

Witness Name; Christine Fitzgerald

Statement No: WITN3469001

Exhibits: **WITN3469002**

Dated: 29th August 2019.

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF CHRISTINE FITZGERALD

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 24 June 2019.

I, Christine Fitzgerald, will say as follows: -

Section 1. Introduction

1. My name is Christine Fitzgerald. My date of birth is GRO-C 1953 and my address is known to the Inquiry. I am 66 years old and I previously worked as an occupational health nurse. I intend to speak about my late father, Samuel Harrison and how I believe he was killed as a result of infected blood. In particular, the nature of his illness, how the illness affected him and the impact it had on my father, our family and our lives together.

2. I confirm I am not legally represented and that I am not seeking anonymity.
3. I have signed a consent form for the use of my statement dated 10 July 2019 and I am happy for this to be used in conjunction with this statement once it is signed.

Section 2. How Affected

4. My father, Samuel Harrison, was born GRO-C 1924 and he was a coal miner. He was a fit and active man and a very focused man. He was highly principled; He held office as a Union official in the NUM. Following the death of their parents he took in my cousins and raised them as his own. He was well known and liked within the community in which he lived.
5. As a miner, he did have a cage drop accident, which caused some damage to his knees, but he continued to work and was still very fit and healthy.
6. He had no blood transfusions prior to 1980, no tattoos or piercings and did not use intravenous drugs.
7. In 1972, my father became ill. My father was diagnosed with lymphatic leukaemia, but my mother made the decision at the time not to make the nature of his illness clear to him. I believe she thought as he was such a strong family and community orientated man he would have struggled with the knowledge. Following treatment my father returned to work and, other than a lump on his neck, his health held steady. He was treated at the Walsgrave Hospital (now the University Hospital, Coventry) under the care of Dr Shinton and Dr Streven.

8. In 1980, my father was given a blood transfusion. After this transfusion he did perk up for a while, as leukaemia patients often do after a transfusion. However, he began to feel constantly fatigued and started to question what was wrong with him. He usually saw Dr Streven, but on this occasion saw a Dr Harris instead, at Walsgrave Hospital. This led to my father discovering he had lymphatic leukaemia.
9. He received a second blood transfusion a few months later and between that time and 1982 he received blood transfusions increasingly often until the time of his death in 1982 at which time he was regularly receiving 10 units of blood a week.
10. My father was never, as far as I am aware, advised of any risks of transfusion in terms of blood borne infections.
11. My father was never, as far as I am aware, tested for HIV or Hepatitis C, but I believe he was infected by a transfusion in 1980 given his rapid decline in health, the symptoms, and his death. As a former nurse, I would put my professional reputation on the line to say that my father had a blood borne illness, whether it was HIV, Hepatitis C, or both.
12. The primary reason I suspect HIV is because of the symptoms my father developed after the transfusion. Kaposi's Sarcoma is an AIDS defining illness. My father developed lesions on his face and chest which is consistent with a diagnosis of Sarcoma. I later became more than familiar with these lesions when I was treating AIDS patients as a nurse. I remember speaking to young male doctor on the ward at the time about it as I had seen it before. I was told that as my father was not a homosexual he would not be at risk. I felt that my concerns

were simply dismissed out of hand. My mother later overheard that same doctor say 'I hate dealing with nurses'

Section 3. Other Infections

13. I am unsure whether my father was exposed to any other infections.

Section 4. Consent

14. Without access to medical records, it is difficult to know whether my father was experimented on, but I believe that he was. In 1981, Dr Strevens offered my father total radiation treatment, which was not a standard treatment for lymphatic leukaemia. In fact, in my professional study and reading since, I have found that total radiation can have contra-indications for patients with lymphatic leukaemia turning otherwise chronic leukaemia into acute leukaemia, which leads to a more rapid death. At the time, I raised concerns with Dr Strevens and he admitted that he did not know whether the treatment would work, but that it was their best hope to try to "kill everything". I particularly remember that phrase and that he said that they needed to destroy the bad cells in his blood that were crowding out the good cells. It struck me that he said everything instead of the cancer.
15. My father was repeatedly asked whether he had travelled abroad and I do not know what the purpose of this question was.

