aneurysm did. The Consultant
23 told me that Covid did not kill Craig but resulted in
24 his death. Had he been able to access an optician and
25 have an examination that he normally would have [done]

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1 pre covid he could have been saved. He would have had
 2 another operation and [he would] still be living today.”
 3 Q. You talk about bereavement again because this was only
 4 a few months after you’d lost your brother.
 5 A. Five months.
 6 Q. The arrangements were somewhat different this time?
 7 A. Hmm—hmm.
 8 Q. You were allowed to see Craig’s body, you were allowed,
 9 as you put it, to say goodbyes and your wee
 10 granddaughter was allowed to put her teddy in beside
 11 him, and these would be all obviously important things
 12 for you at this stage?
 13 A. Hmm—hmm.
 14 Q. You were allowed to have 15 people at his funeral
 15 although restrictions were still in place. You,
 16 however, weren’t allowed to carry his coffin and you
 17 couldn’t quite understand why that was the case when he
 18 hadn’t died of COVID.
 19 A. Well, I was in an ITU in Edinburgh Royal, I was able to
 20 walk all round about the ITU, in and out, in and out,
 21 down the stairs to go with my phone, back up the
 22 stairs — I was allowed to walk willy—nilly in an ITU
 23 department full of COVID patients lying on ventilators,
 24 I was allowed to be with Craig in the room, I was
 25 allowed to be with him in the funeral parlour, we were

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1 allowed to see him, we were allowed to touch him, we
 2 were allowed to kiss him, we were allowed to do that,
 3 but when I asked if his brothers could carry his coffin,
 4 I was told “No”.
 5 Q. Were you given a reason for that?
 6 A. No. Restrictions.
 7 Q. You were just told there were restrictions?
 8 A. Yes.
 9 Q. Just one matter — well, sorry, there’s one other
 10 matter. You do mention the noise of the rattling
 11 trolley again. This is something that —
 12 A. Same trolley my brother was on, same funeral directors
 13 my brother was in, same room my brother’s coffin was in,
 14 the same crematorium my brother was in, the same metal
 15 trolley my brother was on.
 16 Q. One matter you do talk about is encountering an elderly
 17 couple outside the ICU who were sitting there. You tell
 18 us about this in paragraphs 93 and 94 of your statement.
 19 Perhaps you would just give us an indication of what you
 20 spoke to them about, what they said to you and what
 21 happened.
 22 A. When Craig had been put into ITU, when he was took for
 23 resus up to ITU, I had obviously — Craig’s trolley went
 24 one way and I had to go the other way and look for the
 25 ITU, and when I got there, there was a wee man and woman

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1 sitting outside, a wee elderly frail couple sitting
 2 outside the ITU department, and I never thought anything
 3 else of it. They were just sitting there.
 4 So the nurse came and got me, obviously in full PPE,
 5 took me up to where Craig was in a side room, and
 6 obviously I stayed with Craig, and then my daughter was
 7 on her way up to sit with me and I was going down to
 8 meet her because she couldn’t find the ITU. So I was
 9 going down to meet her.
 10 So I went down to meet her and then I come back up
 11 again, she went in and then I spoke to the wee woman.
 12 She says, “Dear, can I ask you a question?”, and I said,
 13 “Aha”. She said, “How are you allowed in there and I’m
 14 not?”. I said, “Because my fiancé is in a wee room on
 15 his own and he’s at end of life”, and she said, “Well,
 16 my son’s in there and he’s got COVID and he’s on
 17 a ventilator. Could you go and see if you can find him
 18 and tell him I love him and his mum and dad’s outside?”.
 19 I said, “I’ll try my best”.
 20 I walked down and I’ve seen the guy’s name on the
 21 wall and the nurse looked at me as if to say, “What
 22 are you doing standing here?” she had on a big mask.
 23 I said, “His mum and dad’s outside and they’ve asked me
 24 to tell him that they love him”, and I can relate to
 25 that because my brother was that person as well, lying

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1 in an ITU. So I told the guy that his mum and dad were
 2 outside and they loved him, and that meant the world to
 3 me and to these people sitting outside.
 4 Now, how were they allowed to sit outside an ITU
 5 when I wasn’t allowed to get anywhere near the grounds
 6 of the Queen Elizabeth Hospital when my brother was
 7 lying in ITU on a ventilator? What’s the difference at
 8 two Scottish hospitals with two different IT — they
 9 were actually sitting — they’d been there for three
 10 days — this wee man and woman had been sitting there
 11 for three days. They weren’t allowed in but they
 12 weren’t told to get out. We couldn’t even get in the
 13 grounds of the Queen Elizabeth Hospital. It was big
 14 yellow jackets everywhere. No way could you get near
 15 the grounds. They have a yellow(?) in a door, or let
 16 alone sit outside an ITU.
 17 So the same Scottish Government making the rules, so
 18 some — I could walk willy—nilly through the ITU when
 19 Craig was there with one mask on, just a mask. Craig’s
 20 sister was able to travel from Leeds with his niece up
 21 to Edinburgh Royal and walk straight right through
 22 Edinburgh Royal, right into the ITU, no questions asked,
 23 nothing; put a mask on and you’re okay to go.
 24 Okay, restrictions were a wee bit maybe relaxed down
 25 at that time, but the Edinburgh Royal was full of COVID.

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1 Everywhere was still full of COVID. We were still on
 2 restrictions . So I can make the comparison of two
 3 different hospitals , two Scottish hospitals with two ITU
 4 departments, and the difference was unbelievable.
 5 Q. You make this point and you made it very forcefully,
 6 Ms Stewart, and you make it also in paragraph 106 of
 7 your statement. We have it there. The impact on you of
 8 these events you set out in paragraphs 103 and
 9 following. You say:
 10 "The impact for me and my family has been one of
 11 devastation. We need answers [as] to why our loved ones
 12 died horrific deaths."
 13 You feel "hurt and guilty that Derek died alone even
 14 though we would have fought Goliath to [have been] with
 15 him as he passed away". You say that "Our family chain
 16 was broken". Can you just indicate how you feel that?
 17 How is your family chain broken?
 18 A. Well, Derek was part of our family. It was like
 19 a family chain. That missing link can never be
 20 replaced. Our family is just like that chain, broken,
 21 and it can never be repaired.
 22 Q. At paragraph 107 you say that we're coming up for 2024,
 23 but you won't be able to move on because you're stuck in
 24 2020.
 25 A. We're coming up into a new year shortly, 2024. I'll

