Witness Name: Alice McMurray
Statement No. WITN5453001
Exhibits: Nil
Dated: 29 / 12 / 2022

INFECTED BLOOD INQUIRY

WRITTEN WITNESS STATEMENT

OF

Mrs. ALICE McMURRAY

I provide this statement in response to a request under Rule 9 of The Inquiry Rules, 2006 dated 17th August, 2022.

I, Alice McMurray, will say as follows:-

Section One - Introduction

1. My full name is Alice McMurray (née O'Hare) and I was born on GRO-C 1957 in Liverpool. I am a married woman, living with my husband Ian, at an address which is known to the Infected Blood Inquiry.

2. I had what could best be described as having been a comfortable upbringing, alongside my two sisters and brother in Merseyside, until my parents separated, following which I remained with my mother. She went on to meet someone else, someone who became my step-father, and we then moved with them from Liverpool to Glossop in Derbyshire, where they had another child together and moved us all on again, before settling down.

3. In so far as I am aware, and I have absolutely no reason to doubt this, neither of my natural parents had any health issues, such as haemophilia or any other blood borne ailment, and were generally both in good health. My mother, in particular, only ever had to go into hospital to deliver her children, although she did go on to have cancer and suffer a heart attack in later years. I have never been made aware of any historic health issues affecting my family and I, on either my mother or father's side.

4. Sadly, my mother died as a result of cancer, and my father, who developed angina in his later years, suffered a massive heart attack in the street, and he too passed away having apparently been running to a post officer tom collect his pension.

5. Our father obviously felt the strain of being separated from his children, as he placed an advert, seeking contact with us, in a Manchester newspaper – using our family nicknames to identify us. Our mother showed us the advert,' and said that whether or not we responded was a matter entirely for my brother, sisters and I – *"it's up to you,"* she said.

6. We did respond, and met up with him a few times, and then when I was aged about twelve, one of my sisters and I decided that we would have rather stayed with him than with our mum, so we moved back to Liverpool where dad ran a small shop.

7. With the benefit of hindsight, this was a poor decision on my part, but I was only young, and Liverpool then seemed more exciting as did the grocery shop he ran in Wavertree (to the South East of Liverpool city centre) – my sister and I loved playing with the groceries and in and around his busy little shop.

8. Our step-father (Tom) was a nice man who was very good for our mother, but moving away caused a lot of problems in their relationship, hurt them both, and as my mother missed and wanted to spend more time with us, she followed us back to Liverpool a short while later. She left our step-father behind in Glossop and moved in with her brother, just to be closer to us.

9. Tom went on into old age, and passed away naturally, but the impact upon him of our mother moving out had a long-lasting adverse impact upon him- he was left heartbroken by it all, and for this and other reasons which may become apparent, I now very much regret what my sister and I did by moving out.

10. I attended the Paddington Comprehensive School (since demolished) in the city, but did not progress on to higher education from there. Whilst growing up, money for us was tight, and as a family we simply couldn't afford to send us off to college or the like, and never really expected that to happen. Instead, we were encouraged to look for work from an early age, to find jobs to help out. I did what was expected of me, as did many others I grew up alongside, I left school at fifteen and went to work as an unskilled hand in a butter factory on Jamaica Street, Toxteth, L8.

11. From the butter factory, as a teenager, I left Liverpool to live and work in London, but again with the benefit of hindsight, this was not a good decision, as I will now explain, for amongst other things I fell pregnant and after only eighteen months away, found that I had to move back. I had the child, but went on to be diagnosed as having Hepatitis C (also referred to as Hep' C and / or HcV within this statement) as a result of treatment received at that time.

12. I intend to use this statement to tell the Infected Blood Inquiry if my infection with Hepatitis C, the nature of this illness and how it has affected me, the treatment I have received and its impact, and how Hep' C infection has adversely affected the lives of my family, friends and I.

Section Two - How Infected

13. My siblings and I were all relatively healthy growing up, and in particular none of us had any blood borne ailments to contend with. In general terms, we rarely, if ever required medical intervention, but there was one occasion, when I was only about seven or eight years old, I contracted some form of kidney infection for which I had to be admitted to the Manchester Royal Infirmary (or 'MRI' as it is more commonly known).

14. I was treated conservatively, there was no surgery involved I my care, and although I was hospitalised for some ten days, I only ever had to take some tablets. It wasn't long, but ten-days felt like ten-years to a seven-year old, and I found myself missing my mother.

15. When I got home after my discharge, I found that my mother had given birth to my brother whilst I'd been an inpatient. Fortunately, I made a full recovery with no apparent lasting effects and no further treatment was required. The only other times upon which I have been treated in hospital as an inpatient were all the result of pregnancies.

16. When I was 17, I left Liverpool and moved to London. I was a young woman who had come to dislike factory work, living at home with family, and felt that I could aim for, and achieve, far more than the life I was then living. Times were hard, at the factory the 'three-day-week' had been introduced, and there weren't many, if any, alternatives available locally. I had an idea that the streets of London were 'paved with gold,' so I left home, but they were anything but.

17. I found work as a barmaid in a London pub,' and whilst working there met and began a relationship with one of its customers. This man was a kind and generous boyfriend to me, but he was also a professional criminal, a gangster, and had absolutely no intentions of seeing our relationship through to its natural conclusion. I fell pregnant by him, but on learning of my situation, he wanted me to have an abortion, something I simply could not countenance, so we went our separate ways.

