Witness Name: Robert Francis John ARLOTT

Statement No. WITN4270001

Exhibit No(s). WITN4270002 – WITN4270014

Dated: 28th / May / 2022

INFECTED BLOOD INQUIRY

WRITTEN WITNESS STATEMENT OF

ROBERT FRANCIS JOHN ARLOTT

I provide this statement in response to a request under Rule 9 of The Inquiry Rules 2006, dated 3rd November, 2021.

I, **Robert Francis John Arlott**, will say as follows:

Section One - Introduction

1. My full name is Robert Francis John Arlott. I was born on GRO-C 1963 in Hammersmith, London, although I grew up in Hampshire. I married in 1998, and live with my wife in Lincolnshire at an address which is known to the Infected Blood Inquiry. We have two sons, both currently at university.

2. I had no health issues growing up, but we (my family) lost my elder sister soon after birth because my mother had high blood pressure. I was born in London, because my mother had been sent to a specialist hospital in Hammersmith rather than the local hospital in Hampshire because of my elder sister's death.

3. High blood pressure remained an issue for my mother who died in 1976 when I was just 13, but there was no family history of any blood born ailments, haemophilia, immunodeficiency or allied complaints.

4. I am a professional pilot, but have to all intents and purposes, been medically retired because of hepatocellular carcinoma. The Civil Aviation Authority (CAA) will not permit persons undergoing certain forms of treatment to operate as commercial pilot. This includes chemotherapy so I have had to stop flying.

5. The liver cancer I have is a direct result of my having been infected with Hepatitis C (also referred to as HcV and / or Hep' C within this statement). I intend to speak of the circumstances in which I became infected, the nature of this illness, the treatments I have received for HCV (both successful and unsuccessful), and how this Hep' C and resultant liver cancer has impacted upon my life and that of my family and friends.

6. I will detail the damage caused to my career by Hepatitis C, the financial losses I have incurred and the effect on my wife and children. I will also outline the unhelpful and intransigent nature of both the Skipton Fund and the England Infected Blood Support Scheme (EIBSS) over the applications I have made for financial support and their apparent ignorance of the manner in which Hepatitis C can be transmitted.

7. My Hepatitis C infection came from an injection of Gamma Globulin which I was given on the advice of my General Practitioner GP) in 1985. As far as I am aware Gamma Globulin, as used at that time, was a blood product and in my case the dose I had been given was contaminated - but neither The Skipton Fund or the EIBSS appear to accept this as a means of infection, in spite of research stating the contrary – an issue I will address later (please see Section 8, Exhibit WITN4270003) together with an appeal letter written to the England Infected Blood Support Scheme which I also exhibit.

Section Two - How Infected

8. In spite of my mother's health issues, I was a fit and healthy boy who went through school without issue, leaving at seventeen years of age. I then went to work for a London based wine merchant. I worked hard and well, but as time went on, I found that my career lay elsewhere.

9. I had developed a love of flying, and secured a private pilot's licence. I decided to follow a career in flying and qualified as an instructor. I worked for a couple of years as a flying instructor and then and with savings I had accumulated, self-funded my training for a commercial pilot's licence.

10. Once qualified, my professional life meant that I had to relocate several times. I started off flying for Jersey European (which later became Flybe) and was based across the United Kingdom, on Guernsey and in Belfast, Bristol and Birmingham. I also lived in Paris for a while. In November 1998, I left Flybe to join Monarch Airlines in January 1999 based in Luton.

11. I had moved into a career which both allowed me to do a job I loved – flying. It was well paid allowing for a comfortable life, initially for me, then for my wife and I, and latterly our family.

12. As a young man I did not go to university or enjoy the almost customary 'gap year' between school and university, as many of my contemporaries had. Perhaps in consequence, in my early twenties, I decided to travel. I particularly wanted to see India.

13. I visited my local National Health Service (NHS) GP and told him where I wanted to go. He checked my vaccinations and those which I might need for such a trip.

14. I have checked my medical record which shows that in June 1985, at my GP's surgery, I was inoculated against Yellow Fever, Typhoid, Cholera and Polio. The record also notes, *"20-06-1985, Gamma to be done, prescription given."*

15. My doctor (NHS) had in stock everything I required except Gamma Globulin. This he told me, would boost my immune system against contracting Hepatitis A (also known as Hep' A or HAV), but he had none in stock. He gave me a prescription (NHS) for Gamma Globulin, and advised that I travel to the British Airways (BA) Travel Centre in Regent Street, who would be able to dispense and administer it to me.

16. Believing that I was being responsible by taking the recommended vaccinations, I went to the BA Travel Centre as advised, presented staff there with the prescription and waited.

17. Although it happened a long time ago, and I cannot recall every detail, I do recall having to wait a long time to be given this injection, as there was only one person on site able to administer it.

18. I cannot remember whether the drug was given to me intramuscularly or intravenously, but believe it to be the latter as 'anyone' could have given me an injection into a muscle but not everyone could have delivered it into a vein – and I had had to wait until someone suitably qualified was available.

19. I do not recall being given any form of verbal warning, either by the GP or at the BA Travel Centre, about any risk associated with being given Gamma Globulin, neither I do not remember any specific mention of Hepatitis and / or HIV. I was not given any written information about any risk associated with the use of this blood product either.

20. I have lived what I regard as a clean life – I do not take drugs, have no tattoos, and have not been sexually reckless. I have never had a blood transfusion or had to use any blood products. I have not exposed myself to what are regarded as the usual 'risk factors' associated with the transmission of Hepatitis or HIV.

21. I did once have to have an injection for a stomach upset, but this happened in a clean environment, my wife was with me, and she saw that the syringe and needle had been taken from sealed sterile wrappers. This could not have been an infection source.

