

Witness Name: Gerard Hazelton

Statement No.: WITN2865001

Exhibits: none

Dated: 20th May 2020

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF GERARD HAZELTON

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 23rd April 2020.

I, Gerard Hazelton, will say as follows: -

Section 1. Introduction

1. My name is Gerard Hazelton. My date of birth is GRO-C 1952 and my address is known to the Inquiry. I intend to speak about my wife Gillian Hazelton who was born on GRO-C 1949 and who was infected with hepatitis C as result of receiving blood transfusions. I will speak in particular about the nature of her illness, how the illness affected her, the treatment she received and the impact it had on her and our lives together as a family.
2. I do not wish to be anonymous for this statement.

Section 2. How Infected

3. Gillian is a very bright person, she is very intelligent. Gillian is quite artistic as well: she embroiders and enjoys painting, and has even exhibited her work

in London. Gillian is very fond of the arts. She is also a no nonsense person as well. All I can say is that she is a good, honest woman and she is helpful whenever she can be helpful. Physically, Gillian used to be very fit before her infection, she was a very athletic person. She still exercises everyday but I know that it is harder for her now. Gillian would never be the type of person to sit around and feel sorry for herself. She always tries to make the best of her situation. Gillian used to work as a teacher and started teaching in 1972 and continued doing that until she was forced to stop due to her health in 2012.

4. Gillian was infected with hepatitis C after having received blood transfusions during, and in the days following, the birth of our twins, Lewis and Gerard, on GRO-C 1982 at Yorkhill Maternity Hospital. It was a Dr Chatfield that was in charge of Gillian's care. Gillian received her first blood transfusion during the delivery on the GRO-C 1982. Whilst she was in hospital for the delivery she also received a clear drip which I think was plasma but I cannot be certain of that. Gillian passed a very large blood clot whilst in hospital on the GRO-C 1982, her blood count at that point had dropped from sixteen to nine. She received another blood transfusion in response to that. After spending the next few days recovering, Gillian was discharged from hospital on the GRO-C GRO-C 1982.
5. Our midwife came to the house on the GRO-C 1982 to check on Gillian's progress. She examined Gillian and it was decided that she would need return to Yorkhill Maternity Hospital the next day due to declining state of her health at that point. Gillian had been bleeding quite a lot, had started to become jaundiced and her comprehension at that stage was very poor. On the GRO-C 1982 she was taken into theatre to determine whether the blood clot had left any residue in her womb. In the course of that operation, Gillian haemorrhaged in theatre and received another blood transfusion. Gillian described it at the time as blood being poured into her. Throughout this spell in hospital Gillian was suffering from regular spikes in her temperature known as rigors. The problem for Gillian was that she is allergic to penicillin and its alternative Septrin, which made lowering her temperature

very difficult. On the [GRO-C] 1982, when I went to see her at the hospital, her temperature was up to 103° F and that day she received a further blood transfusion. On the [GRO-C] 1982 Gillian received another blood transfusion. On the [GRO-C] 1982 her temperature had risen to 104°F and she received antibiotics and her blood count was at eleven. Her condition improved a little over the next few days and she was discharged from hospital on the [GRO-C] 1982, she only weighed nine stone, two pounds at that stage.

6. When she came out of hospital after all of that, she was very feeble physically and was very depressed. On the [GRO-C] 1982 her weight was down to nine stone and there was a lot of blood in her urine. On the [GRO-C] 1982 Gillian began to experience rigors again and her temperature rose to 105° F and she was taken back into Yorkhill Hospital for observation. The next day she was still suffering from rigors again and her blood count had dropped to ten. On the [GRO-C] Gillian's consultant Dr Chatfield diagnosed that whatever infection they thought she had post-birth was gone and she was sent home on the [GRO-C] 1982. Dr Chatfield had told me at one stage that what Gillian was suffering from was a hospital acquired infection. He said they did not know what it was but all they could give her was an experimental antibiotic called gentamicin. He even warned me that she might not make it. I cannot remember exactly when he told me this. Gillian was still very jaundiced at the point she left hospital and had been since she was readmitted to hospital on the [GRO-C] 1982. After the [GRO-C] [GRO-C] 1982, things did settle down somewhat but Gillian was extremely tired and fatigued from then on.
7. There was no discussion with Gillian about what blood products she was going to be given beforehand. Nothing was discussed with me either and we were not given any options to consider or given an explanation of the risk associated with receiving the blood transfusions. No one explained that these were blood products sourced from the prison population. It was maddening to find that out later down the line. All that was said was that she required the blood transfusions and that was it.

