

Witness Name: Susan Oliver
Statement No.: WITN0993001
Exhibits: WITN0993002-004
Dated:

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF SUSAN OLIVER

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 2 September 2019.

I, Susan Oliver, will say as follows:

Section 1. Introduction

1. My name is Susan Oliver. My date of birth is the [GRO-C]1959 and my address is known to the inquiry. I live in Leeds with my husband. I have one daughter, aged 28. I am a volunteer coordinator for a charity. I intend to speak about my mother, Cornelia who became infected with hepatitis C through infected blood. In particular, I will discuss the nature of her illness, how the illness affected her, the treatment received and the impact it had on her and our family.

Section 2. How Affected

2. My mother, Cornelia was born on [GRO-C] 1931 in [GRO-C] Germany. She died on [GRO-C] 2016 from hepatocellular carcinoma, cirrhosis of the liver and hepatitis C. Exhibit **WITN0993002** This is believed to be the result of being given infected blood in 1980. She was 86.
3. Having been raised in [GRO-C] my mother was evacuated to various countries during the war. She returned to [GRO-C] where she grew up until marrying my father, who is a British citizen, on [GRO-C] 1956 in [GRO-C] England. She then became a British citizen. They then moved to Nottingham where my father worked in libraries. In 1959, they relocated to Liverpool, where my father eventually became a Principal Lecturer in Further Education. I was born later that year.
4. My brother Martin was born in 1962 in Sefton Hospital, Liverpool. My mother had a difficult delivery with Martin. She lost a lot of blood. She was in isolation for 10 days and didn't see Martin at all during this period. It is possible that she was given a blood transfusion, although I cannot be certain of this.
5. On 14 August 1979, she was admitted into Royal Liverpool Hospital for a dilation and curettage (D&C), a procedure involving the removal of tissue from the uterus. She was discharged later that day. In spring of 1980, she had a hysterectomy at the Royal Liverpool Women's Hospital as a result of the previous D&C investigation. She was in hospital for 10 days to a fortnight. I am not aware if she was given a blood transfusion/products at this time. You were not necessarily told, and certainly consent was not necessarily sought. It just happened. Up to that date she had run a multi-racial playgroup in Liverpool where she worked for 13 or 14 years. I had been studying abroad and was soon to be married. Upon my return, she was recovering but was not very well. By July when I married, she was pretty active.

6. My parents were living in Liverpool at this point. In 1984, they moved to east Lancashire, GRO-C which is where my father joined the Methodist church as a minister. My mother threw herself wholeheartedly into the work of a minister's wife. They stayed there for seven years before moving to another Methodist district in West Yorkshire.
7. In May 1991, towards the end of her time in Lancashire, she was admitted into the Royal Infirmary in Blackburn. She was seen by David Goodall, Consultant Gynaecologist where she underwent a colposuspension procedure which involves the bladder being tightened. She was in hospital for four weeks. She had this done twice whilst she was there because the surgeon made it too tight and she couldn't pass water at all. At that stage there was no indication or mention of any hepatitis.
8. In 2000, my mother went to her GP, Dr Naz, complaining of tiredness. Her medical notes also state that her limbs were pale and felt cold. Dr Naz took her off her medication. My parents then went to Germany on holiday, where she became unwell. The doctor in Germany took the view that her GP shouldn't have taken her off the medication.
9. My mother had been generally dissatisfied with the treatment of Dr Naz. This dissatisfaction was shared amongst others in the church community. However, she was of the generation where she didn't question the GP or think to request another doctor. On her return from Germany, she began to visit a different surgery.
10. In 2002, after experiencing heartburn and reflux problems, my mother was seen in the Royal Hospital in Calderdale for an ultrasound of her upper abdomen. A small echogenic focus in the right lobe of the liver, a probable haemangioma, was detected. This was the first time anything had been identified on the liver although it was noted as 'unlikely to be of any consequence'. Multiple scarring was not detected at that stage. A number of stones in the gallbladder were also identified although no referral was made for their removal.

