

ANONYMOUS

Witness Name: **GRO-B**

Statement No. WITN7204001

Exhibits: WITN7204002 WITN7204004

Dated: 18th October 2022

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF **GRO-B**

I provide this statement in response to a request under Rule 9 of the Inquiry rules 2006 dated 20th September 2022. I adopt the paragraph numbering in the Rule 9 request for ease of reference.

I **GRO-B** will say as follows:-

1. Introduction

1. My name is **GRO-B**. My date of birth is **GRO-B** and my address is known to the Inquiry.
2. I am providing witness on behalf of my mother, **GRO-B: M** (dob **GRO-B**) who cannot do so herself due to her ongoing health problems. My mother and I live together.
3. My mother was a very hard-working person before her health deteriorated. She has been left with disabling health conditions that have left her bed bound, (I refer to her current medical conditions in Section 5, entitled 'Impact' of my witness statement as per Rule 9 of

ANONYMOUS

the Inquiry Rules 2006 – health conditions related to hepatitis B, and how they impact on my mother).

4. I feel it is very important to add this here in the *Introduction*, because I want the Inquiry to know ‘*why*’ I wanted to get involved with the Infected Blood Inquiry on my mother’s behalf.
5. I only found out in June 2022, that my mother was infected with the hepatitis B virus. It was a shock to learn ‘*how*’ she became infected, and this made me feel very angry.
6. Although the investigations and the Infected Blood Inquiry have been ongoing since 2017, I however was not aware of the Inquiry until after my mother and I had found out she was infected with the hepatitis B virus. (Hence, why my witness statement has been submitted so late into the Inquiry). Otherwise, I would have also put myself forward as a witness much earlier in the Inquiry.
7. It was only after my research into the hepatitis B virus, that I also learned of its long-term damaging health effects on the liver. I was also shocked to learn that victims of the hepatitis B virus were not being taken as seriously as hepatitis C victims, even though both hepatitis B and C cause the same damaging serious liver diseases. This was something my mother’s GP confirmed to me, and a few other medical doctors I spoke to. This is what made me determined to get involved.
8. It is also not true that the hepatitis B virus ‘clears’ from the system. The virus lives in the body for life and goes on to cause damaging effects on the liver, including other related health conditions, which I have explained in more detail later in my witness statement, when I explain about my mother’s other health conditions.
9. My determination to get justice for those infected with the hepatitis B virus, also led me to write to Sir Robert Francis, so I emailed Sir Robert

on 22nd August 2022. I exhibit my letter to Sir Robert Francis at exhibit WITN7204002 and the response I received from David Kirkham, Secretary to the Infected Blood Compensation Study on behalf Sir Robert dated 30th August 2022 exhibited at WITN7204003.

10. My email to Sir Robert Francis contained information about how my mother's health had been impacted because of the hepatitis B virus. It explained the injustice of those infected with the hepatitis B virus by the NHS and why those victims are not being taken as seriously as those infected with hepatitis C by Sir Robert Francis, or indeed, by the Infected Blood Inquiry, when medical evidence proves that both hepatitis B and hepatitis C have the same damaging effects on the liver. This was something confirmed to me by medical doctors, including my mother's GP [GRO-B], and is also heavily documented in many published medical journals.

2. How Affected

1. In January [GRO-B] my mother had a hysterectomy operation at the [GRO-B] [GRO-B]. She was [GRO-B] years old at the time of the operation and I was [GRO-B] years old. I remember it very well, including the occasion when my mother started to haemorrhage very badly, and an ambulance had to be called. My mother is now [GRO-B] years old.
2. My mother was admitted into the [GRO-B] on the [GRO-B] [GRO-B] and the operation was performed on the [GRO-B] [GRO-B]. She was in hospital for twelve days and discharged on the [GRO-B] [GRO-B]. As a result of this operation, my mother had a blood transfusion and she and I both believe, this was when my mother was infected with the hepatitis B virus.

3. My mother's Consultant at the [GRO-B] was [GRO-B] [GRO-B] is mentioned in a previous Inquiry, which was led by Dame Anna Pauffley. Dame Anna Pauffley was appointed by the Department of Health in September 2002, to investigate a very serious allegation of bad mismanagement and misconduct of the NHS. This included the [GRO-B]
4. The comments I make in Section 8 of my statement, are extremely important, and I wish them to be considered as part of the Infected Blood Inquiry. It raises serious concerns of the 'culture' in the NHS and the way in which they handle complaints. The Inquiry led by Dame Anna Pauffley, highlights how female patients were treated with utter disregard. A senior female nurse also raised serious allegations against the Consultant the Inquiry were investigating, and details are logged in detail in the final report.
5. Unfortunately, I do not have my mother's hospital records, due to the hospitals destroying evidence of blood transfusions. However, I did discover in my mother's GP records, a discharge summary from the [GRO-B] exhibited at WITN7204004 from [GRO-B] my mother's Consultant, to her GP at the time, [GRO-B] [GRO-B] which provides medical information that reports my mother was admitted with dysmenorrhoea. This is a very painful condition linked to women's health problems. Her blood pressure was at a very high rate, 140/100 and her pulse was very fast - 120 per minute. I also remember that my mother was haemorrhaging very heavily prior to the operation.
6. The medical evidence also mentions that my mother had a large endocervical polyp, a bulky and anteverted uterus, and that she had suffered from heavy bleeding some five years prior to being admitted into hospital for a hysterectomy. This is also documented in my mother's GP records by [GRO-B] our then family GP as early as the late [GRO-B] prior to the operation.

