Witness Name: Mavis Isabel Rimmer
Statement No.: WITN0820001
Exhibits: WITN0820002 – WITN0820009
Dated: October 2020

Infected Blood Inquiry

WRITTEN STATEMENT OF MAVIS ISABEL RIMMER

I, Mavis Isabel Rimmer, will say as follows:

Section 1: Introduction

1. My name is Mavis Isabel Rimmer and my date of birth is GRO-C 1940. I reside at GRO-C. I was married to David Rimmer, whose date of birth was GRO-C 1939, until he sadly passed away on 17 March 2010.

2. David and I married on 17 August 1963 in Northenden, Manchester. We have two children; a son and daughter.

3. I was employed as a primary school teacher until I took early retirement in 2001 or 2002 to be my husband's carer.

Section 2: How Affected

4. I was married to David for many years so was aware of the extent of bleeding episodes he experienced before he was diagnosed with Von Willebrand's disease. It was not unusual for him to lose pints of blood when he had a nose bleed. He often talked about his childhood, when he would injure himself, which caused significant bleeding. On one occasion, when he was on National

Service, he had a tooth removed, which bled heavily through the night and he was relieved from service for some time as a result.

5. David was reluctant to go to the doctors which meant that his Von Willebrand's disease remained undiagnosed for many years. He suffered from angina, the symptoms of which were severe and life-changing and he did visit the doctors on a number of occasions to be examined in relation to this. Eventually, once the local GP changed, he was recommended for heart bypass surgery and referred to Wythenshawe Hospital.

6. It was during the pre-operation examination and tests that David was diagnosed with Von Willebrand's disease (**WITN0820002**). He was told that for the operation, he would need treatment to stop the bleeding before the operation but we were not told what the treatment was or that the doctors intended to inject Cryoprecipitate.

7. We were not made aware of any risks associated with the treatment for Von Willebrand's disease that he required in order for the heart bypass surgery to take place but David was desperate to improve his health so was open to all options. I certainly did not question the doctors on the recommendation or protocols put in place for David.

8. The operation was scheduled but cancelled twice before David eventually underwent the procedure sometime in August 1998. I recall that David was given Cryoprecipitate the night before and again on the morning of the operation.

9. It was later discovered that the first batch of blood product was contaminated. We have also found out since that it was unnecessary for David to have received the blood product the day before the operation; he ought only to have had it in the morning. David commenced legal proceedings against the National Blood Service after he received contaminated blood and this information was disclosed by doctors, I presume from Wythenshawe Hospital.

10. After surgery, David's health was good, compared to how it was before he had the surgery. He could breathe again and walk up "small" hills.

11. David followed the protocol put in place by the hospital to aid recovery post operation. He got up every day, went walking and he had a healthy diet. After the operation there was a period in time when David was unable to work but as his heath improved slightly and after a year, he returned to work, on reduced hours but not at the same pace as he was used to. Our daughter worked with David and took him to both work and hospital related appointments.

12. I recall that David's health improved considerably a year after the operation. He ran a consultancy business and had a good reputation as an acoustician, so continued to work, but the company income was not as high as it once was.

13. However, this improvement did not continue. He visited the GP as the deterioration to his health was obvious and he was having episodes of severe weakness and fatigue. When we went for walks he would have to stop for a rest. Once I gave him sugar, the symptoms faded but would reoccur on other days. We assumed his decline in health was associated with the operation as his breathlessness returned and he was unable to deal with stressful situations.

14. In 1991, David was referred to Dr GRO-D to investigate and treat his high cholesterol. I recall that David did not have a positive experience with Dr GRO-D They clashed because Dr GRO-D was suggesting that he was drinking and eating too much, which increased his cholesterol levels. I was told by David that his family had a history of high cholesterol. Dr GRO-D advised David to lose weight, advice David did not react well to.

