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Witness Name: **GRO-B**
Statement No. WITN2362001
Exhibits: **NIL**
Dated: 2nd January 2019

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 2018. 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 and address are known to the inquiry.

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2. I am married. I am a retired General Medical Practitioner.

3. My father was a Consultant General Pathologist, one of the last of that type of Pathologist. I was interested in medicine and trained to be a doctor **GRO-B** qualifying in 1974. I then did House jobs in General Surgery and General Medicine in **GRO-B** Wales.

4. I worked as a Senior House Officer for one year at Queen Elizabeth Hospital in Clinical Haematology in Birmingham from 1975 to 1976. My boss was Consultant Professor John Stuart. Going into Haematology seemed a natural area for me, given my background. Interestingly, my son is also a qualified Medical Practitioner **GRO-B**
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5. Between 1976 and 1982 I worked in Birmingham and Manchester in General Medicine; then at University Hospital of Wales and Cardiff Royal Infirmary in Haematology, where I passed the Part 1 MRCPath exam. My consultants were Dr Hutton and Dr Whittaker, and Professor Arthur Bloom was the Head of Department. I returned to **GRO-B** Wales in 1983 to do GP training.

6. I became a partner in a GP Practice in **GRO-B** 1984.

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7. I had to retire from the practice in [GRO-B] July 1994. In 1997 I joined the Appeals Tribunal Service as a Medical Advisor to relearn my medical language, as I had lost it while I was on treatment. I started doing locum work in General practice and in 1998 went to work for the Royal Army Medical Corps for 1 year in [GRO-B] Barracks in Germany. I did some locum work on my return to [GRO-B] Wales in 1999, and in 2000 took a full-time salaried GP post in [GRO-B]. I worked again for the Royal Army Medical Corps in [GRO-B] Barracks in Germany from 2005-2008, when I retired and returned to live in [GRO-B] Wales

2. HOW INFECTED

1. There was a history of Haemophilia in my family. I inherited it from my mother. My uncle, her brother, was a sufferer. I was told that when I was circumcised at 6 weeks old, I bled badly and I was admitted to hospital for ten days and they thought I might be a sufferer, but it was not until 1956 that I was diagnosed with the condition of Mild Haemophilia. It was only around that time that tests were available to give a definitive diagnosis. This was part of the work of Dr Rosemary Biggs at the Oxford Radcliffe Infirmary.

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2. Therefore, I have lived through the whole period of where there have been issues arising out of infected blood products.
3. At the time I was infected in 1976, I was working at Queen Elizabeth Hospital in Clinical Haematology in Birmingham. I suffered a bleed and had one Factor VIII treatment which was supplied by the Hospital where I was working at the time in the Haematology Department
4. I was told by my Consultant, Professor John Stuart to put his patients (congenital factor abnormalities) onto home treatment. This would have been 1975 or 1976. Therefore, it was down to me to teach people to give themselves the blood products, as I was used to doing myself. I trained Haemophiliacs to self-medicate with the Factor VIII. I would show them how to do an IV injection. They would pick up their blood supplies at the Pharmacy in the Q E Hospital in cool bags.
5. At that time we had been using Lister Institute products. We then swapped over to American products in 1976. I understood that there was plenty of Lister Institute products. Therefore, it is not clear why we swapped to the American product.
6. I can recall that the then Minister of State for Health and Social Security David Owen MP had said in Parliament that the Lister Institute

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would be upgraded to supply England and Wales with all the Factor VIII that was required. Also, I understood that if there was any shortage of blood products, there was no reason why it could not have been obtained from Scotland. There seem to be no obvious reason why we had to go across the Atlantic for supplies.

7. In any event, in 1976 we were now using American blood products. I do not remember any brand names but knew the Factor VIII came from America. I was not sure of the brand names of the American Factor VIII. They actually used Canadian as well as American Factor VIII. It was from that time that I noticed that patients were presenting with skin that was bright yellow in colour. This would normally be about 1 to 6 weeks after they started using the American Factor VIII.