1 never be able to move into any new year because I'm
 2 stuck in that year, 2020, the year my life fell apart,
 3 when I lost my brother and my fiancé.
 4 Q. You say that the receptionist should never have been
 5 allowed to triage any patients.
 6 A. "The receptionist should never have been allowed to
 7 triage any patients, yet alone a man who was presenting
 8 with a serious problem. She was allowed to play lottery
 9 with someone's life and sadly that life was lost through
 10 her negligence [Craig did not get the winning ball].
 11 This can never happen again."
 12 Q. In the "Lessons to be Learned" section, these are points
 13 you've made so far very forcefully . At paragraph 111,
 14 you say that you feel angry and you want to know why
 15 some people were allowed to be with their loved ones at
 16 the end of life yet others were not, "There was no
 17 consistency" --
 18 A. No --
 19 Q. -- something about which you feel very strongly?
 20 A. Very angry. If somebody is in a COVID ward, if somebody
 21 is in a red ward, if somebody is in ITU, if somebody is
 22 in any ward and they've all got COVID, they've all got
 23 COVID, so why -- what's the difference if somebody is in
 24 an ITU -- people being allowed to visit somebody in
 25 a ward that's got COVID, they've still got COVID, so

1 I don't know what the difference is. What's the
 2 difference? If somebody's in a COVID ward, somebody's
 3 in ITU, they've still got the same COVID, but you're not
 4 allowed to visit anybody in an ITU but people were
 5 allowed to visit people in a ward that had COVID, and
 6 I just can't -- I don't get that. I can't get my head
 7 round that, what the difference of that is. COVID's
 8 COVID. Regardless where it is or what it is , it's still
 9 COVID. There's no consistency at all. Nothing.
 10 Q. You talk about listening to stories in your bereaved
 11 group. I take it that's the Scottish Covid Bereaved?
 12 A. Yes.
 13 Q. And you say the stories are so different , and I think
 14 you're really making the same point about --
 15 A. Exactly --
 16 Q. -- COVID is COVID.
 17 A. There's people in my group that were allowed to be with
 18 their loved ones when they died with COVID in a ward and
 19 they were also allowed to sit with them after it in
 20 a ward, but we weren't even allowed to go in and say
 21 "Goodbye" to somebody with COVID in an ITU. What's the
 22 difference? I don't get it. I don't get what the
 23 difference is.
 24 Q. Okay, you have hopes for the Inquiry, paragraph 114.
 25 Would you just read that out, please, so that we have it

1 in your voice?
 2 A. "We want answers. My family and thousands of other
 3 families want the government to be held accountable for
 4 their incompetence, their ignorance and their disrespect
 5 to all those that died. They weren't just a number but
 6 [they] were treated as a statistic . They were our life,
 7 they were our family. They were human beings and they
 8 seemed to forget that. Their bodies were just discarded
 9 like toxic waste, the same as [the] flowers on my
 10 brother's coffin . We need to be prepared for more
 11 pandemics, we can't allow this to ever happen again.
 12 Our futures need to be made safe by this shambolic
 13 government."
 14 MR GALE: Ms Stewart, thank you very much for engaging with
 15 the Inquiry and giving your evidence. We're very
 16 grateful to you.
 17 THE CHAIR: Yes, thank you, Ms Stewart.
 18 A. Thank you.
 19 THE CHAIR: Very good. Now, Mr Gale, what do you want to do
 20 about the second witness? Do you want five minutes to
 21 arrange that?
 22 MR GALE: I think we have to have five minutes to arrange
 23 the YouTube channel.
 24 THE CHAIR: Yes, surely, when that's done.
 25 That's fine. Thank you.

1 (11.33 am)
 2 (A short break)
 3 (11.40 am)
 4 MR GALE: Just while we're waiting for the witness, my Lord,
 5 the reference is SCI-WT0087-00001.
 6 THE CHAIR: Thank you.
 7 MR GALE: The witness, her name is Pamela Thomas.
 8 MS PAMELA THOMAS (called)
 9 THE CHAIR: Ms Thomas, please come in and take a seat.
 10 Yes, Mr Gale. When you're ready.
 11 MR GALE: Thank you, my Lord.
 12 Questions by MR GALE
 13 MR GALE: Hello, Ms Thomas. Your full name is
 14 Pamela Thomas?
 15 A. That's correct.
 16 Q. Your details, your date of birth, your contact details
 17 are known to us, and I think you have given a statement
 18 to the Inquiry which we have and which we're going to be
 19 looking at. It will appear on the screen in front of
 20 you as we go through it. And you're agreeable that that
 21 statement, together with the evidence that you're about
 22 to give, will form part of the evidence informing this
 23 Inquiry and will be recorded and published?
 24 A. Yes.
 25 Q. You're here to tell us about your brother, James.

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1 A. That's correct.
 2 Q. We know that James sadly died in Ninewells Hospital in
 3 Dundee on 5 October 2021.
 4 A. That's correct.
 5 Q. And he was 41?
 6 A. Yes.
 7 Q. You tell us a little bit about him in your statement.
 8 He was a chef and he worked all over Scotland?
 9 A. Yes, that's correct.
 10 Q. I think from some of the information you've given, he
 11 obviously had quite a good business doing that.
 12 A. Yes, well, I think so.
 13 Q. I think he also had another brother. Please don't name
 14 him, but there is another brother --
 15 A. Two brothers.
 16 Q. Two brothers. Did James have any children himself?
 17 A. Two.
 18 Q. Okay. Now, at paragraph 52 of your statement -- it's
 19 not necessary to go to it -- but at paragraph 52 you say
 20 that you and he had a special bond, that he was your
 21 best pal.
 22 A. Yes, that's right.
 23 Q. You also say that he was kind, he was helpful --
 24 A. Very. A heart of gold.
 25 Q. -- and that he was also like a dad to your older sons.

