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Witness Name: GRO-B

Statement No.: WITN3554001

Exhibits: WITN3554002-05

Dated: 20/9/2019

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF GRO-B

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 20/12/2018

I, GRO-B will say as follows: -

Section 1. Introduction

1. My name is GRO-B and I was born on GRO-B 1945. I have lived in the GRO-B area of GRO-B London for my entire life. I worked in the healthcare profession as a state registered nurse and midwife for over thirty years up to 2010.
2. I intend to speak about the circumstances of my father's infection with hepatitis C (HCV), the nature of his illness, the treatment he received, how it has affected me and my family, and our experience with government bodies and various medical professionals.
3. After seeing television and online coverage of the Inquiry, I wanted to say something, because I am the only one who can still tell my father's story.
4. I would like my name and any other identifying details to be redacted from this statement to protect the privacy of my family and myself.

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- I am not legally represented in relation to this issue. An Inquiry investigator has explained the right of reply process to me should I choose to criticise individuals or organisations.

Section 2. How Infected

- My father was [GRO-B: F] He was born on [GRO-B] 1920. [F] signed up to the Army in May 1939 and served as a private in the Royal Army Service Corp, being honourably discharged in 1945. My father endured horrific circumstances throughout the war, which led to the development of a heart condition, scarlet fever, and then rheumatic fever.
- Following the War, [F] worked as a maintenance man, painter and decorator. My father was great with his hands and had a terrific sense of humour. He ended up working for many years as a foreman for [GRO-B] [GRO-B] Company, then for [GRO-B] as an inspector for quality control.
- For many years [F] would have an annual medical assessment for his pension through Liverpool Victoria insurance. He attended clinics for this purpose for many years following his discharge without any untoward incident.
- In 1967, I finished my nursing training and begun working as a midwife. A couple of years later, I heard from my mother, that Dad's health had deteriorated. I gathered the medical professionals were assessing his condition, and intended to perform surgery to correct a pre-existing heart problem.
- My father kept incredibly fit for most of his life [GRO-B] and enjoyed energetically playing with me when I was growing up. I remember that [F] was hardly ever ill, right up until he began to deteriorate in around 1968.
- [F] went into [GRO-B] hospital for his heart operation in June 1970. This operation had previously been delayed because of issues with his

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teeth, which required a separate dental operation at Mount Vernon hospital.

12. My father's heart operation involved Aortic valve replacement and Mitral repair. The excellent Mr [GRO-B] cardiac surgeon, who performed the surgery, informed me that during and following his heart operation, [F] received over 40 units of blood. We do not possess any records that could provide details of the blood used for those transfusions. Mr [GRO-B] was very pleased with the outcome of the operation at the time.
13. [F] was discharged home after being in hospital for a couple of weeks. I visited him at home and he seemed fine, joking as usual and being light hearted about the situation.
14. I continued to visit Dad from time to time, until one day in August when I arrived and mum told me that he might have to go back into hospital. A doctor had visited the home and expressed concern about the yellow colour of Dad's eyes, which can indicate jaundice. Hepatitis was not the first thing I considered as a cause, due to [F]'s previous heart issues.
15. Dr [GRO-B] from [GRO-B] Surgery in [GRO-B] then visited my father. The doctor may have believed that Dad's issues were heart related but without medical notes we are unable to confirm this. Soon after Dr [GRO-B] saw my father, he was admitted back into [GRO-B] hospital.
16. The following day we dropped Mum off at [GRO-B] to see Dad. From there, she phoned me to let me know that [F] had suddenly become very ill. Mum did not provide specifics, but said that he was acting in a very strange way.
17. I travelled to [GRO-B] and went in to see [F] on my own while my husband attempted to comfort and calm my mum. I immediately realised that my father also no longer recognised who I was.
18. [F] then attempted to climb out of his hospital bed, but I tried to keep him there because he had a drip inserted into his arm. While I was trying to restrain him for his own safety, out of nowhere my father pushed me very hard against the wall. I was shocked by his sudden physicality.