22. Before we had our children, my wife and I considered living overseas. As a pilot, I could have lived anywhere in the world, so we looked at moving abroad for a while to enjoy a different way of life. An opportunity arose with a company based in Taiwan, so in late 1997 I flew to Taiwan for an interview. It seemed to go well, and there was then a medical. I left Taiwan with the impression that 'the job was mine' subject to the medical– and I was fit and healthy.

23. I returned home, told everyone how well it had gone, and waited to receive the anticipated confirmation. However, I then received a 'phone call from the airline in Taiwan suggesting that I have a Hepatitis C test. I told my GP and was then referred to a Doctor Trowell at The John Radcliffe Hospital in Oxford.

24. My blood was tested and Dr Trowell told me that I had contracted Hepatitis C. The infection was discussed at length, and I was given a lot of information about the disease, which included the doctor and I discussing how it was transmitted (i.e. the usual 'risk factors').

25. Having discussed my personal background, medical history and likely sources of infection, Dr Trowell referred to the Gamma Globulin injection as having been the *"stand out"* likely cause – in fact it was the *only* likely cause, as all other possibilities had been explored and dismissed. There were no other possible routes of infection, the Gamma Globulin I had been given in 1985 had to have been contaminated.

Section Three - Other Infections

26. I do not believe that I have contracted any infection(s) other than Hepatitis C through having been given an infected blood product (Gamma Globulin).

27. Hepatitis C aside, I also had to be tested for the Human Immunodeficiency Virus (HIV) and was found not to have contracted this disease as well. Dr Trowell suggested this test as the infection source was closely allied to that of HCV. I have never been told that I may have been exposed to anything else.

28. It came as a great relief to find out that I didn't have HIV. There had, for some years, been a lot of worrying media coverage of HIV and AIDS, which going into the test had worried me, so a negative result was most welcome.

Section Four - Consent

29. I was not provided with adequate information about any risk associated with the Gamma Globulin injection, but I do not know if the likelihood of it having been contaminated was then known. If it had been, I should have been told so that I could have considered whether or not to take it. In the absence of any information to cause concern, I gave consent for the Gamma Globulin to be administered.

30. I do not believe that apart from Gamma Globulin, I have ever been treated, or had blood or tissue tested, without my knowledge and consent. Nor do I believe that I have been used in any way on a trial basis without my knowledge and consent.

31. Having undergone unsuccessful Hepatitis C treatment, in 2007 to 2008, I was treated a second time in 2015, on this occasion as part of a clinical trial. I was comfortable doing this as there had been considerable disclosure prior to the trial starting, and I was kept informed throughout.

Section Five - Impact

32. For many years, I lived and worked with Hepatitis C without knowing I had it. I contracted this disease in 1985, but obtained a private pilot's licence and a commercial pilot's licence in 1990, wholly unaware of the infection – there were no symptoms.

33. I worked without any impediment despite having HCV – it was there, but was not apparent. As a commercial pilot, I had regular medical examinations as part of CAA safety measures and the licensing process, but Hep' C remained undetected. With the benefit of hindsight, I do recall occasionally being fatigued, but I put this down to my working hours, conditions and other factors, especially as I got older.

34. My problems only started after the job interview and medical at Eva Air in Taiwan in 1997. Immediately, I was unable to take the job I had sought, and my wife and my future plans living and working abroad were in tatters.

35. At home, I had to tell the CAA, which could have put my licence in jeopardy, but with Dr Trowell's support I was able to continue. I had a good working relationship with Dr Trowell, who told me that if I gave up drinking, she would tell the CAA that there was no medical reason why I could not continue flying. It was an agreement that worked well, I stopped taking any form of alcohol, and she helped me with the CAA.

36. Unfortunately, when I was first diagnosed apart from having to stop drinking to help my liver as Hep' C attacks the liver, Dr Trowell could offer no treatment plan, but fatigue aside, at that point the disease had little impact.

37. Dr Trowell did however tell me that HCV was a notifiable disease. She told me I would need to let my dentist know so they could take necessary precautions. I was also advised on basic hygiene arrangements, not sharing a toothbrush with my wife for example – information to reduce the likelihood of my infecting others.

38. Dr Trowell was extremely reassuring. She told me that I would more than likely die of something entirely unrelated, rather than Hepatitis C. It was all the same explained to me that with the passage of time, liver cirrhosis could occur and that liver cancer would be the worst-case scenario.

39. It was an extremely difficult diagnosis and prognosis to come to terms with, especially as contracting the disease had been beyond my control, but I was able to discuss all aspects of the infection with Dr Trowell who was open, approachable and helpful.

40 GRO-C

41. It particularly concerned me that GRO-C because of something I had although becoming infected was not the result of anything I had done.

42. Sexual contact was mentioned by Dr Trowell, and precautions advised, but I do not think that it was ever considered to be an issue, especially when it came to our having a family. GRO-C

GRO-C

43. Having failed in our bid to move overseas, in 1998 I applied to join Monarch. Although by then it was known that I had Hepatitis C, I had declared it to them and was given the job in 1999. They were content to employ me with this ailment which they understood to be subject to regular clinical monitoring (via Dr Trowell at the John Radcliffe Hospital).

Section Six - Treatment / Care / Support

44. Following my initial diagnosis, I had to travel to Oxford at six monthly intervals for a check-up, and saw either Dr Trowell or as time progressed, Dr Collier. The consultation usually took the form of a quick verbal consultation followed by blood tests. I also underwent a liver biopsy under Dr Collier, to establish the exact condition of my liver, looking at or for cirrhosis and / or fibrosis.

45. At some point in time, which I now no longer recall, there were conversations about a second biopsy, but at that time I was not convinced it was necessary because I did not feel my health condition had changed. I cannot recall having ultrasound scans, but imagine that at some point they must have taken place.

