

Witness Name: John Carson

Statement No: WITN4167001

Exhibit No: WITN4167002 to

WITN4167016

Dated: 1 February 2021

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF JOHN CARSON

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 16 April 2020. I adopt the paragraph numbering in the Rule 9 request for ease of reference.

I, John R T Carson BSc CEng FICE FCIHT, will say as follows: -

1. Introduction

1. My name is John Ridley Taylor Carson. My date of birth is GRO-C 1948 and my address is known to the Inquiry. I am providing this statement as an affected witness of contaminated blood. My brother-in-law, Gordon Cuthill, was infected with hepatitis C as a result of contaminated blood transfusions. Gordon sadly died as a result of his hepatitis C infection on 28th January 2011.

2. How Affected

1. Gordon was involved in a road traffic accident on 28th September 1974 whilst driving his coach on the Autobahn in Germany. He was taken by helicopter to Nuremberg Hospital where he was not expected to survive because of his extensive injuries. Gordon had suffered fractures to his spine, neck, cheekbone and skull. He had suffered burns to his thighs and legs, facial injuries and various other injuries. Gordons legs were badly crushed, and he had to have his right leg amputated below the knee.
2. My sister Maureen Cuthill, Gordon's wife, found out about Gordon's accident around three days after it happened. I recall that Maureen travelled to Germany to be with Gordon.
3. After a few weeks and several major operations to stabilise Gordon, the doctors in Germany said that they would try to get Gordon back home to Edinburgh. Maureen was warned that Gordon may not complete the journey home and that he may die on the way.
4. In November 1974, Gordon was placed in a plaster cast from his chest down to his foot for the journey home. He was put on a Lufthansa commercial flight from Germany to London accompanied by a doctor and a nurse. The aircraft had to be adapted and 5 or 6 seats removed to accommodate Gordon's stretcher. There were no facilities on the flight for any privacy or any barrier nursing on the journey, and no special measures taken to protect the other passengers and crew. Gordon was flown under similar conditions on a flight from London to Edinburgh before he eventually reached the Edinburgh Royal Infirmary by ambulance. He remained in his plaster cast for a week after his arrival in Edinburgh to allow the Doctors to stabilise him after the trauma of the journey. When his plaster cast was eventually removed, Gordon had developed multiple sores over his body.

5. A list of the injuries sustained by Gordon was provided by Nuremberg Hospital and a translation of this is exhibited before me at **Exhibit WITN4167002**. Following his arrival back in Edinburgh, there were further discussions with the medical staff about removing more of Gordon's right leg and amputating it above the knee, but Gordon refused to let them do this. However, Gordon did undergo a big operation to tidy up the stump on his right leg and to pin and plate his left leg. He would have received multiple blood transfusions during that operation.
6. Gordon also had further operations at the Royal Infirmary to tidy up his heel which had been severely injured and to deal with his many injuries. It is likely he would have received more blood during these operations.
7. In December 1974, Gordon was transferred to Edinburgh City Hospital. On one occasion, my sister Maureen went to visit Gordon and found that he was not in his usual bed. The man in the next bed to Gordon explained that "*he is away to space*".
8. He explained how hospital staff had turned up wearing "spacesuits" meaning full barrier protection. Maureen learned that Gordon and another patient had been taken to an Infections Ward that day. We were told that Gordon had been tested for hepatitis B using a test called Australian Antigen and was positive for antibodies for hepatitis B (HBV) virus, which indicates a current (or past) hepatitis B infection. Gordon had hepatitis B early on in his married life, he caught it from my sister Maureen.
9. In January 1975, Gordon was transferred to Princess Margaret Rose Hospital which is a Specialist Orthopaedic Hospital. Whilst at this hospital, Gordon underwent further operations to improve his mobility and for rehabilitation. Whilst at the hospital, Gordon had a fall injuring the remnants of his right leg. He then had to have an operation to set his femur and to tidy up the stump of his leg. He was given more blood at that stage.

10. During this time in hospital, Gordon was in isolation and was barrier nursed. My sister Maureen was the only person allowed to visit Gordon because she had developed HBV antibody following an outbreak of hepatitis B earlier on in her marriage to Gordon and she tested positive for antibodies. It is conceivable and highly likely that Gordon too had antibodies in his system since the initial infection in 1972 and recurrence in early 1974. Gordon finally left hospital in June 1975.