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19. When I saw [F] face in that moment he didn't look like my father at all; it was like he was someone else entirely. He was in a confused and highly agitated state the whole time I was there.
20. Since our last meeting, [F] colouring had become noticeably more yellow. It was further obvious to me that his brain had been affected by what had happened, and I thought that he might have developed Kernicterus (jaundice of the brain). In those days you would in no way assume that hepatitis could cause such serious health issues.
21. My husband and I eventually had to leave [GRO-B] hospital in order to take care of my stepdaughter. Later that day, I heard that Dad was going to be transferred to the specialist liver unit at the old Royal Free hospital on Gray's Inn Road as a matter of emergency. My mother accompanied [F] on a stressful, high-speed ambulance ride to hospital, which clearly frightened the living daylights out of her.
22. By the time I made it to the Royal Free to see my father, he was attached to just about every bit of medical equipment that I knew. He was anaesthetised, had an artificial breathing machine, was hooked up to the usual intravenous fluids and had part of his blood being diverted through a pig's liver (as was considered to be 'frontier medicine' at the time).
23. The doctor's had now figured out roughly what was wrong with my father, and knew his liver was severely damaged. We were informed that there was around a 50% chance of recovery following treatment (two of the four patients who had previously received the same treatment had recovered).
24. I remember standing in the ward looking at my father, realising that I thought he might be dead already. He looked rubbery to me, in the same way that people do once they have passed away. During my experience as a nurse, I had previously looked after similar patients on ventilators who were only kept alive by the machines that they depended on.
25. I felt strongly that any outcome where Dad was only kept alive mechanically without hope of recovery would be unfair on both the staff and our family. I knew that I would prefer to impose a 'Do Not Resuscitate' rule, once I had the clear impression that [F] was no longer with us. He

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was alive and being maintained by machines, but was not with us in any real sense.

26. When I first walked into his room at the old Royal Free hospital I felt absolutely frozen. The image of [F] at his weakest in that hospital bed is still a picture that I see. I went in to see him on my own with only a nurse present but I didn't touch my father at all.
27. A few days after that visit I received a call from the doctor/consultant in charge. They said to me: "*You're not to go into that room again. I hear you're pregnant, how far gone are you?*" I was four months pregnant at the time and I never got to see my father again.
28. I informed a senior doctor that any tragic information about my father was to come through me so as not to distress my mother any more than necessary.
29. Later, I received another call from the same senior doctor. He said: "*Your father has gone into kidney failure twice, and we have done an ECG (electrocardiogram) but it was flat.*" In those days the procedure was to repeat the ECG.
30. I told the doctor to repeat the ECG, and that if it remained flat to turn my father's life support machine off. I specifically requested that my mother be told that [F] had died naturally, without reference to my decision to turn off his life-support.
31. Given my nursing experience looking after people in that same condition, I didn't want any of my colleagues to be nursing a corpse. I further knew that my mother would have been unable to make such a decision. My experience had also led me to believe that even if he were able to come off life-support equipment, he would never be the same again.
32. At 7:00 am on [GRO-B] 1970, I received a call from a doctor informing me that my father had died at around 2:30 that morning. I immediately got dressed and rushed around to see my mother, so I could gently break the news to her.

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33. My mother had beaten me to it, having already phoned the hospital from a telephone box to enquire as to Dad's condition. She was alone in this box when the hospital told my mother that her husband was dead.
34. Mum was in a hysterical condition by the time I arrived at her place. She had an outburst and then proceeded to retreat into herself and not discuss anything with the family. I got the impression that I was being blamed for the situation given my experience in the medical profession. I had to explain to Mum that only the doctor could properly explain what had occurred with Dad.
35. [F] death certificate (Exhibit 002, as certified by Dr Pease), listed the primary cause of death as Hepatocellular failure, with a secondary cause of serum hepatitis. This description is slightly different from Dr Pease's medical note (Exhibit 003), received by my mother following the post mortem, which stated [F] "*died of acute Hepatocellular failure secondary to infectious hepatitis.*"
36. I strongly believe that my father was infected with hepatitis at the time of his heart operation in June 1970, when he received blood transfusions involving at least forty units of blood.
37. At no stage were we provided adequate information about my father's infection. We were only ever told that any member of the family who had touched [F] in hospital before his death would need to take gamma globulin as a precaution. I did not have to take it because I was pregnant at that time.
38. There was only a short period between my father receiving a transfusion and his passing. Consequently, there was no window of opportunity for information to be provided concerning how [F] health and lifestyle should have been managed in order to minimise the risk of infecting other people. My Mum was never tested for hepatitis C following Dad's infection.
39. The NHS should never have presumed that simply because I was a nurse, the situation and expectations would be clear to me at that time. Throughout my interactions with the NHS, there was an assumption that I

