Witness Name: Susan Jordan
Statement No.: WITN5662001
Exhibits: **WITN5662002-9**
Dated: ~~11.02.22~~ 31st March '22

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF SUSAN JORDAN

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 30 April 2021.

I, Susan Jordan, will say as follows: -

Section 1. Introduction

1. My name is Susan Jordan and my date of birth is GRO-C 1965. I live in GRO-C, Scotland and my full address is known to the Inquiry. I am married and have two children, who are 24 and 20 years old.

2. I intend to speak about my mother's infection with hepatitis C ("HCV"), which was transmitted via a blood transfusion. In particular, I will discuss how she came to be infected, the nature of her illness, the treatment she subsequently received, and the impact it had on her and my family. My mother, Mary Jordan, was born on GRO-C 1922 and sadly passed away on 20 January 2003. Hepatitis C was the prime cause.

3. I am one of five and my sister, Mary, was present during my interview and she has provided information throughout the process.

4. I can confirm that I am not legally represented at this time and that the Inquiry Investigator has explained the anonymity process to me. I do not wish to be anonymous, as I believe our story should be heard.

5. The Inquiry Investigator has explained to me the 'Right to Reply' procedure, and I understand that if I am critical of a medical professional or organisation, they will have the right to reply to that criticism.

Section 2. How Infected

6. In and around October and November 2002, I was informed of my mother's condition. She had met with a consultant hepatologist, Dr Ewan Forrest, at the Victoria Infirmary in Glasgow where she was told '*your liver is finished and you are HCV positive*'. At the time, I was in complete and utter shock as I was blissfully unaware that my mother was so ill. I had received a phone call from a nurse who informed me my mum was Hep C positive on the Saturday evening. This is the reason I requested a meeting with Ewan Forrest.

7. Dr Forrest went on to inform my mother that her liver was cirrhotic and explained the results of her other tests. Mum had originally gone into hospital because she was vomiting and passing blood regularly and of such a volume for it-to be a cause for concern.

8. The hepatologist said she'd been '*formally diagnosed', He asked if I was aware that my mum was Hep C positive. He also asked if I knew the source of the infection*. I advised him that she had been given a blood transfusion here in the Victoria Infirmary 1990. The Doctor questioned the source of the infection and went on to insist that it could not have been the blood transfusion that infected her, as it was too recent to give her end stage liver disease. At that moment I was shocked,

discombobulated, and utterly devastated that my mother's integrity had been questioned; I had no doubt that it was the blood transfusion that infected her with HCV neither did she. There were just no other risk factors. She had no dental work, having false teeth since 1943, no tattoos, and only one sexual partner, my father. She certainly never used any kind of illegal drug. Mary also found it unbelievable that mum could have been infected with HCV because of her lifestyle and found it difficult to comprehend the diagnosis. She says she used to wake up in the night and think '*what took mammy, what took her*'. She found it really hard to come to terms with the fact mum was infected.

9. We kept her diagnosis very quiet as HCV at the time was associated with AIDS. I suffer from guilt as my mum had often played with friends' kids when they were over and I didn't tell the parents. I didn't tell them because I was ashamed and didn't want to cause upset and possibly have my kids treated differently. We lived in a small close knit Lanarkshire town, and I remember AIDS and how people were treated. People were scared and there was prejudice. This was 20 years ago and HCV was totally taboo.

10. My mother was in hospital from 21 August 1990 until 02 September 1990, at the Victoria Infirmary, Glasgow, to undergo a breast cancer operation, the operation itself being on 22 August. She had 13 lymph nodes removed during her lumpectomy **(See Exhibit WITN5662002)**, also known as a frozen section. The operation was serious and necessitated a full auxiliary clearance which would mean the removal of a significant amount of tissue. My Mum was under anaesthetic for a long period of time to allow for an initial lumpectomy, then the histology to be carried out, then a further auxiliary clearance due to the fact that the cancer metastasized. When she was finally out of Theatre mum told us that they had to give her a blood transfusion. At the time, she was far more worried about the idea of having a blood transfusion, which confused me as the cancer was so aggressive and much more of a concern. I was unsure what happened during her surgery so went to

speak to the sister on the ward, who insisted that there was no record of a transfusion in her notes. Despite this, I requested to speak with the consultant.

