

17th October 2021

Witness Name: Ann Young
Statement No.: WITN6431001
Exhibits:
Dated:

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF ANN YOUNG

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

I, Ann Young, will say as follows: -

Section 1. Introduction

1. My name is Ann Ella Young. I was born on [GRO-C] 1951 and I reside in [GRO-C], Wales. I previously worked as a cleaner and I am now retired. I currently live in [GRO-C] with my partner Olivier.
2. I married my husband David Young in 1996 I intend to discuss David's infection with Hepatitis C (HCV), which he contracted from a blood transfusion during surgery on a broken wrist. He died as a result of complications arising from his HCV infection on 17 June 2013.
3. This witness statement has been provided without the benefit of access to David's full medical records.
4. 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 have not been involved in any prior litigation.
5. 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.
6. I wish to acknowledge that naturally as time passes, memories can fade. I did not know David when he became infected, as we met subsequently. I have been able to provide approximate timeframes for matters based on life events. However I can only recall to the best of my ability, and these timeframes should be accepted as 'near to' rather than precise dates.

Section 2. How Affected

7. My husband David William Young was born on [GRO-C] 1955 in the [GRO-C] South Wales. He had one younger brother called Michael.
8. David had no history of haemophilia.
9. I met David in around 1991 when I was working as a barmaid in a local pub in [GRO-C].
10. David was an electrician at the time, and he appeared to be fit and healthy.
11. We got together before getting married in 1996, and we got on with our lives together.
12. Before we met, David had had a fall whilst at work and broke his left wrist. It didn't heal properly so he had to have an operation to reset the bones. He received a blood transfusion during this surgery. This was between 1975 and 1977 at the Royal Gwent Hospital, Newport. The surgeon who reset his wrist was called Mr Dutta, an orthopaedic surgeon.
13. David firmly believed this was the only opportunity where he could have been given a transfusion.
14. Unfortunately, the operation was not successful, and his left wrist was left deformed afterwards.
15. He was a musician and he played the guitar, but he encountered some problems playing his guitar after this.
16. However he got on with life and he worked hard to build up and maintain his business and continue with his music. David didn't have any noticeable HCV symptoms in the years following his transfusion, until an incident in 2008 which I will discuss below.
17. For years, he worked full time as an electrician, sometimes 6 days a week. He was registered as part of a government scheme. He had to pay £1000 per year but this meant he was eligible to perform specialised work.
18. He did used to feel tired a lot, but we put this down to his workload. Most of his work was very physical, so we felt it was understandable he would be tired at the end of a day's work.
19. In around 2005, David developed what looked like bad acne on his back. He went to the GP about it and it was diagnosed as being acne. We were both laughing initially when he was diagnosed with acne, as its generally associated with teenagers. He was given cream, which would clear it up temporarily only for it to return again soon after.

20. Sometime in 2008, quite out of the blue, David came back from work one day and he complained of nausea and he kept vomiting. He went to bed to lay down and I gave him a bucket to keep by him so that he didn't have to keep getting up and going to the bathroom.
21. He vomited into a bowl and it looked like coffee grounds. I knew immediately this was blood, and was therefore very concerned.
22. I said straight away that he needed to go to hospital. He said he would be okay and that he just needed to sleep.
23. However I was worried and I called 999. An ambulance arrived within 45 minutes, and David was taken to the Nevill Hall Hospital, Abergavenny.
24. He was admitted as an emergency patient. The following day, he was diagnosed as having HCV. This came as a huge shock for both of us.
25. Following David's diagnosis, he was able to access treatment, which I will discuss in more detail in Section 6. He was able to clear the virus, however sadly, the damage had already been done. A week after he was given the all clear, he passed away. He died on 17 June 2013
26. There is no other likely cause of David's HCV infection. There was no drug abuse, no excessive drinking, no tattoos or piercings, and no womanising or promiscuity.
27. David tried to get his medical records from the Royal Gwent hospital when he was alive, however he was told they have no record of him ever being there. He was advised that after 30 years, the hospital records are destroyed. His GP said the records have to be somewhere. He said they are taken from hospital and placed elsewhere, however we were never able to find them.
28. I do have a letter dated 25.04.2008, which is a medical record from Gwent Primary Care Trust, which notes that David's HCV was as a result of contaminated transfusion. I produce this as an exhibit, WITN6431002.
29. Sadly, there was only a gap of about two weeks between David clearing the HCV infection and his death. Although the HCV had vanished, his liver was already gone, it was no good and beyond repair.
30. During those two weeks, he was rushed into hospital several times as his stomach kept swelling and became distended as a result of his liver not working properly. This got worse and worse until his death.
31. On David's death certificate, the cause of death given is 'liver failure due to hepatitis C'.