46. I did not receive any treatment for HCV until September 2007 while working for Monarch Airlines. I started a 48-week course of treatment with a combination of the drugs Interferon and Ribavirin.

47. Throughout the period when there was no treatment plan, just bi-annual monitoring, I had let the clinicians at the John Radcliffe Hospital know that if ever a treatment for Hepatitis C became available, I wanted to receive it.

48. It was during the course of a regular, six-monthly meeting that I was told of the combination therapy. Dr Collier informed me that Interferon and Ribavirin were being used together to tackle Hepatitis C but that there was only a 35% success rate. Despite the low expectation of success, with my employer happy to support me through the course, and encouraged by my wife, I went for it.

49. The treatment necessitated my having to self-inject Interferon whilst taking Ribavirin in tablet form. Two nurses showed me what to do. My biggest concern had been my ability to self-inject, but they told me that all I needed to do was to poke the needle into a fatty part of my stomach and push the syringe plunger down, apparently it was simple (for them no doubt), but I was nevertheless quite worried about it.

50. My first dose was in the hospital. I thought I would be injected by the nurses, as they showed me what to do, but they simply gave me a syringe and let me get on with it. I left the hospital with my medication and a telephone number to contact the nurses if I needed help whilst on the course.

51. At the time, the worst effect of this combination treatment was that it was unsuccessful. Hepatitis C remained and continued its unseen damage of my liver, but it had other dreadful side effects as well.

52. I took the entire 48-week course of medication, having a monthly blood test to assess its effectiveness. The treatment had a cut-off point after three months when its efficacy was assessed. Although the Hep' C viral load had reduced, it had not reached the 'zero' which the clinicians sought. Despite its ill effects, I carried on for the duration.

53. Whilst on this treatment plan, I experienced severe mood swings, including becoming very angry and aggressive, not physically, but verbally. I was short and snappy with people which was completely out of character for me, but uncontrollable. I had never experienced anything like it. I also suffered anxiety, became extremely tired, and even when alert nevertheless felt quite lethargic.

54. My wife suffered a great deal, especially with the unpleasant, unloving nature of my mood swings and angriness. She later told me that had the treatment continued, she did not think that she would have been able to carry on, so I actually stood to lose my marriage as a result of the treatment. She would not have been able to put up with me behaving like this any longer.

55. I suffered so badly whilst taking this medication that I subsequently sought psychological support through my GP and was referred for cognitive behavioural therapy. I did not find this adequate and, with the benefit of hindsight, could have done with more support whilst on the course of treatment and better support afterwards.

56. I queried my mood swings and behaviour with my doctor, only to be given some 'happy pills,' something designed to pep me up, but of little help.

57. I believe that my wife would have been helped had support been available whilst I was on the course, and if the side effects had been explained fully to her before I started but they were not. Our life together thus came under considerable strain.

58. At the end of the treatment, the clinicians found that my viral load was undetectable, which after all that my wife and I had endured, was most encouraging, but regular blood-test monitoring continued and before too long revealed that I still had HCV. The treatment had not eradicated it, and the viral load was increasing again.

59. Since the Interferon and Ribavirin treatment had failed and I had been taking them over such a protracted period, I was barred from taking them again. There were then no other alternative forms of treatment.

60. Monarch Airlines were fantastic employers. I had told them that I had Hepatitis C when I applied to fly with them, but they were quite content. Provided the CAA were happy with my continuing to fly and I was not likely to pass it on to anybody, they were happy to employ me.

61. This approach extended into my combination drug treatment. Under other circumstances, it might have put my job in jeopardy as they could have looked at my continuing ability to perform my role. Monarch, however, kept me on and expected me to resume full flying duties once the course of treatment was over.

62. However, my protracted illness and the length of time I had been off sick, meant that upon my return to work, I was obliged to attend a course of familiarisation with the type of aircraft I was expected to fly. It was a course which had been designed for people who were new to that type of aircraft, but it was the aircraft which I had flown before the treatment started. The course should have been something of "a refresher" as I had completed the course before.

63. I went into the course confidently, expecting all would be well, but quickly found that it was not and I was struggling, mentally. While physically fit I experienced difficulty understanding systems which had previously seemed straightforward and felt somehow mentally restricted. I was not functioning as I needed. This was a major professional challenge for me and was extremely worrying, even more so than my initial Hepatitis C diagnosis. I had not known what HCV was … but I knew that this form of 'brain fog' could end my career.

64. I panicked at the news, and knew that I would have to inform the CAA of my condition as 'brain-fog' would affect my ability to fly safely. I told the CAA, and they promptly suspended my licence. It was not taken away entirely, but suspended pending future developments (i.e. my recovery or otherwise).

65. It was while coming to terms with my behaviour during the treatment and the enormity of my flying career having possibly ended that I sought psychological assistance through my GP. I needed help not only to address my mood swings but also with this potentially major change in my life.

66. With no new treatments available, it was unlikely that I would be able to return to flying whilst experiencing the HCV 'brain fog' so I had to do something else to support the family. I stopped being a pilot and retrained as a building surveyor.

67. In 2012, whilst working as a building surveyor, I noticed that my urine was discoloured, appearing pink. My wife and I had been living in Lincolnshire since 1999, and my wife encouraged me to go to our local general hospital in Grantham. I was booked in for tests and it was discovered that I had developed bladder cancer, a condition which my GP believed to have most probably been a result of the earlier treatment, in particular my protracted use of Interferon.

68. Bladder cancer was initially diagnosed at the Stamford and Rutland Hospital by means of a flexible cystoscopy, and it was then removed on 8th January 2013 at the Peterborough Hospital. I then had to have two courses of Mytomysin C to treat smaller recurrences which ended in 2014.

