Witness Name: Richard Kerns

Statement No.: WITN0858001

Exhibits: None

Dated: 22 May 2019

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF RICHARD PAUL KERNS

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 11 March 2019.

I, Richard Paul Kerns, will say as follows: -

Section 1. Introduction

1. My name is Richard Paul Kerns. My date of birth is GRO-C 1966. My address is known to the Inquiry. I am married and I currently work from home running a public relations ('PR') consultancy. I am partially disabled (for reasons unrelated to my infection) with limited mobility.

2. I intend to speak about my infection with Hepatitis C ('HCV'). In particular, I will speak about the nature of my illness, how the illness affected me, the treatment I received and the impact it had on me.

Section 2. How Infected

3. In June or July 1989, I was on holiday in Ibiza with my then wife. After around three days, I became very sick and was ultimately taken to hospital. I was then operated, on as the doctors thought that I may have a ruptured appendix. Under surgery, it was established that the appendix was fine and that I did not in fact have acute appendicitis, but I did have massive internal bleeding. As a result, the surgeons then performed a laparotomy and had to drain three pints of blood from my stomach. This was later diagnosed as haemolytic uremic syndrome ('HUS'), which caused complete renal failure and an inability for my blood to clot.

4. As a result of the failure of my pancreas, liver and kidneys, I was then operated on a second time to be fitted for peritoneal dialysis and was treated using this method for the next two days. My wounds were not healing and I continued to bleed from them. I was nil by mouth, which meant that the doctors had given the medical instruction that I could not receive any food or fluids through my mouth.

5. My father, who was a doctor, flew out to be with me. My mother subsequently followed a bit later. Given my father's connections within the Manchester medical community, he requested for me to be seen by the best medical consultants.

6. On around 10 July 1989, I was taken by air ambulance back to Manchester. I was given a police escort to the hospital with outriders, and was admitted to the renal unit at what was then known as Hope Hospital, Salford, subsequently renamed The Salford Royal.

7. It was there under the care of the renal staff, which at the time was headed by doctors Anne Holmes and Stephen Waldeck, that I underwent further surgery to have a shunt fitted in my leg for haemodialysis. This shunt later became dislodged and I had further surgery to fit one in my arm. My catheter was removed as it was not helping me, and I was put under 24 hour supervision. I was diagnosed as having HUS, which had an 80% mortality rate.

8. All wound sites continued to bleed with no clotting of the blood, and as a result I received over sixty pints of blood and twenty pints of platelets during my treatment.

9. I was on dialysis for the next ten days, before my renal organs began working and my blood began to clot again. The senior haematologist and another doctor decided to go back to basics and apply pressure on my wound sites, which eventually stopped the bleeding. I was then able to start eating and taking liquids again.

10. At no stage was I made aware the blood that I was being given could potentially be infected. The first that I learnt of the Hepatitis C infection was a

couple of weeks into my treatment for HUS, when I overheard a doctor outside my room instructing nurses to 'glove up' when treating me as I had Hepatitis.

11. I was then 'officially' told that I had 'Non-A Non-B' Hepatitis. I was later informed that it was Dr Stephen Waldeck who gave this information to me at my bedside, although I do not remember precisely myself as I was still unwell. However, I do remember being told that 'Non-A Non-B' Hepatitis was untreatable and that basically, I had to live with the potential of it causing liver cirrhosis or cancer, in the worst-case scenario. My father subsequently asked the consultant in Birmingham whether my then wife would need to be tested, but the consultant stated that there was no risk of transmission to my wife.

12. All of this information was delivered in a very blasé, perfunctory sort of manner. None of the doctors asked how I had contracted 'Non-A Non-B' Hepatitis, and I did not think to ask them about it either. I was certainly not given adequate information to help me understand or manage the infection initially: I was not given any literature about the disease, or pointed to any other sources of information. I should also have been told immediately when the doctors at Hope Hospital first became aware that I had Hepatitis C, rather than overhearing a doctor discussing my infection when I had no prior knowledge of it.

Section 3. Other Infections

13. I do not believe that I have received any other infection or infections.

Section 4. Consent

15. I was tested for Hepatitis C without my knowledge when I was in Hope Hospital. I had no knowledge of it prior to overhearing the doctors discuss my infected status. I was not informed that I was being tested for Hepatitis.

16. Other than that, I do not believe that I have been treated or tested without my consent, without being given adequate or full information, or for the purposes of research without my consent.

Section 5. Impact

17. When I was first told that I had HCV, the news was so damaging that it caused me to fall into depression. I was crushed to think that I had survived through a major illness that had an 80% mortality rate, only to then be told that I had contracted a potentially untreatable illness as a result of treatment for the initial condition.

18. Around three months after my discharge from Hope Hospital, I was referred by them for an appointment with a specialist, whose name I do not recall, who was pioneering work in the treatment of 'Non-A Non-B' Hepatitis at Queen Elizabeth Hospital, Birmingham. There I underwent further blood tests but was again told that my condition could not be treated.