3. Other infections

1. I do not believe that Gordon received any further infections other than hepatitis C as a result of being given infected blood products.

4. Consent

1. I do not believe that Gordon was treated or tested without his knowledge or consent for the purposes of research. I do not have enough information in order to comment any further on this point.

5. Impact

1. When he came out of hospital, Gordon worked for a few years assembling keyboards in a factory. However, he suffered significant stump pain and work was difficult for him. As a result, my sister Maureen had to work a full-time job as an auxiliary nurse and look after the children and household.
2. Gordon was quite unwell for much of his life. In around 2009, he had attended his GP several times complaining that he had been feeling tired, sick and was suffering from pain in his left side. The GP constantly asked Gordon how much alcohol he drank. However, to my knowledge, Gordon did drink alcohol but was never a heavy drinker and my sister Maureen I know to be teetotal. I am personally astonished that a person with one leg and major facial damage going

to his doctor with flu-like symptoms was not tested for hepatitis C as a matter of course. We have learnt that GPs at this time were intent on blaming the excess use of alcohol rather than recognise the symptoms of hepatitis C.

3. Gordon had various tests and eventually, he and Maureen were informed that Gordon had hepatitis C. This was the first time Gordon and Maureen were aware of Gordon's infection despite the fact he must have contracted hepatitis C during his time in hospital recovering from the coach crash. Unfortunately, by the time Gordon found out that he had the virus, it had already caused extensive damage to his liver.
4. Gordon had an ultrasound and an endoscopy, and we were told that he had five tumours on his liver and that the cancer was inoperable. Gordon was referred to a liver expert at Edinburgh Royal Infirmary called Mr Hidalgo. Mr Hidalgo tried a treatment which involved injecting each tumour through the femoral artery with chemotherapy. Unfortunately, this was not successful.
5. Gordon remained extremely unwell in hospital. During his time there, one of the nurses, Sister Kilpatrick, told my sister Maureen about Gordon being given infected blood. She said quite specifically that Gordon had been given at least two different types of blood because he had two different genotypes of hepatitis C, type 1 and type 4. She said that one type of blood was Afro/American, and the other type was Asian.
6. Gordon endured two further lots of chemotherapy but after that it was clear that nothing was going to help him. He continued to see Mr Hidalgo regularly but after that he was at home being cared for by Maureen.
7. Maureen nursed Gordon right up until the end of his life when he sadly passed away on 28th January 2011. The death certificate states the cause of death as hepatocellular carcinoma.

6. Treatment/Care Support

1. As far as I am aware, neither Gordon, my sister Maureen, or the children, were ever offered or received any counselling or support as a result of what had happened to Gordon.

7. Financial Assistance

1. I had tried to be supportive of my sister Maureen and her family over the years, this mainly consisted of giving her help and assistance and money from time to time when she needed it. In around 2016, I had become aware of the Skipton Fund and I investigated this and explained how it worked to Maureen. I knew that Maureen was struggling to get by and was working long hours to provide for her family. When I looked at the eligibility criteria for the Skipton Fund, I was sure that Maureen had a clear case of eligibility for financial assistance. I made some enquiries and eventually got an application form, completed it with Maureen's help and submitted it to the Skipton Fund in March 2017.
2. This application was refused on the following grounds.

"It would appear that the Late Mr Cuthill had multiple treatments with blood or blood products in Germany, during which he became Australia antigen positive (indicating infection with hepatitis B). Whilst we accept that, due to the severity of his injuries, he is likely to have also required further treatment with blood or blood products in Scotland following his repatriation, due to the probability of far greater volumes in Germany where the road traffic accident occurred, and the fact that he contracted hepatitis B there, it is more likely that the hepatitis C infection occurred in Germany rather than Scotland."

A copy of this refusal letter is exhibited before me at **Exhibit WITN4167003**.

