Witness Name: Caroline Ann GALLACHER
Statement No. WITN4560001
Exhibits: WITN4560002 - WITN4560
Dated: 4 / 2 / 2020

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF
CAROLINE ANN GALLACHER

I provide this statement in response to a request under Rule 9 of the Inquiry Rules, 2006 dated 11th August 2020.

I Caroline Ann Gallacher will say as follows: -

Section 1. Introduction

1. My full name is Caroline Ann GALLACHER (née MILNE also DUNN) and I was born in GRO-C Northamptonshire on GRO-C 1957. I was raised, schooled, entered employment and married in GRO-C from which I have never moved. I am in full time employment as a cleaner.

2. I have raised four children, all now adults, all of whom were born in the Kettering General Hospital, the nearest maternity and general hospital facility to our home.

3. I intend to speak of my infection with Hepatitis C (also known as HcV and / or Hep' C), how I believe that I became infected, the impact HcV infection (and its subsequent treatment) has had upon the lives of my family and I, and my experience of contact with The Skipton Fund to whom, following medical advice, I applied for financial assistance.

4. I must state from the outset that I do not know *for a fact* how I became infected with Hepatitis C, but it can only have been from one of two sources, both of which occurred when I was a patient of the National Health Service at Kettering General Hospital, one being a blood transfusion I believe that I had to be given and the other Anti-D Immunoglobulin injections I was given during pregnancy.

5. Unfortunately, I am now no longer able to recall specific dates which may have provided for a better understanding of my story, but the chronology is correct in so far as I can recall, and I have provided written permission for the Infected Blood Inquiry to secure my medical records from my General Practitioner group practise (The Studfall Partnership, Corby) where information it may contain would be of use in the broader understanding of my tale.

6. I am not legally represented and have no civil litigation case(s) ongoing as regards my having been infected with Hep' C by the NHS. In so far as I am aware (and I checked this fact on 17.08.2020), I was declared 'clear' of Hepatitis C infection following treatment which concluded in 2008 – but I have also been told that it has left some form of 'marker' behind which means the fact that I once had this disease will never be erased from my medical notes.

7. I am a clean living woman, not someone who has been promiscuous, used drugs, engaged in self-tattooing or indulged in any other activity which may be considered as having placed me 'at risk' of contracting Hepatitis C. My husband is an equally responsible person, and I cannot have become infected by virtue of my contact with him.

Section 2. How Infected

8. Our three eldest children were all daughters, Leanne, Natalia and then Bobbie-Jo with the youngest being a boy, Kieron. All four were born at the Kettering General Hospital, but their delivery situations were each quite different from one another. They were born on GRO-C, 1983 (a GRO-C delivery); GRO-C GRO-C 1984 (a 'normal' full-term delivery); GRO-C 1990 (an emergency caesarean section delivery); and GRO-C 1993 (an elective caesarean section delivery).

9. My eldest daughter was delivered GRO-C She was born on GRO-C but hadn't been due until GRO-C. This was a traumatic birth, and I cannot now remember too much about it. I understand that I suffered a substantial haemorrhage during this childbirth, because post-delivery, whilst recovering on a maternity ward, I was told that I had had to be given a blood transfusion.

10. I was not told why I had received a blood transfusion, and do not even recall my having haemorrhaged, but I can think of no other reason for my having been given one. All I was told, I believe by one of the nurses, was that they had *'had to give'* me blood, there was no broader explanation.

11. As this had been a GRO-C, I was detained in hospital for about a week post-delivery, but received no further information during this time, at least not in so far as I can now recall – no explanation from either the doctors or any consultant, and no further information from the nursing staff.

12. I wasn't told how many units I had been given, where the blood had come from, or of any risks that may have been associated with my having been transfused; nor was I given anything in written form, so I left hospital wholly unaware of any issues I may have had to face as a result of the blood transfusion received.

