

Witness Name: James Jessup

Statement No: WITN3257001

Exhibits: 0

Dated: 4<sup>th</sup> July 2019

## INFECTED BLOOD INQUIRY

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### FIRST WRITTEN STATEMENT OF JAMES JESSUP

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I, James Jessup, will say as follows:-

#### Section 1. Introduction

1. My name is James Jessup and I was born on [GRO-C] 1961. I live at [GRO-C] [GRO-C] Bangkok [GRO-C] Thailand. I purchased a condominium unit in Thailand about 20 years ago as I was always visiting the country. I eventually left the United Kingdom in February 1994 after being head-hunted by a British company which has an office in Singapore. I have since moved to Thailand permanently and I have also lived all over South East Asia. Furthermore, I own a small business in Cambodia. I am not married, and have no children.
2. I make this statement in relation to my late father, Anthony Jessup, (my father) who was born on [GRO-C] 1928 and sadly died on 19 December 1996, aged 68. My father died shortly after an unsuccessful liver transplant necessitated by Hepatitis, which he contracted after being repeatedly treated with plasma exchanges for Waldenström's macroglobulinemia.

3. This witness statement has been made without the benefit of access to my father's full medical records.

## **Section 2. How Affected**

4. My father developed Waldenström's macroglobulinemia in the 1970s. It is a type of lymphoma where the body makes too many white blood cells. As a result, every so often, my father was placed on a machine (in a hospital) which replaced his plasma with that which had been received from a donor. It is my view that the new plasma which my father received was 'faulty'.
5. My father was the Group Company Secretary of Ready Mixed Concrete (RMC Group plc), and through the Company he was a member of BUPA. He received the plasma exchange treatments through BUPA at, I believe, the Royal Marsden Hospital in London. He received the treatments from the development of his condition in the 1970s, though to his liver transplant in 1996.
6. I am sure as I can be that my father was not given any information or advice beforehand about the risk of being exposed to infection from blood products.
7. My father was infected with non-specific Hepatitis, in my opinion, as a result of receiving contaminated blood products.
8. As far as I am aware, the plasma exchange treatment never created any problems for my father until he was diagnosed with Hepatitis. There was nothing in my father's lifestyle that would make him susceptible to Hepatitis, and therefore I am certain that he contracted Hepatitis as a result of receiving plasma exchange treatments.
9. My father was told he had contracted Hepatitis about a year or so before he died. I had left the UK permanently in 1994 and my father died in 1996. In 1994, when

I left the UK, I do not recall that my father had any health issues apart from Waldenström's macroglobulinemia which was under control. If he did have any health issues I probably would have delayed my departure. I do not believe he was told that he had Hepatitis until about a year before he died.

10. I am not aware of how, or by whom, my father was told he had Hepatitis, although I suspect that it was by his GP. He would have realised something was wrong, perhaps because his eyes were becoming yellow, or because of fatigue, or because his urine was a strange colour, and went to his GP. However, given my father's unshakable faith in doctors, I assume his approach when he was told of the diagnosis would have been something along the lines of *'okay well you know what you are doing so sort it out'*. Although we did not converse every day once I was living in Asia, given his attitude to the medical profession, I expect that was his reaction.

11. When he told me of his diagnosis I was somewhat sceptical and suggested he obtained a second opinion from the Pasteur Institute in Paris. My father would not hear of any alternative and told me to stop interfering as he was perfectly happy with the people he had looking after him. He had, in my opinion, a somewhat irrational "blind faith" in his medical practitioners, and in particular, his GP, who was also a family friend.

12. My father generally kept a lot of things to himself and I am not aware of what he was told about the infection or how to potentially manage it. It is questionable as to exactly how much information was provided to him. Furthermore, on balance, it is quite possible that he was not told about the possibility of transmission of infection to others as a result of treatments using blood products.

13. It is very difficult to say what the doctors knew or should have known about my father's risk of infection before he was infected. But, if other patients who were also being treated for Waldenström's macroglobulinemia in a similar manner to

my father (IE: with plasma exchanges originating from the same sources), then it seems statistically unlikely that only one such person would have been infected.

### **Section 3. Other Infections**

14. To my knowledge, my father did not receive, or was not aware of, any other infections as a result of being given infected blood products.

### **Section 4. Consent**

15. As I have said, my father appeared to have unshakable faith in his GP, Dr Rau in Portland Place, London, and the medical practitioners that Dr Rau would send him to. He trusted that they knew what they were doing, and that they would do the right thing by him. Dr Rau was also a family friend, as you often were with your GP in those days, so my father would take his word as "gospel."

16. I therefore assume that my father would have routinely given his consent to be tested and/or treated, as would have been required by the hospitals to which he was sent. The question is whether or not adequate or informed consent was given by my father, which may not have been the case.

### **Section 5. Impact of the Infection**

17. My father was shaken by the diagnosis but he had faith in his doctors and he was adamant that he would get through it and that the doctors knew what they were doing. He just assumed the doctor's knew how to cure it. "Stoic" would probably be the right word to describe him. His reaction was along the lines of '*how are you going to treat and fix this*' rather than '*perhaps I should get my affairs in order*'.

