

Paul Bennett: You need to agree to that now.

Sheila Ward: [inaudible]

Paul: Yes, it's certainly not. Everything seems to be happening so it would seem okay. Cool. So, first of all, I formally have to ask that you give your consent to take part in this study. So, we're going to record it, as I said in the little bit before, we will save the transcript and delete the video. If you choose to remove anything, you can say, "No, I don't want it to be involved." Then again, we will remove that. So, it is entirely up to you. So, are you happy to proceed on that basis?

Sheila: Yes, that's fine. I give my consent.

Paul: Thank you very much. It's all very formal. I know, but It's [inaudible].

Sheila: Yes.

Paul: So, basically, as I said in the preamble, what we're doing is we're getting the stories of people that have, on the whole, as you've noted, have fits, and then survived, and gone on, and had their own personal experience. So, I know it's different for you. What we normally do is we collapse all the bits of stories that people tell so when we report it, it's an amalgamate of those stories. So, what I hope to be able to do, and if you know anybody that is in the same situation as you, if we need to get a few more people that have suffered a bereavement so we can collapse those stories. So, if you know anybody, if you could tell us and see whether they'd be willing to take part as well.

Sheila: Yes. Well, I'm part of the group that Martin Bright is a member of.

Paul: Yes.

Sheila: I know of at least two other bereaved people. And I know you've probably heard the story of Dr. Steven Wright. His mom was interested and possibly contacting you. I don't know if she has, I'll give her the details.

Paul: No. Because the previous study was on the website, I think a couple of people have gone to that and maybe not progressed because we didn't proceed. But yes, if there are people you know, it'd be great if you could talk to them. So, now we've got roughly an hour. That's what it normally takes, more or less. It's up to how much you want to say and what the story you've got to say is now, but pretty much over to you now. So, what happened? What's the story that you want to tell?

Sheila: Well, I think most of it was in the article lately. Steven had the AstraZeneca on the 10th of March. By the 21st of March, it started with a headache. Never really thought much of it because he'd been laying at a patio at his mum's that day, just point down to doing too much. And then on Monday, when I went to check on him, he'd... Sorry, I still find it very difficult. I'm going to be okay.

Paul: That's okay. Is there anybody... Sorry, what I should checked before is, is there anybody around that you can talk to after this? Is it [inaudible]?

Sheila: Yes. He'd developed right side weakness and was having difficulty speaking. Obviously, my immediate thought was it was a stroke. So [inaudible]. Fortunately, because of the speech difficulties, I was allowed to go with him to the hospital. And when he got to the hospital, he was treated for a standard stroke but had a reaction to the initial treatment because he was within the [inaudible] four hours for after [inaudible], and so they stopped that. They re-scanned, because the initial scan had shown the clots. And then the second scan indicated that he got a clot, a sign of cerebral venous thrombosis and the blood results came back with the very low platelets.

And I was quite fortunate really because I had never attached it to the vaccine. And it was the doctors who said to me that they were treating for vaccine-induced thrombosis and thrombocytopenia suspected at that time. Well it was still the early days, so the treatment was still, I suppose, an experimental treatment as to what was the best way to treat it.

Steven was then taken to a ward at which stage it hurts leaving. And then the following morning, I was told we'd had some more seizures, [inaudible] down seizures, while I was in [inaudible] as well and that he got to be operated. His brain needed operation to release the pressure. A couple of doctors said they were treating for vaccine-induced thrombosis or thrombocytopenia.

Steven never woke after the operation. So, within 24 hours he died and said [inaudible]. They had a couple of phone calls with the GP when he initially died within the first week. And then that's it really. Whenever I was [inaudible], I didn't go back work initially. I was off for a few months. But I've never spoken to a GP since. It's always been through the receptionist. She's just done the sick note for me. They did offer me bereavement counseling then, but obviously, at that time, I think I was still in shock. I wasn't ready for any counseling. I had a call from the lady, Dr. [inaudible], the consultant hematologist took about four weeks after Steven died. And she asked every details that could be used in research, which obviously, I chose to do.

Basically, there's been nothing since. There has been no support from them to improve the group. The group that we, Martin [inaudible] and the rest of it really. It feels like you're just being left, just accept it. The coroner [inaudible] to confirm it that it the death was caused by complication of a medical vaccination. You've obviously seen a death certificate where it says the administration of the AstraZeneca vaccine caused thrombocytopenia syndrome causing several Cerebral Venous Thrombosis into severe [inaudible]. And that we had to know the cause, that's the sole cause, and then just left. We have had some acknowledgement because we are one of the few that had been awarded payment from the Vaccine Damage Payment Scheme but that's taken almost a year to get that recognition.

Paul: Yes. Did you get a full amount or?

Sheila: There's only a set of one amount, you either get it or you don't.

Paul: Ah, right.

Sheila: So no, it's not incremental. You either qualify or you don't qualify. But even with that, the initial contact with the Vaccine Damage Payment Scheme was to explain the situation and ask whether I'd be eligible. And the reply was basically, even if you can establish causation, death does not necessarily satisfy the 60% disability criteria.

Paul: That's bizarre, isn't it?