19. Because there was no treatment available, I suffered with a constant feeling of queasiness and nausea as a result of Hepatitis C.

20. It was not until the summer of 1991 when I received a letter from Monsall Hospital ('Monsall') in Manchester, asking me to call and make an appointment to discuss my infection with Dr Ed Dunbar. At Monsall, I underwent further blood tests and was subsequently informed by Dr Dunbar that I needed to be admitted overnight for a liver biopsy. He had explained that Interferon, a drug previously used in cancer treatment had shown promising results in the treatment of Hepatitis C.

21. About one week after the biopsy, Dr Dunbar called me to say that I needed the treatment. After being admitted and administered with my initial course of Interferon treatment, I was put on a course of the drug for six months. I self-administered Interferon daily through subcutaneous injection. Each week I then had to go back to Monsall to have my blood tests taken, liver function tests monitored and to pick up my prescription of drugs.

22. Injecting Interferon into my own stomach every day for six months was not pleasant. Taken in the evening, Interferon caused feverish symptoms and sickness around thirty minutes after performing the injection. It also caused me fatigue.

23. My results began to improve weekly and by the end of the six-month treatment, I was discharged. My liver was not affected at all, as I had been treated fairly quickly – I cannot thank Dr Dunbar enough for this. I subsequently had to attend Dr Dunbar's clinic for couple of years annually at North Manchester General (Monsall Hospital had been demolished by that time) and these results were clear.

24. With regards to medical or dental treatment for other conditions, I have always had to declare that I had previously been infected with HCV. However, it has never prevented me from obtaining any treatment. I also do not recall being treated any differently due to HCV. I was a bit wary of telling people about my infected status, as I knew that there was a certain stigma attached. Nevertheless, I did not feel like I had to justify anything about my lifestyle. The most frustrating part for me was that other people were always under the impression that I could not have been cleared of HCV. I had to always insist that I was clear.

25. I believe my infection with HCV contributed to the breakdown of my first marriage. After I was discharged from Hope Hospital in 1989, I went to stay at my parents' house so that they could administer care for me. At that time, I had only been married for one year. My struggle with HUS and subsequent diagnosis with HCV had a profound effect on my marriage – I realised I wanted more from life than living in a terraced house in Salford and raising children. I separated from my then wife in 1990.

26. With regards to the work related and financial effects of my illness, I believe that my earning capacity was reduced, partly due to HCV and partly due to HUS. Following my illness and discharge from Hope Hospital, I was unable to work for around nine months and had to live on social security. When I was able to go back to work, my employers had to agree to my regular hospital visits. I was working as a marketing executive for a factory at the time.

27. My illness with HUS meant that I was forced to borrow from my family, as my income support was insufficient to cover my mortgage. My family became extremely concerned and worried about me, particularly as I later spent three years going to self-funded counselling sessions for depression related to my HCV. My counselling sessions cost me around £40 per week. I must have attended these weekly sessions about 120 times (based on about 40 visits per year for 3 years, taking into account respective holidays, Christmas etc)

Section 6. Treatment/Care/Support

28. No counselling has ever been offered to me in consequence of being infected with HCV. I had to privately seek out counselling services when I became depressed, and paid for it all myself (see previous para)

Section 7. Financial Assistance

29. Around 2004, I was contacted by the Skipton Fund telling me that funding was available to me. I had to fill in some forms and obtain the support for the claim by medical professionals. I was awarded a lump sum payment which I thought was around £16,000, but looking on their website, it appears that it would have been £20,000.

30. The letter of agreement for this lump sum, so far as I can recall, stipulated that I had to agree to it being a full and final settlement and that I would not take any further recourse against any fund or body to seek further payments.

31. In October or November 2016, I received further correspondence from the Skipton Fund advising that there would be a new annual payment of £3,500 to cover the period 1 April 2016 to 31 March 2017 and that in future years these annual payments would be divided into monthly instalments. I received these for a few months, but then they stopped. I do not know why I am no longer receiving these payments. I intend to follow this up.

Section 8. Other Issues

32. I am relatively fortunate in the fact that my infection with Hepatitis C was found quickly and dealt with within two years. I am greatly indebted to Dr Ed Dunbar, who treated me so quickly and cleared my HCV.

33. However, I should not have been infected with HCV in the first place, especially not when I was being treated for another life-threatening illness. I would like to know who in the NHS made the decisions that caused me to receive infected blood. I want answers to questions, such as whether there was a test available to screen the blood, and if so, whether it was too expensive for the NHS to afford. I want to know why the source of our imported blood was not made public, and why we were not informed of the risks of infection. I believe that those who were victims of this scandal deserve answers.

Statement of Truth

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

Signed GRO-C

Dated 22/5/19