Witness Name: Clark Watson
Statement No.: WITN5762001
Exhibits: **WITN5762002**
Dated: 16-10-21

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF CLARK WATSON

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 14 July 2021.

I, Clark Watson, will say as follows: -

Section 1. Introduction

1. My name is Clark Watson. I was born on GRO-C 1959 and my address is known to the Inquiry. I am employed at an offshore oil company and will be retiring in December. I live in GRO-C with my wife Carol. I intend to discuss my wife's infection with Hepatitis C ("HCV") which she contracted from a blood transfusion during the birth of our first child in 1979.

2. I intend to speak about my wife, Carol, and in particular the nature of her illness, how the illness affected her, the treatment received and the impact it had on her and our lives together.

3. My wife Carol has also provided a statement to the Inquiry; WITN5750001.

4. This witness statement has been provided without the benefit of access to my wife's full medical records.

5. I can confirm that I have chosen not to have legal representation and the Inquiry Investigator has explained the anonymity process to me. My family has not been involved in any prior litigation.

6. I can also confirm that the Inquiry Investigator has explained the 'Right to Reply' procedure, and that if I am critical of a medical professional or organisation, they will have the right to reply to that criticism.

7. I do not wish to be anonymous and I do not wish to provide oral evidence to the Inquiry.

Section 2. How Affected

8. My wife and I were both born and raised in GRO-C, and we have lived there all our lives. I met Carol when I was sixteen years old when my family and I moved to a new housing estate. We lived opposite each other and then some mutual friends got us together. We have been together ever since.

9. We married in August 1978 and so we have now been married for forty-three years.

10. We have two children; Barry who was born in 1979 and Stephanie who was born in 1988. Both of our children are now married and we have six grandchildren; five grandsons and one granddaughter.

11. On GRO-C 1979, Carol gave birth to our first child, Barry. This was a forceps delivery, and shortly after the birth, Carol haemorrhaged. She had to undergo a dilation and curettage (D&C) procedure and in the course of the procedure she was given a blood transfusion.

12. I was 'kicked out' of the delivery room when Carol was giving birth due to it being a forceps delivery. I then wasn't allowed to visit Carol or the baby for two days. I can remember when I came back her two days later, Carol told me she had had a blood transfusion. I understand she was transfused with four units of blood.

13. After that, we didn't think any more of it, we just carried on as normal. I worked in fabrication yards in Newcastle, making oil rigs. Subsequently, when we were in our 30s, I was given the chance to work offshore. We decided I should take up the opportunity and that is when my offshore career began.

14. Carol's health was always pretty good until towards the end of 2008. That was when she started to drastically lose weight. She was worried she had cancer, and I also thought it was a possibility too. The weight was dropping off her. She became very drawn in and she looked very unwell. This situation brought the family lots of anxiety and stress. I can remember working offshore and crying in my bed because I was so worried about her.

15. She was scared of going to the doctor, as it was obvious that something was wrong and she was anxious about the implications.

16. In November 2009, everything went completely pear-shaped when she had a fall which led to her contracting necrotising fasciitis (NF). Carol has spoken of the traumatic and devastating effect this illness has had on her in her own witness statement and so I won't go into detail about it in my statement.

17. As detailed in Carol's statement, she ended up in hospital for over six months. At one point, I was given the most devastating news that Carol only had twelve hours to live, unless she was operated on immediately. It was a very touch and go time, and things would take a turn so quickly. It was an extremely scary and stressful time in our lives.

18. It was a long road to recovery, however, luckily, Carol was eventually able to come home. We were provided with equipment from the hospital including a hospital bed and we adapted the downstairs living room into a bedroom. During this time, I was her main carer.

19. Unfortunately, Carol later suffered further infections which were resistant to antibiotics, which led to her being further hospitalised and requiring more surgery. These infections took place from 2010 to 2020. Carol has suffered horrendously with these infections.