Sheila: I don't know what it does satisfy then. So, even all the way through that, we've been financially worried as to whether... I mean, I'm better off than some because I don't have a mortgage, fortunately. But there's still the pressures of whether you'd be able to keep your home in the long run. But at least that's taken that pressure off, financial pressure. But I don't know, it just feels like it's happened and 'live with it' sort of thing. It's just abandoned and I probably still got questions. Even the coroners really. Some coroners, I know that other people have been really good and open. But I felt like I had to harass them to get any information and that it was very limited. But when I've read back on the reports when they've come, when I had the bundle for the inquest, it does actually say that he, more or less, agreed that it was the vaccine, but just wanted to confirm it by an expert. But he didn't even say that to me at the time. We were just left wondering for 10 months. So, it was only really confirmed when I got the bundle and it said the actual definition that the coroner had given. I don't know.

Paul: It may seem a daft question, but why was it important to know? How did that help or what was that about?

Sheila: I think you need that honesty and acknowledgement that you're not left up in the air wondering whether it was or it wasn't. And I suppose, although we trust as God in the authority, it just gives you that little bit of trust that they're being open and not hiding things from the authorities point of view. It feels very much like it's a hidden thing, the side effects of the vaccine. Because I'm not anti-vax, I've had three vaccines. But I do feel that people need to be aware and give them the choice. I think it's about choice.

Paul: Yes.

Sheila: And also, like in our situation, it was March the 23rd when Steven died. Steven Wright died in January. People should have been aware. It means Steven had a headache for three days. Had we known that that was a potential, perhaps we might have got checked out sooner rather than leaving it until it got worse.

Paul: Yes.

Sheila: So it feels like it was important for them to acknowledge that these are things that are happening in order to possibly find better ways of treatment and also to warn the public what to look out for.

Paul: Yes.

Sheila: Yes.

Paul: So, it feels like you just... Well, it doesn't feel like. You clearly feel abandoned. You feel like no one's really...

Sheila: Yes.

Paul: Support or information.

Sheila: Mm-hmm.

Paul: What sort of support or information would you have wanted if you could have had that?

Sheila: I think just someone to ask questions when they pop into your head, because random questions will pop in. And because we have got two boys, well they aren't boys, they're men now, two older boys who ask questions like whether these have any genetic connections.

Paul: Yes.

Sheila: Things like that. And for family members, Steven our brothers and sisters, whether there was any risk to them and nobody's... I don't know, nobody's asked us anything or I feel like they've just had all the information taken away but done nothing with it.

Paul: Yes.

Sheila: Yes. Nobody's fed back anything about anything. Often in the research document that Dr. [inaudible] did, but even that, she asked me for permission. But then, I just found it when I was searching around the internet for information about this.

Paul: She didn't actually...

Sheila: Tell me that she'd done the paper. I came across it by accident and recognized it.

Paul: Yes.

Sheila: And so I emailed her and said, "Is this Steven?" Because I was too mad because the actual age is wrong, because Steven was 57, not 55 when he died.

Paul: Yes.

Sheila: So, it was in the dark to whoever it was. But it all was so exact to what she described on the phone. But now, it's just a very strange situation. It isn't like a normal bereavement because of how it's happened, because I had the additional load. Steven supported his mommy until she was 88 to remain independent in her own home with his sister and brother. So, when Steven died, I also had to take that responsibility on as well. And then she died in January as well. Like I said, it just feels like you've been abandoned.

Paul: Yes.

Sheila: Just...

Paul: So, what's life like on a day-to-day basis? How do you feel? How's this affected you?

Sheila: I think go back to work after about three months I worked with people with learning disabilities. I have done that since the last year. I worked people with learning disabilities.

Paul: Alright.

Sheila: I used to be a learning disabilities nurse. And then about 10 years ago, as my mom got older, I gave up nursing and went back to just being a support worker a few days a week in a day center. But that's odd because there's a lot of people with [inaudible] seizures. Obviously, every time I'm working with particular [inaudible] I get more anxious. So, obviously, it takes me back there. And then, I was looking after Steven's mum as well and then near stayed until she died with the other family members. And then, I was off a few months again and then I've gone back. But I think I'm more or less mainly mad up now. I don't finish it. I suppose it's avoidance really, but that's what's best for me.

Paul: Yes. Mm-hmm.

Sheila: Don't know what I'll say really. I mean, she'll fill the practical advice people need as well. I mean, as I have said, I'm fortunate because Steven had retired as well. So, it's a bit like you've lost your future as well.

Paul: Yes.

Sheila: He'd retired the July before he had the vaccine. Can't get my years right now, July 20. Partly to look after his mom, but also, he was going to stop working, just part-time. And like all your plans for the future have gone. It's a very strange situation. It doesn't feel real still.

Paul: Yes.

Sheila: Even though it is, it's still taking a [inaudible].

Paul: So, how does that feel on a day-to-day basis then? Do you miss him on a day-to-day basis? I mean, talking now, you're clearly very upset, but is that...

Sheila: Yes, I am like this all the time. Because I [inaudible] it keeps you bottled in. I don't tend to talk about it.

Paul: Mm-hmm.

