

Witness Name: Munir Huq
Statement No.: WITN3282001
Exhibits: nil
Dated: 01/08/2019

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF MUNIR HUQ

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 25 July 2019.

I, Munir Huq, will say as follows: -

Section 1. Introduction

1. My name is Munir Huq. My date of birth is GRO-C 1949 and my address is known to the Inquiry.
2. I am married and have two adult sons. I have two older sisters: Nina lives in Dhaka and Afreeen lives in the United States. Both of my sisters are aware that I have made contact with the Inquiry.
3. In my working life, I was a chartered accountant with a degree in economics. I was employed by a company called Unilever for 26 years, and worked in the UK, Indonesia and the Netherlands. I took early retirement in January 2003.

4. Mazharul Huq was my father. He was born on [GRO-C] 1911. He was an economist with a PhD from the London School of Economics, who spent much of his working life as a teacher at Dhaka University. In 1963, he was appointed Chairman of the Pakistan Tariff Commission in Karachi, and in 1965 he became an economic advisor to the State Bank of Pakistan. He was elected Chairman of the Pakistan Economic Association in 1968, and became Chairman of the Bangladesh Economic Association after the new country was created. He was a prominent member of his community, with a number of other advisory and administrative roles. He was extremely popular with a large number of his former students, whom he supported in their academic and career development.
5. I intend to speak about my father's infection with Hepatitis through an infected blood transfusion. In particular, the nature of his illness, how the illness affected him, the treatment received and the impact it had on him and our lives together.
6. We are talking about someone who died 45 years ago, and I am happy to talk openly about the loss of my father to anyone who wants to hear about it. I understand that my statement will be published and I accept that it will end up in the public domain. I therefore do not wish to be anonymous.

Section 2. How Affected

7. In 1962 while leading a group of Dhaka University students on a tour of West Pakistan, my father suffered from a ruptured appendix and underwent an emergency laparotomy at the Combined Military Hospital in Peshawar. To the best of my recollection, my father did not receive a transfusion at this time. I was only 13 years old when this incident occurred, but he did not have any signs of infection after having the surgery. However the laparotomy left him with an incisional hernia, which caused him considerable discomfort.

8. My father was very concerned about his health. He had been athletic as a young man – captain of the university football team and university tennis champion – and in later life he was keen on healthy living for both himself and his family, emphasising the need to exercise, avoid sugar and fats, and eat plenty of fish and vegetables. As a Muslim, he avoided alcohol, and he switched from cigarettes to a pipe when he became aware of the link between tobacco and cancer. He was therefore reluctant to use the hospital facilities in Dhaka to repair the incisional hernia because he feared the risk of infection. Doctors in Dhaka advised him to be treated privately in the UK, and he was keen to do so, because he had a high opinion of the quality of care available here.
9. In 1969, while working for the State Bank of Pakistan, he was given permission to fly to England for emergency prostate surgery. He was treated in July 1969 as a private fee-paying patient, at the Gordon Hospital in London (which I believe was part of the Westminster Group of Hospitals). Mr Cox was his consultant surgeon, and I believe his consulting physician was Dr Lant. My mother accompanied him on this trip and spent much of her time sitting by his hospital bed, with the consent of the rather formidable matron who was in charge of the private patients' wards. The treatment was successful, and at this time he discussed with Mr Cox the possibility of having his incisional hernia repaired.
10. A year later, in 1970, my father came back to the UK as the leader of the Pakistan team to the Commonwealth Games in Edinburgh. He extended his stay to have his hernia treated. On this occasion the procedure was carried out successfully in August of the same year. I have a clear recollection of visiting the hospital on the day after he had this surgery. I was taken into a side room – probably one used for meetings with distressed relatives – by one of the young nurses. She said that my father had been told to get up and walk as part of his

recovery therapy, even though he was reluctant to do so. He had collapsed, and had been given a blood transfusion. She was confident that this would help him recover fully from the experience. I do not recall seeing any blood being administered to my father when I was told this information.

