

Witness Name: Debra Pollard  
Statement No.: WITN3094078  
Exhibits: WITN3094079-90  
Dated: 2023-08-23

## **INFECTED BLOOD INQUIRY**

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### **WRITTEN STATEMENT OF DEBRA ANNE POLLARD**

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I provide this statement on behalf of The Royal Free London NHS Foundation Trust in response to the notification under Rule 13 of the Inquiry Rules 2006 dated 22 August 2022 and the request under Rule 9 of the Inquiry Rules 2006 dated 10 May 2023.

I, Debra Pollard, will say as follows: -

#### **Section 1: Introduction**

1. I am employed by the Royal Free London NHS Foundation Trust ("the Trust") as Lead Nurse Specialist within the Haemophilia and Thrombosis Centre ("the Centre"). I have been in this role since May 2014. Prior to that I worked for the Trust as a Clinical Nurse Specialist since February 1992. I have therefore worked at the Centre for 29 years. I retired from this full time role in October 2020 and returned part time in December 2020. My job title remains Lead Nurse Specialist.
2. As Lead Nurse Specialist, my responsibilities include leading and managing a team of specialist nurses and allied health professionals. I am also responsible, together with the Centre Director, for the strategic development and management of the department. In my role as Lead Nurse Specialist, I have been responsible on a number of occasions for answering questions from the Infected Blood Inquiry ("the Inquiry"). As a result I am aware of some of the issues surrounding the Inquiry and know how to investigate matters arising within our archives and systems.

3. I have been asked to write this witness statement on behalf of the Trust to respond to certain criticisms raised in the witness statement of W3134 dated 25 January 2021.
4. For the purpose of preparing this witness statement I have reviewed the records held by the Trust in relation to W3134 and provide this statement on the basis of those records. Where matters within this statement are not directly within my own knowledge, I believe them to be true.
5. The Inquiry has requested that the Trust respond to the following paragraphs in W3134's statement:
  - a. Paragraph 4;
  - b. Paragraph 9;
  - c. Paragraph 10;
  - d. Paragraph 19; and
  - e. Paragraph 22.
6. I attach to this statement exhibits WITN3094079-90. These are extracts from the Trust's records detailing various aspects of W3134's care which are relevant to the criticisms made in his statement.

## **Section 2: Background Information**

7. W3134 was diagnosed with Haemophilia A in around 1977. The Royal Free Hospital's first records of W3134 are following his referral aged 12.
8. W3134 was first exposed to Factor VIII treatment in 1979. On 18 November he was admitted to hospital with pain and stiffness in his right thigh for which he was treated with cryoprecipitate and analgesia, but this proved unsatisfactory. On admission he had signs of a bleed and an ultrasound confirmed the presence of a haematoma in the right femoral canal. He was also treated with twice daily Factor VIII initially before this was reduced to just daily (see WITN3094080).

## **Section 3: Response to Criticism of W3134**

9. At paragraph 4 of his statement, W3134 states:

*“My mother was not given any advice about the risks of the treatment which I was receiving either at the start of my treatment when I was receiving Cryoprecipitate or later on when my treatment changed to Factor VIII concentrate. I can also confirm that when I was old enough to understand the risks, I was never provided with any advice and the only information I received was a letter in 1990 (when I was 26 years old) telling me that I was Hepatitis C positive.”*

10. Whilst we cannot identify evidence of advice given to W3134 about the risks of treatment, it is also the case that the risk of HIV was unknown when W3134 was treated, as the first known cases were not reported until the end of 1981 in the United States. The Hepatitis C virus was not identified until 1989 and the first tests became available in 1990, however it was known for many years that some people with haemophilia developed jaundice and abnormal liver function tests after treatment. This was known as Non-A Non-B Hepatitis. At the time of W3134's first Factor VIII treatments, the long-term consequences would have been unknown.

