Witness Name: Celine Veronica CONNOLLY
Statement No.: WITN0384001
Exhibits: **WITN0384002,**
WITN0384003,
WITN0384004,
WITN0384005,
WITN0384006
WITN0384007
WITN0384008
WITN0384009
WITN0384010
WITN0384011

Dated: 26 June 2019

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF CELINE VERONICA CONNOLLY

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 24 April 2019. I adopt the paragraph numbering in the Rule 9 request for ease of reference.

I, Celine Veronica CONNOLLY, will say as follows: -

Introduction

1. My name is Celine Veronica CONNOLLY. My date of birth and address are known to the Inquiry. My date of birth is GRO-C 1930. I am a retired school teacher and a single woman. I have never been married. I originally lived with both of my parents and my two brothers, apart for two years when I was away at college from 1949-1951. After the death of my father in 1956 I continued living with my mother until her death until 1985, after which I lived on my own to the present day.

2. I have lived at my current address since 1958. I have been a patient of the same GP practice for sixty years. I have never owned a computer and I have never accessed the internet.

3. I do not drink or smoke. I have never had a tattoo. I have never been married and have been celibate throughout my life. I am a practising Roman Catholic and go to mass twice a week. I was a Eucharistic Minister and when my health permitted, I visited the house bound and elderly to give them communion.

4. In this statement, I intend to speak about my infection with Hepatitis C (HCV). I will go into detail about the nature of my illness, my diagnosis and how the illness affected me. In particular, I will detail the rejection of my application for financial assistance which I believe to be unfair, unlawful and at odds with the relevant rules in the light of being informed by an examining doctor that I contracted HCV from a contaminated NHS blood transfusion that occurred prior to 1991 and my certainty that there could have been no other cause of the infection.

5. I have been assisted in the preparation of this statement by my nephew Brian Connolly on my behalf, with my consent. Mr. Connolly is a non-practising solicitor. He is not my legal representative and he does not represent me in this matter. The views reflected in this statement are my own.

6. The anonymity process has been explained to me. I do not wish to remain anonymous as I want my story to be in the public domain.

7. It has been explained to me that any person or organisation I significantly criticise in this statement will be notified and given the right to reply.

How Infected

8. It is my belief that I was chronically infected with HCV as a result of treatment with contaminated NHS blood as a result of at least one NHS blood transfusion prior to 1991.

9. I believe the relevant parts of my medical history are as follows:

   (a) Appendicectomy – Jewish Hospital Manchester – January 1946.

   (b) Rectal polyp removal – Manchester Northern Hospital – 1957; noted in exhibits WITN0384002-003.

   (c) Fistula-in-ano excision – Salford Royal Hospital – 1959.

   (d) Hysterectomy – Wythenshawe Hospital – 1976 (see exhibits WITN0384004-007)

   (e) Heart attack – Wythenshawe Hospital – 1977.

10. It is my belief that I contracted HCV from a contaminated NHS blood transfusion after the surgery to removal a rectal polyp at the Manchester Northern Hospital in 1957, as noted above in paragraph 7 (b).

11. I have a clear recollection of the blood transfusion received after my surgery at the Manchester Northern Hospital in 1957. I am able to be specific about dates from the notes obtained from my GP.

12. On 15 October 1957 I visited my GP as I was suffering from rectal bleeding. My usual GP, Dr. Keidan, was not available and I was examined by a Polish locum, Dr. Cogan. I was sent home without diagnosis or treatment.

13. The rectal bleeding continued. I felt quite unwell. I was confined to bed and off work when visited by my usual GP Dr. Keidan six days later. He examined me and told me that Dr. GRO-D GRO-D.

14. In the light of my condition and blood loss, Dr. Keidan immediately admitted me to the Manchester Northern Hospital on 21 October 1957, as shown in exhibit WITN0384003. I went to the hospital with my mother; on arrival, we were told to wait in the waiting room. At this point I began to feel significantly worse and I began to faint. A nurse brought a wheelchair over and I was immediately admitted to the ward.

15. Whilst at Manchester Northern Hospital I had surgery to remove a rectal polyp, as noted above in paragraph 7, item (b).