8. Gillian found out about her infection after having donated blood around January 1999 at a donation unit that had visited the school she was teaching at. Shortly after having donated the blood she received a letter from the Blood Donor Service asking her to come in to the Glasgow Blood Donor Centre because they had found a liver infection in her blood. I remember her phoning me and being very worried about this infection. I cannot remember exactly when this appointment was but I remember that when she went in to the appointment, they told her she had contracted hepatitis C. I am not aware of who she spoke to when she went in for this appointment. At the appointment they asked Gillian a lot of questions about her sex life and whether she had a history of drug use without explaining why. Eventually, Gillian just told them to cut to the chase and tell her what was wrong. They then told her that she had contracted hepatitis C and that it had most likely come from the blood transfusions she received in 1982.
9. I cannot say what information was provided to Gillian about the infection at this appointment. I might have known at the time but I cannot remember now.
10. I also cannot say whether the information given to her was adequate to understand and manage the infection but I know that she was not told a lot about it. Neither of us were aware of what was to come from Gillian having contracted the infection.
11. I do not know whether Gillian could have been informed about her infection earlier than she was.
12. Gillian was shocked she had been told that way. The nature of the questions she was asked at that appointment felt like she was being accused. The gravity of the diagnosis was a huge thing as well, hepatitis C was something completely unknown, for most people at that time. It was a very worrying thing for us to be told. Gillian was not happy with the way she was told about her diagnosis.

13. As far as I can remember I believe there was some discussion at Gillian's appointment about the risk of cross infection. I cannot say exactly what she was told but I know that it never entered her mind that it was going to be a problem. I think all we knew was that it could be passed on to someone else. Gillian was always very careful to ensure that her blood never came into contact with anyone else.

Section 3. Other Infections

14. Gillian has not contracted any other infections other than hepatitis C from receiving those blood transfusions.

Section 4. Consent

15. It is possible that Gillian was treated or tested without her knowledge and consent. Gillian was not aware of how she was being treated or tested due to the effect of the infection she had been given and she had haemorrhaged a lot of blood. I would like to think her consultants would not have willingly given her infected blood without her knowledge and consent.
16. Post hospital, I do not think that Gillian was ever treated or tested without being given full and adequate information about what they were doing.
17. I think it is possible that Gillian was tested or treated for research purposes but I have no knowledge of that.

Section 5. Impact

18. Physically, Gillian would be exhausted a lot of the time. Normal things became quite hard for her to do and she wasn't able to keep up the same level of physical activity she had before her infection. Gillian suffered from Formication which is described as feeling that insects are crawling beneath her skin. In addition, she had continual aches throughout her body

19. Gillian would suffer from terrible mood swings and bouts of depression. The infection has affected her mentally quite a lot. She would also have problems with her memory a lot of the time and her comprehension would suffer a great deal as well. The infection had a huge impact on her mental health because of these changes in herself.
20. The effect of what happened to Gillian spoiled a lot things for her, especially the early years of our twins' lives. She was so exhausted in those first few months after she had returned from hospital that I think she missed out on a lot of experiences with them. She felt that she hadn't bonded with her children properly because of her health. She still feels guilty about that even now. Whilst Gillian was in hospital she obviously was not able to look after our twin sons and thankfully my mother was able to help us with childcare at that time. My father died a few weeks prior to the birth of my sons and my mother looked after the babies for several months despite the loss of my father. She looked after them whilst Gillian was in hospital and for several weeks after that because of how tired Gillian was after returning home. Gillian didn't have the strength to lift the twins and struggled feeding them as well. It was very exciting giving birth to undiagnosed twins at first but after a few days it started to feel like a disaster. The first four or five years of having the twins were not the joy they should have been. It was horrific watching Gillian waste away and miss out on those early experiences.
21.