11. My Mums lead consultant Mr D C Smith agreed to speak to me and told me that Mum, due to her age was given a blood transfusion to assist in her post-operative recovery. Mum was never given any information about it, nor were any risks explained to her; Mum would have signed anything, especially if she was instructed to do so by a doctor. She was of that generation where doctors knew best! Shortly after the operation, I remember Mum saying "*I would take poison if it made me better for you*". In my mind, she given poison, she was given Hep C.

12. When Mum returned to her flat in Glasgow, she went on to tell me that she also had another blood transfusion in the 70s. She had seven pregnancies, five children, and after the last of the pregnancies she required surgery necessitating a major repair. I know it was extensive as she was in Robroyston Hospital in Glasgow for about two and a half weeks. I am aware that she suffered extensive bleeding at home before being taken to the hospital and undergoing a full bladder, bowel and uterus prolapse procedure, what was in 1970 a fairly major operation. My sister Mary remembers this more clearly, as she is the eldest sibling, and says mammy thought she was going to die and "*that she had the wor*ks"; she must have been referring to the major surgery. Mum never had sex again as it "ruined her down there" as she described it; afterwards, she even struggled to keep her wee and poo inside. Nevertheless, to my mind it is absolutely clear that mum came to be infected with HCV through either one or both of transfusions she had in the 70s and 90s.

Section 3. Other Infections

13. To my knowledge, my mother was not exposed to any other infection, only the HCV as a result of her treatment with blood transfusions.

Section 4. Consent

14. I cannot comment on whether my mother was asked for consent when she was given the blood transfusions that led to her infection. However, from what I know it is likely she would have consented to what she was told she needed or what the Doctors advised would help.

15. Whether she was aware that she was being tested for HCV in 2002 is a mystery. To my mind I doubt that she was aware of this as I am sure she would have told me about it.

16. I am not aware whether my mother was tested for HIV.

Section 5. Treatment/Care/Support

17. When my mother was diagnosed at the Victoria Infirmary Glasgow, I phoned my sister and brothers and told them. Mum had told Mary that she had in fact been poisoned. In the past, when she had attended them due to feeling very unwell both her GP and hospital doctors had questioned my mother and her lifestyle, asking her numerous questions about whether she drank. Because her symptoms seemed liver-related they seemed fixated on her alcohol consumption which in actual fact was zero as my Mum did not drink alcohol.

18. I have since gone through my mother's records, which I have in my possession, and I thought it was bizarre when I came across a disability allowance("DLA") form. I can only imagine that she was told by the doctors to fill this in. The DLA form was filled out in October 2002 and indicated that Mum had blood poisoning.

19. Following Mum's discharge from hospital, a health visitor came to visit her. She talked Mum through what it meant to have HCV at home, she explained all the potential dangers to other people and at that point, I had to intervene as the explanation of her as a risk factor to others,

namely her young grandchildren, was so brutal. The blood drained from my mother's face and the light disappeared from her eyes. She visibly seemed to shrink in front of my eyes. This health visitor was completely insensitive – she said *'you've got cellulitis, so your legs are leaking fluid and this is a danger to the babies and everyone'*. My mum was completely taken aback by this. Family was her life and here she was being told she was putting them at risk just by her presence. It was too blunt – there were more gentle ways to impart such information.

20. After the consultant told my mum that her liver was finished and sent her home on antibiotics, she deteriorated quickly in front of our eyes - and it was very alarming. In and around November 2002, I requested a meeting with Dr Forrest, and he instantly questioned why she was still on the antibiotics and picked up the phone to call Dr Bill Campbell, one of her GPs. He said *'I'm taking her out of your care and immediately'* asked him to call her an ambulance, she should never have been on antibiotics for such a long period.

