

29/11/2021

Witness Name: Kenneth George Parker

Statement No: WITN6439001

Exhibits: WITN6439001-WITN6439006

Dated:

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF KENNETH GEORGE PARKER

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 23 August 2021.

I, Kenneth George Parker, will say as follows: -

Section 1. Introduction

1. My name is Kenneth George Parker. My date of birth is GRO-C 1947 and my address is known to the Inquiry. I am retired and I live in GRO-C, West Sussex with my partner, Daphne, whom I have been with for 15 years. I have one son named Ian, who is 34 years old.
2. I intend to speak about my late wife, Brenda Parker, and her infection with hepatitis C (HCV). 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. I am not legally represented and I am happy for the Inquiry to assist me with providing my statement. I am aware of the provisions for anonymity but I am



3. I am not legally represented and I am happy for the Inquiry to assist me with providing my statement. I am aware of the provisions for anonymity but I am happy for my statement to be in the public domain.
4. I should explain that I had previously communicated with [GRO-D] about representation after seeing their advertisement online. However, when I sent them Brenda's medical records, they told me there was no evidence within these records that she had received a blood transfusion and they could not represent me. When I went through these records myself, I found a document that does in fact show that Brenda had received a blood transfusion. When I flagged this with [GRO-D] they said that they could now represent me, but I declined the invitation, given they had missed such a significant piece of information already.

Section 2. How Affected

5. My late wife Brenda was born on [GRO-C] 1959, and we met in 1982. She was known as Brenda Gearing at the time, as she had been married before we met. We started living together in the [GRO-C] area not long after we met.
6. In August 1985, Brenda had a blood transfusion. Although I'm not sure what exactly this related to, I found a document in Brenda's medical notes which indicated that she had been given a transfusion, as her blood was cross matched for one at the time. **(See Exhibit WITN6439002)** I think it may have been due to a miscarriage. She was in hospital for about a week on this occasion.
7. I believe there was some discussion that Brenda may have also received a blood transfusion in 1978 for a miscarriage, when she was with her ex-husband. However, this could not be checked as apparently the record books from High Wycombe Hospital from this time were destroyed in a flood. **(See Exhibit WITN6439003)**. This seems very strange to me as I know the area well and High Wycombe Hospital is on Marlow Hill, one of the steepest parts. I would say it would be almost impossible for a flood to happen there.

8. Our son Ian was born in 1987. Then in 1992, Brenda suffered an ectopic pregnancy and was treated in Southlands Hospital in Shoreham, as we had moved down to West Sussex in 1991. She required an operation and had a further blood transfusion on this occasion.
9. Over the years, Brenda became very lethargic and started to put weight on. Her stomach ballooned and this was one of the main reasons she decided to go and see her doctor in around 1994. She had to stop working at a local supermarket as a result of this, as she just did not feel well enough to work. She was diagnosed with an underactive thyroid and was treated with thyroxine.
10. Her GP at the time, Dr Tim Davis, kept thinking she wasn't on the right amount of thyroxine and played around with her dosage. It is normal to have to adjust the dosage but this usually takes about 6 weeks, whereas in Brenda's case he was trying to fix her dosage for about 2 years without her condition improving.
11. After being treated unsuccessfully for a 'thyroid issue' for these years, a new, brilliant GP, Dr Charles Shlosberg, joined the East Street Surgery in Rustington, where Brenda was a patient. He ordered some blood tests for Brenda and when the results of these came back, he asked whether he could conduct further tests. She agreed and provided more blood as required. I think she received a phone call not long after this informing her that she had tested positive for HCV. They had wanted her to come in as quickly as possible for further tests and it was suggested that my son and I also be tested.
12. Looking back, I believe that my wife was infected with HCV through a blood transfusion she received. In some of her medical notes from 1999 I have found an entry which says "Hep C through blood transfusion", which confirmed my suspicions. **(See Exhibit WITN6439004)** I do not believe my wife was ever a drug user, and I believe she would have mentioned this to me if she had ever taken drugs, especially intravenously. She had a tattoo but this was professionally done, and she went on to have this removed at Wycombe Hospital. We were happily married and as far as I am aware she was never

medically treated overseas. In short, I cannot think of any other route through which she could have contracted the infection.