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would know what was going on or likely to occur due to my medical training.

40. In terms of the communication of test results and other medical details; Dad was never in a good position to receive this information towards the end of this life. At that time there was also no point in medical staff trying to explain anything to my distressed mother, which means important information may not have been received or understood. Compounding this communication breakdown was that I personally would never be told about the results of tests that had occurred.

41. I do not know who at the hospital told my mother that F had died, but she was clearly distraught following the call she made from a telephone box. Being able to break the news to my mother in a gentler way may have improved our family's experience of the grieving process.

42. I don't think the hospital had anything in place at the time concerning how staff should deal with relatives who are about to lose or have just lost someone they dearly loved. I really wish that the medical staff at Royal Free hospital had handled this aspect differently.

Section 3. Other Infections

43. I do not believe that my father ever received any infection other than hepatitis C as a result of being given infected blood or blood products. He was incredibly fit aside from his heart, and too young to get anything else.

Section 4. Consent

44. My father received a large amount of blood transfusions as part of the heart operation he received in 1970. I do not believe that any of his treatment was given without consent.

45. Dad would have given consent to his dental surgery, heart surgery and transfusions but could not have consented to anything after he entered a comatose state. I think that when Dad was first readmitted back to

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GRO-B hospital he could not have known or comprehended the true nature of his situation.

46. I do not believe Dad was ever given treatment for the purpose of medical research. However, the use of pig's liver to clean Dad's blood ('frontier medicine' at the time) may have been for research purposes.
47. I believe that my Dad was likely tested without his knowledge and consent towards the end of his life when he fell seriously ill and had to enter Royal Free hospital. It is important to note that during this time, **F** was unconscious and on a ventilator. I specifically don't believe that my father ever knew he was being tested for hepatitis C.

Section 5. Impact

48. My father's infection with hepatitis C had a significant impact on his life, and led to his untimely death at the age of just 50. Losing **F** created a hole in our family that could never be filled. He was always so full of life and engaged with everyone in the family, taking endless photographs and making sure everyone was involved.
49. Dad clearly had a massive influence on our extended family, as shown by how distraught my young cousin was by his passing. A history of our family could be divided into what happened before and after 1970, because of how much it changed how we interacted with one another.
50. Towards the end of his life, my father's mental state was seriously confused. In addition, I believe he was probably frightened by what was going on and his unfamiliar hospital surroundings. This fear and lack of understanding explains why he pushed me away as if he didn't recognise me when I came to visit his ward.
51. I do not believe that Dad felt any significant physical effects from the disease in the short time between his diagnosis and passing.
52. Following my father's death, I would go round to my mum's house often to offer support. I increasingly found this to be an ordeal, as Mum didn't want to accept any form of comfort. My husband was very supportive

