Witness Name: Colin Aspland
Statement No.: WITN09001
Exhibits: **WITN09002**
Dated:

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF COLIN APSLAND

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 19 March 2019.

I, Colin Ronald Aspland, will say as follows: -

Section 1. Introduction

1. My name is Colin Aspland. My date of birth is GRO-C 1946 and my address is known to the Inquiry. I am a retired business man. I live with my wife, Jenny in Suffolk. We have been married for 49 years and we have two daughters. I intend to speak about my hepatitis C ("HCV") my subsequent liver transplant and other related medical conditions. In particular, the nature of my illness, how the illness affected me, the treatment received and the impact it has had on my wife and daughters and our lives together.

Section 2. How Infected

2. I was diagnosed with what I now believe to be HCV in 1975 as a result of blood transfusions during surgery I underwent in the 1960s and 1970s.

3. I left school and started work in 1963, at the age of 17. At that time, I had a perforated ulcer in the stomach. This is a condition in which the ulcer causes the lining of the stomach to split open and is a serious, potentially life-threatening condition which requires emergency surgery. I had surgery at the Newmarket General Hospital (now known as the West Suffolk Hospital). During the operation, I was given a blood transfusion of an unknown quantity of blood. I recovered satisfactorily after that procedure.

4. However, three or four years later, I experienced further problems with stomach ulcers and I was admitted to Newmarket General. At that stage, I was under the care of Mr. Taggart (now deceased). As a result of these ulcers, I had a surgical procedure known as a vagotomy. A vagotomy is a type of surgery that removes all or part of the vagus nerve, which runs through the stomach and intestines and whose functions include assisting the stomach to produce acid for digestion and is used to treat stomach ulcers. During that procedure, I had a further (second) blood transfusion of an unknown amount of blood.

5. In 1969, I had further problems concerning stomach bleeds and was admitted to hospital. Jenny and I married in 1970. Our first daughter was born in 1974 and our second daughter was born in 1976.

6. In about 1975 I began to feel very unwell. I was extremely tired and suffering from fatigue. I went to my GP, who was then Dr. Dixey (snr). I had experienced a yellowing of the skin and the GP diagnosed

jaundice, which is, of course, an indicator of liver disease. Dr. Dixey referred to my having "hepatitis", but he did not mention hepatitis C (as that virus was not identified until much later). I do not recall whether he prescribed medication. He advised me to avoid alcohol for a year, but I was not drinking in any event due to my stomach problems. Whilst the doctor advised in terms of taking obvious precautions regarding such matters as sharing towels, cutlery and so forth, information about the infection enabling me and my family to manage the condition was limited.

7. A short time after that diagnosis, an extraordinary event occurred. Entirely out of the blue, with no notice or explanation, what I can only describe as a "public health official" called at the house. This official referred to my having a "notifiable disease" and the fact that hepatitis was prevalent amongst groups such as homosexuals, drug users and prostitutes. This naturally caused my wife and I considerable upset and distress. I said that none of those factors could have caused me to have the virus and asked him how I could have contracted it. He made the flippant and ignorant comment that I had probably caught it "from a dirty burger off a van" and again referred to precautions to be taken.

8. We never heard from this individual again nor did we have any explanation of how he came to visit us. I can only assume that the body he represented had been notified by my GP. This would have been, by definition, entirely without my knowledge or consent. He did not suggest that other family members were tested and nor did my GP. At no point had I or my parents been informed of any risk of hepatitis or any other disease associated with blood transfusion. I have subsequently under FOI established from Public Health England that routine Lab reporting with patient identifiable data did not commence until 1996. As my infection pre-dates the recording or the ability to identify A/B/C virus I cannot establish any other evidence. In addition West Suffolk Hospital has advised me that electronic records for blood components began in 1988 so they have no identifiable records of the

transfusion I received apart from the recording of surgery and transfusions received in my general notes.

9. At this time, whilst the jaundice improved, from 1978 I was ill intermittently for several years. I had periods of vomiting blood, stomach problems, lethargy and tiredness. I was prescribed a drug called Tagamet (Cimetidine) used to treat and prevent ulcers and treat conditions that cause the stomach to produce too much acid. I was working in a management capacity for packaging companies during this period but the intermittently illnesses meant that I was working off and on for several years. Of necessity, a great deal of absenteeism occurred as a consequence of which I lost a couple of jobs as I was unable to commit to full time employment for many years.

10. This situation continued until 1986 when I had a partial gastrectomy. I was very ill by this stage; vomiting, sometimes with blood. I had also lost a great deal of weight and was incredibly thin. In fact, people asked if I was dying. I had the operation at Newmarket General. A partial gastrectomy involves the removal of part of the stomach, normally the lower half, and is used to treat stomach problems including bleeding, inflammation and severe peptic or duodenal ulcers. Because of the operation and my recovery, I was absent from my job for three weeks. On my return, I was dismissed. Following the operation, which was successful, I was relatively well for a number of years, although as a result of the gastrectomy I had to make lifestyle changes in terms of diet. I also had numerous medical tests in the following years and regular blood tests.