Sheila: And particularly, initially, why I didn't know that it was definitely the vaccine. I didn't talk about it. I think you've got that, particularly being the sort of person I am, you've got that worry of, you didn't want to say it was anything to do with the vaccine and put [inaudible] having the vaccine. Because you didn't want any harm to come to someone for not having a vaccine. So, you feel like you want to warn people, "Be careful. You need to be aware of your side effects. You need to consult a doctor." But equally, you don't want to scare people of not having the vaccine or the vaccine [inaudible] thing for them.

Paul: Yes.

Sheila: So...

Paul: So, that's quite a delicate sort of thing isn't it? Because it's [inaudible] story but you don't want to...

Sheila: Yes, because that's the same situation now. I'm a bit more open about it now. It doesn't bother me quite so much when I talk about it. But I know initially with the group, say I have a group from Hausfeld, she asked if people wanted to talk to reporters and things. And now, I wouldn't, because as I say, I didn't want to be responsible for anybody becoming seriously ill or dying through not taking the decision that was right for them. But I think now, well you become a bit, "Well, nobody's looked after you, have they?", which it certainly has that type of effect on you, which I suppose is one of the things at work when I see people moaning or whatever. I think [inaudible].

What do we expect from people?

Paul: Yes. It changes life's perspective, doesn't it?

Sheila: Definitely. I think you would just like somebody come to you and just say, "We're sorry it's happened."

Paul: Yes.

Sheila: My sons still own quite a few, I don't know, letters and things, and yourself included, you get this reply. I bet you've heard from Martin when he got there. "Sorry for your bereavement, but the vaccine saved this many million people.", as if your one person and didn't matter.

Paul: Yes. So, there's no acknowledgement of the impact on you?

Sheila: No, absolutely. That's exactly it, yes. It is very much looked up from the authorities as what it's done for society rather than for any one individual.

Paul: Yes.

Sheila: And that's probably the same for all the other deaths that have occurred. "Well we did what we thought we needed for the rest of society." But then where is society, when it's gone wrong? It doesn't come back to look after you.

Paul: Yes. I suppose that's what I was thinking when you say you haven't had a normal bereavement in the sense that he elected to do something on government advice for the better good. And then, he died. I mean, that's very different to just a random illness or whatever, isn't it?

Sheila: It is. I don't know whether you read around the subject, but [inaudible] wife, Lisa Eve died. He quoted, "Nobody said after the Manchester bombing, 'Well done for all those who survived.', did they?"

Paul: Yes.

Sheila: It's that sort of situation. It's like we're an inconvenience really.

Paul: Yes.

Sheila: It feels very much like that, that we're going against what the government wants to do. And it isn't that we've done that because we've done what they asked us to, and I'd love to understand what they asked us to do, we did. What they were telling us was the right thing and it wasn't necessarily right for everybody. But they don't seem to acknowledge that.

Paul: Yes. One of the arguments about the vaccine compensation scheme is that it is such a trivial amount. I mean, it's a lot of money, but in terms of a young person with life ahead, they're not going to earn [inaudible], it's trivial. I mean, how could they? Is it about being more realistic about the money, easily getting the money? Is it about a public acknowledgement? What do you think should be done for you guys?

Sheila: The scheme? I just feel like that's just been killed completely and badly handled by the schemers. The amount should be staged to take into account people's different circumstances. Because my circumstances are far better off than somebody who's been left with a disability, and the partner's got to give up work to look after them, and they've got young children. It should be more along the negligence line taking into account people's circumstances. I'd definitely go with that. The application process is a bit rubbish if you've been left with disabilities and you can't actually fill in a form all right. There's no electronic version and you just pop your questions out. Then when you've actually got the money, if you're already on benefits, it's only disregarded for 12 months. So, then you've got to go through the hustle of setting up a trust to protect the money so you don't lose your other benefits.

Paul: My God.

Sheila: It's disregarded as capital for 12 months. After that, you need a trust, otherwise you'll lose your other money.

Paul: That's horrendously complicated.

Sheila: Which in my situation, I don't think I'd be able to set up trust anyway because when they set up the trust, it's for the person who's disabled while Steven's died, aren't it? So really in our situation, it's for the family rather than for the individual. Fortunately, we're not on benefits, but you do wonder why it's so complicated and why when it's been given for a reason like that somebody's disability doesn't go after 12 months.

Paul: Absolutely. Yes. I mean that's what we're learning, isn't it, that people...

Sheila: [inaudible] I've got my dog but I've also got my other son's dog. I'm dog-sitting. Let me just move her.

Paul: Oh, I don't mind, really.

Sheila: Winnie, go back. Go back. Thank you.

Paul: I've got a barrier on the stairs for my dog so she doesn't come up and yes, she can.

Sheila: We're in the kitchen so any noise in the road and she's there at the door, barking.

Paul: Absolutely, yes.

Sheila: And just the lack of communication with the vaccine guys payment scheme. It's just a bit of communication I've had with them, I've had to initiate myself. And I don't know, I just think they were ill-prepared or they were either very naive not to think that there would be severe side effects. Particularly when you read more stories about the swine flu vaccine, I think they should have been better prepared. I mean, I'm allergic to aspirin. All medication has some sort of side effect.

Paul: About AstraZeneca, I mean, the government has some issues. What about AstraZeneca? I mean, how do you feel about then?