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22. Socially, Gillian went from being very gregarious to only being comfortable in small groups of people that she knew. That is something she still deals with today. We wouldn't be able to go round to a house party for example because she wouldn't be able to cope with that many people. She is happy with people that she knows and good friends but large crowds are not something she is comfortable with anymore.

23. For me and the rest of the family the infection felt disastrous. The children didn't know anything about it until 1999 when they were both about to head off to university, it was a real shock for them. I know that must have worried them both. They didn't know the history of it at all so it was quite a lot to take in for them, they both worried about Gillian when we told them. I haven't asked them about how everything impacted them but they have always been very supportive about it.
24. As a result of the infection Gillian has developed chronic depression for which she receives medication. The medication has helped a bit but that is still under review. Gillian did not want to take anti-depressants at first but on her GP's advice she began to take them in January 2019. She also developed physical tremors where you can see her head shaking at times. Those tremors started around five years ago. Gillian didn't actually notice these tremors, my sons and I pointed them out to her. Her GP advised that once tremors like these appear, they will be there for life. The tremors could be treated with beta blockers but it was advised that she should not take them because of her health.
25. Gillian also began having anxiety attacks in 2014. She was having chest pains that moved up through her chest to her neck and jaw. The pain from this would often wake her up at night. The attacks used to only come at night initially but latterly they started happening during the day as well. These attacks could happen anywhere, even just walking down the street. I remember walking around St. Andrews with her once and we had to stop and sit down because she was having an attack and had terrible pain in her chest. The attacks can happen at any time and are both painful and stressful. After our son's wedding in Italy she had a bad episode while walking in the street. These attacks have happened often. . She went to her GP about the issue when they began and was referred to a cardiologist at the Western Infirmary, Glasgow. Initially, Gillian thought it could be something like angina or even the signs of heart attack symptoms. At the Western Infirmary, she underwent ECG tracing but the ECG did not find a source of the problem. It was at that point that the consultant suggested it

could be anxiety causing the issues. Gillian explained that the pains from the attacks has been waking her up at night but the consultant said this was normal for anxiety attacks. The consultant did not recommend any treatment.

26. The infection has left Gillian with extreme fatigue. She also still has problems with her memory and concentration today. It has left her with a lot of anger as well.
27. Gillian received ribavirin and interferon to treat her hepatitis C. She was referred to a Dr Mills at Gartnavel Hospital, Glasgow for her treatment. Dr Mills performed some tests on her during her first appointment that revealed that she had an active hepatitis C infection, genotype four, which meant that her own immune system could not fight the infection. We were told that the treatment could take about a year and she began that treatment on the 4th May 2005. The treatment ended twelve months later in May of 2006 and Gillian was given the all clear in November of 2006..
28. The only obstacle that Gillian faced in receiving treatment was that there were a number of drug trial treatments for hepatitis C available at the time Gillian was first referred to Dr Mills that she was not able to take. This was before interferon and ribavirin were available. She was not able to participate in these trials due to her having a weakened immune system as a result of her infection. Gillian's GP, Dr Shaw at the Queen's Crescent Surgery, Glasgow had advised her not to be the guinea pig for these trials whilst her immune system was in the state that it was.
29. Whilst receiving her interferon and ribavirin treatment, Gillian was left feeling exhausted every day. Her blood count was so low that she had to stop working, she took seven months off work after five months of treatment so that she could cope with the physical toll of it. She developed mouth ulcers and aches in her body from the treatment as well. The treatment caused Formication, feeling like insects crawling under her skin.. The way the treatment left her physically used to reduce her to tears at times. There were periods where she suffered from nausea. She lost around three quarters of

her hair during the treatment as well. Physically, she started to lose her balance and become quite clumsy. She still deals with these coordination problems today. The treatment also led to a lot of disturbance to her sleep pattern and insomnia was a big issue for her. Gillian's thyroid was also damaged from the treatment and as a result she has to take thyroxin for the rest of her life to keep that in check. The aftermath of the treatment caused a lot depression for Gillian, it was such a huge change in her health.