11. I do not think that my father was given any advice about the risk of infection through having a blood transfusion. My memory is that I was just told that he was given a transfusion, however it is possible that they may have given him something to sign beforehand.
12. My father went back to Dhaka soon after the operation, while I remained in England. Things grew chaotic in Dhaka after he went back, and in early 1971, the Pakistan army moved into East Pakistan in force. His health started to deteriorate during this time, but he received contradictory advice from a variety of local doctors. His condition worsened in 1972, and at some point this year a doctor in Dhaka told him that the problem was related to his liver, and recommended that he approach Dr Sheila Sherlock at Oxford University, because she was a renowned hepatologist. By this time he was desperate to find a cure; he had always been a rational man with no time for homeopathy, faith healing, or any treatment other than conventional medicine, but in April 1973 he even travelled to Calcutta to consult a nun in Mother Teresa's convent who had a reputation for curing the sick.
13. Finally, in July 1973, my father scraped together the necessary foreign currency for a trip to the UK. He was unable to meet with Dr Sherlock, but he did consult with Dr Lant and Mr Cox, who told him very clearly that he had serum hepatitis, which he had contracted from an infected blood transfusion, and that it was incurable. We were not told whether serum hepatitis was hepatitis B or hepatitis C. Distressed and disheartened, my father returned to Dhaka in September 1973, and died in May 1974.

14. I believe that because my father contracted this virus through a 'one off' private treatment, there was no support provided by the people who infected him. He just came here, had his operation and the transfusion, and everyone just said 'job done'.
15. When he fell ill back in Dhaka, the geo-political barriers at the time made it difficult for him to come back to the UK and get help. When he actually managed to come back and speak to the doctors that had treated him, they basically just said 'sorry, nothing we can do and you are going to die'. No information was provided to help us understand or manage the infection, and I do not think that any support was offered.
16. We were not given any information about how the infection could be transmitted to others. My mother and my sister, Afreen, were the main carers for my father after he contracted hepatitis, so they may have been at risk of infection. However, as far as I remember, no one warned us of this.
17. I would like to flag that my sister has a slightly different recollection of when she was told about my father's infection. She believes that she was told after his prostate surgery in 1969. My sister had not been in England when my father was treated for his prostate; only my mother had accompanied him. My mother's father had been the head of a major hospital in East Bengal, and therefore my mother had lots of connections with the medical profession from an early age.
18. My mother had propagated the idea of medical social work – the idea that patients needed care after hospital treatment - at the Medical College Hospital in Dhaka, and later got involved with family planning. She soon started to work with the Ford Foundation, and eventually she was sent to the University of California at Berkeley to do a six-month course at masters degree level. After this, she went back to Dhaka and worked for a government family planning project that involved travelling

to different villages and speaking to women about the benefits of family planning.

19. Therefore, when my mother came to the UK with my father for his prostate surgery in 1969, she had a good relationship with the medical staff treating him. If there had been any issues, the medical staff would have spoken to her because she was there the entire time. I mostly visited in the evenings and didn't really get involved, so there would have been no reason for them to speak to me. However, when my father returned in August 1970 to repair the incisional hernia, he came alone and I visited him more regularly. My memory is very clear that it was on this occasion that I was told that he had been given a blood transfusion.

20. Both of my sisters and I are absolutely certain that he did not have any other treatment that could possibly have required a blood transfusion. He did not have a tattoos or piercings, and I am positive that he had never taken any intravenous drugs or partaken in promiscuous sex.

Section 3. Other Infections

21. To the best of my knowledge the only infection my father contracted as a result of receiving a blood transfusion was 'serum hepatitis'. As I have mentioned above, we were never told whether this was hepatitis B or hepatitis C – I am not sure that they knew this at the time.

Section 4. Consent

22. To the best of my knowledge, no one gave my father any advice before administering the transfusion, and no one suggested that there was any risk of infection.

23. I am not aware of any consent being demanded for this specific transfusion, although it is conceivable that my father signed a consent form, which patients are often required to do before any hospital will treat them.

24. I do not believe that my father was treated for purposes of research, nor am I aware of any of his blood being taken for the use of research.

Section 5. Impact

25. I remember a conversation I had with my dad immediately after he was given this information. He was very depressed and I was angry. I said that we should take legal action, even though in retrospect I know that we had neither the financial resources nor indeed the residential status necessary to do so. He told me there was no point, what had happened was an accident, and neither his physician nor his surgeon was to blame. Our family accepted that at the time.

