

Witness Name: Christian Tyler

Statement No: WITN5519001

Exhibits: WITN5519002

Dated: February 2021

## INFECTED BLOOD INQUIRY

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### FIRST WRITTEN STATEMENT OF CHRISTIAN TYLER

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I, Christian Tyler, will say as follows:-

#### Section 1. Introduction

1. My full name is John Christian Congreve Tyler. I was born on GRO-C 1945 (aged 75) and I live at GRO-C I was formerly a feature writer, leader writer and columnist on the *Financial Times*, 1970-2000. I am now an author and writer.
2. My brother-in-law, John Michael Anthony Dinkel (born GRO-C 1942), was infected with the Human Immunodeficiency Virus (HIV) through contaminated blood products. He died on 15<sup>th</sup> August 1991, aged 47.
3. This Statement has been prepared without access to John's medical records. My sister, Camilla Dinkel, has provided her own Witness Statement to the Inquiry (WITN2855001).

## Section 2. How Affected

4. My brother-in-law, John, was the husband of my sister Camilla. He was a haemophiliac and learned accidentally of his infection with HIV in 1984 while he was employed as Keeper of the Royal Pavilion in Brighton. The previous year he had written a book about the Pavilion. As an art historian and lecturer, John had been in charge of the Burrell Collection in Glasgow and in 1974 moved to **GRO-C** to become deputy director of the Brighton Museums.
5. After being infected, John gradually had to give up work, suffered a series of seizures, and died of AIDS in August, 1991 at the age of 47, leaving two teenage daughters, one who had just been accepted to do an Arts Foundation course, the other still at school.
6. My wife and I, then living in London, visited John and Camilla in **GRO-C** regularly, and latterly my wife would go down once a week for the day to care for John in order to give Camilla some respite. We were therefore in a good position to know John's feelings about the way he was treated by the NHS and Government.
7. John had Haemophilia A, and was in the severe category. He was prescribed Factor VIII (FVIII) concentrate, which I subsequently learned was bought by the NHS from Armour and Company of the United States. He kept a supply in the fridge in case of accidents.
8. John was in the care of the haemophilia unit at the Royal Free Hospital in Hampstead, North London **GRO-C** **GRO-C**. The Royal Free had looked after him for a long time, and he preferred to stay with them as there was no similar clinic in **GRO-C**.
9. John told me he had learned of his infection with HIV by chance. Ignorant of his condition, he had applied for a life insurance policy which required a medical

report from his GP, who arranged a blood test. It was the GP who broke the news when he received the results of a blood test, saying: "By the way, did you know you've got HIV?" (or words to that effect: HIV had another name at that time). John was of course shocked by the news. He was equally shocked, I remember, that the Royal Free Hospital, to which he went for regular consultation, and which took regular blood samples from him, had not told him that he was infected.

10. My view was – still is – that the hospital committed a grievous wrong in not telling my brother-in-law of his condition, which they must have known. Earlier disclosure might have made no difference to the outcome, but it certainly destroyed his faith in the NHS. It is possible that the Royal Free maintained an official silence because it did not know how to handle the dreadful situation in which its haemophiliac patients found themselves. Whether this delay was deliberate, self-imposed, or instigated by a higher authority such as the Department of Health, I do not know.

11. In terms of the information provided, the family was aware that HIV was carried by blood, and they took the obvious precautions. But on one occasion when my brother-in-law coughed up blood at home while ill in bed, my second sister, who was visiting at the time, intervened to mop up the blood because the nurse who had attended felt unable to do so.

### **Section 3. Other Infections**

12. John was also thought to have been infected with the Hepatitis C Virus.

### **Section 4. Consent**

13. I am unable to comment on whether or not John was treated or tested without his knowledge and consent and/or for the purposes of research.

## **Section 5. Impact of the Infection**

14. As I have said, the way in which John and his family got the news was shocking.

They were completely up-ended by it, and coming to terms with his inevitable (as it was in those days) death was going to be a long and painful process. Over the next seven years John suffered a series of illnesses, which I recall became increasingly severe, as a result of the infection. The family had to take all kinds of precautions, which included getting rid of their two pet cats.

15. In terms of stigma, my brother-in-law was extremely upset by it. He was worried that neighbours would think he was a homosexual, which he most definitely was not.

