Witness Name: Bernard Mullan
Statement No.: WITN5357001
Exhibits: **WITN5357002 - 004**
Dated:

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF BERNARD MULLAN

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 6 August 2021.

I, Bernard Mullan, will say as follows: -

Section 1. Introduction

1. My name is Bernard Mullan. My date of birth is GRO-C 1943, and my address is known to the Inquiry. I intend to speak about my late wife, Alice Elizabeth (Betty) Mullan. Betty was born on GRO-C 1946, and she passed away on 3 October 2011 due to Hepatitis C, genotype 2.

2. I used to work as an office manager, but I am now retired. I have two daughters, five granddaughters and one grandson. I live in the countryside home that Betty and I bought on the edge of a forest.

3. I intend to speak about Betty's infection with Hepatitis C ("HCV"). In particular, the nature of her illness, how the illness affected her, the treatment received, and its impact on her and our family's lives together.

4. I confirm that I am not legally represented and that I am happy for the Inquiry Team to assist with my statement. I am aware of the provisions for anonymity but I am happy for my story to be in the public domain.

5. The Inquiry Investigator has explained the Inquiry's statement of approach and 'Right to Reply' procedure. I understand that if I am critical of a medical professional or organisation, they will have the right to reply to that criticism.

Section 2. How Affected

6. Betty and I got married on 26 June 1976. Our first daughter Brenda was born on GRO-C 1977 GRO-C at Altnagelvin Hospital. Betty was given a blood transfusion of 2 units due to complications during the birth. She stayed in the hospital for three extra days afterwards, prolonging her stay to nearly one week.

7. I am not sure if I saw the blood transfusion happen. Back then, fathers could not be in the delivery room, but I have a feeling I may have been excited because it was our first child, and I must have gone into the room and seen the blood bags hanging on a drip stand.

8. I have been made aware that proof of the blood transfusion was sent by Anne Marie Brolly at Scroggy Road Health Centre. She appears to have endorsed our application for financial support from the Skipton Fund. I exhibit as **WITN5357002** a copy of a note from Betty's medical records, which confirms that she received 2 units of blood (C55810, C55818) on 31 October 1977.

9. On GRO-C 1981, Betty gave birth to our second daughter Sinead GRO-C She suffered from a similar complication after the delivery and was given a blood transfusion on this occasion too.

10. No one informed Betty or I that there was a risk of contracting an infection as a result of receiving a blood transfusion.

11. After the birth of our children, our life carried on as normal for several years, up until the late 1980s when Betty started to feel tired more frequently. We often went out walking and Betty was very fit but I noticed she was slowing down and got tired easily – and quickly during our walks. At times, I would have to wait for her to rest before we carried on walking.

12. She also developed some skin problems and suffered from blotches on her face and around her shoulders. They were unsightly and made her feel self-conscious, and gradually she withdrew into herself and no longer wanted to accompany me to functions or to socialise in general, which she loved to do before. I had a role at the Gaelic Athletic Association (GAA), which meant we were invited to many social functions, but Betty now declined to attend, preferring to remain indoors.

13. Her eyesight was also deteriorating. She used to do a bit of sewing, but she found it difficult to thread the needle with her eyesight getting worse. Betty was also a keen gardener, but gradually she began to lose interest in this because she was getting physically tired. There were times that she would complain of a bubbly feeling in her stomach and feeling like something was wrong.

14. Between 2002 and 2009, Betty made regular appointments to see our GP at The Scroggy Road Health Centre in Limavady. Betty's doctor, Dr GRO-D, advised that her health issues were due to ageing despite her many symptoms.

15. In November 2009, Betty attended a routine appointment at the GP to obtain the results of a blood test. Dr Quinn was not available at the time, instead, she saw a different doctor, Dr McCandless, who knew right away that there was a need to do some further investigation.

16. Dr McCandless later informed Betty at the surgery that the results of her blood tests showed that her liver function was irregular and immediately got Betty an appointment with a liver specialist at Altnagelvin hospital. I exhibit as **WITN5357003** a note from Betty's medical records dated 18 November 2009 with the test results that confirmed Betty was HCV positive.

17. I returned from work one day to find Betty distraught and crying that she had been diagnosed with HCV. She informed me that she had been referred to a liver specialist at the Royal Victoria Hospital in Belfast. As far as I am aware at that stage Betty was not given any information on how to manage the condition going forward or about precautions to take to protect the family.

