Witness Name: RHIANNON HATTON
Statement No: WITN1279001
Exhibits:0
Dated: February 2019

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF RHIANNON MARY HATTON

I, Rhiannon Mary Hatton, will say as follows:-

Section 1. Introduction

1. My name is Rhiannon Mary Hatton of GRO-C GRO-C I was born on GRO-C 1957.

2. I am the widow of the late David Albert Hatton, born on GRO-C 1957. My husband was a haemophiliac who passed away on GRO-C 1998 at age 41. I had two children with David; James Hatton born on GRO-C 1983 Katie Marie Walford born on GRO-C 1988.

3. This witness statement has been prepared without the benefit of access to my late husband's full medical records. I have been informed by the hospital where my husband was treated that his medical records have been destroyed. If and in so far as I have been provided with limited records the relevant entries are set out in the medical chronology at the end of this statement.

Section 2. How infected

4. David suffered from Haemophilia A. He was diagnosed when he was only 2 years old. His family knew that if he had a bleed he would need to go to the hospital and get Factor VIII treatment as at that time, home treatment was not available. No advice or information was given about the products he was receiving or of the risk that he may contract something from it. The Factor VIII was always just a necessity to have.

5. When my husband was young, he was treated at the Royal Derby Hospital. Between the ages of 7 to 9 he was transferred from the paediatric unit to the adult's hospital when he should have been kept in the pediatric unit. His mother requested the transfer because she was unhappy with the care provided at the Children's Hospital but the transfer was not done formally and was done at a time when children were not usually treated at adult hospitals. When he turned 11, he started treatment at the Lord Mayor Treloar's from 1968 to 1973. My gut instinct tells me that it was at Treloar's that he received the contaminated blood products. When he turned 16 he returned to Derby and was under the care of Dr Mitchell.

6. My husband found out that he had HIV in 1985 when he received a letter from Dr Mitchell that his results were, to quote, 'equivocal'. David had to look up the word in the dictionary to understand the term 'equivocal' better and it was described as neither here nor there. The letter went on to explain that he needed re-testing. There was a time when David was going through litigation and ended up having to sign a waiver. We had a solicitor who had come to get it signed. That solicitor claimed that he had accessed David's medical records and noticed that David's first set of results were negative, not equivocal. By the time we knew this it was too late; the second test was positive but I know that David would have refused treatment if he had known the risks.

7. In any event, at the time, we needed to go back to hospital for the re-test. Before taking the test, David was asked by Dr Mitchell if he wanted to go through with the test and was warned that it could affect his future decisions and ability to get things like mortgages and life insurance. David went through with the re-test regardless and awaited his results. When we returned again to see the results, Dr Mitchell told us that my husband had HIV and threw a lot of information at us. We were overwhelmed by this, as we felt as though they were orders more so than advice. She said that there will be no more children and that you should stop having unprotected sex. There was no compassion whatsoever from Dr Mitchell and we didn't feel as though she was helping us at all.

8. Following this, my husband had to attend hospital regularly for blood counts to monitor the risk of his HIV progressing into AIDS. He was always reluctant to go and one time I phoned the clinic to say he wanted to reschedule. It was a nurse who spoke to me then. Putting me on hold, she had a word with Dr Mitchell and conveyed her message to me. Apparently Dr Mitchell threatened that if my husband didn't get down to the clinic she would stop his home treatment. This made him angry but he did as he was told and went to clinic alone. Then they sat him down was told that he had seroconverted and that he had AIDS. Consequently Dr Mitchell prescribed a new drug to him. At the time, my husband took many tablets that I collected from my local pharmacy. This drug however was only available in the hospital. It was a toxic drug but it did work to some extent.

9. The HIV was our main concern. My husband also suffered from Hepatitis B and Hepatitis C but we never really knew about the Hepatitis until later on. At the time the hospital referred to it as Non A Non B Hepatitis. Two years prior to his death, in 1996, David started coughing up blood but he shrugged it off as something else. During this time, I often slept on the floor by the side of his bed just in case something happened. One night it had gotten particularly bad so I called an ambulance and they admitted him. I was waiting for him to come out his examination and tell me what had happened. We were made aware that he had some complications with the Hepatitis C. To investigate this

constant vomiting of blood, they put cameras down into his stomach, where they found varices. He was told he had cirrhosis of the liver. That was the first time we were told that he had Hepatitis C

10. At this point, we were under the care of Dr McKernan, and it was she who broke to us that David had Hepatitis C and liver cirrhosis. The treatment for the varices was called banding. This treatment was recurring and David would have to endure it again. This completely traumatised my husband who until then had been so brave.

11. A possibility of a liver transplant was discussed with David but the different departments in the hospital were in conflict over whether that was advisable or not. David was under the care of the haemophilia team and also the liver specialists. The haemophiliac team said there would be too many complications with the transplant and so they idea was shoved aside.

