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Witness name: **GRO-B**
Statement No.: WITN1889001
Exhibits: WITN1889002-14
Dated: 29 November 2018

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF **GRO-B** **GRO-B**

Section 1: Introduction

1. My name is **GRO-B**. My date of birth and address are known to the Inquiry.
2. I live with my wife, **GRO-B** and we have two adult children who live independently. I have been unable to work due to ill health for many years and my wife has recently retired.
3. Prior to my retirement for ill health as a result of my HCV and HCV-related conditions, I had an excellent job as a power generation engineer in **GRO-B** with very good career prospects. My work took me all over the globe.
4. I make this statement in response to the questions set out in a "Rule 9 Request" letter dated 5 November 2018 sent to me by the Inquiry care of my solicitors, **GRO-B**. Those question headings are set out below, followed by my responses to them. Save where I state otherwise, the facts and matters set out below are within my own knowledge and are true. Where I refer to matters that are not within my own knowledge, they are derived from the sources stated and are true to the best of my knowledge and belief.

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5. I enclose an index which sets out the key supporting documents exhibited to this statement with their corresponding Exhibit Numbers.

Section 2: How infected

6. To the best of my knowledge I was infected with Hepatitis C (“HCV”) at Warrington Hospital on 7 December 1980 as a result of a blood transfusion, which I received following an accident. I had slipped on some ice at an event I was at. I had severe lacerations to my right arm resulting in significant blood loss. I was admitted through Warrington Hospital’s Accident and Emergency (“A&E”) department. I had surgery at that hospital to repair the wounds and received a blood transfusion (operation papers exhibited as **[WITN1889002]**).
7. In terms of the information or advice that was given to me at the point of my blood transfusion, I received no information about any possible risk of infection from a blood transfusion.
8. I was completely unaware that I had contracted HCV until June 2014. Before I go on to describe the means by which I received my diagnosis and the history of my care and treatment before that, I would like to emphasise two crucial details at the outset:
 - a. First, a period of 34 years passed between my blood transfusion, which caused my infection, and receiving my diagnosis of HCV. In this time the disease, although unbeknown to me, had a severe impact on my life, which I describe below;
 - b. Secondly, in actual fact there is cogent evidence that clinicians responsible for my care knew in November 1992 that I had HCV. This is clear from a Serology Report of Liverpool Public Health Laboratory, which contains test results from November 1992 showing that I tested positive for HCV **[WITN1889003]**. However, for reasons that nobody has ever explained to me, I was not informed of my diagnosis until

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2014. That is to say, a further 22 years passed during which clinicians knew or ought to have known that I had HCV, but nobody told me. In my view this is absolutely devastating and abhorrent. I cannot fathom the logic in the actions of my then treating consultant, who did not tell me that I had HCV. Instead, I have been denied treatment and faced outrageous slurs on my character, including accusations that my condition was caused by alcoholism.

9. I first discovered that I had contracted HCV in June 2014, completely by chance. I had been admitted by ambulance to Whiston Hospital on the instructions of my GP after I had reported to him with central radiating chest pains. I was admitted on the 7 February 2014 to the Whiston Hospital surgical assessment unit, where I was put under the care of one of their gastroenterologists. I was found to have an inflamed bile duct, which over 48 hours did subside. This same gastroenterologist was the one who referred me to the outpatient clinic of Dr D McClements, who was at that point a Specialist Registrar in the gastroenterology department. It is my firm belief that my first treating gastroenterologist knew or had strong suspicions that I had HCV.

10. A couple of days later I went to see Dr McClements in his outpatient clinic. We sat down and had a conversation for approximately 12-15 minutes. Dr McClements has a special interest in liver disease. At the end of this conversation Dr McClements made a number of, what I consider to be, quite remarkable statements. For example, during the course of this conversation I had explained to him that my previous consultant in the Warrington Hospital, Dr Barry Linaker, who was responsible for my care and treatment for cirrhosis of the liver in the 1990s, had told me that I was carrying the herpes virus. When I said this to Dr McClements, he stopped writing, put his pen down, looked me square in the eye and said, "*I don't know what kind of bullshit line Barry Linaker has been feeding you but you've got hepatitis C and I intend to prove it*". These words, naturally, were hugely significant to me and have stayed with me. I was immediately completely appalled and aghast; words cannot describe how I felt. He could not have hit me any

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harder with a baseball bat. My response was, but why? At this point Dr McClements responded that he did not have a clue but told me that he would find out next month "at the dinner". I assumed that he was referring to some sort of gastroenterology dinner, where Dr McClements and Dr Linaker would both be present. I presume Dr McClements intended to ask him directly, however I was not privy of course to any such conversation and I do not know if anything at all transpired. What I can say is that Dr McClements seemed genuinely aghast and outraged at what was obviously in front of him.

11. Dr McClements informed me that I had HCV after he had conducted a range of medical tests to confirm his suspicion. The sort of symptoms that I was presenting with at that point (and had presented with for a long time – see below in "**Impact**") included a serious brain fog, extreme fatigue including not being able to stay awake for more than 5 hours, night sweats and trouble passing urine. However Dr McClements worked out my condition I believe within seconds of meeting me. In a letter stated to have been typed on 8 May 2015 [WITN1889004], Dr McClements informed me that an HCV antibody test performed in his clinic has "*proven to be positive*" and that "*this would be consistent with a passed hepatitis infection or an active hepatitis infection*". However, he stated that a further blood test would be required to check whether my body had cleared the virus or if the virus was still present.
12. In a letter stated to have been typed on 10 June 2014 [WITN1889005], Dr McClements wrote to me in relation to subsequent blood tests. These tests confirmed the HCV infection and that the virus had been detected within my blood. He stated, "*it is likely that is the cause of your raised liver tests*".