Sheila: I think they're appalling to be honest. The way that they've just stoked the shoulders and said, "Well, it's just one of them things, isn't it?" They've not accepted any responsibility, or even on a model level, they've not acknowledged, or been sorry about enough. If you listen to the CEO, it's because they've had bad luck and bad publicity more than it's a problem with the vaccine. And that's another issue that really, I've got to admit, irritates me, how they've all been knighted. If people died as a result of product, yes, they may have saved lives, but there's no acknowledgement. For us, again, it's just left... Winnie, go on. Go on, quick.

Paul: There's a book by a vice president, I can't remember now, about the environment. And he calls it an inconvenient truth.

Sheila: Yes.

Paul: Like you are, as a group, a sort of inconvenient truth.

Sheila: And I mean that's really the bulk of the support most of us have got, it's from each other. I mean, we were just lucky really, that Sarah was willing to do all the pro bono work she's been doing. Mainly to deal with fighting the Vaccine Damage Payment Scheme and trying to get reformed, that we've sort of even come together really. But even that's odd sometimes. As much as I can understand why people are anti-vax. I can't go down that really anti-vax route. They knew what they were doing and I can't believe that they would knowingly put out this drug knowing that it's going to people on purpose. I'm not a scientist so I don't understand all the figures that are coming out, which is probably part of the problem because you're getting all this mixed information from anti-vax conspiracies. And then you get the government who talk about you to say there's no problem whatsoever. It's like two extremes, and no acknowledgement in the middle, and being realistic about it.

Paul: There's no truth in the middle. It's just biased on [inaudible].

Sheila: Yes. I don't know if you watched that program, that BBC program a few nights ago, the one where they had the anti-vaxxers. The [inaudible] scenario. There was no real acknowledgement for the harm it's done to the families. Just that [inaudible] that matter care but, "There you go. Carry on." sort of thing, isn't it?

Paul: Yes.

Sheila: It's that lack of acknowledgement and care that's being shown to the people who've been affected. And I'm just really glad really that the hospital that Steven went to at Rose Oak was really open. I mean they purposely kept saying to me, "This is what we're treating him for." But on that day Steven went, he was the third case over those few days.

Paul: Yes. Astonishing, isn't it? There's a lot out there that hasn't been acknowledged perhaps. I don't know.

Sheila: Yes, I mean I know it's a trauma center for [inaudible], but I don't know. It still seems a lot of it's so rare, to have three cases within three or four days.

Paul: Yes.

Sheila: And also, at the same time, one of the other members of the group was in there with the GBS as well. So, there must have been a lot going on in March. That's all I can say.

Paul: It is interesting because I've seen quite a few people now through from [inaudible] UK and they do seem to be clustered into certain areas. Norfolk is one, the same hospitals, and you wonder are these just the really good hospitals that are identifying these things? And there are others where it's just not being recorded or whatever. It's slightly weird.

Sheila: Yes, because it was the same with Vicky Spit. She's been in the news as well about a partner who died. He was in the same time as Lisa Sure was.

Paul: Mm-hmm.

Sheila: It seems to be. And then you start wondering, well was there some problems with the batches? Or was there some problem with the training in particular areas at those times? Or was it just sheer numbers of the number of vaccines being given then?

Paul: Yes.

Sheila: I don't know. But then in April, quite shortly after Steven died, all the guidelines came out for the treatment of it.

Paul: Mm-hmm.

Sheila: So, for the guidelines to come out so quick, you're thinking, "Well, how many cases had they had before and why weren't we warned sooner?"

Paul: Yes.

Sheila: That frequently goes through my head. Could we have done anything? I mean, at that particular time, I'm told the research indicated that 85% of the people who had the CVST with the vet died. The treatment was very poor at the time. But I know Steven went so close to when he died. If it had gotten out sooner, could they have done more? Is that the issue that people weren't warned? So, you didn't attend hospital sooner before the condition deteriorated. It's all 'what ifs'. And I suppose you only really know the answers. If you could rewind history, and run it again, and do it a different way.

Paul: It needs to be done, doesn't it? I mean, part of the review of the whole response to COVID needs to look at this, doesn't it?

Sheila: Mm-hmm. I suppose that is one blessing that at least we're going to be included within the COVID inquiry now.

Paul: Yes.

Sheila: Sarah and the rest of the group we're working with [inaudible] and they've represented the Hillsborough Inquiry and the Grand Fell.

Paul: Uh-huh.

Sheila: So, they're applying for core participant status for us. So, at least then we might be able to get some answers. This all seems very secretive. I don't know whether that's because the conspiracy theory starts running wild as to, well is there a lot more going on than what we've been told? And are they scared? Because, of course, if there's civil unrest [inaudible]. Anyway, you talk to some people, they seem to know lots of people who were vaccine-injured. And then to be perfectly honest, I only know one or two locally. Obviously, through the group, I know quite a lot because there's 95 just in Sarah's group. And then I've met other people via other forums. But locally, to me, I don't particularly know many people who've suffered any lasting side effects should we say.

Paul: Do you meet these people physically or you just know of them so to speak?