Section 3. Other Infections

32. I do not think there were any other infections.
33. The acne on his back developed a few years before he was taken ill and diagnosed with HCV. His GP, Dr Thomas, treated him for that, she gave him topical creams. It would go away but then it would come back again soon after. It left terrible scars on his back.
34. It has been suggested that David was suffering from Human papillomavirus (HPV), which he may have been exposed to through the infected blood.

Section 4. Consent

35. David did not mention whether he was asked for consent at the time of the transfusion so I am not aware if he gave consent.
36. He was tested for HCV in hospital when he was admitted on an emergency basis. I am not sure what consent was sought by hospital staff or given by David at that time.

Section 5. Impact

37. Financially, David's diagnosis of HCV had a substantial impact. Fortunately we had insurance on the mortgage which lessened the pressure to some extent, but we had to find the money for everything else.
38. For a long time, David tried to work while having his treatment, but he really struggled. He didn't want to lose his business, so he tried cutting down his hours rather than stopping altogether. Some weeks he worked 2 days a week. He called another electrician in to help as he had regular customers he did not want to let down or lose. David struggled and kept things going until he was told by a doctor that he should stop and should claim benefits instead, as it was too much to try to work through treatment and it was detrimental to his health.
39. I was working as a self-employed cleaner and carer, looking after a gentleman suffering from Motor Neuron disease. I had various jobs. Initially, I gave someone else the cleaning jobs to do temporarily in the hope I would soon be able to take them back, but after a while, I told her to take over permanently. I couldn't cope with it, so I had to give up work altogether. I never knew when David would need to go into hospital, and during his treatment I had to take him at least twice a week, so it became impossible to manage both my job and that responsibility.

40. We therefore went from two decent wages coming in to just a bit of money every month. It was tough financially, we were very stretched. We had a little bit of savings but they went quite quickly.
41. We were very much in need of financial support, however sadly, at the time, I did not have much of an understanding of what the Skipton Fund was, and no medical professionals discussed it with us, so unfortunately, we did not make an application. We would have applied if we had understood what it was.
42. David was not very close to his family, though fortunately we had lots of friends. At one point when David was in hospital, his dad called and asked how we are doing for money. I said we were doing okay but it wasn't easy. He said he would put some money in an envelope and give it to me at the hospital. They themselves weren't short of money, his father was a military man and had had good jobs all his life. I opened the envelope and inside was just £30. I was shocked. I thought about giving it back but decided against it in the end.
43.

GRO-D
44. David was a semi-professional musician as well as electrician. He had a lot of expensive music equipment, which he started selling in order to help with the bills as well as to fund his funeral. He knew he couldn't play or use the equipment anymore.
45. The band David was in was a heavy metal band called 'No Quarter'. They were semi-professional and they were well known in South Wales. They played a number of quite high-profile gigs including BBC Radio 1 Sessions, and they had played a gig in Broadmoor Hospital. David had been quite affected by the whole experience. The band wrote a song about it called 'Broadmoor Blues.'
46. He had a number of expensive guitars. He kept two; one was an acoustic guitar that he had bought in London with his first week's wages. He used to use it to busk in the morning on the way to work. He asked me to give that guitar to a friend who he had played with, but the friend said he couldn't take it. Instead he asked me to keep it in the house and then anyone that came to the house could play it in David's memory, which I did do.
47. David sold most of his other music equipment as well as other things in order to support us. He had lots of equipment including a van and expensive power tools from his work as an electrician, which he also sold. In fact, he ended up selling most of his possessions in order for us to get by. I will discuss this further in Section 7.
48. Not a lot of people knew about David's HCV. David was worried about the stigma associated with HCV. He was particularly worried about negative

assumptions. He was a musician, he had long hair, and he was quite slim. He knew he could be mistaken a drug user but he was not, and he didn't like the idea of people thinking that of him.