12. As for the information that was given to us about the Hepatitis C, by the time we'd found out, we had already already been dealing with a blood borne virus. We'd done research and we were always sensible. We took everything that medical professionals told us on board and so no information given at this point was new to us.

Section 3. Other Infections

13. My husband was a long term survivor of HIV. Despite having been in and out of hospitals for several years, having had numerous blood tests and other infections, I cannot understand how his Hepatitis C went undetected until two years prior to his death.

Section 4. Consent

14. I believe that my husband was treated and tested without his knowledge. I wasn't a part of his life in the early years, but I certainly cannot recall him being asked for consent to treatment. At the time, you just did as the doctor

told you to do. My husband would go in for his treatment and was never told about the possibility that the blood products he had been receiving may have been infected.

15. In terms of tests, my husband would go to hospital for routine blood tests. I know that he wouldn't have been asked for consent, it was just something he was told to do. He would wait his turn to give blood and would get out as soon as he could as he absolutely hated being at the hospital.

16. I don't know if there was a deliberate use of his blood for research.

Section 5. Impact of the Infection

17. David used to work as a clerk for the department of social health and security. Unfortunately, due to bleeds, he was absent occasionally but they wanted to medically retire him. They offered him a decent pension and he accepted as he decided to look after his children instead. Following this, David became less sociable and a little withdrawn.

18. David and I were very social and we lived to life to the max. GRO-C GRO-C leaving my mother behind in their home. Shortly after she asked me and David to move in and she created arrangements so that we could have our own rooms and doors. At this point David hardly socialised. He'd often get angry at his deteriorating health and he became very fatigued. He would have a very odd daily routine that was geared around his medication schedule. I'd wake him at 8 am for his first dose and then he would doze until midday when his day started and he would stay up till 4 in the morning to have his final dose. Every time he woke up I would get the impression that he was saying, 'Oh God, I am still alive then.' He didn't know if he was going to live another day.

19. Even then David was still well enough to go on holidays together, and to a certain extent, we were coping. I was always doing research and contacting people to gather information about David's conditions. One night and one

night only we took a risk and had unprotected sex. I got pregnant with Katie. I refused to go to the clinic as I feared that they would have forced me to have an abortion and I was against this. After Katie was born, my husband's condition worsened. He started taking afternoon naps. He was fatigued and rarely went out.

20. He also hated going to the Hospital, especially when he was under the care of Dr Mitchell. She may have thrown all the necessary information about HIV at us, but she never even had the common decency to say good morning to him. He went from being a strong willed and confident individual into a becoming a little robot when he was inside the hospital. He felt like he'd been labelled as "the haemophiliac in the bed by the window", as though he had no name.

21. David was further affected when he experienced additional medical complications. He ended up with Cirrhosis of the liver. We'd always known about the HIV, but the Hepatitis C literally went from being non existent to the worst case scenario. His consultant was Dr McKernan, and I have very little complaint about her. She asked him if he wanted to be resuscitated if it came down to it. David always wanted to go on fighting but in that moment he decided that if he died, he did not want to be brought back. I obviously objected, but the decision was ultimately David's to make.

22. David was quite ill, particularly towards the end of his life. I cannot say for sure whether there were side effects to treatment, but whatever it was we dealt with it. He worked very hard to hold onto his life. He had an incredibly bland diet, he didn't drink. The only thing he did was smoke a tiny bit of marijuana as it worked better than painkillers did. There were little things that would help him cope such as tea and biscuits.

23. For his final birthday in GRO-C 1998, we went to Center Parcs in Nottingham as a family. Whilst there David experience headaches and stomach pains. I did everything I could to help him including aromatherapy. He had an endoscopy due in June of the same year, but he didn't want to go through with it. He said he couldn't cope with another and he told me that he was ready to die.

24. David attended his local dental clinic for about 10 years, but when they discovered that he was HIV postiive, they refused to see him. As a result, David's mother explained his situation to her own dentist and he was happy to admit him as a patient. That dentist even came to our home for check ups.

25. I don't recall David ever going to the GP much. It was always the hospital for anything related to his haemophilia. Otherwise, the GP would visit him at home for other non haemophilia related issues. Unfortunately, I remember an alarming time when I was treated unfairly at the GP. I had gone to see the doctor as I wanted to acquire some antibiotics for acne. I was taking contraceptive pills and apparently the antibiotics were incompatible with those so I was to sign a disclaimer. I could not go back to the GP waiting area to wait for this disclaimer as I was told I could infect other people there so I had to wait where I was, inside the consultation room.

26. David received his pension from his previous workplace and he got various benefits including DLA and sickness benefits. I worked part time as a social security judge for the Ministry of Justice. I was one in a three member panel and heard appeals from those who had been denied benefits. I have been doing this for 30 years. I earned £150 a day and did a day a week when David was still alive. After David passed away, I had children to care for, ages 15 and 10, and so I continued doing one day a week only to keep my mind engaged. The Ministry of Justice paid my tax and National Insurance.