13. Just over a year later our second child was born. Fortunately, this was a 'normal' delivery and the course to, and then post-delivery, went as well as I could have anticipated, I wasn't treated differently from anyone else, my condition was monitored at regular intervals, with blood being taken for testing as an integral part of that process, but I was never told why it may have been necessary to take blood or for what purpose it may have been being tested – nor did I ask, I merely thought that it was part and parcel of their treatment of a pregnant lady, and had no cause to be concerned about anything else.

14. Our third child was also delivered at full-term. This saw another traumatic delivery in so much as she had to be delivered through an emergency Caesarean Section Operation.

15. On the morning of her birth GRO-C), I had got up in order to get the two older girls ready for school but found that I was suffering from some uncomfortable 'twinges' in my stomach. These developed into severe pain and discomfort, so I went to my General Practitioner's surgery (then The Lakeside Surgery, Corby) where I was examined by a nurse.

16. My waters hadn't broken, so I didn't think that the painful twinges were necessarily pregnancy related, hence my having gone to the surgery rather than the hospital. However, upon examination the nurse stated that I was then '7cm dilated,' and that I needed to go to the hospital as soon as possible – but I didn't go from the surgery, no ambulance was called for me or anything like that, I was left to my own devices, so I went home first.

17. I called my husband to come from work to collect me, and I needed to pack a bag. Arrangements also had to be made for the children, then at school, so all of this was done first before my husband escorted me into Kettering General. I entered, I believe, through the Accident & Emergency Department, but not necessarily as an A&E case, as my recollection is that everyone went in and out through the A&E entrance / exit of the hospital (as the main public entrance) and the maternity unit was only a short distance away from there.

18. Once at the hospital I found that no one from the surgery had rung ahead, so the hospital hadn't been expecting me - but they took me in, examined me, confirmed that I was dilated, that the baby was due, and they put me onto a monitor of some form. There then followed a very lengthy period of labour, as having entered the hospital at 10.07a.m. (a fact I distinctly recall to this day), Bobbie-Jo wasn't delivered until about 3.00a.m. the following morning.

19. The medical staff at Kettering General Hospital had to break my waters, and must have given me something to ease the pain, as I can recall having passed in and out of consciousness as my labour progressed.

20. At 2.15a.m., my husband was told that I needed to be taken into theatre for an emergency caesarean section operation for them to deliver the child, as were they not to do so, either my life or that of our baby, or both, would have been at risk.

21. I cannot remember this myself, probably as a result of the medication I had been put on (for the pain) or perhaps the anaesthetic I would no doubt have been given before the caesarean, what I know is that which my husband told me.

22. I wasn't spoken to myself about the operation, what was going to happen, why, or had any conversations about my providing consent for it to take place, or anything else for that matter, I was wholly unaware. They may have approached my husband for consent, but I do not believe they did, they just told him what they would need to do, *'or else.'* I have no recollection of his having had to sign anything – he would simply have wanted them to do what was best for us, and to do it as soon as possible so that it would all be over, for me, as soon as possible.

23. Both my husband and I are, and were, people who placed out trust in the medical professionals who might be treating us. We were both a 'doctor-knows-best' type of person, and as such we rarely questioned what a doctor or nurse said to us, advised us to do, or told us they were going to do for us as we always believed that it would have been 'for the best.'

24. As such, had I have been approached, I would no doubt have given my consent for a caesarean section being performed, as I would have done for the earlier blood transfusion I received – neither of us ever questioned, we just accepted that whatever was placed before us 'would help' and agreed to it.

25. I had the caesarean section and the child was delivered safely without any further issues. I was cared for well post-operatively, and can recall a nurse having washed my face, brushed my teeth and given me a cup of tea on the ward just a few hours after the procedure, but I was never told why I had had to have the caesarean or of the nature of the threat posed to my baby and I.

26. I was released from hospital about seven days later, but after just three days I found that the sutures on the wound site from the operation had opened. There was initially a terrible smell, I then looked at the wound and found that the stitches had come undone – so I had to go back into Kettering General to be re-sutured.

27. Although I had bled when the sutures opened, I did not require a transfusion, and did not apparently require a transfusion during the caesarean operation. The only one I have ever been given was that when our first child had been born in 1984.