20. In October 2020, Carol suddenly became very unwell. She woke up one morning and she was yellow. Her skin and eyes were yellow, and her urine was very dark. She was sick and had pains in her stomach. We tried to get medical attention from the GP but this was difficult due to the situation with the coronavirus pandemic. We eventually spoke to a doctor who advised that if she got any worse to contact 111. Carol was later hospitalised due to gallstones and was in hospital for three days.

21. By 20 November 2020, Carol was in a huge amount of pain. She had diarrhoea which she could not stop. At one point she went to the toilet and completely lost her memory. She didn't know who she was, where she was, who I was, and she couldn't walk. Her stoma bag kept rapidly filling up with green poo. I was trying to help her and ended up calling an ambulance and Carol was taken to hospital.

22. Once Carol was admitted to hospital, I was calling and trying to get through to the ward every day in order to speak to a doctor for an update, but they were very busy due to the coronavirus pandemic. The Covid restrictions also meant Carol was not allowed any visitors and so I could not go in to see her. Eventually when I was able to speak to someone, the feedback was that they didn't know what it was. They had done x-rays, CT scans, various tests and they were looking into everything. She was kept in for seventeen days during this period.

23. The day I went to collect Carol, after seventeen days, the doctor called me into a room and told me they had tested her for HIV and HCV. This was a huge shock to me. They said they didn't know what was going on and these tests were a last resort.

24. We went back home. Carol had lost a stone in weight during her seventeen days stay in hospital.

25. On 7 December 2020, the doctor called and asked to speak to Carol. The doctor told Carol that she had hepatitis C. Carol just said to the doctor to speak to her husband and handed me the phone. She was upset and crying. She didn't really know what it was, just knew that it was bad; but exactly how bad, we didn't know. People always associate hepatitis with drug takers and other bad behaviours, which is not something we have ever done or been involved in.

26. We were both upset at this point and it had come as a huge shock. We went online to do some research and find out more about it. Things then started to fall into place regarding her kidney and liver problems, but we still didn't realise that her blood transfusion was the cause at this point. It wasn't until we had an appointment with Julie Walker, the specialist nurse, that things become clearer and we could start processing the news a bit more.

Section 3. Other Infections

27. I am not aware of Carol being exposed to any other infections. I am aware she was tested for HIV and this was negative.

Section 4. Consent

28. I was directed to leave during our son's birth as it was a forceps delivery. At the time, partners were not allowed to stay in the room. I was then not allowed to visit for the next two days and so I was not there when Carol was given the blood transfusion. I am therefore not aware if there were any

conversations about it or whether consent was given by Carol. However, I am of the understanding it was needed to save her life.

29. With regard to testing, I was told about the tests for hepatitis C and HIV being carried out when I came to collect Carol to bring her home after her seventeen days stay in hospital. The doctor pulled me aside and told me and explained it was a last resort as they could not work out what was wrong with her.

30. I was of the understanding that the doctors had spoken to Carol before they spoke to me, but she says they had not.

Section 5. Impact

31. Carol is a very strong woman and has a very strong will to live. She has made it through very difficult times. However, the trauma of the last eleven years has impacted her enormously.

32. Carol has always been the backbone of the family. When I was away working offshore, she always did everything.

33. The hepatitis C has had an enormous impact on her but we have gone through so much with the NF, that it was probably less of an immediate impact than it otherwise would have been. However, following our research, we strongly believe that all of these NF infections were caused by hepatitis C. Therefore, the impact caused by the NF is the overall impact of hepatitis C.

34. Both the NF and hepatitis C have had an impact on Carol both physically and mentally. I have had to assist her with very intimate tasks such as cleaning her up after going to the toilet when she has been unwell and changing her colostomy bag. This has had a huge effect on her dignity and she hates me having to do these things for her.

35. In the years following Carol's blood transfusion, she suffered from a number of miscarriages. Through our research we have become aware that miscarriages can happen as a result of HCV.

36. I also do Carols dressings every other day on her scrum. This involves the use of a sterile dressing pack and when I think about it I could have been co-infected, not knowing that Carol had HCV.

37. She is very limited in her mobility. Her walking limit is essentially just getting her to the car now and she cannot get very far at all. She has to sit on the bench and watch if we manage to get to the seafront, which is a huge loss for her. She really misses the dog walks we would take. I have to take videos for her so she feels included.