18. Not long after this, Betty was offered HCV treatment at the Royal Victoria consisting of Pegylated Interferon and Ribavirin. The treatment was supposed to last six months. She began HCV treatment in October 2010 and finished the course of treatment in April 2011. The doctors advised that the treatment would be difficult but worth it.

19. I attended one of Betty's appointments at Altnagelvin hospital and was there when they explained that it would be challenging, but then she would be back to normal afterwards.

20. I vividly remember taking Betty for treatments every Friday night for her weekly Interferon injections in her stomach. This was carried out by my daughter Sinead. Once a month, we would also attend the Royal Victoria for another Injection. The Ribavirin she took daily in tablet form.

21. After each injection, Betty would go into shock and she really felt the cold. I remember one homeward journey during the bad winter of 2011, the temperature reached -14. We always took a blanket to keep her warm. She would be shivering, but gradually this side effect subsided

towards the end of the treatment. We could not go out much during the HCV treatment because Betty was irritable and easily annoyed, which was very foreign to her character. She also suffered terribly from blotching to her skin. I recall on one occasion we went to do our regular shopping, and she could not find space to park the car, and she became absolutely irate, shouting and screaming about it.

22. After six months, we were informed that the treatment had been successful. However, not long after this, we noticed that her symptoms were returning, particularly the blotchy skin and her blurred vision.

23. Betty returned from an appointment at the Royal Victoria hospital and said that the doctors advised her that she had cleared the virus. However, they had detected a small cyst at the top of her pancreas but had reassured her that it was nothing to worry about. We were buoyant and relieved at the prospect of her being on the mend and soon back to normal.

24. In July or August 2011, Betty took ill while out shopping. She had a sharp pain in her side. Afterwards, she told me she had walked up and down the street, confused and calling for my help. I was elsewhere at the time and did not hear her calling me so she had made her way to the local health centre. They arranged an appointment and later that evening I took her to A&E and she was admitted into Altnagelvin hospital.

25. At the hospital, after tests, they confirmed that Betty had developed pancreatic cancer. The doctor whose name I can't recall, said it was a pity it had not been detected earlier, as they could have done something about it. At this stage of the cancer, as far advanced as it was, there was not a lot they could do. It made me furious because this was clearly an issue that was known about at least four months previously when she attended the Royal Victoria. Betty told me she was completely shocked and it was as if the bottom dropped out of her world when she received the news.

26. Betty remained in the hospital for about a week. She complained of pain all over her stomach, and when she was discharged, they gave her painkillers and an appointment for an ultrasound in a week's time.

27. The ultrasound showed the extent of the cancer. It was shocking that there had been so much deterioration in just the space of a week. I can remember Betty asking the doctor, "how long have I got left", and then she said, "I don't want to know anymore". She could tell by the look on their faces. I was distraught. From supposedly beating one life threatening illness to finding out you have another, this time terminal condition in the space of a few months. It was heart-breaking and that moment is one that never leaves you.

28. We drove home, and on the way, she called her sisters to tell them that there was nothing more the doctors could do. It was unbelievable how she coped with it.

29. When we arrived home, lots of relatives came to visit. She was on painkillers but struggling and in a lot of pain. She was weak and not very mobile. Her face was really blotchy, so she was reluctant to see anyone outside of our close family.

30. Dr GRO-D also came to visit, and he apologised to Betty for overlooking her symptoms. During this visit, he remarked on how yellow Betty looked.

31. On Saturday, 1 October, she was getting a bit confused during our prayers. My daughter and her sister had come to stay overnight to see her and help out. She was violently ill overnight and throughout the Sunday and she passed away on Monday morning.

32. We knew the undertaker, and because he was local so he did everything at home instead of taking her to a funeral parlour. It was merciful to be

honest. Our home was her favourite environment. I exhibit as **WITN5357004**, a copy of her death certificate which confirms the cause of death as; I (a) Metastatic Liver Disease (b) Pancreatic Carcinoma, II Hepatitis C, liver cirrhosis.

33. Betty used to be a fit person. She always took the stairs instead of the lift, she was a hard worker, and she loved to travel. She gave back to the community a lot. Her family had longevity and her mum lived until she was 83. I looked forward to many happy years together in retirement which I have been deprived of and I blame that and her death solely on HCV.

