

Witness Name: Jeanette Hallam

Statement No: WITN4128001

Exhibits: **WITN4128002-7**

Dated: 7, 2, 22

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF JEANETTE HALLAM

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 15 October 2020.

I, Jeanette Hallam, will say as follows: -

Section 1. Introduction

1. My name is Jeanette Hallam. My date of birth is GRO-C 1956 and my address is known to the Inquiry. I am widowed and live on my own. I am a former beauty therapist and beauty therapy teacher. I have one daughter.
2. I intend to speak about my late husband Brian and his infection with Hepatitis C (HCV). 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.
3. I can confirm that I am not legally represented and that the provisions relating to anonymity have been explained to me and I am happy for my story to be in the public domain. I have also been made aware that if I am

critical of any medical professional then they will have a right to answer that criticism.

Section 2. How Affected

4. My husband, Brian Raymond Hallam, was born on GRO-C1950. We met in 1982 and became a couple. Brian worked as a lorry driver but had previously trained as a nurse. During his life he had worked as a fireman for about 8 years and also as a guest house proprietor.
5. Not long after we had become a couple, I noticed that he seemed to have issues with bleeding and he would just not stop bleeding if he had an accident and cut himself. Although we joked about it at first, it did become quite a concern to me. I recall he was later told that it took him 40-50 seconds for his blood to clot, whereas a normal person would take 10-12 seconds.
6. I asked Brian about his medical history around this time and he told me that in 1979 he had suffered from a burst stomach ulcer and needed an operation. This had caused a lot of further complications and he had been in hospital for around 13 weeks.
7. After the operation for the burst ulcer, he had been given 8 pints of blood **(See Exhibit WITN4128002)** over a couple of days as he was bleeding profusely and they had difficulty controlling it. He told me that blood was coming out of him as quickly as they could put it in. **(See Exhibit WITN4128003)** Following this operation, he had suffered a subphrenic abscess in around 1981 as his wound wouldn't heal properly, causing further complications and requiring a further operation. He was very poorly after this and said he noticed issues with bleeding from then on.
8. I spoke to Brian's mum and asked her whether she had noticed him having issues with bleeding as a child. She said he didn't have any bleeding episodes and neither did anyone else in the family; he had 2 brothers and a

sister and none of them were affected. He did have a bleed when seeing a dentist at aged 18, but it wasn't significant enough to be raised as a concern at the time, and he thought the dentist just hadn't been very skilled. It seemed very strange that these issues with bleeding had only occurred following the operation and the transfusions he had received.

9. Brian did have some issues with fatigue over the years, before his HCV diagnosis. He suffered with difficulties sleeping and very pale skin. I can't remember why exactly we had gone to the doctors but I know he had been quite ill with abdominal pain on and off since his surgery and they decided to do some blood tests to see what was going on; I believe this was in the late 80s. This was most likely at his GP surgery which I think at the time was the Roundwood Surgery, Mansfield. I remember at some point his GP Dr Golshetti came out to see him at home.
10. In around 1988, Brian started to suffer from pancreatitis and had to spend time in hospital for this. Then in 1990 he had to have his gallbladder removed. His health seemed to deteriorate around this time.
11. In around 1990, prior to Brian's gallbladder removal surgery, I believe Brian's doctors had picked up on his liver problems and he had a liver biopsy done at the Royal Hallamshire Hospital. He was admitted to Kings Mill Hospital immediately after this as he bled excessively. **(See Exhibit WITN4128004)**. Following this, Brian was diagnosed with chronic active hepatitis.
12. I can't exactly remember how exactly Brian was told he was HCV positive but I believe it was at King's Mill Hospital. I'm not sure what information he was provided about HCV upon his diagnosis but I can vaguely remember being told to be careful.
13. I knew about the risks of infections through blood as I trained as a beauty therapist. During our training we were made aware of the risks of blood infections as some of my work involved needles. I believe I had Hepatitis B

injections sometime after this but I cannot remember whether or not I was ever tested for HCV.

