Witness Name: Robert James Seaward
Statement No: WITN1510001
Exhibits: WITN1510002 - 3
Dated: January 2019

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF ROBERT JAMES SEAWARD

I, Robert James Seaward will say as follows:-

Section 1. Introduction

1. My name is Robert James Seaward. My date of birth is the 16/09/1945. I live at GRO-C Shropshire, GRO-C, where I have been living alone since my wife passed away. I am retired. I was a Deputy Chief Executive, Ambulance Service for approximately 42 years.

2. I make this statement on behalf of my late wife, Olive June Seaward, date of birth the GRO-C 1944. My wife died at the age 71 on the GRO-C 2015 from Hepatocelluar Carcinoma, at home.

3. Olive was a Chief Nursing Officer and she retired due to ill-health. Her career in nursing spanned over 34 years.

4. This witness statement has been prepared without the benefit of access to all of my late wife's full medical records. If and in so far as I have been provided with limited records the relevant entries are exhibited to this statement in the medical chronology.

Section 2. How Affected

5. In September 1977 Olive had a hysterectomy. At this time she was wrongly diagnosed with Von Willebrand's Disease at New Cross Hospital in Wolverhampton. During the procedure she bled quite severely and the doctors assumed that she suffered from a bleeding disorder.

6. After the procedure, Olive received Factor VIII (FVIII) on a number of occasions throughout the late 1970s and early/mid 1980s. Whenever she had nose bleeds or other bleeds, she went to the hospital and was treated with FVIII. I recall at this time she was not enjoying the best of health.

7. She received the above treatments at Royal Wolverhampton Hospital and Newcross Hospital she was under the care of Dr Jackson and Dr Allen.

8. Not withstanding Olive was being treated with FVIII she was not given any information or advice about the risk of being exposed to infections from the blood products. I did not receive any information in this regard either when I attended the hospital with her.

9. Olive and I moved house in or about 2003. We also changed our GP to Dr Wental at Much Wenlock Surgery. Olive booked a routine appointment with the new GP and on examination the doctor noticed she had liver spots. He therefore requested that Olive had blood and liver function tests. A couple of days after she had the blood tests she was referred to Dr Butterworth at the Princess Royal Hospital who confirmed that she had Hepatitis C (HCV) and Cirrhosis. Olive required a hip replacement and when she saw the Orthopaedic Consultant she told him about her Von Willibrand. He referred her for further blood tests. This is when we were advised she did not suffer from it. This was approximately 2001.

10. At the time Olive thought that she might have been infected accidentally at work. I recall her referring to a specific instance when she was putting rubbish into a bin and a syringe with the needle still attached to it went into her wrist. This was after many years prior to her becoming infected. She had

many blood tests. After this incident there was no evidence to suggest she had been infected prior to receiving FVIII.

11. However, as more information became available and the infections were being publicised, we realised that the FVIII blood products that Olive was given were contaminated and we believed this was how she contracted HCV. This was later confirmed by Dr Butterworth and he advised her to apply to the Skipton Fund as I managed to get some of her medical records from New Cross Hospital, which confirmed she had many doses of FVIII over a number of years.

12. Olive was only offered pain relief in form of morphine and no other treatment. We were advised that her condition would be monitored regularly. She had regular hospital appointments every 3 months together with various scans.

13. She was then transferred from Dr Butterworth to Dr Rye, who was a Consultant specialising in Hepatitis at The Princess Royal Hospital, Telford.

14. Olive's condition was deteriorating very fast and unfortunately her appointments kept getting cancelled by the hospital. There was a point in time where she had not seen her consultant for 8 months. I then wrote a complaint letter to the Chief Executive of the hospital, Mr Herring, which is exhibited at **WITN1510002**. Mr Herring wrote back with his response, which is also exhibited at **WITN1510002**. I was very concerned about her wellbeing, as she was very poorly and she had not been seen by a doctor.

15. Olive received an appointment with Dr Halt on the 16/03/2015 at the Queen Elizabeth Hospital in Birmingham. However, she did not get the letter until the day after. Dr Halt telephoned our house number on the 17th March 2015 and told Olive that he was unable to see her until June 2015 and that he would refer her to Dr Shahs, who was a liver Consultant in Birmingham. She was in a terrible condition at that point. He offered no explanation as to why he had not cancelled the appointment in time to alter it; instead he only stated that he could not see her until June.

16. Lastly, Olive was referred to Dr Puna, who saw her in May 2015 and advised that there was nothing more that could be done for her and they would continue to monitor her.

17. This was when they asked if we would like a Macmillan nurse to visit her at our home.

18. At that point Olive's condition continued to deteriorate. She had no energy and was not able to do the simplest tasks.

Section 3. Other Infections

19. I am not aware of any other infections that Olive could have had as a result of being treated with infected blood products. Taking into consideration that she was not informed about the HCV until years after she was infected, I cannot be certain as to whether HCV was the only infection she contracted.

