Witness Name: Mark Walster
Statement No.: WITN3652001
Exhibits: **WITN3652002 - 006**
Dated: 29th October 2019

# INFECTED BLOOD INQUIRY

# WRITTEN STATEMENT OF MARK WALSTER

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 13 October 2019.

I, Mark Walster, will say as follows: -

## Section 1. Introduction

1. My name is Mark Walster. My date of birth is GRO-C 1958 and my address is known to the Inquiry. I work as a Contracts Manager, and I live together with my long-term partner. We have two sons who are now grown up.

2. I was infected with Hepatitis C ('HCV') from an infected blood transfusion. I intend to speak about my infection with Hepatitis C. In particular, the nature of my illness, how the illness affected me, the treatment I received and the impact it had on me, my family and our lives together.

## Section 2. How Infected

3. I was admitted to hospital with septicaemia in 1987. I went to football training on a Thursday evening, during which I got a blister on the back of my foot. I then played a match that coming Sunday, during which the blister burst open. On the Monday morning I went to work and I could hardly walk. I had a lot of pain in my leg, and a colleague said that my leg was distinctly red and swollen.

4. I was taken to Park Hospital A&E near Manchester (Park Hospital later became Trafford General Hospital). The doctor who saw me was unable to identify the exact cause of the pain. He did not immediately see the blister. I was prescribed painkillers and told to keep an eye on it. If I experienced any further problems I was told to go back.

5. I duly returned to work in the afternoon, and when I arrived back my colleagues told me that the hospital had phoned. They had left a message telling me to come back to Park Hospital immediately.

6. I returned to Park Hospital at around 2pm and was put in a room with cubicles to separate patients for individual consultations. Doctors with white coats came by each cubicle one by one. When the doctors examined the back of my leg, they asked me what had caused the blister. I explained that it was a football-related injury.

7. The doctor who assessed my leg looked at it and straight away said 'Ward 1'. I was wheeled into Ward 1, where it was explained to me that my leg was infected from the dirt and mud from playing football, and this infection had gone up my leg and spread into the back of my knee.

8. I was fitted with an intravenous drip with antibiotics, and I was given blood transfusions. The first week or so went by in a blur, and I was in a complete daze. I was shocked and confused, probably because of how serious the infection was. I was bedbound for 11 days in hospital, and I do not remember it clearly. I now understand that I had two drips; one

for antibiotics and one for blood. My brother also recalls that I was hooked up to what was visibly a bag of red blood. After 11 days I went home feeling a lot better, and I did not think any more of it.

9. Life continued normally until the late 1990s. I then began to suffer from severe stomach pains. I was completely washed out and tired all the time for no apparent reason. I made numerous visits to the GP, who performed lots of tests and even a CT scan. Ultimately nothing was apparent and it remained a mystery to everyone.

10. In 2000, we moved from GRO-C to my current address. I was thereafter put under the care of Leighton Hospital in Crewe, part of the Mid Cheshire Hospitals Trust. Leighton Hospital carried on performing tests on me, and by 2002 I was eventually diagnosed with Hepatitis C. I was completely shocked. I did not know what Hepatitis was. I remember believing that it was linked with the AIDS virus, which at that time was still very prevalent in everyone's' minds.

11. After my diagnosis I was referred to Dr London at Leighton Hospital. Despite being told that he was an expert in hepatology and I would be under his care, I only saw him once. Dr London took blood tests and did a scan of my liver, both of which confirmed that I was HCV positive. He was very honest and straightforward. He explained that I should continue to be monitored and undergo ultrasound tests every 6 months.

12. Dr London advised that there was nothing they could do to cure the HCV infection. I asked him what this means for me and my future. I did not know if I had only months to live. Dr London said that he did not know. He asked if I drank heavily, which I didn't, and he advised that it would be better if I did not drink alcohol at all. Dr London did not explain where the HCV infection may have come from.

13. After seeing Dr London only once on 13 November 2002, I continued to go back to the hospital for tests every 6 months. I would have blood tests done in the week before attending and the hospital would review these

results at my consultation. I began to see Sam Dawes, who was Dr London's assistant. Sam Dawes explained more about Hepatitis and began to ask further questions about my lifestyle. She asked if I had had a blood transfusion in the past, to which I said I wasn't sure.

14. Sam Dawes was uncertain how I may have contracted HCV, and she admitted that this was new to everyone. It took 6 months from my diagnosis for me to be asked about my lifestyle. The doctors thought it may have been sexually transmitted, though I knew this could not be the case as I have always been faithful to my partner. Sam Dawes gave the impression that I may never know how I contracted HCV. I certainly felt that I was more curious and inquisitorial than she was.

15. When I began to consider how I could have possibly contracted HCV, I told Sam Dawes that I had cartilage treatment in hospital sometime in the early 1990s. She advised me to request medical records from all the hospitals I had attended. It was at this point that my brother reminded me that I was given blood when I had septicaemia in 1987.