11. On 1 March 2008, at the Royal Hospital in Calderdale, a well-defined 8mm echogenic mass, consistent with a haemangioma, was again identified on the right lobe of my mother's liver. Multiple gallstones were also identified. My mother and father then went in September on a Rhine cruise in Germany. This is when she experienced severe right hypochondrial pain for the first time. Upon her return to the UK, she saw her GP, Dr Parmar in Bankfield surgery, Elland. She was referred to the BUPA Spire Hospital in Elland
12. At the BUPA Spire Hospital, she was seen by Mr Brian M Dobbins where she was diagnosed with chronic cholecystitis. On 11 December 2008, under the care of Mr Brian Dobbins, her gallbladder was removed.
13. On 23 January 2009, at the Spire Hospital, my mother was seen again by Mr Dobbins. He asked her if she was an alcoholic to which she replied with an emphatic **No**, as she only drank an infrequent glass of wine. She was horrified by this suggestion. He told her that she had been diagnosed with Liver cirrhosis and referred her to Dr Verma, a consultant in speciality gastroenterology and general medicine at Calderdale Royal Hospital. The diagnosis was a tremendous shock for my mother and her family. She had had one life-long partner, my father, had never taken drugs and as the wife of a Methodist was a very modest consumer of alcohol.
14. In March 2009 at Calderdale Hospital, my mother was seen by Dr Hicks for Dr Verma. Dr Verma oversaw the subsequent investigation and management of her liver disease due to hepatitis C. He organised ongoing scans and check-ups. Liver cirrhosis was confirmed although this was considered too advanced for treatment. Dr Verma informed my mother that there was a course of treatment available for Hepatitis C but that it had very severe side effects and in view of her age and the active life she was living, it would not be advisable. It would also cause her significant discomfort with no guarantee of success at the end of it. He

thought she would be better served to remain under his care without treatment. He gave us a choice and after discussion, as a family we decided that it would be best not to pursue the treatment. No prognosis was given.

15. On 11 June 2009, Doctor Verma notes that my mother tested positive for hepatitis C. He was unable to say where and how she got it. He explained that there was nothing very clear from her history. However if she had been given a blood transfusion in the past that may well have been the source of the infection, as they did not check all blood products until more recent years. Exhibits **WITN0993003** and **WITN0993004**. She was advised to abstain from alcohol and to take precautions in relation to sex. In March, Doctor Hicks, registrar for Dr Verma, noted that my mother consented to undergo a full screening for hepatitis.
16. She had her last overseas holiday with my father in 2012. On the way home she told him, 'I can't face up to it again'.
17. In 2014, Dr Verma referred my mother to Mr Hidalgo in the St James Hospital in Leeds, consultant hepatobiliary and transplant surgeon. He oversaw the investigation and management of liver disease due to hepatitis C. This was monitored every 6 months. No medication was offered.
18. On 27 August 2014 at St James' Hospital in Leeds, Mr Hidalgo oversaw the ablation of a tumour on the liver. A liver transplant was not suggested because the hepatitis C was too advanced and therefore the new liver would be infected immediately. My mother had accepted that this was the situation for her and that she would live life as best as she could in the meantime.
19. On 6 June 2016, at St James Hospital in Leeds, Mr Hidalgo referred my mother to radiofrequency for ablation of another tumour. However, it transpired that the tumour had already grown too big for ablation.

20. On 23 August 2016 at St James hospital, my mother was referred to a Macmillan nurse. On 1 September, the hospitals began to put support in place. She was approaching the end stages. The nurses were wonderful. In the last two weeks of her life, the care team were coming in 4 times a day to see to her. They kept her looking smart. Her wish was to remain at home.

21. On 15th September 2016, at St James Hospital in Leeds, she was seen by Dr Swinson, a consultant in clinical oncology for her final consultation. She was told that there was no possibility of treatment and given a maximum of 6 months to live. She was asked about donating her tissue for research and she gave consent willingly.

22. My mother died on GRO-C 2016 at home.

Section 4. Consent

23. Whilst I am not aware that my mother was treated without her knowledge or consent, as indicated earlier, I believe that had she been given adequate or full information as to the risk of contracting hepatitis C, she would definitely not have consented to a transfusion in the circumstances described. To my knowledge and that of my father the question of consent to any possible transfusions was never discussed.

Section 5. Impact

24. The hepatitis C and cirrhosis physically impacted my mother considerably as time went on. She was feeling increasingly tired and unsteady on her legs. She began to start giving up her many roles and activities in the church community which were such an important part of her life and friendships. In the last few years, with the inflammation of the tumour, she began to expand around the waist. She would joke that

she was carrying twins. She had to have her skirts let out at first. Then she stopped wearing skirts altogether.

25. In my memory, my mother had suffered from gynaecological problems and stomach pains/upsets for much of her mid-adult life. She also suffered from frequent cystitis over many years. This became a persistent problem later in her later life. She was prescribed constant antibiotics to manage this. I believe that this could be associated with the hepatitis C, although I cannot be certain. Nevertheless, whilst she had for a long time underlying niggles in her health, she never appeared to have any life threatening or shortening illnesses.