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13. I was completely astounded. At that point I had no knowledge of HCV or the impact on my health. I was aware of no possible route for this infection. It was in the process of absorbing the information regarding HCV, and the effects of the infection on my health and treatment options, that I first became aware that it had arisen from a blood transfusion. When I finally received my medical records (see below in the following section), we established without doubt that I must have been infected by the blood transfusion in 1980 because there were no other routes for infection. In particular, contrary to the portrayal of me on some of my historic medical records, I would like to emphasise that I was not and have never been a big drinker.

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14. In terms of discovering *how* I had become infected with HCV, that is to say from the blood transfusion in 1980, Dr McClements and I both faced significant difficulties in gaining access to my medical records from the Warrington Hospital. The hospital acted in what can only be described as an extremely unhelpful and obstructive manner in response to requests from us that my medical records be released. This culminated in a complaint by me to the Parliamentary and Health Service Ombudsman in October 2014.

15. Plainly it was necessary for Dr McClements to have access to my medical records in order to determine when I may have become infected with HCV, and to form a view on available treatment options going forward. Dr McClements therefore made a request for a complete set of my medical records to be provided to him in April 2014. By 28 July 2014, Dr McClements had received no response whatsoever from the Warrington Hospital. I was therefore, at a point when I was very ill, forced to make a formal complaint to the Warrington Hospital (which I exhibit as [WITN1889006]). I requested an immediate response and requested that a second copy of my medical records be sent to me.

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16. I received various holding responses from the Warrington Hospital in relation to my formal complaint, including apologies for the delay in responding, but no substantive response. I consider this to be unacceptable given the severity of my condition. Eventually on 27 September 2014 I was forced to send a further formal letter (which I exhibit as [WITN1889007]), in which I stated:

"I am astounded that we are now approaching October and no progress has been made in this matter.

My consultant requested my medical notes in April. I resorted to a complaint on 28th July 2014 as there had been nil response to his request from your hospital. It has taken you 2 months to respond to my complaint. Your response is to request more delay!

Neither have I had any response to my request for a copy of my medical notes which I believe I have a statutory right to receive."

17. Eventually in approximately October I had a meeting with the medical records department of Warrington Hospital. I explained that I was searching for complete, from day one, historic medical records. I also explained that I was looking for details of my blood transfusion from 1980. I was told that these records would be in the archive, which differed to previous information that I had been given that the hospital would have shredded my records from before 1991. The records pre-1991 in my case had been kept on microfiche. I do not know why my medical records had been archived rather than shredded from before 1991, although I have heard that it is possible that there was some kind of mark or star on the cover sheet of my medical records indicating that I had been given a blood transfusion, as the NHS were aware that there might be a backlash in terms of contaminated blood. I do not know if this is indeed true. I believe it is highly relevant in my case that my transfusion occurred in 1980 in Warrington Hospital and Warrington Hospital was or ought to have been aware of this.

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18. I note that this was not the only occasion that I or my treating clinicians faced obstacles in obtaining access to my medical records. My treating clinician when I had a knee operation approximately ten years ago also, to the best of my knowledge, had problems accessing my historic medical records even though he practised within Warrington Hospital. I exhibit as [WITN1889008] a number of letters from Mr McNicholas in January-March 2008 expressing his concern that my medical records, particularly in relation to my care and treatment by Dr Linaker, had not been provided to him. I note that, significantly, in March 2018, Mr McNicholas formed a view that once the records were provided there was insufficient information in them about my past medical history and treatment for cirrhosis. I cannot see why this happened, but it is possible Warrington Hospital was attempting to withhold some of my records, including my 1992 HCV diagnosis.
19. Finally, I cannot be entirely sure that my medical records are complete. I am concerned that there may be some gaps. There is a large amount of uncertainty left in my mind, particularly after the obstructive way Warrington Hospital dealt with my requests and their extensive delay in releasing my records.
20. From the point of my diagnosis of HCV in 2014, the information provided, the treatment options offered and the support, provided by Dr McClements and the liver team at Whiston Hospital, was professional and efficient. Regular monitoring of my condition was speedily initiated and is ongoing.
21. As soon as the diagnosis of HCV was confirmed in June 2014 by clinicians at the Whiston Hospital, I was given the information to help me to understand HCV, its impact on all aspects of my health, and offered treatment and advice on how I could manage my condition. This has helped me considerably to manage the condition and its impact. Although shocking to discover, I finally understood the cause of my ill health which had devastated my life for many, many years.