69. Follow up cystoscopies showed nothing untoward and I had check-ups for five years afterwards, which showed the bladder cancer to have been successfully addressed.

70. Having retrained I worked as a surveyor until March 2016 but cured of HCV and confident that the brain-fog I had had was a thing of the past, I decided to return to flying. Monarch Airlines happily took me back and the CAA were satisfied with me medically. I took refresher training and returned to work as a pilot once more in late 2016.

71. Dr Collier (who had assumed responsibility for my care upon the retirement of Dr Trowell in 2006) had continued to monitor my health following the unsuccessful Interferon and Ribavirin treatment, but had no alternative means of tackling the disease at her disposal. She then referred me to a Consultant of the Nottingham University Hospitals NHS Trust, Dr Ryder at the Queens Medical Centre (QMC) and my care passed from the John Radcliffe to the QMC in August, 2012.

72. Dr Ryder told me of a new medication, then unlicensed for use in the UK, which was being used to combat Hepatitis C on a clinical trial basis. I was a little wary after the forty-eight weeks of hell I had endured with the first treatment, but was told that the course was only twelve weeks in duration, required me to take medication in tablet form only, had a 98% success rate and most importantly no side effects.

73. It was explained to me that the trial was being conducted in conjunction with Nottingham University and was being overseen through the hospital by Dr Ryder for the drug company concerned. I decided to take the course, and in 2015 started the medication.

74. I was allocated dedicated nurses and given contact details through which they could be accessed whenever necessary. I had been given as much information as I required going into the trial, and it turned out to be correct – significantly for me, there were no side effects.

75. After a twelve-week course of medication, tests revealed that the HCV viral load had completely gone. Dr Ryder declared me cured of HCV twelve weeks after completing the treatment in November 2016. For a year following treatment I was regularly monitored through blood tests, but it had gone completely. I also had a Fibroscan and had to complete a psychological questionnaire.

76. I was interested in the Fibroscan results and remember asking the nurse where I stood. She told me that any HcV infection was undetectable, it had gone, and that my Fibroscan appeared to be good. I was given the impression that I was 'back to normal' and could resume a normal life. There may have been a small amount of liver impairment, but nothing to cause concern.

77. I remained with Monarch Airlines until they unfortunately went into administration in October 2017. This posed further problems as with Monarch and other airlines facing major commercial issues at the time, there were a lot of pilots seeking work and not too many employers recruiting them. I was fortunate and secured a job with DHL, carrying freight, but had to start as a First Officer and not as a Captain, which was my former role, because I had only been flying for Monarch for less than a year after nine years away from flying.

78. In 2020 because of the Covid-19 Pandemic and restrictions accessing NHS facilities, I missed a follow-up appointment for the 2015 HCV treatment's clinical trial. It was cancelled. I cannot be sure but I believe that appointment may have identified my liver cancer and as such was a missed opportunity.

79. In August, 2020 whilst working for DHL and staying overnight in the USA after a flight, I had extreme pain in the lower right-hand side of my abdomen. I hoped it would pass, but it only worsened, and left me in agony and unable to move. I had to be taken to hospital and DHL had to bring out another crew to return the aircraft to the UK.

80. I was taken to the NYU Langone Health Medical Centre where following an Ultrasound and CT Scan, I was diagnosed with liver cancer. Apart from the diagnosis, which came as a great shock and was really worrying – it was the one impact of Hepatitis C infection which I had been dreading, I was also far from home.

81. Fortunately, DHL were extremely supportive. I told another pilot with whom I had flown to the USA, and he told DHL. They in turn set about arranging everything necessary; telling my wife and supporting her, as I had only managed a fairly short, emotional phone call. They arranged for the plane I had been due to fly back to be returned; and most importantly for me, for my medical evacuation from the USA back to the UK once it was feasible. They even offered to fly my wife to America if I remained too unwell to return.

82. It was hard talking to my wife after the diagnosis. I had been through a lot but by then thought that all the medical issues I had faced were behind me and that we could move on. Then the most worrying feature of Hepatitis C infection had struck even though I had been cleared of the disease itself.

83. My eldest child was then at University overseas on an internship. He returned home such was the apparent gravity of the situation, which must have caused him concern and distress. Fortunately, as my condition improved he felt able to go back to continue his placement. Our youngest also suffered, having been at home at the time experiencing it all before finally going off to university this year.

84. I found myself having conversations with my wife and children about death which I had never thought necessary before. These were extremely difficult conversations to have. We were all in tears and it was emotionally draining.

85. I am extremely fortunate to have such a supportive and loving family. It has helped lessen the impact upon my private life, and I have many good friends although socially things were difficult, even embarrassing, as I had to give up drinking. I stopped to honour the arrangement with Dr Trowell, and did not start again until well after the first treatment. With liver cancer, I have again stopped.

86. The worst impact of Hepatitis C infection was felt by my family and I. There has been one medical crisis after another. I find myself under a dark cloud of worry every day. What will happen next? Has it really gone? How long have I got? All sorts of concerns seem ever present - the effect of living with a serious health condition over a protracted period over which no one has any control. It is frightening and emotionally challenging.

87. Undoubtedly the worst time for us was during the course of the unsuccessful Interferon and Ribavirin treatment, which I have detailed. I have also experienced many years of fatigue, which has impacted my family plus the sudden shock of a cancer diagnosis when you believe that the worst is behind you. It has taken a huge toll on us all and continues to pose problems as we try to live with it.

88. Having been diagnosed in the USA, and returned home on a medical flight, I had to wait a couple of days whilst arrangements were made to see Dr Ryder. After a consultation with him and a CT Scan, I was referred to Doctor Rao, an Oncology Consultant at the QMC, who saw me on 17th December, 2020.

