Witness Name: Oliver Codrington
Statement No.: WITN0751001
Exhibits: WITN0751002 - 012
Dated: 22 March 2019

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF OLIVER CODRINGTON

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 31 December 2018.

I, Oliver Codrington, will say as follows: -

1. Introduction

1. My name is Oliver Codrington. My date of birth is GRO-C 1980 and my address is known to the Inquiry. The anonymity process has been explained to me and I have elected not to have my details redacted. I am not legally represented either.

2. I was once named Oliver Amos. This was when my mother married a man who was not my biological father. However, upon their divorce my name reverted back to Oliver Codrington.

3. I am not an infected individual, however I intend to speak about my misdiagnosis of haemophilia and the subsequent blood transfusion that put me at risk of being infected with Hepatitis C, HIV, and vCJD. In particular I wish to discuss how the misdiagnosis and being told I may be infected with the Hepatitis C, HIV, and vCJD has impacted my life and affected those around me.

2. How Infected

4. I was born in 1980, in Oxford. Whilst I was a baby my mother would often find me in my cot with blood on the sheets, where I had either bitten the inside of my mouth or lip. My mother was concerned and unsure as to why I would bleed so much from a small bite/cut (Exhibit WITN0751001).

5. As a single mother, in the 1980's, with a young son with unexplained injuries/bleeding, questions started to be asked by medical professionals. At the time, the medical professionals could not explain the bleeding and they started to suspect my mother was inflicting the wounds. As a result, social services became involved and the prospect of them intervening became greater (Exhibit WITN0751002).

6. In the midst of the above, a doctor had heard about my case of a child with unexplained excessive bleeding. It was suggested by that doctor that I could be a haemophiliac. In light of the risk of intervention with social services, my mother was relieved to hear that there may be a medical explanation for my bleeding. I was subsequently diagnosed with a mild case of haemophilia. I was informed any cut or bruising would be a risk to me. The diagnosis required me to be looked after and wrapped in cotton wool so to speak.

7. I was given a green medical card saying I was a haemophiliac. The card listed my blood type AB Rhesus Positive, and a procedure to follow if I sustained any form of injury, and the potential need for a blood transfusion in the event of an injury.

8. In 1983, at the age of three, I broke my leg whilst I was apparently trying to climb out of my cot. I was taken to hospital and subsequently given a blood transfusion. I was only young and not conscious of any of this. I believe my mother trusted the medical advice she received, and don't believe she would have had any reason to challenge a blood transfusion.

9. I only became aware of being diagnosed as a haemophiliac in the late 1980's when I was older and started to play with my friends. My mother would have to explain to my friends that they would need to call an ambulance if I got hurt, and to inform the paramedics that I was a mild haemophiliac and may require a blood transfusion. I grew up this way and in the mind-set of being a haemophiliac. Most of my teenage life I had to explain this to people, and always carried around with me my green medical card. I never had any accidents or blood products thereafter.

10. In 1996, it seems I was sent a letter from the Oxford Haemophilia Centre (Exhibit **WITN0751003**). The letter stated:

    "I see that you have been diagnosed as having mild haemophilia A and have received blood products in the past. In particular you received a course of factor VIII concentrate in 1981 for a bleed in your right leg.

    One of my tasks at present is to recall all patients who have received blood products prior to 1985 for testing for exposure to hepatitis C. You may already be aware from reports in the press that it would appear some patients exposed to coagulation factor concentrate and similar materials before then have been exposed to the hepatitis virus".

11. I do not recall receiving this letter.

12. It was only whilst I was at university and I was approaching my end of year exams, in 1999, I received a further letter (Exhibit **WITN0751004**) which stated that there was a chance I had been infected with Hepatitis C or HIV

– as many blood products used in the 1980's were contaminated. The letter stated:

"The issue of the hepatitis C result is not entirely resolved. As you know, we have been anxious to screen our patients who have been exposed to blood products in the past with a view to excluding infection with HIV and hepatitis C."

13. This letter had been chasing me around for some time (Exhibit **WITN0751005**). I moved several times as a teenager and subsequently to university. My address had not been updated with the NHS. I remember the letter not having a huge amount of supportive information (Exhibit **WITN0751004**). It was factual and direct, and I believe designed to elicit an immediate response. I do not remember it being a supportive letter and certainly my memory is that it contained no direction to any support services.

14. On 29th September 1999 I went to see a consultant at the Haemophilia Centre in Oxford and they took a large amount of blood and told me they would get back to me with the results. There was little patient care and I was sent away not knowing what to do. I was not given much information and I felt as if it was the worst situation to be in, at the worst possible time in my life. I remember thinking that these are the worst possible types of diseases, the ones that were incurable as far as we knew.