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He was afraid that his friends would not visit him for fear of contracting AIDS.

16. John was particularly depressed by the failure of anyone in authority – the NHS, or the Government – to apologize for poisoning him and other severe haemophiliacs. “It’s like being poisoned by your own mother,” he said to me. His wife, my sister, suffered

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17. My own family tried to help, and I became involved in the campaign for proper compensation for the haemophiliacs condemned to an early death. With the permission of the then editor I wrote two articles about it for my paper, the *Financial Times*: an opinion column ‘Disaster on a time fuse’ on 17<sup>th</sup> November,

1989, and a longer feature piece, 'Blood Money', on 6<sup>th</sup> October, 1990. I refer to Exhibit WITN5519002 being a copy of the two articles.

## **Section 6. Treatment/care/support**

18. I refer to Camilla's Statement in relation to John's treatment, care and support. I remember him being in hospital quite often for treatment he didn't or couldn't get at home. He was angry about his health, but he also made a lot of jokes about it all. He was upset about the stigma surrounding his illness and the isolation that brought with it, but at the same time he was very selfless. He was extremely good about planning for his own death. I believe he clung on to life until he felt that the future of both his girls was clear and that they and Camilla were going to be OK. He achieved a lot in his 47 years. He managed to round off his life in a way that many older people fail to do. I believe that had he lived he would have gone on to achieve great things.

## **Section 7. Financial Assistance**

19. The initial payments from the £10m Macfarlane Trust 'hardship fund' announced by a tardy government in November 1987 were small and discretionary. In late 1989 payments *ex gratia* were increased to £20,000 per head after Conservative MPs lobbied Margaret Thatcher, then Prime Minister. But it was not until the arrival of Mrs Thatcher's successor John Major that the *ex gratia* sum was increased (in my brother-in-law's case) to around £60,000.

20. At all stages I thought the Government's response to the disaster was slow, weak, and miserly. I should add that my brother-in-law, though naturally anxious about his family's financial future, seemed more aggrieved by the refusal of the NHS and Ministers to acknowledge that they had made a terrible mistake than by

the small size of the initial *ex gratia* payments – though the latter was obviously influenced by the former.

## **Section 8. Other Issues**

21. In late September 1990, shortly before Mrs. Thatcher's resignation, I asked for an interview with the Department of Health for the article I was going to write on the Government's refusal to pay compensation to the infected haemophiliacs. I cannot remember the name of the official I met, but he was a senior person and accompanied by a press officer. The gist of what I learned at that interview is contained in the copy of the Financial Times article 'Blood Money' dated 6<sup>th</sup>/7<sup>th</sup> October 1990.
22. My main impression was that the Government was desperate to avoid making any admission of liability or pay any out-of-court compensation in case a precedent was set. My recollection is that the official wanted to impress on me that the relationship of the NHS and the general public was sacrosanct and must remain so. People just did not sue the NHS. (These days, of course, they do, in large numbers.) It appeared that Ministers therefore preferred – or had been advised - to face the imminent class action against the NHS, in the expectation that the plaintiffs would fail. This was the plan, in spite of the enormous public relations damage the Government would sustain, as a succession of dying witnesses appeared in court to take the stand and tell their story.
23. My previous experience as Labour Editor of the FT had taught me that many apparently intractable disputes (between trade unions and employers, for example) could be resolved by finding a form of words that allowed both sides to settle with honour. I suggested this to the Department of Health official. I don't recall what his reaction was.

24. I also interviewed a partner in the firm of Leigh, Day Solicitors, which was handling the class action against the NHS and Government, who told me that he thought he could convince the court that ministers and officials had been negligent in failing to fulfil the previous Government's promise to make England self-sufficient in FVIII treatment.

25. In the subsequent article I wrote that the Government was engaged in a contest it could not hope to win, and that it had no choice but to find a "form of words". A few months later, under the new prime minister John Major, this is essentially what it did.

#### **Anonymity, disclosure and redaction**

26. I do not wish to remain anonymous and understand that this Statement will be published by the Inquiry.

#### **Statement of Truth**

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

Signed...

GRO-C

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Dated.....2<sup>nd</sup> March, 2021.....