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1 A. Yes.
 2 Q. Right. Now, perhaps something you may not have wanted
 3 to have to tell us about him, but at paragraph 5 you say
 4 he "had a bit of meat [on] him".
 5 A. Yes.
 6 Q. And he was 19 stone in weight, but he hadn't seen
 7 a doctor in about 20 years, until he needed treatment
 8 for a peptic ulcer in 2019?
 9 A. Yes, that's correct.
 10 Q. You describe him generally as a healthy individual.
 11 A. Yes.
 12 Q. Now, in September 2021, you and your family I think
 13 contracted COVID.
 14 A. Yes.
 15 Q. And your husband also contracted it. I think one of
 16 your daughters contracted it.
 17 A. It was my little girl. She brought it home from school
 18 and we all ended up with it.
 19 Q. And your brother contracted it as well?
 20 A. Yes.
 21 Q. Is it likely that he contracted it as a result of the
 22 family infection?
 23 A. Possibly. There could have been another way that he got
 24 it, but we put it down to through the family, yes.
 25 Q. And you do tell us that -- I can disclose this -- your

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1 brother lived in St Andrews, as I understand it.
 2 A. Yes.
 3 Q. You say that his symptoms were different to yours.
 4 A. That's correct.
 5 Q. And he lived alone; is that right?
 6 A. Yes.
 7 Q. I think you were phoning him as obviously you and your
 8 husband, because you had COVID, couldn't go to see him;
 9 is that right?
 10 A. That's right.
 11 Q. I think you got your son to go and see him; is that
 12 right?
 13 A. Yes, so I would be at -- I was unwell myself so I was
 14 sleeping quite a lot. In between sleeping and waking,
 15 I would phone my brother just to check on him and see
 16 how he was, and then he would be describing what kind of
 17 symptoms he had. That's just kind of how it went for
 18 a few days at the time, and then -- until, you know, he
 19 started complaining that he'd had really bad diarrhoea,
 20 which was different from any of the rest of us had, so
 21 that's the point where I'd asked my son to take stuff
 22 through to him, which was like Dioralytes and stuff like
 23 that. I sent stuff from Amazon and stuff to his door,
 24 delivery and -- yes.
 25 Q. I think your son did get to see him and you tell us

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1 that, from what your son had said, your brother was
2 disorientated.

3 A. So that was the second time my son went. My son went
4 through on two occasions. On the second occasion, that
5 was after — the Amazon parcels, the door wasn't getting
6 answered and I was getting messages on my phone, so
7 I was trying to phone my brother and say to my brother,
8 you know, "Why are you not answering the door to get the
9 parcels?", and it was parcels of stuff like vitamins and
10 stuff like that.

11 And my — I'd contacted my nephew who also lived in
12 St Andrews and asked to go and check on his dad because
13 I couldn't get him, and that's when he'd found his
14 dad — he didn't answer the door and he found the Amazon
15 parcels at the front door and he went into the house and
16 my brother was in a bit of a mess. He was disorientated
17 and stuff like that.

18 Q. Yes. When you were contacting your brother by phone,
19 did he sound normal?

20 A. Yes, yes. He was making a noise like a clearing his
21 throat kind of noise, I can remember that, and I can
22 remember asking him, "Why are you making that noise?",
23 and he says to me, "What noise?". It was like he wasn't
24 aware he was making the noise. He didn't complain of
25 any like shortness of breath or anything like that. It

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1 was purely diarrhoea that he was complaining of.

2 Q. When you tell us — the reason I ask you that question,
3 Ms Thomas, is that you do tell us at paragraph 11 that
4 your brother phoned you and he was making what you
5 describe as a "guttural sound".

6 A. Yes, it was like a — I don't know. It's hard to
7 describe. It was (indicates). He just kept doing that
8 throughout speaking. But the conversations were short
9 and it was — you know, they were just like, "Are you
10 okay?". You know, I was unwell myself at the time so
11 it's a bit hard to remember, but those kind of things
12 stick with me.

13 Q. Help was given to your brother to get showered and
14 dressed and I think, after trying to get in touch with
15 NHS 24, your brother was taken to A&E at Ninewells.

16 A. So, yes, that was the second time when my son went back.
17 I had to phone him and say, "Would you go and check on
18 Uncle James? I've had a phone call obviously to say
19 that something's not right with him. Can you go
20 through?". So my son went through, helped him in the
21 shower, helped him get dressed and stuff like that, and
22 then tried to phone NHS 24, couldn't get them and he
23 took him to Ninewells Hospital.

24 Q. When they got to Ninewells, what was the reaction there?

25 A. Well, there was — my son went into A&E and explained

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1 that, you know, there was family members with COVID and
2 that his uncle was in the car with — his lips were blue
3 and he needed help, and he was told by a nurse that she
4 was dealing with a teenage boy with a broken leg and
5 that they wouldn't come out to help my brother or help
6 my son. There was five ambulances outside and my
7 brother was — my son was asking them for help. Nobody
8 would help him. My brother had said to my son just to
9 take him away again, he didn't want to cause a fuss or
10 anything like that, but my son refused. He said, "No,
11 I'm going to get you help". In between this he was on
12 the phone to me and we decided that he would phone 999
13 from outside the hospital, and that's what he done.

14 Q. I think as a consequence of doing that, a doctor did
15 come out and your brother was taken into hospital?

16 A. Yes, the call-handler had said to my son not to move —
17 he was absolutely fantastic. He said, "Stay where you
18 are. I'm going to phone in", he says, "and I'm going to
19 get somebody to come and help you". And a doctor came
20 out and came over to the car, and my son described it as
21 he kneeled down, took my brother's pulse, looked at my
22 brother and decided that my brother had to go into
23 hospital.

24 Q. Okay. I think you were noted as being your brother's
25 next of kin for the —

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1 A. That's correct.

2 Q. — purposes of his admission into hospital.

3 A. That's correct.

4 Q. Your brother was tested for COVID and I think tested
5 positive.

6 A. That's correct.

7 Q. And you continued or were in contact with him by phone
8 and, as you say at paragraph 14 of your statement, your
9 brother was saying that he was good.

10 A. Yes, so it was text messages or should I say
11 Facebook Messenger kind of messages that we were
12 communicating by.

13 Q. Were you able to FaceTime your brother at that point?

14 A. No, I didn't get a FaceTime with my brother for six days
15 but he did send me a picture of himself with a C—PAP
16 hood on.

17 Q. And having seen that, were you satisfied that he was
18 "good", as he'd put it, or did you have doubts as to
19 whether or not he was well?

20 A. Well, I thought he was in the best place.

21 Q. Yes.

22 A. I thought he were just going to get a drip and, you
23 know, was in there for like dehydration and everything
24 would be okay.

