

ANONYMOUS

Witness Name:

GRO-B

Statement No: WITN6453001

Exhibits: Nil

Dated: 14 July 2021

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF

GRO-B

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 23 March 2021.

I, **GRO-B** will say as follows: -

Section 1. Introduction

1. My name is **GRO-B** My date of birth is **GRO-B** 1954. I reside at **GRO-B** Cumbria, **GRO-B** For reasons, which will become apparent I do not have any children, and I am currently single.

2. I am 67 years old and retired. Before this, I had a number of roles which had been predominantly community focused and working with people. This included a role in the **GRO-B** at the Newcastle General

ANONYMOUS

Hospital whilst I was studying at [GRO-B] Once my father's health had deteriorated, I moved back to Cumbria, where I took up a number of part-time jobs, including a role within a tourist project, and residential schooling for pupils on remand.

3. I intend to speak about my father [GRO-B: F] with whom I came to believe retrospectively after his death, had been infected with Hepatitis C ("HCV"). My father's date of birth is [GRO-B] 1990, and his date of death is [GRO-B] [GRO-B] 1992. He passed away just before [GRO-B]
4. I can confirm that I have chosen not to have legal representation.
5. The Inquiry Investigator has explained the anonymity process to me. I wish to be anonymous, due to the circumstances surrounding where I currently reside and my family background.
6. The Inquiry Investigator has explained to me the 'Right to Reply' procedure, and I understand that if I am critical of a medical professional or organisation, they will have the right to reply to that criticism.
7. I wish to acknowledge that naturally as time passes, memories can fade. I have been able to provide approximate timeframes for matters based on life events. However, these timeframes should be accepted as 'near to' rather than precise dates.
8. I have constructed this statement without access to my father's full medical records.
9. I understand that this statement is and 'affected' statement, I will also be making a separate statement dealing my own Hepatitis C diagnosis.

Section 2. How Affected

10. In GRO-B 1900, my father was born in GRO-B He lived with his mother, and his father along with his younger brother who is now deceased.
11. In the 1920's, my father became a professional rugby player. He played for a club named GRO-B. Then, in the 1940's; as he got older, he moved to Cumbria so that he could work in the local coal mines above ground on the railway.
12. Not long after moving to Cumbria to start a new life, my father met my mother. My mother and my father formed a romantic relationship within a short period of time, and in 1954, I was born at home. My parents did not marry. They had quite a difficult relationship, as my father was quite possessive and demanding.
13. From 1954, and until the early 1980's, my father did not experience any significant concerns with regards to his health. He took pride in his fitness.
14. In the early 1980's, my father developed various medical issues. Initially, he began to experience persistent abdominal discomfort, and changes in his bowel habit. He sought medical assistance from his General Practitioner ("GP"), and thereafter, he was referred to either GRO-B
GRO-B Cumbria, or, GRO-D
GRO-D Both hospitals were used simultaneously, and interchangeably. I cannot recall as fact which hospital he was referred to.
15. My father had undertaken a number of tests, and the results had returned, he was diagnosed with colon cancer. I can only assume that his diagnosis took place at a face to face consultation with one of the doctors in charge of his

ANONYMOUS

care. I had lots of meetings with the doctors at my instigation, however from memory I cannot recall being present when he was diagnosed. I was subsequently made aware of his diagnosis.

16. He suffered from bleeding from the bowel, which prompted the visit to the doctor. He was eventually admitted to hospital for a scheduled surgery on his colon. After the operation several follow up appointments were cancelled. I cannot remember the full details but he did require follow up procedures which when we arrived, we were told that there were no beds available for him, so he was discharged back home. This happened on several occasions.
17. After having undergone the aforementioned surgery, the medical profession were unable to control the bleeding. Apparently he was given seventeen pints of blood. I was told to expect the worse; they thought he was going to die. Eventually they stopped the bleeding. Approximately a month later he was allowed home. He needed building up again as his body mass had shrunk.
18. I can recall my father having being given seventeen pints of blood; he may have had more, as it was made a thing by my father and the nurse in charge of his care. There was a male church vicar from GRO-B who had been admitted to the same ward as my father. After the individual asked my father what treatment he was in hospital to receive, the prostate was mentioned. My father and the individual had a disagreement on how to say this word, so to prevent the disagreement continuing, the nurse who was in charge of their care stated something along the lines of *"it was his colon, and he had seventeen pints of blood."*
19. I cannot pass comment on whether my father was provided with any information or advice beforehand, about the risk of being exposed to infection as a result of the blood transfusions he had received in the 1980's. I was not present when this had occurred.
20. After three to four weeks, my father was discharged home to recover.