49. So only people who needed to know were told. This was just close friends and family.

50. However in reality, the only stigma David experienced was when he saw a GP who told him to stop drinking.

Section 6. Treatment/Care/Support

51. David was told he had HCV in 2008, immediately after his admission to Nevill Hall hospital, Abergavenny, as a result of him vomiting blood. I had heard of Hepatitis B and had been vaccinated against it due to my work, but I had never even heard of HCV.

52. A consultant gastroenterologist, Dr Neville, spoke to David and I together, and explained what would happen next. Precautionary measures were explained, and I had to get tested. I had a blood test, and then had to wait for a week for the result. That was very stressful and it was a big worry.

53. At the beginning, when David was first diagnosed, we didn't know where the infection had come from. It was only later after a number of discussions that we put two and two together and worked out it had come from the transfusion many years prior.

54. Dr Neville told us this is an epidemic. He said we wouldn't believe how many people he was treating that had had transfusions at the same hospital and ended up being diagnosed with HCV many years later. He said there were so many people coming in with it now, and he said he thought there would be even more coming in the future.

55. We felt that David had been very lucky in that when he was taken ill, he happened to be taken to Nevill Hall hospital, and seen by Dr Neville, who was clearly very alive to the problem. This meant he was tested and diagnosed very quickly so at least we knew what was wrong straight away.

56. David's treatment started immediately and he remained under the care of the Consultant Dr Peter Neville at Nevill Hall Hospital. Dr Neville said they were going to 'blast it' straight away. He was brilliant, we were very impressed with him. He was great to both of us, and his assistant, a specialist nurse, whose name I cannot recall, was marvellous too. I cannot fault them. We could call at any time and speak to the consultant's assistant who would provide advice and assistance.

57. Before treatment started, they took a blood test from David and measured something in his blood. He had to have endoscopies where cameras were

put down his throat, which he hated. He was then put on a mixture of two drugs. I believe this was Interferon and Ribavirin.

58. The initial treatment was 6 months. David had to have a weekly injection, he was taught how to inject himself so he could do this at home. The other drug was in tablet form.
59. It was a tough time. We were at the hospital twice a week. We would attend at the beginning of the week, they would take blood and then administer treatment. They warned us he would be ill, and he was; he was very sick. I think it was the interferon that caused the sickness. David had to be admitted to hospital a few times during the treatment as he was struggling.
60. Dr Neville did say there were no guarantees and that it was a case of 'fingers crossed' as to whether it would work. The whole treatment period was very up and down. One week it looked like it was going to be successful, then the next week it didn't. It seemed to be about getting the balance right, but Dr Neville was always quite optimistic David was going to be alright.
61. He told us about patients who had had treatment and were okay, obviously without identifying them. This gave us hope.
62. Then quite near to the end of treatment, we received the call from the hospital. It was good news. We were told the virus had been cleared. We were obviously very happy and relieved.
63. However David's liver was already very damaged. There had been a long time in between infection in the mid 1970s and diagnosis in 2008, and a great deal of damage has already done which was sadly irreversible.
64. Around a week after receiving the news that David had cleared the HCV, we had an appointment about a liver transplant. We were feeling very positive. However within another week, David had gone downhill very rapidly and had passed away.
65. We were pursuing liver transplant options and thinking about the future. However on the day we were supposed to have a follow-up appointment with the liver surgeon, we were at the crematorium.
66. One of the worst parts was to think we were past it only for him to get worse so soon after. We really thought we were on a winner, he seemed to be doing so well. So it was devastating and a huge shock when two weeks after receiving the news that he had cleared the infection, he died.
67. David became very ill from the treatment, and as a result had to visit the GP on a number of occasions. Soon after his diagnosis, and early on in his treatment, one of the GPs at our practice, Mount surgery, Dr [GRO-D] told him to stop drinking. David was mortified. Clearly she hadn't read his notes,

and had made an assumption that his HCV was caused by drinking, which was far from reality. This was the only real stigma he experienced.