25 Q. Yes. Now, at paragraph 15 you say that you now know or

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1 you know now that they were trying to put him on
2 a ventilator .
3 A. That's correct.
4 Q. How did you come by that knowledge?
5 A. Because I obtained my brother's medical records ---
6 Q. Yes.
7 A. --- and I read them, every page.
8 Q. What was your reaction to finding that out?
9 A. That my brother must have been scared and I was angry.
10 Q. Why were you angry?
11 A. Because the messages that I was getting from my
12 brother --- and obviously he didn't tell me how scared he
13 was and, you know --- I don't know. I was angry. I was
14 angry. I was angry because the things that I read in
15 his notes wasn't what the doctors were saying to me on
16 a daily basis. The doctors were lying to me on a daily
17 basis. Nurses were lying to me on a daily basis.
18 Everything that was in my brother's notes was different
19 from what I was being told on a daily basis.
20 Q. Okay. Let's just talk about how you were getting
21 information.
22 A. Okay.
23 Q. I think you mentioned to me a few moments ago that you
24 were able to keep in touch with your brother.
25 A. It was only for the first couple of days. My brother

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1 went into hospital on the Friday night, by half past 10
2 on the Friday night we were told my brother was going to
3 die. We were communicating via messages and stuff like
4 that, "Brother, you okay?", and --- you know, he was
5 texting back and I got a thumbs up in one of the picture
6 messages that he sent me. You know, I was telling him
7 that he had to eat and he was going to be okay and get
8 some fluids and that into him and ... so that was
9 happening for the first couple of days. That happened
10 over the course of the weekend. On the Saturday
11 I presented at the hospital to ask to see him and give
12 toiletries and stuff into him and I was told I wasn't
13 allowed.
14 Q. Right. Were you given a reason why you weren't allowed
15 to see him?
16 A. No reason. COVID --- but I'd already had COVID. I asked
17 if I could sign any kind of document because I'd just
18 had COVID myself and I was prepared to take any risk as
19 long as I could see him.
20 Q. You were trying to take certain things into the hospital
21 for him?
22 A. So they let me take toiletries up to the foyer at
23 Ninewells and a nurse came from ICU and took the
24 toiletries and gave me his keys and stuff like that for
25 his house, and she took the toiletries away but we

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1 weren't allowed in to see him.
2 Q. The Facebook messages that you were exchanging with your
3 brother, did he seem sensible in these messages or
4 did you have concern about what his condition was?
5 A. They were kind of one-liners. They were one-liners. So
6 he wasn't engaging in a lot of conversation. You know,
7 I would be writing big things to him and I would be
8 getting one-liners back.
9 Q. Was that unusual in the way you would normally
10 communicate with each other?
11 A. Yes.
12 Q. Okay. At paragraph 20 of your --- well, paragraphs 19
13 and 20, you note that things went a little bit quiet and
14 you discovered from his records that your brother had
15 been given lorazepam.
16 A. Yes, so --- I think that was the night that he was
17 ventilated, so he got ventilated early hours of the
18 Monday morning, which was the 21st. He went into
19 hospital on 17 September. He started to become --- you
20 know, like he wasn't responding, and I'm saying,
21 "Brother, are you there? Are you there? Answer me,
22 just even a wee thumbs up. Just give me something",
23 and --- but I think it was by tea-time on the Monday
24 night, you know, I just wasn't getting any responses
25 from him.

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1 So I'd phoned the hospital and I asked them, I said,
2 "Have youse given my brother anything? Have youse ..."
3 --- because they told me that he was on a C-PAP hood but
4 he may start to get tired. So then I asked them --- and
5 he told me that he was eating and he was drinking and he
6 was good --- and then I asked them, "Have youse given my
7 brother anything? Have youse made my brother tired
8 because he's not responding to me?"
9 So there was quite a discussion with one of the
10 nurses, it got a bit heated, and I would say that I was
11 going to phone my brother --- obviously I wasn't going to
12 phone him because I knew that he couldn't speak to me,
13 but I was wanting her to get my brother to communicate
14 with me and respond to me, and she got quite angry with
15 me. I'd explained to her that my brother had given me
16 a photograph of his monitor and he had asked me to get
17 that checked out because I had a friend that worked
18 in --- well, she used to work in the Cornhill in Perth,
19 so I thought maybe she would be able to look at it and
20 tell me what this monitor meant and the readings and
21 stuff on it.
22 Q. What was your understanding at that time --- you talked
23 about the heated discussion that you had with the nurse.
24 What was your understanding at that time as to whether
25 or not your brother was on a ventilator?

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1 A. No, he wasn't on a ventilator at that point.
 2 Q. You knew that?
 3 A. Yes.
 4 Q. What was your attitude towards your brother possibly
 5 being put on a ventilator or indeed his attitude to that
 6 happening?
 7 A. We didn't want that to happen.
 8 Q. Why not?
 9 A. Because the chances of coming off one weren't good.
 10 That was quite evident. You were seeing that people
 11 were going on them and no coming off them.
 12 Q. You continued to keep in touch with your brother and
 13 I think you say at paragraph 25 that he developed
 14 ventilator associated pneumonia or VAP.
 15 A. Yes, so --
 16 Q. Is that something you found out afterwards?
 17 A. Yes. So I'd a friend whose husband had also been in
 18 hospital with COVID and he was on maximum oxygen for
 19 three weeks. So what I couldn't understand was why the
 20 ventilator was being pushed on my brother -- and I'm not
 21 a doctor, but I thought, "Why can you not just give my
 22 brother maximum oxygen for three weeks if that's what it
 23 takes? Why is there such a hurry to put him on
 24 a ventilator?"
 25 Q. You tell us at paragraph 25 that you tried to mentally

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1 prepare yourself by looking at pictures on Google. What
 2 were you trying to prepare yourself for?
 3 A. For what I was going to see because that was after the
 4 six days when they allowed me to get -- it was
 5 a WhatsApp kind of FaceTime kind of thing, so I needed
 6 to know what I was going to be looking at and what my
 7 brother maybe looked like. So I -- by looking at the
 8 pictures on Google of people on ventilators and what
 9 positions they were in, prone position and stuff like
 10 that -- I looked into all that kind of stuff and tried
 11 to familiarise myself with what I would be looking at.
 12 Q. Right. Thank you.
 13 A. Sorry, with regards to the ventilator associated
 14 pneumonia, nobody told me about that. I found that out
 15 later due to --
 16 Q. That was something you found out from his records?
 17 A. Yes.
 18 Q. I think -- we'll come to it in a little while, but there
 19 were a considerable number of infections that your
 20 brother had --
 21 A. That's correct.
 22 Q. -- that you found out later?
 23 A. Yes.
 24 Q. You were also told that the medical staff were going to
 25 do a BAL procedure, which I think is to obtain material

