

Witness Name: Jacki Dunleavy

Statement No: WITN5699001

Exhibits: WITN5699002 - WITN5699008

Dated: 25 August 2021

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF JACKI DUNLEAVY

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 15 April 2021.

I, Jacki Dunleavy, will say as follows: -

Section 1. Introduction

1. My name is Jacqueline ("Jacki") Dunleavy. My date of birth is GRO-C 1951. I reside at GRO-C Surrey, GRO-C My maiden name is Jacqueline Harman, then in 1969 married my ex-husband and I changed my name to Jacqueline Lille. Then, in 1979, I re-married and I changed my name to Jacqueline Dunleavy. This remains my surname to date.
2. On 06 December 2017, I married my current husband Ian Adrian Donaldson, after thirty-five years of living together. I had three children and three grandchildren. I am currently retired. Before my retirement, I was a Senior Social Worker for Wandsworth Council.

3. I intend to speak about my infection with Hepatitis C ("HCV"), after I received a blood transfusion in Autumn 1977 as a result of blood lost during a road traffic collision. In particular, the nature of how I had learnt about my infection, how my HCV has affected me and my family thereafter, and the financial assistance I am currently in the process of apply for.
4. I am making this statement in conjunction with my husband Ian, who has also subsequently been diagnosed with HCV; genotype 2. (the same as mine) During the course of providing my witness statement, Ian will add areas relevant to him. Ian's date of birth is GRO-C 1967. He is currently employed as a Warehouse Manager at Ocado. I believe that I infected Ian with HCV. I will speak about that later in more detail.
5. I can confirm that I have chosen not to have legal representation and that the Inquiry Investigator has explained the anonymity process to me. I do not wish to be anonymous as I wish for my story to be known in full.
6. The Inquiry Investigator has explained to me the 'Right to Reply' procedure, and I understand that if I am critical of a medical professional or organisation, they will have the right to reply to that criticism.
7. I wish to acknowledge that naturally as time passes, memories can fade. I have been able to provide approximate timeframes for matters based on life events. However, these timeframes should be accepted as 'near to' rather than precise dates.
8. I have constructed this statement without access to my full medical records. In July 2021, I had made enquiries regarding gaining access to my medical records at Kingston Hospital ("Kingston"), Galsworthy Road, Kingston upon Thames, KT2 7QB. This is discussed further in **Section 8** of my witness statement.

Section 2. How Infected

9. In Autumn 1977, I was travelling along the A3; a major road connecting the City of London and Portsmouth, with my ex-boyfriend after visiting my eldest son, when we were involved in a road traffic collision ("RTC") in Kingston Upon Thames, Greater London. I was taken immediately via ambulance to Kingston Hospital. GRO-C
10. Around four or five hours after I had arrived at Kingston, I briefly recall waking up in the A and E Department in a room attached to a monitor, where I was waiting to go to theatre for a surgical operation on my face. My blood pressure dropped to forty over sixty; to which I was immediately taken to theatre to undergo surgery.
11. I had suffered such severe facial injuries during the RTC, that I needed to undergo plastic surgery. I had later found out that as I had gone through the windscreen of the car during the RTC, and as the car was a soft top, I was lucky not to have died. Apparently the car rolled over.
12. During the surgery, I was given over five hundred stitches on my face and head, and I was provided with a blood transfusion as treatment for blood I had lost as a result of my injuries. I remember that my head and hair was matted with blood.
13. I was not provided with any information or advice beforehand, of the risk of being exposed to infection as a result of being given infected blood. The blood transfusion was administered in circumstances of emergency so there was not an opportunity to provide me with this information.
14. I remained at Kingston for a period of around two weeks, before I was discharged to recover. I still had pieces of glass coming out of my head years later.
15. I have evidence that the RTC took place in 1977 contained within a letter, dated 20 February 1979, from Long Grove Hospital, Surrey, Richmond Area Health

Authority, to Dr W Pawlowicz, 50 the Vineyard (exhibited below, at **WITN5699002**) which states:

"Her present troubles date from October 1977 when she was injured in a car crash as a passenger being driven by the man to whom she had just become engaged. She was unconscious for 4-5 hours and had quite severe facial lacerations for which she is still awaiting plastic surgery to her face. At Easter 1979 her fiancé finally ended the affair and she felt very lonely."