16. I wrote to Trafford General Hospital (previously Park Hospital) and also Wythenshawe Hospital where I had my cartilage treatment, and I was allowed to review my medical records in hard-copy for a small fee. I searched for anything to do with blood or transfusions that may provide an explanation. Ultimately, I was unable to find anything that could explain my infection.

17. I arranged to go to my GP surgery in GRO-C. There I was able to review further hard-copies of my medical records in a big box that was brought out for me. There were records from when I had seen a GP aged 5 years old with my Mum, all the way up to the present day. Surprisingly, my records were incomplete. The section missing covered the period that I was interested in, namely when I was treated at Park Hospital and had a blood transfusion for septicaemia. At the time I felt that this was an NHS conspiracy.

18. Whilst continuing to be tested by Sam Dawes at Leighton Hospital, I underwent ultrasound tests on my liver. I was not given any sort of advice regarding my diet or lifestyle that may help me. I continued to probe for answers and wanted to know about anything that could make things worse. The answers were always unclear, and I felt that there was very little hope or anything that I could do to be proactive in helping myself to get better.

19. In 2003 I started my first course of treatment. I was given Pegylated Interferon and Ribavirin combined therapy. I remember being told that this was a new treatment developed in America. I was advised that there was an 85% chance of it being effective. The treatment involved me injecting myself with Interferon once a week, whilst taking Ribavirin tablets twice daily.

20. From the point that I took my first injection of Pegylated Interferon, I began to suffer from the worst-imaginable flu-like symptoms. I felt sick and extremely fatigued. I took the injection on a Friday so that I would have a better chance of going to work on the Monday. This proved to be a waste of time. As soon as I took the injection I was confined to my bed for the weekend. After the first two weeks of pain and nausea I went into a daze. I used to sit in the garden alone and my brain was fogged. I would just sit there, not listening to, or reading, anything.

21. After a while my skin began to go grey, and I lost a lot of weight as I had no appetite whatsoever. I started to dread taking the injection on Fridays. I felt physically sick at the thought of taking the injection and knowing the impact it would have on me. I tried to build myself up prior to taking it, but the psychological effects were awful. I now realise that I was miserable and horrible throughout this treatment, which was terrible for my partner and our children.

22. Due to my severe side-effects and fatigue, I was forced to tell my employers what was going on. My then employers were a family-run business, which made things a bit easier. I went to see the Managing

Director and told him about my illness and treatment. He was shocked, having not heard of HCV, but he gave me his full support. They worked with me and were helpful and understanding throughout.

23. This first treatment was scheduled to last for 12 weeks, but was stopped after 9. I had a blood test which showed that the treatment was not working and had had no effect on the HCV. I was told that I had an 85% chance of it being effective, and I became convinced that all the suffering would be worth it when I was cured. To then be told that it had not been effective, was demoralising. I also had to tell my boss that the treatment had not worked, which was difficult after all he had done to support me.

24. After the first treatment in 2003, I continued to be monitored by Leighton Hospital. I recall that I had an abnormally low concentration of white blood cells at this time. Eventually, in March 2013, I was put on a triple therapy of Pegylated Interferon, Ribavirin and Baceprebir. This treatment was scheduled to last for 12 weeks. I was extremely worried about having to take injections again, and particularly at what the side-effects may entail.

25. I remember getting to point of absolute dread at having to inject myself. It was something that became like a barrier as the time approached and I would sit in the room at home and look at the syringe and delay using it. It became harder as time went on.

26. I took injections every Friday, and the side-effects were the same, albeit not as severe as the first time. I believe this may be because I had endured this treatment before. Because of this I was able to cope better with the new treatment.

27. By this time, I had moved to a new, much bigger haulage company that had acquired my previous employers. The human resources department were made aware of my HCV infection, and they decided to support me through my treatment. They were happy for me to work on Thursday and Friday whilst I underwent this triple therapy. I was able to work on

Thursdays and Fridays if I took the injection on Friday evening. This did however completely wipe me out from Saturday to Wednesday, and I suffered the same tiring and flu-like symptoms as before.

28. After 9 weeks of this triple treatment, I went for blood tests. The results showed signs of a very small improvement. The doctors were unable to guarantee that it would work completely if I continued the treatment for a further 3 weeks. As a result, I said that I could not continue with the treatment. I could not put myself or my family through any more of the side-effects and suffering, and I stopped the treatment in August 2013.

29. My final treatment was Harvoni (Ledipasvir/Sofosbuvir) and Ribavirin which started in February 2016. The nurse who looked after me at that time, Gretta Wong, told me that this treatment had been approved in Scotland but not yet in England. She said that it had a 95% success rate. Around the end of 2015, I went for a Fibroscan at Macclesfield Hospital to assess how badly infected I was. Prior to being given my results, I was told that a score of around '19' of the particular scale they used, would be bad news. Then, I was told that my results were a score of '36'.