Sheila: The group with Hausfeld, we've got WhatsApp. We're chatting all the time, most days. I can let Anne know how today's gone and then she might contact you and Vicky, she might contact you. But generally most of the ones I talk to are the ones who are the members of the Hausfeld group [inaudible] and we tend to have chit chats on WhatsApp. We just got a big support group on WhatsApp and people just bob in and out when they want. They've got replies from letters and there might be things like we've all [inaudible] done freedom of information to get a record from the VDPS to see what records are going towards the assessment. And someone was having problems so we just share information on how we can help each other to get things we're looking for. So, on a practical level, we help each other there as well. And then we do have a good whinge when we're feeling a bit down. We go, "Ugh." in the application and then laugh.

Paul: It's an interesting one, I think, support groups. It sounds like it's been a very positive experience for you, but it can be quite negative, and it keeps... I used to work with cardiac patients. And most of them, after they had rehab, would drift off and do their own thing. But there's a group that just stayed in a long-term rehab type and I was always concerned that it kept them as being a cardiac patient. They were stopped. I mean, Joe Blogs who had a heart attack a while ago, [inaudible]. I want to know, how do you feel about it and how do people generally feel about these sort of support groups?

Sheila: I don't know. We say it's a support group, but it's more just a chit chat than a support group because it isn't formal. Nobody runs it. The legal side that Sarah runs, it's called Hausfeld, a vet support group. But that's more from a legal side. And then since central [inaudible] [crosstalk]

Paul: So, many people have said this to me and I don't know...

Sheila: H-A-U-S-F-E-L-D.

Paul: Right, okay. Is that someone's name?

Sheila: No, it's the law firm.

Paul: Oh, right. Okay.

Sheila: [inaudible] But Sarah Moore is the lady we work with. I mean, she's not anti-vax at all. She's very sensible. Well, I like her because she's sensible. She doesn't go down into that sympathy bit with the issues. She's empathetic and then, "Just get on with it. This is what we're doing now." But we work with her more from the point of view of the campaign, [inaudible] the Vaccine Damage Payment Scheme we formed. But she's also altered in a lot of ways that she arranged for a Zoom meeting with Professor Scully and Professor Makris, does low hemophilia stuff.

Paul: Oh, yes.

Sheila: M-A-K-I-R-S, I think it is. I think he was at Sheffield.

Paul: No, I know Beverly Hunt who's sort of, she's Thrombosis UK. She's quite... Dr. Scully gets a lot of mentions.

Sheila: Yes. So, she came on and also this other professor and they were [inaudible] because they answered two questions from the group. And particularly for those people who are still affected by it as such, I feel like sometimes I'm on the outside looking in because [inaudible] affected. It's all the emphasis, not the [inaudible], is on the people still receiving the treatment and they've forgotten about the relatives.

Paul: Mm-hmm. Does that feel fair? Because I mean I think there's people like yourself that have been bereaved, but there's other people that are now having relationships incredibly disrupted. You're married to...

Sheila: People become carriers, don't they?

Paul: And you become a carrier, yes. I mean, do you think there should be more emphasis on those affected, not just the patients?

Sheila: Yes, I think so. And I remember Martin, he put an email or some letter he'd found about.... Who was it? Who did it? It was the person who worked with Professor Scully and she must work for the NHS. And she'd put a letter out saying that [inaudible] as a vet should be referred for psychological counseling and their families.

Paul: Mm-hmm.

Sheila: But I doubt very much that happens because I suppose, I'm quite practical. And I just think, "Well, there's a lot more people worse off than me about that so get on with it."

Paul: Is it easy? I suspect not.

Sheila: No. Say with the support group, in one way it's very good because there's people you can talk to without feeling you're going to be attacked. "Well, my relative died COVID." or "Well, my grandma died." It's divided society very much, the way that we care about each other be... It's like if your relatives died from a vaccine problem, you're opposed to somebody who's died from COVID. Well, you're not. You care about everybody, not just your situation.

Paul: Mm-hmm.

Sheila: And I think sometimes the support groups can become very narrow in what they think they can become. As you said, sometimes you become the condition in some ways, don't you? You don't look outside of that little world.

Paul: Yes. And that's [inaudible].

Sheila: What's happening outside.

Paul: Yes.

Sheila: But then on the other hand, I feel that I want to be part of that wheel because people need to be aware. There needs to be more support for people who've done the right thing. And more recognition, financial and emotional support for people who've suffered. So, I don't feel like I can just walk away from it either. You feel like you're in a bit of limbo really. It's so [inaudible], yes.

Paul: So, partly gaining support but also partly demanding, if I can use that strong word, support from government, from health, or whatever?

Sheila: Yes. So I'd say a very strange situation where you want to try and deal with what you're going through, but you can't deal with it on a personal level because things need to change that affect more people. It's not just about you. I suppose it's how the government feel about the vaccine-injured. It's not just about all [inaudible]. But we're thinking of it, it's not just about my family's been injured but all the others who've been injured.

Paul: Yes.

Sheila: I suppose, in some ways, that's how the Inquiry hopefully will help a lot of us, is if we get some answers and get some recommendations of how things should change. I think had we not been included in the Inquiry, then that would've added damper on a lot of people. Because we've had a lot of ups and downs where we feel we've made a bit little bit of progress. We've got some MPs talking to us and then all of a sudden they blank us. It's like any of the letters. We compare letters and it's like the cut and paste brigade. Every letter, doesn't matter who sent them to you, they must have a shared drive where they just take phrases off. And that doesn't help either, because then it's not personal.