7. I do not have records from [GRO-B] as I did not think that the hospital would provide me with any records from [GRO-B]. I believe the hospital were writing back to patients, saying that the records no longer existed but my solicitors, Watkins & Gunn have since made a further request for these records and await a reply from the hospital Trust.
8. The same thing happened, when I requested my father's medical records from the [GRO-B] where he had an operation in the mid [GRO-B]. The hospital responded to me saying, that they did not have his medical records any longer, and that it was too long ago. My father's GP medical records for the period [GRO-B] have also gone missing, and at present, I am in the process of trying to locate these records with the assistance of his current GP. I believe that other witnesses to the Infected Blood Inquiry have had similar experiences with medical records and records being tampered with destroyed and disappearing.
9. I believe the reason my mother needed an operation, was due to the medical professionals convincing her that she needed to have a [GRO-B] fitted to prevent further [GRO-B]. They told her that having a [GRO-B] was 'very safe', but in fact, this was untrue, and caused serious women's health complications for her, which consequently put my mother at risk of haemorrhaging. She suffered severe pain with heavy bleeding, severe period cramps, and was eventually put through an extremely stressful hysterectomy operation, which also put my mother at risk of a blood transfusion and consequently she was infected with the hepatitis B virus.
10. After the operation in [GRO-B] my mother started to have a very bad itchy skin rash which continued for many years, and she never understood why she had this rash for so long after the operation. She also became very tired. This changed my mother. She became very emotional at

ANONYMOUS

times and seemed very stressed. Her GP put this down to depression and anxiety, most likely because her GP thought my mother was tired looking after **GRO-B** young children and working full time. The link was never made to hepatitis B, the operation or the blood transfusion(s). My mother also started to suffer from dizzy spells some years later when she was between 40 – 45 years old and had high blood pressure.

11. I remember that my mother always either worked full time from home when we were toddlers or went out to work (full time) when we were at primary school and secondary school. My father also worked full time and worked long hours day and night, as a **GRO-B**

12. My mother was very hard working, but this affected her fatigue. I remember her taking strong vitamins to try to help combat this, but she needed to work because my father was not able to earn enough money, so my mother always had to work full time.

13. My mother does not remember much about the **GRO-B** operation itself but does recall going into hospital to have the operation at **GRO-B** **GRO-B**. Her memory is unclear as to whether any information was provided to her in relation to blood transfusions and the risk associated in being exposed to infection. It is possible however, that she was never told about the blood transfusion(s). This is something I also mentioned to my mother's GP, and she totally agreed with me that this was a possibility, particularly during that time, and it did not surprise the GP if this was the case.

14. My mother was having ongoing yearly blood tests which included liver function tests, but it was the most recent blood test in June **GRO-B** that showed her liver function was unusually abnormal. I mentioned to her GP that I was concerned about her symptoms, which included severe fatigue, loss of appetite, blood in her bowel movements and low back pain. Her GP said that she would follow up with blood tests and a CT scan with contrast, which also included hepatitis B and C, but at that

time I did not understand and was confused as to why the GP wanted to include hepatitis B and C. I now know that this is usually the case, if a liver function blood test is abnormal, because the hepatitis B and C viruses cause serious liver damage.

15. The blood test for hepatitis B came back as positive for the core antibody. However, it was only after I made an appointment with my mother's GP, **GRO-B** to discuss the results, that I found out that my mother was infected with the hepatitis B virus, sometime in the past. It was explained to me, that because the surface blood test results were not detected, it meant that it was not a new virus, but an old virus that my mother was exposed to in the past.

16. Naturally, I was shocked and concerned by the blood test results, so I made numerous enquires with my mother's GP as to how this could have been possible. There was 'no way' my mother could have been exposed to hepatitis B, because she did not fit the usual criteria. My mother's GP corroborated that the hepatitis B virus was a blood borne virus, and that you can only get it from a blood transfusion. I believe this is how my mother was infected with the virus.