11. At paragraph 9 of his statement, W3134 states:

*“I avoided going to the Haemophilia Centre because for many years whenever my wife and I attended, we weren't shown any compassion and we received no support at all. The Haemophilia Centre is different now, it's changed – it's more clinical now whereas before it was cliquy because of everything that has happened, the trust has gone. When I tested positive for Hepatitis C, I should have been called, invited to go into the centre and reassured and none of that happened.”*

12. W3134 was sent a letter dated 9 July 1990 informing him of his positive result, and inviting him to contact the centre to discuss the results further (see WITN3094082). W3134 was seen on many occasions subsequent to this to discuss the HCV, including a referral to the joint Haemophilia/Hepatology clinic (“Liver clinic”) for reassurance as he was PCR negative. This meant that although W3134 had been exposed to HCV and mounted an antibody response, there was no active virus and his liver function tests were consistently within the normal range (see WITN3094085). A file note from Professor Christine Lee on 31 July 1990 states that W3134 “came to discuss HCV. Wife would like to be tested.” This was not a normal clinic review appointment or in response to an injury or bleeding episode, which suggests that W3134 requested the appointment to discuss HCV as advised in the letter (see WITN3094079). There is also a handwritten note on the copy of the

result letter that reads “Appointment booked for Tue 31/7/1990 3pm re anti HCV”, which again demonstrates that W3134 called to book an appointment to discuss the results after receiving the letter (see WITN3094082). Subsequently W3134 was written to by Dr Telfer on 7<sup>th</sup> May 1992 to invite his wife to participate in a study to determine the sexual transmission risk. We feel this demonstrates an ongoing dialogue with W3134 about Hepatitis C.

13. W3134 requested retesting for himself and his wife, as well as testing his daughters at the time of their own appointments. W3134 was also seen by Mrs Riva Miller, the Centre Social Worker and AIDS Counsellor, for counselling about a number of issues, which included his concerns about the HCV (see WITN3094083). W3134 has attended the haemophilia Centre on many occasions over the years both directly and indirectly related to his haemophilia (see WITN3094088).

14. At paragraph 10 of his statement, W3134 states:

*“I was never properly informed that I had been exposed to a batch of contaminated blood product. Whenever I attended a clinic which was not related to my haemophilia, I would go to the Haemophilia Centre, collect my notes and attend the clinic. On one of those occasions (which I think was around the late 1990s – 96/97) I picked up my notes and on the front of the notes it had the dates when vCJD was identified in a batch which I had received. I just saw it on the notes – it was purely incidental. When I asked the Haemophilia Centre about it, they brushed me off again and said that I wouldn’t know if I had it until post-mortem, so basically I was told to go away.”*

15. All patients who received British Blood Products between 1980-2001 were informed that they were considered “at risk of vCJD for public health purposes” as a result of a Department of Health notification. The first notification about vCJD was in 1997 and W3134 was informed by letter. Subsequent batches donated by individuals who later were found to have vCJD were identified and a major Public Health notification took place in 2004. W3134 was found to have received treatments from implicated batches during this notification process and was written to along with all others affected (see WITN3094089).

16. There were over 900 affected patients who were sent letters from this Centre alone. All patients were invited to call when they received the letter and to make an

appointment to discuss it further if they wished. We apologise if this gentleman did not receive his copy of the letter and the included patient information, but as soon as he raised this as an issue we believe he would have been given a copy which we are happy to forward again at any time if he requests it.

17. In response to W3134's criticism that staff "*brushed [him] off again and said that [he] wouldn't know if [he] had it until post-mortem, so basically [he] was told to go away*", the Trust confirms that the advice given to W3134 was correct. Information sent to patients by the Health Protection Agency with the notification documents also stated that there were no available tests for vCJD and the only way of confirming a diagnosis would be at post-mortem.

