

Witness Name: Lynn Stevenson

Statement No: WITN4734001

Exhibits: WITN4734002 - 03

Dated: 27 April 2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF LYNN STEVENSON

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 14 March 2022.

I, Lynn Stevenson, will say as follows: -

Section 1. Introduction

1. My name is Lynn Stevenson. My date of birth is GRO-C 1952. I reside at GRO-C
GRO-C West Midlands, GRO-C. I am married and we have two grown up children. I am now retired, but I previously spent 40 years as a civil servant working in Job Centres.
2. I intend to speak about my late brother, Stephen Walter Tolley ("Stephen") and his infection with Hepatitis C ("HCV") after receiving contaminated blood via a blood transfusion. In particular, I wish to speak about how the illness affected him, his life and our family thereafter.
3. I can confirm that I am not currently legally represented and that I am happy for the Inquiry team to assist me with my statement. I also confirm that the Inquiry

Investigator has explained the anonymity process to me. I do not wish to be anonymous as I wish for my story to be known in full.

4. The Inquiry Investigator has explained to me the 'Right to Reply' procedure, and I understand that if I am critical of a medical professional or organisation, they will have the right to reply to that criticism.
5. I wish to acknowledge that naturally as time passes, memories can fade. I have been able to provide approximate timeframes for matters based on life events. However, these timeframes should be accepted as 'near to' rather than precise dates.
6. I have constructed this statement without access to my late brother's medical records. I had intended to try and obtain his medical records, but I was put off by the bureaucracy of the process after accessing the website and printing off the forms.

Section 2. How Affected

7. Stephen was born in Halesowen on GRO-C 1954. He worked in road construction until around his mid to late 30s, which was when his life started to fall apart.
8. In or around December 1974, Stephen had a car accident at the age of 21. I was out of the country during this time living abroad for a year. He was driving his car and I believe that he drove into a lamp post. The accident happened before seatbelt legislation came into force. Thankfully, he walked away from the accident at the time and I do not think that he went to hospital straight after the accident. However, a couple of days later, he started to have bad stomach pains and abdominal issues.
9. He called our family GP's surgery which was based in Halesowen. It was a family run surgery, owned by a husband and wife team, Mr and Mrs Modi who

worked there as doctors. For the purpose of my witness statement, I will refer to them as Mr and Mrs, rather than doctors to avoid confusion.

10. In the first instance, Mrs Modi came out to see my brother at home whereupon she said that he had probably had too much to drink and suggested just giving him paracetamol. It was Christmas time and she wrongly assumed that he may have over indulged. Quite soon after the initial visit, my father called the doctor again as he realised that Stephen should not be in that much pain. Later her husband, Mr Modi came back out to the family home. He took one look at Stephen and told him that he needed to go to hospital. Stephen was taken to Corbett Hospital, Stourbridge ("Corbett") by ambulance.
11. Stephen was in hospital for about two weeks whilst they tried to diagnose what the problem was. I recall that he had 'nil by mouth' imposed, as they knew it was a stomach issue and wanted to find out what the problem was, and also in case they needed to operate. My brother lost a lot of weight as a result of not eating.
12. The doctors at Corbett ended up opening him up as part of their diagnostics, and during this surgery they found that Stephen had ruptured his diaphragm muscle, he also had a collapsed lung and his stomach was coming up through his diaphragm, hence why he had been in so much pain.
13. Before the accident, Stephen used to enjoy karate. The doctors at Corbett thought that he may have damaged his diaphragm when he was kicked in karate. It was suggested that the impact of him hitting the steering wheel in the car accident may have opened up his previously weakened diaphragm to further injury.
14. I am not sure how long Stephen was in theatre for during the surgery, but this was when he was given a blood transfusion, which resulted in him receiving contaminated blood and contracting hepatitis.