ANONYMOUS

21. Within a space of months after his surgery, I had noticed that my father's health had taken a deterioration. He had issues with keeping his food down and he had a constant feeling of nausea. He also had a yellow complexion to his skin. However, I put these issues down to him having undergone a major operation, so at the time, I did not think anything of it.
22. On 15 January 1986, my father was admitted to Blackpool Victoria hospital Ward GRO-B as he experienced his next major health issue. This time, it was his heart. After he had undergone various tests at GRO-D it was decided by the medical staff in charge of his care that he had to have a pace maker fitted.
23. He was referred to undergo surgery to have his pace maker fitted at Blackpool Victoria Hospital ("Blackpool Hospital"), Whinney Heys Road, Blackpool, FY3 8NR. The surgery went as planned, and as far as I am aware, he did not receive a blood transfusion as treatment throughout his stay at Blackpool Hospital, in this instance.
24. He was discharged from the hospital on 22 January 1986. This would improve the quality of his life so he agreed to undergo the procedure.
25. Within the space of eight or nine years after the two aforementioned surgeries; at around the late 1980's, I had noticed that my father was unable to do anything for himself. Still living at home at this point, on one occasion, my father insisted on doing his washing. He walked outside to hang the washing on the line with his walking stick in hand, and in doing so; he put all of his weight on the washing line. The line snapped, and he fell to the ground, breaking his hip. I was in India at the time and on my return visited him in hospital.
26. Whilst I was away he was taken to the GRO-D where he underwent surgery to correct his hip. After several months, he was discharged to a care home. Sadly he refused to continue with physiotherapy to help with his recovery and mobility. He said it was too painful. I also believe that the

ANONYMOUS

operation wasn't a full success. He was a stubborn man, and if he did not want to do something he would not do it. The doctors in charge of his care intervened and told him that he need to go into a care home to receive specialist care. At this point he agreed to use a wheel chair instead of the physiotherapy.

27. He immediately hated living at the care home; he wanted to go home however this was not possible, as he needed proper care. He eventually required full nursing and never returned to his home. He remained in care from the late 1980's until 1992.

28. On GRO-B 1992, my father died in the nursing home. His death was not unexpected, as he was visibly not well. He was also ninety-one years old.

29. However, on GRO-B 1992, a post-mortem was undertaken, as my father had not seen a doctor within a certain period of time prior to his death. They also had to remove his pace maker.

30. Within a copy of my father's death certificate, dated GRO-B 1992, Registrar for the County of Cumbria, E Murphy, his cause of death was registered as:

"1a. Congestive Cardiac Failure

b. Chronic Renal Failure

Certified by GRO-D "

31. Retrospectively, since my father's death, and after my own HCV diagnosis in March 2001, I have become more aware of the symptoms attributable to HCV. It is now my belief that prior to his death, he had been infected with HCV, as the ill-health he had experienced was representative of the symptoms of HCV.

32. I had always thought that there was something wrong with regards to my father's health when he was alive. I thought this to be some sort of Hepatitis.

ANONYMOUS

However, the more information I had become aware of surrounding HCV, this confirmed my suspicion.

33. People used to say to my father "*aren't you tanned?*" I would look at them puzzled as he did not go out of the house, so he could not have been tanned. He was however yellow in appearance, which is indicative of jaundice. He also experienced nausea and sickness.

34. As far as I am aware, my father was never ever told whether he had been tested or diagnosed with HCV. Therefore, there is no documentary evidence that demonstrates my belief as fact.

35. I have thought long and hard about the cause of his possible HCV infection. Through a process of elimination, I believe that it is attributable to the copious blood transfusions he received in the 1980's; where he received at least seventeen pints of blood. I have since come to learn through research, that blood was not screened for use in the National Health Service ("NHS") at the time.

36. There is no other plausible cause of my father's possible HCV. He had always tried to look after himself and his health. He did not have tattoos, piercings, he was not an intravenous drug user, and he did not gain treatment outside of the United Kingdom ("UK").

Section 3. Other Infections.

37. I do not believe that my father had contracted any other infection or infections other than HCV as a result of contaminated blood he had received as treatment in the 1980's.

Section 4. Consent

38. I do consider that my father would have provided informed consent, prior to receiving any treatment or testing which would have taken place throughout the care he had received throughout his life.

39. I do not consider that he would have been tested and treated without his knowledge, or without being given adequate or full information.

Section 5. Impact.

Physical/Mental Effect

40. From the point at which I believe that my father had been infected with HCV in the 1980's, my father had experienced a number of physical symptoms of HCV. This included yellowing of the skin which I attribute to jaundice, as well as nausea, sickness, and tiredness.

41. I also believe that my father's HCV had an impact on his mental state. He had always had a great memory, and was mentally "with it." That was, up until the last year before his death. He did develop quite severe depression after the operation on his colon.