26. My father had suffered from a few major life-threatening illnesses and mum was always there, very vigilant, calling the ambulance in the middle of the night. I had always assumed that my dad would go first and that she would be the one left behind. It took us as a by surprise that she was the one with the life-shortening illness and that it was dad looking after her.

27. The progression of disease caused mum's appetite to shrink over the years to nothing. We stopped going out for family and celebratory meals because she couldn't face the size of the portions. My mother and father used to enjoy-going to the theatre together with us. We had to stop this because she found this very stressful in the end. She wasn't steady on her legs, particularly going up and down stairs. She was uncomfortable in crowds and being in a place where she wouldn't be able to just get up and leave should she need to. She also became unable to use the front door steps when she came to our home, rather walking round on my arm to the back door.

28. In Elland, my mother had run a coffee morning at the church every Friday. She was there at 9 o'clock each Friday and knew everyone by name. She had the opportunity to meet people and talk to them. She was loved by the church community. She had to give that up about a

year before she died as it became too much for her. She found it very difficult to stand up for a couple of hours. As my mother had always been an active woman, this was a major indication that her strength was failing. At the time I believed this to be a result of the illness.

29. In the last two weeks, people would visit to say their final goodbyes. If they hadn't seen her for a few weeks, it was almost harder for some of them than it was for her own family who had been with her day by day and witnessed her slipping away. People who hadn't seen her for 10 days to 2 weeks noticed a huge change in her. Nevertheless, my mother had a very strong Christian faith, she didn't fear death; her only fear was leaving her family behind. She wasn't angry or railing against the fact that she had contracted this illness. She accepted that it was there and there was nothing she could do about it.

30. We all miss her love and sense of humour. I, in particular, feel aggrieved that the life of this strong woman who survived so much during the war and post-war years in Germany, suffered the severe deterioration of her health and her life being shortened unnecessarily by a disease which she appears to have contracted at the hands of the NHS, which she always loved.

31. I believe that my mother felt subject to a degree of stigma owing to her hepatitis C status. When she informed her dentist that she was carrying the virus, initially the dentist was very wary of treating her. For a couple of procedures, my mother was transferred to the dental hospital in Huddersfield. I presume this was because the dentist was reluctant to undertake the procedure herself, perhaps because of the fear that she might be contaminated by any blood. My mother was quite upset about this, especially as this was a dentist she had been seeing for some time.

32. For the last 8 years of her life, my parents' lives were focused around frequent hospital appointments, scans and consultations. When these transferred to specialist departments in Leeds, it became much more stressful for my mother in terms of their travelling and also finding their

way around the vast hospital grounds and departments when her energy was fading. However, my mother always had a positive attitude and smiles for those imparting bad news. She particularly valued the care and warmth of the nursing teams for whom she was always full of praise.

Section 6. Financial Assistance

33. Neither my father nor I or my brother have applied for any financial support nor had we ever been approached by anyone regarding obtaining financial support in dealing with the circumstances.

Section 7. Other Issues

34. My ultimate aim is not to seek anything for myself. I am sad and angry that this happened to my mother and shortened her life, diminishing the quality of her life, and my father's, considerably in her last years. However, I cannot change what has been. It is how it is. There is an inquiry investigating what has happened to thousands of people and my mother is part of that group. I do not want her to just be a number. I do not want mum to be forgotten or her illness to be overlooked. On a personal level, I wish for my mother to be exonerated; for it to be clearly understood that she was not an alcoholic or a drug user, and her modest lifestyle did not contribute to her illness and death in any way. I believe that she could not have contracted the virus from any source other than contaminated blood.
35. This particular illness has developed in my mother over decades. It was suggested by her specialist that, given the severity of the cirrhosis, she could have been infected more than 30 years earlier. I've wondered whether, during-all those years when mum had this infection,

I could have caught the virus. My mother would also frequently take care of my daughter when she was a baby. Could she have transmitted the virus to her when she was changing nappies, feeding her or tending to grazed knees etc after a tumble? No medical professional ever discussed the risks or consequences of this virus for my mother's friends and family. Now I wonder about the larger ramifications and question whether we need to be tested?

36. I would like to know why the UK was buying blood without having it checked or screened. How could the medical professionals then continue to provide this blood with the knowledge that there was a problem? To then brush it under the carpet and hope that it would never be uncovered is truly unforgivable. I feel that a public inquiry is important in a larger sense; a look-back exercise is key in terms of instilling public confidence that these things will not happen again.

Statement of Truth

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

Signed

GRO-C

Dated

7th October 2019.