26. As I have mentioned, my father was fanatical about his health; he would get worked up about the slightest cold or upset stomach. My father cared so much about his health that he insisted on having surgery for his prostate and hernia in the UK, as he was so worried about the risk of infection. Therefore I think he was completely shocked that he had contracted hepatitis in this way.

27. The whole thing was very traumatic and horrific for my father. He had always been a very rational man who believed in science, and he had brushed away things like homeopathy. This changed near the end, and he was so desperate to find a cure he was trying all different types of things. My sister Afreen recalls that he wrote to Mr Cox and Dr Lant shortly before he died to ask if there were any new treatments or cures, but by the time we received the response my father had already passed away.

28. The illness caused my father a loss of appetite and in the last three years of his life he could barely walk. I do not know what the condition of his liver was, as no one mentioned this or told me whether he had cirrhosis or scarring of the liver.
29. Despite his deteriorating physical health, he was still fine mentally, right until the end. Although he could no longer work professionally, he did as much voluntary work as possible. He had been a teacher, and in Bangladesh teachers enjoyed a really esteemed status. Therefore his former students were happy to help him do the things he could no longer do for himself, like helping him to write his speeches and translate them. One of the last things he did was to address the Bangladesh Economic Association, in a speech that was highly critical of the Government, its first Five Year Plan, and its doctrinal foundations and assumptions. The speech was in Bengali so his students helped him to formulate the appropriate language
30. I was in England between the time of my father's return to Dhaka in September 1973 and his subsequent death in May 1974, and therefore did not see his suffering first-hand, especially since my mother tried to put on a brave face in the letters she wrote me. However during this time my mother and my sister Afreen were his main carers. My sister still feels distressed when she remembers it. I asked Afreen for her recollections, and I have extracted the following from a couple of her emails. Please note that 'Amma' refers to our mother:
31. "You are absolutely correct in saying that I was one of the main carers together with my mother. I was there full time with Amma after she came back from her work, which was a much-needed job for the family. My own life remained at a standstill for those five years with all my energy and attention being devoted to taking care of Daddy and keeping him as comfortable as we possibly could."

32. "Daddy remained reasonably active during the first couple of years and was trying to cope as best as he could, with the situation that was bringing his life to a tragic end. However, the last couple of years, the last six months and the last week of his life in particular, was an extremely painful experience. Daddy started losing weight rapidly. He would feel better in the mornings until just about noon when I would give him his lunch. After lunch he would start feeling unwell and that discomfort, together with a fever, would continue through the night. Amma would spend many a night massaging his back and forehead. He was very well aware of what would transpire but was neither willing nor ready to leave us. There were days when he would cry and so would I."
33. "Daddy was not only losing weight, his skin was also being affected. If you look at the pictures taken in Ms Mills' back yard in 1973, you will clearly see the much darker than his usual skin colour that seemed burned. His tremendous loss of weight is also very noticeable. He looked completely emaciated. Throughout the entire period Daddy was on a regulated, low-fat diet. You may recall Amma's ability to get Ms Mills to let us use, and thereafter almost take over, her kitchen because Amma had to prepare home cooked meals for Daddy."
34. "I am not sure if Daddy had a doctor in Dhaka. I do not remember him going to anyone. Also, if there was someone, his medical records would not have been sent to Dr Ibrahim, whom Amma and Daddy knew very well, but Daddy was never his patient. Dr Ibrahim would only make regular house calls during that very last week till Daddy died in the comfort of his own home with us by his side. That was what he wanted. During the last 24 hours he slipped into a coma and started vomiting blood and passing bloody stool till he was no more."
35. "In 1973, the doctor in London shared with Daddy the prognosis of his worsening condition. I remember him being very disheartened after visiting the doctor. On our return to Dhaka he knew exactly what to

expect at each step along the way, and that time was running out for him. Even then, in early May of 1974 I remember writing a letter to his doctor in London (at Daddy's instruction and dictation) asking if there had been any progress in medical research that Daddy could benefit from if he was brought over to London. We received the doctor's reply a couple of months after Daddy passed away. The letter said that the journey would be very tiring for him and that he should be kept comfortable where he was."