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1 from the lungs, a sample from the lungs.
 2 A. So that was the weekend that things changed. The
 3 weekend just before my brother died that procedure was
 4 carried out, and that was done -- we were never told the
 5 results of that. The results of that were deleted from
 6 his medical records. I asked if there was any, you
 7 know, risks involved with that because the word
 8 "collapse" was there. I asked what that meant and I was
 9 never told.
 10 Q. Okay. Now, you did have a video call with him, but you
 11 noticed a change in his appearance when you did that?
 12 A. So I video-called him -- after the first six days
 13 I video-called him every night. I would phone in the
 14 morning, the doctors would then -- the consultants would
 15 phone in the afternoon and give me a quick update. In
 16 between that time I'd joined ventilator survivor groups
 17 on Facebook and I was reading other people that were
 18 going through the same kind of thing, so then I was
 19 trying to ask the doctors and nurses these questions
 20 which I was learning from this survivor group, people
 21 that were on ventilators. It was about the peak flow,
 22 tidal volume, amount of oxygen, all different kinds of
 23 stuff. I just read and read and read and I asked
 24 question after question.
 25 I was told by the doctors that I shouldn't be -- it

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1 was okay to read but I should be asking them the
 2 questions and not taking anything from Facebook, from
 3 what other people were going through. And
 4 I video-called him every single night and then I called
 5 him every night -- I called the hospital every night
 6 before I went to my bed, so it was like four times a day
 7 I was on the phone. My son would come on with me to the
 8 video call and my brother was obviously unconscious,
 9 heavily sedated. He was -- you know, I don't know if he
 10 could hear me or not, but my son would play music for
 11 me, for him, and songs just to try and hope that he
 12 could maybe hear us. And my son would talk to him about
 13 football scores, just tell him to keep fighting.
 14 I would sing to him and tell him that we loved him, and
 15 I done that every day until the weekend of the BAL
 16 procedure.
 17 Q. You mention at paragraph 27 that your father's
 18 partner -- again please don't name anybody -- had
 19 a video call with James during the day and that she had
 20 observed that he was looking a bit red.
 21 A. Yes, that was the day the procedure was carried out.
 22 Q. And also you had a video call that night and you say he
 23 was looking swollen.
 24 A. Yes, and I asked a nurse about it, and the nurse told me
 25 that it was maybe just the lighting in the room or the

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1 way he was lying, but it was different from what I'd
 2 seen every other night.
 3 Q. And I think you say that was the day that they did the
 4 BAL procedure.
 5 A. Yes.
 6 Q. We can work out the dates of these so don't worry about
 7 that, but you had a video call — or were supposed to
 8 have a video call with him on the Sunday night and you
 9 realised that something wasn't right as the staff at the
 10 hospital told you to phone back because they were really
 11 busy?
 12 A. So what had happened was, after this procedure was done
 13 and we noticed a change in James, we spoke to the
 14 doctor, his consultant, and she suggested that she was
 15 going to start him on — well, I think I suggested
 16 because I'd been reading these things off the survivor
 17 group about water retention medication — and she said
 18 she was going to start him on antibiotics.
 19 So when I tried to get the video call that night —
 20 this was the Sunday night — they said — I'd phoned
 21 quite a few times and they said they were busy and then
 22 they said, oh, they were going to give him his
 23 antibiotics, and then — they were like putting me off
 24 and putting me off and putting me off.
 25 Eventually I had to tell my son, "Look, just go to

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1 your bed. You've got school in the morning. I'll sit
 2 up and I'll wait for this call. I'm not going to my bed
 3 until I get it". So it was about 5 — it was 5 to 12.00
 4 at night that I got the call — I've got the WhatsApp
 5 screenshot — and I got that call and my brother looked
 6 horrific.
 7 Q. You tell us about that, and it's up to you whether you
 8 want to express that.
 9 A. Yes, I would like to tell you, yes.
 10 Q. It's at paragraph 28.
 11 A. Yes, so he was lying on his front, which they call
 12 "prone position", and his face was to the side. And his
 13 face was like a balloon. It was red — it was red raw,
 14 like a balloon, swollen. And I says, "What's wrong with
 15 my brother? Why is his face like that?", and this was
 16 at 5 to 12.00 at night. I says, "Look at the state of
 17 him". And then I wondered, "Has he took an allergic
 18 reaction to these antibiotics that he's just been
 19 started on?", because that was the first time of me
 20 being told James would be started on antibiotics, and
 21 I thought, "Fantastic", you know, "My brother's had like
 22 one course of antibiotics in 20 years, he'll really
 23 respond to it. This is great". And I can't really
 24 remember what they said, but they never give me much of
 25 an explanation for it. It was the next day that I got

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1 the call.
 2 Q. You got a call the next day from a doctor, as
 3 I understand it, from paragraph 29.
 4 A. Yes, this was a diff — —
 5 Q. This was when COVID lungs was mentioned?
 6 A. Yes, so this was a different doctor. This wasn't the
 7 one — the same consultants who I'd been speaking to
 8 regularly. This was a different one who told me that
 9 James' face was nothing to be concerned about, that
 10 James — the only thing that was life-threatening for
 11 James was only COVID lungs. She made reference to if
 12 James come up with a scar on his face or anything like
 13 that, then, if he made it with that, that would be good,
 14 but, "Nothing to be concerned about, this is your call
 15 for the day and it's only COVID lungs".
 16 Q. Yes, thank you. You tell us at paragraph 30 that there
 17 was a problem with social media the next day and that
 18 you — there was a black-out.
 19 A. Yes, the whole system was down everywhere. You couldn't
 20 use Facebook, WhatsApp, anything like that. There was
 21 a black-out. That was on the 4th.
 22 Q. You said you were trying to stay positive. Were you
 23 able to get in touch with anybody in the hospital at
 24 that time just by phoning them?
 25 A. Yes, yes, I could phone but I couldn't get my video