28. Our son was also born through a Caesarian Section Operation, as an elective procedure. Apparently, as the previous delivery had been through a caesarean section procedure, he would also have needed to be delivered in this manner. There were no issues with his delivery which again took place in Kettering General Hospital. I was subsequently surgically sterilised.

29. From the birth of our eldest child, and the blood transfusion I was given as a result, I do not feel that I was treated differently to any other pregnant lady during the course of my other pregnancies – I was monitored as all mothers to be are, blood tests, ultrasound, urine sampling and so on, but I was never told why my blood and urine was being tested and as explained previously, nor did I ask.

30. With the birth of our son having been a planned caesarean delivery, I entered the hospital about a fortnight before his birth and remained there for about a week afterwards. The only difference with his delivery was that there had been a discussion with the medical staff about pain control – previously I had just been given what the doctors considered to be necessary. Here the issue was fully discussed, and I was able to opt for an epidural block.

31. I cannot state for certain how I came to become infected with Hepatitis C only that I did. I know for a fact that I was given a blood transfusion, and have subsequently learned that such procedures of that time carried a risk of infection, but I did not know that then and was not told of this problem. All I can say is that it was a possible source of infection if not the most likely and that my General Practitioner (GP) believed the same.

32. Whilst having been pregnant, I was given different forms of medication 'to assist' me at various times. I believe that one of these was something known as Anti-D Immunoglobulin. I do not know why this was given to me, and cannot recall during which (if not all four) of my pregnancies, I received it, but again, I did.

33. I now understand that this is a blood product, and as such may have also posed a risk of passing Hepatitis on to a recipient such as me. I do not now recall by whom this was given, or when, but believe that it was through the hospital during my maternity rather than by GP's practise.

34. I cannot now say when HcV related health problems started, but after a while I found that I was regularly unwell and frequently had to attend my doctor's surgery. I suffered from a very sore stomach, a bad back, frequent water infections and issues with my skin, rashes and the like.

35. After a while, and I do not know if this was related or not, I was told that I required a hysterectomy which took place in the Gynaecology Department at Kettering General Hospital – again I was told that I needed one, but cannot recall ever having been told '*why*,' I just took their word for it.

36. As various illnesses occurred and in advance of the hysterectomy, blood was being taken for testing, but as before I wasn't told specifically what it was being tested for, or of any need for it to be tested. I do not know if it was being tested for Hepatitis or anything else, and cannot now recall when I was told that I had HcV, but again, I was.

37. Apart from the episodes of childbirth, the hysterectomy operation was the only surgical procedure I had undergone prior to my being found to have HcV and being treated for it. I have therefore looked back at all of my illnesses, pregnancies and periods of confinement, but can find no other explanation for my having contracted Hepatitis C other than either the blood transfusion or Anti-D Immunoglobulin treatment.

38. Immediately following the hysterectomy procedure, I was extremely ill, constantly being sick, and on one occasion during the eighteen days I was in hospital, vomited all over my bedding. The staff had to keep giving me injections to stop me being sick.

39. I suffered from chronic fatigue, always feeling that I was merely treading water as I went about everyday activities, lacking zest – it felt as though I was always trying to get somewhere but was never able to make it.

40. After a while it began to impact upon my work. I am a cleaner and it's not a well-paid job. I found that with the aches, pains and fatigue I was experiencing, I could not work as hard as I had been previously, or was expected to, and as a result I had to give up some of the jobs which I had, as I did as many as I could to make ends meet.

41. I had experienced these problems pre-hysterectomy, and they continued post-hysterectomy, and had a considerable financial impact upon my family and I as I simply couldn't earn as much as I had been - I couldn't work to the same extent - but being hard workers, my husband and I just got on with it and I did as much as was possible, more than I should have done.