8. I myself was similarly affected in 1976, I became yellow and jaundiced myself. and was said to have suffered from non-A, non-B, Hepatitis following treatment with American Factor VIII for a bleed from my pelvis into my leg. I had turned yellow, my urine was brown and my stools were pale. I suffered from lethargy, slept a lot, had no appetite and was thirsty. I had to go on sick leave and was advised by Professor Stuart, my boss, who had diagnosed my bleed which required treatment, to stay off work until the jaundice cleared, which I believe took three weeks. I had suffered from a virus which had not

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been identified, but was called non-A non-B Hepatitis. The blood tests confirmed that I had an active hepatitis in that my liver enzymes were very high. I also gave a stool sample daily which were sent to the Virology Department at the East Birmingham Hospital as I naturally wanted to know what had cause my illness. Viral particles were found on electron microscopy but not identified.

9. The Virologists [GRO-B] of East Birmingham Hospital (the only Centre outside London dealing with Category 3 Diseases) asked me to provide daily stool samples. They were trying to establish whether there was a virus involved which had not yet been identified. I asked for a copy of the picture of the viral particles but by that time I had moved hospitals and I do not remember receiving a response.

10. I began taking samples from all the patients who required blood products and those who were non-A and non-B to try to understand if there was a pattern. The people who were presenting with jaundice and were being referred to the nearby fever hospital. As that was a separate hospital, I had no access to the fever hospital, there was no sharing of information. [GRO-B] published a paper in 1980 [GRO-B] [GRO-B]

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A group of patients all regularly receiving blood products were investigated, and the conclusion was that the majority of patients showing symptoms of hepatitis had non-A, non-B hepatitis. Unfortunately I do not have a copy of it.

11. I suffered a bleed in 1983 and had asked for Lister Factor VIII as it had become clear that there was a problem with imported Factor VIII. By then it was believed that there was also a connection between people who had received blood transfusion / blood products which had been imported, and HIV. My wife and I started using condoms because of the possible risk, even though she was on the pill.
12. I was tested for HIV in September 1988 and April 1989, and both tests were negative for HIV, but I had abnormal liver function with high liver enzyme levels.
13. I subsequently suffered from recurring joint pains and lethargy. I went to see the Consultant Haematologist GRO-B as I thought I had a bleed into my joints, but this was not so. He referred me to a Consultant Physician. I now know the joint pains were due to a heavy viral load of Hepatitis C.
14. In August 1992 I was diagnosed with Hepatitis C GRO-B

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GRO-B using the "second generation" Hepatitis C virus test which had become available on the NHS by then. I was pleased that the virus from which I had suffered in 1976, and since, had at last been identified, as there was therefore a possibility of receiving treatment for my condition.

15. I was told I had of chance of developing cirrhosis and a small chance of liver cancer.

16. I had heard of Hepatitis C but had not linked it to me until I was told I was infected.

3. OTHER INFECTION

1. In 1991 I was diagnosed with Yersinia, a bacterial infection which probably occurred because my immune system was compromised.

4. CONSENT

1. In 1976 there was an awareness amongst Haematologists that all blood products, including Factor VIII carried a possible but slight risk of causing hepatitis. However, sufferers were not told this. At that time only Hepatitis A and Hepatitis B were known. This applied to any blood transfusion given

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as part of treatment in hospital. I do not remember that it was usual to ask for specific consent for blood transfusions, as signature of consent forms was usually for a specific procedure or surgery, of which blood transfusion might be a necessary part. Special arrangements were made for persons like Jehovah's Witnesses who did not want transfusions of other people's blood. If any patient in the Hospital who was given a blood transfusion and became jaundiced the Haematologists would be consulted and the cross matched blood would be checked. It was a rare event. It became clear during the year 1975-76 when I was at the QE Hospital that many patients treated with freeze dried Factor VIII or IX (including me) became jaundiced. I do not remember ever being asked for specific consent to administer blood or blood products to me. I have been told that specific consent for such a procedure has been requested only since the first decade of this century.