16. After the surgery blood samples were taken and various tests conducted. I was told that my blood was *'fifty percent down'* and that the hospital would be *'giving me some blood'*. The word *'transfusion'* was not used. I was also told that the hospital did not have any blood and that there would be a delay.

17. A few days later arrangements were made for the blood transfusion. I had to keep my arm still for the transfusion. This was done by use of a bandage which was attached to part of the bed. A nurse sat at the side of my bed throughout the transfusion to ensure that my arm did not move.

18. The transfusion lasted for just less than 24 hours. I became extremely cold during the transfusion. I was so cold that I was shivering and I could not sleep.

19. I was informed by a nurse that the reason I was cold was because the blood being used for my transfusion had come from America and had been kept cold to preserve it.

20. My condition, blood loss, transfusion and treatment were sufficiently serious for me to be kept in hospital for thirteen days from my admission on 21 October 1957 to my discharge on 3 November 1957, as shown in exhibit WITN0384003.

21. In addition to the blood transfusion received at the Manchester Northern Hospital in 1957, I believe that I might have had a blood transfusion for my hysterectomy in 1976 at Wythenshawe Hospital in Greater Manchester, as noted in paragraph 7, item (d) and shown in exhibit WITN0384003. An extract of a letter dated September 2006 is

detailed below in paragraph 20 relating to hepatitis C and blood transfusion.

22. I refer to a letter dated 20 September 2006 from J.P. Miller, Consultant Gastroenterologist at Wythenshawe Hospital, to my GP Dr. Dean at Heald Green Health Centre. The letter states:

> *"... it is possible that she has been infected with the Hepatitis C virus at some stage in the past. She did have a blood transfusion when she was in her 50's at the time when she underwent hysterectomy. Whether this is relevant I am not sure at this stage."*

The letter goes on to state in the post script:

> *"I am not sending the patient a copy of this letter at this stage as I don't want to cause her undue anxiety but I will arrange to see her in the clinic shortly to discuss the situation with her".*

This is shown in exhibit WITN0384008.

23. At no time was I ever given any advice about the risk of being exposed to infection.

24. I had felt unwell for a number of years. During routine blood tests in 2005, Dr. Hymanson from my local clinic rang me and informed me that something was wrong. She referred me to the Withington Community Hospital in Greater Manchester where I had a number of tests.

25. During one appointment at the Withington Community Hospital (I am unable to remember the exact date, but I think it was either late 2006 or early 2007), one of Doctor Moriarti's team said to me, *'You know what is wrong with you, don't you?'* I informed him that I did not know and he told me that I had Hepatitis, which he said was *'A result of an NHS blood transfusion'*.

26. When informed of the diagnosis, I was not provided with any information about the HCV infection. I was sent home and told that an appointment would be made for me in the future.

27. It is clear from the medical records obtained from my GP that I was not informed of my HCV at the time the diagnosis was first made.

Diagnosis

28. I was informed of my diagnosis during a consultation with the team of Dr. Moriarti at Withington Community Hospital. At the outset of this meeting, I do not recall telling Dr. Moriarti's team that I had blood transfusions. They picked it up from my medical notes; one of the doctors on the team subsequently made an independent judgement call and informed me that I contracted HCV through a contaminated blood transfusion.

29. Upon diagnosis, I was informed that the infection was a result of an NHS blood transfusion with contaminated blood from America; it was put to me by the nurse as a statement of fact due to the following factors:

1. The fact that I had received a blood transfusion in the contaminated window period.
2. The fact that the nurse who administered the blood transfusion said the blood was from America, as noted in paragraph 17.
3. The fact that I was an elderly woman who did not engage in a lifestyle (e.g. injecting drugs) that would have put me at risk of HCV.

Other Infections

30. My HCV infection as a result of contaminated NHS blood has developed into cirrhosis of the liver.

31. I have had a series of investigative procedures. The first was an ultrasound scan at my GP in September 2016. My GP then referred me to Wythenshawe Hospital where I had an endoscopy in May 2017.