42. At some point in time, I found that I was also losing a lot of weight, and couldn't sleep at night, despite my feeling so tired all of the time. Somewhat strangely, I was also experiencing manic episodes, dashing about at a hundred miles an hour, doing everything in a rush. My work colleagues kept telling me to slow down, but I was unable to control it. I was diagnosed as having a thyroid problem, and placed onto medication for that, but whereas it helped with the manic periods, it didn't solve the aches, pains and fatigue.

43. I do not now know for myself when this happened, but at some point I was diagnosed as having Hepatitis C and again came under the care of Kettering General Hospital. Here I was looked after by a specialist nurse by the name of Michelle (or 'Shelly' as she was more commonly referred to). She told me what I had, what treatment was available, and explained to me what the side effects could be of the treatment which I could be given if I wanted to be treated with it.

44. Shelly is a lovely, caring person, non-judgemental and a very conscientious nurse. She told me that I could have treatment with a combination of drugs which may, or may not, clear me of HcV.

45. She told me that one of the drugs was more commonly used in the treatment of cancer patients, and that as with those patients I may encounter hair loss and other side effects, some of which could be very unpleasant - aches, pains, nausea, weight loss, and others. Although she was a specialist nurse treating me for HcV, she was based in the hospital cancer unit and I believe that she was a specialist in that field and not blood borne disease treatment.

46. Her speaking to me was the first occasion when someone who knew of my condition had sat with me and taken the time to take me through what I had, what was going to happen and how I could be treated for it (with the impact upon me that treatment may have). She was very honest, and having learned that the drugs may, or may not, clear the disease, coupled to the side effects I may or may not experience, initially I didn't want to be treated.

47. However, my husband persuaded me to try the course of treatment and Shelly provided me with a lot of written information – as much information as she possibly could, she was very good. I therefore consented to enter a six month programme of treatment with two drugs (combined), one of which my husband had to inject into me each day (something I found that I couldn't do myself) and one which I took orally. I cannot now remember what either of these drugs were called.

48. Michelle had been absolutely right, the treatment was horrendous. I found that I had no energy at all and suffered from very sore eyes. I can remember saying to my husband that, *"If this is what I am going through, I'd hate to think what cancer patients are going through!"* The side effects were such that on occasions I could not work at all. I still went to work, but when I got there I found that I had no energy to do anything.

49. Fortunately, my work colleagues were very supportive and helped out, doing a lot of the work which I should have been doing for me, and leaving me to undertake simpler, less tiring or strenuous tasks. Without their understanding and active assistance I would not have been able to continue working and would have lost or had to give up my job, with the knock-on effect of a lack of income.

50. During this course of treatment I was monitored weekly by Shelly who took regular urine samples. I couldn't be monitored through my GP's practise in Corby but had to go to Kettering General – nor could my samples be taken and tested locally, again everything had to be done through Kettering General Hospital, so at a time when I was at my lowest ebb, I nevertheless had to travel when I would rather have not had to do so.

51. Michelle told me that HcV can lie dormant and can do so for a lengthy period of time. When we discussed my infection, we looked at the possible source(s) and she told me that the most likely was the blood transfusion I had been given over twenty years before, or possibly the Anti-D injections I had received, but most probably the transfusion. There were no other possible means.

52. In advance of making this statement, I spoke with my current G.P. on 17th August 2020, to check my status, and learned that I was declared clear of Hepatitis C following the combination treatment which concluded in 2008.

Section 3. Other Infections

53. I am not aware of my having been infected with anything other than HcV, although I may have been tested for other ailments of which I am unaware.

54. I say this as immediately following my HcV treatment, I had to attend Kettering General Hospital where I was required to provide blood for testing. I had thought that they would require a small amount, as usual, sufficient for them to test to assess how effective the treatment may have been, but for some reason I found that I was required to provide a lot more blood than I had ever been used to – seven to ten phials of blood were taken for testing.

55. Although it was unusual, I did not question it at the time, and gave what was required of me. I did not know what they may have been testing for, or why, I just placed my trust in them. I do not know, for example, if I was tested for HIV or whether any of my blood was being taken to aid research – I didn't ask and wasn't told.