38. We have had to move from our other house and into a bungalow so that we are all on one level. We had a stairlift put in our old house but it was still hard for Carol to manage getting up and down the stairs. When we moved to our bungalow, we adapted it and did it up to meet Carol's needs.

39. Carol doesn't want to feel disabled; she has always been very independent. She used to be the main caregiver to our children, she also worked and ran our household. This included long periods of time alone while I was working offshore.

40. After the NF, for a year she wouldn't see anyone, apart from our children. For example, my sisters were very concerned and wanted to see her but she didn't want to see anyone and so she became reclusive.

41. Carol has been through so much pain. It was like torture when they were cleaning her wound following the NF. She would have to go down from the ward to be cleaned. I would hear her screaming as they showered her. It was awful and deeply traumatic for me to hear. During her treatment, she was having nightmares. She suffered a lot of trauma from all the infections and hospital treatment that she has had to endure.

42. She still has quite a sizable open painful wound on her bum. This will never heal and because of where the wound is, it cannot be grafted. She has been told that due to her diabetes and the hepatitis it would be highly unlikely to mend itself. Again, due to this painful wound Carol cannot sit for long journeys in the car and so this limits our social life and freedom to travel.

43. Since Carol's treatment for hepatitis C, she has not had any infections and she hasn't vomited in the morning either. Before the treatment for the hepatitis C, she would vomit most mornings after breakfast. Again, this evidences that the NF is linked to hepatitis.

44. Prior to 2009, my work was really going well. I have had constant employment on the same platform for eighteen years. Carol and I were enjoying life. I would work for a period of time offshore then come back home for a break, before returning. When I was home, we would be very active. We spent time at our caravan, we would go on long walks with the dog and do lots of fun things together.

45. Things really kicked off following Carol's fall which led to her contracting NF. After that, I had to take time off work for the following seven months. While Carol was in hospital, I was backwards and forwards to her every day. I was then her carer when she came out of hospital. The district nurses came every day and we had a lot of support from our daughter. However, it was a very stressful time.

46. Once Carol got stronger, and could take care of herself a little, it was great, but by August she started having issues with her hands. This was also hard to see. Sometimes I get upset when I think back about it, but we had to manage and we did get through it.

47. I eventually went back to work, however I had to take yet more time off again when she got septic arthritis in her knee. I think people at work started to get a bit fed up with me being off, which was hard for me.

48. I was initially really lucky in that for a long time I had a really good boss. He was brilliant and I was paid during my time 'off sick' looking after Carol. This made a big difference to us as it took the money worries out of the equation at that time. However, later on, by 2011, someone else was in charge, and I wasn't paid for the time I had to take off after that. I most definitely lost tens of thousands of pounds over this period.

49. I provide the Inquiry, **Exhibit WITN57620002**, which supports this assertion. My work absence record highlights my periods of absence in order to take care of Carol when she was unwell. As you can see from my record, from 4 November 2009 to 9 February 2021, I took 489 days off work in order to take care of Carol. This is detailed on the record as "time off for dependants".

50. Further to this, if Carol had been healthy, I would have been working a normal rota, this would have been three weeks on and three weeks off. My pay would be £92,000 per annum plus pension.

51. However, as a result of Carol needing me to be around more to take care of Carol, I had to start working to a different rota which was two weeks away, four weeks off. As a result, my wages dropped down to £55,000. I therefore lost a lot of money and lost a lot of my pension contributions as a result. I had to cut down the amount of time I was away, as I knew Carol could not manage with me being away for so long.

52. It has been hard because I love my job, and I know when I'm not there it puts more work onto the other lads in my team. After long periods absent from work, it is hard going back and getting to know things again and the people, as things change quickly.

53. I'm a 'floater' at work and so I will fill in slots if anyone is off. I know how everything works as I've been there a very long time, and people will ask me questions. I am very knowledgeable and my expertise has been missed when I have to take time off. Unfortunately, the company has changed hands; they are not as friendly as before and not about the manpower. I have had some support but not a lot in comparison to my old company. This has made life a lot more difficult for me in my situation with Carol.