21. I also had discussions with Dr Forrest about the possibility of mum going on the liver transplant list, but this wasn't considered an option due to her age. I also asked about interferon and ribavirin, but the doctor said there was no point in her undertaking HCV treatment – I assume due to the advanced state of her liver deterioration by then. I do question that if she was diagnosed earlier then would she have been treated? Dr Forrest seemed to think that her condition could have been picked up in an ultrasound in the July of that year. **(See Exhibit WITN5662003)** We all would have paid for mum to be treated privately if it would have made her better and I even offered to be a donor. I have to say that I only have good things to say about Dr Forrest – he was an excellent doctor.

22. Aside from that and as I discuss in Section 6, mum's care at hospital was not of the best standard. On occasions and particularly in the last month before she passed, her stomach had to be drained due to Ascites fluid build-up and her bucket would fill up with a horrible brown liquid and was always nearly at the top. I would inform the staff, but the bucket always

overflowed and they rarely attended to it until the next day. The nurses had no time and were ran off their feet, but the brown puddle stain that grew and grew whilst she was in hospital was disgusting. In addition, mum would never have contracted cellulitis if not in hospital and was given an excess of antibiotics for this cellulitis that nearly killed her.

23. I wouldn't say that mum's HCV status impacted her dental care as she had no teeth.

24. Also, I should mention that mum was on a drug called Tamoxifen for 10 years, which was prescribed following her cancer treatment in 1990., This drug is linked to Non-fatty Liver Disease. I will mention this again later. I recall this being explained to me by Sandy, the nurse who tested myself GRO-C for HCV at Gartnavel General Hospital, Brownlee Centre.

25. Neither my mother, nor I, or any of our family were ever offered psychological support or counselling. This to me is utterly shameful as her diagnosis and course of illness affected us all greatly.

26. My mother's death certificate states the causes of death were, hepatorenal failure, hepatitis C, and pneumonia. **(See Exhibit WITN5662004)**

27. There was no difficulty having the body released and I do not recall any instances where mum was isolated or treated differently whilst in hospital.

Section 6. Impact

28. Although I had purchased my own apartment in Glasgow in 1990, I didn't move in straight away as I didn't want to leave my mum on her own after such extensive surgery so I remained with her in her flat.

29. In late December 2001, potentially early January 2002, Mum had been in and out of hospital several times, I have the discharge papers for some

of these visits, always admitted in a crisis due to bleeding. She constantly felt lethargic, experienced swelling in her hands, legs, and stomach, hot hands, boils and spider red veins on her face in addition to the apparent deterioration in her skin, which also turned very yellow. Even at her 80th birthday the family thought she had such a yellow look to her skin. During that year mum went into hospital at least four times for various blood tests; there was always urgency in her admissions and it did take a toll on me. Mum always relied on me and that was tough as I had young children, one only months old and one aged 4 and my husband worked in England. My sister Mary doesn't drive and my three brothers lived in England so there was little they could do to help.

30. Mum always used to moan about her symptoms, first It was her weight gain, then her hair thinning, the brown spots on her hand, and the worry that her gallbladder was causing her problems. In general, her physical and mental health deteriorated significantly over the period of time prior to her diagnosis; her knees and knuckles became weak, she had brain fog, and started to forget a lot of things. I found this incredibly saddening as she used to recite poetry and daily completed crossword and sudoku. Even the quality of her handwriting declined dramatically.

31. I remember a time when I went over to see Mum with my Children and I buzzed at the security entry door which she didn't answer. Eventually a neighbour let me in and I went up to my Mums' door and knocked again, she still didn't answer. To get inside I tried to use my key but there was a key in the lock already and I had to force the door open. I was in such a panic, fearing the worst and ran into the apartment to see Mum just sitting there; she was absolutely fine. She must not have heard a thing and was completely oblivious to the fact that I had just forced entry. My sister also had a similar experience and said she noticed her energy levels seriously depleted over time, to the extent that she had no energy to cook or eat; in fact, Mary said her energy, both physical and mental, was wholly absent. Towards the end she had developed a terrible

insecurity; Mary recalls mum asking her to not go to work and stay with her – like frightened child.