16. Thereafter, as a result of the RTC, I had suffered dizzy spells and black outs which lasted for a number of years. I had received treatment for neurological issues until 1981.

17. I was also told that I would have to undergo more than one plastic surgery. They did a cheek rotation and second operation to straighten out my cheek bone. A third operation was planned, but it did not go ahead due to the fact that I was so busy GRO-C

18. I have evidence contained within a letter, dated 25 June 1979, from PKB Davis, Consultant Plastic Surgeon, Queen Mary's Hospital, Roehampton Health District, to Dr Pawlowicz, 50 the Vineyards (exhibited at **WITN5699003**), which supports that I had a severe facial injury as a result of the RTC.

19. I must state that the letter contains information to show that I was self-harming in the 1970's. I was, but this had occurred as a result of the trauma I had sustained due to my relationship with my mother. This had caused me to turn to self-mutilation. The self-mutilation was carried out via a clean razor blade. I had a difficult childhood, which had resulted in periods of GRO-C
GRO-C and a period of drinking alcohol as a coping mechanism and to give me confidence. I did not drink alcohol heavily, as it did not agree with my body.

20. The letter states the following:

"This woman has been improved following her large cheek rotation, although I suspect there is a little more to do later on.

GRO-C

21. Contained within a document dated 26 March 1979, from Mr Davis, Consultant at Queen Mary's Hospital, Merton, Sutton and Wandsworth Area Health Authority (exhibited below, at **WITN5699004**), is evidence of a follow-up operation whereby I was admitted to Queen Mary's Hospital ("Queen Mary's"), Roehampton Lane, London, SW15 5PN, for a scar revision of my left cheek. I was admitted to Queen Mary's on 12 March 1979, and I was discharged on 26 March 1979. The document states the following:

"HISTORY: Patient admitted for scar revision of left cheek following a previous road traffic accident. On examination: area of scarring left anterior cheek region.

OPERATION: 14.3.79 SCAR REVISION

Scar excised and the defect repaired with a cheek rotation flap."

22. Thereafter, I rented a flat in **GRO-C** and I have lived in **GRO-C** ever since. In 1979 I got married to my second husband, and within a short period of time, I had found out that I was pregnant with my youngest son.
23. In 1980 I gave birth to my youngest son at Queen Mary's. However, due to my blood group type being A rhesus negative, I believe I was given an anti-D injection. This is a treatment used for patients with rhesus negative blood, in case there is a mismatch between the patient's rhesus status and their baby's rhesus status. The anti-D injection prevents the patient's immune system from producing antibodies to destroy the blood cells of their baby and it also protects the mother.

24. I was also given an anti-D injection when I gave birth to my daughter in 1982, St George's Hospital ("St George's"), Blackshaw Road, London, SW17 0QT. I cannot recall whether the anti-D injection was given intravenously or intramuscular on both occasions.
25. Thereafter, I turned my life around, and I got an undergraduate degree and I completed a Master's in social work.
26. In the 1990's I sought medical assistance from my General Practitioner ("GP"), Dr Blake James, Seymour House Surgery, 154 Sheen Road, Richmond, Surrey surrounding my joint pain, swelling and stiffness. Thereafter, I was diagnosed with Rheumatoid Arthritis, and I was referred to the Rheumatology Department at Queen Mary's Hospital Roehampton.
27. In February 2021, during a telephone consultation with the Rheumatology Consultant at Kingston, I was told that they wanted to place me on a different treatment for my Rheumatoid Arthritis. However, I was also told that due to the nature of the treatment which was able to exacerbate any viral issues, they wanted to screen my blood as a precaution measure.
28. In February 2021, I had undergone a full blood test at Queen Mary's.
29. Within days of having a blood test for my biologics in February 2021, I received a telephone call at home from my GP, Dr Hudson. He had stated something along the lines of *"hello Jacki, I am ringing to tell you that I have the results of your blood screening, and you have Hepatitis C."* I was shocked. In response I had asked him how this was possible, to which he had told me that it was as a result of infected blood. I had told him that the only thing I could think of whereby I was given blood, was the blood transfusions I had received in 1977 at Kingston. In response, Dr Hudson said something along the lines of *"that is irrelevant. I will refer you to the liver specialist at Tooting Hospital."*
30. Not relevant? How was the manner in which I had become infected with HCV not relevant? I was completely stunned. Not only because of the way in which I had

