

Witness Name: CARL SALT

Statement No.: WITN0623001

Exhibits: WITN0623002

Dated: 20 January 2019

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF CARL SALT

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 29 October 2018.

I, CARL SALT, will say as follows: -

Section 1. Introduction

1. My name is CARL SALT. My date of birth and address are known to the Inquiry. I am a semi-retired, married man and live with my wife. I am making this statement on behalf of myself and my sister, KERRY CARROLL. Kerry is married and had two children, and now owns a shop, which she runs with the help of her husband. Kerry was present during the interview with the Investigators to make this statement.

2. I intend to speak about our late father, JOSEPH SALT. In particular, the nature of his illness, how the illness affected him, the lack of treatment he received and the impact it had on him and our lives together.

Section 2. How Affected

3. Our father, Joseph, was born on GRO-C 1944. He, in addition to three of his sisters, was born with cardiomyopathy, and they all suffered with heart problems all their lives. Three of his sisters all died of heart-related issues before the age of 40. He was married to our step-mum, Ann, until he died in 2005. Ann later died in 2008.
4. I remember Dad always being poorly from us being very young. His illness reached a point where a transplant became essential. At some point in 1989, a heart became available at the Freeman Hospital in Newcastle, which was the nearest specialist department at that time.
5. I was visiting Dad when a phone call informed us that an ambulance was on its way to him to take him to Newcastle Freeman Hospital, as a suitable heart donor had been found. I rang Kerry and we were both there as he and Ann left. The operation was conducted, though not without its complications, with him requiring CPR and at least two blood transfusions that we can recall. He did develop an infection in his stomach but it was otherwise considered a success.
6. He was an inpatient for approximately six weeks, before being discharged. My Uncle (Dad's brother) and I would later take turns to

drive him for his frequent check ups at the Freeman.

7. Neither Kerry nor I recall being told of the risks of Dad becoming infected with an illness as a result of the transfusion. I do not believe Dad or Ann were ever informed of this risk either.
8. As a result of being transfused with blood, Dad contracted Hepatitis C.
9. I do not know when or how our Dad was informed of his infection with Hepatitis C. We are unsure whether he or our step-mum Ann, told us in approximately 2003.
10. None of us received any information as to whether it was contagious or how to mitigate the risk of transmission of infection. Neither Ann nor Dad ever said anything that gave us the impression that they were aware of the risks of the spread of infection either.

Section 3. Other Infections

11. As far as we are aware, our Dad was infected with Hepatitis C only.

Section 4. Consent

12. Our Dad was in and out of hospital so many times that everything kind of blurred into one. We've forgotten now what he would be in for each time. We therefore do not know if he was ever tested without his knowledge or consent, or tested without being given adequate or full information, or for the purposes of research.

Section 5. Impact

13. Dad was regularly poorly from around 2000 with no real reason why. His stomach would spontaneously expand and balloon out and he would feel sick, couldn't eat and couldn't go to the toilet. We would have to lift him out of bed, take him to the toilet, and remove his clothing for him, which he didn't like. We would also help Ann to bathe him and got a bath lift for him. He was additionally very tired and constantly cold. We can't imagine how many hours and days we spent in hospital trying to establish what was wrong with him.
14. Dad was eventually diagnosed with Hepatitis C sometime in late 2002/early 2003.
15. His weight dropped off him to the point where you could wrap your fingers over the top of his arm. However, he maintained a big potbelly. He had never been a big bloke but he was almost skeletal in his appearance. The nearest thing I can compare it to was "someone who had been in a concentration camp". He became so physically weak that he couldn't stand or walk on his own. His skin was so thin that he would bruise and bleed easily. We didn't know that we should have worn gloves when we were helping to stop the bleeding.
16. Dad would be freezing all the time and as he had the heating on high all the time, the house was unbearable. Looking after him was a very

physical job and in the heat it was even more difficult. We would have to go outside just to breathe and get some air.