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22. When I first shook hands with Dr McClements I told him that it was important that we spoke man to man. He told me to stop worrying about anything from now on because he was now in my corner. I think his care was spectacular and he did the right thing by me. He was a young and keen doctor who treated me with respect, and with a less patronising and less paternalistic manner. I appreciated that greatly.
23. This information, treatment and support should have been offered to me at least 22 years earlier. Warrington Hospital tested me for HCV in November 1992. At that point I had a diagnosis of cirrhosis of the liver and was under the care of my then consultant, Dr Barry Linaker, for this condition. It is clear to me now that the cirrhosis of the liver was caused by my HCV, although I did not know this at the time and, indeed, not until 2014. Dr Linaker was aware that I had had a blood transfusion in 1980.
24. I ended up under the care of Dr Linaker in the early 1990s. At this point I was travelling up and down the country in my role as an engineer in GRO-B GRO-B. One morning I was found collapsed in a telephone box by one of the other men that I was supposed to be meeting to go to a job with. This was, of course, pre-mobile phones, so I had been attempting to use the public telephone. I was taken home and to my GP before being admitted to Warrington Hospital for approximately six weeks. With hindsight I believe I was in liver crisis due to HCV. However, at the time I had no clue what was going on. I had extreme brain fog and was finding it difficult to function. I had the fullest set of tests conducted on me by Dr Linaker and his team. Indeed I was in constant agony in this period to the extent that I was given pethidine (a synthetic opioid pain medication often used in childbirth) in higher and higher doses.
25. After about six weeks Dr Linaker came to see me on the ward on a day when I believe he was not scheduled to be on duty. He came to see me with his team and told me that I had the herpes virus. He told me that this was caused

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by having shingles about five years prior to that point and that the virus had taken up residence in a hepatic nerve and that this was effectively blocking that nerve from functioning. I was told that this in turn was causing the non-functioning of my liver. At this point I was put on a drug called carbamazepine. This is often used as a mood stabiliser, and as a treatment for epilepsy, but it had a remarkable effect on my neuropathic pain. It worked and the pain drained away from me. I felt brighter and able to function again. I was therefore discharged home. However, I continued to see Dr Linaker in his clinic as an outpatient.

26. At that point the sort of symptoms I was presenting with, when I was taken into hospital, were the same kind of symptoms that I presented with in 2014 when my HCV was diagnosed: brain fog, night sweats, extreme fatigue, poor liver function and trouble passing urine. Whereas my clinicians in 2014 were able to recognise almost instantly that these were symptoms of HCV, Dr Linaker did not openly recognise this and instead misdiagnosed me as having herpes, and also labelled me as an alcoholic. Although I admitted to enjoying a normal amount of alcohol, for example two pints a day, I can see from my medical records that the amount that I drank has been grossly exaggerated. It is clear to me now that I had HCV but instead I was misdiagnosed and then labelled an alcoholic. This continued to cause problems for me in terms of my treatment by medical professionals, particularly those with what I would describe as a more "old school" paternalistic attitude, who treated those they perceived as having alcoholism with disdain, and as if they were liars. I discuss some particular incidents of this treatment in the sub-section on "Stigma" in section 5 on "Impact", below.
27. Even though I was initially misdiagnosed as having herpes and/or as an alcoholic, in November 1992, for reasons unknown to me and which were not communicated to me at the time, Dr Linaker requested that my blood was tested for HIV, HBV and HCV at Fazakerley Hospital (Liverpool Public Health

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Laboratory). I believe that when these tests were taken I was an inpatient in hospital. As stated above, the Serology Report was returned with HCV infection positive results clearly identified [WITN188903]. **I was still not informed**. It is interesting that my notes post 1992 variously refer to post-*herpetic* neuralgia, and post-*hepatic* neuralgia. Interestingly, the letter dated 15 December 1992 from Dr Linaker discharging me from my inpatient admission, during which I had the HCV tests, has what appears to be a misprint (I exhibit this letter as [WITN1889009]). What has been typed is "*Diagnosis post hepatic neuralgia; micronodular cirrhosis*". "Hepatic" has been corrected by hand to "herpetic" (i.e. relating to herpes). I do not know if this is significant, but it would time with my HCV results being returned.

28. I would like to highlight that the results of these tests were **never** communicated to me by Dr Linaker or any person at Warrington Hospital. I stress that I was only ever told that my condition was caused by the herpes virus, and I was never informed about HCV. At no point, **to this date**, has Warrington Hospital ever communicated to me that they knew I was infected with HCV. I was offered no treatment, given no advice, not even informed, that I had contracted HCV, for over 22 years. Despite their knowledge that I had been infected, and that this was the cause of the liver cirrhosis, I was unjustly and without foundation, labelled as alcoholic and this falsehood was perpetuated in medical notes subsequently (I discuss this further below in the section on "**Impact**").

29. I continued to be seen at outpatient appointments in Dr Linaker's clinics until around 1998, when I was discharged with no ongoing monitoring of my condition. I have never heard a word further from them. Had I not had the good fortune to receive treatment at Whiston Hospital, I would still be unaware that I had HCV, and would still have had no treatment.

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30. My views on my diagnosis in 2014 are set out above. In relation to my results from November 1992, I have extremely strong views about this and the cost to my health of this unacceptable, mystifying and unforgivable delay.
31. As stated above, I received no information whatsoever about my HCV infection. I therefore had no information that I could be putting others at risk of infection. Consequently, I was potentially exposing my wife, children and possibly other people and was completely unaware that this was the case.

Section 3: Other Infections

32. I am not aware of any other infection caused by my blood transfusion. I am not HIV infected nor have I contracted HBV.

