Witness name: Georgina Abrahams
Statement No: WITN2054001
Exhibits: WITN2054002-05
Dated: 4 March 2019

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF GEORGINA ABRAHAMS

I, Georgina Abrahams, will say as follows:-

Section 1: Introduction

1. My name is Georgina Abrahams and my date of birth is GRO-C 1972. My address is known to the Inquiry. I am the youngest child of six of the now deceased Joan Pauline Abrahams. My late mother was born on GRO-C GRO-C 1939 and died on GRO-C 2000. Her cause of death was a metastatic hepatoma and Hepatitis C ("HCV"). Her diagnosis in late October 2000 and death, which followed within a matter of weeks after her diagnosis, was very sudden and came as a huge shock to all her family. I can truly say that it tore us all apart.

2. I make this statement in response to the questions set out in a "Rule 9 Request" letter sent to me by the Inquiry care of my solicitors, Leigh Day. 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.

3. I append some key supporting documents to this statement and I state their corresponding Exhibit Numbers in the body of this statement.

Section 2: How infected

4. My mother married at the young age of 19 years old and had two children by the time she was 23 years old. In 1964, aged 25, my mother had complications with her third pregnancy which resulted in her having a Dilation and Curettage (D&T) procedure followed by a blood transfusion where she was given 1 pint of blood. This took place at what was the Paddington General Hospital (now St Mary's). I exhibit to this statement as **WITN2054002** an ante-natal record of my mother's from 1970 which records that she had a D&T procedure and blood transfusion in 1964 as stated above.

5. I am unsure if my mother was told of any risks associated with being given blood. I know she was very poorly when she was admitted into the hospital and had lost a lot of blood.

6. My mother went on to have a further four children, including me in 1972.

7. My mother first started to feel unwell in February/March 2000 and that was when she first visited her GP to discuss her symptoms. She saw him/her a number of times in the six months before she was finally admitted to hospital. During this time, I recall that she was jaundiced. She also had problems sleeping and started to get a little depressed as she was not getting any better. My sister managed to organise a home visit with a locum doctor around September time (which was also around the time when her

symptoms got worse). It was pointed out that the two sets of antibiotics she had recently been given had not worked as she was still struggling to walk and breathe, and her tummy was really swollen. She was also showing blood in her stool. However, that was simply discounted. The GP said that my mother was asthmatic, and she was given an inhaler, which we believe was around this time although it may have been before.

8. Because my mother generally accepted what she was told by the doctors, another one of my sisters decided to accompany her the next time she visited the GP in October and it was only then when she saw another locum doctor that her condition seemed to be taken more seriously. The locum doctor was so concerned by her condition that he wanted to call an ambulance but the resident GP refused.

9. Therefore, on 24 October 2000, my sister took her to A & E at the Royal London Hospital in Whitechapel in a taxi. As soon as my mother got to the hospital she was admitted and put on oxygen. They noticed her jaundice and kept asking if she was a drinker or a drug taker. After some tests we were told she had blood clots on the lungs so she was started on a course of warfarin. However, after two doses of warfarin she had a very dramatic response, which included a haemorrhage requiring a blood transfusion. Her warfarin treatment was stopped. After this her condition deteriorated rapidly. We then had to wait patiently for more tests to be carried out. During this time, we felt we were not given much information about our mother's condition. As a result, one of my sisters decided to read my mother's medical notes and saw that there was a mention of HCV so we began asking more questions.

10. This led to us being given the devastating news on approximately 31 October that my mother had chronic HCV, which had developed into liver

cancer and had spread to her lungs. We were told that her condition was terminal and after some questions it was established that my mother had probably contracted the virus from the blood transfusion she had received in 1964. A case summary written (which I exhibit to this statement as **WITN2054003)** by a Dr Lund, a Medical SHO at the Royal London Hospital, to my mother's GP and dated 2 January 2001 records that, "*With the diagnosis of Hepatitis C we questioned Mrs Abrahams as to how she may have contracted this and the only thing that we could pinpoint was a blood transfusion 30 years [sic] which may indeed have been the source of the Hepatitis C*". To the best of my knowledge, the doctor's reference to "30 years" must be an approximate estimate, and I believe he is referring to the transfusion in 1964.