been diagnosed with HCV over the telephone completely out of the blue, but also the response of Dr Hudson surrounding the cause of my HCV infection. I was furious. His bedside manner was atrocious and I just felt he dismissed my statement about the blood transfusion.

31. Within a letter dated 25 February 2021, from Dr Patrick Hudson, Seymour House Surgery, 154 Sheen Road, Richmond, Surrey, to the NHS e-Referral Service, Consultant Hepatologist (exhibited below, at **WITN5699005**), it reaffirms Dr Hudson's belief surrounding the cause of my HCV. The letter states the following:

"I would be grateful if you could see this 69 year old lady. She has severe rheumatoid arthritis and her Rheumatologist wanted her to start immunosuppressant medication; prior to this she had some screening blood tests done and these have shown that she has Hepatitis C infection. I have received an email asking me to refer her to you. She has no idea how she could have caught Hepatitis C and her recent liver function tests were completely normal."

32. The information exhibited above is so infuriating. I had specifically told Dr Hudson about my belief surrounding the cause of my HCV as that of the blood transfusion I had received in 1977 at Kingston. For him to write the above is inaccurate, he paid no attention to what I told him.

33. At the point at which the Deputy Lead Investigator for the Infected Blood Inquiry ("IBI") had first made contact with me in April 2021, he had asked me to write down exactly what was said by Dr Hudson during my HCV diagnosis. This conversation was noted by myself in written format as follows:

"Conversation with Dr Hudson in late Feb. Ian (my husband) was in the room."

Dr H told me I had Hepatitis C. He said it was infected blood. I told him I had no risk factors except for a blood transfusion in 1977 after a severe RTA. He said that was irrelevant and I would be fine as my regular liver

function blood test for methotrexate (prescribed for RAJ) was absolutely fine.

My husband could hear everything said on the phone."

34. My husband was present in the room throughout the period in which Dr Hudson was on the telephone. He is able to support what was stated within that conversation, and that I had told Dr Hudson about my belief surrounding the cause of my HCV.

35. When I was diagnosed with HCV, I was not provided with any information which would have allowed me to adequately understand and manage my infection.

36. I was also not provided with any information surrounding the risks of others being infected as a result of my HCV. My husband Ian has cleaned up my blood on numerous occasions throughout our thirty-five year relationship. The steroids I am on have caused me to have thin skin, so it is easy for me to get a bleed, I am also on Asprin, which thins the blood, and I do bleed profusely. I am virtually always putting on plasters daily. It was information which we should have otherwise been provided; particularly in relation to my husband's third-party HCV infection, which is discussed as a later point in my witness statement.

37. I do not consider that I should have been diagnosed with HCV at an earlier point in time. I believe that I had been diagnosed as soon as the medical profession had become aware of my infection themselves.