32. Throughout mum's treatment, Ewan Forrest was great. In the final months of her life, she was adamant that she did not want to go to Mansion House because she didn't want to die there. I followed her wishes and requested that she never be admitted there. In November 2002 she was in a rehabilitation ward and was doing well. We had also moved her from Glasgow to Strathaven so that she was on our doorstep. She only managed to live in that lovely wee house for 13 days before having to return to hospital to die, as previously discussed in section 20. I remember her being really ill whilst at home; she had constant diarrhoea which I had to mop and clean up. She became very thin and drawn. Her wish was that she would be able to come over on Christmas day, but in the end, she never made it out of hospital for Christmas that year.

33. It was quite a traumatic time as Mum wasn't being looked after properly in hospital. On more than one occasion, I took my daughter GRO-C to the hospital, and I was immediately turned away due to an outbreak of rotavirus in the ward, and as a result there was a real risk to my young baby. On another occasion, I visited mum during mealtime and arrived to see her eating with her fingers because nobody was there to help her. She had food all in her nails, so I fed her then cut and filed her nails. Mary also recalls another time where she and Vinny, our brother had visited mum. This was when she was incontinent, so they had to watch the nurses change her. Her skin was raw – '*it was terrible, they just left her sometimes*'. It was obvious to them that at times she was being left to lie in the mess. I had seen this for myself as often, throughout her treatment, I was there and lending a helping hand. I do dread to think how she might have suffered had that not been the case. I was shocked to realise that if you didn't have the ability to sit up and eat yourself no one helped you. At that stage my Mum wanted to eat she just struggled to do it herself.

34. The night my Mum died I phoned Dr Forrest as I didn't think she had a pain free death. One of my aunts, my mother's sister Ethel had been to visit mum just before this and was shocked to see the state of her. I was there that night and I saw the fear in Mum's eyes. Mary remembers the terrible thrashing and flailing and the look of horror in her eyes. Both my sister and I sat at two sides of her bed, and Mum could barely see or hear properly, but whenever I spoke, Mum recognised my voice and kept trying to move closer to me; this was incredibly upsetting watching her so helpless in her darkness and seeking a closeness to something familiar.

35. Aside from the liver disease diagnosis and the death sentence that it carried, Mum always made the effort and came to see us glammed up. She was an attractive woman and proud of her appearance. Everything had to be just right and that went for her home as well. This was such a stark contrast to how she was in her final months; she was tired and weak, unable to do much if anything for herself. She even needed a bucket downstairs because she couldn't make it to the toilet up the stairs in my home where she stayed for 3-4 days every week.

36. I remember my family went to Portugal for two weeks when Mum was 79. When we arrived, we realised how large the house was and I immediately thought that we should invite Mum. I called her and told her to join us. The next day she went to Marks and Spencer to buy a swimsuit and was on a plane by that afternoon. I have such fond memories of her diving into the pool. This image juxtaposed with her quick deterioration and death the following year is one that I find impossible to forget. It just shows how quickly she went downhill.

37. When mum passed, I was breastfeeding my daughter GRO-C and I know GRO-C suffered because I wasn't the same mum to her. Not only that, but my Mum was the only granny my children had. GRO-C my son still talks about her a lot. It is so sad because GRO-C was only 1 year old when my Mum died and has grown up never knowing what having a Gran means.

38. During this time and to this day, I never went to the Doctor. I decided to go through the emotions and anything that came with it. It wasn't depression, it was just grief. It was tough for me because I had the closest relationship with my Mum, maybe because I was the youngest. I looked after her. Her death left me with such a big hole in my life; I really missed her and the loss was all the more poignant as I was embarking on my own journey as a mother with children age 4 and 1.

39. One of the most traumatic instances was when I myself had to be tested for HCV. I had to take my son GRO-C along when this was being carried out and it was suggested he was tested too. The wait for the results was agonising. I personally could have managed but if my son was infected, I don't know how I would have coped. It was something that was necessary as I regularly cleaned up after mum, including blood from the terrible bleeds she had and waste matter and GRO-C was often present running around whilst I was doing this. She also suffered really bad nose bleeds in the final year of her life and my son was with her on many occasions when these occurred as she lived with us 3-4 days a week.