17. Fluid would build up on Dad's lungs and he would retch to try and get it out. We would turn him on his side and massage his back to encourage the fluid to move. He would be sick in to a bucket, which we would have to hold at the same time as massaging his sides, which was horrendous. We don't know if his infection could've been passed on so easily as through vomit and don't know if we were at risk at that time.
18. Nearer to the end, he got worse and weaker still. He was frequently vomiting fluids from his lungs and would spend a lot of time in bed. He hated spending so much time indoors. He was an outdoors person and enjoyed fishing and daily walks to the local pit pond with his dog, Berry. He was the bailiff at the pit pond, until his illness meant he could no longer carry out the role.
19. He eventually let my uncle have his dog and was so heartbroken to see her go, as he doted on her. However, he knew that she needed a better life, as being cooped up in an unbearably hot house wasn't healthy for her.
20. He became very demanding and short-tempered in later life. I felt sorry for Kerry, as she was at home more than me, due to me being at work. I know she got the brunt of his bad mood. He thought she should be looking after him permanently but she should never have been in that situation in the first place.

21. He would also go through spells of being depressed and we would struggle to get two words out of him. He had been a joker all his life with a lot of his friends, and would have people in stitches, so all of this was at odds with his previous personality.
22. We gave him 24-hour cover between the three of us. Kerry and I were given some respite at weekends when Ann wasn't working and could look after him full-time. It was a lot of pressure on us. I worked three shifts and would only just get home from the day shift when the phone would ring, telling me that I needed to go and look after Dad until Ann got home from work.
23. So much of our time was taken up caring for Dad until we received a phone call telling us he'd been taken to hospital again, at which point, we would spend considerable amounts of time in hospital. Dad's health was always at the back of our minds, so we could never relax.
24. Ann couldn't drive, so I was always called on for visiting. Between this and working, there wasn't much spare time or anything else when Dad was really ill.
25. His illness affected our own personal lives considerably and it was so time consuming that we did get fed up sometimes, but would then feel guilty for thinking that way; after all, he was our Dad.
26. We don't recall dad ever being given any specific medication for Hepatitis C. He was already on a lot of medication for his heart, including anti-rejection drugs, but he did not receive any injections as Hepatitis treatment, for example.

27. We were told that due to his heart transplant, the doctors were limited in terms of what they could do to treat the Hepatitis. For example, we were told he couldn't have a liver transplant.
28. Dad was admitted in to Barnsley District General Hospital at the end of May 2005, where he remained until his death. He had been admitted to a liver ward, which was occupied by a number of alcoholics. On one occasion, Kerry recalls a doctor walking past and asking a colleague "is he [our dad] an alcoholic too?" She 'flipped' at the suggestion and firmly told him that he was not.
29. Towards the end, people would regularly come to visit Dad in hospital and would stay for very long spells. However, Ann would not tell them that he was dying. Consequently, we missed out on vital time alone with him at the end of his life. Moreover, as time went on, medical staff gave him stronger medication, which caused him to hallucinate or just lie staring.
30. When he died, we were told that his new heart had fought really hard to keep him alive, as fluid had been allowed by hospital staff to build up on his lungs, effectively drowning him. It was this that caused his death.
31. Our Dad, Joseph Salt, died on 22 June 2005 aged 61. His death certificate, which I exhibit as (WITN0623002) lists (1) Hepatorenal failure; (2) Liver cirrhosis; and (3) Hepatitis C as the causes of his death.

32. The yellowing of Dad's skin and his persistent liver problems lead to people in the Freeman Hospital frequently accusing him of being an alcoholic. When I would drive him home after a check-up at the Freeman he would be very quiet and upset. I would ask what was wrong, and he would often reply 'they're at it again'; they would say it was 'obvious' that he was drinking and they wouldn't believe otherwise.
33. He became very depressed and fed up at the accusations that he had had a life changing heart operation and was now abusing it with alcohol. He and Ann would occasionally go out for a drink if he felt well enough but he would never drink to excess. He wouldn't even drink at home on an evening, particularly because of his heart transplant medication. Dad would never have taken such an operation for granted; he had lost three sisters to cardiomyopathy and wouldn't have wasted the new life he had been given.
34. We are unaware of Dad facing any difficulties in receiving treatment for his other medical conditions. His GP was aware of his Hepatitis and continued to see him for his heart. We don't know if his dentist knew – he did not go for check-ups very frequently.
35. We have never spoken to anyone else about our Dad's illness and have never been involved in any of the groups that have formed as a result of infected blood. We have been largely left to deal with this ourselves in the best way we can.
36. We kept knowledge of his illness within the family and didn't broadcast it. Dad didn't want people outside the family to know about