89. However, after a few days at home, using morphine to control pain, I suffered another major bleed on 13th December, 2020. My wife called an ambulance to the house, but at the time the ambulance service was under extreme pressure and emergency measures were in place, so the Fire Service responded first. A couple of firefighters with a defibrillator attended. They may have been qualified in 'first aid' and were caring and considerate, but could do absolutely nothing for someone in my condition.

90. After some delay, an ambulance arrived driven by a lady with a male paramedic as crew. My wife made it plain to them what my medical condition was and that I was under the care of the QMC. She made it equally clear to them that I needed to be taken to hospital as soon as possible.

91. However, the paramedic told us that there was absolutely no point in my being taken anywhere. It was night time and there was no possibility of my getting a scan or of Dr Ryder being called in.

92. My wife was really annoyed, frustrated at the intransigence of the ambulance crew to my needs, and their generally unhelpful attitude. She contacted a relative who happens to be an Accident and Emergency Doctor. He told us the paramedic was wrong and that I needed to be taken to hospital immediately or there was a danger I would bleed to death. His message was shown to the paramedic, the ambulance crew took me to QMC, and I was admitted.

93. They gave me a scan and I had frank discussions with Dr Ryder. He told me he had booked an appointment with Dr Rao, on 17th December, 2020 which would provide more information. I was discharged on 18th December, 2020.

94. My wife came with me to see Dr Rao on 17th December 2020. He already had my scan results, medical notes and had familiarised himself with my history and the condition of my liver. He immediately placed me on a course of treatment with Sorafenib, an oral chemotherapy drug.

95. I have been taking this drug ever since, but am now (December, 2021) on a lower dose than when I started. The treatment appears to be effective which gives me some cause for optimism. I am monitored, give blood for testing through my local GP every four weeks, and have telephone consultations with Dr Rao (again, an issue arising from the pandemic) together with scans.

96. My last scan was on 21th December, 2021 (but I am currently due another). It appears to show the medication is working, but I have to continue taking it. There has been some discussion regarding surgery, and liver transplantation but I am apparently unable to have a liver transplant. This may actually rule out any other form of surgery, as according to my A&E doctor relative, surgeons are loathe to perform liver surgery unless a transplantable liver is available, in case an emergency arises in theatre.

97. It appears to me that there is little or no follow-up of patients who have been treated 'successfully' for Hepatitis C infection, once noted as being clear their care stops. I was fortunate that because I was part of a clinical trial, my monitoring continued, although what might have been a revealing check-up was cancelled because of the pandemic. I feel that the cancer of my liver may have been identified earlier had it not been for Covid-19.

98. You cannot fly whilst taking chemotherapy, so from the time of my initial diagnosis in the USA, I have been unable to work. To all intent and purposes, I have medically retired, although DHL have retained me as an employee pending the outcome of my treatment. I am on sick leave, but there will be a limit as it is unsustainable.

99. Hepatitis C infection has forced me to give up a career I loved. I was slowly but surely working my way up through the ranks when first diagnosed, and would have gone further had it not been for HCV and the problems I faced when first treated.

100. The first treatment compelled me to stop flying. I had to retrain and find alternative employment before being able to return to flying once the 'brain fog' had lifted and I had been cured. By then opportunities for advancement had been missed and I had to return to commercial flying at a much lower level. When that airline went bankrupt and I had to find another, my career never recovered. I lost the job I loved and the financial benefits that went with it.

Section Seven - Financial Assistance

101. The CAA first suspended my pilot's licence as a result of the first HCV treatment (in 2007 – 2008), and I retrained, passing an MSc in Building Surveying. Fortunately, Monarch Airlines had an insurance policy which helped 'top up' my income to 75% of its previous level, which kept me going but was not the same. When I returned to flying in 2016 / 2017, Monarch put me back on my previous pay scale. However, I had returned to flying for only a short time when Monarch ceased trading, I then had to take a job at a much lower level and pay than my contemporaries, which meant a 55% pay cut.

102. I am still an employee of DHL on sickness pay, but do not know how much longer this can continue as I have been unwell for over a year. I hope that there will be a stepped-down, gradual reduction in pay over the following years, but this has yet to be explored. I would love to return to flying but it is not a viable possibility, so I have medically retired in all but name.

103. My wife and I have managed due to my continued income, insurance and the fact that she had an inheritance to fall back upon. However, her inheritance has now all but gone and our other savings are being increasingly relied upon for us to get by.

104. As a result of the financial position my wife and I have been placed in, we are contemplating selling our home and downsizing, something neither of us want to have to do and the children do not want us to do. It will be entirely due to the financial impact of my having been infected with Hepatitis C.

105. I have looked at my employment over the years, my income, anticipated promotions and opportunities until normal retirement at 65; and did so against the impact of HcV infection. I estimate that as a result of Hepatitis C infection I will have lost £1.179 million should I live to retirement age.

106. I have never had life insurance, so do not know what problems I would have had getting it with Hepatitis C. I managed to obtain a mortgage without any issues, although initially my HCV infection would have been unknown.

107. Prior to my having had bladder cancer, I used to purchase travel insurance. After that, I found the premiums prohibitive. While away on company business, I have been insured through my employers. DHL provide private medical insurance as an employee benefit, and although I do not know the details, this would have paid for my hospitalisation, treatment and scans in the USA and for my medical repatriation.

108. While conducting my own research into Hepatitis C I learned of The Skipton Fund. No one engaged in my treatment told me about them and I have received no written information through the hospital. Although I had contracted HcV from a contaminated blood product, no one had given me any information about this fund although it has apparently been established to help people in my position.

109. In 2005 I telephoned The Skipton Fund, outlined my circumstances and asked if my situation qualified. They told me I was eligible, so I applied for financial assistance as a Hep' C infected person.

