

Witness Name: C Martin

Statement No: WITN2777001

Exhibits: WITN2777002-08

Dated: March 2019

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF CHRISTINE MARTIN

I, Christine Martin, will say as follows:-

Section 1. Introduction

1. My name is Christine Martin of [GRO-C] Scotland. My date of birth is [GRO-C] 1944. I live with my husband, David William Martin, who has also submitted a witness statement to the Inquiry.
2. I prepare this statement in relation to our late son Justin Paul Martin who passed away as a result of receiving contaminated blood.
3. This statement has been prepared without the benefit of access to Justin's full medical records.

Section 2. How Affected

4. Justin was born on GRO-C 1972 and he was diagnosed with Aplastic Anaemia at Hillingdon Hospital between April and June 1988. Justin received blood transfusions at Hammersmith Hospital before and after a bone marrow transplant procedure in August 1988 following which he became infected with Hepatitis C. The procedure was successful in increasing his blood count. However, it soon became evident that his immune system was destroying many of the blood cells produced by the new bone marrow. This could have been in part due to him having been infected with Hepatitis C.
5. I refer to **Exhibit WITN2777002**, an extract from Justin's medical records, which confirms a diagnosis of non-A non-B Hepatitis has been made following jaundice with abnormal LFTs from June 1988.
6. In 1998 he was first informed that he had Hepatitis C from infected blood transfusions. He was referred to a liver specialist who discovered that there was serious liver damage.
7. Justin sadly passed away on GRO-C 2001.
8. He was put on azathioprine, and then briefly on thalidomide, anti-lymphocyte globulin and lithium; none of which worked. Also, a second operation to remove some remaining spleen tissue was tried but again with little effect.
9. The radiotherapy of the lymph glands turned out to be the most effective treatment for the continued low neutrophil count so far and he was no longer prone to the most serious infections and his general well being was much better, no longer suffering with severe headaches and the lethargy that had troubled him before. However, his neutrophil count had not substantially changed and the radiotherapy had now seriously depressed his bone marrow function. It was hoped that the bone marrow might recover in time.

10. Justin was given platelets and whole blood products to help support his recovery. In addition, it is likely that these blood products were infected with Hepatitis C.
11. A few months later, due to Justin becoming sensitised to the standard platelet transfusions, serious bleeding problems occurred leading to a medical emergency of internal bleeding which required treatment with unmatched platelets followed by matched platelets from his brother, Finlay Martin.
12. After continued treatment with matched platelets Justin had a top up bone marrow transplant in the summer of 1990. Soon after this, he felt well enough to go back into education and complete his A-levels and then go on to University.
13. To the best of my recollection, no information or advice was provided to Justin, myself or any family members as to the risk of being exposed to infection from the blood transfusions which he received.
14. Justin first discovered he had been infected with Hepatitis C in January 1998 which was 10 years after he was first diagnosed with Hepatitis C. I refer to **Exhibit WITN2777003** which is a letter from Hammersmith Hospital dated 07.10.1998 in which Professor Jane Apperley states that in 1996 she first received notification from the blood transfusion service that it was possible that Justin had received a blood product from a Hepatitis C positive donor. After this notification was received to which **Exhibit WITN2777004** refers, Professor Apperley attempted to contact Justin, but was unable to do so until January 1998.
15. There were strong indications of a problem over many years that for some inexplicable reason were never picked up by the medical practitioners. These include AST levels which show abnormal liver function rising over a number of years. Additionally, the virology reports show an ongoing virus infection. It

seems that Hepatitis was suspected as a possible cause of Justin's symptoms on a number of occasions as evidenced in **Exhibit WITN2777005** which contains a number of letters dated between 1989 and 1996.

16. Justin's test results for AST show a rapid increase between 1988 and 1993. In 1988 the reading appears normal; however the next readings between 1991 and 1993 indicate severe liver deterioration which should have been investigated at the time. **Exhibit WITN2777006** which is an extract from Justin's medical records refers to the same.
17. **Exhibit WITN2777007** refers to a number of virology tests which strongly suggest a long-term viral infection, which should have been investigated at the time.
18. The most important point is Justin was tested for Hepatitis C on 3 occasions dated June 1988, August 1993 and April 1996. I refer to **Exhibit WITN2777008** which depicts these various tests.
19. The question is, why were these test results not investigated further and more importantly, why did the medical practitioners fail to communicate Justin's diagnosis of Hepatitis C to Justin?
20. The information relating to Justin's test results should have been provided in June 1988 when he was first tested. There was a second opportunity to tell him when another test was conducted in August 1993. Finally, when the third test was done in April 1996, it still took another two years before Justin was informed. Also, he should have been made aware of the abnormal liver function tests in the 1990s when these tests were being done.
21. If Justin had been informed at the time as to the significance of these test results he could have taken appropriate action to help limit the damage to his liver.

Section 3. Other Infections.

22. I do not know whether Justin was exposed to the risk of any other infections.

Section 4. Consent.

23. I believe that Justin was tested without his knowledge and without his consent.

Section 5. Impact

24. After suffering from the effects of the bone marrow transplant for many years and having coped reasonably well with this to then discover that he had been infected with Hepatitis C had a devastating effect. The ongoing physical effects included continued tiredness, nausea, abdominal pain, jaundice and continuous lethargy.

