Witness Name: Valerie Krips
Statement No. WITN7368001
Exhibits: WITN7368002
Dated: 16/11/2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF VALERIE KRIPS

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 11 October 2022.

I, Valerie Krips will say as follows: -

Section 1. Introduction

1. My name is Valerie Margaret Krips. I was born on GRO-C 1939 in GRO-C London. I now live in GRO-C, Australia. I am a Professor Emerita of the University of Pittsburgh and currently co-edit a quarterly magazine in Melbourne.

2. I intend to speak about my infection with Hepatitis C (HCV) and in particular the nature of the illness, how it affected me, the treatment I received and the impact it had on me and on my family.

3. I can confirm that I am not legally represented and that I am happy for my story to be in the public domain.

4. This witness statement has been prepared with the benefit of access to some of my medical records. I can confirm that I am not legally represented and that I am happy for my story to be in the public domain.

Section 2. How Infected

5. I was infected with the Hepatitis C Virus through a transfusion of contaminated blood on GRO-C 1962 in the Maternity Wing of Peterborough General Hospital. I produce a printout of my medical record as **Exhibit WITN7368002** which shows that I received intravenous blood transfusion, but the date given, January 1962, is incorrect.

6. On GRO-C, 1962, I went into labour with my first child. Midwives, and a male doctor, were all present in the birthing room. Moments before birth I had an episiotomy. My husband, who had not been allowed to be with me during the birth, came in to see our baby boy, who was then taken off to the nursery. I was told that I would be taken to the ward as soon as possible.

7. I lay feeling full of joy. The maternity wing was experiencing an exceptionally busy night and I was left alone for some time. When a nurse looked in some later, she rushed out of the room shouting for help; rousing myself, I could see a lot of blood on the floor, the result, as I now know, of a post-partum haemorrhage.

8. My stitches were ripped out, very painful attempts were made to stop the bleeding and I was hooked up to a transfusing drip. Since I spent a full year training as a nurse in a London teaching hospital when I was young—a career I chose not to continue— I was not afraid of the sight of the blood, but vividly remember thinking in my rather strange out-of-body state caused by the blood loss, that there couldn't be a much blood left in my body. I believe I

was slipping in and out of consciousness, and have no memory of being transferred to the ward, where I awoke the next morning.

9. After my 11 days in hospital, spent almost entirely on bed rest during which time I received several iron injections, I was discharged and went home with my baby. I was not given advice about care for myself other than caring for my stitches, breast-feeding, and resumption of intercourse. I was not, either on discharge or later, given any explanation for the haemorrhage--whether the afterbirth had not come away completely, or whether some other factor had caused such extensive blood loss. Nor was the transfusion alluded to.

10. My second child, born in Australia, was delivered without incident after a comparatively short labour with no medical intervention, except cheerful encouragement. My husband held my hand throughout.

11. I have had no other blood transfusions or major surgery where a transfusion might have been required. I have never been an intravenous drug user and have no tattoos or piercings. My only risk factor for contracting the HCV was my transfusion following the birth of my first child.

Section 3. Consent

12. I was not asked to give consent to the blood transfusion in the birthing room since it was given in an emergency situation. There was no mention of it by any hospital representative before or at my discharge nor was I warned of any possible health repercussions.

13. I consented to the routine blood tests that led to my diagnosis, and was only alerted to a problem when I was asked to repeat the test. I did not know that specific checks for this virus were being carried out.

Section 4. Other Infections & General Health

14. I have had no other infections other than the occasional cold, the occasional urinary tract infection, and latterly, a covid infection from which I am recovered.

15. As the result of a routine check for a Permanent Resident Card by the Immigration Department of the United States, I had a test for HIV which was returned as negative.

16. My general health has been good, though I have struggled throughout my working life with episodes of extreme exhaustion; these had been dismissed as the result of being a full-time working mother with two children, and later as the result of a heavy working load as an academic with responsibility for a large inter-faculty programme and for the careers of junior colleagues.

Section 5. Impact

17. I was diagnosed with HCV in May 2002 as the result of a routine blood test. My health records show that I was suffering with 'low mood' some time before my annual check-up; my marriage had just ended. Within weeks I had a biopsy and the diagnosis of Hepatitis C. I was given the initial diagnosis over the phone.

18. I felt terribly alone and anxious: I was working in the USA and had no close family other than my husband, from whom I was now separated. I knew anecdotally that Hepatitis A, B and C existed and was shocked to hear that I was infected with Hepatitis C. None of the medical professionals who subsequently treated me suggested that my husband or children should be tested.

19. From the biopsy I am aware that I have some residual scarring to my liver. I have not had another biopsy or scan since that time.