15. Stephen recovered from the operation and led a normal life for the next few years. He managed to get back to work and he went back to playing sports which he loved. He was very sporty when his health had been good, and was really into his racquet sports and particularly loved badminton and tennis. He was also very athletic and a very good swimmer.
16. I think Stephen was diagnosed with HCV when he was in his 30s as this was when he began to feel unwell. Stephen must have begun having health issues around that time, resulting in him visiting his GP. Following this, I presume that he would have been referred to a specialist by his GP and referred to Corbett Hospital. I assume that the specialist would have arranged for all the blood tests which resulted in them identifying HCV as the cause of the on-going ill health he was experiencing.
17. I am not sure how or when exactly he was diagnosed with HCV, but he used to see a liver specialist at Corbett Hospital. I assume that the liver specialist whose care he was under, probably would have been the person who told him about his HCV diagnosis and having contracted HCV.
18. In trying to ascertain the cause of Stephen's infection with the virus, the doctor asked Stephen if he had ever had a blood transfusion. Stephen told him about his car accident back in 1974.
19. He later informed Stephen that he must have contracted HCV as a result of the blood transfusion he received following his car accident. He also told him that they had traced the donors blood batch numbers which he received during the transfusion, to find out where the infected blood came from. This is how they were able to identify the cause of his infection. The specialist said to him that the only particular strain of HCV that Stephen had been infected with could only have been contracted as a result of a blood transfusion.
20. I cannot remember when Stephen told me about his HCV diagnosis. It just felt like it had always been around. I do recall having discussions with him about the specialist doctor who dealt with his HCV. Stephen was very positive about

him, he got on well with him and I know that he went to see him regularly. However, I do not recall the specialist's name. I don't think that Stephen had a lot of time for his GP though. I would imagine they may have been dismissive towards him because of his alcohol issues which were triggered and exacerbated by the HCV and lack of cure which I mention in more detail later in my statement.

Section 3. Other Infections.

21. To my knowledge, Stephen was only infected with HCV but I am not in a position to comment as I cannot be sure on this point.

22. I am not able to say whether he was also tested for HIV at the time he was tested for HCV.

Section 4. Consent

23. I cannot comment on the consent aspect regarding Stephen's operation, but I assume there may have been some sort of consent form to sign. I am also unable to say whether Stephen was given any warnings of the risk of infection in connection with consent for his exploratory operation back in 1974.

24. I am not able to comment on whether Stephen was ever treated without his consent as I was not involved in any discussions regarding his treatment for HCV.

Section 5. Impact.

Mental/Physical Impact

25. Stephen used to drink socially prior to finding out about his HCV infection, but not excessively and it wasn't an unhealthy relationship with drink. His drinking habits increased and eventually spiralled out of control after finding out that the treatment for his HCV had been unsuccessful.

26. When Stephen was 28, our mother passed away. At the time, Stephen was living at home with her. The impact of our mother's passing was hard on Stephen. It really upset him. He was left in the family home on his own because our father had passed away some years before and the rest of the family had all moved away from home, so he was there on his own.
27. Stephen hated being on his own. As a reaction to our mother's death he began drinking quite heavily and I think he may have taken drugs as he came to terms with losing our mother. However, he did come out the other side, but he still drank quite a lot. He often thought that there wasn't a point anymore after losing his mother.
28. Subsequently, Stephen lost his job at 'Tarmac' which was a well-known road surfacing company. He had worked for them for around 20 years and he was very good at what he did in laying roads. Due to the nature of the job, he would often get picked up in the morning to attend different jobs around the country. However, [NOT RELEVANT] he stopped waking up for work and became unreliable. In the end, Tarmac sacked him.
29. Following our mother's death, one of Stephen's friends moved in with him, which the family were not happy about as he was the local junky and was a parasite. At that time, Stephen had money so his friend thought he could live there for free for a while. As a family, we told Stephen that his friend had to go. Stephen's frame of mind at the time was vulnerable and he was taken advantage of by his friend. A junkie's company was better than no company to Stephen at that time.
30. Stephen had never had a problem getting a girlfriend, he just was not able to keep them and I think this was probably because he had issues with commitment. He was afraid of commitment. When things got intense, he would walk away. He was a good-looking young man and I would like to exhibit a photograph of him so that his face can be put to his name. [WITN4734002].