15. In 1996, David was under the care of Dr Dymock who was carrying out tests on David's liver. He had previously had various liver blood tests. I am not sure why but all results had not highlighted any liver abnormalities until 1996. David was offered a liver biopsy but I cannot recall whether he underwent this procedure and if he did what the results were. He may not have undergone this

procedure as David was concerned about having operations due to his Von Willebrand's disease.

16. On 31 July 1997 David received a letter from the Blood Transfusion Service informing that he had contracted Hepatitis C (**WITN0820003**). This letter states that David had attended for blood tests on 27 June 1997 by Dr Muddu. I understand that the test was suggested by Dr Bullimore due to unexplained liver abnormalities.

17. We did not know what Hepatitis C was and the letter told us to arrange to visit the GP for further information. As far as I can recall David did go to see the GP but he gave us no answers so David decided to continue as he was, without seeking further consultations.

18. When David was first diagnosed with Hepatitis C in 1997, he was not under the care of a doctor to treat the Von Willebrand's disease.

19. David was not satisfied with the limited information doctors gave him about the risks and treatment of Hepatitis C. As a result, David decided to research the condition himself.

Section 3: Other Infections

20. As far as I am aware, David did not contract any other infections as a result of receiving contaminated blood products.

Section 4: Consent and testing for other infections

21. As set out above, David was diagnosed as having contracted Hepatitis C on 31 July 1997.

22. I cannot recall when he was tested for the infection but the letter which he received stated that he was tested on 27 June 1997. I do not know if he

consented to being tested but I do remember David's shocked reaction when he received the letter.

23. David may have been approached by the hospital to undergo testing as part of the "lookback programme".

Section 5: Impact

Treatment for Hepatitis C

24. I recall that David was referred to Dr GRO-D Consultant Gastroenterologist at Manchester Royal Infirmary to manage and treat Hepatitis C. David went to regular medical appointments with Dr GRO-D David did not have a good relationship with Dr GRO-D or Dr GRO-D I cannot recall the exact date but either Dr GRO-D or Dr GRO-D suggested that David was an alcoholic because of the symptoms he was experiencing. This upset the family as it was untrue: David was careful about what he ate and drank and continued to exercise regularly.

25. Soon after David met with Dr GRO-D he began receiving treatment for Hepatitis C. I recall that he was given medication known as Interferon; a letter from Dr Hay to Dr GRO-D which is in David's medical records confirms that this treatment started in August 1998 (**WITN0820004**). He eventually stopped treatment as the side-effects were unbearable.

26. I cannot recall the date but Dr GRO-D later diagnosed David as having cirrhosis of the liver. A liver transplant was suggested but David declined as the recovery period would have put additional strain on his health and he did not want to experience further surgeries.

27. David declined any further treatment from Dr GRO-D and was instead referred to Dr Hay at the Manchester Haemophilia Centre. As far as I can recall Dr Hay was a haematologist but David felt that he could no longer continue being treated by Dr GRO-D.

28. In 2001, he had a second course of treatment with Pegylated Interferon, as confirmed by the letter from Dr Pottinger, a specialist registrar in haematology at the Manchester Royal Infirmary to Dr Whittaker, my husband's GP (**WITN0820005**).

29. After the court case which I describe below, David and I decided to move to France. He did not continue with his treatment plan in the UK and no longer attended clinical appointments with Dr Hay.

30. I recall that at some stage, David had scans on his liver in Bordeaux Hospital which revealed that he had developed tumours. I cannot recall David having scans on his liver whilst in the UK. Laser treatment was recommended and because he did not want a liver transplant, this felt like a less invasive alterative. He underwent laser treatment on three separate occasions but declined any further treatment.

Financial Impact

31. In 1997 and 1998 David continued to work but not to the same extent as he had prior to the operation. He understood why he could not but was frustrated that he could not continue at the same pace, which adversely impacted the income he was able to make.