38. Through a process of elimination, I have tried to determine the cause of my HCV infection. Whilst I had turned to alcohol as a coping mechanism when I was younger; due to my difficult upbringing, I was not ever a heavy drinker. GRO-C

GRO-C

GRO-C

39. I have received anti-D injections on two or three occasions. This being after the birth of my children, in 1968, 1979 and 1982.
40. In Autumn 1977, I had received a blood transfusion at Kingston as treatment for blood lost following an RTC. Due to Dr Hudson's comment made in February 2021 surrounding infected blood, it is now my belief that I had received infected blood during my blood transfusion in 1977 and that this is the cause of my HCV infection.
41. I do not have any documentary evidence which supports that I had a blood transfusion in 1977 at Kingston. When I contacted Kingston in July 2021 to gain access to my medical records, I was told that my medical records no longer exist. This is discussed further, in **Section 8** of my witness statement.
42. Between the point at which I believe that I had been infected with HCV in Autumn 1977 and my diagnosis in 2021, I cannot say that I have experienced any obvious medical issues which would have otherwise indicated that I had contracted HCV.
43. Whilst I had noticed that I was always really tired and lethargic, I was bringing up my children during this period; GRO-C Life was challenging and I have been tired all my life so it was difficult to pinpoint the point at which my lethargy started. I had also experienced multiple medical issues during this time, I had explained this away with being attributable to my general health. The medical issues I had experienced are similar to acute and chronic symptoms of HCV, so I could not make the distinction between what is attributable to what.
44. Thereafter, in February 2021, I was referred by my GP Dr Hudson to the Hepatology Department at St George's.
45. During a face to face consultation with Nick Tatman, the Hepatology Nurse at St George's, I was told that I had HCV genotype 2, and that my viral load was six million. I was also told that I would need to undergo a Fibro Scan.

46. When the results of the Fibro Scan had returned, I was told that my liver had scored on a points system eleven point something, which meant that I am on the border of developing liver cirrhosis; which is indicated as point twelve. I was told that I would need to receive regular liver scans to monitor my liver. I am going to have a further conversation with Nick to establish the exact damage to my liver. I will keep you informed as to the results.
47. For my viral load to have returned as six million, and to be on the border of developing liver cirrhosis, it is my belief this demonstrates that my HCV infection must have existed for an extended period of time to have caused that much damage. This would otherwise support my belief that I had contracted HCV in 1977, as a result of infected blood contained within a blood transfusion received at Kingston.
48. As a result of my HCV diagnosis, my husband Ian had realised that there was a risk that he could have possibly contracted HCV as a third party.
49. In June 2021, Ian's belief was confirmed. He had undergone a blood test at St George's. A week or so after having undergone his blood test, Ian received a telephone call from Nick Tatman, the Hepatology Nurse at St George's. Nick had told Ian that the results of his blood test had returned, and that it had shown that he had tested positive for the presence of HCV. He was also told that he had the same genotype as myself; genotype 2.
50. I was devastated when Ian received his HCV diagnosis. As we have the same genotype, it is highly likely that he had contracted his HCV as a third party from me. Ian, however, was not surprised that he had been diagnosed with HCV after my diagnosis. Because of our thirty-five year relationship and our closeness, he had said that he had suspected that it was likely.
51. We cannot state as fact the point at which Ian had become infected with HCV. He was and still is always cleaning up after I experience a bleed; which is on a regular basis due to my thin skin. Therefore, it is likely that he had come into contact with my blood when cleaning up.

Section 3. Other Infections.

52. When I was diagnosed with HCV in February 2021 at Kingston, the blood test result had also shown that alongside having tested positive for HCV, I had also tested HBs-antigen negative, HB core antibody positive. This is indicative of previous exposure and clearance of the Hepatitis B ("HBV") virus.

53. I am unsure as to how, or at what point I had contracted HBV, but as I had HBV antibodies, I wonder whether I could have contracted HBV as a result of the blood transfusion I had received in 1977 at Kingston? I cannot state this as fact.

Section 4. Consent

54. I do not believe that I have been tested or treated without my prior consent having been obtained. I had consented to the blood tests having taken place which had resulted in my HCV diagnosis.

55. When I had received the blood transfusion in 1977, it was administered during a surgical operation in theatre in an emergency situation. I was unable to give consent as a result, but I believe that the medical profession did what was necessary in the circumstances.

