

Witness Name: **Patricia HADFIELD**

Statement Number: **WITN03390001**

Exhibits: **WITN03390002 - WITN03390010**

Dated: 29 / 5 / 2019

## **INFECTED BLOOD INQUIRY**

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### **WITNESS STATEMENT OF PATRICIA HADFIELD**

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I provide this statement in response to a request made under Rule 9 of The Inquiry Rules, 2006 dated 6<sup>th</sup> December, 2018.

I, Patricia Hadfield, will say as follows:-

1. My name is **Patricia HADFIELD**. I was born on GRO-C **1947** in Gateshead. I am the widow of **Michael HADFIELD**. I intend to speak about my late husband, his infection as a direct result of having been given contaminated blood and blood product, and how this affected him and its impact upon me, our family and our friends.
2. My husband died on **2<sup>nd</sup> July, 1984** as a result of Haemorrhage, Hodgkins Disease, Pulmonary Tuberculosis and Diabetes Mellitus.

3. From the time when Michael and I first met, until such time as he became infected, I had been wholly unaware of any past medical issues that may have caused him to become infected, and none have ever come to my attention since. In so far as I am concerned, and the information I have available to me, from him, family, friends and the medical authorities, there is absolutely no reason why he should have become infected at anytime of his life prior to his receipt of blood and blood product Factor VIII from the National Health Service.
4. I first met Michael when I was just sixteen years old and he was then aged twenty. It was love at first sight. We married in 1963 and in 1964 our son was born, soon to be followed by our first daughter with our third child, another girl, arriving in 1968. He was a fit, healthy young man with no health issues and everyone who met Michael loved him. He was helpful, funny and kind and with a job, loving wife, home and children had everything to live for.
5. Michael worked on a local trading estate. One day, he came home from work to say that a workmate had noticed a swelling on his neck. We went straight to our doctors, and were then sent straight to the Queen Elizabeth Hospital but our G.P. A **Mr. Ross**, their cancer expert was waiting to see him.
6. He was diagnosed as having **Hodgkin's Disease** (now called Hodgkin's Lymphoma, a form of cancer that affects your immune system) by Mr. Ross who examined 'the lump,' and our nightmare began - Michael was then just twenty two years old.
7. The diagnosis was given very quickly. Within a week of seeing his G.P., Michael had been referred to the hospital, been seen by Mr. Ross and diagnosed. To confirm the diagnosis, lymph nodes were necessarily removed and tested.
8. As time progressed, Michael had to have both radiotherapy and chemotherapy and was also found to be suffering from **Haemolytic Anaemia**.

9. Although the treatments he underwent, and their side effects were harsh, Michael never complained. He also had to take steroids, and once diagnosed with diabetes, he also required regular insulin (four injections each day, which I administered for him).
10. My husband needed to have regular blood transfusions, and had to carry a blood-type card with him at all times. The blood transfusions and subsequently Factor VIII, were I believe given to help him with the Hodgkins Disease.
11. If not treated at the Queen Elizabeth, he was treated at the Newcastle General Hospital as not all services he required were in one and the same place.
12. Neither my husband or I were told of any risks associated with using Factor VIII or blood itself, and he received both. These weren't necessarily given at regular intervals, but rather as and when he was found to need them.
13. Michael came to hate hospitals and was nursed, by me, at home until the day he died. He was rarely treated as an in-patient, we preferred to nurse him at home, most of which I did for him.
14. Although suffering from Hodgkins, it appeared to be relatively well controlled and all appeared well until 1978 when Michael was found to have **Type 1 Diabetes**, at which point the Hodgkins Disease returned with a vengeance - far more vigorously than before.
15. Nothing could be done. Michael fought until the end, but was only forty one years old when he died, leaving me heartbroken and with three devastated children. At the time I was just thirty seven years old myself.