32. I have a letter dated 5 October 2018 from Infectious Diseases Specialist Nurse Deborah Kennedy to Dr P A Owen at Heald Green Health Centre (WITN0384011) which records my diagnoses as follows:

Chronic hepatitis C infection/genotype 1b
Cirrhosis
Recent AFP normal
Endoscopy in May 2017 showed moderate erythematous / exudative gastritis oesophagitis.
Pacemaker in situ (DDD)
Previous acute subdural haematoma secondary to a head injury following a fall.

33. Cirrhosis is scarring of the liver caused by long-term liver damage. The scar tissue prevents the liver from working properly. The cirrhosis developed from my HCV.

34. I am not aware of any other infections other than HCV and the subsequent diagnosis of cirrhosis as a result of being given contaminated NHS blood.

Consent

35. No suggestion has ever been made to me that any treatment involved the risk of contracting HCV.

36. I do not believe that I have been tested for HCV without my consent and/or that my test results may have been used for studies or medical investigations without my consent.

37. I have not participated in any studies or trials at the direction of my GP or other health care practitioner.

Impact

Mental and Physical Effects

38. I have felt very tired, have had sore muscles, occasional nausea, joint pain, fever, poor appetite, stomach pain and itchy skin. I habitually feel under the weather, below par and I am constantly tired and often exhausted.

39. I am unable to do what I used to do and I am unable to live in the way that I would want. The physical impact of being infected with HCV has been profound.

40. As a result of my infection, I have felt constantly unwell and exhausted. I have slowed down as a result. There have been a lot of things I could not and did not do.

41. In 1951 I qualified as a teacher. After working as a classroom teacher, I was promoted to head of department and in 1980 I was promoted to the position of Deputy Head Teacher.

42. My intention had been to work until the normal retirement age of 60. This has also caused me financial loss, as detailed in paragraphs 59-61. However, I felt constantly unwell and exhausted.

43. I have slowed down as a result of the infection. I could not keep up or do what I had been able to do previously and I was forced to take early retirement for health reasons.

44. There have been a lot of things I could not and did not do, including, since my retirement, a number of household duties. I avoided doing things I knew I would not be able to do. For example, I stopped doing a number of activities with my pet dogs. I no longer take holidays.

45. I try my best to forget about having HCV. However, I am conscious that it can be life threatening.

46. I am also conscious that cirrhosis has developed as a result and that cirrhosis is another life-threatening condition.

47. Having been told of my diagnosis at the age of 76 and living with the infection and condition in my 70s and 80s is not easy.

48. I was not as strong as usual and had felt unwell for many years but carried on anyway.

Treatment

49. I have only recently (late 2017) been offered treatment with Viekirax and Exviera. Treatment was offered by Dr. P. Newton of Wythenshawe Hospital during a one-to-one consultation with the doctor and a nurse. Treatment was offered as either "Take it or leave it".

50. Viekirax is the brand name for the combination of ombitasvir / paritaprevir / ritonavir used to treat HCV. Exviera is the brand name for dasabuvir, often used in combination with Viekirax for treating HCV.

51. I was told that treatment with Viekirax and Exviera was a new treatment and that it was hoped it would cure the infection, but its effectiveness in my particular case was uncertain.

52. I was not offered treatment for over ten years after diagnosis. When offered, my local pharmacy did not dispense Viekirax and Exviera. As a result, it was necessary for me to attend the hospital. The monitoring regime involved monthly hospital visits during which blood samples and blood pressure were taken.

53. This was not easy. I do not now drive and my mobility is restricted. My balance is poor. I have to take great care and have fallen a number of times when walking unaided. Some of these falls have required admission to hospital and hospital treatment.

54. I believe that treatment should have been made available to me years earlier. It is unacceptable that I was not offered treatment earlier.

55. Treatment lasted for a total of 12 weeks, starting in January 2018 and finishing in June 2018. I took three tablets each morning and two each evening. The treatment has involved no mental or physical effects.

56. On 15 May 2019 I was advised that the treatment had been successful and I have cleared the HCV. I was warned, however, that my HCV could return in the future. I have now been discharged from Wythenshawe Hospital in relation to this.

57. I am not aware of any discrimination although my infected status has required greater care by my health care professionals and dentist.

58. I have now stopped going to my dentist because I am afraid of infecting them. My dentist has done nothing but treat me fairly, but I want to err on the side of caution.