56. I do not believe that I had been tested or treated without my knowledge, without being given adequate or full information or for the purposes of research.

Section 5. Impact.

Mental/Physical Effect.

57. I have experienced medical issues throughout my life. This includes severe Rheumatoid Arthritis, and problems with my back. To date, I have undergone two

spinal fusions. I am now no longer able to walk any distance at all without resting or without the assistance of my husband Ian.

58. I have also had aggressive breast cancer twice, where I have had both of my breasts removed as a result.

59. I also suffer from Bronchiectasis. This is autoimmune disease of the lungs, which results in numerous chest infections. Again I do not know if this is linked to HCV.

60. I have also developed gallstones and am awaiting further treatment for them. I have already had a stent fitted but further treatment is required. I was in some discomfort the day before I started my HCV treatment, which commenced on 27 May 2021.

61. In addition, I have sought medical assistance from St George's, surrounding my constant dry mouth and dry eyes. After initial observations by the medical profession, it was suspected that I might have Sjogren's syndrome. This is a condition characterized by chronic inflammation of the glands that produce saliva and tears. I also had a saliva gland removed.

62. In 2003, I had undergone a lip biopsy, whereby a small sample of tissue is taken in order to determine whether Sjogren's is present. When the results of my lip biopsy had returned, there was debate as to whether I had Sjogren's that said documentation I now have seen confirms the diagnosis.

63. As previously mentioned in **Section 2** of my witness statement, I had undergone a Fibro Scan in May 2021 at St George's. When the results had returned, I was told that I was on the border of developing liver cirrhosis.

64. Whilst I had drunk alcohol when I was younger, I have never been a heavy drinker. I have also not touched alcohol for a number of years. Therefore, I cannot attribute my liver damage to alcohol.

65. On the other hand, due to the nature of the medication I take due to my Rheumatoid Arthritis potentially exacerbating viral issues, it could be suggested that my liver damage is attributable to the medication. However, my liver function tests ("LFT's") have all previously returned as relatively normal. If it had shown something, it could potentially be explained away by the medication, but this is not the case. Therefore, the most likely cause of the damage to my liver is my HCV.
66. Due to having borderline liver cirrhosis, this demonstrates that my HCV infection must have existed for a period of time to cause this amount of damage to my liver.
67. For the majority, the medical issues I have experienced throughout the years including my Sjogren's, gallstones, Rheumatoid Arthritis, persistent tiredness, and problems with my liver are indicative of the symptoms of HCV. However, I cannot state as a matter of fact what is attributable to my HCV infection, or otherwise.
68. For the last two years, Ian has experienced persistent tiredness and lethargy. He gets easily tired; more so in the afternoon to the point that on his days off he has two or three hour naps at a time. Other than that, his health has not been so bad.

Treatment

69. In May 2021, at a face to face consultation with Nick Tatman the Hepatology Nurse at St George's, I was told that treatment to clear my HCV had become available. I was asked whether I wanted to start on treatment; to which I immediately agreed.
70. On 27 May 2021, I started on a twelve-week course of treatment with Sofosbuvir-Velpatasvir. This was administered once a day orally with food in tablet form.
71. My HCV treatment was documented in a letter, dated 27 May 2021, from Nick Tatman, Hepatitis CNS, St George's University Hospital, to Dr A Sstar Hudson,

Seymour House, Seymour House Surgery, Richmond, (exhibited below, at **WITN5699006**). It states the following:

"This lady was seen in the Viral Hepatitis Clinic today. She had chronic hepatitis C genotype 2. Today she is starting a 12-week course of antiviral treatment with Sofosbuvir/Velpatasvir one table once a day orally with food. I have discussed with her the importance of ensuring she adheres to the dosing regimen. I have asked her to do blood tests in two weeks' time and I will see her again in the clinic in four weeks. She has my contact details and knows that if she has any problems I will see her before this.