32. As a result of the Hepatitis C diagnosis and David's subsequent decline in heath, we suffered financially. David had various insurance policies and paid large premiums, in hope of having sufficient money in our retirement. Due to David's health, he was unable to pay the premiums and because of the diagnosis, he was essentially uninsurable. The policies were cancelled. We had relied on insurance to pay for our future and retirement and had not put any other contingency in place.

33. Money was a constant worry for David and me; he worried about how I would live when he was no longer here. We had paid off our mortgage once the civil

claim had concluded but had to sell the house when we moved to France, to purchase something smaller.

34. In 2009 or 2010 David and I experienced extreme financial stress. David's behaviour was irrational and he began to develop strange spending habits. This resulted in large sums of credit card debt which, after David died, my son arranged for the credit card payments from my bank account. I paid all the money owing when I eventually sold our home in France..

The court case

35. David was aware that the blood product received before the operation resulted in him contracting Hepatitis C. This information was disclosed by the hospital as part of the court case against the National Blood Service. Unfortunately, I cannot recall the exact details. Due to the impact it had on his physical and mental health in addition to the financial implications, David felt like he had no other option but to take the National Blood Service to court and he instructed a solicitor. This caused significant stress but he was anxious, as was I, about how we would be able to afford to live.

36. David was advised by his solicitor to instruct three experts, with different specialisms, to support his case against the National Blood Service. I recall that David had to visit the experts for clinical examinations on multiple occasions.

37. Dr Harley was instructed as a Consultant Cardiologist and he prepared a report dated 18 October 1999 (**WITN0820006**). Dr Harley's report focused on David's coronary artery disease and his morbidity prognosis relating to this disease only. As set out above, David was diagnosed with coronary artery disease which caused angina and he was referred to a specialist consultant, Dr Derianiya, where he later underwent heart surgery in August 1989, which relieved him of angina. His on-going symptoms such as fatigue, may have been attributable to contracting Hepatitis C although Dr Harley could not rule out other causes such as weight gain, lifestyle choices and post-operative recovery.

MR 1988

38. Dr Day, a Consultant Hepatologist and liver specialist was instructed to provide his medical opinion on the likely date and source of Hepatitis C infection as well as the prognosis of his liver disease (**WITN0820007**). I attended frequent meetings with David and Dr Day in Newcastle but cannot recall the details of what was discussed. Dr Day was confident that David was infected with Hepatitis C during one of the infusions of Cryoprecipitate on 4 August 1988. David had received eight units of Cryoprecipitate. This was confirmed by the National Blood Service in its letter dated 31 July 1997 (**WITN0820003**). Dr Day went on to explain that in 2000 it was possible that David had developed cirrhosis and that the fatigue has was experiencing at that stage was symptomatic of Hepatitis C. In Dr Day's medical opinion, having Hepatitis C reduced David's life expectancy but it was possible for him to have a liver transplant. David was concerned about the prospect of further surgery due to his condition.

39. The third and final expert witness appointed by David's solicitor was Dr Webster, Consultant Psychiatrist (**WITN0820008**). In consultation with Dr Webster, David stated that he was shocked and horrified that he had Hepatitis C. He was angry that he had contracted the virus as part of medical treatment and he was not aided by doctors or his own medical research on how to cope. Dr Webster diagnosed David as having an Adjustment Disorder, with symptoms of depression and low moods, caused by contracting Hepatitis C. His on-going symptoms of fatigue, immobility and poor concentration in addition to financial uncertainty and instability exacerbated his condition.

40. The court case was settled and we received in the sum of £100,000. In reality this was not huge sums of money as we had bills to pay.

41. After the court case had finished, David was at his lowest and his health was poor. Our friends lived in France so we decided to go on holiday for a month. Whilst there, we made the decision to sell our house in the UK and move to **GRO-C** in the Dordogne region permanently. The weather was much better and our lives less stressful than that experienced in the UK. In France our

lifestyle changed: it was a relaxed lifestyle and due to David's low energy levels, he slept a lot; often staying in bed late in the morning and napping in the afternoon.

