Witness Name: John Gavin Rankin
Statement No: WITN3742001
Exhibits: **WITN3742002 - 006**
Dated: 04 October 2019

# INFECTED BLOOD INQUIRY

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# WRITTEN STATEMENT OF JOHN GAVIN RANKIN

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I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 28 August 2019.

I, John Gavin Rankin, will say as follows: -

## Section 1. Introduction

1. My name is John Gavin Rankin. My date of birth is GRO-C 1937 and my address is GRO-C West Sussex, GRO-C

2. I am a payroll administrator and a widower following the passing of my wife of 51 years in 2011. I am also a carer for my granddaughter, aged 16.

3. I intend to speak about my son David Rankin (**WITN0357**). In particular, the nature of his illness, how the illness affected him, the treatment received and the impact it had on him and our lives together.

## Section 2. How Affected

4. I met my wife, Patricia, when I worked in the merchant navy. I joined the merchant navy straight after school as a navigation apprentice, and stayed there for 6 years. We married soon after leaving the navy.

5. Since leaving the merchant navy, I have been a driving instructor, wine delivery driver, a salesman for double-glazing, kitchens, bedrooms, bathrooms, jewellery and books. In 1972 I joined a company and became their second-best salesman. As a result, I won a franchise for the Portsmouth area.

6. Around 6 to 9 months after that, the supplies I was provided with to sell worsened in quality, and I thereafter set up my own central heating business.

7. My wife and I were unable to have children, so we adopted David when he was just a few weeks old. He was born on GRO-C 1965. We also adopted my daughter who is two years younger than David.

8. Within a month or so, David had a fall and banged his head. He developed an almost 'unicorn-like horn' on his head from the severity of the swelling. When we took him to the doctors, I believe that they thought we had been mistreating him.

9. Thankfully, our close friend, Dr Mike Palmer, was a GP, and he was able to diagnose David as a haemophiliac. The GP came round to our house and informed us of this, giving us a green haemophilia diagnosis card in the process. David was diagnosed as a mild haemophiliac.

10. At the time I knew very little about haemophilia. Public opinion of haemophilia at that time was that if you sustained a cut you would bleed to death and die.

11. David was a mild haemophiliac and only needed treatment when he had a bleed, We decided soon after his diagnosis that we had better protect him as much as we were able. We got him some pads to wear around his knees, to prevent him from suffering cuts and bruises if he ever fell. We did not allow him to play football, rugby or cricket as a precaution.

12. David started to receive treatment at St Mary's General Hospital, Portsmouth. Dr O'Brien was the haemophilia centre director at that time.

13. We would often rush David to the hospital if he ever had an accident to be treated. Various accidents occurred including David crushing his thumb in a car door, slashing his wrist through a pane of glass, and fracturing his elbow in a fall. This would involve us rushing to the hospital as fast as possible.

14. David was an inpatient at St Mary's General Hospital after he fractured his elbow. In a letter from Dr J.R. O'Brien (consultant haematologist at St Mary's), it is shown that David received transfusions of cryoprecipitate as a 'gross' haemophiliac on 3 occasions in August and September 1969 (**WITN3742005**).

15. This letter also confirms that a study was being conducted for those who had received Cryoprecipitate to establish whether transfusion jaundice occurred in those patients suffering from haemophilia or Christmas disease.

16. Before we adopted David I avoided hospitals as much as I could. I would only have to walk into a hospital for it to cause me to faint. I used to hate the smell, and this would instantly cause me to pass out. Initially I would try and avoid watching David being administered a big injection for these reasons, however over time this changed.

17. I became more used to hospitals due to the ever-increasing number of visits with David. I would sit and watch him receiving a huge injection that resembled a bicycle pump being injected into his bloodstream. Often, as a little boy, I would have to hold him tightly to stop him squirming about and comfort him during a painful injection.

18. We eventually decided to move to Cornwall to set up a camping site business. David was registered at Treliske Hospital Haemophilia Centre for any treatment that he required. We stayed in Cornwall for approximately three years.

19. Once David left school, he began working for the National Westminster bank in Bodmin. (NatWest) A job he really enjoyed. At this point his prospects were excellent.

20. On leaving Cornwall we returned to Sussex, and settled in GRO-C David worked at a NatWest office someone near King's Cross in London. Around this time he began to show more and more signs that he was not well. At that stage we did not know why.

21. David was offered a position at a branch in GRO-C which he accepted; he worked in the insolvency and debt recovery department. There, he met his wife, and they soon married and moved to GRO-C together.

22. Gradually David's condition worsened. This culminated in him being forced to leave the bank as he was not able to carry on working. It was around this time that David was diagnosed with hepatitis C. Not only was he a haemophiliac, he now had this serious and debilitating illness.