31. I know that relationships became harder for him once he had been diagnosed with HCV. Some of the women he was with were concerned about the risk of sexual transmission of the infection. He was always honest about it and assured them that it was safe if they took the necessary precautions and I assume this was the advice given to him from the specialist doctor at Corbett. However, this obviously did have an impact on his relationships and probably contributed to the fact he was unable to sustain long term relationships.

Treatment

32. Stephen was in his 30s to 40s when he received treatment for HCV. He was given Interferon and Ribavirin for around 12 months. I remember that he was told not to drink alcohol whilst he was taking the medication and he stopped drinking completely during the treatment. He was very hopeful that the treatment would be successful and he followed the regime and advice given by the specialist doctors.

33. The treatment made him very ill. He suffered from flu-like symptoms every time he injected himself. He would be very unwell for a couple of days following the injections. I am not sure how often he had to inject the Interferon.

34. Stephen's liver was tested towards the end of the treatment. Whilst the treatment had improved the impact that the virus was having on his liver, the virus was still traceable and the treatment was unsuccessful. I think that it was at this point that he more or less gave up on life. I was aware at the time that the treatment had not worked but I cannot recall the conversations we had about it.

35. I do not know whether he had any liver biopsies however, cirrhosis is recorded on his death certificate as a cause of death.

36. I do not know if Stephen was offered any further treatment following the unsuccessful 12 month treatment of Interferon and Ribavirin combination

therapy. I also don't know if he was ever discharged from the Corbett hospital in terms of the monitoring of his HCV. I know that he was definitely on medication up to his death, but I don't know if it was treatment connected to HCV. I assume they weren't be able to cure his HCV but continued to manage his infection. I think he continued to go there to have various tests, for example I remember that he had to keep so many days' worth of urine samples to measure the volume of urine, which I assume was to check his liver function. I vaguely remember that and that would definitely have been when he was in his fifties when that was going on.

Financial Impact:

37. Following Stephen's dismissal from Tarmac, he went into business with a friend, setting up a road servicing company. Stephen was very good at his job. He was a lovely man, very personable and happy but he was not academically minded and had no business acumen. As a result, people often took advantage of him.
38. The accountant involved in the road servicing business was corrupt and had not been paying the company's taxes for quite some years. Choosing an accountant who was essentially the local drunk from the pub was a bad idea and our family tried to warn Stephen against it, and we were not surprised that he turned out to be a crooked man.
39. As much as the family warned Stephen, he was having none of it. He signed whatever was put in front of him. The accountant would put papers in front of Stephen who would just sign them as he trusted him. He wasn't one for the admin side of the business and left this to his business partner and the accountant. He was too trusting from a business sense and this led to his financial downfall.
40. Eventually, the business collapsed and the Inland Revenue came after the business for the outstanding tax that had not been paid. Stephen's business

partner had put his family home in his wife's name, so the Inland Revenue could not touch his home. Unfortunately, Stephen took the brunt from the Inland Revenue and they came onto him like a ton of bricks. They pursued him vigorously for many years and this was an additional stress for Stephen to endure.

41. At this point, Stephen had taken over our family home as his own home, it had been a council house previously which he was able to buy. He was just a couple of years from paying the mortgage off. He was certain that the Inland Revenue would not be able to take his home, despite us telling him that they could. He said at least I have my house, but they took it from him.

42. The Inland Revenue eventually took the family home from Stephen in the early 2000s. They sold it at auction to claim some of the tax debt back. However, I don't think the sale of the house covered the debt that was owed as Stephen was declared bankrupt. As he was declared bankrupt the Inland Revenue said that if at any time he was employed, directly or on a self-employed basis, then they would take the money straight from his income to repay the remaining debt owed. I think that Stephen's reasoning at that time was that there was no point in working.

43. He had been living in that house since he was 8 years old and losing the family home hit him hard. His friend told me that Stephen had been on antidepressants from around 1998 through to 2000, but I am not able to comment on how accurate this is. He had a lot to deal with at this point in his life and everything just snowballed.