Personal impact

42. Our life together was affected and was not what we had planned or envisaged. We both enjoyed living in France despite being away from our family. It did have its downfalls, including the language barrier but we were helped by neighbours to communicate with doctors.

43. I was often lonely but unable to leave David for prolonged periods of time due to his condition and decline in health, although I did on occasion go to the cinema and short walks with friends. The possibility to interact with others was limited due to the language barrier and I had to stop going to French lessons so that I could dedicate my time to David.

44. Due to his mobility issues, the pharmacy custom built a wheelchair that he could use at home. Prior to this, I had used a computer chair to move David around the house because he was unable to walk. As a result, I sustained an ongoing back problem, for which I am still receiving treatment.

45. My mental health and wellbeing in France was affected. I was unable to cope with David's day to day care. I was physically, mentally and emotionally exhausted having cared for David for many years. Unlike in the UK, I did not have family to be able to rely upon and whilst neighbours were helpful, I had no real support network. At one stage I recall asking for some respite because David was not sleeping and his health was declining. I assume this was never organised by French doctors as I certainly did not have any respite and neither did David, except when he was admitted to hospital. I am told that my daughter also tried to access similar care for us by writing to our French GP.

46. Towards the end of his life, David did not want to be treated in hospital and returned home for a short period of time before he was re-admitted. He had

muscle atrophy on his legs and had lost weight but continued to have a descended stomach. On the day he died, I left the hospital to return home. Shortly after I received a telephone call to inform that he had passed away. I was incredibly sad but relieved that he was no longer in pain.

47. After David passed away, I stayed in France for six months but it was not feasible to remain there indefinitely because of finances, so I sold the house.

48. I now live in a rented flat on my own in Manchester. David had wanted to financially plan for our retirement but due to his illness we were unable to save for our future. This meant that when I returned to the UK, I was unable to purchase my own home. This is not the life either myself or David envisaged but it is the life I have to live now. I have family that lives close by but I still often feel lonely.

49. I was married to David for many years. We had a happy relationship and family life. He was an important figure in my life and he is terribly missed.

Section 6: Treatment/Care/Support

50. David was not refused treatment as a result of his infection with Hepatitis C but the treatment and care he received in the UK was poor. He felt unsupported, particularly by the medical profession. There was very little guidance offered about Hepatitis C but he took it upon himself to research the condition, symptoms and to find out others' experiences.

51. The healthcare in France was better than that received in the UK. Doctors had compassion, provided treatment which benefited patients and listened, something which we did not experience in the UK. The French doctors were proactive and not reactive like UK doctors.

52. I recall David having a mental health assessment but this may have been triggered by the court case.

53. When we moved to France, David was under the care of a local GP and Bordeaux Hospital. David was in and out of hospital frequently, not just relating to Hepatitis C but also his bladder/bowel functioning.

54. David was open about his condition with doctors and dentists. I recall one occasion that a Dental Nurse in France was scared to treat him in case she contracted Hepatitis C. There was stigma attached to having Hepatitis C. Whilst in Spain on holiday, David told a doctor that he had Hepatitis C and was told not to openly tell people because of the negativity he may receive.

Section 7: Financial Assistance

55. As set out above, David and I constantly worried about our financial situation. We were told by Dr Hay that he had made an application for financial support for us from the Skipton Fund. Prior to this, we were not aware financial support was available.

56. As far as I am aware, the application form was not challenged but we had no involvement with the process as Dr Hay dealt with it on our behalf. David received two payments totalling £45,000 (**WITN0820009**).

Section 8: Other Issues

57. David's diagnosis and subsequent decline in health had a profound effect on the family. I hope that the Inquiry brings justice to those who were both infected and affected.

Statement of Truth

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

Signed GRO-C

Dated 3. 3. 2021