11. The next significant date is the occasion of our Silver Wedding anniversary in 1994. In December of that year, to celebrate, we all went on a family holiday to Goa. Our daughters were then 18 and 21.I became very ill indeed on this trip. I was losing a huge amount of weight and I could not stop drinking water – litres a day. On my return, I went to see the GP and he sent me immediately to the West Suffolk

Hospital. I felt truly terrible. I recall the doctor's words vividly: "must be the worst case of cancer I have ever seen."

12. On admission to the West Suffolk, I had tests and examinations. These included a bone marrow biopsy and other biopsies. During blood tests, it was discovered that I had a severe platelet deficiency. I had a massive platelet transfusion, but the next day, my platelet count once again showed the same deficiency or worse. Following the tests at The West Sussex, I was transferred to the care of Addenbrookes Hospital in Cambridge.

13. I had extensive tests at Addenbrookes between 1995 -1999, including an eventual liver biopsy. As a result of the biopsy, I was diagnosed with what was described as "cryptogenic cirrhosis". Clinically, this term is used for the end stage of a chronic liver disease in which its underlying cause remains unknown. To me this was merely a convenient label or shield to "disguise" the doctors' failure, despite the evidence, to acknowledge the probable origin of the cirrhosis, namely, HCV. Prior to this diagnosis, I thought I had cleared the HCV and I had not, therefore, "joined the dots" in terms of the source of my health problems. Even at the time of my eventual transplant, to which I refer below, HCV was not mentioned as the likely cause. In this respect, the medical advice was far from full and frank.

14. In April 1994, I was diagnosed with type 1 diabetes. Type 1 diabetes causes blood glucose levels to become too high as the body cannot produce enough insulin to control it, necessitating insulin injections. I remain on insulin injections to this day.

15. I was eventually listed for a liver transplant at Addenbrookes. I had the transplant on 23 September 1999. It was a complicated operation due to previous surgery. By the time of the operation, I had sustained enormous weight loss and I was down to only 7 stone. I also had incredibly itchy skin. I got angry and aggressive quite easily. I also suffered from hallucinations and was prone to sleep-walking, including

venturing outside the house. On one occasion, my night time "walkabouts" led to an accusation of voyeurism. My wife was extremely distressed by my condition. Whilst waiting for the transplant, I became depressed, although I was not prescribed medication as a result.

16. Because of my weight loss, I needed a small liver compatible with my reduced state. I received the liver of a 43 year old woman called GRO-A. There were some waiting list issues at Addenbrookes, although this did not cause significant delay. This was caused by the fact that the hospital were "importing" and treating private patients from abroad to fund their transplant programme.

17. The operation was a success and I was discharged after 8 days. I was prescribed anti-rejection drugs and I remain on a cocktail of drugs for life as a consequence of the liver transplant. One of those drugs makes me particularly susceptible to skin cancer which necessitates daily applications of sun lotion. At the time of the transplant, I was advised that I had seven "good years". Nearly twenty years later, happily I am still going strong. I now attend an annual check-up at the liver clinic at the Norfolk and Norwich Hospital where I undergo blood tests and my kidney function is monitored as kidney failure is a risk following the transplant.

Section 3. Other Infections

18. I do not believe that I have received any infection or infections other than HCV as a result of being given infected blood.

Section 4. Consent

19. On the issue of being treated without being given adequate or full information, I have already commented on the relative paucity of the information provided to me when my GP, Dr Dixey, first told me I had hepatitis and the fact that it was not suggested that my wife or other

family members be tested. I do not believe that I have ever been treated or tested without my consent. I did take part in a trial for a new drug after my liver transplant, but that raises no consent issues.

Section 5. Impact

20. I now wish to turn to the impact of being infected with HCV in terms of both the mental and physical effects on me and the impact on my private, family, social and work-related life.

21. Virtually my entire life has been governed and defined by my infection and its consequent medical issues, culminating in the liver transplant. This has resulted in an entirely different life to the one I would otherwise have had and has had profound consequences resulting in family upset, distress and trauma. I have never tried to hide the fact that I had a liver transplant, although if I had known it was as a consequence of my being infected with HCV, I may have been more reticent. It was really only via my knowledge of the Infected Blood Inquiry that I began to realise the origin of my health problems in the form of an infected blood transfusion or transfusions.

22. When I underwent the partial gastrectomy in 1986, my daughters were seven and nine years old. As I had been dismissed from my job following the operation, my wife returned to working full time for Barnardos, often travelling around the country. Barnardos were very understanding and helpful and Jenny's work kept us afloat financially at that time and also eventually provided her with a good pension.