44. He was re-homed in a 10th floor flat in a high-rise building by the council. He absolutely hated it. He had always been used to a house with a garden, so it was a big change which he was never able to adapt to.

45. Stephen was a very charming, good looking young man and was never short of relationships, however, he struggled to commit and relationships often ended for this reason as mentioned earlier. He later got into a relationship with a

woman called Mandy. It was a very volatile relationship as she also had drinking issues. She had three young children, one of which he used to take to school quite frequently. She was the youngest of the three children and they formed quite a close bond and he grew very fond of her.

46. He later moved in with Mandy, but kept his flat on. Periodically, he would be kicked out of Mandy's house and would have to return back to his flat. He eventually left the relationship because it was toxic, but I think he preferred the toxic relationship to being on his own.

47. Stephen kept in touch with his ex-partner's youngest daughter, following his break up from Mandy. I don't think that he kept in touch with Mandy as I believe she moved on.

48. I think that Mandy used the element of the risk of infection of HCV as a reason to end the relationship. That was definitely an element although I doubt that it was the real reason, as she had been in a relationship with him for many years. I assume this made Stephen feel uncomfortable, feeling that he was diseased. Stephen would obviously have made her aware of the risks early on in their relationship though. They lived together on and off over the years. He had told her that as long as they used protection she would not be at risk.

49. In preparation for giving my statement to the Inquiry, I recently spoke to one of Stephen's close friends whom he had known since they were teenagers. To quote his friend, Stephen told him in regards to the hepatitis infection, "I am going to die anyway, so why not die happy." At that point when the treatment had failed, that was his attitude. I think that he thought that he wouldn't have a long life as the treatment have been unsuccessful and there was no cure available to him at that time.

50. He continued to drink, which got worse as things went on. There was nothing the doctors could do. He was on antidepressants for a couple of years, but I believed he stopped taking them and I cannot be sure of the timeframes with regard to the antidepressant medication.

51. As mentioned above, after the HCV treatment failed, Stephen just completely gave up on life. He would just lie there on his sofa. I would often go to see him and do his food shopping but I always refused to buy him alcohol, despite his asking.
52. Stephen was in so much debt. I tried to help him deal with all the debt agencies that were chasing him for money. They made his life hell. He had numerous people harassing him for money. They would call him and write to him and he just said that he couldn't afford to pay them as he had no money. I would help him out financially with the day to day living cost bills but not the debt collection agencies.
53. Shortly before Stephen died, he approached the council about moving out of the flat. He wanted to leave the flat and go into sheltered accommodation because of his deteriorating health issues. I think they may actually have offered him sheltered accommodation on account of his health issues but because he was always receiving mail from debt agencies, he would bury his head in the sand and put the unopened post to one side.
54. I think that he was offered accommodation by the council, but because he never opened his post the offer lapsed. By the time he had realised, it was too late as the property had gone. Whether it would have changed the outcome, I don't know. But it might have made it a little better for him and made his life more comfortable. He just hated the high-rise flat.
55. It was a shame what Stephen was reduced to. It was one thing after another and he just couldn't deal with it and just pushed it aside. I used to go there and find unopened post and letters opened letters not dealt with. There were medical appointments that sometimes were neglected because of his situation he would get confused about those.
56. Personality-wise, he was a gentleman. He was never an aggressive drunk, just a happy drunk. He was always the life and soul of the party but he was actually a shy person. I think this was the reason he drank to mask his shyness and to

give him confidence. I don't think that he felt confident around other people that he thought were more intelligent than him, so he used drink and his humour to get by.

57. As a result of his health deteriorating and knowing that his HCV had not been cured, he just kept turning to drink. Stephen would often get into such a state that he would not know where he was. He would frequently go to his older sister's house late at night, sometimes turning up in the early hours of the morning and she would have to deal with him. I remember on one occasion, he fell off his stationary motorbike outside her house because he was so drunk. Thankfully he was not driving it, but he literally just fell off. So at that point we got rid of the bike.