16. I had no idea that there had been any risk associated with his use of the blood product Factor VIII, but one day whilst reading our local newspaper, a Newcastle girl was on the front page and there was an article all about it – I have been fighting for the truth ever since. I know that his blood was being regularly tested, as part of the treatment monitoring process, but never knew what the medical authorities may have been looking for.
17. The article had appeared in the Newcastle Chronicle, I think in about 2000, reading it I was furious, how could such a thing have been allowed to happen?
18. In all of the years of Michael having to be given transfusions, no one ever mentioned that blood was being purchased from jails in America. Michael and I simply thought that it came from the blood bank at the hospital, and as such had been locally or nationally sourced, not imported.
19. Looking back, the last few transfusions had no effect on Michael. His skin and eyes were yellow when he died, clearly jaundiced, yet he was never knowingly tested for Hepatitis B or Hepatitis C, or if he had been, we were never told of any of the test results. Whilst being treated, he was regularly tested through the Newcastle General Hospital.
20. I made a point of attending all of his hospital appointments with him, and accordingly know what he was told at the time - we simply didn't know of any risk associated with blood or blood product use, and weren't told of any.
21. Towards the end, Michael had become bedridden, wholly unable to leave his bed without assistance. My son even had to carry him to the bathroom and assist him there. Michael and I had tried to keep the nature and extent of his illnesses away from the children, but they knew he was ill and very gravely ill as his condition worsened.

22. He had had to give up working completely, he was too ill, and I had to stop working myself, to care for him. The financial impact was very hard upon us, we'd lost two wages and were struggling to make ends meet.
23. He became jaundiced, a clear sign of Hepatitis C and resultant liver damage, with yellowing skin and eyes, and his weight dropped from 13 stone to a mere 6.
24. Michael's death had a huge impact on everyone he knew. He had three brothers and a sister and they were all very close to one another.
25. He never got to walk his daughters' down the aisle, or to see what wonderful people his children grew into. I now have seven grandchildren Michael would have adored, and they would have loved him too. He is talked about all of the time, and we miss him dreadfully.
26. Our children were aged 20, 19 and 16 when he passed away, the youngest still being at school. They are now 54, 53 and 50, three lifetimes missed by a loving father.
27. I have received no financial assistance as a result of my husband's infection and subsequent death. I applied to the Skipton Fund, and provided them with evidence of the transfusions he received (now exhibited), but my claim was dismissed.
28. I tried to obtain copies of his medical records, to support my application for assistance, but was told by 'patient services,' that they had been destroyed. I tried to take the matter further, even using the ombudsman, but got no further and cannot access his records.

29. At the age of thirty seven, I found that I had to return to work to provide for myself and our children as I was too young to receive a widow's pension. The financial worry had such an effect upon me that my weight dropped to a mere 6½ stone.
30. I had heard of the Skipton Fund through my **M.P., Ian MEARNs** whom we went to for help and applied, but couldn't get anywhere for want of medical support. For us, it was a pointless waste of time and the ombudsman didn't seem too interested in helping us either. I have been no more successful with an application to the EIBSS.
31. Following the birth of our third child, a health visitor had arrived at the house, asking to 'test' our three children, but refusing to say 'why?' I sent her packing, but it was an additional worry - had the infection been passed on?
32. Michael was so worried that he went to our G.P., a **Dr. O'GRADY** through whom he had a vasectomy operation at a private hospital in Jesmond.
33. My husband had numerous blood transfusions as an integral part of his treatment over a number of years. Anyone of them could have been contaminated, but neither of us knew this, or of any risk they posed. He also had to use the blood product Factor VIII, which again may have been contaminated.
34. I believe he contracted Hepatitis C as a result of his having been given contaminated blood or a contaminated blood product, but he was never diagnosed with the same, and it didn't appear on his death certificate.
35. In order to assist the Infected Blood Inquiry, I have provided them with copy documents of original material I hold. These I now produce as exhibits, as follows:

36. **WITN03390002** A copy of an emergency notice he carried with him at all times showing his religion, blood grouping and the fact that he was being treated with Factor VIII, was a diabetic and that his Diabetes Consultant was a **Dr. STEPHENSON** at the Queen Elizabeth Hospital (Gateshead). It shows that he was taking steroids, used insulin, was allergic to penicillin and that he had suffered from Hodgkins Disease in 1966 and 1979.
37. **WITN03390003** A copy of the death certificate (Ref: IV 553646) for Michael Hadfield, [GRO-C] 1943 – 02.07.1984, showing his cause of death as having been a Haemorrhage, Hodgkins Disease and Pulmonary Tuberculosis. It also recorded that he had Diabetes Mellitus.
38. **WITN03390004** A copy of a list of medication he had been required to take whilst being treated between July 1981 and June 1984, including it being note in October 1983 that he was suffering from liver failure.
39. **WITN03390005** A copy of a letter, dated 29<sup>th</sup> April, 2015 from NHS England – Durham, Darlington and Tees Area Team in response to my request for copies of his medical records. The letter states that as he had then been dead for over ten years, his medical records had been destroyed in accordance with NHS regulations.
40. **WITN03390006** Copies of letters dated 01.08.2018 (from me, forwarding a copy of a response of the ombudsman for use in an appeal against the decision of the Skipton Fund to reject my claim); 20.08.2018 (from NHS Business Services Authority to me inviting me to apply to the EIBSS for assistance); and 28.09.2018 (from me, accompanied by documentary evidence of my husband's medical records having been destroyed, documentary evidence of his having had blood transfusions and commenting upon the fact that my application had been rejected for want of 'proof').

**41.WITN03390007** Copies of National Blood Transfusion Service and Newcastle General Hospital correspondence showing Michael Hadfield as having had blood transfusions given to him as an integral part of ongoing treatment he had been receiving.

**42.WITN03390008** A copy of the death certificate for Michael HADFIELD, born GRO-C 1943, died 02.07.1984.

**43.WITN03390009** Annotated information sheets of The Skipton Fund re. rejected applications and appeals process together with information re. 'missing' medical records.

**44.WITN03390010** Articles of correspondence generated in seeking assistance from the Skipton Fund / Medical Records and others, to wit:

1/. An undated letter of **Ian MEARNS MP** to Secretary of State for Health (**Jeremy HUNT MP**)

2/. A letter dated 23.07.2018 from Parliamentary & Health Service Ombudsman stating that they would take no further action following her complaint concerning the Skipton Fund as it no longer functioned

3/. A letter dated 14.04.2016 from **Gillian WALMSLEY**, Medical Records Secretary, Newcastle Upon Tyne Hospitals NHS Foundation Trust re. destruction of medical notes for **Michael HADFIELD**

4/. A letter dated 20.09.2016 from the Skipton Fund citing a lack of evidence supporting her application as a cause for rejection



5/. An annotated letter dated 10.03.2017 from the Skipton Fund to re. my rejected application for assistance, referring her to the appeals panel and citing a reason for rejection as having been his having failed to appear on the UKHCDO database of Factor Eight users when he had not been a haemophiliac

6/. An annotated letter dated 20.03.2017 from the Skipton Fund Appeals Panel, refusing my appeal against their decision not to award a First Stage Payment, including within their rationale the fact that there was no evidence that he had received blood transfusions

7/. A letter dated 27.04.2017 from the Skipton Fund stating that their position remained un-changed re. providing financial assistance.

8/. A letter dated 23.06.2017 from the Skipton Fund in response to a letter I sent on 1.6.17, stating that reason for refusing my appeal was that there was no evidence of Michael having been infected with Hepatitis C, although they did accept that he had received blood transfusions prior to September, 1991

9/. A letter dated 02.08.2017 which I wrote to the Skipton Fund enclosing a Skipton Fund letter of 17.08.2017 citing a lack of available medical records

10/. A letter dated 20.08.2018 of the NHS Business Service Authority re. EIBSS inviting an application to the same

11/. A letter dated 24.09.2018 from the NHS Business Services Authority re. EIBSS acknowledging receipt of my application, a lack of medical evidence and return of my application forms as a result, together with a handwritten letter I submitted alongside proof of my husbands medical records having been destroyed

**Statement Of Truth**

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

Signed: GRO-C

Dated: 29 / 5 / 2019