Section 4: Consent

33. It is my firm view that I did not give my informed consent for the blood transfusion in 1980 that was the cause of my infection. I was not made aware at any point of the material risks of the transfusion or that the blood might be infected, including with HCV. I certainly would have attached great significance to the risks if I had known of them. I was not informed at any point if there was any reasonable alternative course of treatment, if indeed there was one.
34. While I am aware that my blood transfusion may have saved my life, and I am grateful for that, I think it is unforgivable that I was not thereafter informed of the risks. If I had been informed of the risks that would have made such a difference; at least I could have dealt with the fact that I had been infected before my liver was damaged irreparably.
35. I also believe that the tests for HIV, HBV and HCV that were requested in 1992 by Dr Linaker at Warrington Hospital were done without my knowledge or consent to those specific blood tests. At that point I was going through regular testing for LFT monitoring to see how my cirrhosis was progressing. I

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was used to going to the phlebotomy clinic with a blood request and by that point I did not even look at the form anymore to check what tests were being requested. I think these particular tests were taken during a period of inpatient admission.

36. I have no idea why Dr Linaker requested these tests. I was given no information about these tests nor told why they were requested. I was given no information at all about HCV or what the implication of the results that diagnosed the infection could be for my health and subsequent treatment options.
37. Warrington Hospital was aware that I had cirrhosis and had had a blood transfusion and was infected with HCV. This was noted in my medical records, but at no point was this information shared with me.
38. I suspect that these tests may have been related to research. My reasons for this suspicion are as follows. In 1995 I was subject to repeated consecutive liver biopsies in one afternoon by Dr Linaker, as well as 4 others.
39. The background to the liver biopsies in 1995 is set out here. This was a planned procedure. First, a registrar of Dr Linaker's came to me to conduct a biopsy. With great delight, as it appeared to me, she showed me what she described as "the instrument of torture" and then proceeded to miss my liver with it three or four times and ultimately failed to get a sample. About 24 hours later Dr Linaker came to conduct the biopsy after the registrar had failed. He arrived with the same registrar and three others, two of whom were students and the third of which was a senior house officer. I was in an open ward, and he pulled the curtains around my bed and told me that they were going to do my biopsy. My skin was prepped appropriately with local anaesthetic under my rib. Dr Linaker proceeded with the biopsy. He deposited the sample leaning over the top of me and squirted the tissue sample into a jar. He said, "good biopsy", which indicated to me that there was enough of a sample. He then handed the registrar the same used instrument and said, "your turn". She proceeded to do the whole procedure

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again at a different point under my rib. This carried on, so that every person accompanying Dr Linaker conducted the same procedure on me. While they were doing so, they had discussions about things like where to put the needle, and explored my anatomy, for example they were shown to use three fingers below the ribs to work out where to insert the needle. I exhibit as [WITN1889010] a record of Dr Linaker in relation to the biopsy. However, he does not provide the complete details and only refers to the failed biopsy and his own.

40. A single liver biopsy is a painful and dangerous process, due to the increased risk of extensive bleeding which would be difficult to contain where cirrhosis has already been diagnosed. I was subjected to this procedure five times without pain relief nor the crucial post biopsy monitoring. This experience was extremely humiliating for me. It was as if I was not in the room but a body that they were working on. They were not talking to me, but talking about me, around me. It felt like I could have been a mannequin on the desk.

41. I have since been informed that such tests had no medical purpose. Dr McClements, who diagnosed me with HCV in 2014, was able to obtain liver biopsy tissue samples from both 1991, when I first had a biopsy, and from the relevant biopsies in 1995. Although I understand that the samples had deteriorated in the period of approximately 20 years, Dr McClements remarked that in 1991 when the first biopsy sample would have first been analysed, "*a blind man on a galloping horse would have been able to tell that it was nothing to do with alcohol*". By this I believe he meant that a consultant ought to be able to tell the difference between cirrhosis caused by alcoholism and hepatitis. I cannot see what the justification was for further liver biopsies in 1995. Even if these tests did not contribute to a formal research project, for example about the progression of HCV, they were degrading and medically unnecessary.

Section 5: Impact

42. HCV infection caused me to develop liver cirrhosis. This is the primary impact on my physical health. This was diagnosed around 11 years after I was infected. However, I was physically unwell for some time before diagnosis. My symptoms included: severe and rapid weight loss, post-rectal bleeding, bleeding from nose, mouth, throat and oesophagus, gross fatigue, spiky temperature, skin varices, poor capillary response and lower right quadrant pain. Most of my symptoms related to the HCV infection, which I was unaware of. This was further complicated by my liver becoming increasingly damaged due to the HCV infection remaining untreated. I received no treatment to counteract the infection and prevent further damage to my liver. I suffered considerable ongoing pain, nose bleeds, anal bleeding, chronic fatigue, limited mobility, nausea, loss of appetite, anxiety and depression, periods of confusion when I struggled to think clearly and increasingly poor memory.
43. My Liver is said to be "End Stage Liver Disease". It is currently stable and monitored 6-monthly at Whiston Hospital. Should it deteriorate, the only significant option for further treatment is a liver transplant. I am at a high risk of developing liver cancer.
44. Consequent to the HCV infection, in addition to the above, there has been a significant deterioration of my skeletal functioning. This impacts on my mobility which is limited.
45. My mental health has been significantly compromised by both the infection and then the discovery that Warrington Hospital staff were aware that I had HCV and offered no treatment, the detrimental effect of which cannot be quantified. My treatment at Warrington Hospital caused me trauma that has led to me requiring counselling support (funded by my family) to help me to manage the impact of those experiences. The constant knowledge that at any time my health could deteriorate rapidly has an ongoing psychological impact. As is the knowledge

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that many people in my situation have not survived. I have experienced long periods of depression with suicidal ideas.