110. Two months later, The Skipton Fund informed me that my application had been rejected because I had received the Gamma Globulin injection from the BA Travel Centre, a private medical facility, and that as such I was ineligible. This went against the information they had given during the earlier 'phone call, so I challenged it.

111. I explained my position to The Skipton Fund afresh, but they were adamant my claim was invalid because I had been treated privately and not by the NHS – despite the fact that I had been directed to the BA Travel Centre by an NHS GP, and that they dispensed an NHS prescription for me and administered it.

112. I do not know for a fact what the origins of the Gamma Globulin I was given may have been, but my understanding is that at that time the NHS Blood Products Laboratory (BPL) were producing Gamma Globulin and supplying it to both NHS and private medical facilities across the UK.

113. With the frank dismissal of my claim by The Skipton Fund, I appealed no further than the 'phone call made, as in the final paragraph of a letter I received they made it quite plain that it would be a complete waste of my time.

114. Many years later, whilst looking online at information concerning the Infected Blood Inquiry, I learned of the EIBSS. Despite the earlier stance of The Skipton Fund, in August 2021 I applied to the EIBSS for assistance feeling that I qualified for assistance and that Skipton's decision had been wrong.

115. I had by now, some sixteen years after my initial application, learned a lot more about Hepatitis C, its impact, treatment regimes, and the various ways in which you may contract the disease.

116. My application included the same information provided to The Skipton Fund (the circumstances of my being infected had not changed), together with a report from Dr Collier in which she clearly indicated that the Gamma Globulin injection had been the source of my HcV infection and that it had been delivered intravenously.

117. Dr Rao submitted a letter in support of my claim, stating it was, *"highly likely and highly probable that his primary liver cancer was driven by his previous Hepatitis C virus infection."* This he stated, *"was thought to be related to a contaminated blood product transfusion in the 1980's."*

118. In my application I stated that the product had been delivered intravenously, as otherwise why would I have had to wait, as previously described?

119. My application was therefore supported by both a Consultant Hepatologist and Consultant Oncologist, experienced medical specialists in their fields of practice. However, about a month later I received an email through which the EIBSS stated that my application had been rejected as *"our medical assessors have stated that there is no evidence that intramuscular immunoglobulins produced by the NHS have ever been associated with the risk of viral transmission."*

120. The content of this message, referring to an *intramuscular* delivery of the Gamma Globulin I received showed that their medical assessors had completely missed the fact that it had been given to me intravenously. In fact, I do not believe that whether the injection was intravenous or intramuscular should have made any difference. Whichever method was used, it still meant a contaminated blood product was administered to me.

121. As I have previously stated, with time on my hands I have researched the condition. I have also considered Gamma Globulin and any risk(s) it may pose to those to whom it may have been administered. Unfortunately, there is not a great deal of published research on the risk of HCV infection from Gamma Globulin injections in the 1980's.

122. Enquiries I have made with the EIBSS have led me to believe that they (EIBSS) would require a 51% probability (or higher) of this having been the cause of my infection before they would accept my claim.

123. Dr Joan Trowell, MB.BS MRCP FRCP has now retired, but she was a Consultant Physician at the John Radcliffe Hospital where she specialised in liver disease, haemophilia and other disorders of the blood. When Hepatitis C was first diagnosed, she called the Gamma Globulin injection I had been given the 'stand out' cause from my medical and personal history.

124. Dr Jane Collier is currently the lead Consultant Hepatologist at the John Radcliffe Hospital. She confirmed, by 'ticking a box on the form' that I had received an intravenous injection of immunoglobulin plasma / FFP prior to 1st September, 1991.

125. Dr Ankit Rao is currently treating me for the liver cancer I have mentioned. A Consultant Oncologist at the Queen's Medical Centre, Nottingham, he only began treating me after the Hepatitis C had been successfully addressed by Dr Ryder, following my collapse in the USA. As such he had no prior knowledge of me as a patient, but considering all of my background, he has also stated that he believes my infection (Hep' C) to have been the result of contaminated blood product use in the 1980's).

126. I have exposed myself to no other risk factors for Hepatitis C infection other than an injection of Gamma Globulin in 1985 which is on my medical record and is a blood product. In my opinion, the information of the above experts, together with my account of events, which are supported by my medical record, amounts to more than a 51% probability of the Gamma Globulin injection having been the source of Hepatitis C infection, but the EIBSS, unjustifiably, will not accept this.

127. It is an unacceptable situation which has caused me great distress, at a time when I am already suffering with cancer. Hepatitis C has ruined my life, and now it stands to kill me. I believe that the least the EIBSS could do, is to approve my application as they have no grounds for declining it, unless, like The Skipton Fund before them, they are merely trying to find excuses why payments should not be made to save money.

128. I challenged the EIBSS. I was invited to appeal, but did not want to waste what appeared to be my one and only chance to do so. As an alternative, I contacted them (speaking to a lady by the name of Emily), and asked that my application be reassessed as the medical assessors would appear to have made a mistake. As they requested, I put this in writing, and at the same time told them that I had engaged with the Infected Blood Inquiry.

129. Addressing their (EIBSS) views on the manner in which Hepatitis C can be transmitted, I have drawn their attention to a published research paper which shows a number of different sources of infection, including injections with Gamma Globulin.

130. My request for a re-assessment was turned down. The notification came by e-mail (which I also now produce as an exhibit). I have appealed against their decision, as can be seen from the letter which includes direct reference to a published research paper I found during the course of my enquiries. It demonstrates a direct link between intramuscular Gamma Globulin and Hepatitis C infection.