Section 4. Consent

20. I am not sure if Olive was treated without her knowledge or whether she had any blood tests done without her consent, except the ones previously referred to. The only blood test that I am aware of is the blood test she had that was requested by the GP when he found the liver spots on her.

21. I recall that Olive agreed to have some tests done by HCV Research UK for research purposes in or about 2013.

Section 5. Impact

22. Olive was a very intelligent and a strong person. It was therefore difficult to say how HCV affected her mentally, because she kept everything in. I believe that this was because of the nature of her profession. On the other hand, I believe that because of her profession she was very aware of the seriousness of the infection that she had, and she must have been very scared.

23. She had to retire early, in 1992, as a result of her ill health, which was very difficult for her as she truly enjoyed her job and she was passionate about what she was doing. She was not only at the top of her profession, but she also lectured nursing staff. It was very difficult for me to see such a great nurse be infected by the very organisation that she had devoted her life too, because of being given contaminated blood products.

24. The physical effects of HCV were a lot more obvious. She lost energy and was unable to do normal day-to-day actives. In the end she was not able to walk on her own and was moved around in a wheelchair. At this point she was still not offered any treatment and I had to do everything for her.

25. We were informed that she might be eligible for a liver transplant, but it never happened.

26. Her HCV later developed into cirrhosis, which then developed into cancer.

27. Olive's HCV was the direct cause of her death and this has clearly been stated on her death certificate, which is exhibited at **WITN1510003**.

28. There was also an instance whereby, as a result of the HCV, Olive was denied dental treatment, and she suffered greatly from it. In late 2014, she went to see her dentist because she had severe toothache. However, the dentist was not willing to assist her until he was able to speak to her consultant at the hospital. Unfortunately, he was not able to reach her, so Olive was in pain for over a week. Nobody was willing to do anything about it until they spoke to her consultant. Eventually she had to have the tooth extracted.

29. Olive's conditions had also affected our family and social life tremendously. We did not go anywhere or do anything, because she was exhausted all the time. She also struggled to do the simplest tasks, as it wore her out, so I was required to do everything for her, including dressing and bathing.

30. Ever since we found out about her illnesses, we tried to keep it all very private, in order to prevent the backlash of stigma.

31. I had a nervous breakdown about 2 years after her death and because of this I was given medication for depression, which I continue to have. I believe this is because everything came about very gradually. HCV caused the damage gradually and over a long period of time. Regardless of the fact that Olive was very poorly, whenever any obstacle came our way, we just dealt with it.

32. For the first 2 years after Olive passed away I tried my best to keep myself busy to avoid thinking about it at all. After that period of time, the reality of events started to affect me. I live in a very secluded area, so I do not get regular interaction with other people. All this led to me developing depression and anxiety, which I am still dealing with.

33. I recall that our GP came to visit me at home approximately 2 weeks after Olive's death, in order to check up on me and offer help. However, at the time I did not feel like I needed help. I felt fine and it was not until 2 years later that I truly felt like I needed help, as I was extremely low and I was not able to move forward.

34. Our daughters were understandably devastated when they found out that their mother was so ill and of course they subsequently had to deal with the trauma of her resultant death.

35. Olive's death has meant that we have lost out on the enjoyment of our retirement and the time with our family.

36. We already had our grandchildren by the time Olive started getting very poorly and it was heart-breaking to see that she was not able to play with them or spend time with them because she was constantly exhausted.

Section 6. Treatment/Care/Support

37. There was no treatment offered to Olive in relation to the HCV.

38. We were not aware of any treatment being available at the time. All we knew was that she was ill and that she had to attend the hospital to monitor the infection.

39. I am aware that there are treatments available now; however, we were never informed of any at the time.

40. We were also never offered any counselling prior to Olive's death. I was offered counselling once, 2 weeks after her death by the GP when I had a home visit.

Section 7. Financial Assistance

41. Olive was advised by Dr Butterworth that she might be eligible for financial assistance from the Skipton Fund, which she later applied to.

42. I believe she received monthly payments of approximately £1,500.

43. I am not sure as to how complicated the application process was or whether there were any preconditions imposed. I only recall that she filled in her part and sent it to her consultant who filled in their part.

44. I receive an annual winter fuel allowance from the EIBSS of just over £500. I had to apply for it. The process was straight forward and I do not recall there being any preconditions imposed.

45. Lastly I have received bereavement payment of approximately £10,000 and I believe it was from the Caxton Foundation.

Anonymity, disclosure and redaction

46. I confirm that I do not wish to apply for anonymity. I understand that this statement will be published and disclosed as part of the Inquiry.

47. I confirm that I do not wish give oral evidence at the Inquiry.

Statement of Truth

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

Signed.. GRO-C ....

Dated.... 24/1/19 ....