46. I was treated for HCV infection at Whiston Hospital in September 2014. I was referred to the Hepatitis C clinic, received information about the virus and its impact on my health. The side effects were fully explored. I was offered and agreed to be treated for 6 months with Viraferon peg injections and Ribavirin [WITN1889011]. This treatment is tough and debilitating. I was not offered the newer, more effective, drug treatments with fewer side effects. They were not available as an option for the clinicians to offer me on the NHS at that time. The impact of this treatment was a 6-month period of additional problems due to the side effects of the treatment. However, following this I cleared the HCV. I responded well to the treatment to the extent that subsequently HCV remains undetected on my blood tests to date.
47. The withholding of the information that I had HCV denied me access to any treatment. After great reflection, I can only conclude that this was a deliberate act on behalf of Dr Linaker who was aware that I had HCV, in the sense that he may have been acting under direction. It simply makes no sense otherwise why he would specifically request those particular tests, not tell me about my diagnosis (ever) and then later discharge me. My difficulty was that I was not aware I had a serious infection that if left untreated would continue to progress and cause more damage; a condition for which there was treatment available. My liver therefore continued to deteriorate.
48. All treatment options and monitoring of my condition should have been made available to me as soon as soon as HCV had been diagnosed in 1992. I should not have had to stumble upon diagnosis and treatment 34 years after infection and 22 years after that infection was certainly known.
49. The mental and physical effects of the denial of treatment resulted in the continued deterioration of my liver condition and the associated ongoing health impact of the HCV infection.

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50. The treatment that I eventually received for HCV impacted completely on my health, life and family. I was often unable to get out of bed, suffered debilitating fatigue and mood alteration. I had periods when I was argumentative and angry. All of these symptoms are recognised side effects of the treatment.
51. As I was unaware of my infection, I cannot say that I had poor treatment as a result of the to the infection in other situations
52. However, I have experienced stigma before I was aware that I had been infected with HCV. In general, I have found that some medical staff have made assumptions about me and my lifestyle. I believe that this may have been a result of them seeing in my medical records I had HCV (though none shared this information), assuming I was a drug addict not worthy of their time and attention. This is how I was made to feel in any event. I was labelled an alcoholic which is written in my medical notes. I exhibit as [WITN1889012] a pertinent example of this: a letter written on 26 February 2002 by Dr Linaker to Warrington Fostering Services' medical advisor, as part of my application to become a foster carer with my wife, referring to excessive alcohol intake and the fact that the prognosis of my cirrhosis would be reasonable if I "significantly reduced my alcohol intake". I also add for context that I was always extremely open about my health (although I was unaware of the HCV infection) and we were successfully approved as foster carers. [GRO-B]
[GRO-B]
[GRO-B] This is but one example - alcoholism is continually referred to throughout my medical notes. I have only come to understand some of the attitude I experienced once I became aware of the infection and had access to some of my medical notes. At the time I was bemused by some comments.
53. I would like to recount some of the particularly negative examples of the way I have been treated over a period of decades.
54. Approximately ten years ago I had a knee replacement operation, owing to complications that had arisen from my [GRO-B] as a young

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man. I was under the care of Mr M McNicholas in the self-contained orthopaedic unit of Warrington Hospital. After I had my knee replacement operation I became very poorly. I had difficulty passing urine and was catheterised. However, my leg then proceeded to treble in size and my entire leg was completely black from my lower back to the sole of my foot. I was lying in bed awake and sweating profusely. A staff nurse came to check on me and informed me she was getting a doctor as I did not look well. Although I protested she said she was sending for a doctor. I was then quite delirious for a period of 5 or 6 hours. At approximately 3am on what I believe was a Saturday morning, a man I did not recognise, wearing a fleece, came into my room. The staff nurse followed him in but he turned her round and made her leave the room.

55. What followed was shocking and still painfully distressing for me. He leant on the table that went across the end of the bed I was on, looked me in the eye and said, *"You are nothing but a drug-seeking addict, there is nothing at all wrong with your leg, you are not in pain, and I am not wasting my time with you when there are sick people in this hospital"*. I am completely confident to the best of my knowledge that this is what he said to me. This is indelibly etched across my psyche. Naturally I was flabbergasted, amazed, disgusted and completely and utterly distressed. I believe that I broke down crying in front of him. I did try to fight my corner and informed him that I had not even sent for him. That man never told me his name. He never introduced himself, which I would have expected of any doctor involved in my care.
56. I mulled this incident over for about 12 hours at least. My wife, [GRO-B] came to see me the following day. She knew immediately that something was quite wrong and I told her what had happened. We then decided to make representations about the incident to the senior sister on the ward that day. This was about lunchtime. She asked us what we wanted to do, and I said I would like to see Mr McNicholas as soon as humanly possible. The nurse was reluctant to tell me the name of the man who had said these things to me but I have discovered that his name is [GRO-D] and he was on the team of Mr O'Malley, another orthopaedic surgeon at Warrington Hospital. These events all occurred over the weekend when Mr McNicholas was not on duty.