40. When I was due to have a breast cancer operation, also known as a Mastectomy, I was offered a blood transfusion and I said to the doctors, '*only if this is absolutely necessary for example a life-or-death situation, would I consent to a blood transfusion, otherwise NO'*. I should say that this is also where I came to know about the Skipton fund, but I will discuss that in Section 7.

41. After my operation and every morning after that, I was tested for Haemoglobin levels by a phlebotomist. My hospital stay was over two weeks and I bled a lot and had excessive bruising; in fact, my blood count went down to 7.8, nearly half of what it had previously been. The Doctors managed to increase my Iron levels. The similarities in mine and my mum's cancer journey strike me – she had a lumpectomy and lymph node clearance where she bled profusely and also bruised severely.

42. So much of our mother's legacy stays with us; for example, my son went to nursery and recited poetry which was read to him by my Mum. Mary often says that mammy was the greatest thing – she knew every song from the 1930s/40s and every poem, or so it seemed and she would sing or read to me before bed. She truly does live on in all of us and she herself said numerous times, *'she had a special bond with my kids'. As she lived with us for half of the week for most of the time.* She missed out on them growing up and they missed out on receiving her love and wisdom and that is heart-breaking.

43. Following Mum's death there was a family rift about who helped and who didn't. GRO-C

GRO-C

GRO-C Throughout all of Mums care myself and my husband did all the running around helping her. My brothers Vinny and Eddie stayed in my home when they travelled up from England to visit my Mum. I took her flasks of soup and home baking which she loved when I visited. As I've mentioned, I don't think she was always fed properly. I would take food to feed her and especially her favourites to try and cheer her up.

44. My brothers took Mum's death pretty hard. Eddie phoned me the day after she passed, and I could tell he was suffering. Growing up, Eddie was Mums' favourite. Eddie had a troubled childhood which left him with some emotional problems and he turned to alcohol periodically. Throughout his life my Mum worried about him the most. Three years after Mum's death, Eddie got lung cancer and died.

45. As for Hughie, he passed away in December 2020. He was in prison when Mum was in hospital and was allowed one visit to see her. I am now very close with his son, GRO-C. Hughie found it difficult to communicate with others and suffered significant hardship throughout his life; he spent 10 months in hospital following a motorbike accident

when he was only 18 and I don't think he ever emotionally recovered from this. It's sad to think that Hughie only got to see mum once before she passed. I think this had a traumatic effect on him, for the rest of his life. My poor brother Hughie was on an oil rig when my dad died of a heart attack in 1987 and missed saying goodbye to him too.

46. None of us have had it easy. Our father passed away quite suddenly – he died of a Myocardial Infraction when I was 21 years old. Now I have watched my mother die too. When someone is lying on their deathbed, like Mum was, you don't want them to go. Prior to her death I said to Mum, '*this is your time and you need to go, and let go, Eddie will be fine and I'll be fine*". In response, she said, "*Eddie won't be long behind me*". She knew that his lifestyle especially the smoking would lead to his death and she always used to say '*he wouldn't make old bones'*.

47. My sister Mary says the grief is hardly describable. She remembers that Edward couldn't drive past mum's apartment as it was too traumatic for him.

48. Mum was such a big character and influenced everyone around her, even my young son. Since my mum's death I would say none of us are particularly close, they do say 'mums are the buttons that hold things together'. After Mums death our family drifted apart.

49. I was lucky in that I had the support of my husband even though he was often away with work. I did miss out on the counsel and emotional support that I may have received from close friends and neighbours as this was because we kept everything very quiet. As mentioned earlier we told no one of Mums cause of death because of the possible stigma involved.

Section 7. Financial Assistance

50. As I mentioned previously, I found out about the Skipton fund when I met the breast cancer nurse at the Ross Hall private hospital. I decided to apply as I realised my mum was a victim and deserved answers, as did we all.