18. In 1977, when GRO-C months pregnant, with an unsupportive and by then absent 'father-to-be,' and finding myself needing some help as the pregnancy developed and I was unable to work to support myself, I returned once more to Liverpool. I'd been away for just eighteen months, and moved back in with my mother.

19. In London, I'd sought no medical advice or assistance for the pregnancy – I hadn't even registered with a GP whilst living and working there. Once home, and living with my mum, I went to our local maternity unit, The GRO-D Maternity Unit. I hadn't been referred by a GP, I just presented myself at the maternity hospital.

20. The staff there were absolutely furious with me. I was told that I should have been being looked after through a GP and that I should have been 'on their books' well before I had simply turned up. I knew that going to the hospital was something I had to do, and my mother had most probably encouraged me to do so, but I had by-passed the GP, had waited too long, and no one was very happy with me.

21. All the same, they put their apparent annoyance to one side and gave me an x-ray (there were no scans being used at that time), to see how things were developing with the child. It appeared that all was well, the pregnancy was progressing as it should have been, and I was then placed in their care in terms of monitoring the pregnancy thereafter, and for the delivery having been told to then "let nature take its course."

22. I passed a couple of weeks overdue, but was attending the maternity unit for fortnightly and then weekly check-ups. Maternity staff appeared concerned for the size of the baby, and problems I may have at delivery as a result, and at turned out to be my last weekly check-up appointment I was told that as the child was apparently very active, and obviously wanted to be born (albeit that my waters had not broken at that time), delivery would have to be induced.

23. On GRO-C 1977, the day before the delivery took place, I was admitted to the GRO-D Maternity Hospital as an inpatient, by appointment. I was supported by my mother and went onto a ward overnight, but received no treatment before being taken from the ward to a delivery suite the following

morning GRO-C 1977), although my waters had still not broken by this time.

24. I was a naïve young woman, soon to be a single mum, and was experiencing my first pregnancy at just twenty years of age. There had been times when I thought that I 'knew it all,' but I actually knew very little, didn't know what to expect, what would happen, or even what to ask. I was quite scared and almost wholly reliant upon my mother for support at this most anxious time.

25. On the night before the actual delivery, whilst on the ward, I'd been examined by the nursing staff, but no doctors. The nurses told me that I'd most probably have to be induced in the morning. I didn't really know what 'induced' meant, so I asked and was told that they would, give me something to *"bring your labour on,"* but I didn't ask *how* or *what* being induced may have involved. My mother told me that they'd most probably give me *"a jab, to start you off."* I didn't even ask if I could have an anaesthetic.

26. All of the information I received was given verbally, nothing written or printed to read, and I wasn't required to sign anything. As I'd engaged with the clinicians so late into the pregnancy, I'd not attended any classes to learn of what may happen. The following morning, I received no further information, didn't have to sign to give my consent to anything, I was just taken from one place to another to *"have the baby."*

27. I knew that I'd experience some pain, my mother had told me that, but she had also said that I'd forget all about it once the baby was delivered. I was young, fit and healthy but also very frightened.

28. In the delivery suite, I was given an injection by a midwife, to induce the birth. I was ok with this, as it was something I understood needed to be done, the baby was big, overdue and active, and having 'a jab' didn't bother me. I was told that they midwives would monitor me, which they did, and then after what I believe to have been a couple of hours, I began feeling uncomfortable – my waters had by then broken and I was going into labour.

29. Some four or five hours into labour, with nothing having happened other than that, a doctor (not a consultant) was called to attend to me. A doctor duly arrived, examined me, and then said that he'd have to go and consult with a colleague, but without actually having told me *why* or what he may have seen upon his examination of me.

30. This did nothing but add to my concerns, as had a change in my mother's facial expression at that time and the fact that the midwives appeared to have 'backed off.' I was concerned as I could tell quite clearly that something was wrong, but was more focussed upon my mother and how she was acting than on the clinicians as I perhaps should have been - asking the right questions of them, which I never had. I asked my mother what was happening, and all that she told me was that I needed a little bit of extra help.

31. I don't believe that I had been seen by a consultant before this time, either leading up to the delivery during the check-ups I attended, or when I had been admitted, but having apparently encountered some difficulties, and having been called by the midwives, one appeared.

32. This was Doctor or Mr GRO-D (whom I later believe to have become Professor GRO-D He approached me in the delivery suite with a welcoming smile, and appeared confident, competent and in control of whatever may have been going on. He told me that he'd be taking things over to ensure that everything was okay.

33. I'd been in labour for something in the region of four to five hours by this point, but had received nothing other than the medication given to me to induce the birth – no pain relief or any form of anaesthetic, not even some 'gas-and-air,' which meant that I felt everything that was going on, but it also means that my recollection isn't in any manner or form clouded by any drugs I could have been given.

34. Nor was I offered anything – I turned to my mother for help and advice, but she'd had all five of her children without any analgaesia, and as such had no expectation that I may have been offered any help.

35. When Mr GRO-D came in, and told me that he was taking over, there had been two midwives present, but one of them then left, escorting my mother out of the room with her as she did so. That left me even more worried, as I'd lost my only form of support, but I assumed that they had taken my mum out to explain what may have been happening.

36. The consultant examined me, and said that the delivery was in progress, but that the baby didn't appear to want to come out as it appeared to have 'got stuck.' He told me that he'd have to use forceps to deliver the child, to help get it's head out. The midwife who'd left with my mum then came back into the delivery suite, but my mother remained somewhere outside. I asked for her to be allowed back in, several times, but on each occasion was told that she couldn't.