Please be aware that other medicines may be contraindicated with the above combination and if she needs any other new medication prescribing, any potential drug interactions will need to be checked prior to administration. She is currently taking Methotrexate; there is a potential for an interaction and she has been advised to observe for any side effects including sore throat, bruising, nausea and vomiting and to contact us directly if she is aware of any of these."

72. As a result of my treatment, I had experienced persistent tiredness and fatigue. I also believe that the gallstones were giving me problems making me feel sick. So in hindsight it's difficult to identify whether it was the HCV treatment, making me feel ill or the gallstones.

73. Aside from the gallstones, I cannot state as fact whether the side effects I had experienced were attributable to my HCV or the treatment. I have always been tired and fatigued, but the side effects of my treatment could have been masked.

74. Throughout the course of my treatment, Nick Tatman the Hepatology Nurse at St George's monitored me.

75. In July 2021, I had undergone a blood test to determine whether the treatment had an effect on the levels of HCV in my blood. When the results had returned, it had shown that my HCV was undetectable. Thereafter, I was told that I would

simply need to undergo a blood test, and that was it. Needless to say I was very pleased to hear this news. I hope that's it and the HCV does not come back again. I am due another test in November 2021 and I will let you know the outcome.

76. My husband Ian has always said that he was astonished that my HCV viral load could go from six million, to undetectable in twelve weeks of treatment.

77. In September 2021, Ian is due to start on his course of treatment to clear his HCV with Sofosbuvir-Velpatasvir. As Ian has the same genotype as myself, he will be given the same treatment. Ian has been unable to start on his treatment at an earlier point in time, as he has experienced an issue with his kidney.

78. Neither Ian nor I have faced any difficulties or obstacles in accessing treatment to clear our HCV. We were provided with treatment to clear our HCV in a relatively short period of time following my diagnosis in February 2021, and Ian's diagnosis in June 2021.

Impact

79. When I was diagnosed with HCV in February 2021, I had thought to myself, yet another illness I cannot talk about. Throughout my life, I have experienced many issues with regards to my health which I have not wanted others to know about; HCV being the prevalent.

80. My HCV has impacted me quite a lot, which is more than I thought it would. I believe that as I am currently not well with regards to my health, it is a lot for me to handle all at once. I am always so tired, my arthritis is flaring away, and I feel constantly paranoid that the medical profession are not telling me something surrounding the figures of the Fibro Scan.

81. My diagnosis has not had an impact on my children. I have only told my youngest son about my HCV. [GRO-C]

[GRO-C] I have not told my

eldest son as I did not want to worry him. I will eventually tell him. I just want to wait until the right time; if there ever is a right time.

82. With reference to Ian's diagnosis, he says that on hearing the news about the HCV diagnosis it was not a surprise as he was aware that there was a distinct possibility. He was obviously concerned regarding the impact but was more concerned about the time off work he was going to have to take and the daily living with the virus.

83. Ian's fibro scan was ok and didn't show any damage. He was shocked because other than this he is very healthy. It's the practicalities of dealing with this HCV on a daily basis, simple things like knowing he was going to receive a call at work and trying to find a quiet place to receive the call.

84. From this diagnosis the hospital wanted to do an Ultrasound. This ultrasound identified a grade 3 cyst on one of his kidneys. He is waiting for another MRI. The treatment for his HCV has been delayed due to this. They wanted to see if the cyst was malignant, fortunately at present this is not the case but he is being monitored.

85. In 2006, I had to stop working due to the impact my breast cancer and my Rheumatoid Arthritis was having on my body. In 2007, I retired at the age of fifty-six years old. I had originally tried to reduce my hours at work to try to keep going, but this made it worse. I was not aware that a pension is based on the last hours you work, so it meant that when I tried to claim my pension early, I could not get the figures I had once thought I would receive. The pension I was able to receive totalled around little over half of my pension. I have suffered a financial loss as a result.

86. I cannot say as a matter of fact whether my early retirement could be attributable to the effect my HCV was having on my body.