51. In October 2012 I applied and liaised with a man called Nick Fish. The process wasn't particularly difficult, but since I was also battling with breast cancer it wasn't easy either. Over the phone Nick Fish had advised me to prepare an appeal even before the first decision was made which I thought strange. He said that this was simply because my Mum's medical records did not state in black and white that there had been a blood transfusion. He said that the medical evidence provided by Dr Berry and the application in general was very comprehensive – I thought this was a good indication of the likelihood of its success, but I was wrong.

52. He also asked me to get evidence from my breast consultant to show that I had refused to sign the blood transfusion form in relation to my own operation due to my Mum having contracting HCV from a blood transfusion in 1990. In all honesty I went above and beyond to obtain as much information as I could; I even went to Glasgow archives where I was told that mum's records from Robroyston hospital and Glasgow Royal Infirmary could not be traced. Further enquiries to obtain the medical records of my birth, which may have assisted, at the maternity hospital were dashed as these were destroyed due to a fire. Her GP records were destroyed 3 years after her death as per the policy in Scotland. Mr Fish was adamant that the application would be refused in the first instance as there was no proof of transfusion, but he assured me not to worry as many people don't have that evidence and if it went to appeal, there would be no doubt of its success.

53. The application was declined in June 2013 because we couldn't prove she had a blood transfusion. I appealed as I was advised and the decision was reconsidered but again declined in October of that year. I made some further enquiries and managed to obtain Mums ward and theatre notes from her 1990 operation. Consequently, I wrote in January 2014 to Skipton with a personal letter and submitting the fresh information. In February I was turned down again.

54. I would like to point out that the Appeal rejection letter says there is 'no proof' of a transfusion. How far do you go? Three of us were told by my mother that it took place. I was given the information personally by one of the Consultants, Mr. D C Smith. There are other factors. The nursing notes show a Porto-vac drain being regularly emptied, yet there is nothing about that being put in place in the theatre notes. **(See Exhibit WIT5662005)** That's one discrepancy so there could have been others. The scant theatre notes of the operation show nothing of blood loss or drains being inserted. The nursing notes go on to record upwards of 100mls being emptied from the Porto-vac on a daily basis, until the 30th of August, indicating the extent of the surgery my Mum underwent. **(See Exhibit WITN5662006).** I personally recall seeing the blood in these Porto-vac drains. This is something I have personal experience of from a similar operation. Furthermore, she was kept in hospital from the 21st of August to the 2nd of September and even then, she discharged herself due to being unable to rest due to a disruptive patient on her ward. Why such a long stay for a supposedly simple operation? Today you are not even kept in overnight unless there as complications.

55. There was also mention that the operation in 1990 could not have resulted in the chronic liver disease mum was suffering from by the time of her death. This was because chronic liver disease was indicated in Dr Forrest's letter of 11 October 2002 as being present in 1997 and seven years was considered too short a period for it to develop. However, surely everyone is affected differently? There must be many factors at play. Mum's liver was already aged and therefore more susceptible plus

she had taken tamoxifen for 10 years which causes non fatty liver disease (NFLD). Even if not, mum was adamant that she underwent a transfusion at the time of her operation in 1970.

56. Dr Forrest actually mentions thrombocytopenia, implying it was early to be showing a low platelet count. **(See Exhibit WITN5662003)** However, my understanding is that the drug Tamoxifen, which mum had been taking since 1990 can in itself cause non fatty liver disease which would show as thrombocytopenic and if mum was, as we believe infected with HCV this would only exacerbate the condition, speeding up liver impairment. Who can really say the timescale was too short? It is strange that in 1990 when all the pre-operation tests were carried out everything – except the need for the exploration of the lump, was found to be normal. **(See Exhibit WITN5662007).** If infected then her raised liver readings certainly would have come to light.

57. The refusal did feel like a major slap in the face, given what I personally had gone through myself. It was not about the money; it was always about accountability. We would have given the money to her grandchildren or a cancer charity. Upon reflection, mum could've done with the money in her last five years of her life, as she would have been more comfortable and able to live those last years to the fullest.