17. My mother's GP did not provide me with any adequate information about how to best 'manage' the infection, but she did, however, write a letter to the Hepatology Department at **GRO-B** **GRO-B** asking for advice and guidance on what other tests and scans should be carried out. She explained that it would not delay any referrals to be seen at the hospital but would ensure that my mother has all the tests done more quickly.

18. I appreciate that the GP was trying to help, but she was unable to give me any time scales of how long we would have to wait and whether it could be weeks or months, describing the NHS as 'how long is a piece

of string'? As you often never know these days when patients will get seen for tests and treatment.

19. I had to wait for over a month for a reply from the Hepatology Department at [GRO-B] but we eventually received a reply, and my mother was sent for more blood tests. She has also been booked in at [GRO-B] for a Fibroscan of her liver on the [GRO-B] [GRO-B]. The more recent blood test dated [GRO-B] came back positive for autoimmune hepatitis, something that I had already suspected was the case, as my mother's previous blood test was positive for a non-specific autoimmune disease and pernicious anaemia.

20. It is documented in medical journals, that you can get autoimmune hepatitis from the hepatitis B virus which develops from hepatitis B, which is more common in women, and can lead to far more complicated health problems, (please refer to section 5 of this witness statement, under – Impact).

21. The risk factors of autoimmune hepatitis are linked to hepatitis B, and if left untreated, autoimmune hepatitis can lead to permanent scarring of the liver (cirrhosis) and eventually to liver failure.

22. We have not received any support via the GP or by the Hepatology Department as yet (if we get it at all), and there has been no advice, no counselling, no help and nothing to reassure us that my mother will be getting the best medical help, treatment and/or medication that can be offered on the NHS, that will prevent her from suffering from liver failure. I am very anxious that my mother may never get any help if the NHS deems it to be too late. Her GP seems to be doing very little to make sure that she gets that help and support.

ANONYMOUS

23. There is also strong evidence that the hepatitis B virus leads to fatty liver and abnormal liver function, both of which my mother has. It can also cause gallstones.

24. My mother has a cyst on her liver which was revealed by CT scan. HBV infection can result in hepatocellular carcinoma and cirrhosis, a major cause of chronic liver disease worldwide.

25. In relation to my mother's infection, no information was given to me voluntarily by her GP. It was only because 'I asked questions,' and needed to know what to expect, that her GP and another doctor in the practice admitted that hepatitis B and C both have the same damaging effect on the liver, and that hepatitis B does not actually clear from the body, but the body should be able to build a natural immune system from getting it again. There are no guarantees that this will be case, nonetheless, my mother is suffering from the health consequences of the virus and the autoimmune hepatitis is now attacking the liver, as well as the other healthy cells in my mother's body and my mother is suffering its damaging affects, as a consequence.

26. To date, I have no adequate information to understand and manage my mother's infection from any health professionals in the NHS.

27. I recently paid for my mother to have an ultrasound on her liver, at the **GRO-B** It is a local private clinic run by doctors, who also work for the NHS at the **GRO-B** It was found that my mother has (non-alcohol related) fatty liver disease, and the gallstones are much bigger, compared to the results of the previous CT scan carried out by at the **GRO-B**

28. I have been informed by a Hepatology consultant, that CT scans are not the ideal scans for the liver, which is the reason why I took my mother to have an ultrasound at the private clinic while we waited to hear from the Hepatology at **GRO-B**

29. I was informed by the doctor at the private clinic, who reported the results to me, that the gallstone is a moveable stone and this needs to be regularly checked, as it is possible that this gallstone could cause a blockage in the bile duct and cause serious health problems. If left untreated, gallstones can block the bile duct and cause life-threatening infection and result in chronic liver disease, such as biliary cirrhosis.

30. I am informed that gallstones can possibly be a very serious health problem, but my mother's GP did not explain this to me. She did not explain how we should manage her gallstones or what health problems we need to be looking out for. She did not explain how they will manage the condition for example, follow-up ultrasound scans.

31. It was known to the doctors at my mother's previous GP surgery [GRO-B] [GRO-B] in [GRO-B] that my mother was having liver problems in [GRO-B] (five years earlier) as her liver function test results were returning abnormal, but her GP failed to follow up with any further tests. We were never informed about the abnormal blood tests.

32. At that time, my mother was also routinely, having blood tests for her liver function every year but her GP did not raise this as a concern and did not follow up with any further tests, so there is a question mark as to why this was never done? I believe that it could also be possible that an even earlier blood test for my mother's liver may have been abnormal.

33. I believe that information could have been provided to my mother earlier, if her previous GP had followed up on her abnormal blood tests and kept her informed. This has now wasted five valuable years of possible treatment that my mother could have had long before now, but due to the failures of her GP, my mother is now suffering from their lack of duty and care.