54. It is hard to know what she is like when I'm away as I know she covers things up a lot. This is why I have decided that it is time to give up work now, and I know Carol struggles when I'm away. We have been lucky that I was at home when Carol collapsed a couple of times. I am worried this might happen when I'm away, because of how inaccessible it is getting to and from the rig, it would take me a long time to get back if there was a problem.

55. Ultimately, Carol's needs have led me to make the decision to retire earlier than I had planned, which will mean forgoing more income. I have 3.5 years remaining until I am 66, and I had planned to retire then. So, this is more money lost, but money isn't everything. I know I have to stop my job so I am not in a position where I have to be away so much.

56. I didn't tell the lads at work when I left the rig, because I knew I would get upset. They are like a family out there and it is a shame that it had to end so suddenly. This is not how I had wanted my career to end.

57. Carol looks okay in herself now, but physically and mentally she isn't anywhere near where she was before. She knows she can't do what she could do before, and she is very depressed as a result of this. Then the recent HCV diagnosis really took it out of her. In my opinion she is around 45 percent of who she was before the health issues started.

58. Carol's illnesses have had a significant effect on me because I relied on her for a lot too. Like a typical full-time busy working man, I couldn't cook nor do

household chores like ironing. Carol would do all of that. I've learnt to do a lot more around the house since Carol has not been able.

59. Mentally, it has been hard for me too, and I worry a lot about the future; how things will play out and how we will cope.

60. After the NF, they gave Carol a life expectancy of 65. I understand that only 1 in 4 people even survive NF. When the doctor told me they had found NF and had to operate urgently, or she would only have twelve hours to live, it was incredibly stressful and upsetting. I had to be strong for Carol. I saw her when she was on the operating table ready to go in and I gave her a kiss. She wasn't really aware of what was going on. She ended up in surgery for seven to eight hours. I just had to wait and there was nothing I could do.

61. If something happens with Carol and she starts panicking. I reassure her. However, after the NF, Carol is understandably very anxious about getting it again, every time she has an infection. I am able to deal with things as they happen, possibly because of the industry I work in; I am very practical. In my line of work, you have to have the ability to switch off to other things in order to work safely. So, I don't tend to dwell on things and I believe this ability has helped me massively to get through what we have been through.

62. This whole ordeal has taken so much time out of our lives. Carol mostly has one appointment a week but sometimes she has two appointments a week. These appointments including HCV appointments and others which we believe are directly linked to the HCV (as discussed previously) have taken place over the last twelve years. Since 2009, we have attended well over one hundred hospital appointments and Carol has endured forty-eight operations.

63. It has had a big impact on our daughter, Stephanie. She's very close to her mum. If Stephanie hadn't brought our grandson GRO-Cn in 2009 to see Carol, then I believe Carol would have given up. He was a ray of hope for her.

64. Our social life has been impacted massively. We don't go out very often and I stopped drinking altogether. I stopped going out with my friends socially for drinks because I need to always be ready if Carol is to get unwell and I need to drive her somewhere.

65. We have a static caravan in Northumberland and that's the only place we can get to nowadays for a holiday. We used to love going further afield, exploring and camping, but we can't do those things anymore. We would have definitely travelled further afield if it wasn't for all this, including trips abroad which are now sadly out of the question.

66. I have motorbikes and Carol used to enjoy getting on the back of them with me, but she can't do that anymore. We've always had bikes. I love to do up bikes in my spare time and go out riding. However, it is sad that Carol can't join me on this hobby anymore.

67. Carol's independence has totally gone, she has to rely on me or Stephanie. She really misses her independence, particularly as she is unable to drive. She gets very worried about her stoma, which makes her not want to do things and see people as much as we used to. She really lacks confidence now and we only see certain friends.

68. The close family and friends we have told have been understanding, and are aware it came from the blood transfusion. However, with regards to stigma, I know that Carol didn't want to tell hardly anybody about the hepatitis C because of the association with drug users. She didn't want me to tell the lads at work, for example, for fear of what they might think.