Paul: Yes.

Sheila: But then they really sternly think, "Well, they have to do that because there's legal things as well." I suppose, someone is scared because of legal action, which is another thing that causes a lot of anger really, is the fact that these companies were indemnified.

Paul: Yes.

Sheila: And really are taking no responsibility for the people who've been harmed.

Paul: Yes.

Sheila: Which I could understand that that was the only way they would release the vaccines because of the risk. It would've been not fully tested. But if now they're saying they're so safe and it's so rare, why haven't they stepped up and said, "Well, it's happened to a few people. Let's help them."

Paul: Yes. Absolutely.

Sheila: So then, there are conspiracy theories [inaudible], perhaps they didn't save a few, perhaps they're worried about the final consequences to their company because it does more than what they're saying. It's like you're bobbing all over the place all the time in your thoughts. Sometimes being very practical and sometimes being quite negative about it all. It's like it's there all the time really. And I know from one of his sons, he's particularly angry about it. He's very much writing to people, and asking things, and just allow the question. You just get told, "Well, the government indemnified us. It's not our problem.", that sort of thing. And even the [inaudible]. I've written to them and asked them about Steven's case, but they don't give you individual reports back on the investigations. It'd be nice to know, has any of the information taken from Steven's case been used to [inaudible]? Or we found a common cause and... That's why I say nobody really knows what happened. But nobody really knows why some people who were vaccinated have never been [inaudible].

Paul: Yes. So you said you live it everyday? What's that experience like? How does it affect you?

Sheila: I think I'm preoccupied all the time. It's very difficult to get over things and to enjoy other things. It's sad all the time.

Paul: So, what is it? Is it thinking about why? Is it thinking about...

Sheila: Yes, thinking why you can [inaudible] now. I'm trying to get a response from them. Someone will point a finger on what's happening and you're constantly trying to figure what you can do to raise awareness. I think we all do a lot of [inaudible].

Paul: In an odd sort of way, how is it destructive? [inaudible]

Sheila: I think it can be both really. I tend to do very much from the point of view of not necessarily telling me a story. I'm not just saying my husband died from the vaccine but not going into any detail about them. I tend to use Twitter to promote the campaign group, the Vaccine-Injured Bereaved UK, it is on twitter, to get people to sign up for the campaign so we can use the numbers for government things, for change. And also, with the Inquiry, we're doing a lot of posting about contacting [inaudible], looking for people [inaudible] so they could represent the COVID Inquiry just so people have somewhere where they can get their voices heard. More from the point of view of [inaudible] I think. But yes, you can get a bit [inaudible]. It can be hardly felt some days.

Paul: So, what will end this? Is it the COVID inquiry? Is it the compensation from the AstraZeneca or the government? What's the end goal?

Sheila: I really don't know. I think changes in the Vaccine Damage Payment Scheme would mean a lot to me. Even when we had the payments a few weeks back, I can't say I felt happy about it. It felt like the monument, nothing. It's about to give more [inaudible]. It's more of the acknowledgement. More than anything, it's the acknowledgement. It feels like it's telling so many stories with people going to the aspect where they are not diagnosed, more recognition by the health services and the professional services happening. It's that acknowledgement more than anything. People talking about it or at least taking to us about it even if they are not talking to the wider public. The vaccine minister, people have written to him and basically got the same response of, "Sorry for your bereavement but we saved many. Can we talk to you on what do you think we can do to improve things?"

Paul: Literally, it feels the political response rather than personal.

Sheila: Yes, with the Vaccine Damage Payment Scheme, between us, we identified that they are saying it's because they haven't found a link. But really, they found a link from the information centers from the MHRA. Nothing changed from October to now, not really. But what we did find out, and feel free to move information, that when they changed from the DWP Administrative Scheme to the NHSBSA, they had gotten a contract in place from November to March to access claims. It's like they lied to you all along. Had they said that, "We haven't got a contract in place." to "We've been inefficient. We're doing our the best now." We might have a bit more faith. It's those sort of things that make you angry and less trusting should we say of the authorities. And then we saw the contract advertised. On March, we found that one. [inaudible] there's a research. We found the contract advertised. And then they started, literally, between the 1st of November and I think it was the 21st of March. There was no capacity to assess any vaccine-injured claims. There's a complaint to them actually. Unless you know all the things that was included. And the answer from the complaints, well, she goes, "They passed the standard. These are new vaccines. That's why the delays...", and not even acknowledging the fact that they didn't have a contract in place. Even though you are told, it's just... You find a lot of these little things out.

Paul: So then, it reduces trust in all the rest of I guess. [inaudible]

Sheila: Even the little things like... I haven't really thought about it, the research about why did they just use the [inaudible]. And there's various bits of research about clots forming if the vaccine gets into the [inaudible]. Did they change that rule? I don't know. It seems to be more questions than answers in a lot of ways.

Paul: I can't remember his name now. There was a guy on YouTube that talks a lot about that. Do you have sources of information that you do trust?

Sheila: Not really. I just read about different things and then make up my mind as to whether I think they are realistic or not. I mean, when I was a nurse, we always aspirated. I was never told not to aspirate but that was 10 years ago that I left medicine so I don't know if the rule has changed.