37. An effort to deliver the baby was then made using forceps. I can only describe the experience as having been *'bloody awful,'* especially as I'd had no pain relief. Using the forceps didn't work and the child remained 'stuck,' so an episiotomy was performed through which a five-inch incision was made. The pain at this point was so bad that I passed out. I'd been laid on my back and as a result hadn't seen anything, just felt it, and then didn't know what was happening as I'd become unconscious. I can't remember anything else of the delivery.

38. I subsequently learned that after what had been something like seven hours in labour, and a failed attempt to deliver my baby using forceps, the episiotomy had allowed them to successfully use forceps again, and that this is how my first child, a girl, had been born – with me having been unconscious at this most important time for a mother and child.

39. The child had been born in the late evening, and I awoke the following morning. I was no longer in the delivery suite but back on the ward from which I'd been taken to deliver the baby. I was alone, in so much as there were no nurses around, and looking around my bed found that the baby wasn't there either.

40. Someone had been caring for me though, as I found myself in a clean gown, had been washed, and someone had sutured the wound which the delivery and its episiotomy had created (I later leaned that some twelve stitches had been required). I also had a catheter fitted into one of my arms, which was attached to what I took to be a bottle of blood on a drip stand – at least, the content of the bottle was blood-coloured.

41. The fact that I was being given a blood transfusion *was not* at that stage my primary concern – that was all focussed on my baby. Had the child been delivered ok, how was she, where was she, why wasn't she with me ... I wasn't thinking of myself and what may have been happening with me, but with what they had done with my child. I didn't even know if the baby had survived.

42. The blood I was receiving through a drip was on a portable trolley (it was on wheels), so with no one attending me, I went to them. I got out of bed and walked to the nurses' station of the ward, wheeling the trolley along with me.

43. I spoke to staff at the nurses' station, where a rather stern Sister ordered me back to my bed. I refused, demanding to know what had happened and where my baby was?

44. I was told that the child, a little girl, was ok but being cared for in a Special Baby Unit. I asked if she was fit and healthy, but the Sister seemed more concerned in me as her patient rather than the child as my daughter and the concerns I held for her. She (the Nursing Sister) was worried that UI may have dislodged something, and checked the blood transfusion and its delivery method, to make sure all was well, and kept asking me to go back to my bed.

45. I refused, and demanded to see my daughter, losing my temper with her as we spoke at the nursing station. I asked if she was 'fit and healthy,' only to be told that she had required 'a little bit of assistance,' which did nothing to alleviate my concerns. I was worried for her, and felt that I should have been with her, or her with me.

46. I returned to my bed, where the Sister checked that all was well with the transfusion, and where I again asked if I could see my baby, only to be told that I couldn't. I was on the bed, and the Sister had her hands on my thighs, effectively holding me in place as I tried to get up again as she told me that I had to stay where I was. There was something like twenty-five other women on the ward at that time, some with babies, others waiting to go to delivery, but as I lost my temper I disturbed them all, shouting and swearing at the nurse.

47. This Sister kept on at me about the transfusion, which I didn't care about, I only wanted to see my child, although I'd not been told anything of it previously, not even the possibility of one being necessary, I simply wasn't worried about that, didn't care that I may dislodge it, I only cared for seeing my baby.

48. The Sister, having returned me to bed, left me, but after only three ort so minutes, I got out of bed again, took hold of my trolley, and went to find my baby. I wasn't thinking logically, just panicking, desperate to find my daughter.

49. At one end of the ward was a small nursery, I went there, but my baby wasn't present, so I walked back down and out of the ward, walking up and down looking in various places to see if I could find her. Walking was painful, and I found that I felt quite weak, but I needed to find her. The Sister came after me, and realising that I wasn't taking 'no' for an answer but was just getting ever more angry, she explained to me that the labour had been long and difficult and that my child had been found to be jaundiced at birth.

50. She told me that she'd take me to see her, and escorted me to a room in which she was being cared for, in a cot, under a lamp. The Sister explained that she was there for the best and was well cared for. Seeing that all was well, happy that I'd seen her and relieved, I returned to my bed as the Sister wished. Following this, I was allowed to visit her a couple of times each day whilst she was kept away from me receiving treatment, which lasted for some three days in all.

51. After my having first seen my daughter, my mother came in to visit me on the ward, shortly before midday. She explained to me what had happened, as best as she could, not any of the doctors, nurses or midwives, but I wanted to know what had happened and why, from the doctors. I had asked the ward nurses *'what had happened'* or perhaps more importantly, 'what had gone wrong,' but was only ever told that I'd have to wait until the doctors had conducted their rounds.

52. When they eventually visited the ward, someone in Mr GRO-D team, not the consultant himself, examined me, and I was finally able to ask some questions. This doctor told me what I already knew, that I had needed some assistance to give birth to the child. I asked about the size of the cut that had been made, whether it would heal, and why I was being given blood?

53. I was told that I had lost a lot of blood during the course of the birth, and that it would not be an easy journey for me to heal, it would take time and be quite uncomfortable for a while, but, that I had a new baby which I then had to look after which would occupy my time. I specifically asked, and was told that I'd received no pain killing medication, not even paracetamol.

54. The following day, Mr GRO-D himself, rather than a member of his team visited me on the ward and further explained what had taken place. He told me that it had been necessary for them to cut through three skin layers to provide for sufficient space for the baby to be delivered through, using the forceps. He

told me that as a result of the episiotomy, he'd had to secure the wound with both external and internal sutures, the latter of which I didn't fully understand.

