

Witness Name: GRO-B

Statement No. WITN2362002

Exhibits: WITN2362003-WITN2362005

Dated: 10th October 2019

INFECTED BLOOD INQUIRY

SECOND WRITTEN STATEMENT OF GRO-B

I provide this statement in response to a request under Rule 9 of the Inquiry rules 2006 dated 11th September 2019. 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 GRO-B 1949. and my address is known to the Inquiry. I am married and a retired General Medical Practitioner. MB B Ch GRO-B GRO-B 1974 MRC Path Part 1 1980/81

2. I exhibit at WITN2362003 my curriculum vitae which lists my qualifications and my work history.
3. I was a member of the Haemophilia Society (1990's) and am now a member of Haemophilia Wales. I have attended meetings with Lynne Kelly, Chair of Haemophilia Wales in respect of promoting the case for getting a Consultant in GRO-B who specializes in haemophilia and getting modern treatment for HCV. I have also attended meetings of the Cross Party Group on haemophilia and contaminated blood in Wales. I am not a member of any committee.
4. I am also a client of Leigh Day Solicitors who are taking group action in respect of the difference in discretionary payments made to individuals who received contaminated blood and as a consequence, were infected with HIV, HCV or both. At the present time the proceedings are stayed because the Public Inquiry was set up.

2. Your time working in Haematology

1. Whilst working at the Cardiff Royal Infirmary (CRI) I was involved in routine haematology work, such as the use of blood banks for the benefit of patients, learning to cross match blood by what was then a new technique known as LISS (low ionic strength saline). This was considered a revolutionary system. I was on call for the cross matching for live patients when the Haematology technicians went on strike. I ran a Venesection Clinic which consisted of taking blood from patients with myeloma with hyper-viscous syndrome (sticky blood) at the CRI. Dr. David Hutton had a particular interest in the viscosity of blood. I looked after the haematology needs of the patients on the wards. I did not however care for haemophilia patients at the Cardiff Royal Infirmary. Apart from two weeks to cover someone's holiday leave and attending the clinic run by Professor Bloom, I was not directly involved in the care of haemophiliacs. However in Birmingham in 1975/1976 I was

responsible for only treating haemophiliacs and instructing them on how to self medicate. I also ran the anti-coagulant clinic for inpatients and outpatients of the hospital in Birmingham.

2. Following my illness in March 1976 which was non A, non B hepatitis, I was allowed to take pre and post blood samples to try and assist the Virologist identify the causative agent of the disease. Following my infection, I informed each patient that there was a risk of hepatitis and asked them for their consent to give a sample of blood for a study to find a causative agent. In those days no written consents were obtained for giving or taking blood, just verbal. I told the patients of the risks of infusion of Factor VIII both long term and short term e.g. cirrhosis, hepatitis or hepatic cancer as I was told by my Consultant Professor John Stuart after I was infected.

3. At the University Hospital of Wales (UHW) I worked in the Day Unit giving chemotherapy and operating the cell centrifuge for mainly leukaemia and lymphoma patients. GRO-B My only memory of involvement in the care of haemophiliacs was for two weeks to cover leave and I gave replacement therapy to ward patients. The blood product being used was Cryoprecipitate which was kept on the ward in a large freezer in a side room. I do not remember giving freeze dried preparation (Factor VIII) to any of the ward patients.

4. I also worked GRO-B at the UHW doing research on an academic project being carried out by Professor Bloom. One project was obtaining brains of various mammals: dogs, sheep, pigs, goats making them into a chemical reagent and comparing their ability to help human plasma clot in vitro (test tube). The results were passed to Professor Bloom. I also obtained umbilical cords of pigs to give to a Research Assistant (whose name I cannot recall) who was researching which part of the body made Factor VIII. I was also involved in harvesting tissues from recently killed pigs to provide biological tissue for analysis in Professor Bloom's clotting antigen studies (cAg). I

- almost missed the birth of my son as I was caught up in harvesting tissues from people who had died whose relatives had previously consented.
5. I also helped in a post mortem of a haemophiliac patient. There were no pictures available of the damage that haemophilia caused to the patient's joints so I dissected the joints to enable pictures to be taken. The deceased patient had consented for this to be done prior to his death.
 6. I attended Professor Bloom's Clotting Clinic where he saw haemophiliacs and also attended Dr. Jack Whittaker's clinic in acute leukaemia.
 7. I took study leave to study for MRCPath Part I.
 8. In the Queen Elizabeth Hospital there was no access to Cryoprecipitate once freeze dried Factor VIII had been introduced. The only choice was Lister Factor VIII (UK produced) if it was available or imported Factor VIII from North America. Most of the Lister Factor VIII was supplied to the Children's Hospital. I worked for six weeks in the Haematology Laboratory under Dr. Maynell at the Queen Elizabeth Hospital before Professor Stuart took up his post.
 9. In contrast to my time at the Queen Elizabeth, in 1975/76, Cryoprecipitate was still being used in Cardiff where I worked from 1978/81. Cryoprecipitate was given to ward patients, and on one occasion when I had a bleed to my psoas muscle, I had an infusion of Cryoprecipitate.
 10. The only knowledge I have of the treatment of patients with haemophilia at the UHW Centre under Professor Bloom is as stated above. Looking back, I did not spend any time that I remember giving active replacement treatment to haemophiliacs other than as stated in

paragraph one.