3. We appealed against this decision on 1st May 2017, a copy of which is exhibited before me at **Exhibit WITN4167004**. The first ground for appeal was that it

appeared to us that the decision to refuse this claim had already been made prior to the submission and consideration of the evidence put to the Skipton Fund. The reason for that is that the fund's Medical Director told my sister in a telephone conversation almost word for word what the grounds were for refusal and this was prior to him considering the application and evidence.

4. The second ground for appeal was that there was absolutely nothing in the application that we submitted to support the claim made by the Skipton Fund that Mr Cuthill became Australian antigen positive whilst in Germany. In fact, we had submitted a letter from Maureen's GP dated 24th April 2017 which stated that Gordon had initially contracted hepatitis B from my sister in 1972. This evidence was ignored by the appeal panel. A copy of this letter is exhibited before me at **Exhibit WITN4167005**.
5. A further ground of appeal was against the conclusion reached by the Skipton Fund that *"due to the probability of far greater volumes in (West) Germany where the road traffic accident occurred and the "fact" he contracted Hepatitis B there, it is more likely that the Hepatitis C infection occurred in (West) Germany rather than Scotland."* There was no factual basis on which the Skipton Fund could have drawn this conclusion. There was no consideration of any data relating to the rate of infection in German hospitals compared with the rate of infection in Scottish hospitals during that time. In fact, Gordon received far more blood overall in Scottish hospitals over a longer period than he possibly could have during his treatment in Germany. It is worth noting that in the German hospital, medical professionals only sought to stabilise Gordon and not to treat his injuries, this only took place on his repatriation to Scotland.
6. Even an extremely basic examination of the data available to us at the time relating to West Germany would lead to the inevitable conclusion that infection with hepatitis C in 1974 was much more likely in a Scottish hospital than in a hospital in West Germany. West Germany was one of the first countries to introduce surrogate testing for hepatitis C in 1965.

7. In the Haemophilia Society's submission to the Archer Inquiry of 2007, we learn of how many countries used surrogate tests to determine the presence of Non A Non B Hepatitis (now known hepatitis C):

"The UK was one of the last countries in the Western world to introduce a test for hepatitis C. Prior to the discovery of a specific test in 1989, many countries used surrogate tests. These tested people for raised ALT (liver enzyme) levels or hepatitis B. Although surrogate tests showed a high number of false positives, many countries thought it best to err on the side of caution."

8. West Germany introduced a surrogate test for hepatitis C in 1965. The UK introduced hepatitis C testing in 1991. Prior to this, I am informed by Haemophilia Scotland that every Haemophiliac in the UK, prior to 1991, contracted hepatitis C except for those who had some natural immunity.
9. The final ground of our appeal related to the way in which Gordon was transported back from Germany to the UK. Given that West German authorities were aware of and testing for hepatitis C 9 years before Gordon was flown home to Edinburgh, it is inconceivable that Gordon would have been flown home in the back of a commercial flight with no barrier protection measures if he had been tested for and was found positive for hepatitis C infection. This would have put every single passenger on that flight at risk of contracting a potentially fatal highly infectious disease.
10. Confirmation of the submission of our appeal was received from the Skipton Fund on 17th May 2017, a copy of which is exhibited before me at **Exhibit WITN4167006**.
11. On 27th July 2017, we received confirmation from the Skipton Fund appeal panel that the appeal had been refused. A copy of the refusal letter is exhibited before me at **Exhibit WITN4167007**.