55. I asked if I would heal, and was told that given time I would, but that I'd always have a noticeable scar as a result. This concerned me, looking ahead, so I asked of it would adversely affect my having any other children, but he reassured me by saying that everything in that regard 'would be 'fine.'

56. I also asked about the blood transfusion. Mr GRO-D old me that I had had to be given blood in order to keep me alive as there'd been considerable blood loss during the delivery. In all, I recall having three (definitely) or four (possibly) bottles of whole blood, given to me by transfusion whilst I was an inpatient, and remained in hospital for some ten days – the transfusions having taken place over the first couple of days.

57. I was not told anything of the likelihood of my needing a blood transfusion pre-delivery, and had not been approached to consent to this taking place – when I woke up, post-delivery, it was already happening. I was young, knew very little of medical matters, and had been fairly unquestioning of anyone treating me. I certainly didn't know of any risk which may have been associated with my having been given blood, but nor was I told of any.

58. In was told that I would need to return to the hospital to have the wound checked, but that otherwise there would be no problems and I would make a full recovery.

59. During the course of the post-natal check-up appointments I attended, blood was taken to be tested. I didn't know *what* it may have been tested for, but simply assumed that it was being used to monitor my progress back to full health having had a baby and didn't question it.

60. During one of these visits, I was told that there was *"something strange"* with the blood test results and that it was possible that I was going through an early menopausal change. I was only twenty years old, and thought this a little odd, but a couple of months later some blood was taken for testing through

my GP's practise, and I was then told that the results were fine, so I didn't think any more of it.

61. This would have been in late 1977 / early 1978. I wasn't diagnosed as having contracted Hepatitis C until 1993.

62. When my daughter was ten months old, I met Ian, my long-term partner and someone who was a friend of my brother who'd come to decorate our home. Ian and I got together, and later (1988) married. We've now been together for over forty years.

63. I experienced no further 'complications' with the births of the two children I went on to have by Ian, both sons, the first in 1979 followed by another in 1982. Both were born in the GRO-D Maternity Unit under the care of its consultant, Mr. GRO-D

64. Because of what had happened before, Mr GRO-D kept a close eye on my progress with each of the above pregnancies, and was present at each birth. He saw to it that throughout each pregnancy, their size and development was monitored and I was monitored with blood tests and blood pressure being checked alongside more general care and inquiry of me.

65. It took a little time, but I had made a good recovery following my daughter's birth and was still young, fit and healthy. The boys pregnancies progressed well and as would have been expected of any normal pregnancy and they were both born healthy children- there was no reason to believe that anything untoward may have been present, as a legacy of my first birthing experience.

66. I only ever had to go to hospital regarding childbirth, nothing else, and had no underlying health issues. My parents had both been fit and healthy people without any background health concerns within their respective families, and I had not exposed myself to any of the known 'risk factors' for contracting Hepatitis C and / or any other blood-borne viruses. I have absolutely no reason to believe that the father of my first child had exposed himself to any of these risk factors, and my husband certainly hasn't.

67. The only health 'scares' I can think of, was the initial question mark raised as to my entering the menopause early, which arose shortly after my daughter had been born, and then issues which arose as a result of cervical smear testing.

68. It appeared that each and every time I went for a cervical smear test, the results came back noted as having been 'unusual,' but nothing more, and with nothing more ever having been explained to me by way of any definitive diagnosis. As a result, rather than having to submit to routine testing every five years, I had to have an annual test.

69. It appeared that there were some indicators, nothing more, of potential cancer, so I required more routine monitoring than other women. I was monitored through my GP (then Dr Singh of the Hampstead Road Surgery), but nothing more was required and in particular no blood was taken for testing as a result.

70. My husband and I had for some time, been involved with youth groups and volunteered as youth leaders operating through our local church. In the summer of 1993, we attended a barbecue but I felt unwell, had diarrhoea and was vomiting. I went to see my GP whose initial thoughts, when hearing that I'd been at a barbecue, were that I had food poisoning. As a consequence, I was told to give it twenty-four hours, to see how I was, given time.

71. My condition did not improve, and two days on I found that in addition to the diarrhoea and vomiting, every part of my body hurt. Additionally, my skin appeared jaundiced and the whites of my eyes had yellowed. I went back to the GP who took one look at me and referred me on to the Royal Liverpool Infirmary (or the 'RLI' as it was locally known, now the Royal Liverpool University Hospital), providing me with a letter and telling me where to take it.

72. As a consequence, I didn't have to go in through Accident and Emergency (A&E), but was able to by-pass the waiting and go straight to a first-floor ward, having reported to reception. I cannot now remember what sort of a ward it was (i.e. to which department its beds may have been assigned), but both my sister and husband went with me, so that one (my sister) could stay at my side when the other (Ian) had to leave for work.

73. I told the staff there what had happened, what I had experienced and how I looked, together with the fact that Dr Singh had thought it to have been food-poisoning, so we'd waited to see if I would improve, only for my symptoms to have actually worsened.

74. I hadn't expected to have been admitted, so I had travelled with no overnight bag or any other essential items for an inpatient, but I was admitted and placed in a ward side room, separated from any other patients, almost immediately.

75. I told the staff what I had experienced and handed over the GP's letter, which they read, and was told that they would 'run a few tests' to find out what was going on. I was asked if anything had been 'going on' with my blood recently; whether I'd been in hospital or travelled abroad? My answers to their questions were all 'no,' as I could not help them beyond what I knew. They seemed to believe that I may well have had food-poisoning, but erred on the side of caution and admitted me to investigate – to which I willingly gave my consent.