30. My results were sent to a board of clinicians in Liverpool who were responsible for selecting patients to be administered with the new Harvoni and Ribavirin combination treatment. I was told that I would be a good case for the new treatment. Around a week after this, I was offered the treatment and I began it straight away in February 2016.

31. Thankfully this treatment was in tablet form and did not require me to self-inject the medication. The treatment was scheduled to last for 12 weeks, and this time I was able to complete the full-course of medication, finishing in May 2016. During the 12 weeks I achieved a sustained virological response. After completing the treatment, I was told that the HCV was 'undetected' and that I was 'cleared' of the virus. I have since undertaken numerous scans, and in the latest of these in April 2019 there was no longer any evidence of cirrhosis.

32. I have since gone from a score of '36' down to '7' on my Fibroscan results. I was able to work full-time throughout the Harvoni/Ribavirin treatment and experienced very few side-effects. I believed throughout that the treatment could not be working as I felt almost completely normal. I have now cleared my HCV infection, and am able to work full-time as a Contracts Manager.

## Section 3. Other Infections

33. I do not believe that I have any other infections as a result of receiving a blood transfusion.

## Section 4. Consent

34. I consented to being tested for HCV infectivity, and I have consented to all the treatments that I have received in respect of treating my HCV infection.

## Section 5. Impact

35. This entire episode has been extremely difficult for my partner and I. We have been together for over 30 years. GRO-C GRO-C She believed that I contracted HCV as a sexual infection, and she was very worried that she will contract it from me. GRO-C GRO-C GRO-C I wish to stress, that my HCV is most definitely not due to sexual activity.

36. Thankfully our relationship is very strong and we remain together. I told my siblings of my infection, as well as my brother and sister in-laws. Outside of the family I have experienced some stigma related to my infection with HCV. Lots of people associated HCV with HIV and AIDS,

as many concluded that it must be a result of a questionable lifestyle. For example, some people would not shake my hand out of fear that they would contract the virus.

37. I recall one day at work where I cut myself in front of my colleagues. I panicked straight away due to the blood going everywhere. I tried to stop my colleagues from touching me and contracting the virus from my blood. I was able to stop them from touching it without informing them of my infection. This event really hit home to me how serious my illness was, and the possibility of infecting other people so easily. I was also worried at what they would think of me if I was forced to tell them of my HCV infection.

38. I believe that my career progression has suffered as a result of my infection with HCV. When my previous employer was acquired by the larger company, with whom I still work, I was in a senior management position. Having been forced to tell my bosses about my illness and treatment, I feel sure that this has inhibited my ability to climb the corporate ladder. I have no proof of this, however I do feel that I have been treated differently despite my employer's help and support.

39. During my first two courses of treatment I was only able to work very occasionally, and certainly for no more than one or two days a week. I believe that this informed the senior management's views of my reliability and potential to progress. I feel that they have worried about my future health and welfare, and possibly my ability to deal with stress and high-pressure situations. Although I am thankful for my employer's support, and their attempts not to put me under as much work pressure as before, I believe this has prevented me from consideration for certain tasks and projects that I would have otherwise thrived in.

40. I believe that this all stems from a general lack of understanding of what HCV is and the personal impact. My employers were unsure if I would get worse, and I was unable to give them assurances, which meant my future was uncertain, and they therefore felt the same way.

## Section 6. Treatment/Care/Support

41. I feel lucky to have been offered the Harvoni treatment, having received two ineffective courses of treatment with such awful side-effects. I believe that I should have been better informed, as to the potential side-effects arising from the Pegylated Interferon injections.

42. I feel that I have been subject to trials during my treatment, even if they were not termed as such. From the very start I was told that the medical profession did not know very much about HCV. Whenever I suffered with side-effects, I was left in limbo as to what to do. If I experienced any sort of unexpected side-effect from the treatment, I would see the specialist, who was unable to offer an explanation. I would then see my GP, who was unable to offer an explanation, and I would be referred back to the specialist. I was shoved around between different doctors with no real solution being offered.

43. I was diagnosed with type 2 diabetes when I was infected with HCV. This may be genetic, as my father had type 1 diabetes, though I do not fit the profile of a typical type 2 diabetes patient. Since I have been cleared from HCV my diabetes has been much more stable and under control. My diabetes count has now come down to a level whereby I may not need to take diabetes medication any longer.

44. During the period between my blood transfusions in 1987 and my diagnosis with HCV in 2002, I have run the risk of exposing people to HCV. On one occasion as treatment following a car crash, I was given acupuncture. The clinician obviously had no idea of the risk of contracting HCV from me because I was yet to be diagnosed. I remember having blood spots on my shirt afterwards. On one occasion, sometime in the mid-1990s, I donated blood, unbeknown that I was carrying the virus.