Section 3. Other Infections

13. As far as I am aware, Brenda was never tested for HIV or any other infections. Dr Shlosberg may have tested her for HIV when he ran additional various tests on her, but we were not made aware of this. I was never asked to take an HIV test and neither was my son Ian. However, as a result of her compromised immune system, Brenda did suffer from pneumonia and sepsis. This led to prolonged hospital stays in the late 1990s.

Section 4. Consent

14. I'm not sure if Brenda was made aware of any potential risks associated with the blood transfusions she received and I believe she would have mentioned this if she was. I am also unaware if she was asked to consent to these transfusions.

15. Dr Shlosberg asked Brenda if she would allow him to test for further infections, but I'm not aware if he told her he was specifically testing for HCV. GRO-C

GRO-C were obviously aware that this is what we were being tested for.

Section 5. Impact

16. When Brenda was diagnosed with HCV in around 1996, I remember her calling me and telling me she had HIV. She was confused and upset and it's a terrible thing to find out about, especially over the phone. I was so shocked by this that I called Shlosberg to find out what was going on. He explained that she actually had been diagnosed with HCV, not HIV.

17. Initially, I was not too worried about this diagnosis as I didn't know much about it and didn't think it was that serious. Brenda saw another GP, Dr Mary Harland, just after her diagnosis and she said that HCV was just a bug in the blood that

would eventually go away on its own. When she later saw Dr Shlosberg, he did give us more information about HCV and precautions that we should take to avoid cross contamination. However, it was only really when I did my own research about HCV that I realised how serious it was as a condition.

18. Along with the symptoms Brenda initially went to the doctors about, including lethargy and weight gain, she also started sleeping a great deal due to extreme fatigue. She was sleeping up to 18 hours a day on some days. She was still being prescribed thyroxine, which was strange as I felt like her symptoms were all linked to the HCV and I did not even think she had an issue with her thyroid. She also had some memory problems as I recall as well during this period.

19. After Brenda learned about how serious HCV was she was very frightened and she began to drink a great deal of alcohol. It was a comfort blanket for her. We had both just been social drinkers previously and would often go for days without a drink, but after her diagnosis she started drinking heavily. She had the mindset that she was going to die anyway – I think she associated it with AIDS - so she could drink as much as she wanted. We had lots of arguments about her alcohol intake and this became a huge issue in our lives.

20. Brenda was referred to the Queen Elizabeth Clinic at the Birmingham University Hospital and placed under the care of Professor Dusheiko for her HCV. This was about 2 to 3 months after her diagnosis. I'm not sure why she was not referred to Southampton Hospital, as Birmingham was very far away from where we were living in West Sussex.

21. Prior to seeing Professor Dusheiko, Brenda was in St Richards Hospital, Chichester for 3 weeks with sepsis and pneumonia. This was diagnosed by Dr Shlosberg and he said that she needed to go into hospital, and he called ahead to inform them Brenda would be coming. We were given no indication as to what had caused her to have sepsis, but I recall that she turned bright yellow at the time. During this period in hospital I seem to recall that Brenda was isolated in a room of her own although I don't remember anything else out of the ordinary about the stay.

22. When we attended Brenda's appointment at Birmingham University Hospital, Professor Dusheiko welcomed us to the hospital and said that they had just completed their 1000th liver transplant. I remember that he said Brenda was lucky she wasn't patient number one meaning they had learned along the way and were now very good at the procedure. He gave us more information about HCV and we assumed that Brenda would be placed on the transplant list for a new liver, as this was the impression that was given. Professor Dusheiko seemed to accept that it was a transfusion that caused Brenda's HCV.

23. Brenda had also had a liver biopsy done at St Richards Hospital, which confirmed her HCV diagnosis and showed that her liver was degenerating. This was a very painful procedure to undergo. She also had to have a trans-jugular biopsy later on at the Queen Elizabeth hospital although she had a general anaesthetic for this procedure.

24. Whenever Brenda had appointments at St Richards or in Birmingham, they would pick up on her alcohol consumption and the additional strain it was placing on her liver. **(See Exhibit WITN6439005)** She had gone from being a social drinker to virtually an alcoholic after her diagnosis. She was told that if she restrained from drinking alcohol for a number of months, she could get onto the transplant list. We had thought that she would automatically be included onto this list but there were various conditions that she needed to meet.