Paul: Well, [inaudible] enough, I used to be a nurse. And yes, we do aspirate. [inaudible] straight ends.

Sheila: [inaudible] makes me think, "Well, surely, we have to [inaudible] more veins [inaudible] have been affected." I don't know. [inaudible]

Paul: Yes.

Sheila: It's not knowing why it's happened really and nobody seeming to... At the the time with Steven that is, I can remember being on the tally about AstraZeneca. It was being criticized [inaudible]. You're trying to blame AstraZeneca because you don't want it to do well because it's got British connections. [inaudible]. You just don't know, do you? And then the figures about how many have died of COVID, that many have died of COVID. That's all strange [inaudible]. You just doubt whether the situation was made up, I don't know. I mean, we've had COVID, me and Steven, before the vaccines. Honestly, I was the one who was purely ill but it was okay. We sailed [inaudible]. [inaudible] what the vaccine was doing, really.

Paul: It's ironic, isn't it? Most of the people I've seen have now had COVID. Maybe because they had been vaccinated, it may be because they have [inaudible] strain or whatever but, yes, it is somewhat ironic, I think.

Sheila: Which [inaudible]. You've got to live with it now. I don't know. I've expected numbers to not flow massively as soon as we opened [inaudible]. I don't know. It's one of things where there's a lot of doubt about the statistics.

Paul: Absolutely. I mean, both ways. They're just statistics to be honest. We're probably underestimating or overestimating. It's just the whole thing about, "Yes, you died with the COVID but did you die of the COVID?"

Sheila: Well then, if you haven't caught the COVID, would your condition have exacerbated to COVID? Anyway, there's so many facts that COVID did kill you in my eyes. [inaudible] die had you not caught COVID. But you didn't really, it's exempted.

Paul: It all sounds very cut and dry but it's actually very messy.

Sheila: It's just very uncaring, the way it's all been dealt with.

Paul: That seems to be the general message from you. That seems to be the biggest issue, the sense that you've been depersonalized, that you shut up and...

Sheila: Get on with it. For the greater good. It's for everybody else's greater good, not yours.

Paul: Precisely, yes. [inaudible] Let's call it what it is, a propaganda or... It has saved hundreds and thousands.

Sheila: Well, I think for people like my sons, they'll never trust what comes out from the government again. Even how empty has it's been reasonably, [inaudible] letters for me. One of them asked you but you went [inaudible] from public. It won't publicly support [inaudible]. He says he's spoken to you and he's monitoring the situation. That's as far as he goes. We're a part of the group that went down to GP News and we were talking to [inaudible] and he doesn't understand. He says, "Yes, you had spoken to my [inaudible]." but you thought he would have been someone who would be fighting for the change. He got very reserved and stand-offish about it all.

Paul: It is strange, isn't it? There is such reluctance to stand up.

Sheila: We're not saying, "Don't have the vaccines." We're not saying we're anti-vax. We're saying, "Look, people have done the right thing being a realist. These things happen. Support people." That's the way I see it.

Paul: Or you can ask [inaudible] AstraZeneca anyway. I mean, AstraZeneca is not available, not in the UK anyway.

Sheila: Well, for certain people, it doesn't support.

Paul: I mean, in general.

Sheila: Yes, it more or less stopped.

Paul: Yes, we're popping it off to other countries.

Sheila: I know, which is really scary because a lot of the countries have probably [inaudible] off to. I can go with saying [inaudible]. What's happening? What damage will that give in the long run to their future health needs when they'll never trust the government. It's a bit loud when they say that a lot of black people won't have the vaccine because they don't trust the past experiments they've gone on. Then it will be the same situation for less developed countries. [inaudible] dropping this vaccine off that's killing them all.

Paul: Known to be dangerous. Absolutely, yes. So, we've come to the end. Is there anything that you think I need to know to we need to say in the paper that we haven't covered? Are there any important things that are still there?

Sheila: Not that I can think of. I didn't like the image [inaudible] as well. It's like the reporting system is used to saying how many side effects there hasn't been or to promote something positive about the side effects. But then, they don't seem to be investigating those side effects sufficiently or providing enough information out about them, about the ones that have occurred. I just wish they wouldn't use this, "Well, it saved so many of us so you don't matter." And when you do all these documentaries, you speak to the ICU people and staff who've worked with the COVID patients. Did they have a talk to the ICU people who've treated people with side effects or the consultants about the side effects who've experienced it all very one-sided [inaudible]. It's all very much from the people who've suffered from COVID. As I've said, there's no acknowledgement about the vaccines that have affected families and individuals. That's really what we're fighting for. It's a bit of acknowledgement. We're not fighting for them to stop the vaccine. We're fighting for some support.

Paul: What I'm hoping to do is to publish a synthesis of all of this. The particular journal we're aiming for is the British Medical Journal. It's not the BMJ Houses or the Paper Version, which is really medical. [inaudible] version that is much more varied, psychosocial, as I would call it. We've already published stuff on VTE thrombosis. And we've got really good readership and engagement so the plan is to write a paper for that particular journal because it's read by people like the World Medics and most of it. It takes a while. We need to do the interviews, we need to... So, we reckon, for every one hour of interview, it takes six hours just to get things in size and we have to [inaudible] it up. Don't hold your breath. But we will get it out and I will send you a copy of the paper as well as the draft the will submit to the journal. You can comment on that if you like. You won't be mentioned individually. You'll probably be out to support your quotes or whatever [inaudible].