87. I am currently in receipt of funds from a Personal Independence Payment ("PIP"). Previously, for a period of around twenty-five years, I did receive a Disability Living Allowance ("DLA") payment due to my arthritis and issues with my back.
88. I cannot say that I have personally experienced the stigma attached to HCV as an infection; in part as I was only diagnosed in February 2021. I have however been worried about people knowing about my HCV, as you never know how they are going to react. In particular, I have found that younger people are not necessarily aware of infected blood issues. Instead, they have a narrow view that HCV it is attributable to injecting drugs, or, that HCV can be contracted simply by someone being near them. This is not the case.
89. Ian has not experienced the stigma attached to his HCV, or found that it has caused a negative impact on his employment or any financial effect. This is due to Ian not having told anyone about his HCV diagnosis. He has told his manager at his current workplace that he is due to start on a course of treatment for his HCV, and that he may need to have time off as a result. The response of his manager has been positive. Ian was told by his manager that his door is always open if Ian wanted to talk.

Section 6. Treatment/Care/Support

90. The treatment, care and support I have received for my HCV from the medical profession has been mixed. It didn't start well with Dr Hudson. The treatment I have received from Nick Tatman the Hepatology Nurse at St George's has been great. Whilst the treatment has been very good, he is efficient but obviously very busy. He doesn't have the time to answer questions; this is not his fault but the system.
91. Re Dr Hudson. As previously stated, and now evidenced in a copy of my medical notes, printed 07 June 2021, from my GP Dr Hudson, containing an entry dated 23 February 2021, time stamped 13:26 (exhibited below, at **WITN5699007**), Dr Hudson completely ignored my belief surrounding the cause of my HCV infection. The document states the following:

<i>"Problem</i>	<i>Viral hepatitis C (first)</i>
<i>History</i>	<i>routine bloods have shown Hep C inf, normal LFT, she has no idea where she has caught this from</i>
<i>Result</i>	<i>Referred to hepatology service"</i>

92. This document is so inaccurate. Dr Hudson could have dealt with my belief completely differently. It feels as though he had disregarded the information I had given to him, or simply did not wish to acknowledge it. In a way, he has no bedside manners. I am not happy with how I was treated. I want to make a formal complaint against Dr Hudson for his comments.

93. The above document exhibited at **WITN5699007**, is evidence of the inaccuracies contained within my medical notes. This theme is indicative of most of the medical notes and documentation I have seen thus far from the medical profession. I have seen documentation that incorrectly states that I have had breast cancer in both of my breasts. This is not the case. I have had breast cancer in only one of my breasts. I have also seen documentation which refers to my RTC having taken place in 1979. This also, is not the case. My RTC took place in 1977. Therefore, due to these inaccuracies throughout my medical records in the past, how can they be relied upon to date?

94. I cannot say that my HCV has impacted upon the dental care I have received. I have deliberately not attended my dentist as I did not want to infect someone accidentally. Now that my HCV is undetectable, I would like to go back to the dentist.

95. Neither Ian or I have ever been offered counselling or psychological support as a result of either my HCV diagnosis, or Ian's.

Section 7. Financial Assistance

96. Shortly after my HCV diagnosis in 2021, I made contact with the Hepatitis C Trust, who had told me that the England Infected Blood Support Scheme

("EIBSS") were providing financial assistance to persons who had been infected and/or affected by contaminated blood or blood product.

97. At first, I was not interested in gaining money as a result of my HCV, but then I thought to myself, I have suffered a negative financial impact as a result of HCV. I have lost half of my pension so the money would help me a lot.

98. I am currently in the process of applying for financial assistance from the EIBSS, and I have made St George's aware of my intention. This is demonstrated in a letter, dated 27 May 2021, from Nick Tatman, Hepatitis CNS, St George's University Hospital, to Dr A Sstar Hudson, Seymour House, Seymour House Surgery, Richmond, (exhibited below, at **WITN5699006**), which states the following:

"I would be grateful if you are able to look at her medical records and see if there is any documentation relating to a potential blood transfusion that she had in 1976/77 following an RTA as she wishes to submit an application to the England Infected Blood Support Scheme and any supporting documentation will help this application."