30. I am not aware of Gillian's infection having any impact on her treatment for anything else medical or dental.
31. The stigma around hepatitis C was one of the things that Gillian worried about. She worried whether they would affect her relationships with pupils and staff at the school she taught at. Luckily, the headmaster at the school was very understanding so that did not become an issue for her. Gillian was always very careful to make sure she was never in a situation where her infection would become known. Even though people are very kind and supportive there was a concern that sort of information might change things so Gillian was very careful.
32. Before her illness, Gillian was a promoted teacher, a principal teacher, and had a chance at one stage to become a head teacher but her infection took all that away because she was so drained and had to take time off. That really shook her confidence in herself, I felt like it destroyed her at times. She also had to take a leave of absence for seven months during the treatment due to the negative effect it had on her health. After her treatment, Gillian was only able to return to work on a supply basis due to how the treatment had left her physically. Eventually she had to resign from teaching because of her health on 16th August 2011 and that was extremely tough for her. She did go back to teaching on a part-time basis a few years later but retired from teaching in May 2016.
33. Gillian was receiving sick pay during her seven months off work but that still had an effect financially, it wasn't what she would typically be earning. She

also lost out on the promoted salary she could have received if she had become a principal teacher. Luckily, when Gillian did retire in 2012, the head teacher at her school did what he could to ensure she received a good retirement package. It was a lot less than she would have received if she had continued working but it was better than she would have received without him. But Gillian definitely lost out financially because of what happened, both in terms of lost salary and lost promoted salary.

34. Gillian's infection had an impact on myself financially as well. When she was in and out the hospital after the birth of our twins, I wasn't able to work full time. I was dashing between the hospital and the twins for the first eight or nine months. It was really hard work those first few months.

Section 6. Treatment, Care and Support

32. I am not aware of Gillian facing any difficulties or obstacles in receiving treatment care or support.
33. Essentially, after Gillian had completed her interferon and ribavirin treatment she was left to deal with things on her own. I think psychological support or counselling was offered through the SIBSS but Gillian decided that she didn't want help from the Government. It wasn't proper psychological support or professional counselling they were offering though, it was things like model making or group workshops. It simply was not the in-depth professional support that was needed.
34. In 2015 Gillian's GP advised her to seek counselling for her anxiety. She attended the Mental Health Centre in Kirkintilloch for 6 sessions but these weren't effective.
35. Eventually Gillian wanted to treat her mental health on her own terms. She went to her GP to seek treatment for her depression and receives antidepressants to help with that. She also started seeing psychotherapist, Eileen McAlister of Carron Consulting, , at her own expense, in March 2019.

She speaks to her counsellor around once a week and I think that has been really good for her.

Section 7. Financial Assistance

36. Gillian received £20,000 from the Skipton Fund on 21st May 2005. I think Gillian heard about the Skipton Fund online through the Scottish Infected Blood Forum but she could have been told about it when she was being treated as well, I cannot say for sure. In terms of applying to the fund, I don't remember there being any difficulties, it was all quite straightforward.
37. Gillian also received £30,000 from SIBSS on 22nd December 2016. She also receives £1,500 a month from SIBBS and those monthly payments started in January 2019. I know that applying to SIBSS was fairly easy but the self-assessment aspect was extremely harrowing for Gillian. The questions that were asked about her life and her infection were very invasive, she was in tears over it and was in a terrible state for weeks. The questions made things that Gillian thought she had dealt with feel like open wounds again. To have to go through everything again brought a lot of painful memories back for her.
38. I feel the amount of money that people who have been infected receive can never truly make up for what has happened. People have lost spouses, family, and friends. Money can only do so much in that respect. I would go as far as to call the amounts of money being received as pitiful. We are fortunate enough to have had a decent income most of our lives together but that is not true for everyone. There are people who have not been so lucky who are not getting the help they need. Whilst I feel that the financial support is welcomed, in terms of magnitude, it is fairly poor.

Section 8. Other Issues

39. The only issue I have is that those within the Government and the Health Service who were responsible for buying this infected blood have not been

held to account. They knew where the blood was coming from and they were trying to cover it up. It bothers me that nothing will ever be done about that. It feels like nothing has been done to find out who was doing this. There has been no accountability established at all for what has happened. I hope that one day, even if the people involved are long gone, the organisation or group of people who were responsible for this are identified. There has to be an explanation for why those people did not perform due diligence on the blood products they were buying.

Statement of Truth

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

Signed

GRO-C

Dated Jun 5, 2020