Sheila: The experiences.

Paul: Absolutely. But no, I think it's been really, really interesting. You've made some really strong points and I'm sure they will get that into the paper so that's really helpful. Thank you very much.

Sheila: I'll tell Anne I've spoken to you and it's gone well. She may contact you. I don't know if she's faking it. [inaudible] Charlotte, Steven's obviously here. I guess, I was thinking Charlotte. Would you be interested in talking to either of them for the [inaudible] [crosstalk].

Paul: Yes, absolutely. The only thing I would say is I'm just about to go on a holiday. So, if they email me, they will be...

Sheila: A delay in the response?

Paul: [inaudible] that it's lack of interest, it's not. It's just that we'll not be looking in our email. I usually do but I've strict instructions to not read emails. But if they do get in contact, we will definitely reply. We'll just be working that one out.

Sheila: That was one more point. I couldn't understand with the VDPS, with the Vaccine Damage Payment Scheme, why they felt it was necessary, after we had confirmation from coroners, to require the medical assessment again. Are they saying that the coroner's decisions are no longer... Because it again raised that doubt of whether any of the systems are being [inaudible] by government aware of the paper they've written on it. You'd lose that faith in everything really because in some ways, they're showing that they've got no faith in the coroner's results by [inaudible].

Paul: Or you get more conspiracies. It's just another barrier.

Sheila: I definitely feel like they'd be [inaudible] to the Vaccine Damage Payment Scheme. They were just using this money [inaudible] as they could to [inaudible] pain. Even with myself, I asked in November. In our situation, [inaudible]. I've never had to get letters of administrations. Steven didn't [inaudible]. Because I have [inaudible] names and I'd always be in the proposed [inaudible] and things. So we never have to get letters of administration. But then, I emailed the VDPS back in November and asked whether it did and they said, "No. Definitely, no." We've come to actually make the payment. it was not for another three weeks where I made the decision whether I needed letters of administration.

But in the end I decided I didn't, because otherwise I'd have to wait for another six, seven, eight weeks while they sorted it out. It felt like all the obstacles had gotten in the way. And it's this lack of people wanting to talk about it, anybody in the authority wanted to talk about it. Well, surely, [inaudible] when he'd seen the records that he felt it was the vaccine. There was no doubt. We were quite lucky in that way really. The GPs didn't put any pressure on my sons. I mean, they're 26 and 32. After that [inaudible], they would quite only say that [inaudible] with the vaccines. It's low and [inaudible] COVID. If you catch it, it just [inaudible]. Basically, it's your decision until they require it in that way. But I know, obviously, we've tried to encourage people to have the vaccine.

Paul: Well, I think one GP actually refused to send notice to the Scheme. That's incredible. Absolutely incredible.

Sheila: The consultant who [inaudible], I told her I was applying back from the start. I got the feeling that she was quite defensive because she thought I was suing the hospital. In my eyes, they're the ones who've been honest. I do have doubts whether the initial treatment was right. They treated him for an arterial stroke instead of intravenous stroke. It may have made a difference, it may have not but I wouldn't hold that against them because it was a new thing that was happening. Sadly, it didn't go the way it should. It's life, I suppose. Things don't always happen the way we want them to. A lot of doctors won't be quiet [inaudible].

Paul: Yes, you do wonder what's wrong with this particular GP. You're not alone.

Sheila: Yes. Hopefully things will get better.

Paul: I think they will. I think there's enough pressure mounting now. And as you say, things are going to be out-minded over the Inquiry. It's been a hell of a battle.

Sheila: That's another question I'd like [inaudible]. At this stage, or previous stages, was it even necessary for the older people to have those vaccines? Was it [inaudible] those over 50s? Because you see in so many cases, they [inaudible] 30s who have died from [inaudible] cases. And now, why are they still pushing it on young children? It's a bit worrying. We know it's a different vaccine but still it's going to have it's own complications [inaudible].

Paul: That's for sure, yes. They're certainly not complications-free given that list of side effects.

Sheila: Right, okay then.

Paul: Well, thank you, Sheila. I really appreciate your time, effort, and energy. I hope you feel that it's been worthwhile and I take it you want to see the paper.

Sheila: I'm sure it will be.

Paul: We'll send it to you and you can comment before we even send it off, so that would be helpful.

Sheila: That's great. I'll put a note on the group. I know there's at least four people in there, not all bereaved. Becky and there's Charlotte who are all bereaved. There are other bereave people in the group but they have different conditions, fasciitis and things. Well, I can always email Sarah as well. Because I think we've got a Zoom meeting next week with Sarah from Hausfeld and that's about the trust for people who've got disability. We've got this list the we've got to talk about [inaudible] trust. And she could always send a note out saying if there's anybody who has my situation, they might want to talk to you. She could always give them your information.

Paul: That would be cool. The more, the merrier.

Sheila: Okay, thank you very much.

Paul: It's nice to meet you. Look after yourself.

Sheila: Thank you, bye.

Paul: Bye.
[END]