68. David refused to see Dr [GRO-D] again after this, so all of his GP appointments were with Dr Lyn Jones following this incident. Dr Lyn Jones was at the same GP surgery. He was fabulous, really caring. He made visits to David at home which made a big difference.
69. At the time, we were living in a remote area. This was up a mountain, and was quite off the grid. We lived near a small village but it was difficult to get to the house even by car, particularly in the winter months. It was only good by land rover. I used to go across to the village and pick up nurses and bring them to the house to see David.
70. David's dentist knew about his HCV. He did not have any problems with dental treatment, but I am aware that he would always have to be the last appointment of the day so that they could sterilise everything after.
71. Most of the doctors we encountered were generally very helpful, particularly Dr Lyn Jones, the GP, and Dr Peter Neville, gastroenterologist.
72. I was offered support in respect of caring for David. Through the night for quite a few weeks before he died, a nurse came to stay overnight. She was from St David's Hospice but I can't remember her name. I'd looked after him through the day, and she came through the night. She was also like a counsellor for me, she was fabulous.
73. I was offered counselling, but I didn't take them up on it. I didn't feel I needed it at the time, but in hindsight I probably did. The few years following David's death were very difficult as what we had been through started to hit me. The house I was living in required a lot of work in terms of heating it etc, as there was no gas, there was only a log fire. It became very hard for me to run by myself, and I got very lonely.
74. St David's Hospice Nurses who helped us at the end and the GP Doctors Surgery, were both helpful. We had a collection for both at David's funeral and split it between them.

Section 7. Financial Assistance

75. We did not receive any financial assistance from Skipton or WIBSS.
76. After David had been having treatment for some time, Dr Jones asked us about whether we were on any benefits. He said David would be better off claiming benefits and resting than trying to work during treatment. David had been trying to keep his business going and working as much as he could throughout his treatment, and really struggling in the process.

77. So after this conversation, we started claiming benefits which kept us going to an extent, but money was very tight. At the end we also had Terminally Ill payments.
78. A friend told me to apply to the Skipton Fund, but I didn't. The doctors didn't mention it, and I wasn't too sure what it was. I assume Dr Jones didn't know about it as he was very helpful. He came to our house and we sat in the kitchen having a cup of coffee when he told us David should be claiming benefits. I believe he would have told us about the Skipton Fund if he was aware of it.
79. I thought it was a charity, I didn't realise it was a government backed fund. I had a lot on my plate at the time, I didn't really think about it when my friend mentioned it, but now in hindsight, I can't believe I didn't try to apply.
80. I definitely feel we should have been made more aware of the financial support available. None of the medical professionals mentioned it to us. I was under so much pressure and I was so busy looking after David I did not have the opportunity or time to carry out research. I even had to get a friend to come to the house to sit with David while I went shopping as he couldn't be left alone. I had no time to myself for a very long time.
81. I think it's so sad that David had to sell all of his equipment to get us through that difficult period. But we needed to eat and we didn't want to be in debt, and we thought we had no choice.

Section 8. Other Issues

82. I don't want to be anonymous. I don't mind people knowing who I am. When David was alive, we kept it quite quiet, so I feel like speaking publicly about the whole situation. I owed to him in a way. I'm fighting his corner.
83. In my opinion, the whole scandal needs to be brought right out into the open.
84. We have to stop things like this happening in the future so that more people don't end up like this.
85. I feel things shouldn't be so much about money, for example with talks of privatisation of the NHS. When money becomes the be all and end all, we are all in trouble.

Statement of Truth

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

Signed GRO-C

Dated 17/10/21