25. Brenda's drinking really started to impact our relationship. I wouldn't let her drink and I would even tell shopkeepers around where we lived not to serve her. I would not let her have too much cash on her because she would just go out and buy alcohol with it. It was extreme measures but it forced her to stop drinking for a short period.

26. As Brenda stopped drinking and started taking medication, her liver had improved. She was taking spironolactone 150mg, furosemide 20mg, thyroxine 100mg and vitamin B daily. We went to a support meeting for those with HCV in Hove, and we heard about Interferon treatment at one of these meetings.

Professor Dusheiko did not mention Interferon treatment to us but we did ask about it at an appointment at St Richards. They said she was either not ready for it or the current results did not show if it would work. She continued to be monitored through appointments at St Richards and Birmingham University Hospital.

27. When Brenda was diagnosed with HCV, we were living in a council flat which was 3 floors up. This became difficult for Brenda to manage with her fatigue, and Dr Slosburg wrote to our local council and said that she needed to be rehoused. We were told that a brand-new house was available through the housing association, so we jumped at the opportunity to take that and we moved in. Brenda also was registered as disabled and got a mot-ability car to use for the many hospital trips we had to make.

28. In 1996, due to the deterioration in Brenda's health I had to stop working to become her full-time carer and to take over the childcare responsibilities for our son. I was a tool maker by trade and I worked via an agency for a company in Worthing. I did a 4.5 day week working with design draftsmen and would earn £500 a week, which was a really good wage. After I became a carer I earned just £70 a week, which was a huge drop in income. We got help from GRO-C District Council for our rent and council tax, but we really took a hit in terms of our finances.

29. Ian was just 8 or 9 years old when Brenda was diagnosed with HCV, and he got bullied as a result of his mum's condition. We had the neighbours from hell living down the road from us, and they enjoyed making fun of Brenda's situation. I ended up having a number of confrontations with them, but the problems continued for Ian, as their children went to the same school as him. I had to rescue him from a few bad situations. I'm not sure if they even knew she had HCV but they knew she was unwell and also knew about her drinking problems. Eventually I involved the Police and got them prosecuted for this behaviour but it was an awful time for him.

30. After Brenda's diagnosis, a lot of our relatives down here took a large step backwards and we saw them a lot less. I think a lot of them seemed to think that you could catch HCV by touching someone who was infected, although we did explain to them that this was not the case. I don't think the high-profile AIDS campaigns of the time helped, just creating a climate of fear. A few friends would help out by looking after Ian when I took Brenda to her various hospital appointments, but our social life was virtually non-existent.
31. During this period, my life consisted of always being tired, sleepless nights, worrying about Brenda and driving long distances, including to Birmingham, for her treatment. I also had Ian to take care of. If I had a rare free hour, I would visit my nearby sports and social club for some respite. It was a very difficult time for all of us.
32. When Brenda's test results started to gradually improve and she thought she was getting better, she started drinking alcohol again. This was frustrating for me and it really started to affect our relationship and family life. I did everything I could to make her stop drinking but in 1999, Brenda decided to go and live with her twin sister in GRO-C Buckinghamshire, as she enabled Brenda's drinking. Eventually, they had a row and Brenda had to move on somewhere else. She was on a downward spiral and did not keep in touch with myself or our son Ian.
33. After I had adjusted to being a single parent, I went back to work in 1999. I worked nights full time as it was easier when taking care of Ian and it was better pay. Some of our friends would take turns looking after Ian and it was generally easier to find overnight babysitters when required. I would pay another friend to take care of Ian on some occasions.
34. Sometime after I had started working again I got a call from the police asking where I had been on a certain night, as Brenda had been attacked and ended up in Stoke Mandeville Hospital. I was clocked into work during the time the incident happened so I was quickly ruled out and I did not hear much more about Brenda after this.