99. I will make the IBI aware of the progress of my application for financial assistance from the EIBSS.

Section 8. Other Issues

100. I have previously been a blood donor in the United Kingdom. However, this was before my RTC in Autumn 1977. My husband Ian has never been a blood donor.

101. As a result of my intention to apply for financial assistance from the EIBSS, I was told by the medical profession that I would need documentary evidence which supports that I had a blood transfusion in 1977 at Kingston. I do not have this evidence in my possession, so in July 2021, I applied to gain access to my medical records from Kingston.

102. In a letter dated 06 July 2021, from the Subject Access Team, Kingston Hospital, to Ms Jacqueline Dunleavy (exhibited at **WITN5699008**), it confirms that I had applied to gain access to my medical records from Kingston. The letter states that my medical records no longer exist.
103. As a result of my contact with the Hepatitis C Trust, I was referred to the IBI. I wished to become a witness to the IBI as I believe that it would allow me to put all the bad thoughts and memories to the back of my mind surrounding mine and my husband's HCV diagnosis.
104. I would like the IBI to ensure that the Government admit liability on behalf of the Government who were in charge at the time of the height of the Contaminated Blood Scandal. It is dreadful to see how this has all turned out and just how many people have been infected or affected as result. In particular, the haemophiliacs who have recently been in the news. I have been following the news coverage of the IBI, and it really has shown just how important the Inquiry is, so that unanswered questions could be addressed.
105. I had a conversation with the Rheumatoid Consultant at Queen Marys on the night before the drafting of my witness statement. I can recall a comment made by her, which was something along the lines of "*we have come across a lot of people like you around your age who have HCV.*" This comment may be indicative of just how wide spread the Contaminated Blood Scandal could be.
106. After speaking with the investigator regarding the Anti D injections I was given after the birth of my children, I now understand that this could be another route of my infection with HCV. Consequently I am going to contact the hospitals in order to ascertain if they still hold my medical records for that time, however I am not optimistic as it appears the trusts destroy records after a period of time.
107. My husband and I are currently at the beginning of our stories surrounding our HCV diagnosis, as we were both diagnosed in the year in which I provided this

witness statement. I would like to know what my future is like, as it is not looking brilliant at this point in time.

108. I will keep the investigator informed regarding the progress of my EIBSS application and the treatment I am shortly about to undertake for his HCV.

Statement of Truth

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

Signed GRO-C GRO-C

Dated 25/08/21 25/08/21.

Table of Exhibits:

Date	Notes/ Description	Exhibit number
20 February 1979	Letter, from Long Grove Hospital, Surrey, Richmond Area Health Authority, to Dr W Pawlowicz, 50 the Vineyard.	WITN5699002
25 June 1979	Letter, from PKB Davis, Consultant Plastic Surgeon, Queen Mary's Hospital, Roehampton Health District, to Dr Pawlowicz, 50 the Vineyards.	WITN5699003
26 March 1979	Document, from Mr Davis, Consultant at Queen Mary's Hospital, Merton, Sutton and Wandsworth Area Health Authority.	WITN5699004
25 February 2021	Letter, from Dr Patrick Hudson, Seymour House Surgery, 154 Sheen Road,	WITN5699005

	Richmond, Surrey, to the NHS e-Referral Service, Consultant Hepatologist.	
27 May 2021	Letter, from Nick Tatman, Hepatitis CNS, St George's University Hospital, to Dr A Sstar Hudson, Seymour House, Seymour House Surgery, Richmond.	WITN5699006
07 June 2021	Medical Notes, from my General Practitioner Dr Hudson.	WITN5699007
06 July 2021	Letter, from the Subject Access Team, Kingston Hospital, to Ms Jacqueline Dunleavy.	WITN5699008