11. As I explain below, it has been impossible for me, despite persistent and extensive efforts, to source anything close to my mother's full medical records. It has therefore not been possible to verify that my mother did not have another blood transfusion before or after 1964, particularly after 1970. However, after extensive discussion with my family, and based on discussions with my mother after she was diagnosed, I have no knowledge of any other blood transfusion. The only other possibility we have identified as a family is that my mother may have had a blood transfusion in 1972/3. Around this time my mother was a victim of domestic violence and suffered a physical assault. She sustained a serious leg injury and was hospitalised for two weeks. She underwent a series of operations but we do not know if a transfusion did take place then. If it did, to the best of my knowledge she herself was not aware of it. As explained above, we do not have her full medical records to confirm this.

12. I would like to highlight that we, as a family, were given very little information and support about HCV after my mother's diagnosis. The only support we

were given was being put in contact with Macmillan nurses, who gave us advice on what we could do to make my mother comfortable. We discussed the possibility of caring for my mother at home, however this did not happen as my mother's condition deteriorated rapidly and she passed away in hospital on 8 November 2000. I exhibit her death certificate as **WITN2054004.**

13. My siblings and I were not given any support after my mother passed away, nor offered any counselling or advice. In particular I would like to emphasise that we were given no information whatsoever about the possibility of being infected despite the fact, although the risk is very small as far as I understand, that the virus can be passed from mother to unborn baby. After conducting our own research, my sisters and I (i.e. those siblings born after 1964) decided to get tested for the virus. Fortunately, our tests results all came back negative. However, I must say that I was made to feel the test was unnecessary by my GP (who was the same GP as my mother's) and almost like I was wasting time and money by insisting that I get tested. I simply could not believe at the time that the GP did not feel it was necessary or prudent to test me for HCV. I had to contact my GP for the results and definitely felt a lack of empathy and professionalism on her part.

Section 5: Impact

14. My mother lived with HCV for over 30 years without knowledge of having the virus. My mother was of the generation that typically had a stoical "just get on with it" type of attitude. She was also a devoted single mother of six children and grandmother who, naturally, was often tired out. As a result, it is difficult to assess to what extent her fatigue, for example, was attributable to her HCV.

15. Looking back, however, there were several conditions that my mother suffered from and/or irregularities in terms of her heath and test results that I feel should have been warning signs that my mother might have had HCV, or in any event should have been properly investigated and followed up.

16. The first is that my mother suffered with oedema (water retention) in her legs for many years and throughout her life made frequent visits to her GP to get this treated. She was often prescribed water tablets. Since her death I have conducted my own research and discovered that people who have chronic HCV usually see oedema in the legs, ankles, and feet. However, I feel that this was never adequately investigated, and certainly nobody made the connection with HCV.

17. Furthermore, in the limited medical records I was able to obtain, I have discovered various test results from 1998 that appear to show some irregularities in my mother's blood (which I exhibit to this statement as **WITN2054005**). One test result from a sample collected on 27 July 1998 notes that my mother's platelet numbers appear reduced and suggest that the film should be sent to the Haematology Registrars for comment. Another result from a sample collected in 30 July 1998 states the following: "*True thrombocytopaenia.... Needs haematinics, ANA, Ig's, <u>virology</u>, TFT and <u>referral to Dept. if not previously seen in Dept.</u>*" (my emphasis) Similarly, I understand that "true thrombocytopaenia" refers to low platelet blood count, a condition often seen in patients with chronic HCV. I also note that the result appears to suggest that there should be further virology investigation and that my mother should be seen in the Haematology department if she had not already been seen. I can confirm that my mother did not receive any follow up information or invitation to an appointment at the hospital following these test results. I can be sure of this because I, along with one of my sisters, lived with my mother at the time. We were very close and we either

would have seen such a letter or my mother would have told us about it. She was also not the sort of person who was afraid to go to the doctor if she thought it was necessary, so I am sure that she would not have ignored a follow-up letter.

18. I firmly feel that there was not adequate follow up and investigation of my mother's conditions and various symptoms and that, had there been, my mother's HCV could have been diagnosed earlier. I am not a medical expert so I cannot say with certainty to what extent her liver function had deteriorated by that point, or if her liver cancer was already developing. However, what I do know is that around this time my mother was reasonably fit and well. Indeed, around this point, not too long after I had started working for British Airways as part of the airline cabin crew, I took my mother on a trip with me to New York. I recall she was walking around perfectly fine and was not breathless or too tired. This was in stark contrast to her condition on a family holiday in June 2000, by which point she was very tired and breathless. Clearly her condition deteriorated greatly in that time and I really do believe she would have had a far better chance of being treated for HCV had it been picked up in 1998 or earlier, and, if so, she could possibly still be here with us today. My mother was only 61 when she died; this was far too young for her to go.