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1 call.
 2 Q. What were you told in those phone calls?
 3 A. Just no change.
 4 Q. And you were then — as you say at paragraph 31, you
 5 were told by 9.30 or 10 o'clock on that day — you were
 6 told that your brother was going to die.
 7 A. No, that was actually the same night he went into
 8 hospital. That was 17 September.
 9 Q. Oh, right. That's the same night, is it?
 10 A. Yes, there's a wee mistake there. It was 17 September
 11 he went into hospital and they were telling us that same
 12 night that my brother was going to die.
 13 Q. Okay. You do tell us just in relation to a DNR, the do
 14 not resuscitate, you don't know if he had a DNR notice
 15 but the hospital did say that they did try to
 16 resuscitate him.
 17 A. Yes, there are boxes on medical records where it's
 18 ticked if it's a do not resuscitate or not. None of my
 19 brother's boxes were ticked.
 20 Q. You go on to tell us about a call from a doctor —
 21 please don't name the doctor — at 10.47. You'd
 22 obviously had a particular note of that. And the doctor
 23 asked if you were alone and you knew what he was going
 24 to say?
 25 A. He asked me — he says, "Hello Pamela. Pamela, are you

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1 alone, Pamela? Are you sitting down, Pamela? Have you
 2 got somebody with you, Pamela?", and I knew what he was
 3 going to say.
 4 Q. And what he did tell you was that James had had
 5 a cardiac arrest?
 6 A. That's correct.
 7 Q. You were told subsequently that -- around the same time
 8 that you could go in and see James but you were warned
 9 that --
 10 A. He was a bit of a mess.
 11 Q. -- it wouldn't be something nice to see?
 12 A. "A bit of a mess" was the words that he used. He told
 13 me I could come to the hospital and see James, "But I'll
 14 warn you now, he's a bit of a mess".
 15 Q. And what was your -- did you want to see him?
 16 A. Of course I did.
 17 Q. And did you?
 18 A. Yes.
 19 Q. And do you feel able to tell us about that?
 20 A. Yes. So we went to the hospital. I got a lift through.
 21 I went with my son, went with my brother's ex-partner.
 22 We arrived at Ninewells Hospital. We were left waiting,
 23 which felt like forever, in the foyer. We had a mask
 24 and that on. Eventually a nurse came up and got us and
 25 took us downstairs, and I walked into the room and my

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1 brother was lying on a table, a metal table, and his
 2 eyes were like tennis balls and his lips were like
 3 bananas. He was swollen and it just -- it didn't feel
 4 real. It didn't feel like -- it didn't feel real at
 5 all. It just didn't feel like it was my brother lying
 6 there.
 7 Q. And I think one of the infections that your brother had
 8 had was MRSA, which had caused damage to his face.
 9 A. Yes, well the hospital referred to it as "a small ulcer
 10 on his lip", but I'd taken photographs of my brother and
 11 it was far from a small ulcer. That was one of the
 12 infections. He also had a number of other ones,
 13 stentrophomonas, haemophilus influenzae, candidas, all
 14 different kind of things.
 15 Q. You tell us about those at paragraph 42 of your
 16 statement. It's not at this point necessary to go to
 17 it --
 18 A. Oh, right.
 19 Q. -- but we've got that material from you there. The
 20 death certificate in relation to your brother was
 21 released which certified that cause of death was
 22 SARS COVID?
 23 A. SARS-CoV-2 was the only thing on my brother's death
 24 certificate.
 25 Q. I think you made the point that there was a very small

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1 discrepancy about the actual time of death as well.
 2 A. Yes, and that also brought into question whether or not
 3 my brother was resuscitated.
 4 Q. Okay. Now, you've asked for a considerable number of
 5 investigations into how your brother died.
 6 A. Yes, that's correct.
 7 Q. And can you just tell us about those investigations?
 8 What investigations have you asked for? What are you
 9 looking for?
 10 A. Well, what had happened was my brother was put on
 11 a trial, and I found through his notes that the
 12 signature wasn't his, it was a study investigator's
 13 I believe signature that had signed him up for this
 14 trial. Now, we've got a man that didn't go to
 15 a doctor's, didn't have any medications, didn't -- you
 16 know, he was allergic to penicillin. That's about all
 17 we knew.
 18 So these trial drugs and stuff -- I had a query
 19 about why my brother was given these drugs; could
 20 anything have happened to him by being given these
 21 drugs; was it an allergic reaction that he had. That
 22 was about all I knew at the time of his passing until
 23 I obviously obtained his medical records and then found
 24 out lots of other things.
 25 You know, so by reading through the records and

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1 discrepancies at the time of death and then all the
 2 infections that he had and being lied to on a daily
 3 basis from the doctors, I tried to then get a private
 4 post mortem. I was supported by my funeral directors to
 5 contact Health Improvement Scotland and as an interested
 6 person because I was his next of kin, and we'd done that
 7 application, but, unfortunately, because the doctor,
 8 certifying doctor, had -- was a consulting anaesthetist,
 9 it was -- he'd reported the death to the Procurator
 10 Fiscal. It was 11 o'clock the morning that my brother
 11 died, but he didn't call me back until the afternoon,
 12 and he'd reported it about concerns that I had. But
 13 I didn't know that a defibrillator wasn't used on my
 14 brother so I didn't have these concerns at 11 o'clock
 15 that morning. So that report to me was made falsely and
 16 that then stopped Health Improvement Scotland being able
 17 to get involved and help us with my brother's
 18 investigation into his death.
 19 So then I was advised by them that we could get
 20 a private post mortem and it would be about £1,500 and
 21 a three-week delay, and I had to contact a Crown Office
 22 to get support to do that, which I did, and the
 23 Crown Office told me that Health Improvement Scotland
 24 were giving me the wrong information. So I went back to
 25 Health Improvement Scotland and they'd said that they

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1 would go and get clarification from the — I asked them
 2 to get clarification what the right information was, and
 3 just as recently as last week I had a complaint upheld
 4 from Health Improvement Scotland that says I should have
 5 been allowed to get a post mortem for my brother and
 6 that the information wasn't given to me and that the
 7 Crown Office should have supported our family in getting
 8 that and paying for that, should we have wished to have
 9 done that. So they've upheld that complaint.

10 Q. Just — it may seem a minor point, Ms Stewart [sic], but
 11 was that communicated — that upholding of the
 12 complaint, was that communicated to you in a letter?

13 A. Yes, I've got that.

14 Q. Could you make that available through your solicitors to
 15 the —

16 A. I already have made it available to the Inquiry.

17 Q. Okay, thank you.

18 What was the real — why were you wanting a private
 19 post mortem?

20 A. Because I wanted to find out if anything else had caused
 21 my brother's death because initially I thought he'd
 22 taken some kind of reaction. This was before I found
 23 out about any infections he'd had. I thought did he
 24 take a reaction to that medication, that antibiotics
 25 that they started him on. So — I don't know.