35. In February 2001 I received a phone call to say that Brenda had passed away on the 25th of February at an address in GRO-C. Her causes of death were listed as Bronchopneumonia and cirrhosis of the liver, but it did not mention HCV (**See Exhibit WITN6439006**). When Ian came from school I had to tell him that his mother had passed away. Not the easiest thing to do – or for him to hear, even though she had been out of our lives for a time. I asked him if he wanted to go to the funeral, but he said he did not. Brenda's ashes are in a cemetery in Amersham, and Ian has gone to visit since. I don't know whether cremation was Brenda's wish or why that decision was taken as I was not involved in the funeral arrangements.

36. Without a doubt, Brenda's diagnosis with HCV led to the breakup of our family and her early death. She signed her own death warrant when she began drinking heavily, but this only started after her diagnosis. Prior to this our relationship was fine and I never envisaged this would happen and that Ian would grow up without a mum. Although Brenda was never diagnosed with depression or any mental health disorders, the drinking was clearly linked to her mental health and she was offered no support in relation to this.

37. After Brenda left home, I found a few debts that I didn't know about in my name. One of them was from the Littlewoods catalogue and it was for about £250. I think she was buying and selling items to make some money for alcohol, as I wouldn't allow her to have any as she was just using it to drink. I spoke to them and explained the situation, and I was able to pay it back bit by bit over time.

38. Although Ian has done reasonably well in life, I think he could have done even better if this had not happened. He had such a hard time in school with bullies and lost a lot of his friends. Now he is 34 and 6'2, but I still think there has been a lasting impact on him. As he got older, he made more friends at school and he would bring a friend with him when we used to go on holiday. He went to college but I think if he hadn't had these troubles he could have done more educationally. As I worked 4 nights a week, we were able to spend a lot of time

together while he was growing up and thankfully he has turned out a well-rounded individual.

Section 6. Treatment/Care/Support

39. At the time, I assumed that Brenda was offered access to all HCV treatment that was available. Although we asked about Interferon treatment, it was not something that was ever offered to her. This is either because it was not suitable for her or because the success rates for Interferon were not great at the time. I'm not sure if her alcohol consumption impacted the doctor's decision not to treat her with Interferon, but this was never discussed with us.

40. Brenda was not offered any counselling or psychological support following her diagnosis with HCV. Her alcoholism was a direct consequence of finding out she had HCV and I believe she should have been offered support in dealing with this but never was.

41. When Brenda suffered an impacted wisdom tooth in 1997, no dentist in or would treat her when she disclosed the HCV. One of the dentists was so rude he actually said "none of my staff will touch her because of what she's got". I ended up reporting them to the British Dental Association, and got an apology from them.

42. In the end, I called MP Nick Gibbs to complain about this situation, as Brenda was struggling so much with her dental problems. It later transpired that he wasn't even my local MP, it was actually Peter Bottomley, but Nick did help us. He told me to leave it with him and not long afterwards I received a call from Baroness Jay. She asked me how far we were from Worthing, and when I told her we were fairly close she said to take Brenda to a dental surgery in Worthing, and that they would be waiting for us. They treated Brenda but they had a lot of precautions in place, naturally I suppose and were gloved, double gowned and masked.

43. The treatment at this clinic in Worthing was a one off and we were told that for any further dental problems Brenda would have to go to a hospital in Haywards Heath, which was a 50 miles round trip for us. They could not give her much anaesthetic during this treatment due to her liver problems, and she really suffered a lot a lot of pain.

44. Brenda's GP Charles Shlosberg, I would like it known, was a brilliant doctor and was the only doctor to accurately diagnose her HCV. He was always very helpful.

Section 7. Financial Assistance

45. We were not made aware that any financial assistance schemes were available for those who became infected with HCV as a result of contaminated blood. Nothing was ever mentioned by any of the medical professionals we dealt with. Brenda was registered disabled as mentioned and that was the limit of assistance we received.

Section 8. Other Issues

46. I am now aware of the English Infected Blood Support Scheme (EIBSS) and may make an application to them. If I can get some financial support I would like to help my son Ian buy a property. It may provide some compensation for the upheaval in his earlier life.

47. I lost my wife and my son lost his mother and to my mind that was the result of her receiving infected blood. I would like to know why that happened, who was responsible and if anyone will ever be held to account.

Statement of Truth

GRO-C

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

GRO-C

Signed

Dated

29/11/2021