58. On one occasion when he turned up at her house, he was so bad that he soiled himself and my older sister had to sort him out and bathe him. This was how low he had sunk. I attribute the decline in his health and his increased drinking to the HCV infection and the fact they had been unable to cure the infection.

59. When my older sister passed away at the age of 57, this had another negative impact on Stephen as they were close. She became the mother figure once mother had died. He relied quite heavily on family support, unfortunately my older brother washed his hands of him when he got really bad as he couldn't deal with it. It was a ripple effect and his life just spiralled out of control.

60. I think he tried to get help and support from Social Services but it was just too much effort. He was not able to deal with the bureaucracy of it.

61. As Stephen's health deteriorated he never went to bed, he just lived in the living room on his sofa which he subsequently died on. He would sleep on the sofa rather than go to bed despite having two bedrooms. He previously used to cook for himself because I used to bring the food over for him to cook, but eventually he just stopped doing that.

62. It came to the point where he was banned from quite a few shops locally for shoplifting alcohol, because he had no money.
63. He used to lie on the sofa with a bottle of whisky, a can of Guinness and a bottle of cheap wine. They would all be lined up in a row and he would start with the whisky and work his way down the line of drinks. Towards the end, he had to drink more alcohol in order to achieve 'oblivion'. That was his life.
64. The last time I saw Stephen before he died, he could not even stand up straight. He didn't even have the strength to carry his shopping to his flat, so I used to help him. He was very thin and weak. At this point I think he was just waiting to go.
65. Stephen died alone in his flat. My brother was pronounced dead on 11 January 2011. A post mortem was conducted as a result of the circumstances in which he was found.
66. I had gone to visit Stephen at his flat, as I did every Sunday, to take him a roast dinner. He was not answering his phone or door and I couldn't gain access to the building. His ex-partner's daughter had also tried to visit him and raised the alarm when he failed to answer. We had to call the police to come and knock the door down. I think that he may have been dead for about 2 days before he was found.
67. My brother's death certificate states that he died from 1. Pneumonia and 2. Liver Cirrhosis. [WITN4734003]. However, there was no mention of HCV on his death certificate.
68. Stephen's illness and deteriorating health caused a few issues within the family. He created friction and it had an impact on my relationship. My husband was not comfortable with me inviting Stephen over for Christmas for instance. My husband used to say that Stephen would just get drunk and probably arrive at our house drunk and he didn't want the children to see him like that. We couldn't ask him not to drink and I couldn't just leave my brother on his own at Christmas.

69. When my nieces and nephews were growing up and were allowed out to the local pub, they were often embarrassed about having an uncle known as a 'local drunk.' He would always be at the pub when they were there and this caused them some embarrassment when they were so young.
70. Family members always encouraged him to attend Alcoholics Anonymous ("AA"), but he was not interested. It was so frustrating. We tried everything to get him to stop drinking and for him to get help, but you can't tell someone to do something, they need to want to do it and he had given up all hope as a result of the HCV and the lack of any prospect of a cure for the virus.
71. We never really discussed his HCV and it never really occurred to me how severe it was. At that time, I was aware of HCV generally but I didn't really understand it. I don't recall being aware that HCV was that infectious other than I knew that it was a concern sexually.
72. In the last five years of Stephen's life, most of his friends had given up on him. People moved on and had families. So many people tried to help him but he could not be helped.
73. After his death, I think I spent about two months writing to all the debt collectors with a copy of his death certificate in order to deal with all the debt agencies. Stephen died in debt which didn't help his final months either. He was inclined to bury his head in the sand with regards to his financial situation and it just got worse and worse.
74. The debt was eventually written off, but only because he had died. Some of the debtors I wrote to, accepted the death certificate and left it at that. However, my daughter recalls that one particular phone company, Orange, said that they needed to get in touch with him to which I replied that they would need to contact a medium then! I kept a folder of all the people that were after him for money, which I have since destroyed. I was the point of contact for the debt collectors for some time, but eventually it did stop after about 3 or 4 months.