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57. On Monday morning I asked Mr McNicholas's registrar to bring him to see me. He came with the registrar eventually and I told them what had happened and said I was not staying in the hospital unless I received an apology. Dr [GRO-D] was not in the hospital that day so I discharged myself. Before I discharged myself, however, I did make a complaint to the hospital's Patient Advice and Liaison Service ("PALS"). I spoke to the lady in PALS and tried to make a formal complaint about the incident. She made various promises but in the end nothing happened. I did try to initiate another complaint, but I felt that the hospital "closed ranks" at this point. I did not keep records but it may be that PALS has records of my complaint. I can see that a brief note was made of my complaint in my medical records, which I exhibit as [WITN1889013].
58. "Abhorrent" is not a strong enough word to describe how I feel about this particular chapter in my story. I stress that I did not even know at this point that I had HCV so I was completely bewildered as to why this doctor was speaking to me like this. I assume he was referring to the fact that he thought I wanted pain relief. I think how he treated me was inhumane. He did not even examine my leg. Sweat was pouring out of me so I assume he thought I was going through a withdrawal from substances. I believe he drew conclusions from my medical records, either that I had alcoholic cirrhosis or had HCV from alcohol or drug use. The point that I would like to make is this: *even if* I was withdrawing, which I was not, he was a doctor. He did not have the right to judge me and should simply have focused on providing his patient with appropriate care.
59. This incident left me absolutely terrified to walk through the doors of that hospital. I lost all my confidence and it left me with a nagging fear. It was only after my HCV was diagnosed that this incident began to make sense to me.
60. The next incident which exemplifies the sort of treatment I have experienced over the years relates to my treatment by a nurse who was responsible for my care over a period of years. This nurse was known to me as [GRO-D]. I came across her in the Daresbury Wing of Warrington Hospital and also in the Halton General Hospital in Runcorn. Her behaviour towards me was very pleasant and

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caring until her behaviour suddenly changed and I felt that she took me against me. I cannot say for sure why this happened, for example whether she discovered I had HCV. Another theory I have is that she maybe had started to read my medical records and seen the various erroneous references to me made by Dr Linaker as an alcoholic and decided that I was not worthy of good care or, worse, ought to be punished.

61. Many times thereafter, when she was taking my blood (or indeed undertaking any sort of procedure), she did so in an extremely painful manner, to the extent that when the needle came out there was a piece of tissue hanging off the end of the needle. From my informal discussions with friends who are medics, I understand that it is possible to touch a needle on a piece of glass or steel to create a barb on the end of the needle, which is how flesh is caught on the end. I am told this is well-known practice that is designed to "bring someone down a peg" if they have stepped out of line. I can only describe such behaviour, if this was her intention, as "sadistic".
62. One particular occasion I was in the Daresbury Wing of Warrington Hospital. I was going in for an operation, I recall, to repair my ligament. [GRO-D] was the nurse on duty. I required an injection. [GRO-D] came into the room I was in with a staff nurse. She announced to me that she needed to give me an intermuscular injection in my buttocks, but that she was going to use a "new method". I asked her what method she was referring to. She responded that it was a new method being pioneered and, "*we'll see how we get on*". She inserted the needle into my buttock extremely slowly, taking over a minute to insert the needle. Once the needle was inserted, she kept pushing as far as she could go, then let the plunger back suddenly so that it bounced back. The needle was withdrawn, and then re- inserted. I felt like she was twisting the needle around in me and she proceeded to insert some of the substance, then pull the plunger back, and then insert some more of the substance, and so on. The whole time I was in extreme pain. This was the longest injection of my life. I was sweating and anxious and I made the mistake of attempting at this point to grab [GRO-D]'s name badge so that I could call for the senior nursing officer and report her. I unfortunately missed and I was accused of attempting to grab her breast, which I strenuously deny. As the

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two nurses were leaving the room, I heard the staff nurse (who up to that point had not said a single word) say to [GRO-D], "*you know for a nurse you can be an evil bastard*". Again, I am confident that this is what was said. This is also indelibly etched on my mind. I believe this particular incident took place in the mid 2000s.

63. About four years ago I had to go into the Halton General Hospital for some spinal surgery. I happened to see the nurse, [GRO-D] on the ward. She came towards me with one of the other nurses. I told her that she should not come any closer to me, and certainly not with anything sharp. I eventually spoke to the matron of the ward and explained about my previous experiences with [GRO-D]. I told her that I did not want her to come anywhere near me and, as a result, the matron transferred me so that I was under the care of a senior nurse, who took over my care completely from that point onwards.
64. The third example that I would like to share of maltreatment that I suffered at the hands of medical professionals occurred in approximately 2010, i.e. it was in the recent past but before I knew that I had HCV. I had been to the dentist and had a dizzy spell so I ended up going to A&E. I was given a blood test to look for a particular enzyme indicative of a heart attack. I was then sent to a ward with instructions that the test should be repeated in six hours' time. When I was transferred from A&E to a ward, I arrived at the ward just on handover time and nobody knew I was there. Therefore the second test was not done in time. I mentioned all this to the nurse on duty the following morning. She told me that she had no idea why I was there and would go and get some more information. While she was away, a registrar came round and was talking about me over my bed to someone else. He never even looked at me or laid a finger on me but stood at my bedside about 15 seconds. When the nurse came back, I told her that I really did not think we were getting very far. That registrar must have heard me say this, and then proceeded to say to me, "*Why don't you just go in the corner and die quietly?*". This incident devastated me. I should add at this point that, although I did not know I had HCV, the condition can change a person's cognitive functioning and the way they manifest. I know that I presented at this time as frightened and anxious. I feel that this has been misinterpreted by some

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medical professionals. Of course, as before, this incident made no sense to me. I did not know I had HCV. I have again been left extremely anxious about ever going to Warrington Hospital because of this incident and the way the registrar spoke to me.