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1 Something just telt me in my gut something wasn't right.

2 Q. You had communications with the Procurator Fiscal's
 3 offices?

4 A. Yes, that's correct.

5 Q. Again, please don't name any individual, but what
 6 happened with those discussions?

7 A. That was absolutely horrific. That was horrific. I was
 8 told that — so there's a procedure that gets followed
 9 if a death is reported to the Procurator Fiscal that no
 10 lines or anything like that on the person should be
 11 removed and the Fiscal should do an investigation.
 12 Nobody contacted me to ask prior to issuing a death
 13 certificate if the concerns which were actually
 14 submitted to the Procurator Fiscal was in fact my
 15 concerns. It just got allowed to happen. It was just
 16 issued.

17 I, off my own bat, decided to phone the
 18 Prosecutor Fiscal and ask for help, and I was told —
 19 eventually somebody — a lady got back in touch with me
 20 and says to me — this was after the death certificate
 21 was issued and my brother's body was allowed to be
 22 released — she says that, oh, she'd just become aware
 23 of the situation and that she'd made some phone calls
 24 with pathologists and that we wouldn't be getting
 25 supported.

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1 But at that time I don't know if the
 2 Procurator Fiscal had any information like what we had
 3 because I didn't at that time. I didn't know about all
 4 the infections he'd had. He'd also gained like over
 5 4 stone in weight, which was fluid, and they told us it
 6 was only inflammation. The funeral directors was the
 7 ones that says to me — they says they used to have
 8 a thing called — like a Cremation Form 4 or something.
 9 If they had an issue with the cause of death which was
 10 on the death certificate, then they would get in touch
 11 with these people or whatever and they'd tick a box.
 12 I asked them directly — I said, "If you still had the
 13 forms, if they still existed today" — because they did
 14 away with them, they stopped doing them — I said,
 15 "would you have ticked that box to say you have
 16 a concern with the cause of death on my brother's death
 17 certificate?", and he says to me, "Yes".

18 So I pushed and I pushed and I pushed to try and
 19 have an investigation into my brother's death, and each
 20 time I was told, "No", and the door was shut on me.
 21 I was coming back to them with new information.
 22 I wanted to know basic things, "Do you know my brother
 23 had A, B, C and D? Do you know this? Do you know
 24 that?", and nobody will even answer me.

25 Q. Are you still pushing for that further investigation

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1 into your brother —

2 A. I'm trying but they're closing doors on me. But I'll
 3 keep pushing. I won't stop.

4 Q. I think we've noticed at paragraph 42 you list,
 5 presumably from having read your brother's medical
 6 records, the various hospital-acquired infections that
 7 were disclosed —

8 A. Yes, this is the thing —

9 Q. Sorry. Give me a moment.

10 A. Sorry.

11 Q. One thing that you do make a note of there is you also
 12 found out that he'd been prescribed an immune
 13 suppression drug —

14 A. Yes.

15 Q. — which may have made him more susceptible to those
 16 infections; is that right?

17 A. Yes, so that's the tocilizumab. He was given that, and
 18 what that does is suppresses your immune system. Now,
 19 he was already vulnerable and in a hospital, he didn't
 20 have these infections when he went in and then he ended
 21 up with all of these.

22 Now, with my brother being — living in England,
 23 living in Scotland, no going to a doctor, did they have
 24 access to, you know, his kind of records and stuff like
 25 that, anything that would have been, you know — he

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1 couldn't get antibiotics that would have maybe given him
 2 a chance to fight these infections. He was allergic to
 3 them.
 4 Q. Okay. Right. Given the fact that you've been pressing
 5 and pressing for further investigation, how do you feel
 6 about the way in which you've been treated so far as
 7 trying to get that investigation is concerned?
 8 A. I've just been absolutely silenced. Just as recently
 9 again as last week — my brother was referred for
 10 a thing called "ECMO", and I was given a transcript
 11 almost, a conversation of — between the doctors and
 12 Leicester — he was to be referred to Leicester because
 13 of capacity issues at Aberdeen. I asked — just in
 14 August I went to another meeting with the hospital, and
 15 I asked them, "Did my brother not go to Leicester for
 16 ECMO because of these hospital infections that he had?",
 17 because I thought to myself, "Maybe they couldn't
 18 transfer him because of these infections, maybe it was
 19 too dangerous". And then just in November they
 20 responded by telling me that the issue was a clinical
 21 decision not to send him to Aberdeen and not a capacity
 22 issue and there was some confusion there. But I've
 23 already got the whole transcript of all these
 24 discussions with them in communication with Leicester,
 25 stating clearly that it was a capacity issue with

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1 Aberdeen and they were in discussions with the Leicester
 2 team, and he was a candidate and he could have went
 3 there.
 4 Q. This is something you talk about at paragraph 37 of your
 5 statement. Again, I think you've told us it —
 6 A. Sorry.
 7 Q. No, no, please. It's not a criticism at all,
 8 Ms Stewart. But you've told us that at paragraph 37, so
 9 we have that —
 10 A. Yes, I asked the hospital just last week — do you know,
 11 do you want — I gave them the opportunity to have —
 12 relook at that, that statement alone. And then they
 13 have decided that they won't communicate with me any
 14 longer and that I should now just go to the Scottish
 15 Public Service Ombudsman for any answers.
 16 Q. Can we deal briefly with the impact that you say in your
 17 statement? There's a requirement that your family
 18 members had to sign a form to say that they were able to
 19 carry the weight of the coffin.
 20 A. That's correct. My brother was 29 stone in his coffin.
 21 I contacted the funeral director and I asked the funeral
 22 director for the weight, and he was 29 stone, and then
 23 they deducted the weight of the coffin, so it left
 24 almost 4 stone of a difference. So my children and
 25 everyone that carried my brother's coffin therefore had