69. Since I met with the Inquiry Investigator, I have really been reflecting on how unmeasurably we have been impacted by hepatitis C. It has totally changed our lives and the things we would be doing to enjoy our lives together.

70. Our friends recently went on a cruise, which is a typical thing to do once you are retired. However, this is something that Carol and I cannot do. We would love to travel and go on a cruise together. As previously mentioned, Carol is unable to walk far and would have difficulty in a wheelchair due to her suffering from her open wound.

71. Our friends returned from their cruise and went straight to a local festival. Again, Carol and I would love to attend such an event, and it is so upsetting that we could not go with our friends.

72. It is the simple things in life that we are missing out on and this 'new life' has become the new normal for us.

73. I have also recently noticed that Carol is very emotional and has been weeping most days. This is very hard for me to see as Carol has always been such a happy person.

Section 6. Treatment/Care/Support

74. Following the diagnosis of hepatitis C, we were referred to a specialist nurse. When we met with Julie, the specialist nurse, she told us immediately that Carol's hepatitis C was curable. She said there were different types of tablets, with varying lengths of time depending on the treatment. She wanted to put her on one particular treatment, I can't remember what it was called. But she said it had to go to a panel for a decision before Carol could start.

75. We didn't like the fact that Carol's case had to go to a panel. We found that very upsetting. We have worked all our lives, we're clean people and have not participated in risky behaviour. It felt very unfair that whether or not she could have NHS treatment had to be decided this way especially after all she had been through and that she was given NHS infected blood.

76. I said if we have to pay for it then we have to pay for it. Carol's health was the most important thing. She's gone through so much over the years but she doesn't make a drama out of things. She's very good at hiding things, but I knew she was very upset about having to wait for the panel to decide on her treatment.

77. Fortunately, the panel approved her treatment and she was able to start it soon after. We timed her treatment for when I was at home, so that I was around to support her. We had been told to look out for her going into a hypo i.e. her blood sugars dropping too low.

78. Following Carol's time in hospital with NF, she started suffering with her mental health due to the trauma and shock of it all. Even up until now, if she smells alcohol rub, it will trigger her and send her back to being in the hospital. She was having nightmares about it all for a long time. She had counselling for around six months after this, which she did find helpful.

79. She wasn't offered any counselling regarding the HCV, but the fact that she was able to get through the things she has been through previously has given her strength. She's very independent. She also has me, our daughter, and our grandchildren for support.

Section 7. Financial Assistance

80. It was not until late last year (2020) that Carol found out she had HCV. The EIBSS will only pay out from the date of Carol's application, which in our case was April 2021. It does not seem right that she was not offered backdated payments. She has been suffering with ill-health from the infected blood for so long but we were never aware of the link until 2020. We know she was given the infected blood in 1979.

81. If Carol had been diagnosed in 2009, when the problems started, we would have had a lot more financial support and this would have made things a lot easier for us.

82. We have spoken to EIBSS about backdated payments, but we haven't gotten very far and they essentially just say that "it is just how it is."

83. We can manage but we will be struggling now that I have retired early in order to take care of and spend more time with Carol.

84. Carol received a lump sum payment of £50,000 and she currently receives a monthly payment of £1,500 per month.

Section 8. Other Issues

85. In regard to what I would like to see come from the Inquiry. No one can ever bring those that are now dead back. All they can do is make people who are still here, better off, and to say sorry for the mistakes that were made.

86. In my opinion, the government should own up, say sorry and make people's lives easier, and to stop the suffering. Money isn't everything but it really does help with things. If you haven't got the worry of mortgages, food and where the kids' shoes are coming from, then it takes a lot of pressure off.

87. It has been a horrific eleven years for us, and we certainly don't want anything like this to happen ever again.

Table of Exhibit:

Date	**Description**	**Exhibit**
04 November 2009 to 09 February 2021	Work Absence Record from Repsol Sinopec. Detailing the total number of days absent from work, including "time off for dependants".	**WITN5762002**

Statement of Truth

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

Signed GRO-C

Dated 16·10·21