34. The only medically trained person I have spoken to so far, is my mother's current GP, who started the initial investigations. She is now on early maternity leave. Although, she was unable provide me with any adequate information to better understand and manage my mother's infection, she did however, inform us that the hepatitis B virus is a blood borne virus, and that you can get it from a blood transfusion.

35. As my mother's GP was not a specialist in liver diseases, she felt it better to write a letter to the Hepatology Department at the **GRO-B** **GRO-B** to ask for advice and guidance. She also wrote for another reason, and this was because my mother's liver function tests did not improve after she stopped taking the Atorvastatin treatment, on the advice of her Cardiology doctor, **GRO-B** who works at **GRO-B** **GRO-B** **GRO-B** also mentioned in a recent letter to my mother's GP that if her liver function does not improve after stopping Atorvastatin, then her GP should refer my mother to Hepatology for further investigations.

36. My mother's GP performed investigations, whether or not the Atorvastatin treatment was the cause of the liver function blood tests but my mother had only been taking Atorvastatin for a year, and the liver function test was already abnormal in **GRO-B**

37. My mother's liver function did not improve after stopping the Atorvastatin, and so her Cardiology doctor, **GRO-B** wrote a letter to her GP advising that she be seen by Hepatology because he believed that my mother needed to be seen because the liver function tests did not improve after stopping the Atorvastatin.

38. There was a lack of communication regarding the blood tests results of the hepatitis B infection. When blood test results are returned, the GP usually sends a text message asking the patient to make an appointment with the GP, which I did, but the GP explained that it was only an old infection. It was only because I started to ask a lot of

questions about the virus, that I got the answers I needed and not because it was freely provided by the GP. I think that the GP could have provided much more information, including support, but there is always a lack of support from GPs.

39. I was not given any information about the risks of infection to other people in the family, it was never mentioned by the GP at all. It was never explained that there was a possibility that we may have also been at risk.

40. It is true that the hepatitis B panel test carried out in June [GRO-B] did not include the hepatitis B surface antibody blood test. It included the hepatitis B core antibody, which was detected, and I had to ask the GP to carry out the missing hepatitis B surface antibody blood test which was carried out on the 20th September [GRO-B]. I now have the results of the test, but they were never explained by the GP, much like a lot of blood test results that come back are never properly addressed or explained to the patient.

41. I was also not made aware of any other infections from that operation and blood transfusion. A test for HIV was not carried out, but a test for hepatitis C was carried out and it came back negative.

42. My views are, what is the point of GP's carrying out blood tests like hepatitis B and C when then they do not properly follow up with the patient the results and also properly explain things to the family and the patient, then follow up again with more blood tests including scans like ultrasounds, fibroscans, MRI scans which are also used by Hepatology on the liver. If things are never properly followed up, it is always up to the patient to chase the GP, insist that more tests should be done, and referrals made to a specialist consultant to get more help on how to best manage your condition.

4. **Consent**

ANONYMOUS

1. When my mother had her operation, I believe that it is possible that she was not provided with any information about the blood transfusion prior to or after the operation, and that it was carried out without my mother's knowledge.
2. It is also possible, that during the operation, complications of haemorrhaging occurred, considering the nature of this operation which carries high risks of haemorrhaging, but my mother does not recall if there ever was a conversation about a blood transfusion, either prior to or after the operation.
3. I believe however, that the medical staff definitely carried out a blood transfusion, and that my mother was almost certainly infected with hepatitis B on this occasion.
4. I have also had a discussion about this, with my Mother's GP. She also agrees with me, that it was entirely possible that my mother had a blood transfusion, but that it was never communicated to her, and that consent was not provided by her prior to the operation. If they did get consent, my mother does not recall the events of any conversation of that nature and most certainly she was not given any adequate information of the high possibility of blood transfusion which carried a high risk during this kind of operation.
5. I believe it is true that other people were treated as GRO-B GRO-B for blood disorders during the same period (1970s/1980s) including in the 1990's and later, and were also infected with hepatitis B and C.
6. I am unsure as to whether my mother was given advice before her operation about the risks of being exposed to infection, my mother remembers very little of the events. However, because my mother was already heavily haemorrhaging prior to the operation there is strong

evidence that a blood transfusion(s) would have been carried out during the operation. It is true and heavily documented, that these kinds of operations carry a high risk of haemorrhaging during the operation in today's standards (2022).