Family and Friends

59. My family and friends have stood by me.

60. I believe that some people who have not known me well have suspected that my infection could have been the result of reckless behaviour and drawn adverse inferences. HCV is commonly associated with injected drug use and people tend to assume this is the case whenever they find out someone has HCV.

61. I have been careful about who I inform to avoid any adverse judgements.

Financial Effects

62. The financial impact on me has been significant.

63. I relied on my own income and it had been my intention to work until the age of 60. However, I could not do so and was forced to retire because of my constant exhaustion. I could not do other work.

64. As a result, I lost my regular salary which was at the time about £15,000 per annum.

65. When I retired I was not able to claim my full pension and received about £3,000 each year until I was able to claim my full pension at the age of 60.

66. As a result, I believe that I lost earnings of about £72,000 because of my inability to work as a result of the infection.

67. Additional costs including travelling costs, expenses for the various hospital visits, examinations and treatments have been incurred.

Treatment/Care/Support

68. I was not given adequate information to help me understand and/or manage the HCV infection.

69. I should have been provided with information earlier. The information should have been given to me as soon as possible on diagnosis. It is unacceptable that this did not occur.

70. Originally, I was also not given any information about the risks of others being infected. Much later on I was advised to take care to ensure I did not bleed and infect anyone else.

71. When diagnosed with HCV I was not told of any viable treatment and until recently no treatment was offered.

72. Accessing treatment once offered has been difficult for me due to supply issues and the physical demands of having to travel to the hospital for treatment, as indicated in paragraphs 46 – 47.

73. No counselling or psychological support was made available to me at any time by my health care practitioners.

74. I was not aware of the Red Cross scheme. The Infected Blood Inquiry's investigator and paralegal have informed me of the scheme, discussed it with me and provided me with Red Cross contact information. I am now aware of the scheme and understand how to reach out for support if I need it. I will consider taking it up.

75. I was not informed of the Skipton Fund or any scheme for financial assistance.

Financial Assistance

76. Despite my diagnosis of HCV in 2006, I was not told about the availability of financial support until 2016 during one of my regular hospital visits. A member of my consultant team recommended applying to the Skipton Fund.

77. I have had no financial assistance from the Skipton Fund, its successor the England Infected Blood Support Scheme (EIBSS), or at all.

78. I was not told about any form of financial assistance when informed of my diagnosis, despite the fact that I was concerned that I had been infected as a result of NHS treatment received prior to 1991.

Process of Applying for Financial Assistance

79. I first became aware of the Skipton Fund (which became the EIBSS) around 2016 when a nurse at the hospital mentioned it and gave me a number to call to apply. I applied for the EIBSS Stage 1 ex-gratia payment. I am extremely concerned that my application was refused by the EIBSS. My application for review was rejected.

80. My concerns regarding the rejection of my application are as follows:

    (a) I believe that I have been infected with HCV as a result of treatment with contaminated NHS blood received prior to 1991.

    (b) I have developed cirrhosis as a result.

    (c) There is no requirement to keep hospital records for more than ten years.

    (d) Medical records of my blood transfusions are not available. I have made extensive inquiries of the Manchester Northern Hospital, Crumpsall Hosptial, Withington Hospital, Wythenshawe Hosptial and Darlington Hosptial. I have been informed that my hospital records no longer exist.

(e) My evidence of a blood transfusion has been rejected by the EIBSS appeal panel. This is displayed in exhibit WITN0384010.

(f) The appeal panel was not independent or sufficiently independent to consider the appeals.

(g) The appeal panel reached a conclusion that it was not qualified to reach.

81. Shortly after being informed of my diagnosis I consulted a solicitor about the possibility of making a claim. It was clear from the advice received that a claim was beyond my means.

82. The guidance on the Skipton Fund application form confirmed that applicants would qualify for financial assistance where they had been chronically infected with HCV and where the infection probably arose through treatment with contaminated NHS blood.

83. It was also confirmed that applications would be considered where evidence of treatment with NHS blood was not available and the lack of such medical evidence was not a bar to qualification.

Difficulties and Obstacles Applying for Financial Assistance

84. I made extensive efforts to try to locate the relevant medical records. I was assisted by my GP. This took many months and proved to be fruitless.