15. The possible diagnosis sent me into a mental tailspin; I had no idea what to do with the information I had just received, or in fact not received. The loneliness of the situation and waiting for the results without support were particularly memorable. Just like it would be if I had leprosy. There were a number of things running through my mind. How it would restrict my life, how it would affect all future sexual relationships and the potential to have a family of my own, how I would have the most awkward of conversations if I had any one of the diseases.

16. From memory, I was telephoned with the results. They informed me I was clear and I had not contracted Hepatitis C or HIV. They also informed me that I had my entire factor viii and there was no sign of me being a haemophiliac. They also stated I did not need to carry my medical card with me anymore. In a letter dated 19 October 1999, I received further notification the results were negative (Exhibit WITN0751006).

17. At that moment I felt a huge relief that I did not have any of those diseases. I did not think to check whether or not haemophilia was a disease you could recover from. I believe this was due to be being in my early 20's and I felt as if I could now get on with my life and I don't have to speak with anyone about this.

18. In October and November 2004, I received letters concerning vCJD and Plasma Products (Exhibit WITN0751007). It stated:

    "This letter is being sent out to all patients and the parents of children with haemophilia, other bleeding disorders and congenital antithrombin III deficiency. It gives certain information about certain plasma products available between 1980 and 2001, the possible risk of vCJD and the need for precautionary health care measures following certain medical procedures and surgical operations".

19. I honestly ignored these letters. I did not want to go through a similar process, and I was fairly confident by that stage that I was fit and healthy with, thankfully, no adverse effects from the blood transfusion I was given aged 1.

20. In a 2005 letter (Exhibit WITN0751008) between Dr David Keeling (Consultant Haematologist at the Oxford Haemophilia Centre and Thrombosis Unit) and Dr Michael Turner (Chief Medical Advisor, The Jockey Club), it set out the following:

"The Department of Health had recently decided that the patients given UK sourced pooled factor concentrate between 1980 and 2001 will be regarded as "at risk" of vCJD for public health purposes. Mr Codrington has been exposed to UK sourced pooled factor concentrate between these dates and therefore he will be regarded as "at risk" for public health services"

21. The letter went on to say that the risk of me having vCJD was extremely small. I was honestly upset that my new employer was being given this level of information, of questionable relevance and unproven substance. As part of my employment contract, I had to sign a consent form that allowed for my medical records to be disclosed to my employer. Whilst I did not have vCJD, a fact sheet included in these records noted I might have vCJD. This still remains a frustration for me, as it was a part of my medical records. It raised the possibility of vCJD, despite substantial a caveat.

22. In March 2009, I wrote a letter to Dr David Keeling and asked whether or not I required further tests for vCJD – as I was under the assumption I had been given the all clear (Exhibit **WITN0751009**). In response, Dr David Keeling replied stating I had not been given the all clear but they regarded the risk of vCJD low. He confirmed to me that there were no tests to see whether people had been exposed to vCJD (Exhibit **WITN0751010**). This was not a helpful response in my view, but I'd imagine truthful in the sense that no test existed. This pretty much epitomises the situation, some risk and no proof.

23. In 2013, I finally received a letter stating I am no longer at increased risk of vCJD for public health services (Exhibit **WITN0751011**).

24. It was not until I met my future wife, who happened to be clinically minded (a neuroscientist and doctor of chiropractic), and we started discussing marriage and children in 2014. I mentioned the prior diagnosis and it was she who confirmed that haemophilia was incurable and therefore an

impossible diagnosis. We needed to determine what, if anything I had suffered from, and whether this condition could be inherited by any of our future children. In 2014, I booked another appointment at the Oxford Haemophilia and Thrombosis Centre.

25. At our first appointment we questioned whether the decision to give me the 'all clear' was correct and the consequences of this (Exhibit WITN0751012). The theory behind this was that if I were a haemophiliac in 1980 then I still had to be one in 2014 and either way, I had to know for sure. There was never any definitive testing when I was told I was not a haemophiliac whilst at university.

26. Whilst waiting for the blood results from the Haemophilia and Thrombosis Centre, it was agreed that we had to proceed on the basis that I *did* have haemophilia and the consequences of this were discussed. We discussed the family tree and where it may come from. If it had come from my mother that would suggest my sister would have carried haemophilia and passed it onto her son.

27. At the time of this discussion my wife and I were contemplating whether to tell my sister about the possible risk of haemophilia to her son (my nephew). They were flying on a family holiday and I wanted to be sure that if he did become injured on holiday they would be able to flag this to the relevant medical professionals on holiday. It was a situation where we could not take the risk, just in case I was an unconfirmed haemophiliac and my nephew was also. We called my sister's husband so he had the relevant information. This was a horrible conversation to have and we have never spoken about it since, so I am unsure how it affected their family.