65. I ended up discharging myself, with the consent of the clinicians on duty, although there was a traumatic incident whereby as I was leaving a wound from my cannula started leaking and there was a trail of blood behind me on the ward. When this bleeding was stopped I was allowed to leave and told to go to my GP. When my GP asked for my discharge letter, I informed him that I had not been given one. I understand that I should not have been discharged without one. When I had to go back to the ward, the registrar could not even remember me. The nurse that saw me that day checked her notes and said that my story was entirely consistent with them but told me the registrar was saying that I had discharged myself and there was nothing she could do to help me.
66. This mistreatment in the Warrington Hospital and the other hospitals in the same NHS Trust is what led me to ask to go to the Whiston Hospital when I had chest pains in 2014. Thank goodness I did, as that is how my HCV infection status was finally revealed to me.
67. As I was unaware until 2014 that I had been infected with HCV, I have not for the most part experienced stigma in the broader aspects of my life as a result of HCV *per se*. However, the impacts of the infection on my life, including but not limited to the direct medical consequence of cirrhosis of the liver and consequent denial of/delayed treatment for my underlying HCV, have been huge and devastating, as outlined below.
68. I was 32 years old when the cirrhosis was confirmed. The cirrhosis was caused by HCV infection. I was working as power generation engineer in GRO-B GRO-B travelling the country and globe with a responsible job, well above average income and excellent prospects of continued long-term employment and progression. I had potential for building a significant pension for retirement. Due to my ongoing ill health, I had to take medical retirement from my job in my mid-

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thirties. This was devastating, emotionally, financially and for my mental wellbeing. I have at times experienced long periods of depression and suicidal thoughts as the cumulative effects of ill health and pain became at times too much to manage.

69. I lost my job and as I was unable to work I had to apply for state benefits. This process is humiliating and my drastically reduced financial situation limited my options in every aspect of my life. I was single and had to live with my parents as I had no realistic prospect of funding independent living.
70. My parents found themselves in the role of carers again to their adult son. My father had significant ill health and my mother had to continue working to help support us all.
71. When I married and was unaware that I had HCV, I unwittingly exposed my wife to the potential infection. My family have supported me through the physical limitations associated with my ill health but more significantly have been affected by my mental ill health which has been impacted by this infection. Our children have been very supportive but they have had to manage the impact of my ill health on our family. My wife has provided the financial support for the family as I was unable to work.
72. My Disability Living Allowance was withdrawn in 2013 and I have received no state benefit at all since then. I received higher rate care and higher rate mobility DLA. However, during the transition to Personal Independence Payment ("PIP") I was assessed following a medical examination as no longer requiring DLA. The examination was extremely painful and I was being examined for spinal stenosis (a narrowing of the spine). At this point I required spinal surgery and was in constant neuropathic pain. I could barely get out of bed. Notwithstanding, I was deemed from that narrow medical assessment to have no mobility problems. I have been told by relatives with relevant professional experience that I could try and apply for PIP but I was too scared and anxious to do so. I made a decision with my family that I could not go through that process if I was not to be believed

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or was to be declined PIP. This was the right decision for my mental welfare. It would add to my feelings of being completely unworthy if I were refused PIP and the thought of the brown envelope from the DWP arriving on my doormat created a complete anxiety in me. However, this has negatively affected my family's situation and put pressure on my wife, whose income we had to rely on.

73. In terms of stigma generally since I was told of my diagnosis of HCV in 2014, I have only had a few isolated incidents, such as when a banjo teacher I was seeing for lessons told me that he would not touch me after I told him about my situation. This was upsetting since by this point the virus was undetectable in my body and I had been informed by those responsible for my care that I no longer needed to inform people about the risk of infection. I learnt a valuable lesson to keep this information to myself from this point onwards.

Section 6: Treatment/Care/Support

74. As I have already made clear, I was denied treatment, care and support completely for at least 22 years when the infection had been diagnosed but I was not informed.
75. After diagnosis and the processes of taking in this information, the treatment and the devastating impact of finding out that I had been infected with HCV since 1980 and my treating clinicians and those responsible for my care had known since 1992 but not informed me, I hit a crisis with my mental health. My GP referred me to counselling services but the wait was lengthy – a matter of weeks or months not days. I was in a crisis and required immediate support. My family eventually funded private counselling, which brought significant relief and has helped me to manage my feelings more positively. My counsellor assessed that I had Post Traumatic Stress Disorder as a consequence of this experience. I had Cognitive Behaviour Therapy to help me to address the impact on my wellbeing.