12. Around the same time, we had become aware of the establishment of a new Scottish Infected Blood Support Scheme which had been put into place following the Penrose Inquiry. We made an application to the SIBSS and this was also refused. The refusal letter is exhibited before me at **Exhibit WITN4167008**. Again, Maureen's application was refused on the grounds that the Scheme insisted that it was more likely that Gordon was infected with hepatitis C in West Germany than in Scotland, against all available evidence.
13. Maureen, her local MSP Ian Gray and I then attended the appeals panel of the SIBSS on Friday 11th August 2017. Once again, the panel concluded that the evidence suggested that it was more likely than not that Gordon's infection with hepatitis C occurred in West Germany than in Scotland. A copy of the decision letter is exhibited before me at **Exhibit WITN4167009**.
14. The refusal of the Skipton Fund and the SIBSS to accept the likelihood that Gordon was infected with hepatitis C in Scotland has been a great source of injustice and frustration to my sister and her family. It is this frustration and injustice that resulted in me becoming more involved with Maureen's case. It is clear on any sensible examination of the evidence that Gordon was much more likely to have been infected in Scotland than in West Germany.
15. Exhibited before me at **Exhibit WITN4167010** is a diagram I have produced which demonstrates the likely incubation period for hepatitis C and the time that Gordon was at each of the Scottish Hospitals. The incubation period for hepatitis C is two weeks to six months. Given that it is accepted by both Skipton and SIBSS that Gordon was infected due to his accident and that it took till 2009 to find out he had hepatitis C, he could have been infected at any time. Given that he had two geno types there is no doubt that he was infected at least two times. Gordon was in Hospital in West Germany for six weeks of life sustaining surgery and in Scottish hospitals for five months during which he was subjected to many remedial surgical operations and blood transfusions. It is probable that on a time basis alone he was infected in Scotland. The assertions made by Skipton regarding probability and SIBSS regarding more likely, should be

discounted as there are no records of Gordon being given blood, never mind 'the likelihood of being given more blood in West Germany'.

16. When Gordon and the other patients were suddenly moved to the City Hospital, and Maureen was tested prior to seeing Gordon in isolation, she was told by the nurse in charge that other patients were transferred at the same time. This sounds to me suspiciously like the Royal Infirmary had undergone another outbreak of hepatitis and therefore it is much more likely that Gordon was infected there than in West Germany.

17. Exhibited before me at **Exhibit WITN4167011** is a letter dated 24th January 1975 from Registrar S. Pickeni of the Infectious Disease Unit at City Hospital, Edinburgh to Doctor Ireland, George Street, Ormiston which confirms that Gordon was transferred to Ward 16A of the City Hospital because he was found to have Australia antigen positive whilst in the Royal Infirmary. As I state previously, Gordon had hepatitis B in 1972, and a recurring bout in early 1974 before his accident. Maureen was tested at the City Hospital and she too was found to have antibodies, this was why she was the only person allowed to visit Gordon. A great deal of emphasis was put on this incident in the Skipton refusal but in effect it was not a major occurrence in Gordon's health. Had the Royal Infirmary bothered to test Gordon on arrival they would have found the same antibodies Maureen exhibited. Add to this the fact that Non A Non B surrogate testing established that the infection was neither hepatitis A or hepatitis B, establishing that hepatitis C is a distinctly different virus totally non-related to A or B. The Skipton refusal makes erroneous assertions that Gordon contracted hepatitis B in Germany and because he had hepatitis B it follows he had hepatitis C, which is absolute nonsense.

18. One of the problems with the applications to the Skipton Fund and the SIBSS is that we were not able to prove with Gordons medical records that he was infected in Edinburgh rather than in West Germany. The reason for this is that the relevant records for that period have been removed and destroyed. We are now becoming aware that this has been a familiar story for hepatitis C victims

trying to prove the source of their infections in order to qualify for financial assistance. Exhibited before me at **Exhibit WITN4167012** is a letter dated 29th November 2016 from NHS Lothian Board confirming that *“after undertaking an extensive search, we are unable to trace any records as they have been confidentially destroyed”*.

19. A further search was carried out of the archives of the hospitals attended by Gordon on the request of my solicitors, Watkins and Gunn, in 2020 and it was confirmed that:

“My colleague has returned my email to confirm they also hold no records. To confirm to you, all case notes have been destroyed. We hold no Haematology records. No data has been found within our Archive library. My colleague has just informed me no data is held in regards to sexual health. And finally, all GP data has already been provided to you previously.”

20. It appears to me that in circumstance where the Health Board has destroyed the records that would enable an applicant like Maureen to prove their case, the balance of probabilities should then shift in favour of the applicant. Applicants are obviously at a significant disadvantage when it comes to claiming the financial assistance they are entitled to in circumstances where the evidence they need to prove their case has been deliberately destroyed.

21. My sister Maureen did try to raise this issue with Professor David Goldberg following intervention from our MSP, Ian Gray. A copy of this correspondence is exhibited before me at **Exhibit WITN4167013**.