7. For example, keyhole operations are now carried out instead of large incisions. Therefore, it was highly likely my mother was given blood during the operation, especially in GRO-B It is also true that my mother was not told about the blood transfusion post operation but if she was, my mother cannot recall. I have discussed this with my mother's GP in which she agreed that it was possible that in those days my mother may never have been informed.
8. I believe this has also happened in other cases during the 1980s. I believe that it is also true, that pregnant women were given a blood transfusion in the 1980's for simply being low in iron. Therefore, taking that my mother was having a hysterectomy, which carries a real serious risk of complications like haemorrhaging during an operation, it is highly likely that my mother was given a blood transfusion. It is also clear in the hospital discharge summary from the GRO-B GRO-B that my mother was prescribed Ferrous Gluconate, a prescription for iron medication.

5. **Impact**

1. The biggest impact on my mother's health has been her physical health and mental health which I will explain below in more detail.
2. The hepatitis B infection has and is still having a detrimental effect on my mother's liver. My mother's liver function blood tests keep coming back as abnormally high and there is a cyst on her liver as seen in a recent CT scan with contrast, including gallstones.

3. A recent ultrasound shows that the gallstone is larger compared to the previous CT scan results and is a stone that can move. We were told that there is a risk that it could block the bile duct and cause more complicated health problems, including infection and can be life-threatening. There is also a risk of acute pancreatitis which may develop when a gallstone moves out of the gallbladder and blocks the opening (duct) of the pancreas, causing it to become inflamed. The most common symptom of acute pancreatitis is a sudden severe dull pain in the centre of your upper abdomen, around the top of your stomach. These are all symptoms that my mother has been experiencing recently, and which are extremely worrying.
4. The ultrasound also found non-alcohol related fatty liver which also results from hepatitis B. The other symptoms my mother also has, are blood in her bowel movements, poor appetite, severe chronic fatigue and she also has hypersomnia, which is a condition that causes excessive day time sleep.
5. My mother also suffers with other health problems brought on by the hepatitis B virus as mentioned in my statement.
6. We also found out in June **GRO-B** that my mother has a non-specific autoimmune disease and a recent blood test carried out in October **GRO-B** tested positive for autoimmune hepatitis, which is brought on from hepatitis B and which is more common in women.
7. My mother also has pernicious anaemia, and this condition is brought on by a deficiency of vitamin B12, however, my mother's vitamin B12 level is extremely high as seen in a recent vitamin B12 blood test. What this means, is that the autoimmune disease is attacking my mother's liver and other healthy cells and is stopping the body absorbing vitamin B12 into the body, but the autoimmune disease is attacking the healthy cells preventing this from happening, also vitamin B12 is primarily stored in the liver, but if the liver cannot function properly due to a liver

disease it cannot release the vitamin B12 into the body to do its vital job of keeping the body healthy. This is the reason why my mother has pernicious anaemia, which is causing and making her fatigue so severe she has no energy, feels weak, has a lack of motivation, and suffers from a condition which causes excessive day time sleep. She also suffers with dizzy spells which has made my mother bed bound. My mother also needs a wheelchair anytime she needs to attend any medical appointments.

8. Autoimmune diseases, like autoimmune hepatitis can in fact attack any organ in the body. My mother has autoimmune hepatitis which attacks the liver, my mother also suffers from chronic fatigue, a neurological condition which causes severe dizzy spells and a multi-level degenerative disc disease in her lower spine. This has led to a condition called cauda equina syndrome and this is all because of autoimmune hepatitis brought on by hepatitis B. Left untreated, autoimmune hepatitis can lead to scarring of the liver (cirrhosis) and eventually to liver failure. When diagnosed and treated early, however, autoimmune hepatitis often can be controlled with drugs that suppress the immune system.
9. It is true that five years earlier if **GRO-B** these tests should have been carried out by the GP at my mother's previous surgery, but they failed to do anything when my mother's liver function was shown to be abnormal and therefore, it may be too late now for any treatment to be effective.
10. It is also true, that this has not been discussed by any of my mother's current GPs or with any hepatology department, because her GP has not done a referral yet for my mother to be seen by a Hepatologist, but I will be making an appointment to see her GP to have this discussion. There has so far been such a lack of help, in regard to treatment, in fact there has been no advice or help in regard to medication and this has not been offered as treatment to prevent further liver diseases.

11. Researchers from Sweden have found that people with non-alcoholic fatty liver disease had an increased risk of dementia. For people with this form of liver disease who also have heart disease or have had a stroke, their risk of developing dementia is even higher, Dr Rosa Sancho, Head of Research at Alzheimer's Research UK, said that this finding, highlights the fact that our brains do not operate in isolation from the rest of our body, and improving our physical health can help to reduce our risk of dementia and support a healthy brain. But if the body is being attacked by hepatitis B, the body cannot stay healthy, it attacks the liver, causes autoimmune diseases and other related health conditions, and as a consequence the risk of dementia is higher.
12. My mother already has signs of early dementia. This has been discussed with her GP as a concern by me.
13. Many viruses have been linked to myocarditis, inflammation of the heart including hepatitis B and C, and my mother has suffered from heart palpitations for many years previously. This is recorded in my mother's GP records. She complained of palpitations, but her GP put it down to anxiety, instead of any real health problem with her heart and it was never properly investigated. We recently found out that my mother has a mild aortic valve regurgitation & dilatation of the proximal aorta. She suffers from high blood pressure, breathlessness, and has also suffered a mild stroke. Had my mother's previous GPs taken her symptoms more seriously, it may have been preventable, but as always, GPs never take symptoms seriously enough and are always trying to fob them off with anxiety levels instead of any real health symptoms due to a medical condition like chronic hepatitis B or C.
14. All of these health conditions, have left my mother with a disability and no longer able to walk, so has to use a wheelchair. She needs 24/7 assistance from me. I have to help her with washing, dressing, eating,