23. Not long after this, David and his wife separated and divorced. This was quite a messy process, and solicitors were involved. I do not believe that his wife properly appreciated or understood what

haemophilia and hepatitis C was, and the suffering he was going through.

24. By this time, we knew there was something dramatically wrong with David. He was lethargic and lost the will to do anything at all. I remember visiting him and helping him to install a bath in his bathroom. He was very slow and weak, and I ended up doing most of the plumbing myself.

25. On one occasion David was transferred to John Radcliffe Hospital, in Oxford. I remember that the doctors were increasingly concerned about his platelet count. I did not know what that meant, and he was kept under a lot of observation. He was eventually discharged.

26. David's condition deteriorated drastically, and after a long wait he was eventually admitted to Addenbrooke's Hospital for a liver transplant. He was seriously ill, both my wife and I were extremely worried.

27. After the operation we visited him In the intensive care unit, David was severely jaundiced, his skin looking a dark shade of yellow; he had numerous tubes sticking out of his neck. He was just lying there.

28. My wife and I believed that he was going to die. He had the last rites read to him in hospital, and my wife and I visited the chapel to pray for him. We had been waiting for a phone call for a liver transplant for years. Now we knew this was his last real hope of surviving.

29. The liver transplant initially seemed to have worked. David looked much better and more positive. Then he deteriorated rapidly, and we were back at square one. The doctors believed that the liver had been out of the donor body for too long, causing it to malfunction.

30. During this time my wife stayed alongside David permanently. She stayed in lodgings at Addenbrooke's reserved especially for families of seriously ill patients. I would travel up and down regularly, fitting this around my work commitments and maintaining the family home.

31. When David did return home briefly, he was extremely weak. He was unable to stand up by himself, and he appeared very ill and down. He was unable to perform basic tasks. I remember that he borrowed a small weight off a friend as he strived to build his strength back up.

32. Around 3 weeks after the first transplant we were told that they had located a new liver. David returned to Addenbrooke's and had the second liver transplant. We again sat next to him hoping and praying that he would be alright. Thankfully, he came out and the transplant was a success.

33. After returning home, David stayed with us for a while. He was still weak and needed help with basic tasks. He rented a cottage nearby for around 6 months, and we then helped him move to a house in GRO-C

34. David is now much stronger and on permanent daily medication. Looking at him now you would not believe he had been so very ill. After his transplant, David is no longer a haemophiliac. His hepatitis C infection also seems to have cleared.

35. David takes numerous tablets daily to prevent his body from rejecting his new liver. This medication is something that he should not have to take. Although he has improved considerably, he occasionally has days where he suffers from severe flu-like symptoms. This could be a side-effect of his medication, or equally because of all the suffering he has had to endure.

36. On 16th August 2019, I received an unsolicited letter from the National Haemophilia database. This was addressed to my deceased wife Patricia. The letter stated that she had in the past requested medical records and that they now have additional information. (**WITN3742002**).

37. I followed this up and in a letter dated 19 August 2019 from Professor Charles RM Hay (Director of the National Haemophilia Database), I was told that certain documents were not disclosed to me at the initial request (**WITN3742003**). This was explained as being a result of an administrative error because certain paper documents were not entered into the electronic record archive. This has only helped to add to my distrust of certain aspects of the medical profession.

38. In records disclosed to me by the National Haemophilia Database (**WITN3742004**), it is recorded that David received Oxford Factor VIII product at Portsmouth Haemophilia Centre in 1979. David also received BPL Factor VIII at Truro Haemophilia Centre in 1983 and at Brighton Haemophilia Centre in 1985. I believe that David received infected Factor VIII product at either Portsmouth Haemophilia Centre or Truro Haemophilia Centre, which led him to contract hepatitis C. You will also note that David has annotated dates when he remembers receiving treatment which are not shown. These are highlighted in yellow.

39. My wife and I were never informed that as a child David could have been at risk of infection as a result of blood products. The first time I heard that infection was a possibility was on the news while watching TV.

## Section 3. Other Infections

40. We were told that vCJD infection was a possibility as well as the hepatitis C infection. I cannot recall who told us that. I have had concern about the possibility of vCJD at the back of my mind ever since. Exhibit (**WITN3742004**) shows on the 09 Patient VCJD data sheet, ***Haemophilia Centre name- TRURO- At risk 1980-2001- YES. Patient notified – NO. Assessed date 08/11/2004.***

41. We never thought that David could be at risk of HIV because of his lifestyle and behaviour. Even at the height of the AIDS scare we were not concerned as we assumed this was only associated with the gay community. Now we are obviously aware that HIV transmission was a risk due to infected blood products. I would imagine that David has been tested for HIV.