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76. When the Inquiry opened, I telephoned the helpline as I was overwhelmed by the Inquiry starting, the opening statements and the anxieties this provoked. This was very limited but helpful at the time. I would benefit from further counselling and treatment but would need to fund this myself which will be a financial challenge.
77. I would encourage further and greater support from the Inquiry in terms of counselling provision while the Inquiry is ongoing. This includes the preliminary stage while witness statements are being prepared. The Inquiry itself, while welcomed, can be a traumatic process for infected and affected persons. Preparing this statement has caused me to relive some traumatic experiences. The Inquiry's helpline is not sufficient. It was helpful but I would describe it more as a triage service. The lady who spoke to me told me she also did Samaritans work and it felt like she was working at a very high level, ensuring I was not suicidal, and re-arranged a call back. I understand that there was a flood of calls to the helpline after the Inquiry opened and it felt like the telephone counsellors could not cope with the demand.

Section 7: Financial Assistance

78. I was advised by the medical team at Whiston Hospital that I may be able to make an application to the Skipton Fund. I had never heard of it before.
79. I have received Stage 1 and Stage 2 payments from the Skipton Fund. I receive ongoing monthly payments as a result of being accepted as having a Stage 2 claim with the Skipton Fund (please see letter from Skipton Fund exhibited as **[WITN1889014]**). I believe this is now managed by the NHS Business Services Authority. I have received no other financial assistance from this or other schemes.

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80. The process was very difficult. The Fund application left it up to the individual to find historic medical notes. Warrington Hospital were very obstructive and reluctant to provide my medical notes (see further details above in section 2).
81. Then, the first application was rejected as the Fund asked for more evidence. We were fortunate that eventually we were able to obtain a few pieces of information from 1980 to support the application along with the notes from 1992 and the support of Dr McClements.
82. The biggest difficulty was obtaining medical notes to confirm the transfusion and HCV infection. The administrators of the scheme were unhelpful and curt. It felt as if their chief responsibility was to not make a payment. I also understand that the Fund acted in a disrespectful manner to Dr McClements, questioning his medical qualifications to support my application.
83. I was advised that to receive the payments I was required to sign a form to say that this was an ex gratia payment and that this was not compensation. Nobody made me aware of the implications of this.
84. At the time we received the first payments, it made a huge difference to our situation and we were indeed very grateful to receive them. The level of financial support compared to the cost to my health and life opportunities as a result of the infection and failure to inform me of it, seems unjust. The difference in payments according to where you live is also unjust. We have not applied for any other support to the appropriate trust as the process of doing so is lengthy, anxiety provoking and humiliating. It deprives you of your dignity.
85. How I feel is that the very people that did this to me, namely the Government and the NHS, are still controlling my life and treating me in a derogatory way.

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Section 8: Other Issues

86. I would like to make several further comments in this final section of my statement.
- a. First, I would like to clearly set out my expectations for the conduct of the Inquiry and what I consider to be desirable outcomes for this Inquiry. I expect that the Inquiry will conduct the fullest possible investigation into identifying where responsibility lies for the actions of individual medical professionals. I also expect the Inquiry to identify at what level and where the collective decisions to hide information from those infected and, as in my case, deny them treatment were made. I hope the Inquiry will ensure that those responsible at all stages and levels of this disaster will be identified so that they might be held to account for those actions; whether they are government ministers or officials, medical professionals or those in private industry. I sincerely hope that those infected can have justice. It is also very important to me that the Inquiry recognises and recommends that this awful tragedy is worthy of proper, substantial and meaningful compensation, which is owed to those infected and affected by contaminated blood, as has been the case in other countries for many years.
 - b. Secondly, I would like to reemphasise that I simply cannot fathom the logic of Dr Barry Linaker's actions when he had me tested for HCV in 1992 and then did not tell me that I had a positive result, instead continuing to maintain that I had alcohol-induced cirrhosis of the liver. I can only theorise, because my situation is so abhorrent, that he was either acting on instructions from superiors, for example those in the Department of Health, or was running some kind of field test studying pathology and disease. I can only think that there was maybe some kind of medical discussion or direction about the impact of HCV, and people like me were monitored for part of a study. I question whether there is anybody else out there like me who was tested for hepatitis and HIV without their knowledge and consent? Was my test random or part of a systematic process? As a result I have suffered greatly. I used to be a fit man, I was an athlete, I played in a brass band, I had a very good job,

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and I was always doing very positive things. When people find out I have HCV, they always ask if I am a drinker. I always feel like I have to justify myself. What is worse is that my character was stained and I was accused of being an alcoholic when Dr Linaker knew all the time that I had HCV. The fact is that I responded as well as anybody could once I received the treatment for HCV. I could have had another 22 years of healthy life if I had been told earlier, and that has been taken away from me.

- c. Thirdly, I have only been able to put into context some of the negative attitude of medical staff at some points because I now know that I was infected with HCV.
- d. Fourthly, when I was first aware of my HCV infection I sought legal advice on whether I could pursue a claim for compensation in respect of the damage caused and the withholding of information and treatment. None of the many legal firms I contacted were prepared to consider taking up this case. I felt like this happened whenever I mentioned the Skipton Fund.
- e. Finally, it is thanks to the campaigning of others that I have become aware of the wider issues relating to contaminated blood and that the Inquiry has been established at all. I am very grateful to all those good people.

Statement of Truth

I believe the facts stated in this written statement are true. Signed

GRO-B

Dated: 29 November 2018