28. At the second appointment, at the Oxford Haemophilia and Thrombosis Centre, I was told I was not a haemophiliac but likely had a blood disorder that presented as haemophilia. Initially it was suggested it could have been Von Willebrands disease, but the reality is that we will never know.

To this day, the blood disorder, if there even was one, remains unexplained but it is clear that the blood transfusion was unnecessary, and the potential infection was a very fortunate near miss.

3. Other Infections

29. I have not suffered with any other infections.

4. Consent

30. I was only young child when I was given the transfusion but it is my belief that my mother was not given the full facts and therefore cannot have provided proper consent.

5. Impact

31. At the time of receiving the letter stating I may have had Hepatitis C, HIV, or vCJD I remember thinking nothing else in life matters right now. I was due to take my examinations at university, but distinctly told myself if I were to be found positive I would not sit the exams and just go and live the rest of my life how I wanted to. My career seemed less significant at this time. I was worried that I would never have a long-term emotional and physical relationship again.

32. I felt very isolated and distracted from everything and everyone, whilst I was waiting for the results of my blood tests. I did not discuss the potential of being infected with family. I would have never burdened my mother with the situation. There was a degree of embarrassment and stigma attached to these diseases, which I would have felt if infected. There would have been a presumption that I lived a certain lifestyle, which led me to contracting these diseases. I believe I went through a period of self-imposed isolation.

33. I did not perform as well in my university exams. University was not a happy time for me and I did not enjoy it at all. I am unsure as to whether I would have done any better had I have not been subject to the anxiety and worry of being infected. On a day-to-day basis the misdiagnosis and potential risk of being infected impacted by life. There was a feeling that everything I was doing may have been pointless, and it was a total distraction from friendships, sexual relationships, and my exams. I genuinely believe that had I contracted Hepatitis C, HIV, or vCJD life would not have been the same.

34. To this day, I have not told my mother about the ordeal I have been through and do not feel comfortable or able to speak to many people about it. Socially it has impacted me massively. I have found it difficult to move away from the stigma and, whilst I never contracted any blood disease, I always have felt I had to caveat my situation and confirm I am all clear. I cannot imagine if the diagnosis had gone the other way.

35. The events above have affected me to such an extent that I would be uneasy with any proposed blood transfusion, if I was required to have one in the future. Additionally, I would be very uneasy if my son needed one in the future. All in all, my ordeal has shaken my faith in the blood transfusion process.

36. Despite being free from any disease, the impact of the above has been profound and I have suffered with long-term consequences. Infected blood and the stigma of it has been a constant in my life. Due to my medical records, dentists are even worried about treating me.

6. Treatment/Care/Support

37. As set out above, I never received any psychological support from any services – including from my GP, other medical professionals, state support or any other support services.

38. I took issue with the whole process from receiving a letter stating I may have HIV, Hepatitis C, or vCJD to waiting for a long period of time for my blood results. Once I received the letter I was required to book an appointment. Considering the urgency of the letter, the John Radcliffe Centre did not have an appointment for me immediately. The process of receiving the results was not undertaken in an expeditious manner. The results raised as many questions as they answered, however the fact they answered the main question was great. I would have dug deeper if there had been a positive result.

39. As far as I was aware, up until my 20's, there was no treatment for the diseases and, again, I was not signposted to any organisations.

40. The Infected Blood Inquiry has informed me about support services which are run by the Red Cross. I have been given their details and I will give consideration as to whether this is appropriate for me.

7. Financial Assistance

41. I have never been made aware of or received any financial support.

42. I was completely unaware of a financial assistance scheme. I have not made any applications to any funds. I have not received any money from any funds.

43. I am unable to provide any information about any payment schemes, as I was not aware of them.

44. I am unable to comment on any difficulties or obstacles about obtaining payment.

45. Again, as I have not received any information I am not aware of any preconditions imposed on the making of any applications or grants.

46. I have no observations about the various Trusts and Funds, as my knowledge does not extend to this area of expertise.

8. Other Issues

47. I hope that the big lessons are learnt quickly and better controls are put in place to prevent a similar situation from occurring again. I hope the inquiry will be able to derive the lessons that can be learnt across the board in relation to testing and quality control, but more importantly in relation to people and reporting.

48. I now have this ethos of challenging every decision that is brought to me. I am a big fan of the book 'Black Box Thinking' by Matthew Syed, which directly contrasts the reporting and learning processes in the NHS and the airline industry. It is clear to be that until the NHS adopts a culture of admitting risk, announcing failure and learning from mistakes, it will never be as safe as it needs to be. In the airline industry there is zero tolerance for fudging and hiding problems and employees are actively encouraged to admit fault for the benefit of every colleague and customer who follows. Surely the same could be put in place in the NHS?

Statement of Truth

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

Signed GRO-C

Dated 22nd March 2019