Section 5. Impact

16. My father regularly developed infections, the source of which could not be traced by his doctors. In 1981, he became very ill and when I visited him at home he had a massive fit. I called an ambulance. He was diagnosed with septicaemia and was put into isolation, which wasn't the standard procedure for septicaemia patients at the time. I questioned this, but was told that he was in isolation because of the septicaemia and the infection, but I was not given more details than this. He had a temperature of 41 degrees centigrade and he was very lucky to survive.
17. My father often received treatment in isolation after 1980. He was always placed in a side ward on B3. The doctors would always be gloved and gowned to treat him and we were told we had to do the same when we were visiting him during the last months of his life. As a nurse, this was not my normal experience for patients with lymphatic leukaemia. I did ask why this was done, but I was never given any answers.
18. My father experienced many other physical symptoms that are characteristic of HIV infection. He suffered from pneumonia several times. He had severe diarrhoea, which I saw often during my time as a nurse treating AIDS patients. He developed mouth ulcers and bleeding gums, though fortunately he did not lose any of his teeth except one, which he was very proud of. He often had trouble with rashes, which at one point became so itchy that, due to his steroid treatment, caused him to rip off parts of his skin. He suffered from a loss of appetite and he lost a lot of weight, becoming almost skeletal by the end. He also experienced a major seizure, several rigors which are caused by high temperatures and just general all-round weakness.

19. Father suffered from fatigue so badly that at one point he was unable to get up off the toilet. I remember he had bad aches in his joints and asked me to get Germolene for it - though I said it wouldn't help - and to get horse liniment, which I can still smell now. I used to rub it into his elbows and knees. He put his joint aches down to his accident and work in the mines, but it became much worse after his transfusion as, until then, he had continued working, which was physically demanding work. It was only after the transfusion that his aches became so bad. Eventually, he had to walk with sticks and sleep downstairs as he could no longer manage the stairs.
20. My father also suffered with dizziness and at one point fell over and hurt his knee so badly he was bleeding into the knee and had to go to hospital. He also experienced a lack of concentration or focus, where he would be in a world of his own, which wasn't like him at all; he had previously been the vice president of his union and a very focused man. I recall taking him to a hospital appointment and a lady making conversation with him and I had to prompt him to respond because he lost focus.
21. My father became jaundice and his bloods came back and showed a rapid deterioration that the doctors could not explain. As his immune system was being suppressed, they performed a sternum bone marrow test and my father described it like being kicked by a thousand horses.
22. Mentally, my father was very strong, but I remember at one point he asked what could he have done to deserve this illness. My father never spoke of the war, but I remember at one point he described this illness as worse than what he had been through during that time.
23. My father was a very rare blood type, A rhesus negative. My sister and I both had that blood type and wanted to donate blood for him.

We were talked through the questions they usually ask, but were ultimately refused. I said it was better the blood came from us and that we knew it was good blood rather than from goodness knows where. I remember the doctor I was talking to laughed and said that this was true because "we don't know where any of this blood is coming from". This was particularly frustrating because we would have to wait for blood. Even in my nursing training we were not taught about the source of blood; it was always the doctor's prerogative.

24. Socially, my father was severely impacted. He was well liked and tried to maintain a regular life. I would take him to the miner's club whenever I could because he needed that normality to keep him going. However, he was increasingly tired and found it hard to do such things.
25. My father had to give up work in 1980, before the age of retirement. He did not get much financially from the mining company; his pension was a pittance.
26. In June 1982, the day before he died, I remember he was very ill. It wasn't anything we hadn't seen before and I was expecting to take him to the hospital, he would have a transfusion and I would be taking him home the next day. I called an ambulance, which unfortunately broke down on the bypass. When we eventually got to the hospital, his usual ward, B3, was full and so he was put on another ward, away from the nurses that knew him, and he was left alone. We wanted to sit with him, but as was usually the case he was isolated and we were not allowed. I said to him that I would be back tomorrow, that I loved him, and I went home around 9pm.
27. The following morning around 7am I received a call from my mother to say that the hospital had called and that my father was very ill and

that we should come. However, by the time we arrived, my father was dead. I still don't know what happened in those intervening hours to cause such a rapid deterioration because, as a nurse, you get an instinct that tells you when someone is going to die and I never had that moment with my father. I also still don't know why we were not called during the night when he began deteriorating so that he would not be alone; as a nurse, I would have called the family and always did so.