ANONYMOUS

cleaning, cooking, and her health problems make her feel very anxious. She does not like being left on her own, even short periods at a time.

15. My mother gets confused about the time of day and is forgetful. This means that I never get a break.

16. I also have my own health problems to deal with, due to a **GRO-B** I had years ago. It has left me with a disability and a permanent injury to my **GRO-B** including **GRO-B** I also suffer from **GRO-B** **GRO-B** **GRO-B** am also struggling with the difficult symptoms of the menopause and do not sleep well at night.

17. In addition to looking after my mother, I also look after my **GRO-B** who has **GRO-B** He also needs a lot of care from me. The 24/7 care I give to my mother, and the care I give to my brother makes me feel very tired.

18. I believe the hepatitis B virus has caused the health conditions listed above and is not just having damaging effects on the liver, but hepatitis B also causes autoimmune disease, which can cause a lot of other health problems which attack the healthy cells and organs. There are far more complicated health problems brought on by the virus which cause both debilitating health conditions and disabilities. This all impacts on my mother's general health and wellbeing, causing far more complicated problems with her health and discomfort and pain. Which then results in her needing more medical attention.

19. The other problem of course, is that my mother ideally needs to take Atorvastatin, which helps to keep the heart healthy, but because the Atorvastatin is overloading my mother's liver and causing abnormal liver function, she cannot take the medication which she needs to keep her cholesterol low, and which would help to keep her heart healthy.

20. My mother's health problems also present a lot of challenges when we need to go out to her medical appointments as she now needs a wheelchair. Although we have a wheelchair for her, she still really struggles to get out of bed to attend her medical appointments. There are occasions when she really doesn't feel like going out at all. It is on these occasions, that I have to try to motivate her to ensure that she attends these appointments as they are usually for tests and/or scans etc. She really struggles with the discomfort in her spine and the neurological problems, the mild dementia and anxiety. Because of her severe fatigue, she really struggles with these things. My mother also struggles getting in and out of a car and cannot do so without help.
21. To date, my mother has not received any medical treatment for hepatitis B, or treatment that would prevent further liver damage and diseases.
22. At present, my mother is waiting for a fibroscan on her liver. The appointment is booked for the GRO-B Depending on what this reveals, will depend on how her infection is managed. My mother already has gallstones and fatty liver, so we do need help and advice in regard to this condition, and regular ultrasounds perhaps, every 3 – 6 months.
23. As explained above, my mother is unable to care for herself properly, which is why I am now her full-time carer. She is unable to care for her own personal hygiene with tasks such as washing, dressing and toileting. She is only able to walk short distances and so now uses a wheelchair. Mostly, she spends the majority of her time, during the day in bed because she suffers with chronic fatigue and back pain.
24. My mother's mental health is not good, she struggles with her anxiety levels and fears being left on her own. She also has early onset of

dementia. She suffers with confusion and anxiety attacks and is sometimes forgetful.

25. I believe that treatment should have been offered to my mother a lot sooner. If her previous GP had made further investigations back in **GRO-B** some five years earlier, she may have been able to receive appropriate treatment, which would have prevented her liver being damaged.

26. Before my mother became ill, she would regularly visit friends and family but all that has stopped. Before she retired, my mother worked full time. She enjoyed spending time with family, but now she is very withdrawn and quiet. She feels low and depressed and cannot motivate herself to socialise or to go out for even short periods at a time. She spends all day in bed. The only time she gets out of bed, is to use the toilet or eat her lunch, and then she is back in bed again sleeping.

27. It makes me feel upset and depressed when I think of how much my mother is likely to decline. I also wonder how this will impact on my mother's care needs, and if I will be able to cope looking after her. I really do not want my mother to go into a care home, we are extremely close, and being apart in this way will affect my own mental health.

28. It makes me feel angry that she has been infected in this way. It has taken away her independence. She would have been healthier and more independent had she not had all the health problems linked to her hepatitis B infection.