85. In some cases, the hospitals in question had closed many years earlier and I was directed to various places in an attempt to locate the records.

86. No records could be located other than the limited records kept by my GP.

87. The Manchester Northern Hospital closed many years ago and the hospital's notes of my treatment could not be obtained. Recalling paragraph 8, it is my belief that I contracted HCV from a contaminated NHS blood transfusion after surgery to remove a rectal polyp at Manchester Northern Hospital in 1957, as noted in paragraph 7 (b) and displayed in exhibits WITN0384002-003.

88. I believe I had an NHS blood transfusion for my hysterectomy surgery at Wythenshawe Hospital in 1976, which may have been infected. Despite the fact that some of my examinations have been in the same hospital, the notes relating to this surgery could not be located.

89. In the process of attempting to obtain my medical records for the purpose of receiving financial assistance, I was advised that there is no requirement to keep hospital notes for the life of the patient. Furthermore, as far as I am aware, there is no requirement to keep hospital records for more than ten years.

90. The only documentation available to me was received as a result of a Subject Access Request to my GP. This included my GPs' notes.

91. The notes taken in the 1950s – 1970s were extremely brief and in some cases illegible. They gave very little information about my treatment.

92. The Subject Access Request also included a number of hospital letters reporting on the treatment to my GPs. The letters were brief and did not include the detail that one would expect of hospital notes.

93. As a result, I have no access to the relevant hospital notes. In the documents available to me there is no reference to a blood transfusion.

Application to the Skipton Fund and its Successor EIBSS

94. I made my application to the Skipton Fund in Spring 2017 based on the guidance on the application form and what I was told about and the Skipton Fund website.

95. Shortly after making my application, the Skipton Fund was succeeded by the England Infected Blood Support Scheme (EIBSS) on 1 November 2017.

96. In relation to my application for financial assistance, the EIBSS wrote to me on 20 April 2018 and asked the following:

> *'There is a letter from your consultant hepatologist which confirms that they have no records of a blood transfusion taking place.*
>
> *Please could you also request that your GP checks their records to confirm whether there is any evidence. If there is, please send us a copy from your record which confirms the transfusion took place. If there is no evidence your GP can provide, please could you ask that they confirm this in writing'.*

97. I was aware that applications could be considered without medical records and thought of this request from the EIBSS as a form of clarification, not disqualification.

98. As requested by the EIBSS, my GP confirmed by letter dated 9 February 2018 that records of the blood transfusion were not available.

Rejection of Financial Assistance

99. My application for financial assistance was subsequently rejected. It was rejected because, despite there being no suggestion that such evidence was required, I did not supply evidence of the treatment giving rise to the need for a blood transfusion.

100. I was notified of the rejection of my application by an EIBSS letter from Christopher Boddy dated 21 May 2018. The letter confirmed that my application has been rejected because:

'Applications can only be authorised where there is evidence that, on the balance of probabilities, an applicant has been chronically infected with hepatitis C through treatment with NHS blood or blood products in England prior to September 1991.

The supporting medical information submitted in your application did not provide sufficient evidence that this is the case. There is no evidence to confirm that a blood transfusion took place.'

This is shown in exhibit WITN0384009.

101. I was concerned by this rejection for two reasons.

102. First, because it was not suggested that the material referred to was required to support the application.

103. Secondly, because medical records making reference to blood transfusions are not available.

104. As requested by the EIBSS, I confirmed that my application was on the basis that no medical records are available.

105. Having done so I was astonished that my application was rejected by the EIBSS on the basis that I had not established that my infection had been caused by treatment *'With NHS blood or blood products prior to September 1991'*.

106. I was not asked to produce a witness statement to give details of a blood transfusion. Having answered as requested exclusively in relation to the medical evidence, the rejection of my application of the answer given appeared to me to be a trick, something I found out of place in such a serious matter and where an additional point should have been put to me.

Appeal of Rejection for Financial Assistance

107. I was informed via the EIBSS website that the rejection of my application could be reviewed and that additional material could be considered as part of the review.