11. Professor Bloom was encouraging me to enter General Practice. When working in Cardiff I considered Professor Bloom's approach to be thoughtful and constructive and thought he was doing his best for all his patients. My contract in Cardiff ended in August 1981

3. Knowledge of risks

1. Before my skin turned yellow, I was seeing surgical and medical patients on the wards taking blood samples.
2. I was aware there was a risk as I suffered an unidentified episode of hepatitis following infusion of freeze dried Factor VIII in March 1976. Before that date I was aware that an occasional patient in the hospital given whole blood became jaundiced. The Haematologists would be asked to see the patient and suggest blood tests to the relevant consultant and we would take blood samples to check the crossmatch. We would carry out a 'look back' and check the used blood units. In the discharge letter we would suggest that the GP continue monitoring that patient (usually by a liver function test). If a negative result is received then it is suggested that a further test be carried out 6 months later to get an accurate result. I remember seeing two such patients.
3. In Birmingham I did not see the jaundiced haemophiliac patients as they were sent to the old 'fever hospital' (I don't recall the name of the hospital).
4. I was infected in March 1976. I was aware in 1975/76 that there may be a risk because in Queen Elizabeth I had seen patients who were jaundiced after transfusion. Others were infected after receiving Factor VIII (including myself). I started collecting samples following discussions to Virologists. Exhibited to my statement at WITN2362004 is a paper GRO-B

GRO-B

published in 1980.

I left that employment in August 1976. As a doctor and infected patient I followed any developments reported in medical literature. I heard there was a test for hepatitis C in 1989, which was not put into use because it was not reliable. The second generation test was introduced in the NHS in 1992 when I tested positive.

5. There was a report in a newspaper that some haemophiliacs in America were dying from AIDS. IN 1984/85 I realized that there may have been such a risk to me as I had suffered an unidentified infection. I suggested to my wife that we use condoms even though she was on the pill.
6. In the 1980's there was a lot of publicity and advertisements on the television about AIDS. I was tested in September 1988 as a test had become available on the NHS. It was negative. I was tested again in April 1989 by which time a more sensitive test had been developed and it was again negative.
7. Lister Factor VIII produced by the British Blood Products Laboratory BPL used plasma from a smaller pool of donors who were unpaid. The commercially available Factor VIII was derived from plasma from paid donors (including prisoners and drug addicts) and the pool was tens of thousands, so that if only one donor was affected, it contaminated the whole batch. Initially the affected samples were screened out by giving aliquots of the large batches to macaque monkeys but I believe this process came to an end when they said they had run out of monkeys. I believe that the risks in Scotland were far lower but for some reason we could not get blood products from Scotland. When I had a bleed in 1983, I asked for Lister Factor VIII treatment because I was aware it was a lower risk.
8. I was told I think in 2002 that I would be notified in time about the risk of vCJD and plasma products. I received a letter in September 2004

from Dr. Jonathan Wilde of the Queen Elizabeth Hospital, Haemophilia Centre that I had not received any of the implicated batch of treatment. It took two years before I was told that I did not have vCJD but it is still a real concern to me.

4. Other Issues

1. My father who was a Pathologist died in 1977. He was concerned that patients were being put at risk by adult patients being given transfusions of one unit of blood which is of no clinical value. I was aware of this concern pre 1977, although at that time HCV and HIV were not known about.
2. I advised patients when in General Practice to be tested for HIV after the test came in if they had received blood products; and after 1999 to be tested for HIV and HCV if they had received blood products in the 1970's, 1980's and 1990's.
3. It was not usual in the 1970's and 1980's to ask for written consent to give blood or for a transfusion or to receive blood products.
4. When I was a young doctor there tended to be an attitude amongst many of the older doctors that "Doctor knows best". I was told off by my Consultant and Matron when I was a House Officer for giving too much information to patients. The same happened when I was a GP in training and again when I was in partnership. However, because of my upbringing it was normal for me to explain matters, and I also considered it appropriate to do so.
5. When I had been diagnosed with hepatitis C in 1992 and was being seen by Professor Howard Thomas in St Marys Hospital, London I wrote to Professor Bloom to ask his view on the use of Ribavarin and Alpha Interferon. His advice was to ask Professor Thomas for his view and also seek the advice of a Microbiologist or Infectious Diseases

physician. His response showed concern for what was happening to the haemophilia patients. Exhibited to my statement at WITN2362005 is a copy of Professor Bloom's letter to me dated 16th September 1992.

6. Also, in around 1994 I received a phone call from my Aunt who was a Nurse, in a panic saying that my Haemophiliac Uncle had been in a Casualty Department in the south of England for 12 hours, he was still unconscious, and had not been seen by a Haematologist, and could I do anything to help. I telephoned Professor Bloom and was advised to find out the name of the Consultant in charge and his telephone number. I informed Professor Bloom and was later told by my Aunt that Professor Bloom had contacted the Consultant as a result of which my Uncle received immediate treatment for a bleed in the brain. I believe this saved my Uncle's life.

Statement of Truth

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

Signed.....

GRO-B

Dated.....

10th October 2019