36. "For me our slight differences in the timeline do not really matter. What really matters to me is including Daddy's name in the list of victims. Also, I feel that our loss is just as horrific as the loss of the loved ones of other victims."

37. I am quoting these excerpts verbatim to try to illustrate the grimness of the condition in which my father lived and died in the chaos of Dhaka in the early 1970s, after he had incurred the enormous (for him) cost of medical treatment as a private patient in the UK. I have never got over the irony of his suffering and death, caused during that treatment by a fairly casually administered blood transfusion. For most of the last forty-five years, I believed that this was an unfortunate accident. There are no words to describe my emotions when I read about this Infected Blood Inquiry, and realised that transfusions using infected blood have been administered to patients in the UK for the past fifty years, without anyone taking responsibility for the consequences.

38. I was 21 years old when my father received the blood transfusion. At that age you believe that your parents will live forever, so it was very hard to come to terms with the suddenness of his illness and death. I believe that what my father went through had an impact on my education. In 1972, I went to Cambridge to do a degree in economics and I had always planned to work in international development. However after my father died, I chose to work in private industry because I began to understand the importance of financial stability in

providing for the welfare of one's self and one's family. My father had spent his life helping others, so seeing him have to scrape the money together to visit the UK to get the treatment he needed was definitely part of this change in my perspective and aspirations.

39. My mother and sisters suffered financially and emotionally during this period and afterwards, without the support of the main breadwinner and head of the household. They coped by renting out part of the family home, and relying on my mother's salary. My mother had to take on all the responsibility for keeping the family safe during this very troubled time in the country, and we were very fortunate that she had the strength of character to do so.
40. The main financial loss was suffered by my sister Afreen, who abandoned all prospects of building her career in her twenties. After my father's death, she established a role for herself in UNICEF, and served with distinction in Bangladesh, Nepal, Sudan and the Yemen, but she was never able to make up the time she had lost while she was caring for my father.
41. My family is very resilient but we still get emotional when we think about it. It was a very tough time for all sorts of reasons. It was a time of major social and political unrest in Pakistan/Bangladesh, and I heard that people I had known – like my childhood doctor - were being taken away and shot by the army. So all of this was happening alongside my father's deterioration, and this period of our lives brings up a huge mix of emotions.
42. As a family I think we have buried a lot of these emotions and tried to move on, and we are lucky because we have all managed to do well for ourselves. However the fact that the family has been so successful is bittersweet, because my dad is not here now to see how far we have come and all the things we have achieved.

43. I have never been offered counselling, and that is not something I have missed, because I do not believe that I would gain any benefit from it.

Section 6. Treatment/Care/Support

44. There was no treatment for serum hepatitis at the time, so my father did not receive any treatment in the UK. I believe that a while after my father passed away, maybe a few years later, Dr Sherlock wrote and told us that there was a new treatment, and asked if our father would like to travel to the UK to receive it. However it was too late by this point.

45. I do not know whether he received any treatment in Bangladesh.

46. My father was a private patient who came to the UK for a single specified procedure, so there was no aftercare available. The political situation in Pakistan/Bangladesh between 1971 and 1973 made it impossible for him to come back to the UK for further consultation. I am certain that there would have been no framework – other than impossibly expensive legal action – through which he could have got further help in making the hospital take responsibility for the infected blood transfusion. Certainly, when he did succeed in approaching his medical team in 1973, their advice was that he should go home and die. No one suggested that he could get any support from the Westminster Group of Hospitals.

Section 7. Financial Assistance

47. We neither sought nor received any financial assistance from any source, public or private.

Section 8. Other Issues

48. The thing that I really want to emphasise in this statement is that it was not just people in the UK who were receiving regular treatment by the NHS that were affected by contaminated blood. My father came to this country for one-off treatment, and this was enough to destroy his life. The transfusion he received was not even central to the procedure he had undergone – it was not a life or death situation. Rather, the transfusion was seemingly non-urgent and administered as an afterthought. This was enough to cut our father's life short. Not only denying his country further valuable service and advice from a truly respected individual, but also denying his family the opportunity to watch their father grow old gracefully.

49. I have not taken part in any campaigning or litigation in reference to the issues discussed in this statement.

Statement of Truth

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

Signed _____

GRO-C

Dated _____

1/8/19