108. I applied for an EIBSS appeal panel review of the rejection of my application, submitting a witness statement with relevant documentary evidence to satisfy the requirements and to give:

(a) *'Evidence of medical records of the procedures that led to the need for treatment with blood, blood products or tissue but where this is not specifically mentioned'.*

(b) *'My personal statement about the procedures that led to the need for treatment with blood, blood products or tissue'.*

109. In the light of the request for medical records and my personal statement *'Of the procedures that led to the need for treatment',* I did not include the details of the blood loss and the circumstances leading to my hospital admission.

110. Furthermore, I did not include the handwritten notes of my GPs from the 1960s.

111. Having a clear recollection of a blood transfusion that took 24 hours to complete and having given evidence of my transfusion, I did not expect the EIBSS Appeal Panel to suggest otherwise.

Rejection of Appeal

112. My appeal was rejected. It was rejected on the sole ground set out by Nicola Richardson (Appeals Panel Chair) in paragraph 8 of the Rejection Notice of 25 September 2018 which states,

> *'... The Panel noted that your appeal was based on a blood transfusion which you may have received in 1957 following treatment for an ulcerating polyp at Manchester Northern Hospital. Alternatively, you considered that you may have received a blood transfusion in 1976 following a hysterectomy. After deliberation, the Panel's view was that these surgical procedures would be unlikely to cause sufficient bleeding as to require a transfusion at the time. This information in conjunction with the lack of supporting records confirming the transfusion means that the Panel were unable to be satisfied, that it was more probable than not, that your Hepatitis C infection resulted from qualifying NHS treatment. Accordingly, the Panel regret that we must refuse your appeal'.*

This is shown in exhibit WITN0384010.

113. Having a clear recollection of a blood transfusion with what I believe to have been contaminated NHS-imported American blood, the suggestion that my *'Surgical procedures would be unlikely to cause*

sufficient bleeding as to require a transfusion at the time' was unacceptable as it was incredible. It added insult to injury.

114. Paragraph 3 of the Rejection Notice states,

> *'The criteria for payments are as follows: for a Stage One payment the person concerned must have been infected with Hepatitis C virus either directly through treatment with NHS blood, blood products or tissue before 1 September 1991'.*
>
> This is shown in exhibit WITN03840010.

115. There are references to a balance of probabilities but the *'must have'* qualification referred to in paragraph 3 of the Rejection Notice appears to me to be the criminal standard of proof, i.e. beyond a reasonable doubt. It is on this basis that the Appeal Panel is sure of its decision. I do not believe this to be the correct test.

116. It was also said that the EIBSS Appeals Panel has no power to hold oral hearings, but instead conducts a thorough review of all materials before it, including those upon which the Scheme made the decision to refuse payment, that it also considers all material submitted for the purpose of the appeal and that it also considers the expert knowledge and experience of its professional members.

117. There is ambiguity in the Rejection Notice which may include the description of the EIBSS Appeal Panel's opinion as *'Information'*.

118. I take issue with a description of opinion as *'Information'* or in any way which conveys the impression that the Panel's opinion was fact.

119. The EIBSS Appeal Panel members were identified by the EIBSS on 8 October 2018 in response to my request to identify them.

120. The Appeal Panel members were as follows:

(a) Nicola Richardson: a solicitor who has acted for NHS Resolution (formerly the NHS Litigation Authority) Medical Defence Organisations and NHS Trusts for over 15 years and is the Client Liaison Partner for two of her firm's acute Trust clients and one Ambulance Trust client.

(b) Dr. Patricia Hewitt: a consultant in transfusion medicine with NHS Blood & Transplant (NHSBT) and is National Claims Manager for NHSBT.

(c) Norman Gourlay: a portfolio GP with a medico-legal practice carrying out work for solicitors and Defence Unions.

(d) Professor Peter Mills who has been employed by the NHS as a consultant physician and hepatologist since 1988.

121. For the appeal process to be fair, I believe that the Appeal Panel members should have been independent from the NHS. On my appeal, three of the four Appeal Panel members were employed or instructed by the NHS and, from the limited information available to me about the Panel Members' relationships with the NHS, I believe that the appeal panel was not independent, and that this is self-evident.

122. My evidence has been rejected and my review application refused on the Panel's view on surgical practice and procedure at the relevant times (1957 and 1976).