14. Brian was never an intravenous drug user and did not have any tattoos or piercings. He had never even been abroad so only ever received medical treatment in the UK. I believe there is no other way he could have contracted HCV other than through the transfusion he received following the operation for his burst stomach ulcer.

15. I used to speak to Brian about it and he didn't really understand much about blood and thought it was something else that caused his illnesses. I was more aware of the risks associated with blood and that is why I was able to link the HCV to the blood transfusion he had told me about. I think he was just trying to put it to the back of his mind and not worry about it or how he had become infected. I don't think he could comprehend that bad blood could do this to him. Brian was a miner nurse for some time and had trained as a male nurse at Kings Mill, so I think he did not want to think about the possibility that the blood could have infected him.

Section 3. Other Infections

16. I do not believe Brian was infected with any other infections following the blood transfusions he received. However, I do attribute his issues with bleeding to the operation he had for the stomach ulcer and the transfusions he received. I am not aware if Brian was ever tested for HIV.

Section 4. Consent

17. Although Brian may have consented to the operation he had, I do not believe he was ever warned about the risk of having a blood transfusion and what this meant.

18. Brian was diagnosed with HCV following a liver biopsy in 1990, but I'm not sure if he was asked to consent to an HCV test or was aware that his blood

was being tested for the presence of the infection. I think if he was aware of it, he would have told me as we were so close.

Section 5. Impact

19. I believe the HCV infection Brian had can be linked to a lot of his health problems including pancreatitis, gallbladder problems and some bladder problems he later suffered from.

20. As I mentioned above, Brian was referred to a liver specialist at the Royal Hallamshire where he underwent a liver biopsy, which led to his diagnosis with HCV. Prior to this biopsy, there had been no suggestion that Brian had any liver problems. This liver biopsy made him quite ill and he ended up being admitted to Kings Mill Hospital, which was more local to us, where he stayed for 3 days. **(See Exhibit WITN4128005)**. The results of the biopsy showed that he also had liver scarring.

21. The care he received at the Kings Mill Hospital was not good at all and the hospital had a poor reputation in general. It was known locally as the 'death camp', due to the number of deaths and mishaps that occurred here. I had an operation at King's Mill myself and was not happy with the care I received. I ended up with a bladder problem following a hysterectomy operation.

22. At King's Mill, he was seen by a liver specialist due to the scarring on his liver that they had identified. They never really seemed to do much to help him over the years and only monitored his liver function and did liver function tests from time to time. He didn't even have liver scans after a certain point.

23. At one appointment, the specialist at King's Mill claimed that Brian's liver damage was because he was drinking so much and that Brian was an alcoholic. This was completely untrue and he was only a social drinker. They never said his liver damage could be linked to the HCV infection and I was forced to make this connection myself. I always felt like the Doctors we dealt

with never gave us sufficient explanations and were hiding things from us. During this time, Brian was extremely jaundiced and he had spider veins, and it was quite obvious that he was having problems with his liver. He was also very tired and strangely, the hospital had problems drawing blood from him, despite his bleeding issues.

24. I think one of the reasons the doctor believed Brian was an alcoholic was because he was very unsteady on his feet sometimes and staggered when walking. This was actually because of his very low blood pressure which was only identified when I pushed his doctor to take his blood pressure when he was standing. When seated, Brian's blood pressure was normal, but as he stood up it went very low. It even caused him to collapse on a number of occasions. If I had not pushed the doctor, this would not have been identified.

25. I believe around this time Brian may have been given some medication for the HCV, but I can't remember this very well. Looking back, I think he was on Ribavirin tablets and some injections at some stage. I remember he had vitamin K capsules which I believe were to do with his issues with bleeding and Creon for his pancreatitis. He was on a large amount of medication around this time so it is difficult to recall everything he was taking.