Section 4. Consent

56. Consent has never been an issue for me – I placed my trust in those treating me to do their best and did not question, it wasn't in my nature and I had no cause for concern at those times.

57. There were times when I was incapable of providing oral or written consent, such as with the blood transfusion I was given, or when they had to perform the first caesarean operation. In each case the medical authorities may have approached my husband for consent (written or oral), but I dioi not kbnbnnow this for myself.

Section 5. Impact

58. The main impact upon me was with my health and its deterioration over a lengthy period until I was diagnosed and able to be treated. This affected my working life and as a result my income dropped, as a consequence of which my family and I did not enjoy the full benefits of having two full time working parents.

59. My husband did not cope well and found it an emotionally troubling time especially as he had to deal with our children, wider family and friends all worrying and wondering what was going on.

60. We tried to shut ourselves away and didn't tell anyone who didn't have to know, including our children. They knew that I was ill, and would be ill for a while, but that was all. Doctors and nurses aside, only my husband and I knew exactly what I had, Hepatitis C.

61. I would only ever leave the house to go to work, no socialising. My husband and I didn't go anywhere other than to work for the full six months of my treatment. I was scared stiff, and in particular didn't brush my hair for some six months, washing it only about once per month, I was so worried it would fall out – not just because I was worried about my appearance, which I was, but as it would be evident that I was seriously ill to any others who may see me.

62. I found the whole thing extremely embarrassing. Having Hepatitis C is bad enough, people knowing that you have it is dreadful – I could not tell anyone, no matter how close they were, for fear of what they may think of me. I find it horrible to see that 'HEPATITIS C' appears on medical notes and letters to clinicians about me, it's embarrassing, especially as I am now apparently 'clear' of the disease and have been for many years. I do not understand why it needs to be shown, why forms or letters still have to be marked in this way.

63. I do not think that I have been treated differently to anyone else as a result of my past infection with HcV but cannot discount this – I simply don't know. I have been asked about dental treatment but have had no problems with that in the past.

64. For the past six years I have received private dental treatment, and haven't told my dentist as I am clear, so she doesn't need to know. I do not believe that I have been presented with any obstacles to receiving medical treatment of any sort as a result of my infection with HcV and have not seen anyone treating me any differently to any other patient.

65. Having lost earnings, it would undoubtedly have helped my family and I if the Skipton Fund had accepted my application, but it was rejected.

Section 6. Treatment / Care / Support

66. I have never been offered any form of counselling or other means of psychological support. I am aware of a support service available through the Infected Blood Inquiry, provided by the British Red Cross and that I may refer to them for assistance in the future.

Section 7. Financial Assistance

67. I have never received any financial compensation or other assistance as a result of my having been infected with HcV by the NHS.

68. Michelle, the specialist nurse who treated me at Kettering General Hospital, informed me that the Skipton Fund existed to assist people who had become infected through blood transfusions and blood products given to patients by the NHS. She suggested I apply to them as I was 'entitled' to do so. I held her in the highest regard, as someone who is well-informed on these matters, so I applied.

69. Shelly gave me the forms I required and told me how to apply. I completed the forms and submitted them to the Skipton, but a short while later received a letter stating that I had not met the criteria required for acceptance. Not knowing any different, and not being someone to contradict 'authority,' I accepted their adjudication and did not appeal – my view has always been that 'money isn't everything' and 'money can't buy you happiness or health,' so I left it at that.

70. Having said that, I can only have been infected through the blood transfusion or by the Anti-D Injections, both given to me by the NHS. I should therefore have qualified for a payment. Shelly knew this, that's why she advised me to apply.

Section 8. Other Issues.

71. I have received hospital treatment since 2008, including an occasion when I required treatment following my having been accidentally pricked by an improperly discarded sharp (in a GP's practise I was cleaning), but nothing prior to 2008 which could have led to my being infected with Hepatitis C.

72. On 18th August, 2020 I authorised the Infected Blood Inquiry to view the medical records held by my general practitioners practise. I am aware, from past inquiries I have made, that no records exist of my first pregnancy or of the blood transfusion I had been given.