22. I appreciate that I am not a clinician. I am however a Chartered Engineer who studied Civil Engineering for four years and trained for a further six years before becoming a Chartered Engineer, so I liken my professional training to that of a Medical Doctor. I have held posts at the highest level in my profession in the Contracting Industry, Consulting Engineering and Government Quangos. I

have been responsible for the building of major Structures including railways. As a decision maker, if I was told in the 60's by a world authority like the World Health Organisation that what I was doing was inherently unsafe and I ignored them for twenty-five years and went on to build structures that collapsed or railways that continually had rail disasters, both killing thousands, then I suspect I would be writing this submission having been convicted of mass manslaughter, from a cell for which they had thrown away the key.

23. I was also Chairman of a company that handled "risk" on a statistical basis. Our employees all had MBAs or PhDs in statistics, I can say without doubt that Skipton and SIBSS assertions about "it was probable or likely" is factually incorrect. If there are no facts or data then there is no certainty and without certainty there is no probability. Making sweeping statements without data is professionally inaccurate and in this case extremely damaging to my sister Maureen.

24. The medics in this country had an obligation to take care of us, ie 'the Hippocratic Oath'. Traditionally, their strengths are not in statistics. However, ignoring WHO advice in the 60's about buying blood from penal establishments and to continue with this practice until the mid-80's is negligent in the extreme. Exhibited before me at **Exhibit WITN4167014** is a table showing blood donations collected from penal institutes in Scotland from 1971-1984. The trail of devastation was laid bare at the Archer and Penrose Inquiries. Add to this that this same profession, aided by their Health Authorities and the Government, could destroy their records and cover up their criminally negligent activities is utterly amazing.

25. Both Gordon and Maureen amongst many others have been treated appallingly by the NHS and subsequently by the Skipton Fund and the SIBSS. Having attended the SIBCC appeal with my sister I was appalled at the intimidating nature of the panel members, their hypocrisy and arrogance was also astounding given the negligence their fellow practitioners have exhibited from the early 60's.

26. We already know that the Royal Infirmary had a history of “dirty wards”. Exhibited before me at **Exhibit WITN4167015** are 2 articles describing in some detail an outbreak of dialysis associated hepatitis in Edinburgh just a few years prior in 1969. At this time, the Royal Infirmary managed to contaminate 26 patients between 1969 to August 1970 with hepatitis and 7 patients died as a result of their infections.
27. The refusal letter from SIBSS states that Gordon’s clinical history suggests that the probability of exposure to infected blood was more likely to have occurred in West Germany due to the greater number of transfusions he received there. There is no evidence whatsoever that Gordon received more transfusions in West Germany than in Edinburgh and we would be able to show this if we had access to Gordons records. It would also be well-known to the Royal Infirmary from their history that infections were not solely down to transfusion.
28. Addressing the conclusions made about the quality of blood in West Germany, that West Germany did have Non A Non B testing but was sceptical about its sufficiency, this is pure speculation. It was accepted and established in Penrose by Professor Goldberg that there were no records available from this period and if there were, they would be highly suspect. The UK is on record as saying that they rejected Non A Non B testing because, *“it produced too many false positives and it would completely deplete their resources.”* Germany adopted Surrogate testing in 1965. The UK did not start testing for hepatitis C until 1991.
29. One of the criticisms of Penrose and Archer is that they refused to call and refused to allow into the UK the experts whose evidence supported the reality that healthcare had infected 2% of the people on earth. From my reading of the papers associated with previous inquiries, I came to the conclusion that both inquiries focused more on the 4000 infections of haemophiliacs, than the 300,000 infections happening via transfusions and other medical routes.

30. The UK has the second worse figures for liver disease in the EU during a period where since 1996, alcohol consumption has dropped consistently. If alcohol were still the leading cause of liver cirrhosis, you would expect liver disease figures to drop alongside alcohol consumption.