Section Eight - Other

131. In order to assist the Infected Blood Inquiry with their understanding of my situation, I now produce the following articles of correspondence as exhibits, as detailed:

WITN4270002

132. Three and a half pages of typed information written by me in response to my receipt of a notice served upon me under Rule 9 of The Inquiry Rules, 2006. I prepared these notes on 16th November, 2021 in advance of my meeting with Inquiry personnel about this witness statement.

WITN4270003

133. A copy of a published medical research paper entitled, A Case-Control Study Of Risk Factors For Hepatitis C Infection In Patients With Unexplained Routes Of Infection: M. Karmochkine, F. Carrat, O. Dos Santos, P. Cacoub and G. Raguin for the GERMIVIC Study Group; Journal Of Viral Hepatitis, 2006, 13 Pp. 775-782.

134. I believe this paper, which neither the Skipton Fund or the England Infected Blood Support Scheme appear to have seen, understood, or accepted at a decision-making level, proves that an injection of Gamma Globulin *is*, a known source of Hepatitis C infection.

135. It is a paper which was published in November 2005. It predates my application to both of the above by some years and as such should have led to my being awarded financial assistance. It was or should have been known, that Gamma Globulin was a source of HcV infection as of that time if not before. The research undertaken in France also identifies other sources of Hep' C infection in cases where the infection source was previously unknown or unidentified.

WITN4270004

136. A copy of an eight-page information leaflet given to me concerning the drug Ribavirin which I had to take in combination with Interferon. Amongst other information, it contained extensive details of the possible side effects of using this drug with two and a half pages having been dedicated to this aspect.

WITN4270005

137. A copy of a letter dated 17th February, 2006 from Nicholas Fish, Scheme Administrator at The Skipton Fund, telling me that I was ineligible as I had been treated as a private patient of the British Airways Health Service and only NHS patients were accepted by the scheme.

138. As far as I know British Airways do not have a health service and never have had. They did operate a travel vaccination service, as a private enterprise, and it was there that I was given a Gamma Globulin injection. However, my NHS General Practitioner, who gave me other inoculations, suggested I take this booster as I was going to India (amongst other countries).

139. Having no Gamma Globulin in stock, my NHS doctor wrote a prescription for Gamma Globulin and told me to go to the B.A. Vaccination Centre. This I did, as a private patient, but on NHS guidance with an NHS prescription. B.A. then administered the drug to me.

140. To the best of my knowledge Gamma Globulin, being a blood derived material, would have had to have been supplied by the NHS, even though BA provided a private service. I subsequently made enquiries of the NHS Blood Transfusion Service about Gamma Globulin production and its use at the time (20th June, 1985). They sent me an e-mail saying that the Blood Products Laboratory (or 'BPL,' later the BIO Products Laboratory) manufactured Gamma Globulin product at the relevant time and was the major U.K. fractionator in the 1980s of plasma collected for the preparation of immunoglobulins through Regional Transfusion Centres.

WITN4270006

141. A letter (undated), which I received from Dr Ryder, Consultant Hepatologist, Nottingham University Hospitals NHS Trust inviting me to participate in a clinical trial which was then due to commence in December 2014 / January 2015, concerning a new drug treatment for HcV.

142. If I was interested in taking part in this trial, I was asked to contact one of two people engaged with the trial alongside Mr Ryder, i.e. Sue Slininger, Portfolio Coordinator, or Sian Clark, Research Nurse.

143. I found the letter quite reassuring because it showed the doctor to have been involved in over twenty previous clinical trials over the preceding three years, all directed at the treatment of Hep' C. It appeared to have a high success rate; and perhaps more significantly for me (in light of the failed previous treatment), there was to be no use of Interferon and no injections, just tablets.

144. Perhaps importantly when looking back at the adverse effects of Interferon, this letter was generic in nature, drafted to be sent to any number of recipients (and potential trialists), and the fact that it did not involve Interferon or injections was highlighted, with bold text having been used.

WITN4270007

145. Having entered the clinical trial, as a trialist I was required to carry a small (credit card sized) card showing that I was a patient participant as of 7th May 2015 under the care of Dr Ryder with a unique identification number of 46102. The card was for presentation, should any medical issues arise requiring intervention, and referred the reader to Dr Ryder at the Nottingham Digestive Diseases Centre & Biomedical Research Unit of the Queen's Medical Centre.

146. It also shows that the trial sponsor was Abbvie GmbH & Co. KG – whom I believe to have been a German pharmaceutical company. The exhibit shows a copy of both the front and back of the card I had to carry.

WITN4270008

147. A copy of a letter dated 10th November, 2015 from Dr Ryder (Consultant Hepatologist, Queen's Medical Centre) to my GP (Dr. J. Elder, Market Cross Surgery) in which the GP is told I have taken part in the clinical trial and that twelve weeks post therapy I had been cured of Hepatitis C.

148. The letter goes on to state that as I did not apparently have cirrhosis prior to entering the trial, I should, *"no longer be at risk of any hepatitis c related liver disease in the future."* Sadly, this prognosis proved to be incorrect.

149. In August 2021, despite my application to The Skipton Fund having been dismissed, armed with more information (including a copy of my medical record and other relevant material), and now with a liver cancer diagnosis, I applied to the England Infected Blood Support Scheme, submitting the necessary application alongside a covering letter. This exhibit is a copy.

150. In the letter I provided more information than requested in the EIBSS forms. It included the email I had received from the NHS Blood Transfusion Service and a letter from BA stating that they had been administering Gamma Globulin to patients (travellers) at the relevant time.

151. As before with the Skipton Fund, my application was declined. I was notified of this in an email from a Jennifer Bainbridge of the EIBSS and / or the NHS Business Services Authority based on information apparently provided to them by the

152. The email I received was that of 20th September 2021 in which Ms. Bainbridge informed me that to be successful, my application had to be approved by medical assessors who apparently base their decision on 'the balance of probabilities.'