20. Until the diagnosis, other than the extreme fatigue, I had been more or less asymptomatic. The low mood that preceded the blood tests did not develop further and I received no medication for it. I was offered leave by my university, but in my general distress, decided to continue to teach for the remainder of the semester. I informed my students, my dentist and anyone else I thought necessary; I was already feeling something of a pariah as a newly single woman.

21. I can't recall any adverse comments or feelings of being stigmatised by the reactions or behaviour of those I informed or from the medical professionals I dealt with.

22. But I now felt a possible danger to people. And ignorant: I found it difficult to get answers to the many questions I had about the disease, and to understand precisely under what conditions I could infect someone else. I had been warned to severely limit the use of alcohol, which was not difficult for me to do. Before I married, while I seldom drank, I did not have a problem when I did. But after my son was born, even two glasses of wine could make me feel extremely unwell; subsequent to my diagnosis, I understood why this was so.

23. However, the issues related in general to exhaustion, which were of course exacerbated by the treatment, had profound effects upon my capacity to produce my own research. What time I had away from general and specific class and departmental preparation was largely spent asleep.

24. Long before I received the diagnosis. I was battling against a tiredness that I took to be the result of life choices, but which was, as I now think, an effect of the virus. Since promotion in universities depends upon the capacity to produce published research, my exhaustion had a profoundly negative effect upon my working life. More generally, the overall effect of the diagnosis left me less secure in my sense of healthiness and capacity to continue to

cope with the rigours and responsibilities of my position and I made the decision to retire early, even though I was under no pressure to do so.

25. I'd lost confidence; looking back now, I understand the overall effect of the diagnosis and the stigma attached to it as dominating reasons for my decision, when I knew I still had much work to do and had the support of my peers and students--in fact, I was at a professional high when I learned that I had the virus.

26. The diagnosis of Hepatitis C has had a substantial financial impact upon me. I retired earlier than I would otherwise have done and I declined to take further an offer from another university for a more senior position, for which I was otherwise perfectly suited. My experience of the treatment and its immediate aftermath left me feeling insecure and inadequate to the tasks of my current position let alone an even more responsible one.

27. There is no doubt that this had a deleterious effect upon my professional opportunities, my finances and my superannuation. The loss of my then current pay and the prospect of a significant increase in salary (and therefore superannuation) amounts to at least 5 years full time employment in a senior role at a prestigious and well-endowed American university.

Section 6. Treatment & Support

28. I began treatment at the Liver Disease Center at the University of Pittsburgh almost immediately: I was a faculty member of the University's English Department. The treatment was a regime of weekly injections of Interferon. It was a year-long course.; the drugs were to be drawn up and administered by me at home, after an initial injection at the Center. This was a far from pleasant experience, as was travelling with my injectable drugs—and because of my work I flew frequently, both within the US and internationally. I needed to carry at all times an explanation for the injectables and the syringe; a further embarrassment and sometimes difficulty. When my treatment

moved to UK the injection was immensely easier, since it was made by an epipen.

29. Within weeks of treatment beginning, I was profoundly debilitated--looking back I don't know how I taught my graduate course--but it was, in a way, a support to know that at least I could still think and work with my students. But in order to continue--I could scarcely walk across a room--I had also to take a drug, whose name I forget, but is one used by athletes to improve their performance. This was prescribed by the liver unit at Pittsburgh.

30. At the end of the semester I took sick leave, and travelled to England, where I had family support. My treatment was transferred to St James University Hospital in Leeds, where I completed the remaining months of treatment until my discharge with no virus remaining.

31. I had to attend the Liver Clinic at St James' Leeds every two weeks. Travelling from Thirsk to Leeds meant firstly a taxi to Thirsk Station (it would have been impossible for me to manage the distance to the station by foot) where I caught the train to Leeds, where another taxi took me across the city to the hospital. After the regular checks were made, including weight-taking necessary for the appropriate balance of drugs, I had to wait for the drugs to be dispensed.

32. This all added up to a long and tiring and anxious day; if the dispensary was slow, I ran the risk of finding that a taxi was unavailable at the beginning of rush hour, and hence missing my train home. The thought of this caused me such panic that when it did occur towards the end of my treatment (I had moved to Stafford, much further away) and I missed my train, I was so distracted that my purse was stolen while I sat in the waiting room, along with my return ticket and my credit cards. One of nurses from the Liver Clinic lent me money to get a taxi and a new ticket—another reminder of the wonderful NHS.

33. I have been asked if I received any psychological support or counselling either at the point of diagnosis or during treatment in Pittsburgh or at St James and the answer is no.

Section 6. Financial Support

34.Throughout my treatment I received my salary from the University of Pittsburgh. Other than this I neither looked for further support, nor did I receive any. The staff at St James did not mention that financial schemes were available to me.

35. I have now applied to the English Infected Blood Support Scheme and I am currently researching my medical records trying to obtain copies of relevant documents

Statement of Truth

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

Signed; GRO-C

Dated; 16/11/2022