26. Brian continued to have problems with bleeding. We were just told he had a bleeding disorder but we were never told why he had this disorder or what it was; haemophilia was never mentioned to us. I pushed for answers and never got anywhere. I do not understand why we were never given a full explanation about Brian's condition. More recently, I have seen in Brian's medical notes that he had elevated Factor VIII and Von Willebrand. They had attributed this to his liver disease, but he had bleeding issues prior to any problems with his liver. **(See Exhibit WITN4128006)**

27. Brian was under the care of Dr Moorby at King's Mill who was a Consultant Haematologist. I know he was given platelets and plasma in hospital if he needed an operation or had a bleed, but he was also given Tranexamic acid

to use at home to control bleeding. I asked Dr Moorby about whether the transfusion given to Brian after the stomach ulcer operation could be linked to his HCV and bleeding issues. He said that he can't really say whether the blood was screened or not but it probably was.

28. At one stage, in around 2014, Brian was taken off the haematology clinic books and was not offered any further treatment for his bleeding disorder. I remember Dr Moorby said there is nothing else they could do for him. I said to him, 'well you are the blood doctor, who else can do anything?' and I told him that if anything happened to Brian, he will have to be 150% sure of his decision to no longer treat him because I would sue him if something went wrong. After this Brian was reinstated as a patient and was monitored by them. Brian always told me to leave things and to not make a fuss, but I felt I had to make sure he got the care he needed.

29. Brian had a prostate operation in 1999. He had trouble weeing from around December 1995 (**See Exhibit WITN4128007**) which was put down to age and he needed surgery to correct this. He had already been diagnosed with chronic hepatitis by this stage. It was meant to be a simple operation but he lost so much blood they had to take him back to theatre and re-cauterize his wounds. He was given 6 units of blood following this operation. (**Noted on Exhibit WITN4128003**)

30. This precluded one of the worst experiences we had at King's Mill and I was shocked by their incompetence. Brian was deteriorating after his operation and losing a lot of blood but the nurses were just not coming to check on him. I went to call a nurse 3 times and they were all chatting and laughing at the nurse's station, completely ignoring their patients.

31. In the end, I went over to the nurse's station and grabbed a nurse by the uniform. I yanked her over the table and told her to go and check on Brian immediately; I think she was so shocked that she did. When she finally checked on him, his condition was so bad that the resus doctors had to be called in and he was taken straight to theatre. This showed how bad his

bleeding condition was that a simple surgery led to such major complications.

32. Another incident happened around 2012 which showed how bad Brian's bleeding was when he had a tooth out. The dentist had been informed about Brian's issues with bleeding and the HCV through a note prepared by his GP. The afternoon after the tooth was taken out he bled so much that he had to go into King's Mill. No one at King's mill could deal with it and he was moved to Queen's Nottingham Hospital in the middle of the night. It is shocking that the dentist didn't take precautions knowing he had issues with bleeding.
33. Following this incident, Brian was diagnosed with pancytopenia in October 2012 at the same hospital. I think they investigated this due to the significant bleeding he had with his tooth. He was also diagnosed with thrombocytopenia in February 2013.
34. Even when Brian had an IV taken out, he would bleed heavily, his blood spouting all over the place. Once he cut his leg climbing over a fence after the truck he drove got locked in without him realising. He had bled profusely as I remember helping clean it all up. He also had many nose bleeds which required cauterising on some occasions. This all shows he had serious issues with bleeding and I believe the blood transfusion he received, the bleeding disorder and the HCV are all linked in some way.
35. Brian was also diagnosed with type 2 diabetes in around 2008 which was linked to the pancreatitis he had continued to suffer from. It was almost impossible to get the diabetes under control, even with insulin and controlling his diet. It used to get as high as 26 and then crash. He also had some heart problems, COPD and a hernia in his stomach, which they would not operate on due to the risks involved, and the potential for heavy bleeding.

36. Brian had worked as a Lorry driver but was made redundant in 2012. The fact that he had to have quite a bit of time off work may have contributed to the decision to make him redundant. He had always tried to go back to work as soon as he could after an appointment at the hospital or after being unwell, but this was not always possible. He then suffered from a mini stroke in late 2013 and his health went downhill from then onwards and he was never able to work again. He had two further strokes in 2014, which were more serious.

37. When he had his first mini stroke, I remember the medical staff at King's Mill gave him Warfarin and I went absolutely crazy because this was the worst thing to give someone with a bleeding disorder. I remember saying 'did you not read his notes?!'. It felt like the doctors had no idea about his medical history.