28. The death certificate shows the cause of death as lymphatic leukaemia, which is very unusual as this in itself does not kill you but rather something else does and this is listed as a contributing illness. See WITN3469002.
29. The coroner became involved after my father's death and came to visit. He explained that, because my father had been a miner, they wanted to do a post mortem to examine for dust in his lungs, Silicosis which may enable my mother to get compensation. I was reluctant at first to go ahead with the post mortem, but agreed as long as they did not touch his head. They wanted to because they wanted to examine his brain for reasons I do not know and I found that odd. Looking back, I think they used the dust as an excuse. They said they were going to keep some of his tissue samples, too, which was also odd. Ultimately, the post mortem did not find any dust in his lungs. However, it did find an infection behind his scapula, which they drained 300ml of puss from. My father had complained of pain in the shoulder and we had talked to the doctors about it, but it had been dismissed. My father was cremated and there was nothing unusual about that.
30. As a nurse who has treated patients with both lymphatic and other types of leukaemia, I know that each patient is different. However, never in my experience did a patient present like my father did. That

does not necessarily mean that there weren't any, but it was not my experience. I remember meeting a young lad one day whilst waiting to see Dr Strevens with my father. Whilst we were chatting he mentioned that he was gay and he told me he had a mystery illness that the doctors did not understand, but that his bloods were all over the place. Looking at him was like looking at a skeleton. I subsequently met and nursed more AIDS patients and I could tell there were similarities between them and my father.

31. I know at that time that blood was not adequately screened. In 1979, as a nurse, I administered blood to a lady who had just undergone surgery. I inserted the cannula and she had a severe allergic reaction. It transpired there was aspirin in the blood and she was allergic to aspirin. She went into anaphylactic shock and cardiac arrest, which would not have happened had the blood been screened.
32. Before my father died my mother had the responsibility of caring for him. I would help out where I could as I had the medical training and experience. This would include taking him to hospital and clinical appointments, often following a long night shift. I continued to help out even when pregnant during 1982. It was a very stressful time for all of us. I believe it did have some impact on my nursing education and my career. I may have gone further in my field including specialisation. However, the biggest impact was emotional.
33. Losing my father had a huge impact on the family, one that cannot be quantified. My father was just 57 when he died and my mother was 54; they should have been entering the best years of their lives, but that was taken from them. We had never expected to lose him so soon or so quickly and so it was a shock and it was traumatic.
34. My father never got to meet his grand-daughter that I was carrying at the time of his demise, nor did he get the chance to form a

relationship with his second grand-daughter who was born in GRO-C of 1982. My brother had a son later that same year. Both my children and his were deprived of the chance to have a grandfather.

35. Another thing he missed out on was seeing our house being completed. I remember driving him to see the house and him asking if we knew what we were getting ourselves into. I said I would bring him to see it when it was finished and he said he would look forward to it, but he never got the chance to see it. I still think of my father when I see oysters, which he used to like to soothe the ulcers in his mouth, or pig's feet, which were a favourite dish of his.
36. Losing him left a huge void in my life. I was angry for a long time. But it wasn't just me. The whole family felt it. Our father was such a focal point for all of us and it meant his death had a devastating effect when it came. None more so than my mother who died in 2003 and often spoke of my father and missed him very much. I suggested getting his medical records, but she didn't want to. She never really got over his death and wanted the matter left to rest. It was also a loss for the community which my father had championed all through his adult life and many turned up to the funeral with a story about how my father had helped them.

Section 6. Treatment/Care/Support

37. My father never had treatment or support in relation to any blood borne illness as he was never diagnosed.
38. I recall years later I was working in haematology after HIV had become more well known. I used to administer Factor VIII injections to haemophiliacs. I remember another nurse saying to me one day "I

wonder how many we've missed" about missed diagnoses of HIV and Hepatitis. I had regularly told Dr Strevens and Dr Shinton whilst they were caring for my father that I thought that there was something more going on than the cancer, but I was always dismissed.

Section 7. Financial Assistance

39. We were never able to claim anything as there was never a formal diagnosis.

Section 8. Other Issues

40. Looking back, I think that things were known long before they came to a head. Working in the medical profession, I know how things can be lost or rewritten. I do not want that to happen. I want to make the voices of those like dad, those who were missed and those who suffered through no fault of their own, heard. I would like answers and I need to understand. I was refused answers at the time and so I want those answers now.

Statement of Truth

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

Signed GRO-C

Dated 29th August 2014.