18. Physically, my father lost a significant amount of weight after his transplant. Up until the time of his diagnosis with Hepatitis he was slightly overweight, portly, but was still active and would still play village cricket from time to time. He had gained a double blue at Oxford University when he was there. He did not smoke or drink heavily, but enjoyed a cigar occasionally. He was in as good a shape as any other executive of his age might be expected to be in.
19. Following my father's diagnosis with Hepatitis there was an attempt to treat his condition for a while with drugs but they did not work, and when the doctors realised his condition was extremely serious, they advised him that he would need a liver transplant. I would assume that a transplant was the last resort.
20. Also, he was told not to worry as although he was a member of BUPA, the transplant would be undertaken through the NHS. To me, at least, that seemed like a possible admission of guilt or an apology of some sort. He was given a bleeper and told to report back to the Cromwell Hospital in Kensington & Chelsea, London, for the operation when the bleeper activated, which would mean that a donor liver had become available and that the operation was ready to proceed imminently. In those days, the operation was fairly complex, and took about 7-10 hours to perform, I believe.
21. As his transplant was undertaken at the Cromwell, I assume the records for it would be available from the NHS. BUPA should also, most likely, still hold records for my father.
22. In 1996 when the transplant was due to take place, I was living in Manila, but I flew back to see him before the operation. He looked ghastly. He was very yellow and the colour of his urine was a very dark brown. He did not look in a good way.
23. After the transplant went ahead there was initial optimism, however his health deteriorated relatively rapidly, and my father lost at least a stone in weight in a week or two, which was cause for concern.

24. I do wonder if it just so happened that my father had been co-infected with HIV, in which case the immuno-suppressant drugs he was given after his transplant would most likely have been extremely dangerous for him if his immune system was already compromised, and would then have been a significant factor in what proved to be his swift demise.
25. HIV was not something that people were ever testing for in middle-aged people with sensible jobs and a highly conventional lifestyles. My father was a typical executive of his time and there was nothing out of the ordinary in his lifestyle. I do not think that it would have crossed anyone's mind to test him for HIV.
26. My father died on the 19 December 1996, aged 68, very soon after his transplant operation.
27. I am not aware of any difficulties my father had accessing treatments. As I was living in Asia at the time, I am not aware of any impact the treatment he received was having on my father. However, we would speak typically once a fortnight for about half an hour or so, and as far as I understood at the time, he was battling on, and trying to live a normal life. I believe he was determined to get through and beat the infection. His approach was that since he had the right doctors, he would get through it. From the conversations I had with him, he definitely did not appear to be taking it lying down.
28. I believe my father was partly retired from the RMC Group plc when he was diagnosed, but may have retained a non-executive directorship with them although he was not working a set number of hours. The Company never really cut him off or anything like that after his diagnosis, and most people assumed his health problems would be overcome. He retained a connection with the Company until he died.

29. My father had a close group of friends who would have been sympathetic to him. I believe he would have told his friends he had a liver problem as he had had to give up alcohol, and that his friends would assume he had some form of cirrhosis. It was not something that would cause other people to react in any way other than with sympathy, and so to my knowledge, he did not face any stigma arising from his condition. My father lived a very conventional lifestyle and nothing was 'out there' in his lifestyle to suggest Hepatitis was in any way expected, but what was expected was for his doctors to deal with it.
30. It was a big shock when I heard that my father had died. When I left the hospital after visiting him following his transplant, I assumed he would recover and would be back home soon enough. I also assumed everything was going to get back to normal and my father's new liver would effectively be '*zeroing the clock*'.
31. I was working in Asia in a senior position and my father's death added to my stress. When my father's transplant was given the green-light there was initial optimism, but my next trip to the UK was in December 1996 for my father's cremation; literally just a short while after I had just visited him in hospital at the time of his transplant operation. I feel my father's death was avoidable.
32. When my father died, I effectively lost my family: it was a real shaker and it was hard to lose him. After our parents divorced my sister, Helen Sophia Salmon, (nee Jessup), continued to live with our mother and I ended up living with my father and his second wife, until I eventually moved to London. Our family was effectively split in two.
33. I have very infrequent contact these days with my sister. However, when I became aware of the work of Collins Solicitors, I contacted my sister and said that I wanted our father's story on record. She agreed and asked me to keep her up-dated.

#### **Section 6. Treatment/care/support**

34. My father did not, as far as I am aware, seek any form of counseling. My father was a stoic type of individual, and was not the kind of person that would be very willing to see a counselor in any event.

#### **Section 7. Financial Assistance**

35. I am completely unaware of any trusts and funds set up to provide financial assistance.

36. It was only by sheer chance that I just happened to see an article in a newspaper (in September 2018) showing that something was being done about this. I thought: "*finally – about time.*" To my knowledge, no-one had done any work on this matter until Collins stepped up. I am just trying to do the right thing by my father, and so I want his name included in the Inquiry.

#### **Section 8. Other Issues**

37. I have recently read that other attempts to look into this appear to have been stonewalled by successive governments, but I suppose: "*better late than never.*"

#### **Section 9. Anonymity, disclosure and redaction**

38. I confirm that I do not wish to apply for anonymity and that I understand this statement will be published and disclosed as part of the Inquiry.

39. I am happy to be called upon to give oral evidence if it is considered necessary or if it is thought that I can assist the Inquiry in any way, subject to it being convenient for me to travel to the UK from Asia at a mutually agreed time.



**Statement of Truth**

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

Signed..

GRO-C

James Jessup

Dated:

4<sup>th</sup> July 2019