38. Brian and I also caught norovirus while he was in Kings Mill hospital after someone on the ward he was on had it; I remember the smell of the vomit was putrid. They moved Brian onto a new ward for 2 days before sending him home, but we both became very unwell and his doctor said there had been an outbreak of Norovirus in the hospital.

39. Sometime after Brian suffered from the more serious stroke in 2014, I decided to give up work. I had already reduced my hours by this point as I needed to keep an eye on Brian and monitor his health carefully, and struggled to do this working full time. Before leaving for work I would always make sure Brian had a cup of tea and the phone with him, and I would call him as soon as I got to work. At the time I was working as a manager and I was travelling a lot for this job.

40. In the morning of 28 December 2014, I had tried ringing Brian when I got to work at about 8am but there was no answer, which was unusual for him. He had had a slight cough that morning but hadn't been overly unwell. He was also expecting a district nurse to come and see him that morning so I hadn't been worried about leaving him.

41. By about 10am when Brian still hadn't answered my calls, I told my boss that I felt something was wrong and I needed to go home. I only got home at about 11am and I saw Brian had collapsed at the top of the stairs, as white as a ghost. After this I told my boss I couldn't work any longer because of the worry of leaving him. He was taken to Kings Mill Hospital and he was diagnosed with pneumonia.
42. After Brian died, the doctor told me that Brian lived longer than expected because I had given up work to look after him. I cared for him, nursed him and did everything for him. He was on about 18 tablets a day before he died and I had to monitor his diet and insulin. He was under about 5 consultants for his diabetes, chest, stomach, blood and a podiatrist for his feet, all at King's Mill Hospital. He was on community care and nurses would visit but I would wash, feed and manage his personal care. It was almost 24-hour care and I would also have to drive him everywhere as he was uncomfortable driving due to his health problems and in any case, I felt it was too risky.
43. In 2015, in his 65th year, Brian died from a massive bleed to the brain called a parenchymal brain haemorrhage. It all happened very quickly and I didn't see it coming. We had been on holiday in Northumberland just 3 weeks before he died and he seemed really well.
44. The night before he died everything seemed okay but his sugar had dropped quite low, down to 2. In the morning he was dribbling slightly and I went to get him a tissue. When I came back to the room, it had already happened – that's how fast it all was. He was placed on life support at King's Mill but I was taken to the relative's room and told that he would never recover and if he did wake up, he would be a vegetable. I was distraught but that is why I gave consent for his life support to be switched off, which was the hardest thing I have ever had to do in my life.

45. After Brian died, Dr Pound Brian's GP called me the following Monday as he had seen a note saying that Brian had died. He was confused and shocked as Brian had been doing so well.

46. I do believe that the health problems Brian suffered from, including the HCV and the bleeding disorder, all stemmed from the blood transfusion he was given. This affected his overall health and caused his early death.

47. Although Brian's HCV diagnosis did not cause us to face stigma in the community, he may have been treated differently in hospital as he was put in separate rooms and isolated on a few occasions at Kings Mill Hospital. Staff would be gloved up and masked. They never gave us a reason for this and nothing about his HCV was mentioned.

48. I felt there was more stigma and blame towards Brian for his alcohol consumption. The doctors kept blaming all Brian's health issues on alcohol, but he was never such an excessive drinker like they made out and only had a couple of pints a night. I even overheard some of his doctors saying that his health problems were his own fault because of his drinking, and I challenged them at the time. He was referred to the Alcohol and Drug Liaison Team who we engaged with in 2013, just to get them off our backs. They said there was nothing to worry about and he was just a social drinker. Brian was told his health would fully recover if he stopped drinking and in 2013, he did, but he did not recover as they predicted.

49. Brian's death had a devastating effect on me. I couldn't understand why he had died and I was desperate to find out what had gone wrong and if his care had been managed incorrectly. I have taught biology to students before and I have a good understanding of the human body and different health conditions. Using this knowledge, I made notes and wrote questions to ask Brian's GP about his health problems and death.