29. I am with my mother 24/7 because her anxiety levels rise when she is left alone. It is difficult for me to get a break as my sister does not live locally and my younger brother lives in Scotland.

30. Since finding out that my mother was infected with hepatitis B it has been emotionally draining. Learning to except what happened to my mother has been very difficult and it has made me feel depressed and angry and often, very frustrated with the NHS, who fail patients time and time again. I feel very sorry for my mother who has been infected and affected. This should not have happened, but unfortunately, it has, and I am learning to deal with it, but those in the position to change the outcome of the hearing and help my mother get justice, are the ones who need to step forward and make that happen. Those with hepatitis B like my mother, are entitled to compensation, just like those who were infected with hepatitis C, and should be treated fairly.

31. I believe there is stigma attached to hepatitis B, C and HIV. Only a few weeks ago, I had a conversation with a nurse who works for the NHS at our local hospital. Her number was available for patients who wanted help and advice, in regard to hepatitis viruses. I called her on the mobile which was available on the NHS website, however, I did not find her helpful at all, instead, she made me feel very angry because she said things like *"it might be possible that my mother got the virus from her mother"* which is not true, because my grandmother did not have any liver abnormalities, neither did my grandfather who died when he was GRO-B years old. My grandmother also died in her GRO-B. The nurse also said things like *"it's because your mother is GRO-B"* This of course is ridiculous, because she's making a very judgemental statement by saying that the virus came from GRO-B and the GRO-B community, so naturally we are hepatitis B born carriers of the virus, which is ridiculous and extremely offensive, when in fact, it did not come from GRO-B

32. I therefore, felt extremely angry with that NHS nurse because she was supposed to be providing helpful information not making discriminating hurtful judgemental comments. This made me feel very angry, she was either conscious of the Infected Blood Inquiry and was trying to avoid

putting any blame on the NHS or she was being deliberately rude. It was shocking behaviour coming from an NHS Nurse.

33. Therefore, I believe that the stigma is alive and kicking even by NHS staff, but it could be that they are looking to avoid putting any blame on the NHS due to the Infected Blood Inquiry and were told to say this by the NHS Chief Executive.

6. **Treatment/Care/Support**

1. There has never been any treatment, care, support, or counselling, offered by any NHS organisation, GP or otherwise, and/or psychological support to either my mother or to myself.

7. **Financial Assistance**

1. Having recently contacted the Infected Blood Inquiry, I was informed that my mother could possibly apply to the England Infected Blood Support Scheme (EIBSS). However, upon contacting EIBSS, I was informed that they only dealt with people infected/affected with hepatitis C or HIV so there was no point in us applying. I was informed that the application forms did not include provision for hepatitis B.

8. **Other Issues**

1. What I have to say next, is just another example of the things 'female patients' in particular experience, something that has not changed even by today's standards in 2022 and should be taken into serious consideration in the Infected Blood Inquiry also for those infected and affected.

2. What I mention next, I believe is very important to the Infected Blood Inquiry, as it highlights how there is a culture of covering up serious

ANONYMOUS

'wrong-doing' within the NHS. It has been going on for years and is still going on.

3. I would like to discuss **GRO-D** the Consultant who operated on my mother in **GRO-B** at the **GRO-B** which was at the centre of an Inquiry led by the Secretary of State for Health at that time.
4. The Inquiry Chairperson was Dame Anna Pauffley, who was appointed in September 2002, to chair an independent investigation into how the NHS handled allegations about the conduct of **GRO-B**
5. The Inquiry, led by The Honourable Mrs Justice Pauffley, investigated the mismanagement and the mishandling of the gross misconduct of **GRO-B** a **GRO-B** who worked at the **GRO-B** **GRO-B** as a **GRO-B** in **GRO-B** and who worked in the NHS for 30 years before he was sentenced to four years imprisonment and his name put on the Sex Offender Register under the Sex Offenders Act 1997, before he was eventually stripped off his legal rights to work as a doctor in any capacity.
6. The Inquiry investigated and looked at how the NHS mishandled serious complaints about **GRO-B** and the serious nature of his sexual misconduct with female patients and how he abused his position as a consultant to sexually abuse female patients, even when professionals like senior nurses alerted his sexual misconduct to the NHS, but nothing was ever done in regard to putting a stop to his inappropriate behaviour.
7. The NHS did not take any of the allegations seriously enough to warrant investigations into his gross misconduct, and they never looked to removing him from a position of power. Consequently, he was allowed to abuse his position for 30 long years working for the NHS. The report also highlights how 14 others were ordered to lie on the file

ANONYMOUS

by the NHS, and **GRO-D** who was my mother's Consultant in **GRO-B** was also aware of **GRO-B**'s sexual misconduct, including other serious allegations of his arrogant manner towards women.