58. Whenever I think about the lengths, I went to prove my mother had received a transfusion, or all the evidence I gathered, it infuriates me. How could they dispute that my mother had a transfusion in 1990 when her HB results were the same when she was admitted and very soon after such major surgery? I would draw attention to the fact her platelet and haemoglobin levels barely change, even after this level of surgery and there should be at least some difference due to the amount of blood loss via the Porto-vac. **(See Exhibit WITN5662008)** Her platelet count is well within the normal range and I strongly believe that this is due to the fact that she had a blood transfusion. A 'tonic' as her consultant Mr DC Smith actually called it, so to speak to speed up her recovery.

59. I submitted a letter from Maura Berry, Govanhill Health Centre to the Skipton fund in support of the application, as she corroborates that mum could only have been infected with HCV through the transfusion route as her lifestyle precluded any other risk factors. **(See Exhibit WITN5662009)**

60. I can't help thinking that the modus operandi of the Skipton Fund was to use any means to deflect guilt and responsibility away from the Government and the NHS and minimise their potential liability. I find this sad and depressing

Section 8. Other Issues

61. With regard to the Skipton Fund application, I also had a long discussion with Samantha May of the Hep C Trust and she was very supportive and understanding of my strong feelings about my mother's destroyed records. I did my very best in attempting to trace any information relevant to her case and it is just so frustrating that in Scotland GP medical records are destroyed after just three years, and with no notification regarding this. These may have contained more historical information regarding 1970 and 1990.

62. I would also like to say that every time I hear news about the Infected Blood Inquiry, I get very sad; I don't want to hear it as it has such a negative impact on me. I just know those responsible will wriggle out of it but it's not only that; there's the destruction of personal medical records, the lack of detail recorded on the hospital records that do survive, the inconsistencies between various hospitals and surgeries and the amount of time it is all taking while people lose their lives... I could go on but it saddens me too much.

63. My mum's life was tough and it's a hard pill to swallow to know that my Mum could have gone on fine without the transfusion – she really didn't need it. When I put things into perspective, she had one porta vac and I

had five, and I manage to refuse a transfusion – this puzzles me. I believe this was because Mum was given no choice in the matter.

64. Mary is incredibly shocked since finding out about the state of knowledge in the 80s. From reading and following the Inquiry, she cannot comprehend why there was such a widespread distribution of the poisoned blood. She now understands why so many people are apprehensive about getting the vaccination in the current climate.

65. I would say that I distrust the NHS because of what happened to my mum, but also because of my personal experience. Before I was diagnosed with breast cancer, I had vivid dreams of my mum shaking me and waking me up. For some reason I thought I should get myself checked out. I went to see Dr Bill Campbell my GP who referred me to Dr Dermot Murphy at Hairmyres Hospital, who checked and couldn't feel anything. Despite this, they ordered a mammogram and found DCIS. They eventually tested the samples through a fine-needle aspiration and saw the clusters of lumps. All the tests took 3 months and I was seen at two to three different hospitals. This caused my husband and I a great deal of mental anguish until I fortunately got private healthcare through my husband's company. To then have to deal with the Skipton Fund and deal with all my Mums anguish was really upsetting.

66. Whilst I distrust the NHS, Mary distrusts the politicians. She thinks they should have done more and they didn't put enough cash into the services. She says,

> *"'I think at first, I would not have thought of joining Susan in doing the statement, as I believe there was no intent to harm and it was an accident. When I thought and looked further into it, and also thought about the quote "not to act is an action", I changed my opinion and thought they have to be held to account. Without doubt, in fact there is no doubt in my mind, if you do nothing, you're guilty. I have no doubt about how strongly I feel. Now I know what they knew in the 80s and with political will, I would say*

> *they are wholly guilty. There is culpability. I would also say that it's criminal what they did to the haemophiliacs".*

67. In the end I think it's great that people's voices are finally heard. Hep C is a silent killer and life's too short to dwell on what happened to our mother. I live by the mantra, '*pain in life is inevitable but misery is optional*'. I don't want to bring all the pain and grief back and I don't want to go looking for trouble or anxiety. I felt a moral obligation to tell Mary and Vinny that I was writing this statement and it has opened up a lot of hurt for us all.

Statement of Truth

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

Signed GRO-C

Dated 31st March '22.