153. According to their experts, as there had been no history of HcV infection from an NHS Gamma Globulin injection, they could not support my claim. They are clearly unaware of the published French research, or unwilling to accept the fact that HcV infection *can* occur as a result of just such an injection.

154. As stated in my appeal letter, there was, falsely, a belief that Cohn-Oncley fractionation itself kept the virus away from pooled blood products and rendered immunoglobulin safe.

155. The above belief persisted for some years (*Piazza, 1999*), encouraged perhaps by its effectiveness at removing HIV (*Wells et al, 1986*) and Hepatitis B virus (*Berger, 2002*). It should be noted that these techniques were effective at virus reduction, but have been shown not to be effective at virus removal including with the addition of chromatographic techniques, filtration and centrifugation (*Yei et al, 1992; Bresee et al, 1996; Yu et al, 1996; Scheiblauer et al, 1996; Yu et al, 1997 and Dichtelmuller et al, 2011*).

156. The e-mail also mentioned the lack of evidence that intramuscular injections (of Gamma Globulin) were a source of HcV infection. I simply do not see the relevance of this, as if a person were to have been injected with contaminated material, whether that had happened intravenously or intramuscularly, the contaminant, in my case Hepatitis C, would nevertheless have entered the recipient's body.

157. In my letter of appeal, I also state that Immunoglobulin alone was implicated in both the Irish and German outbreaks and was a recognised method of transmission (*Finlay, 1997* and *Dittman, 1991*). I also have evidence from a further study, that intramuscular injection was an independent risk factor for Hepatitis C infection (*Karmochkine et al, 2006*).

158. There is significant evidence to suggest that those treated infrequently or in their first administration of immune globulin products were more likely to be given Hepatitis C and seroconvert (*Fletcher et al, 1983*), with up to 100% of British participants being infected with Non-A, Non-B Hepatitis in one study (*Kernoff et al, 1985*). The second of these studies took place in the exact year of my own immunoglobulin treatment on commercially available NHS products.

159. It can therefore be concluded that unscreened, ineffectively treated immunoglobulin was being used with a high prevalence and likelihood of containing Hepatitis C virus. I further conclude that these products were capable of effective transmission and seroconversion. It is also certain that I received one of these products, though the route of administration is not documented.

160. Intramuscular transmission is readily possible. The German outbreak describes rapid and effective transmission of Hepatitis C from intramuscular immunoglobulin containing Anti-D to 2,533 women (*Dittman et al, 1991* and *Meisel et al, 1995*).

161. Her email, now exhibited, invited me to appeal against the decision made.

WITN4270011

162. Following the rejection of my EIBSS application, in spite of the evidence provided (basically there being no other possible source of infection other than a Gamma Globulin injection), I sent an email to Ms. Bainbridge on 11th November, 2021 in the form of a letter (dated 9th November, 2021).

163. I was disappointed and frustrated because I felt that my application had been incorrectly assessed, in particular as regards the intramuscular aspect of the assessors' decision making. I could not remember for certain, 36 years after the event, whether the Gamma Globulin injection had been given intravenously or intramuscularly, but did not believe that should have been an issue.

164. To the best of my recollection, when I had presented myself at the BA Vaccination Centre to be injected with Gamma Globulin, I had to wait for an appreciable period for someone 'suitably qualified' to administer the drug to me as those available were unable to do so. I remember the wait and it suggests to me that the injection was given intravenously *and not* by an intramuscular jab.

165. I also drew her attention to the research paper (Exhibit WITN427003) and asked not that an appeal be lodged, but that my application be reassessed and / or, that I be provided with a clear and better informed explanation of any decision taken. I also let it be known that I had engaged with the Infected Blood Inquiry.

WITN4270012

166. A copy of the email showing my application for reassessment having been declined on 17th November, 2021.

WITN427013

167. A copy of my Letter of Appeal regarding the decisions made by the EIBSS, as previously mentioned within this statement.

168. In this letter I have commented upon HcV and my current understanding of the most effective method of treating donor blood, as follows:
The most effective method in use today is to screen donor lots for Hepatitis C (Hooper, 2008). In fact, a German study in 1996 showed that of unscreened donor lots obtained from different commercial sources, a number of which were the same as those used in the UK, 100% were HcV RNA positive whereas screened samples were 0% positive (Scheiblauer et al, 1996). This, if performed effectively, essentially excludes the presence of Hepatitis C from the donor plasma lot and this in combination with modern virucidal methods assures the safety of the blood product from Hepatitis C transmission.

WITN427014

169. In spite of the information I have placed before the EIBSS, my appeal has been dismissed. I was informed of this decision by letter (dated 10th February, 2022), the decision having been made by their Appeals Panel on 21st January, 2022. I now produce this letter as an exhibit.

170. I have been left extremely frustrated by the manner in which the EIBSS have handled both my initial application and subsequent appeal against their decision making, which in my opinion is flawed. I do not believe that the information provided was examined in sufficient depth, and that their dismissal of my application and appeal was, in each case, a foregone conclusion given the remarks made, as evident in this exhibit at page three, items marked as '1' and '2.'

171. It would appear from their conclusions, as shown, that whomsoever may have presented an application before them, as a person who had received an immunoglobulin injection, would be declined unless specific information were available, categorically showing the means of its administration (intramuscular or intravenous) and its source (i.e. that it had been provided by the NHS).

172. This not only flies in the face of the evidence I have produced, but is grossly unfair as with the passage of time, few, if any applicants will be able to source the detailed information they require – a fact they must be well aware of and can therefore rely upon to decline applications without fear of their decisions being successfully challenged.

Statement Of Truth

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

Signed: GRO-C

Dated: 28th May 2022