19. My mother's diagnosis and subsequent death was very unexpected and happened so quickly. When we first read in her note that she had tested positive for HCV, we were not initially concerned as we thought that the liver regenerates itself and that she would be fine. Did not question why or how it had happened as we were all in too much shock.

20. In terms of how my mother coped with her diagnosis, in the short period before her death, I do remember that after my mother was admitted to

hospital she was initially distressed, confused and a little angry because she felt that over the last six months she had been backwards and forwards to the doctors and nobody had picked anything up. She seemed to sense something was seriously wrong and was anxious as she waited for the results, while also at the same time showing concern for her children, wanting us all to be happy and safe.

21. After her diagnosis she was so distressed and unhappy with her appearance that she did not want her own mother or siblings to see her. We managed to convince her to see her mother and one of her sisters but, being proud, she decided that she did not want her other siblings to see her. We had to respect her wish, but it made her other siblings quite upset as they felt they did not get to say goodbye. I recall with great sadness that, after my mother was moved from one ward to another she said, "*they have brought me here to die*". She was also reluctant to go to sleep or take morphine as she did not want to appear "out of it" and was afraid of not waking up to be able to see my brother who had to travel from New York. She kept asking when he was due to arrive and ended up passing away the day after he arrived.

22. In all honesty, my mother's death tore my family apart. My mother was a single mother and was therefore the central figure for all her children. We were all very close, so much so that one of my sisters and I still lived with my mother in the family home at the ages of 28 and 30. The family home was the place we would all meet up and at Christmas there always consisted of large family gatherings, which also included friends. My mother always had an open house and our friends and even ex boyfriends would often visit my mother when they had problems. My mother lived for all her children and was a fantastic mother. She was kind and supportive and never judged, she worked very hard to provide for us. Although money was tight growing, up we never felt we lacked for anything. She was also a wonderful grandmother

and I feel her life was cut far too short, with her passing at the young age of 61. I feel sad that her grandchildren did not get to experience all the love she would have given them and that I did not get the chance to spoil her as much as I could have. As I explained above, a few years before her death I got a job as airline cabin crew and was looking forward to taking her away on more trips with me.

23. After my mother's death the sister that I lived with and I had a huge falling out, which I feel was caused by grief. Living in the family home after my mother had died was a constant reminder that she was no longer there, and we both struggled to cope. I moved out and we did not speak for many years and, although we are speaking now, the relationship is still a little strained. Before this we were best friends that did everything together. This had a huge effect of the rest of the family as some family members took sides and, as a result, we no longer did things together as a family. I remember that one of my older sisters felt like she had to take on the protective motherly role and this also caused problems. My mother would never have allowed her children to fall out in this way. Throughout our lives she was always the peacekeeper and made sure that we made up after an argument. In her position as the head of the family, she was able to do this. I ended up missing out on some important years in terms of seeing my nieces and nephews grow up. I have only recently just met one of my nieces, which is quite tragic.

24. One of my sisters GRO-A GRO-C. She GRO-C after my mother died as she GRO-C GRO-C. She also (along with other sisters) GRO-A over the years. I believe all these issues happened because we had difficulty in

coping after we lost our mother. This was a really strange and emotionally complex period for my family.

Section 7: Financial Assistance

25. I first found out about the Skipton Fund in August 2017 through a work colleague who overheard me talking about my mother's death. She had lost her mother in the same way and asked me if I knew about the Skipton Fund and the contaminated blood scandal. I said that I did not, so she told me a little bit about it and suggested that I contact them. I could not believe that my siblings and I had not heard or been made aware of the scheme earlier.

26. I contacted the Skipton fund in August 2017 and explained that I had only just been made aware of the scheme they then took down my details and said that they would send me an application form. I also contacted the Hepatitis C Trust at the same time who were fantastic and very helpful explaining that because of the time that had elapsed, I might run into difficulties getting medical records but I could still apply.

27. After receiving the form from the Skipton Fund, I set about trying to gain access to my mother's medical records. This did not prove to be very easy and there commenced a long and persistent struggle over the next year or so to obtain even partial medical records for my mother.

28. I first contacted my mother's GP practice, which told me that they no longer held any records for my mother and that they would have been sent to the Primary Care Services England (PCSE). I therefore contacted them and had to fill out a form and send a cheque for £50, only to be informed a few weeks later that in the line with NHS policy the records had been destroyed.