42. I am not aware of any other infections that David may have as a result of infected blood products.

## Section 4. Consent

43. My wife and I consented to the treatment David received as a child. As an adult David provided his own consent. I do not believe that David was made aware of the risks of infection associated with blood products.

44. I believe that David consented to be tested for hepatitis C.

## Section 5. Impact

45. The impact of David's infection has been devastating. At the time of David's diagnosis with hepatitis C he was a rising star within Natwest. He had been promoted and was well respected amongst his colleagues and managers. When his illness began to affect him more severely, he was forced to take more and more time off work. Ultimately, he was forced to retire from his career at NatWest due to his deteriorating health.

46. David would have been well looked after by NatWest to this day were it not for his infection with hepatitis C. He has a pension but this is nowhere near as much as it could and should have been. He went from being a high-flyer within the bank to being forced to retire due to ill-health through no fault of his own.

47. David's ill-health not only impacted on his career but also his marriage. His wife was unable to deal with the struggles associated with his deteriorating health, and this was undoubtedly a factor in the break-up of their marriage.

48. David has lost a significant portion of his life to his infection with hepatitis C and consequent treatment. A huge chunk of his life has been taken away from him because of infected blood products used to treat his haemophilia. This has been a long and traumatic experience for him since the age of 2 onwards.

49. David is now a logistics consultant, and earns a fair, if modest, income. I often think what David could have been earning now had he not been infected with hepatitis C. If he was still with the bank, he would have been on a six-figure sum and his life would have been very different.
I feel a great sense of injustice because of this.

50. Personally, I am fairly thick skinned. I have learnt to cope with David's treatment since he was a little boy. It was horrible for me to witness the huge needles used to inject him whenever he had an accident. It was an awful experience for me to hold on to my little boy and watch him suffer during these painful injections.

51. My wife was traumatised by the whole experience. She was an absolute rock for the family, and fought for everything so that David would have the right treatment. She would constantly worry about his wellbeing and whether treatment would be offered and if it was the right treatment for David.

52. Whilst David was at Addenbrooke's Hospital waiting for his liver transplant, my wife stayed with him morning, day and night. She was ever-present and supported David through all his suffering.

53. My wife was the driving force in getting David the right treatment and support, whereas I was more of a bystander. She was absolutely brilliant in arranging everything and keeping on top of things. Tricia fought for David to get a better deal on his divorce, and was always pushing Addenbrooke's Hospital to arrange for David's liver transplants.

54. Sadly and very suddenly, she passed away 8 years ago in 2011, aged 72. David has obviously struggled with the loss of his Mum after all that she had done for him.

55. As far as I am aware David did not experience any stigma in relation to his haemophilia or hepatitis C infection. I never discussed it with others outside the family. We are a very tight-knit family and would not publicise anything of this nature to friends outside of our family circle.

## Section 6. Treatment/Care/Support

56. I have had no concerns with the treatment David received whilst at Addenbrooke's Hospital. I believe that Addenbrooke's Hospital saved my son's life.

57. My wife pushed for David to be treated at Addenbrooke's and was the driving force behind his liver transplants and ensuring he received the right treatment.

58. I am not aware of any counselling or psychological support that may have been offered to David in consequence of his infection with hepatitis C.

59. I am not aware of any counselling or psychological support that may have been offered to my wife in respect of what happened to our son and the trauma she was forced to endure.

60. I have not been offered any counselling or psychological support in respect of what happened to my son. I have tried to be strong and carry on, although I believe all this emotion may still be lodged away somewhere in me.

## Section 7. Financial Assistance

61. I have not applied for financial assistance from any form of Trust, Fund or Scheme in consequence of David's infection with hepatitis C.

## Section 8. Other Issues

62. As a Dad who has watched his son go through such a hugely traumatic experience, I would like the Inquiry to force the government to acknowledge the fact that they were dishonest, and they have tried to hide this scandal, for which they should apologise.

63. The government should financially compensate those whom they have wronged, and this should take into account the infected persons' loss of earnings, as in David's case.

64. Whether it was the government, the NHS, or individual hospitals, someone got something wrong and have yet to be held accountable for it.

65. Our generation did not challenge the medical profession; they were the experts and we put our faith in them. I am glad that there is now more accountability, and this should extend to medical professionals responsible for this tragedy.

66. Once the Inquiry is over, I would like to think that the government will apologise, promise that such a tragedy will never happen again, and recompense all the people that suffered as a result of this.

67. I also include and exhibit the 'Extract from the UK National Haemophilia database. Explanatory note' Signed by Prof CRM Hay as exhibit (**WITN3742006**).

## Statement of Truth

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

Signed GRO-D

Dated 4th OCTOBER 2019.