34. She was a non-smoker and a teetotaller. She never used any kind of illegal drugs. We were married and in a loving relationship, so there was no chance she had contracted HCV from anything else aside from the blood transfusions.

Section 3. Other Infections

35. I do not believe that Betty received any infection other than HCV as a result of being given infected blood. She was at some stage tested for HIV and the result was negative.

Section 4. Consent

36. Betty was not aware that she was being tested for HCV at the time she was diagnosed. We knew she was not feeling well but we had no idea why. Nothing about that possibility was mentioned when she was referred after the unusual liver readings.

Section 5. Impact

37. Betty also had a hysterectomy on 24 February 1984 but I do not think she received a blood transfusion on that occasion. In any case, we were

never informed about the risk or possibility of contracting an infection through a blood transfusion.

38. We did not even know what HCV was at the time of Betty's diagnosis and were shocked to find out that she had contracted HCV. We thought hepatitis was something you contracted internationally in places like Africa, for example.

39. Betty suffered from really bad knees, rheumatism, and joint problems for years. I used to take her to a private clinic in Belfast to have fluid drained from her knees. The excess fluid build-up also caused her to walk with a slight limp as time progressed. Until recently, I did not realise that these were also due to the HCV or at the very least exacerbated by the infection.

40. Betty looked very young for her age all her life and used to get compliments on it. She was upset when she started developing blotches on her skin, which had a massive impact on her self-confidence.

41. Betty and I loved to travel and were very active people. We had been on trips to America and Australia in the past but as Betty's illness got progressively worse, we could no longer do any of those things.

42. Betty worked at Altnagelvin CSSD, sterilising equipment for many years. Then she worked as a shop assistant. In later years she worked in in-home care and would often work later so she could stay and speak to the residents. She was well-loved within the community.

43. At the time Betty was diagnosed with HCV, she was working part-time as a home care visitor, and she worked mainly in the evenings. Her job included visiting elderly people at their homes, looking after and preparing meals for them. She thoroughly enjoyed her job and would come home telling me stories about her day. It left a void when she had to give it up immediately after being diagnosed with HCV. She didn't feel

she could continue due to the potential risk she may pose to the more vulnerable but also, she was suffering with fatigue and often in pain herself.

44. I had my own health problems, for example, I had pneumonia and lost some weight as a result at some point, and in 2004, I had bypass surgery for my heart at a private clinic in Dublin through my insurance.

45. I worked as an office manager at B Mullen and Sons for 46 years. However, after my quadruple bypass in 2004, my employers suggested that I should work part-time. I had been working part-time for about six years when Betty became seriously ill. I decided then to retire to be with her, otherwise, I could have gone on working. It was a good opportunity to leave, and my employers were great.

46. Betty was not a complainer, and she would not have wanted to give me more to worry about, so even if she were feeling terrible, she would not have admitted it to me, or she may have downplayed how badly she felt.

47. Betty used to keep a notebook which was like a diary with all of her appointments with Dr GRO-D Between 2002 and 2009, there were various dates of her calling up Dr GRO-D to discuss how ill she was feeling, but all her concerns were dismissed.

48. Unfortunately, I was so angry with the medical professionals after Betty passed away that I destroyed this notebook along with most of the documents we held regarding her health and visits to the hospital. My daughter has recently applied for her medical records, and we are expecting to hear back from the hospital soon about these.

49. Betty and I loved walking and nature. We bought a house on the edge of a forest and renovated it with plenty of space to walk for miles. She knew I loved the place and used to wind me up about how remote it was

and whether we should move into Limavady town. When she was dying, she said, I don't want to leave this house.

50. We ran into my nephew Steven on one of our walks, who seemed taken aback by Betty's appearance. When we got home, I received a call from my sister, who said that Steven had told her he had run into us, and Betty did not look well. This was prior to Betty's diagnosis, so people who did not see us as often were also noticing Betty's deterioration.

51. She gradually became less active even with our granddaughter Sara who lived with us for three years. She was a devoted grandmother, and her whole life revolved around Sara. Brenda, my daughter used to get Sara ready for school, but Betty would come down and get her ready all over again.

52. I put on a brave face for my family even though I was devastated, first about the HCV diagnosis and then the later cancer. I read, and I continued to report on games for the local newspaper to try and distract myself. It is hard to watch the person you love slowly fading away in front of you and knowing there is little you can do to stop it.