5. IMPACT

1. I had moved back to **GRO-B** Wales in 1984 to work as a GP. I was suffering from recurring joint pains and lethargy. I went to see the Consultant Haematologist in **GRO-B**. As stated above, he referred me to a Consultant Physician and in August 1992 I was diagnosed with Hepatitis C **GRO-B** **GRO-B** using the "second generation" Hepatitis C virus test which had

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become available on the NHS by then.

2. The Consultant Physician GRO-B had been in college with Professor Howard Thomas and knew that he was doing research on Hepatitis C at St. Mary's Hospital, London. I was referred to St Mary's.

3. I was part of a clinical trial for which I had to give my consent, being treated with Ribavirin. I was treated by Professor Howard Thomas. I started on Ribavirin for six months, starting at the end of 1992, and then I was seen for 6 months to review my condition. The consent document for the trial required my attendance in St Mary's 17 times to check my progress. I was regularly questioned about my sexuality. At the end of the study my Hepatitis C status had not changed, so I was offered further treatment.

4. In January 1994 I started treatment with Alpha interferon and Ribavirin for six months, followed by 12 months of Alpha Interferon, and then 6 months of Alpha Interferon and Ribavirin. I had to inject myself in the stomach every other night for two years. I was advised that the Interferon might cause flu like symptoms.

5. The effect of the treatment made me sweat and I was sleeping for up to 22 hours per day. I would fall asleep involuntarily. I remember falling asleep

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in the bath more than once, and on one occasion whilst waiting for a blood test, fell asleep and slid to the ground. I was very ill, with a very low white cell count, low platelet count, and low haemoglobin level. The dose was slightly reduced and the blood counts went up.

6. In February 1994 I had been advised I could not work, and went on sick leave. That should have been in the prime of my working career. However I had to retire in July 1994 at the age of 45 because of ill health.
7. There was a test called PCR which measures the amount of replicating virus. I was told in June 1996 by Prof Thomas that I had been successfully treated for Hepatitis C and was Hepatitis C PCR negative.
8. It took me about 2 years to get over the treatment. It was rumoured in the community that I had liver problems. I can remember people asking me if I was now "off the bottle". I was concerned that I might have infected or affected my wife and sons. My two sons were teenagers at the time and my relationship with them was probably affected.
9. I was not able to participate in normal family life for 2 – 3 years, we were not able to go on holidays as a family. My eldest son developed migraines and then was diagnosed with ulcerative colitis the week after I had been informed that I was PCR negative. It is highly likely that stress contributed to both conditions. He went to University in October 1998, and when he

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returned home at Christmas the realization that I had left the family home sunk in, which distressed him. It probably also affected his University career. Even today I feel our relationship has been adversely affected. My younger son, who became a doctor seems to have coped better with the situation.

10. Prof Thomas advised that it was safe for me to practice medicine, and the GRO-B Health Authority agreed. In 1997 I joined the Appeals Tribunal Service as a Medical advisor, but during this time I once fell asleep at the desk at a hearing and was given a warning. I used this period to re learn my medical language. I started to do locum General Practice work. It was not easy because there had been a scandal around that time of a surgeon who had infected people with Hepatitis B, and one person had died. People assumed that there was something in my lifestyle which had made me ill and made me a danger to patients.

11. I can remember a Practice Manager in GRO-B telling me that, because of my medical history, I could not be a locum GP for them. This was wholly unfair, and embarrassing as it was a fellow classmate of mine who informed me of the cancellation. I had been advised by those treating me that I could only possibly present a danger if I became involved in emergency invasive surgery which I was very unlikely to ever do as a GP.

12. I was feeling low and not interacting with my wife. I realised later that I was

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probably clinically depressed, and indeed patients who were later treated with Alpha Interferon were given anti depressants. However I was not diagnosed.