29. I next contacted the Royal London Hospital and St Mary's which was formerly Paddington General Hospital who also informed me that they no longer had any records.

30. I thought I had reached a dead end so I contacted the Skipton fund and told them about the difficulties I had been having obtaining the records and the fact that, because of this I could not get my mother's GP to complete the part of the form for medical professionals. I was advised to send the form in along with a copy of my mother's death certificate and a covering note explaining this, and to include copies of letters I had received telling me the records were destroyed. I did this at the end of October 2017. On 1 November 2017 the Skipton Fund was replaced by the English Infected Blood Support Scheme ("EIBSS"), so there was some delay in my application being processed as I had to give authority for my details to be passed to the new scheme.

31. I finally heard back from EIBSS on 11 January 2018 and I was told my application had been rejected because I had not provided the Scheme with any evidence that my mother had contracted the virus from a blood transfusion. I was told that I had three months in which to appeal and that in the appeal I could include witness statements from family and friends who may have had some recollection of when my mother had the transfusion. I decided to appeal the decision. However, before getting witness statements I decided to go back to all the departments I had previously contacted asking more questions to see if anything had been missed or if they could recommend anywhere else I could try to locate the medical records. By doing this I was able to trace some blood records from the Royal London Hospital which included blood tests my mother had a few years before her diagnosis and also blood records from the time my mother was admitted and diagnosed with her HCV in 2000. St Mary's Hospital once again confirmed

that they had no records of my mother's transfusion. I was advised to try the London Metropolitan Archives, who unfortunately said that they did not hold any old records for St Mary's Hospital. They then advised that maybe I should contact the Royal London Hospital Museum and Archive, which I did and miraculously they managed to locate some old maternity records of my mother's which mentioned her blood transfusion in 1964 (one of which is exhibited to this statement as **WITN2054002**).

32. I set out the detail of my search to try and make clear what a struggle it was for me to even obtain partial medical records for my mother. Various NHS bodies consistently told me that they were bound by policy to destroy the records for various reasons. It seems to me that hospitals and GP surgeries have standard letters in which they respond to request for medical records before they even check if they have anything, as throughout my mission to find my mother's medical records various bits of her records *have* in fact appeared, including Dr Lund's case summary referenced above.

33. If I had been given these records when I first requested them it would have save me months of my time. I believe if I had not been so persistent, I would not have been able to obtain these records.

34. I also did not find it easy to get the medical professionals' section of the forms completed. Because of the time that had elapsed no one seemed to want to take the responsibility for the form.

35. I eventually did get my mother's old GP surgery to complete the form and in May 2018 we received the stage 1 payment of £20,000 followed by the stage 2 payment of £50,000 in July 2018. There were delays in the payments being made as I had to obtain a letter of administration. If I had been told about needing this earlier, I could have made sure that I included it with my

application. I also feel that, in the case of someone deceased, it should be possible to submit the stage 1 and stage 2 forms together. It took almost a year to receive both payments from the Scheme. Fortunately, my job allowed me the time it took to make all the enquiries. I am not sure that others would have had the time and patience to be able to do this.

Section 8: Other Issues

36. I have various questions and observations based on my experiences as set out above.

37. First, I do not understand why medical records of someone deceased are kept for such a short period. It is well-known that inquests and public inquiries can take years before they are initiated and vital evidence can therefore be destroyed in the interim period. I therefore would like to see policy changes with regards to how and the length of time that medical records are stored. It always confused me, for example, that given my mother's HCV status, the Royal London Hospital did not keep her records for longer in case a nurse, other clinician, or any other member of staff had become infected.

38. Secondly, I strongly believe that a bigger campaign should have been launched to encourage anyone who may have had a blood transfusion before 1991 to get tested for HCV/ HIV. This could have saved many more lives, including my mother's. I hope that, in the absence of such a comprehensive lookback exercise or campaign, the Inquiry will help find anyone that has not been diagnosed with the virus and that they are consequently able to get any help or treatment they may need.

39. Thirdly, I would like all GPs and medical professionals to receive training in learning to recognise HCV so that, unlike my mother, others may be able to be diagnosed earlier and lives could be saved.

40. Finally, I hope sincerely that all the evidence and procedures in this Inquiry will be transparent, so that we can truly make sure that nothing like this is ever allowed to happen again.

STATEMENT OF TRUTH

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

GRO-C SIGNED:

DATED: 4 March 2019