53. Towards the end of the HCV treatment, Betty had to have a liver biopsy which was a painful procedure because she had to lie very still for hours while they inserted a very big needle into her liver. They did not give us any official results and only confirmed that Betty was on the mend. There was no mention of cirrhosis at any point.

54. According to my daughter's research, there is a link between HCV and pancreatic cancer. Chemotherapy was no longer an option because the cancer had spread too far by the time, they diagnosed Betty.

55. The hospital also sent us home with support from a Macmillan nurse, but she was very emotional and did more harm than good. The nurses at Altnagelvin Hospital had been very good.

56. Towards the end of Betty's life, we came together as a family. My daughters and I set up a rota so that one of us could always be around to look after her. One of my daughters is a nurse, so she is knowledgeable about medicine and healthcare.

57. After we brought Betty home, some of my friends from the GA association also came to visit. Still, they did not stay too long out of politeness and did not want to burden us rather than because of any stigma associated with HCV. That was something that thankfully we did not encounter.

58. Generally, Betty coped well with the HCV and cancer diagnosis. She did not say an awful lot aside from her temper during the HCV treatment. Her two concerns were about not wanting me to be alone and who would continue to look after our grandchildren after she passed, as she had been doing so in support of Brenda and her husband.

59. After she passed away, I took over that role to allow Brenda and her husband to work. I used to get up before 7 am to go to Limavady, drop the children off at school in the morning, and pick them up in the afternoon. I would then stay with them until their parents came back from work. Having a purpose helps to a degree to cope with the loss.

60. She was annoyed and extremely disappointed that Dr **GRO-D** had not picked up on the symptoms sooner. However, she was a very forgiving person, and by the end, she was resigned and believed that's how things were meant to be.

61. The GP Surgery and Dr **GRO-D** had a track record of dismissing and minimising patient concerns.

62. Betty was religious, and I used to take her to church when she was not feeling well. I am not overly religious, but she always wanted to go to Lourdes. Unfortunately, she did not make it there. However, as a sort of homage, I accompanied a number of groups to Lourdes in the three years after her death as a helper. I was the oldest new volunteer at 69 years of age.

63. When Betty passed away, I said a bit of prayer for her. She lived a good life as a religious person, and she is probably in a better place. Religion gave her comfort. GRO-C GRO-C We went to mass every Sunday, and Betty used to go to weekly prayer services. Our faith helped both of us to cope during the difficult periods.

64. Betty enjoyed watching old films and was great at speaking to people and socialising. I was chairman of the board of the local golf association clubs, and Betty used to come along to the dinners to talk to people. In the last few years before she passed, as mentioned, she became more withdrawn from the social aspect and even when we did attend a function, wanted to come home immediately instead of lingering and socialising.

65. It was fortunate that Betty's diagnosis did not impact our daughters' childhoods. However, for a small family like ours, her illness had a massive and devastating impact on all of us. Brenda and Sinead each have three children. When Brenda heard her mum had cancer, she came to our house straight from work. Sinead works in healthcare, so I think she coped with the news a bit better because of her knowledge but both were beside themselves with worry.

66. After Betty passed, my daughters came to stay with me, but I did not want them to put their lives on hold, so I told them to go back to their families.

67. Our oldest granddaughter, Sara was 9 when Betty passed and was uncontrollably grief-stricken. They had been very close due to use looking after her. She was in pieces, and we even had a couple of her school teachers come to Betty's funeral, and Brenda told them to keep an eye on her.

68. Brenda was very obviously shaken up when Betty passed away and would get emotional just speaking about her mother, while Sinead kept her grief covered up a bit more. It is something that never leaves you – you learn to live with the grief and the loss.

69. We did not face any difficulties concerning the mortgage, travel or life insurance. It all happened in such a short passage of time. There were no real financial losses incurred either, other than the cost of travelling back and forth to Belfast. However, obviously once diagnosed, Betty did stop work with the loss of her income and without the illness she would have continued for a few years.

70. Betty and I had a joint savings account at the Danske Bank in Limavady for a long time. Towards the end, Betty and I thought it might be better for us to get the money in the account transferred to my account in case something happened to her. We went into the bank and started the process of transferring the money. The phone call from the bank came after Betty had passed away; therefore, I had to pay £780 to get the money transferred even though it was my money, and it had been my wife, and I's joint account.