76. I remained in the hospital for some three weeks whilst tests were conducted and I was examined, but all without any result. Blood tests returned 'irregular' results, but nothing specific appears to have been diagnosed. The likelihood of my having contracted some form of tropical disease was explored, but I'd

not been overseas. It was clear that they believed 'something' was amiss, but they couldn't find what it may have been.

77. After three weeks, then feeling better and 'back to my old self,' with no diagnosis, I was discharged, but was to return the following week to see one of the clinicians who had been observing / testing/ examining me, a Dr Richards, and have another blood test.

78. Dr Roberts then told me that they had established what the problem was, I had contracted Hepatitis C. He asked me if I'd heard of Hep'; C, which I told him I had, and he then asked what I knew of it? In my ignorance, I told him that you become unwell for a while, and then die.

79. Dr Roberts explained to me that HcV wasn't like that, and went into some detail with me about this virus and how it could present itself in someone. This was purely a verbal explanation, much of which went straight over my head as I had some difficulty understanding exactly what UI was being told – I had been rather taken aback at being told that I had hepatitis, and was in a state of shock, so I didn't take it all in. I wasn't given any printed information, no pamphlets or booklets, nothing.

80. The doctor told me that he would have to perform a liver biopsy to assess what damage the virus may have caused, to which I agreed.

81. On the one hand I was in a state of shock and didn't really know what had happened, and on the other I was angry. I hadn't asked the doctor *how* I had come by this disease, but left the hospital for home where I questioned Ian as to his conduct – had he passed it on to me, what had he been up to? It was wholly unfair and without any basis, but I knew no better at the time and hadn't really understood too much of what I'd been told.

82. My husband defended himself, he'd had no part in my infection but I hadn't understood that at the time. Returning to the hospital to see Dr Roberts again, I told him that I had challenged Ian, who had denied any involvement in my becoming infected, and asked how I had come by the condition?

83. Dr Roberts explained to me that the ailment was generally not sexually transmitted from one partner to another but carried in the blood or in blood products. I explained that in 1977 I had been given several units of blood when I had given birth to my daughter, and he explained that although no 'look-back' exercises had been conducted going back that far, he believed that the blood I had been given would have been the most likely source of my having been infected.

84. The doctor said that he had been looking back through my medical records, but had found no trace whatsoever of my ever having been given blood, although hearing what I told him he assured me that it was the only likely source.

85. I asked how I had managed to live with such a damaging virus for so many years, without it having become apparent any earlier, only to be told that it is a condition which can lay dormant for many, many years before suddenly appearing without warning which is exactly what had happened to me.

Section Three - Other Infections

86. I have no reason to believe that I have received any other infections as a result of my having ben given contaminated blood by the NHS.

Section Four - Consent

87. I do not believe that I have ever been treated without my knowledge and consent, or in the absence of sufficient information, save for the occasion when I found myself being given a blood transfusion post-delivery of my daughter in the circumstance I have previously described. I had been given no indication that this eventuality was even a possibility when I entered the hospital, and had not been asked for my consent in that regard.

88. I have no reason to believe that I have ever been tested, in some manner or form, including through blood having been taken, for the purposes of research to which I have not provided my consent.

89. I have willingly given blood *'for testing'* in the circumstances previously described but cannot say that when agreeing to provide blood, ever knew or understood *what* it may have been being tested for or *why* clinicians may have been concerned that I had any particular ailment – I was never told and had no reason to, or was too naïve to ask. I do not believe that this necessarily amounts to my having provided 'informed consent.'

Section Five - Impact

90. Accusing Ian of having been 'sleeping around,' came as a result of my thinking that Hepatitis C was something akin to HIV and / or a sexually transmitted disease of some form, as in my ignorance of the condition this is what I thought, and whatever Dr Roberts may have told me at the time just hadn't sunk in.

91. I was lucky, as Ian was extremely understanding, had he been anything other than that, a great strain could have been placed upon our relationship, but he *understood* that it was not sexually transmitted and *knew* that the virus had had nothing whatsoever to do with him.

92. Dr Roberts, at that time had no treatment plan, as there was apparently no remedy for Hep' C in 1993. Instead, he proposed a régime of monitoring, to assess how and to what extent the virus may be progressing, using liver function tests (or 'LFT's,' using blood testing) and liver biopsies.

93. In all, I had three liver biopsies under Dr Roberts, two at the RLI and then one at home. The first two were each performed at the RLI, and took place about three months apart with the third, a further three months on, having taken place at home. All three took place in 1994. The first two, although leaving me uncomfortable, as a biopsy is never painless, went as planned. The third, conducted at my home, did not.

94. The home-biopsy was performed by someone who appeared to me to have been a junior doctor, or at the least a young doctor who came from the RLI with his equipment, but who was operating alone. It felt to me as if he 'double-pinched' my liver when he conducted the procedure, and which was extremely painful. I experienced a searing pain, collapsed and to be taken to the RLI as a result. They kept me in for some three days as the biopsy had caused a bleed, albeit, apparently only 'slight.'

95. Prior to the false 'food-poisoning' incident and the month of investigations I went through before being diagnosed as having HcV, I hadn't knowingly experienced any Hepatitis C symptoms. Following the diagnosis, I just got on with things, as a busy mum to three children, and knowing that there was no actual cure. However, once the third liver biopsy had been undertaken, I experienced some liver pain, or pain in the region of my liver, but that was all.