18. At paragraph 19 of his statement, W3134 states:

*"For many years I was going through what I felt were extremely difficult symptoms and I should have been provided with a consultation of some sort to explain to me that these are the possible causes and to discuss whether there were any forms of treatment that could have been given to me."*

19. It is evident that W3134 was seen on many occasions to discuss the HCV both in clinic and by Mrs Riva Miller for counselling support. Prior to being found positive for Hepatitis C W3134 was seen for regular annual reviews which were, and remain the standard of care for someone with mild haemophilia. Dr Christine Lee noted at the 1989 review that the last abnormal AST ( a test of liver function) was in 1986. At his review on 06/02/1990 although he reported feeling "reasonably well" W3134 went on to describe some symptoms which were subsequently investigated. He was diagnosed with haemorrhoids and referred to the surgeons for treatment. On 08.11.1990 there are clinical notes referring to a discussion with Dr Margaret Johnson (Consultant Chest Physician) about starting 6 months treatment for assumed TB. This included very frequent blood tests to monitor the treatment being given. This diagnosis must have been discussed with him as his wife and daughter were also required to attend for chest X-rays as close contacts. The treatment and management is summarised in letters attached at WITN3094081. W3134 did not require treatment for Hepatitis C as he naturally cleared the virus (see WITN3094086).

20. At paragraph 22 of his statement, W3134 states:

*"I was having a severe bleed from my lungs and it was thought I might have tuberculosis and because of that, the Royal Free Hospital contacted my employer where I was working as an optician who then found out I was a haemophiliac. The Royal Free Hospital did not contact me prior to contacting my employer to ask for my permission. My employer then proceeded to constructively dismiss me because of the AIDS stigma connected to haemophiliacs and my close contact with patients, despite me not suffering from AIDS."*

21. In response to this paragraph the Trust confirms that tuberculosis is a notifiable disease, meaning clinicians have a statutory duty to notify local authorities or a local Public Health England centre of all suspected cases. As W3134 had tuberculosis and symptoms including coughing up blood, it is likely that his employer was contacted as part of a contact tracing exercise. This would have been the responsibility of the Public Health Department and not the Trust.

### **Section 3: Other Issues**

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22. At paragraph 7 of his statement, W3134 states:

*"My wife would attend the hospital with me because she wanted to know what was going on and we would have to take our baby daughter. We were made to feel as though we were an inconvenience because we were bringing our baby. There was no empathy at all and it was all very clinical and matter of fact. I think it was around this time that we spoke to Dr Christine Lee about the impact of my Hepatitis C infection. We asked her if there was any risk of transmission to our daughter and she said there was no evidence to lead them to think that there was any risk to her."*

23. The Haemophilia Centre at the Royal Free Hospital at the time described, treated patients from birth. It was a child friendly environment, with a playroom and a children's treatment area and doctors and nurses were experienced in the care of treating children. This included not only children with bleeding disorders but children of adults affected by bleeding disorders, who have always been welcome.

24. It is correct that advice around transmission in the early 1990's was that the risk of sexual transmission was thought to be very low (although it was not yet proven),

and the risk of household transmission could be avoided by immediately cleaning any blood spillages. Children of those affected with Hepatitis C were not considered to be at risk of transmission if their mother was Hepatitis C negative.

25. At paragraph 8 of his statement, W3134 states:

*"I was having yearly reviews with Mrs Miller who was a social worker and with the nurse practitioner and I tried to raise my issues with them but again we were brushed off."*

26. Mrs Riva Miller saw W3134 at all of his annual reviews and on other occasions at his request. There is evidence that she supported him and his family with matters other than his haemophilia such as supporting with housing applications (see WITN3094083 and WITN3094084).

27. At paragraph 13 of his statement, W3134 states:

*"Before the diagnosis of Hepatitis C and being informed that I had been exposed to vCJD, I didn't know what was going on. I had lots of symptoms, including extreme fatigue, temperatures, abdominal pain and I couldn't think straight. I eventually went into a deep depression but no-one ever actually said to me that Hepatitis C might be causing it and it went on for quite a few years. It made work very difficult for me to manage."*

28. W3134 has remained PCR negative for Hepatitis C with normal liver function tests for many years. At the time that he was being tested very frequently, he was being treated for TB and was found to have a number of serious side effects from that treatment including those affecting his mental health.