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- throughout this time. He was incredibly supportive of my mother, and took a lot of stick from her that he didn't deserve.
53. The GP had doped Mum up with something, but I am unaware of what exactly it was. This affected my mother to the extent that you couldn't have a conversation with her, and if you ventured to say anything she'd bite your head off in reply.
54. It got to the point where my husband had to intervene, saying: "*Stop talking to your daughter like that! She's pregnant!*" This was the first that my mum knew about my upcoming baby. My father had previously hinted that he knew something but I never got the chance to discuss my pregnancy with him before he died.
55. I think that the whole family was unable to react well to my good news given what had happened. I remember that during this time I wasn't feeling too well and was suffering from major headaches on top of trying to deal with my own grief.
56. Following Dad's death it became apparent that his infection with hepatitis had certain consequences and conditions that needed to be followed in respect of his burial. Dad's coffin was sealed shut to minimise any risk of further infection and this did not help Mum deal with his death.
57. It was only when my father in law passed away thirteen years later that I was able to let out what had been feeling for all that time. I learned in my nursing training that you are supposed to be the 'Rock of Gibraltar' rather than outwardly showing your emotions.
58. I found myself in a position where I was comforting Dad's sisters, my distraught cousin and much of the rest of my family. I didn't take the time to grieve personally, so I must have given the impression that I did not care about what had happened. During that time I kept my emotions to myself overall, while my husband bore the brunt of my pent up temper.
59. I believe that my father's untimely death seriously affected the dynamics of our family. Mum's older sister decided that she would be solely responsible for organising her affairs, essentially leaving me out of the picture. As a result, I have nothing to remember F by other than some

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of his old GRO-B At the time, I felt like I was being pushed out of the family as a result of the change in family dynamics following my father's death.

60. I don't believe my education or career development was negatively effected by my father's infection. When F passed away I had already successfully completed my training to become a registered nurse.

Section 6. Treatment/Care/Support

61. The difficulties that my father had in getting treatment stemmed from the fact that his hepatitis remained undiagnosed almost right up to his death. If a positive diagnosis had occurred previously, no one in our family (including Dad) was informed at the time, and we only ever received symptomatic information about his health.

62. I don't think my father had any difficulty obtaining treatment or care once medical staff knew of his hepatitis infection. The question that could be raised is how early the medical professionals responsible for Dad's health knew about his infection, and whether they ever held that information back from him or our family.

63. Once Dad went back into GRO-B it was not very long before they transferred him to the Royal Free where he could receive the treatment that he urgently needed. Staff must have noticed that his liver profile was abnormal, and this prompted them to send him to the Royal Free hospital as soon as possible.

64. I am unaware whether any treatments existed at that time that should have been offered to my father. The treatments I did see used were far in excess of what I was familiar with through my experience as a nurse, making it difficult for me to evaluate them effectively.

65. Counselling or psychological support was never made available to my father; nor was it offered to me after we realised he had been infected.

66. When my father died I was completely busy with my upcoming baby. At that time, if you went to see a counsellor then it was possible that you may

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be regarded as mentally unstable, the last thing I would have wanted. My mother would likely have also felt that seeking out professional help would have invited unwanted stigma.

67. When I was a nurse, I saw a resident medical officer following an extended amount of shifts on night duty. At the time, the inference from certain senior nurses was that if you sought counselling or psychological help then you were “unstable”, and unlikely to be promoted to a senior post.
68. Inquiry staff informed me of the British Red Cross counselling service and the support that they offer victims and their families. I will give consideration as to whether to engage with this process.

Section 7. Financial Assistance

69. I do not know anything about Skipton, or any other funds that were set up to help those impacted by the contaminated blood scandal. Our family has never received any assistance from such funds or anyone else.
70. I believe that Dr GRO-B was able to help my mother receive a War Widow's benefit. After Mum's father died the doctor was also able to get her into a disabled facility that was a bungalow so she need not worry about stairs.

Section 8. Other Issues

71. Nobody goes into hospital expecting to leave worse off than they were when they entered. I want to know who was responsible for importing the contaminated blood and what method they used or didn't use to ensure that blood was safe. Whenever I went to donate blood, I had to state that I never had jaundice, so how was blood like this allowed in the country?
72. I don't know where responsibility for this tragedy starts or ends. Was it a government decision to bring in blood from outside? Was it an NHS decision? Was it a collaborative affair with lots of parties involved? These questions need answers.

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73. There has to be a public acknowledgement of this whole situation and the trauma that continues to be caused a generation or two down the line.

Statement of Truth

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

Signed GRO-B

Dated 20/9/2019.