his illness – they knew he was ill and that was enough. When he began to spend a lot of time in and out of hospital, people just assumed it was related to the cardiomyopathy and as such we didn't get many questions from people.

37. He gradually went outside less and less which meant that people did not see him at home when he was jaundiced.
38. We took it in turns to care for Dad. He insisted that Ann continue working full time in case something happened to him. She also enjoyed her job, so he wanted her to continue with it. However, as soon as she went to work, he would expect Kerry to go and see him. I was working three shifts, so she really bore the brunt of his illness. If she couldn't go when he called, she would feel guilty. I felt the same: you think if you don't go and something happens, you would feel even worse.
39. Dad had already retired prior to becoming unwell with Hepatitis and had been out of work for some time. He had been a medical attendant at the local pit but had had a couple of heart attacks and could no longer work.
40. As he became weaker, Dad required a stair lift to get him up and down stairs. He and Ann couldn't afford it at the time, and asked to borrow money from my Dad's mum to pay for it. They had every intention of paying it back. One of our Dad's sisters was extremely angry at this as our Nan was in the early stages of dementia at the time and she thought they were taking advantage of her. Our Dad and Auntie never spoke again. We think she knew about his illness, but don't know for

certain, as we are not in contact with her.

41. Consequently, they didn't borrow money from his Mum and instead took out a loan. We didn't know about it, as they never asked us for any financial help, which we would have tried our best to do. It was probably pride, which got in the way of this. We didn't know until much later on that they had approached our Nan for help.
42. They also used that loan to pay for a wheelchair and later, a mobility scooter for him. He was dead set against getting a mobility scooter but as he got progressively worse, he couldn't walk to the end of the street and became reliant on his scooter.
43. We had no professional help at home and couldn't apply for certain types of help because Ann worked full time. To be eligible, Ann would have to give up work but she would then be expected to pay for things. We were in a Catch-22 situation.

Section 6. Treatment/Care/Support

44. Our Dad did not ask for psychological support, nor was he ever offered it. Knowing Dad, however, we don't think he would have accepted it, even if it had been offered.
45. We have not been offered psychological support either, nor have we ever asked for it.

Section 7. Financial Assistance

46. On the day that our Dad died, his doctor came into the hospital room we were in, with a form for Ann to sign. I remember being told to ensure she did not leave the hospital without having signed it. He said that once it was signed, we would not be able to blame or sue the government for what happened to dad. We didn't really understand what this meant, and the doctor said that in his opinion, it would be best that Ann sign it so she could receive payments from the Skipton Fund. As such, Ann signed what we now believe to have been a waiver.
47. Ann received the Stage 1 payment of £20,000 but I am unable to recall when. Ann then received the Stage 2 payment of £25,000 on 27 September 2005.
48. Additional Skipton Fund payments were announced in the House of Commons, of which Kerry and I received £25,000 on 16 June 2011. We split it between us. At this time, we received an accompanying letter, which said something to the effect of 'this will be the final payment in regards to this matter'.
49. The application for Skipton Fund payments was brief; all Ann had to do was sign a form. The doctor had filled in the rest.

Section 8. Other Issues

50.

GRO-C

[GRO-C] required regular insulin injections. Our Dad would regularly administer these [GRO-C] Kerry herself had stabbed herself with needles a couple of times – it is easily done. Had he known that he had Hepatitis C, he would not have done this: he wouldn't have wanted to put [GRO-C] at risk of infection.

Statement of Truth

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

Signed [GRO-C]

Dated 20/01/2019