8. **GRO-D** is mentioned in that Inquiry, as he knew and worked with **GRO-B** during the **GRO-B**. Even though a female patient raised concerns about **GRO-B** to **GRO-B** he did nothing to help that female patient to put in a complaint and did not follow up on that complaint by the female patient.

9. The fact that **GRO-B** was my mother's Consultant in **GRO-B** when she was a patient at the **GRO-B** under his care, I now have serious concerns and doubts about how my mother was treated as a female patient under his care. This is the reason why I mention this Inquiry in my witness statement to the Infected Blood Inquiry.

10. Everything I have stated, I believe is factually true and based on accurate data as per the report by Dame Anna Pauffley, the Chair to that Inquiry which investigated the NHS as well as **GRO-B**.

11. The Inquiry was asked specifically to identify the procedures in place during the period of 1985-2000 within the local health services to enable members of the public and other health service users to raise concerns or complaints concerning the actions and conduct of health service professionals in their professional capacity.

12. The fact is, even if female patients were aware of their rights to make a complaint, the NHS did nothing in relation to those serious complaints. For example, the NHS did not take the complaint seriously of a senior nurse who reported **GRO-B** to the hospital and actually 'threw him out' of her clinic when she witnessed him 'masturbating' while carrying out a vaginal examination on a young woman. The senior nurse was 'distracted' and 'traumatised' by what she had witnessed, and then later even more devastated when she learned that the NHS

had not taken disciplinary action against [GRO-B] over the serious incident and mentions "a conspiracy of silence" within the NHS by other senior staff members who were aware of [GRO-B]'s inappropriate behaviour, much like [GRO-B] who was also aware but did nothing.

13. I believe the [GRO-B] is also known to the Infected Blood Inquiry. Witness(s) have come forward to provide evidence that they too were infected with hepatitis B and C at the same hospital during the years of 1980, 1990 and later.

14. What this proves, is the big question mark of the integrity of the NHS and the integrity of its consultants, that these people are human with human flaws, by nature, they will look to remove themselves from any 'wrong-doing', this is why I felt it was important to use the [GRO-B] [GRO-B] Inquiry as an example, but also because [GRO-B] my mother's consultant in [GRO-B] who operated on my mother was also mentioned in that Inquiry. [GRO-B] was fully aware of the awful things that [GRO-B] [GRO-B] did, sexually abusing female patients but chose to 'stay quiet' about his sexual misconducts.

15. Even more recently, I raised complaints to the NHS about [GRO-B] [GRO-B] concerning the misconduct of its consultants, but hospitals never take complaints seriously and nothing ever changes. This is my experience with the NHS, so what has really changed since the days of [GRO-B]

16. Doctors Emma Watkins and Heli Harvala co-wrote and published a medical paper on the NHS website addressing the risks of hepatitis B in blood donations and asking for change. The report highlights that testing for hepatitis B has been missed and will keep on being missed every year in the UK, this means that people are at risk of getting hepatitis B virus because the virus is a '*silent virus*' and is not detected in its early stage and therefore even by today's standards, the testing used is not sufficient enough, to detect hepatitis B. Therefore, if testing

was being done in the 1980's it is highly unlikely any testing they used in the 1980's was any better at detecting hepatitis B, compared to today in 2022, if they are not able to do so now in 2022, when surely things like testing should be better, but they say, that it is not sufficient or sophisticated enough to detect the virus in its early silent stage. This is evidence that any testing they did in the 1970's and 1980's was most certainly NOT able to detect hepatitis B in blood donations.

17. I would also like to add, that people with '***an old HBV infection***' are not offered the same pathway service from the NHS, one of the reasons for this, is because when you have an 'old HBV infection' it is already '***too late***' for any kind of viral medication to help suppress the infection in its early stages, there is also NO CURE for the hepatitis B virus, only medication that helps to suppress it so it does not have complications on the liver later on, so those in cases of a 'late stage' diagnoses like my mother for example, do not get offered any viral medication, as its considered already too late. They only offer medication at the early stages, when people have been diagnosed with a new HBV virus.
18. I believe it to be also true, that all they can do is treat any symptoms that a person may have developed because of hepatitis B in a late diagnosis. I feel this treatment by the NHS is extremely unfair, because people with the hepatitis B virus are not treated the same as those with hepatitis C (for some bizarre reason). I think it is because there is treatment for hepatitis C, but not for hepatitis B, and they can only treat chronic issues that develop from hepatitis B and any liver damage.
19. I believe it is also true, that people like my mother, because of her age (she is now 75 years old) will undoubtedly face '***age discrimination***' in regard to treatment, because the NHS do not want to waste NHS money and resources on the older generation whom they consider 'too old' for expensive treatment.

Statement of Truth

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

Signed

GRO-B

Dated.....

18/10/22