123. As far as I am aware, no panel member has expertise in the surgeries that I received.

124. Furthermore, I believe that none of them have experience of surgical practice and procedure in 1957 and/or 1976.

125. In order to succeed on appeal, an appellant must satisfy the Panel that it is probable, that it is more likely than not, that the infection with HCV was indeed caused either directly through treatment with NHS blood, blood products or tissue before 1 September 1991, or indirectly by contact with a person who was so infected.

126. In order to be satisfied that this is the case the Panel will pay particular attention to the treatment records of the person concerned.

127. The Panel rejected my evidence. Where my limited medical records made no reference to a blood transfusion, the Panel came to a conclusion about surgical practice and procedure which I believe no member of the Appeal Panel was qualified to make.

128. The two grounds for the Appeal Panel's rejection of my appeal were its rejection of my evidence that I had a transfusion and *'The Panel's view was that these surgical procedures would be unlikely to cause sufficient bleeding as to require a transfusion at the time'*.

129. Significantly the Appeal Panel say that the need for transfusion(s), *'Would be unlikely'*. To reach this conclusion the Appeal Panel has rejected my evidence.

130. On the one hand, the Appeal Panel rejected the appeal on the basis of their unqualified view on what would have been likely or unlikely.

131. But on the other hand, they have rejected my evidence and made a finding of fact based on their unqualified assessment of probability.

132. This rejection is not on the basis that it should be concluded that I had a transfusion and that the transfusion was the cause of my HCV, but that a transfusion *'Would be unlikely'*.

133. I think that the proper test would be to consider the causes of HCV and my medical history and to conclude that it was more probable than not that I was treated with contaminated NHS blood.

134. If a proper assessment of probability had been conducted, I think it self-evident that the Appeal Panel should have come to the opposite conclusion and upheld the appeal.

135. I would like to put these points in context. After prolonged illness, I was diagnosed with HCV in 2006. I was not immediately informed of the diagnosis. When I was informed I was advised that my HCV was a result of an NHS blood transfusion.

136. I have read what the NHS says about the causes of HCV printed from its website page *'How do you get Hepatitis C?'* which identifies the means of transmission and infection.

137. I could not have been infected by my mother, from sexual transmission or by needlestick injury. I never had a tattoo. I have never used a razor or shared a toothbrush. I have not even had my ears pierced.

138. There is nothing I have ever done which could have put me at risk of infection and I believe that the only possible source of infection was an NHS blood transfusion.

139. When diagnosed, I was informed that my infection was a result of an NHS blood transfusion with contaminated blood from America.

140. Having been informed at the time of the transfusion that contaminated American blood was used and having been aware that I had never undertaken any of the activities by which HCV is transmitted, I concluded that the medical advice was correct.

141. This belief is further supported by more recent material and I believe that it is obvious that my infection was caused by contaminated NHS blood.

142. To qualify for the first stage payment, it is necessary for me to establish three points:

(a) That I was chronically infected with HCV.

(b) That I have not already received payments for HCV infection from the Skipton Fund or any other UK ex gratia payment scheme.

(c) That it was probable that I was chronically infected with HCV through treatment in England, to be decided on a balance of probabilities, that is, as I have been advised, whether it is more rather than less likely.

143. I believe that there has been a failure to apply the EIBSS scheme rules correctly and/or fairly in my case.

144. I believe that I satisfy all the eligibility requirements and the rejection of my application and my appeal has added considerable insult to injury.

Other Issues

145. I possess the following key documents that are of relevance to the Inquiry's Terms of Reference:

Date	Document
15.10.57	**GPs' notes that identify rectal bleeding.**
22.11.57	**Manchester Northern Hospital letter.** Identifies admission 21 October 1957, surgery and discharge on 3 November 1957.
02.07.76	**Wythenshawe Hospital letter.** Identifies re-admission on 15 June 1976, hysterectomy and discharge on 29 June 1976.
20.09.06	**South Manchester University Hospitals NHS Trust letter** Identifies possible Hepatitis C infection and confirms letter not being sent to patient to avoid undue anxiety.
21.05.18	**EIBSS Decision Notice rejecting application.**
25.09.18	**EIBSS Appeals Panel letter refusing appeal.**

Statement of Truth

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

Signed GRO-C

Dated 26 June 2019