27. Socially, David tried not to let it affect him too much. We'd go on holidays with our children and we'd go to watch their school sporting events together, but he never wanted anyone to know about his conditions save for a select few individuals because of the stigma. He'd seen too much on TV about people being shunned and treated badly as a result of having the disease. As a result we found it very difficult to maintain our friend circle.

28. My children were not affected too badly by my husband's condition. They went back to school and went on with their life. Neither David nor I burdened

them with the viruses. They accepted it and never asked questions. When David died, I phoned my mum to get the children. After that life carried on and we were supported by my mum and sister. My sister's children were of similar ages to my children, so we all got on really well and spent a lot of time together. I had a very good support system and was able to cope, or so I had thought.

Section 6. Treatment/care/support

29. No counselling or psychological support was ever provided to us whilst David was alive. David could have done with this help, and even I would have appreciated a listening ear. He and I would occasionally fight. I remember one day he screamed at me saying that he is going to die anyways. I screamed back saying I will be left behind. There was always tension there.

30. A year after his passing, I visited the GP due to a sore throat. She noticed something was odd about me and knew about the situation with my husband. She asked if I was alright and at that moment, I admitted that I wasn't. I had to be brave for the children and so I put on a front. I didn't want to cry in front of them. I had a mental health assessment following this and was assessed as extremely fragile. I was counselled for 6 months regularly at home and was on anti depressants.

Section 7. Financial Assistance

31. Whilst David was still alive, he received monthly payments from the MacFarlane Trust, though I do not know the amount. When he passed away, the Trust continued paying me as I still had two dependant children. As soon as our son finished his schooling, my payments were reduced. Katie left our home when she turned 18 at which point the Trust contacted me and informed me that they had ceased all payments. At that time I received £60 per month which covered the interest on my mortgage. I contacted them and had explained that my finances were tight to which they responded, 'You didn't think it was going to last forever did you?'

32. Alternatively, they offered to take over my mortgage. Later, when the house was sold, I was to repay them from the proceeds of sale. I agreed to this and as requested, I arranged three evaluations to put a price on the value of my house which amounted to £150,000. The Trust sent someone to interview me and a week later they said that, having taken legal advice, they are unable to assist me in that way and that there was nothing more they could do for me.

33. I couldn't cope living in the home which he'd left me in and I moved elsewhere. Katie was 13. I moved 3 times in 4 to 5 years using £50,000 David had left me from his savings. I didn't know at the time that the MacFarlane Trust would have given me a grant for these moves and when I inquired about it, they would not give me a back-payment.

34. Currently my work pattern is like that of a zero hours worker. I now work twice a month and have health conditions of my own. I am in receipt of Widows Pension from my husband's former workplace and I receive Widows Benefits from the Department of Work and Pension. Still, with reduced hours and without the payments from the Trust, it was financially difficult to live. That stimulated my move to a canal boat. I sold my old house and the majority of the proceeds covered the mortgage and other outstanding debts. From the same proceeds I gave each of my children £10,000 and there was very little remaining.

35. In 2016, I had discovered that the Trust were paying discretionary top up payments. I got in touch and was told I could be eligible for about £417 per month. I sent them the appropriate forms in August of 2016. When I inquired into how long these payments had been available they informed me that they'd been offered to others from 2011. In 2011 I experienced particularly grave financial hardship and looking back, that extra bit of money would have made a significant difference. Again, they would not back date my payments. My payments thereafter were based on my previous year's earnings and by the time I actually received payment, my financial situation would have changed. They were not sympathetic towards this at all and all payments

were entirely dependant on my earnings from the previous year as opposed to my current needs and financial situation. Since 2016, I have been receiving £550 per month but I have no confidence in how long this will be paid.

36. If I had had the financial assistance that I was entitled to at the time it first became available then I would not have had to sell my house.

Section 8. Other Issues

37. My husband was an amazing intelligent man. If he had not been infected with contaminated blood products he would still be alive today and we would be enjoying our elder years together. I am living a life now that I know David would have adored, walking out at night, travelling on a canal boat and doing things off the grid. My husband could have been by my side.

38. David was also a great man to society. When he passed away, the priest from our local church offered us to hold his body at the Church. It was a wonderful funeral. The priest in his speech praised David. He was a very good father to his children. Since we learnt the truth about contaminated blood products and that it wasn't just a dreadful accident my family has struggled to move on. We need closure and we want answers. We hope that the Inquiry will provide both.

Anonymity

39. I do not wish to remain anonymous.

40. I want to give oral evidence to the Inquiry.

Statement of Truth

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

Signed GRO-C

Dated 27th February 2019.