42. Whilst my father historically had a reputation as being a bit of an attention seeker in the past, and where he would accentuate the truth sometimes, I had noticed that the decline in his mental state was more noticeable after the 1980's. I believe this to be attributable to chronic symptoms of HCV.

43. When my father was living in care from the late 1980's until his death in 1992, I would visit him regularly. On one of my visits, I recall one of the care staff at the care home asking to speak to me in private. The individual told me

that the staff had begun to notice that there was always a change in my father's demeanour when I would visit him. Apparently, he would be 'happy as Larry' when he was with the other care home residents, but as soon as I stepped into the home, he would put his head down and his mental state would diminish. It was almost as if he refused to speak to me. His perception was that I had put him in the care home and he resented this.

44. My father would often tell me something along the lines of "*I just want to die. I have had enough.*" He would often keep repeating this sentence on a number of occasions. This was most unlike him. Whilst, as previously stated, my father could be a bit of a fibber, when I heard him say such things, this was the first time I thought to myself maybe he was not attention speaking this time.

Impact

45. The deterioration in my father's health had quite an impact on me. Prior to his cancer scare, I moved back home to Cumbria to look after him. I had to give up my full-time employment; from that time up to his admission to the care home I become his full-time carer. I was only able to work part time as a result.
46. It was hard to see the deterioration in his health. Mum died when I was 17 and dad was all I had left of my immediate family. I would not describe our relationship as overly loving because of his character; I was however always there for him and fought for him with the medical profession. In those days daughters were expected to look after their parents, as they got older.
47. Dad went from a person who had previously tried to take great care of himself and his appearance as much as possible, who would wear a suit and tie, and who was the Chairman of the local bowling league, to a person who was visibly struggling with his mental thoughts. It was very difficult to watch.

Section 6. Treatment/Care/Support

48. My father did not face difficulties or obstacles in obtaining treatment or care from the NHS throughout his life. He was not ever diagnosed with HCV whilst he was still alive, so I cannot pass comment on whether difficulties or obstacles in obtaining treatment, care, or support as a consequence of his possible HCV infection.

49. My father had not received any counselling or psychological support as a result of the deterioration in his health. In addition, I had not been offered any counselling or psychological support as a result of his death.

Section 7. Financial Assistance

50. As a consequence of my HCV diagnosis in March 2001, I was doing some research around HCV as an infection, when I came across the Hepatitis C Trust Charity helpline. I was in regular contact with the helpline thereafter, in an attempt to find out various pieces of information about my infection. On one occasion, one of the operator's had mentioned that the Skipton Fund were offering financial assistance for persons who had become infected as a result of contaminated blood, and those affected.

51. I had previously mentioned my belief that my father had been infected with HCV, and the operator said I should try to apply to the Skipton Fund on his behalf. I asked for the application forms to be sent to my home address. I received the application forms a few days later.

52. I was aware that I had to provide documentary evidence that my father had been given blood as treatment, and that he had been diagnosed with HCV to apply to the Skipton Fund. In 2015 I tried to gain access to Dads medical records from his GP and GRO-D However, I was quickly told by the

ANONYMOUS

administrative staff that they do not hold records for deceased patients as far back as 1992 and that the notes would have been culled.

53. I then made contact with Blackpool Hospital to enquire into obtaining his medical records. The administrative staff were very helpful, and I was told that they may be able to find his records as they had some of them on microfilm. However, when they attempted to recover the records, they realised that they were of a very poor quality. There was no reference; that they could make out, that my father had been given the seventeen pints of blood in the 1980's, or, that he had HCV.

54. Irrespective of not having obtained documentary evidence, I still applied. On 25 January 2016, I sent off the application forms to the Skipton Fund.

55. On 08 February 2016, I received a reply from the Skipton Fund. Within a letter, from Nicholas Fish, Scheme Administrator, to the Trustees of the late Mr [F] I was informed that:

"We have received a Skipton Fund application form together with your covering letter and various medical records from the mid 1980s and it is with regret that i must advise you your application has been declined. This is due to the lack of supporting medical records to confirm that the late Mr [F] [F] was chronically infected with the Hepatitis C virus and that he received NHS blood or blood products prior to September 1991." (SKIPTON 8671P)

56. Thereafter, I did not make an appeal to the Skipton Fund based on my refusal, as I did not have any documentary evidence to back up my claim.

Section 8. Other Issues

57. Dad received over 17 pints of blood. He had no idea that this could have affected his body and his life. My concern is that there could be hundreds if not thousands of people who were infected in the 1970's and their deaths or ill health would not have been connected with the fact that they had received contaminated blood. I will elaborate on this in my own infected statement.

Statement of Truth

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

Signed

GRO-B

Dated

14th July 2021