73. I now understand that my record was acquired, and I have been provided with a copy of the same. By reference to this record, I can state that the combination treatment I received consisted of Peginterferon and Ribavirin and that the specialist nurse treating me was a Michelle Skelton.

74. I can also see that frequent reference is made within summaries of my past medical history to 'Hepatitis C – Probably Transfusional.'

75. I would now like to provide copies of the following documents, each an extract from my medical record, to assist the inquiry further:

76. **EXHIBIT WITN4540002** (two pages)

Extracts from medical record entitled 'Problems' showing that on 23.2.2005 Professor Ian Wall noted that I had active *'Hepatitis C – Probably transfusional.'*

GRO-C

77. **EXHIBIT WITN4540003** (three pages)

Extract from medical record entitled 'Consultations' where Professor Ian Wall noted the result of my having been tested and observed over a period of approximately a year following abnormal liver function test results, and a diagnosis confirmed by the Health Protection Agency, Cambridge of Hepatitis C.

78. **EXHIBIT WITN4540004** (three pages)

Extract from medical record – a referral form for physiotherapy dated June, 2010 in which the fact that I have 'Hepatitis C – Probable Transfusional' is mentioned. Physiotherapy is a non-invasive procedure, and I do not see why it was considered appropriate for a physiotherapist to be told of this condition, especially as by the time of this referral, I was 'clear.'

79. There were at least seven separate referral forms, to different hospital departments within my medical records, all marked in this way, of which this is one provided as an example.

80. **EXHIBIT WITN4540005** (one page)

A record dated GRO-C 1983 re. the birth of my first daughter, Leanne. This shows a blood loss of 100ml, but no note is made re. my having been transfused. I also note that a blood loss of 250ml was noted with my third child, Bobbie-Jo, so I would argue that I suffered bleeds on these two occasions, with the first recorded only being that which was lost whilst within the maternity unit, and as such would not have included my having bled, substantially, beforehand.

81. **EXHIBIT WITN4540006** (one page)

A report dated 21st February, 2005 showing that tests conducted on a sample I provided on 17th January, 2005 which revealed (for what I believe to have been the first time), my having been infected with Hepatitis C.

82. The author, reporting to Professor I. F. Wall, noted that there was 'no definite information but possibly GRO-C GRO-C She has been referred to a hepatologist.' I would appear to have discussed a past relationship with him, but now have no recollection of my having done so.

83. **EXHIBIT WITN4540007** (three pages)

A letter dated 25th February 2005 from Dr. I. F. Wall to Dr. Chilton. Dr Wall and his department had been monitoring me for some time as a result of my having returned abnormal liver function test results. As a result, I believe that he had caused the tests to be conducted which led to the revelation that I had Hepatitis C (as shown in Exhibit WITN4540006, above).

84. This letter shows my being referred for 'advice on further treatment' with the doctor suggesting that as neither he nor I knew how I had become infected, he appears to have thought that it may have occurred as a result of the emergency caesarean section operation I had previously undergone.

85. **EXHIBIT WITN4540008**

A letter dated 23rd March, 2005 from Dr. I. F. Wall to Mr. David Wilkin, Consultant Gynaecologist (Kettering General) following my having been diagnosed as having Hepatitis C. I believe that this letter is of note as it shows Dr. Wall having felt obliged to inform Mr. Wilkin of my condition in advance of the latter performing a laparoscopy procedure on me.

86. Whereas I can see why the consultant needed to told of my Hep' C status in advance of this invasive procedure, I do not appreciate why it was felt necessary to tell others whom I was only ever going to engage with in a non-invasive manner (e.g. physiotherapists).

87. **EXHIBIT WITN4540009** (two pages)

A letter dated 14th June, 2005 from Dr. Sheena Surindran (the Senior House Officer to Dr. A. P. Chilton, Gastroenterology and Liver Disease Consultant, Kettering General Hospital) to my G.P. (Dr P. Wilcznski) updating the doctor with my condition and treatment plan as was then being considered.