71. If Betty had not had the treatment for the HCV, she would have been better off. Before the treatment, we could go out and go shopping together or to church. The treatment did more harm than good because it accelerated her symptoms and hugely impacted her life.

72. The HCV treatment also affected our relationship as a couple. Betty became jittery and had mood swings, and at times I would hug her, and she would pull away, something again totally out of character.

73. I do wonder at times if it was linked to her pancreatic cancer. Could it have triggered it or even been the cause? Perhaps, if she had been diagnosed earlier, she could have had the treatment, and it may not have been so damaging.

74. In the lead up to Betty's passing, when I could see it was inevitable, my mood was really down. It was never bad enough for me to consider medical help. I relied on prayer for strength. Betty was the same. She was a stoic person and never suffered from depression of any sort. The fact that she remained so strong in the face of death gave me a bit of strength after she passed away.

75. She was so loved that for months after she passed away, people would come up to me on the street, many of whom I had never met before, to give their condolences.

76. I miss being able to tell Betty on the weekend that we should drive down with the family to Donegal. I do not do that so much now. I now live alone, and because it is very remote, it gets lonely, and I cannot believe it has been ten years since Betty's passing. I think of her every day and I have included her photograph at the conclusion of my statement so that people know she was taken too young.

Section 6. Treatment/Care/Support

77. Betty and I were never offered any counselling or psychological support at any point. Not at the time of diagnosis nor during the treatment for the HCV – not even following the cancer prognosis.

78. As part of the process of engaging and actively participating in this Inquiry, I attended a meeting in Derry with my daughters and there, for the first time, there was the option to have psychological support if we wanted.

Section 7. Financial Assistance

79. We found out about the Skipton Fund from one of the Macmillan nurses that came to support Betty during the brief period of Betty being seriously ill at home.

80. They helped us to fill out most of the application forms, including forms for financial support from the health service. We were receiving £125 a month from the health service, which we did not need, but we had difficulty arranging for someone to stop the payments.

81. In May 2010, we received the stage one payment of £20,000 from the Fund. In 2011, I applied for the stage two payment and received £50,000.

82. I also received a £10,000 payment several years later, although I did not apply for this. The Fund also provided a £250 - £500 winter fuel allowance for many years. In 2017, I received another £5000 top up out of the blue.

83. I cannot recall having any difficulties with the Skipton fund, and they contacted me more than I got in contact with them.

84. I now receive monthly pension support from the Infected Blood Support Scheme for Northern Ireland. I believe that the payments were originally supposed to be small and related to the level of treatment that the person infected received. However, it was gradually increased due to pressure to ensure that the people in Northern Ireland received the same as their

counterparts in England. I think the people affected in Scotland receive an even higher amount of financial support.

85. I was initially suspicious of the offer for financial support and thought that they gave us money to stop us from putting a claim for compensation in, but I have never been asked to sign any waivers.

86. I have never been motivated by financial compensation. One of my friends, through work, is a respected solicitor, and once we went out for coffee and I explained what had happened to Betty to him, and he concluded that we had the basis for a strong case, but I did not feel any need to take that further. It is not what Betty would have wanted.

87. I have no issues with the amount of financial support I have received.

Section 8. Other Issues

88. I still have faith in the medical profession because if it were not for them, I would not be alive today, and what happened to Betty has strengthened my faith, generally speaking. People will always make mistakes.

89. I do feel though that there was a massive cover-up in respect of the importation of infected blood and what happened afterwards. I believe that Mr Clarke and the people who were in charge at the time should be held accountable. From what I have read, it appears that there may have been an awareness of the potential danger, and they could have stopped the practice of giving people infected blood much earlier.

90. I believe the HCV treatment with Interferon made things much worse for Betty. Perhaps she would have been fine if she had not had that treatment but there were no alternatives given at the time. Perhaps, with a more in-depth explanation of the side-effects and the nature of the treatment we may have followed a different path.

NOT RELEVANT

Signed GRO-C

Dated 9. 2. 2022

Table of Exhibits:

Exhibit number	Notes/ Description	Date
WITN5357002	Note from medical record	October 1977
WITN5357003	Results enquiry HCV	18/11/2009
WITN5357004	Death Certificate	13/11/2011

In Loving Memory of

Betty Mullan

GRO-C

who died on 3rd October 2011

Aged 64

Rest In Peace