31. It was in 2010 when Gordon was informed by Senior Nurse Kilpatrick that he had 2 different types of Hepatitis antibodies, 1 and 4. Gordon filled in several forms with Nurse Kilpatrick where he was assured by her that if, in the future, there was compensation, that those forms would form a permanent record. Nevertheless, a few years later when Maureen tried to obtain these records and forms to fight for financial support, she was informed they had all been destroyed. The Blood Safety and Quality Regulations in 2005 imposed on clinicians or others to report Non A Non B hepatitis/HCV or HIV infections from blood transfusion. Here again we have records deliberately destroyed in contravention of the above regulation denying my sister her rights. Here again, we have an example that calls into doubt the competence of the decisions of Skipton Fund and SIBSS to withhold financial support from Maureen as those decisions were based on unlawful activities by certain clinicians.

8. Other Issues


1. Throughout all of this I have tried to be there for my sister Maureen and support her. I have been astonished by the way a victim in her position has been treated by the NHS and by the support schemes that were set up to help people in her shoes. It should not even matter whether Gordon was given contaminated blood in West Germany or in Edinburgh. The support schemes are not supposed to be liability-based compensation, they are supposed to support victims of contaminated blood like my sister Maureen. I hope that this Inquiry will thoroughly investigate the way that these schemes have operated to prevent people like Maureen, whose lives have been made incredibly difficult, and who have lost loved ones as a result of contaminated blood, from accessing the support they are entitled to.

2. Some interesting facts from the Penrose Inquiry:- Globally, every nation has tried to add up the scale of its infections of hepatitis C and B from contaminated blood and healthcare. Over 100 nations participated in the 1990's "Stop Caution Get Tested Campaign" to look back and find their infected people. Very few have failed to do this, and none have gone to the lengths the UK department of health has to cover things up. Sadly some 15 million have migrated to the UK and missed their nations' hepatitis warnings and vaccinations. In the UK we must face some startling facts related to our health service and Department of Health covering up its hepatitis C outbreak.
3. We have seen Lord Owen's entire catalogue of documents which detail the crisis, a set of reports made to him as Secretary of State for health, broken into and destroyed.
4. We have another Secretary of State for Health, Lord Jenkins, admitting to the Archer Inquiry that he was made aware many other crucial files related to hepatitis C infections were also destroyed.
5. We have a Health Service that rushed to settle out of court all HIV AIDS infection related litigation and force patients to sign waivers regarding hepatitis B and C infections, exactly at the time when 100% accurate blood test for hepatitis C was becoming available.
6. We have a mass destroying of the entire blood transfusion record occurring rapidly thereafter.
7. We have a sudden inexplicable lowering of the national known prevalence of hepatitis C infections occurring in 1995 and the numbers have incredibly remained static at just 220,000 for hepatitis C and 108,000 for hepatitis B thereafter for 22 years. This in the face of WHO predictions of 2% of population which would suggest 1.3 million infected.

8. We have seen a constant hiding of the fact that 1 in 4 humans have caught viral hepatitis to a point where almost every doctor in the UK is unaware of the situation.
9. We in the UK are unique on Earth in not mass testing for hepatitis B and C at our borders or among our patients or following WHO guidelines relating to viral hepatitis or vaccinating our children.
10. We are testing 3 to 4% viral hepatitis infected in all NHS venues from 2000 to 2017 and yet we are producing NHS literature saying that viruses are 10 times less prevalent. The UK has the second worst figures for booming liver disease in the EU. Scotland has the highest level per capita of hepatitis C in the world, 37,000 have the virus.
11. One of the recommendations from the Penrose Inquiry, published on 25th March 2015, was that the Scottish Government takes all reasonable steps to offer an HCV test to everyone in Scotland who had a blood transfusion before September 1991 and who has not been tested for HCV.
12. Here is the crunch. Admitting some 250,000 hepatitis infections at a compensated rate of, say £40,000 each, would cost £10 Billion pounds (1.3 million as per WHO predictions, this sum rises to £50 Billion). This is what we are witnessing a £10-50 Billion pound cover up of the facts. How can we believe that the only Health Service in the EU to burn all the proof had a blood supply 6 to 7 times cleaner blood than that of the EU average? This was after a sustained period of nearly thirty plus years of blood donations from penal institutions both here and from the USA that had at least 10% HCV positive content.
13. Exhibited before me at **Exhibit WITN4167016** is a letter of support on behalf of my sister Maureen Cuthill from Iain Gray MSP.

Statement of Truth

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

Signed  **GRO-C**

Dated. 1/2/21