23. I was always as frank as I could be with the girls about my medical situation. Bearing in mind their ages, girls were disappointed that they saw relatively little of their mother after she returned to full time work. The fact that I was at home all day was no substitute. Given this and my condition, it was frankly a traumatic time for my daughters and the whole family. In particular, it resulted in my elder daughter's

adolescence being troubled. By the age of twelve or thirteen, she had become rebellious. It took her a long time to come to terms with the situation. Her school were alert to the problem and her school work suffered. I recall that she daubed her art work with red paint representing "blood". At the age of fifteen or sixteen, she GRO-C GRO-C if I can put it like that. She was attention-seeking and wanted to get away from home. At eighteen, she got a posting with an organisation GRO-C GRO-C to work with young people. She was GRO-C which naturally had an upsetting effect on the family.

24. Our younger daughter was always more placid and did not follow her elder sister's rebellious path. The situation with her was helped by the fact that Jenny's father, who lived locally, retired early. He became my younger daughter's mainstay. She would go to his house after school and they became very close although, regrettably, that relationship deteriorated.

25. I now turn to the impact of the infection on my work life and career. I have already mentioned that due to my medical condition over the years, I lost jobs due to absenteeism and was only able to work "on and off". This culminated in my being sacked from my job following the partial gastrectomy in 1986.

26. Following that episode, I decided that I did not want the risk of being fired anymore and decided to start my own business. That year I set up Talland Packaging, a factoring company in the business of trading in cardboard boxes, as I had long been in the packaging industry. I did not need premises and conducted the business from home. Unfortunately, due to my health issues, the company went into liquidation in 1998 and Price Waterhouse were appointed to deal with the administration. Whilst I was waiting for the liver transplant, I was not capable of either working or running the business.

27. Whilst the annual turnover was relatively small (in the tens of thousands of pounds) creditors were owed money. Court action followed which precipitated a great deal of local ill-feeling in what was a small community and we featured in the local press. (We were living in GRO-C Cambridgeshire at that time). People clamoured to be paid on the basis that in their view, I would not be around to settle my debts. In fact, all local creditors were paid.

28. A further issue regarding the impact of the HCV infection and related health problems resulted in my family being forced to move due to financial problems as a direct consequence my sporadic ability to work. In 1975, after the birth of our first daughter, we had to sell our existing house and move somewhere smaller. We bought a small bungalow in GRO-C Cambridgeshire. My state of health even impacted on the sale, as potential buyers in a small community tried to gain an advantage as they heard I was dying. Again, because of the knock-on financial effect of my medical condition, there were rarely any spare funds. I did not receive any state benefits as Jenny was working. Luckily, Jenny's parents had a static caravan on the Norfolk coast which we could use for family holidays as due to financial and health problems we could not go on foreign holidays after the Goa trip I mentioned.

29. The infection had a profound effect on our social life as well. I simply could not attend social events over the years because of my medical state. It became a standing joke that friends and relatives only ever saw Jenny at social functions.

30. I had been an active sportsman in younger years, being a championship bowls player, but my medical state after the mid-1970s severely curtailed the opportunity for sport of any sort. Even so, I participate in the annual British Transplant Games run by the charity Transplant Sport UK. In 2003 I won my first medal in Badminton. The following year I won the Bowls and in 2005 I attended the World games where I achieved both a silver and bronze medal in bowls. This is yet

another instance of my life being defined and dictated by my medical condition.

31. Despite all that has happened and the associated family upsets and trauma, I manage to maintain a positive attitude. I have survived far longer than the medics predicted and am blessed with three grand-children.

Section 6. Treatment/Care/Support

32. I am asked whether I faced difficulties or obstacles in obtaining treatment, care and support in consequence of being infected with HCV. I can answer that in the negative. I have never felt discriminated against in this respect. This extends to "unrelated" treatment such as dental treatment.

33. I am also asked whether counselling or psychological support has ever been made available to me in consequence of being infected. I have never been offered any such support and whilst I did not actively seek it, I think it would have been helpful in the period leading up to the liver transplant.

Section 7. Financial Assistance

34. I have not received nor sought any financial assistance from any of the Trusts and Funds set up to distribute payments. Indeed, prior to this witness interview, I had no idea that such Trusts and Funds were in existence.

Section 8. Other Issues

35. There are no other issues I wish to raise other than to say that I hope as a result of the inquiry asking how this situation was allowed to happen, it never happens again. From the early 1970s our lives could

have been so different. My infection denied me and my family the opportunity to lead the life we should have led and the whole family has suffered as a result.

Statement of Truth

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

Signed GRO-C

Dated 17 - 10 - 19.