88. The letter shows that my having been infected with HcV had only been detected as a result of investigations conducted following my having returned abnormal liver function tests. My Hepatitis C symptoms of the time are shown (i.e. fatigue, loss of energy, unable to work for more than 2-3 hours per day, and wanting to sleep all of the time), but do not appear to have generated any further investigation in their own right, perhaps because of the lack of other symptoms such as jaundice.

89. The letter refers to 'multi-drug-use' which had occurred about fifteen years previously. This referred to my having taken a quantity of prescription and over-the-counter drugs, together, at a time when I was suffering from stress, anxiety and concerns whilst in an abusive relationship – it did not involve the use of any intravenously delivered drugs, be they prescription, over-the-counter, or of any other type.

90. The letter also shows a lack of knowledge as to how I may have contracted the disease, but suggests that it may have been a result of a blood transfusion at the time of the emergency caesarean section operation.

91. The letter also refers to a tattoo I have, positioned on my left upper chest – this is something I had professionally done in sanitary salon conditions long after I had delivered my children and consequently after the most probable source of infection.

92. The letter was copied to Sister Michelle Skelton, the 'Shelly' I have referred to earlier within this statement who is described as having been a Clinical Nurse Specialist working on the Twywell and Lamport Wards at Kettering General Hospital.

93. **EXHIBIT WITN4540010** (two pages)

Two letters, dated 4th October, 2005 and 21st February 2006 concerning my HcV status and treatment. The first shows that I was then not in receipt of any treatment, but was being observed with a planned ultrascan to be performed thereafter. The second shows that I had undergone a hysterectomy procedure (in December, 2005) and was 'doing well' post operatively.

94. The author of the second letter, Dr. Daripally (S.H.O. to Consultant A. P. Chilton) informed my G.P. (Dr. Wilczynski) that I had been found to have Hepatitis C of genotype 3A and that my HcV RNA load was then 420,000 iu/ml. My ultrascan had been conducted in November, 2005 and I was then being referred to Sister Skelton regarding treatment for HcV.

95. **EXHIBIT WITN4540011** (one page)

A letter dated 22nd August, 2006 from Dr. A. P. Chilton (Consultant in Gastroenterology and Liver Disease, Kettering General Hospital) to Dr. P. Wilczynski (my G.P.). This letter shows my having Hepatitis C of Genotype 3a, which arose as a result of 'probable transfusion,' or such was the belief of Mr. Chilton at that time.

96. Mr. Chilton stated that, *"As Caroline has potentially contracted her Hepatitis C from a transfusional cause, she will be liable to a compensation payment from the Skipton Fund. I will send her some information on the Skipton Fund."*

97. This letter was also copied to Sister Skelton who subsequently assisted me with my application to the Skipton Fund, an application subsequently rejected on the grounds that there was insufficient medical support for the source of infection having been an NHS blood transfusion. As there was no surviving record, I was unable to substantiate the claim, despite the beliefs of a number of specialist clinicians, doctors, consultants and a specialist nurse.

98. **EXHIBIT WITN4540012**

A letter dated 21st March, 2007 showing that I had commenced HcV treatment with the combination therapy of Peginterferon and Ribavirin. The letter, written by Sister Skelton, showed how I would be monitored and assisted during this course of treatment.

99. **EXHIBIT WITN4540013**

A letter dated 10th September, 2007 from Sister Skelton, who had been overseeing my six month course of treatment with Peginterferon and Ribavirin to my G.P. in which she states that a test had returned 'negative' for Hep' C, but that it would be reviewed again in six months time.

100. **EXHIBIT WITN4540014**

A letter dated 8th April, 2008 from Sister Skelton to my G.P., Dr. Wilczynski informing the doctor that I had completed the combination therapy in August, 2007 and that having been tested again, she could say that I *"no longer had Hep' C."*

Statement Of Truth:

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

Signed: GRO-C

Caroline Ann Gallacher

Dated: 6-2-2020