29. At paragraph 17 of his statement, W3134 states:

*"Until this day, I do not get dental treatment from the high street dentist because they just don't do it once you have declared your hepatitis status. The Haemophilia Centre at the Royal Free Hospital did have an associated dentist but that stopped maybe 10 or 12 years ago..."*

30. The Royal Free Specialist Dental Service was closed in line with many others in secondary care as it is now the responsibility of local providers. However, because of the risk of bleeding for people with haemophilia with certain high risk procedures there have always been access to referral pathways for our patients, firstly, at the Eastman Dental Hospital and more recently at the Royal London Hospital where there is a co-existing haemophilia Centre for more convenience. W3134 has made use of these pathways (see WITN3094087).

31. At paragraph 18 of his statement, W3134 states:

*“Recently I did have to have a lumbar puncture at the Royal Free Hospital. There was a huge fuss about that procedure because of my exposure to vCJD. I needed to have a lumbar puncture because the doctors who treat my **GRO-B** Syndrome at The Royal London (Barts Health NHS Trust) wanted to establish the neuro nature of it. The Royal London contacted the Royal Free Hospital to liaise with them about the procedure. The Royal Free Hospital said that it could not be done at the Royal London Hospital and it could only be done at the Royal Free Hospital. This was because all of the samples needed to be sent to a special laboratory. Dr Yee who is treating me for my haemophilia wanted to know why I was having the procedure and was quite annoyed because the Royal London Hospital should have been aware that due to my haemophilia and my exposure to vCJD, a process needed to be followed.”*

32. Where haemophiliacs are seen by other specialists, the haemophilia service should be kept informed, which had not happened in this instance. The Royal Free Hospital had not been copied into the original procedure letter and so were not made aware of the planned procedure. It is important that where there has been exposure to vCJD, samples are sent to an appropriate place for review.

33. At paragraph 20 of his statement, W3134 states:

*“Whilst I don’t know if it is related to the treatment which I received for my haemophilia, my infection with Hepatitis C or my exposure to vCJD, the diagnosis of **GRO-B** is a mystery because I have only been diagnosed with it in the last four years and it is something which you are born with. It’s so rare and I don’t know what the figure is exactly, but there are a number of haemophiliacs who have it.*



*That's a worry to my wife and I, is it an acquired condition because of the treatment that I received? Now we are left thinking because all of the information which has come to light, is this related to vCJD because **GRO-B** affects your state of mind?"*

34. We are unable to comment on whether W3134 acquired **GRO-B** syndrome as a result of the treatment received for his haemophilia. We would suggest W3134 discusses this with his treating rheumatologist at Barts Health NHS Trust.

### **Statement of Truth**

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

Signed **GRO-C**

Dated 23rd August 2023

### **Table of exhibits:**

Notes/ Description	Exhibit number
Medical records of W3134.	WITN3094079
Medical records from Whittington hospital of W3134.	WITN3094080
Letter from Dr Ian Macdonald on behalf of the Royal Free Hospital in relation to W3134.	WITN3094081
Letter from Dr Christine Lee on behalf of the Royal Free Hospital in relation to W3134.	WITN3094082
Letter from Riva Miller on behalf of the Royal Free Hospital in relation to W3134	WITN3094083

Medical records of W3134.	WITN3094084
Letters from Riva Miller on behalf of the Royal Free Hospital in relation to W3134	WITN3094085
Medical records of W3134.	WITN3094086
Haemophilia records of W3134.	WITN3094087
Letter from Debrah Ann Pollard on behalf of the Royal Free Hospital in relation to W3134	WITN3094088
Medical records of W3134.	WITN3094089
Letter from Dr Christine Lee on behalf of the Royal Free Hospital in relation to W3134.	WITN3094090