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51. I requested Brian's medical records and spent a huge amount of time going through these records, as they were so disorganised. They even included someone else's notes within Brian's notes. There was no mention of haemophilia anywhere in Brian's notes, but there is discussion of bleeding issues in some of his later notes which I mentioned above. I have not seen any notes in relation to HCV treatment Brian received and there are very few notes in relation to his medications in general.
52. The impact of Brian's illness and death has taken a major financial, mental and emotional toll on me. Brian was my friend, my soulmate and the only person I have ever loved. He was my world and my heart is still broken. He was the funniest person and would always make me laugh; I don't remember when I have last laughed in a long time. Having to switch off his life support machine and make that decision was so traumatic and that memory will stay with me forever.
53. When Brian died, I did not want to go on with my life and I had suicidal thoughts. I had real dark days when he died and I kept his insulin to use it if I needed it. I felt guilty because I was his carer when he died. I had to have counselling and I only got through this awful time with the help of my sister, who had also lost her husband at a young age. She really helped me get through it. I was in a state for years and I feel like I still am.
54. I always wanted to make sure Brian was well taken care of, and this affected various aspects of my life. My daughter had her own life by the time Brian became very unwell, but I did not have time to do as much for her as he was the one that needed my care the most. In the same way, if she had been unwell, I would have cared for her over him. I didn't want to leave Brian alone on his own so either we both went out together or both stayed home.

This affected my ability to do things alone with my daughter, and could have affected how close we are now. I did – and still do feel guilty about this.

55. Financially, Brian being too unwell to find a new job after being made redundant did affect us. We had both been earning good money and doing well, and then we had to manage on just my salary. We did scrape by with just myself working, but when I had to reduce my hours down to spend more time looking after Brian, things became harder. When I eventually gave up work to care for Brian, we were forced to rely on state benefits. As I had worked full time from the age of 15, I felt terrible about this. I eventually managed to get a carer's allowance, but applying for this was not easy.

56. The bank was understanding when I explained my circumstances to them but I am still paying off the interest on my mortgage. If we had both been able to work, it would have all been paid off by now. Brian and I had spoken about selling our house and moving to Scotland one day as he loved Scotland, which is where I am from. It is terribly sad to think that will never be a reality.

57. Brian's ill health also impacted the decisions I made about my own career. I had really wanted to become a doctor but knowing about Brian's deteriorating health and wanting to take care of him stopped me from pursuing that dream. Instead, I pursued further qualifications in beauty therapy including electrology and hair dressing and got a teaching diploma in beauty therapy, which took me around 2 years to do.

58. I was diagnosed with Chronic Fatigue Syndrome (ME) in 2009 but I continued working and looking after Brian. I also have arthritis and had a torn ligament in my shoulder when looking after Brian, but I left it because I didn't want to leave him on his own.

59. Brian's illnesses and treatment at King's Mill has really affected my trust in the NHS and medical profession. I feel like they always hid a lot from us and we never really understood the truth about what was going on. This still

affects me when seeking medical care of my own and I always question things and do my own research about my own care.

Section 6. Treatment/Care/Support

60. Brian did not face difficulties obtaining dental care, although the care he did receive was poor. We provided the dentist with a note from Brian's GP, addressing all of Brian's medical issues so that he was aware of them. He was not refused any medical treatment due to the HCV diagnosis.

61. Brian and I were not offered any psychological support or counselling following his diagnosis with HCV or when he was given the liver biopsy. The way we were dealt with was very 'matter of fact'. I only received bereavement counselling after Brian's death.

Section 7. Financial Assistance

62. Brian and I were never made aware of any financial assistance available to us due to his infection with HCV and as such have never tried to claim any.

Section 8. Other Issues

63. It is very important to me to find out whether I am right about the blood Brian was given, causing a lot of his health complications, including the HCV. Brian always wanted me to leave things and brushed how bad things were under the carpet, but I want to stand up for him and get the truth. I always felt like the doctors hid a lot from us and I want to uncover what really happened. I have lost the love of my life and my heart is broken. I want to find out if this was all because of the blood transfusion containing contaminated blood.

Statement of Truth

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

Signed X GRO-C _____

Dated x 7 / 2 / 22 _____