96. Dr Roberts hadn't really told me what symptoms to look for, so I hadn't done so, I just tried to carry on 'as usual.' He did, all the same, tell me that HcV could be life-shortening which, with three children and a husband was a worrying prospect, especially as *how* life shortening could not be quantified.

97. It wasn't for a further ten years until I started having problems, by which time my husband and I had left Liverpool for the Wirral Peninsula a short distance away.

98. In 2003 I began to suffer with some health issues, but there was never anything specific to link them – it was what you could perhaps best describe as having been 'general poor health.' On occasions I just felt tired, on others I was suffering with chronic fatigue and found myself feeling totally drained. I lost weight, quite dramatically, when I was eating well and hadn't been trying to diet or loose weight and despite my best efforts, I couldn't put it back on. At

times I was so lethargic, I couldn't be bothered or bring myself, to get out of bed. If anything was 'doing the rounds,' any bug that was being spread locally, I got it. No matter how careful I was to avoid doing so. I couldn't fight any infection I may have picked up.

99. It went on for some time, gradually getting worse, different things happening at different times and with gaps in between, so there was no apparent link between the issues I faced at any given time. I went to my GP's surgery each time, but they merely sent me to hospital, telling me that they couldn't treat someone with Hepatitis C. I was admitted a few times, but only ever monitored, never treated, at least not with anything other than antibiotics.

100. Throughout this time, although I had moved, my care had remained with the RLI and Dr (later Professor) Roberts, but eventually it had to move to The Arrowe Park Hospital on 'the Wirral' when my GP's practise changed to the Estuary Medical Centre.

101. Health problems continued, and my overall health and physical well-being slowly deteriorated, but in the absence of any treatment, for many years there was nothing that could have been done -m at least, nothing had been offered to me.

102. In 2009, having been placed under the care of Dr Ramandon at Arrowe Park, I was told that the root cause of all of my issues needed to be dealt with rather than various, ultimately unsuccessful, efforts made to tackle the separate problems I had been encountering. He told me that Hepatitis C was the prime mover for all of my ailments, and that they (the clinicians) needed to stop looking at *'little things,'* to concentrate on the *'bigger picture.'*

103. Mr Ramandon was a Hepatology Consultant at the Arrow Park Hospital, and from that point onwards it was always him that I saw when being referred through my GP.

104. Mr Ramandon told me that in the United States of America (USA), things regarding Hep' C were looking far more promising for patients as a new means of treatment had been trialled, and although not successful for everyone, had proven successful at ridding others of the virus. As the infection affected people differently, so too did the cure -working for some but not for others, or so it appeared, and although the treatment came with side effects, he was hopeful that a remedy would soon be developed and made available for use in the UK.

105. In October, I was placed in the care of a Clinical Nurse Specialist, Sharon Matthews, who would take on the responsibilities for my day-to-day care, when Mr Ramandon offered me as course of treatment using a combination of two drugs, Interferon and Ribavirin, neither of which I had ever heard of. Sharon worked out of Mr Ramandon's clinic at 'The Arrowe.'

106. By this time, my health had deteriorated to the extent that UI had become quite vulnerable and was prone to catching anything – I was unrecognisable for the woman I am today, and was struggling to look after my children, let alone myself. I was finding it hard to function and was desperate for anything which may have helped, and although I knew that it came with side effects and didn't work for everyone it was given to, I agreed to take the treatment course.

107. The treatment course required that I inject myself with Interferon once a week and take a daily Ribavirin tablet. I was supplied with the necessary medication through the hospital (a six-week supply at a time, against prescription), kept the Interferon in my fridge, and was shown how to administer it by Nurse Matthews. The first 'jab' was given to me in the hospital, by Sharon, showing me 'how,' and then it was up to me.

108. I felt that self-administering was the best for me, taking into account, my personal circumstances at that time and the fact that I wouldn't have to go in and out of the hospital all of the time. I was a little apprehensive at self-administering, but felt confident enough to give it a try. I had been told that I'd need to take a twelve-month course of treatment, but that its effectiveness, or otherwise, would be monitored, as I would whilst on the course, through monthly check-ups through the clinic.

109. For the first three months everything progressed well, and the drugs appeared to be working, both in terms of how I felt myself and what the blood tests were showing from my monthly monitoring sessions. I saw Sharon each time and she was very thorough, not only taking the blood for testing but also checking on my overall health, asking how I had been keeping physically, mentally and emotionally, which no one had ever appeared concerned about before.

110. I felt that the treatment course offered real hope that I'd beat the virus, so I kept going, but then things started going downhill. I became vulnerable again, as I had been before – prone to catch any bug that was going around. I didn't have to be hospitalised, but I wasn't well, even having to call a GP to my house on more than one occasion, but I was encouraged to persevere with the treatment, at least to 'give it six months,' so I did.

111. After the encouraging signs of the first three months, the second three months were awful, and the side effects then also kicked in as I felt ill all of the time and felt that my own head space wasn't my own, so I found it very hard to concentrate on or even care for anything in particular, my mental and then physical well-being deteriorated and I wanted to quit.

112. My family, the children and my husband, all sought to encourage me to carry on, despite how I felt and the repeat illnesses I experienced, so I did, but I really do not know how as I felt dreadful and at times unable or unwilling to do even the most simple of tasks.

113. I managed to complete the full course, then had a blood tests which revealed that I had managed to rid myself of HcV, but then had to wait for another to confirm or refute the results. It was an anxious wait, but the second test also came back as my being HcV negative.