13. It seemed to me that the only way forward in terms of a career was to do something totally different, and in 1998 I applied for and got work for a year with the Royal Army Medical Corps. I spent a year in Germany, and then returned to **GRO-B** Wales, but did not return to live with my wife, and stayed with my mother. Whilst in Germany I had a relationship with a German lady whom I had known since my school days.

14. At that time there were no salaried GPs in Wales. In 2000 I was appointed to a salaried full time GP in **GRO-B** West Midlands, and moved to live and work there. My wife and I divorced.

15. In September 2004 I received a letter from the University Hospital Birmingham NHS Foundation signed by Dr Jonathan Wilde, Haemophilia Director, stating that some plasma products that were infused between 1980-2001 increased the risk of having Variant Creutzfeld-Jakob disease (vCJD). I replied to the questionnaire which I was sent, and about a month later was informed that I had not in fact received one of the implicated batches of blood products, but was considered "at risk" for Public Health Purposes of getting vCJD. It was a worrying time, but as I was told it was not necessary for me to take any special precautions in normal life, it does

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not now cause me concern.

16. I married the German lady in 2005 so I re-applied to the Royal Army Medical Corps and went back to Germany where I worked until late 2008. My German wife and I never lived together, and I became unhappy and decided to retire from the Corps at the age of 59 and return to GRO-B Wales. I lived in rented accommodation for 12 months and obtained a divorce, before moving in with my first wife, whom I remarried in 2010.

17. I am lucky to have survived, but suffer permanent side effects from the treatment I received, including deafness, numbness in my hands and feet, scalp tenderness, erectile dysfunction, hypothyroidism, feeling cold, lethargy and impaired immunity, and my memory of the time when I was receiving treatment is impaired.

18. My financial position is also much worse than would have been the case had I continued as a GP in partnership until normal retirement age. My GP pension is based on my earnings and years of service up until 1994. It was not then possible for me to rejoin the NHS pension scheme after the age of 50, when I returned to work for the NHS.

19. As part of the CJD surveillance, I was informed that financial assistance was available from the Skipton Fund, and Dr Wilde the Haemophilia

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Director agreed to complete my Application Form for a stage 1 payment.

20. I received a payment from the Skipton Fund in 2004, but this did not make up for my financial losses as a result of being infected and its consequences. My income was much reduced despite the annual payments which I have received since November 2016, a situation which continues.

6. TREATMENT/CARE SUPPORT

1. Supportive treatment and care were given to infected patients, which consisted mainly of advice to rest during the period of jaundice, dietary restrictions relating to fatty foods and to eat a high carbohydrate diet. Blood tests were taken to check on the non-A, non-B Hepatitis diagnosis, and patients' GPs were advised to carry out serial liver tests. At the time no psychiatric or counselling support was offered.

7. FINANCIAL ASSISTANCE

1. In 2004 I received a stage 1 payment of £20,000 from the Skipton Fund. Since November 2016, I have received £3000 regular annual payment, plus a winter fuel allowance of £500. The annual sum was increased to £4000 plus winter fuel allowance in April 2018, since when it has been paid by the NHS Business Services Authority. I am paid under the

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England Infected Blood Support Scheme.

8. OTHER ISSUES

1. I can remember in 1976 my Consultant showing me a report suggesting that the American product was more expensive than blood products from the Blood Products Laboratory at Elstree.
2. This also coincided with the downgrading of the Blood Products Laboratory. It's Head, Dr Rosemary Biggs retired. She had been a strong character and I believe that she may have been involved in setting it up initially in Oxford.
3. My Haemophiliac Uncle was a Freemason. When the scandal blew up, my Uncle, who was not a medical man at all, said that he had been told in his Lodge not to have any American Factor VIII.

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Statement of Truth

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

Signed..... GRO-B

Dated..... 9th January 2019