45. I still have constant anxiety that any form of pain or minor illness is a consequence of my infection with HCV. On one occasion, after having cleared the virus, I had an arterial fibrillation. The left side of my heart beats less quickly then the right, meaning that I had very severe palpitations. This was very scary, and the doctors suggested it may be a result of my age. This is just one example of where I fear my HCV infection has possibly contributed to other health issues. It may be just a perception and irrational, I don't know but it is very real to me.

46. During my infection with HCV I believe that I suffered from depression. I would suffer from brain fog and felt tired almost all the time. I am no longer depressed having cleared the virus.

47. In respect of dental treatment, Sam Dawes at Leighton Hospital informed that I should advise my dentist of my diagnosis with HCV. I duly informed my dentist of this infection, and this did not make any difference to my treatment.

## Section 7. Financial Assistance

48. Sam Dawes explained to me that there was a means of financial support called the Skipton Fund. I was told this was money put aside by the government for people infected with hepatitis by blood transfusions. Sam Dawes told me that blood had been imported from America, which was sourced from prisoners and unscreened. This blood was then found to be infected, by which point it had been used for blood transfusions in the UK. I could not fathom any other way by which I contracted HCV.

49. I applied to the Skipton Fund in 2014. The Skipton Fund told me to send them records and any other documentation that could prove my infection with HCV. With this in mind, at some point in 2014 I contacted Leighton Hospital and asked for my medical records in relation to Trafford General Hospital. I received a response on 20 November 2014, and I have a record of this letter (**Exhibit W3652002**). This response from Dr S

McGoldrick states that my records at Trafford General Hospital have been destroyed. This is confirmed by a further letter attached from Central Manchester University Hospital NHS Foundation Trust, Trafford Hospitals, dated 27th August 2014, though the date is not properly entered (**Exhibit W3652003**). This letter refers to an attached 'Destruction and Retention Policy' stipulating that records be destroyed if there is no further treatment for 8 years (for adults), which is apparently in line with Department of Health guidelines (**Exhibit W3652004**).

50. As a result, my application to the Skipton Fund was refused on the basis that I had no proof of having had a blood transfusion. I received this decision in 2015. I appealed this first decision in November 2016, which was again rejected, as I had no further medical records to provide as evidence.

51. I then submitted a 'final chance' application in August 2017. This consisted of every single document I had, which was then reviewed by a panel consisting of medical experts and clinicians. Their conclusion was that it would have been unusual for someone to given blood for septicaemia.

52. In a further effort to obtain my medical records, in June 2017, I sent an email to Sue Collins at Trafford Hospital, Manchester, explaining that I had been unable to obtain my medical records confirming my treatment for septicaemia in 1987 for the reasons already given. I asked if they had any record my being admitted to Park Hospital at that time in 1987. The answer came back from Sue Collins saying that all notes from 1987, including all paperwork of attendances, have been destroyed (**Exhibit W3652005**). I have now done everything I can to obtain my medical records to prove my admission to Trafford General Hospital in 1987 and to show that I received a blood transfusion.

53. In order to inform this statement, in October this year (2019), I contacted Mid-Cheshire Hospital Trust and requested information that related to some of the questions on my rule 9 to the Inquiry for information that I

could not fully recall. In order to underpin what I have stated above, I will exhibit the response from Gretta Wong (Hepatology Nurse at Mid-Cheshire Hospital), who had previously treated me, and she replied with the answers to my questions (**Exhibit W3652006**).

## Section 8. Other Issues

54. I am grateful that I am one of the lucky ones, and I am still here. I am sad that my sons had to see me when I was so ill and generally moody and angry. They should have not have had to see me like that.

55. I have never stopped looking for answers. I am undeterred and believe that I will still find my medical records - they must still be out there somewhere. There is always that sense of frustration that I cannot definitively prove where my infection came from. I always perceive a tiny doubt in the minds of my family when I about this.

56. I would like the Inquiry to find the answers for the people that have died. I am angry with the people that knew that blood being imported was not screened for infections, and I want them to admit responsibility. I hope that people at risk of having been infected will go and get tested for their own sake.

57. In a strange way, I am envious of people who have been able to identify and prove the cause of their infection. In my case there is a hole in my medical records, for a five-year period, because of which I am unable to prove beyond doubt, certainly to the satisfaction of the Skipton Fund, that a blood transfusion was the cause of my infection with HCV.

58. Ultimately what I want from this Inquiry is answers as to why all this was allowed to happen. I would like someone to say that this was our fault and not yours. Someone needs to take responsibility for this.

59. I am grateful to the Inquiry for what it is doing; I feel some comfort from the fact that something is being done to answer these questions.

**Statement of Truth**

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

Signed GRO-C

Dated 29th OCTOBER 2019