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1 to sign a document, you know, kind of at their own risk
 2 for the weight of him. They wanted to wheel him on one
 3 of those trolleys, but we said, "No, they want to carry
 4 him".
 5 Q. Okay. It's probably a slightly small point in the
 6 general scheme of things, but one of the things we are
 7 hearing about are some of the practical consequences
 8 after death and what crops up. One of the points you've
 9 made is that, because your brother worked for himself as
 10 a chef, he had various bookings and people had been
 11 looking to you for money that he was paid.
 12 A. Yes, that's correct. They started messaging me on
 13 Facebook Messenger and stuff like that, and I just
 14 explained — I don't know what happened at the time.
 15 I can remember getting a phone call on my landline while
 16 he was on a ventilator and it was something to do with
 17 like events bookings. I don't know if that was maybe at
 18 the time when my brother maybe started working for
 19 himself. I haven't got a clue. But they had my phone
 20 number anyway and the woman suggested that we go on
 21 Facebook and put a message up to say that my brother was
 22 in hospital and, in turn, because of that, people
 23 started messaging me. Obviously at that point in time
 24 I was in the hope that my brother was going to be coming
 25 out of that hospital alive. Then some of the messages

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1 started getting cheeky and stuff like that, and then
 2 I thought, "Do you know what ..." —
 3 Q. Something you could have done without?
 4 A. Absolutely.
 5 Q. The funeral I don't think was restricted —
 6 A. No.
 7 Q. — in terms of numbers?
 8 A. No.
 9 Q. And you make the point at paragraph 49 that your brother
 10 wasn't vaccinated.
 11 A. Yes.
 12 Q. You also say that he wanted to wait and see. Can you
 13 just explain what he'd told you about getting
 14 vaccinated?
 15 A. Yes. So what had happened actually, my father-in-law,
 16 who has sadly passed away now — he died suddenly in
 17 the January after my brother — he'd had the vaccination
 18 and he took a reaction to it and a doctor came out and
 19 administered him with penicillin. He was in his bed at
 20 the time and they had to administer him — I think it
 21 was an injection of penicillin for this reaction he had
 22 taken. So we were a bit cautious, if this was a drug
 23 that you would have to get if you were taking any kind
 24 of reactions, then that's not something that we could
 25 have had because we're allergic to penicillin. So we

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1 decided, "Do you know what, we'll just wait and see".
 2 Q. Okay. We'll just leave that. Right. I referred at
 3 paragraph 52 to your special bond with your brother at
 4 the very beginning of you giving evidence, Ms Stewart,
 5 but perhaps in paragraph 53 you tell us really the
 6 effect that this has had on you. Perhaps you can just
 7 read that, please.
 8 A. Yes.
 9 "I haven't slept a night since 17 September ...
 10 I just keep going over and over it in my head. Why did
 11 I not make him go to the doctors. Why did I not go
 12 through and take him to [the] hospital. The guilt is
 13 killing me."
 14 What I mean by that is I left my son to take my
 15 brother to the hospital. I didn't go with him.
 16 Q. You were ill at the time?
 17 A. I was ill at the time but I left my son to go alone.
 18 Q. And one of the further effects on the wider family, you
 19 make the point that your son had a problem — ended up
 20 having to go to Ninewells the following year and he saw
 21 what he took to be "the thing", as you put it, "they
 22 took Uncle James away in".
 23 A. Yes, that's right. So it was on 21 October 2022, my son
 24 ended up having to go to hospital, and I think that
 25 was — that was the next time I ever set foot in that

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1 building, and I had to go in with him, obviously. I was
 2 absolutely terrified, but I had to be there with my son.
 3 And we'd seen — we went to get a drink and we ended up
 4 having to wander about in the hospital because it was
 5 late at night, it was in the middle of the night, maybe,
 6 and we ended up way down at the bottom of the hospital.
 7 And it was like a bed and it had like a grey tent thing
 8 on it, and my son told me, "That's the thing ..." — it
 9 was like they got zipped inside it, and my son told me,
 10 "That's the thing that they took Uncle James away in".
 11 Q. Would you read paragraph 55, please?
 12 A. "I feel like we abandoned him. We left him. My heart
 13 has been ripped out [and] I'll never be the same again.
 14 It makes me question everything. [First we lost our]
 15 mum and now [we've lost James and his] boys [are going
 16 to have to grow up without a dad", like me and James and
 17 [redacted] did without our mum.
 18 Sorry.
 19 (12.32 pm)
 20 (A short break)
 21 (12.35 pm)
 22 MR GALE: I need to correct myself. It's Ms Thomas, not
 23 Ms Stewart. I do apologise.
 24 A. That's okay.
 25 Q. We all make mistakes, so my apologies to you for that.

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1 A. That's okay.
 2 Q. Thank you for reading that paragraph. I realise it was
 3 a bit of an ordeal for you but thank you —
 4 A. That's okay.
 5 Q. — for telling us about that.
 6 You tell us about the lessons that you feel should
 7 be learned. Again would you mind reading that? I don't
 8 think it's quite the emotional part of your statement
 9 that the last paragraph was, but if you could read that,
 10 please.
 11 A. Yes.
 12 "I feel that things have been made worse because of
 13 the way the NHS and the Fiscal's Office [have dragged
 14 this out] their inquiries [or should I say
 15 'non—inquiries']. Nobody should ever have ... to go
 16 through that. The NHS and the Crown Office should be
 17 more transparent in their dealings with people who have
 18 had to endure such a bereavement. When the Crown Office
 19 said there would be no further investigation into [my
 20 brother] James' death, they gave no explanation as to
 21 why they came to that decision. That can't be right."
 22 That's basically because, you know, I've asked
 23 questions: did they know about all the things in his
 24 records? Were they aware of that? They won't even give
 25 us information as to what the pathologist reports

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1 obtained. They won't tell us anything. I've put in
 2 subject access, freedom of information, everything.
 3 It's shelved. Somebody else can read it; our family
 4 can't.
 5 Q. Thank you. Your hopes for the Inquiry are set out in
 6 57. Would you just read that, please?
 7 A. Yes.
 8 "I want to know where Covid came from. I also want
 9 to know what the government are doing to make sure [that
 10 this] never happens again. Nobody should ever [have to]
 11 go through [this again] what my family [have] endured."
 12 Q. Ms Thomas — I'll get your name right this time — thank
 13 you very much for your evidence and for engaging with
 14 the Inquiry.
 15 A. Thank you for giving me a voice today.
 16 MR GALE: Thank you.
 17 THE CHAIR: Yes, thank you. That's all. 10 o'clock on
 18 Tuesday morning.
 19 MR GALE: 10 o'clock, my Lord, yes.
 20 (12.37 pm)
 21 (The hearing adjourned until
 22 Tuesday, 28 November 2023 at 10.00 am)
 23
 24
 25

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