25. Further medical complications included difficulties controlling diabetes. After suffering for many years without being aware of the Hepatitis C infection, Justin had become weaker and found it increasingly difficult to stay well. He was offered drug treatments for the Hepatitis C he took for a while but due to the toxic effects they had on him and the loss of confidence in Western medicine he stopped taking them. He instead put his faith in Eastern and Chinese herbal medicines.

26. Everything Justin was going through led to feelings of total and utter despair and complete loss of confidence in the NHS and the medical profession in general.

27. Justin coped as best he could after discovering his Hepatitis C infection in January 1998 through to his death in GRO-C 2001.

28. Justin was a clever and talented man. He graduated BSC (Hons) Business and Economics, Cardiff University and became an author. He attained 10 GCSE's at A grades despite his health deteriorating significantly. His academic achievements were reported in the local paper. He also achieved 4 A-Levels. He was successful despite being ill. He did go on and complete his A-Levels and got into Cardiff University to study a BSc in Business & Economics. However his general health and the (then undiagnosed Hepatitis C) had a detrimental effect on his studies; making coursework far more challenging and his final result a 2.1 would have likely been better if he had been in good health.
29. He was socially active, and had a large circle of friends and became very popular amongst his peers. He was active in many of the clubs and societies at University and enjoyed writing articles for Cardiff's Student Union Paper entitled "*Gair Rhydd*". He enjoyed many aspects of the University experience. After graduating, he remained in Cardiff to try to pursue his business and writing interests. He also had a long term girlfriend, Julia Baxter, who he had met at University.
30. Justin being told of the Hepatitis C infection led to both despair and feelings of anger at what was now another illness to try and cope with. Justin chose not to inform most of his friends as this was just too much. He did tell Julia and this caused a great strain on their relationship and it is likely that this in part led to them breaking up.
31. Justin became more withdrawn and less socially active with his friends. He tried to continue his business interests of selling products at music festivals such as Glastonbury but had lost much of his enthusiasm. Justin carried on the best he could and tried to stay positive with his family and friends, but there was clearly a change in mood with feelings of despair, anger and depression. The impact on us as a family was particularly distressing after everything else that had gone on before.

32. Given that Justin had coped with so much and done so well to go to University and get on with his life the best he could; this seemed a particularly cruel blow after everything else he had been through. Our family felt very angry at what seemed an avoidable illness but also helpless that we could not have done more to help.
33. I became particularly distressed at the Hepatitis C diagnosis having dealt with Justin's illness over the years while he was at Hammersmith hospital and the great strain this put on both my physical and mental health. This news further exacerbated my physical and mental health making my depression much worse.
34. We did not experience stigma as most people were unaware that Justin had been infected with Hepatitis C.
35. Justin's brother, Finlay, has been severely impacted by Justin's Hepatitis C diagnosis. He found it very distressing and it continued to be something he often thinks about. Despite this, he feels very fortunate in comparison to what Justin had to go through. He feels a sense of admiration for the way in which Justin coped with his illness, managed to stay positive and the way he was able to show a depth of understanding and compassion beyond his years for his friends and family.
36. Working and trying to earn an income after University was difficult due to his poor health that was steadily getting worse due to the hepatitis C. Justin set up his own business importing goods from the Far East to sell at music festivals. But he often did not feel well enough to work and required a lot of time off to rest and recover. This meant that working and earning an income became ever more challenging.
37. The main financial effects were in terms of helping Justin out with living expenses and other help he needed due to his difficulties in earning a regular income.

Section 6. Treatment/Care/Support

38. I cannot be certain that there were no difficulties or obstacles in obtaining treatment. However, one issue was that Justin had to travel from Cardiff to London for his hospital appointments which were difficult for him as his health deteriorated.

39. No counselling or psychological support has ever been made available to us.

40. There is mention of the need for counselling to be offered to Justin in a letter to which aforementioned **Exhibit WITN2777004** refers. However, I am not aware of any specific counselling offered. I am fairly certain that Justin did not receive any counselling or psychological support.

Section 7. Financial Assistance

41. Justin did not receive any financial assistance from any of the Trusts or Funds set up. He was not aware of any such funds at the time.

42. My husband and I received Stage 1 payment of £20,000 from The Skipton Fund in September 2011. We further received a Stage 2 payment of £50,000 in September 2013.

43. The process of applying involved filling out long and complex forms. There were requirements for medical records and other evidence to back up the claims. Stage 2 was significantly more complex requiring lots of additional evidence that was hard to get hold of.

44. The main difficulty was finding a medical practitioner or anyone who could provide us with the medical evidence as required by the Skipton Fund. We were fortunate in the end to be able to get in contact with Professor Apperley who went to great lengths to locate and copy many relevant documents for us.

45. I don't remember there being any particular preconditions imposed.

46. I found out about the Skipton Fund by reading an article in the Private Eye publication. I am appalled that the Trusts and Funds failed to contact us to tell us that we may be eligible to apply.

Section 8. Other Issues

47. I have no other issues I would like to comment on.

Anonymity, disclosure and redaction

48. I do not wish to apply to retain my anonymity.

49. I do not wish to give oral evidence to the Inquiry.

Statement of Truth

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

Signed.. GRO-C

Dated..... 26/04/2019