114. Sadly, these positive results were only short lived, as a third test revealed that Hepatitis C was still present, the twelve months of misery I had endured whilst taking Interferon and Ribavirin had all been in vain, I still had Hep' C.

115. It was now 2010, and I just wanted to get back onto my own two feet and try to resume some sort of normal life, but I'd found it all really exhausting, both physically and mentally, and having been told that there was then no alternative means of treatment available, left little hope as I looked ahead. This was all there was, all there had ever been, and it had failed.

116. Having been cared for throughout the course by Sharon, she was then withdrawn from me as there was no requirement for any of the ongoing screening checks which she had overseen before, so I lost contact with her. I still went to the hospital for quarterly monitoring tests – the now familiar tests through which an assessment of the strength, weakness and / or damage being caused by the virus was monitored, but nothing else and these tests went from three-monthly to six-monthly soon thereafter.

117. As time went by, each time I became unwell, I would go to my GP for help, but it was getting to a stage by then where I was questioning the point of my doing so – there was nothing he could do, I had Hep' C not 'flu or tonsillitis, there was nothing that a GP, no matter how well intentioned, could do for me.

118. On one occasion of my visiting the GP's surgery, I was so weak that I simply couldn't walk, and had difficulty breathing, it feeling as if I'd been slammed into a brick wall. An ambulance was called and took me to The Arrowe where doctors wanted to admit me, but there was a problem in doing so as they did not know where to place a patient with HcV amongst the general hospital population. Eventually they found a place for me, and I was admitted, but they were always very careful where I was placed and by whom I was treated, preferring to house me on their dedicated Hepatology Ward – on this occasion I recovered, was discharged and went back to try to carry on with my life as I always had before, there was nom cure so I just had to get on with it, again.

119. This went on for some ten years, health ups-and-downs, no real hope of a cure, just day-to-day coping with a serious ailment as best as you can, on your own, at least in terms of medical support and treatment.

120. By 2019, I had given up hope of there ever being a remedy which I could take that would prove successful. As had happened numerous times before, I contracted an illness, went back to my GP's, and was referred on to The Arrowe. Here I found that Mr Ramandon had retired and that a new consultant was running the Hepatology Department. He explained that a new remedy had become available, and offered to place me on a course of treatment with the same.

121. After my first experience of Hepatitis C treatment, I was both sceptical and as a result quite reluctant to enter into a new course, so I declined, and the doctor, despite doing his best was unable to persuade me otherwise. All the same, I was reintroduced to Sharon Matthews, still the lead nurse on his clinic. As had become standard practise, some blood had been taken for

testing, and I had to return for the results. When I did so, Sharon came to see me and we discussed the new treatment.

122. Sharon managed to convince me to go on the treatment course, telling me that the side effects of the new drug were minimal and certainly nothing like those I had experienced before. I accepted the treatment and was put on a course of Zepatier.

123. Unlike the combination therapy, there were no injections, just daily tablets. As before, I had to have regular blood tests as a efficacy monitoring measure, all overseen by Sharon, but that was it – no more, no less, and no side effects.

124. I completed my treatment. Over the first three months of the course, I hadn't got my hopes up, especially after what had happened the first time, which kept playing on my mind, worrying that it would come back just as it did before. I kept up the now familiar monitoring régime through Sharon, who was fantastic, always there or available, and very supportive of me.

125. The blood tests results each showed an HcV- result, and kept coming back negative as the course progressed. My fears were completely dispelled, the course was successful and eradicated the Hepatitis C infection.

126. However, sometime in June / July 2022 I had to be admitted to hospital for an unrelated matter where as doctor told me that whereas the Hep' C had gone, and my six month Zepatier treatment had been completely successful, HcV had nevertheless caused a good deal of damage whilst the virus had been active within me, and 'live' over so many years.

127. I am concerned for any lasting damage which may have been done to my liver. The hospital only perform LFT's on request, my last having been in around February, 2022, but I believe it to have been a=ok, as nothing

untoward was reported to me and no intervention was required. I am currently hoping that the hospital will conduct an ultrasound scan, just to establish what, if any damage has been caused and to what extent this may be.

128. Being infected with Hepatitis C has cost me a career and otherwise impacted u[pion my employability. I commenced work for a charitable organisation, one assisting and dealing with persons with disabilities, and a group which I helped take a long way forward, but as I was doing so, my own deteriorating health slowly but surely got the better of me.

129. The group and I used to manage a number of young people experiencing a diverse range of disabilities and ailments. We'd take them on holidays, offered 'adventure activities,' and had to fundraise and attract sponsors to fund these operations.

130. This was a charitable organisation which my husband and I had been instrumental in establishing and were successfully nurturing and expanding up until the time when I fell foul of the 'food poisoning' incident. It was something which I had hoped to do for the rest of my life, but it all went down hill as I found myself unable to dedicate the time and energy to it that it required.

131. At the same time, I had a job in a college where I worked with students, something I really enjoyed and a role I hoped to develop, but having found myself too unwell to continue, I had to step back, taking myself off of the likely promotion ladder and eventually had to stop altogether.

132. Having become too unwell to work, my family and I became financially disadvantaged as we only had one wage coming in (Ian's income) rather than the two we should have had. We tried our best not to let this impact upon our children, but sacrifices had to be made and our annual holiday was only ever a camping trip rather than a journey abroad.