75. With regards to stigma there was no stigma as far as I am aware from the HCV side of things. However, I am unable to comment as to whether Stephen suffered any stigma. As mentioned I am not sure if Stephen was dismissed by his GPs in relation to the drinking habits.

76. Stephen was 56 when he died, but he looked about 76. He had completely given up, even to the point of having stopped eating. He was just tired and was really thin towards the end of his life.

Section 6. Treatment/Care/Support

77. 'I believe that Stephen's dentist would have been aware of his HCV status as I assume he must have declared it. Stephen did have problems with his teeth as he had some capped teeth and other dental issues. I think eventually he stopped going to the dentist and as a result he lost a lot of teeth.

78. Stephen had problems with his eyelids and scoliosis of his neck, which caused him problems. He was going to the GP with these health issues, but because of his drinking habits perhaps they thought that because he was drinking himself into an early grave, they just thought he wasn't helping himself.

79. I don't know if Stephen was ever offered any psychological counselling or support in relation to his HCV infection.

80. As mentioned he had a good relationship with his specialist Doctor but I am unable to comment on the level of treatment, care and support that he was given.

Section 7. Financial Assistance

81. Post diagnosis of the HCV, which was in or around the 1980s-1990s, his friend tried to help him claim compensation and they saw a solicitor about pursuing a

claim, which I assume was on a no win no fee basis. I think this was when Stephen was in his 40s but I didn't get involved in it though.

82. They didn't get very far with it as they were informed by the legal representatives that the NHS had no liability because there were not any tests in existence at that time to check for HCV and therefore the NHS's stance was that they were not negligent. He gave up asking for compensation after this.

83. Stephen was receiving long term invalidity and sickness benefits. The doctors determined that he was unfit for work long term.

84. Stephen applied for Disability Living Allowance ("DLA") with my help in 2010. I think I must have been aware that he may have been entitled to DLA through my knowledge acquired through my job. I arranged for someone from the Citizens Advice Bureau (CAB) to come out to his flat to advise him and I was there with him during their visit. However, Stephen died before a decision was reached on his application. Following his death, I was asked by the DLA if I wanted to continue pursuing the claim, to which I said I wanted to.

85. Stephen's claim for DLA was accepted which I was really angry about because, had they accepted it earlier, it would have changed his life. It took a long time for his application to be processed. It took about 3 months for the claim to be decided and a decision reached. We had agreed prior to him applying that the DLA money would be paid to me, so that I could control it for him. There was no way I was going to allow him to have access to it, as he would have just spent it on alcohol at that point in his life. I was going to use it to make his flat a bit more liveable and more comfortable for him, such as buying some furnishings.

86. As far as I am aware, Stephen did not apply to the Skipton Fund or make any other applications for financial assistance. I don't think he was even aware of the existence of the Skipton Fund and I certainly wasn't

Section 8. Other Issues

87. I watched a panorama documentary on the contaminated blood scandal a few years ago and I found it quite upsetting. I had not realised the depths that the NHS had gone to cover this scandal up. I have not really watched anything since because I just did not want to after seeing the documentary, as it was upsetting.

88. It is a shame what happened to Stephen's life and the impact HCV had on his health. Stephen and I probably had a lot more conversations than I can recall regarding his HCV infection but I just can't remember due to the passage of time.

89. With regards to what happened to Stephen, I was not upset in terms of shedding tears, it was more anger that I felt. It was the life he could have had in comparison to the life he led.

90. I owe it to Stephen in providing this statement to tell his story about what happened to him. Initially I had some reservations as it brings up unpleasant memories. I do owe it to him. He didn't ask for that. I am not saying that he wouldn't have developed a drink problem without HCV, but it was definitely a catalyst. He is one of the many victims.

Statement of Truth

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

Signed

GRO-C

Dated

27th April 2022

Table of Exhibits:

Date	Notes/ Description	Exhibit number
Undated	Photograph of Stephen Tolley	WITN4734002
14 January 2011	Death Certificate of Stephen Walter Tolley	WITN4734003