133. In 2021, whilst an inpatient on a women's ward at the Arrowe Park Hospital on an unrelated matter, the patients were all being given a pampering

session, but of the nurses told me that I could not join in. I was quite annoyed at being singled out like this, so I went off of the ward and called Sharon. Later that same evening, the same nurse again challenged me regarding how I was conducting myself, so I asked her what her problem was?

134. The nurse told me that as an HcV patient, she had to look after the other patients on the ward and that I should not have been having any contact with them. I was really annoyed, as by then I was 'clear' of Hepatitis C, so whatever the circumstances, there was no need for me to have been pushed aside like this, but clearly there was something written on my record that had not been changed or removed – in so far as this nurse was concerned, I still had Hep' C.

135. I reported this situation to the ward matron and Sharon, and the matron expressed her surprise that anything like this could have happened. Apparently, the nurse involved had made a note on my records that I had 'become upset' and 'gone for a cigarette' as a result (which was when I called Sharon). I was fuming, she had made no note as regards my alleged HcV infection and her conduct towards me as a result, and I should not have been identified to the other patients as a 'high risk' patient in the manner I which I was, especially as I wasn't.

136. I feel that her actions, which left me feeling humiliated before my fellow patients, was wholly uncalled for. It shows how people can change their attitude towards you as a result of the slightest piece of misinformation. It's indicative of how people who misunderstand conditions such as AIDS or Hepatitis look at and treat people differently if they think they may be infected. With HcV, at times I felt that I was being looked at as a drug addict, people would stop talking to you, there was a dreadful stigma wrapped around these conditions, and to a certain extent, still is.

137. I had told my children and other immediate family members of my infection, but having been ostracised by some, didn't tell anyone else as I simply did not want to attract any adverse reactions – we kept my condition to

ourselves and only ever told those who 'needed to know' out of concern for how folks might react.

138. Post diagnosis, I was unable to secure life insurance, and that in turn affected our ability (that is Ian and I), to get a mortgage. Because of Hepatitis C, travel insurance was also effectively out of my reach as it was simply too expensive.

Section Six - Treatment / Care / Support

139. I do not believe that I have been disadvantaged in so far as my getting treatment has been concerned, but there have been many times when I have faced embarrassment for having Hepatitis C and having to declare it to others (GP's, dentists and so on).

140. Many years passed between my having been diagnosed as having Hepatitis C and its successful treatment. Over those years I experienced major variations in my personal health, and with that my mental and emotional stability. Whilst being treated, Sharon Matthews showed some concern for my mental and emotional condition, but that aside there was no psychological support offered or provided, whether on treatment or at any other time – I was just left to get on with it, and did so as best as I could.

141. I believe that some form of psychological support, or at the very least monitoring of a patients emotional and mental state, should be an integral part of the care of people with longstanding conditions, especially those for which there may not be a cure at the relevant time.

Section Seven - Financial Assistance

142. I learned of the existence of The Skipton Fund through a friend who sent me their details once I had been diagnosed. This was someone in my inner circle of close friends in whom I had confided, so it was nice to have been supported as she did, but it should have come from the medical authorities,

through the hospital. If my friend hadn't have known of them, I may never have found out.

143. I applied to the Skipton Fund, who asked for me to provide documentary evidence of having been given a blood transfusion, even though this had taken place many years before and the hospital no longer existed as it was.

144. I wrote to the relevant authority and was told that the records had been transferred from GRO-D to a storage unit in 1997. Following this, a fire had occurred at the storage unit, and all records had been destroyed.

145. I therefore went to my GP, but he held no records of the blood transfusion many years before and from a time when I was being treated through a different surgery. In short, no historic records existed.

146. I therefore approached those who were then treating me. They were quitter happy to write that my infection had not emanated from intravenous drug abuse, and that I was in a long-term, long-standing relationship with Ian. I also had the scars which remained from the delivery and offered all to the Skipton Fund, but they nevertheless declined my application for want of supportive documentary evidence from the time.

147. I found the Skipton Fund to have been most unhelpful, one employee I spoke to even telling me that it wasn't their problem that I couldn't find my records. They made me feel as if it were my fault that the records had gone, which should never have been the case, but I was stuck with a lack of records and an intransigent organisation, so I stopped pursuing the application any further.

148. Of more recent times, I have applied to the England Infected Blood Support Scheme (EIBSS), and they too asked for copies of the relevant medical records, seeking evidence from a doctor or consultant who had treated me. I approached Sharon for some help, and she subsequently told me that she had sent some documents to the EIBSS, but when I enquired, I

was told that they had received nothing. My application to the EIBSS is therefore still ‘outstanding,’ but in light of what occurred with the Skipton Fund, I am not optimistic.

Section Eight - Other

149. I feel that my experience at the time of my daughter’s birth is something of a double-edged sword. One the one hand I needed the blood I was given or I may have died; and had they not intervened as they did, causing the cut which caused me to bleed, my daughter may not have survived. On the other hand, the blood I was given had been contaminated, so I contracted Hepatitis C as a result.

150. I sometimes wish that they hadn’t given me any blood, but then reflect on what may have happened had they not done so.

151. I have spent a long time considering what I needed or wanted to say to the Inquiry, and it has not been a comfortable experience going back over these events and the manner in which it has impacted upon my family and I, and can honestly say that I have never been as candid as this with anyone before. It’s been difficult, but I am grateful that the Infected Blood Inquiry have given me this opportunity and platform from which to tell others of what happened in my case – I just hope that it now serves to help others.

Statement Of Truth

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

Signed: GRO-C

Dated: 29/12/22