Witness Name: Khalid Mahmood
Statement No.: WITN3773
Exhibits: **WITN3773002**
Dated: 22 October 2019

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF KHALID MAHMOOD

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 24 September 2019.

I, Khalid Mahmood, will say as follows: -

Section 1. Introduction

1. My name is Khalid Mahmood. My date of birth is GRO-C 1959 and my address is known to the Inquiry. I have four children and now live with one of my sons in GRO-C. I am a widower.

2. I am not legally represented and the investigator has explained the Right to reply process, in relation to criticisms against individuals or organisations.

3. I retired early in 2015 after having a brain haemorrhage and stroke – which affected my vocabulary, speech and general physical health. Prior

to this, I used to work for an electronics company and have had stints both being a presenter and managing a local religious radio station.

4. I intend to speak about my wife's (Shamim Mahmood) infection with Hepatitis C (HCV). In particular, the nature of her illness, how the illness affected her, the treatment received and the impact it had on her, me, my children and our lives together.

5. Shamim was born on GRO-C 1958. She was my life partner and we led a normal life. If I was asked to describe her with a few words, I would say she was caring, loving, understanding and appreciative. More importantly, she was an amazing loving mother to my children.

6. Shamim died, sadly, on 14 October 2013. Her death certificate **[WITN3773002]** states that her cause of death was:
    1) a) Encephalopathy
       b) Liver Cirrhosis
       c) Hepatitis C
    2) Hepatocellular Carcinoma, Diabetic Nephropathy.

7. I contacted the Inquiry following the press coverage in the national and local media. I want to understand why Shamim was given infected blood and who was responsible.

8. I do not wish to be anonymous. I have chosen for my name to be in the public domain. I want to ensure that my wife's story is heard, so that lessons can be learned, to prevent any family going through the same awful loss we have suffered.

9. Throughout my statement I refer to certain dates and events. Due to the passage of time, lingering symptoms of my brain haemorrhage / stroke

and general wellbeing I am unable to recall a vast majority of these dates.

10. I have not seen any of my wife's medical records. The dates I state in this witness statement should be treated as approximates as opposed to definitive dates, should there be any inconsistencies with her medical records.

11. After speaking to my daughter Laila WTN3804, she will make a statement to the Inquiry to offer the impact that this has had on her, as well as complete any gaps in my memory or where she has attended appointments with my wife.

Section 2. How Affected

12. It is my belief that my wife was infected with HCV after receiving a blood transfusion, following the birth of my first daughter Annela on GRO-C 1979 at Nottingham Women's Hospital (NWH) on Peel Street. The hospital has now closed and been replaced by The Queen's Medical Centre (QMC) on Derby road.

13. My wife's pregnancy was all normal. She regularly saw her GP (Dr Koli) for general check-ups.

14. On the day of my daughter Annela's birth, the Doctor at the hospital told my wife and I that Annela's birth was not going to be straightforward. The baby would need to be delivered by Caesarean section. The doctor informed me that during the process she lost a lot of blood. My wife was weak and needed to be given blood to bring her back to normal. This blood turned out to be infected, but we would not know this until a number of years later.

15. Nothing else around the pregnancy or birth was significant or remarkable. She was discharged a couple of weeks after the operation and our lives returned to normal.

16. Between 1983 – 1985 (4 to 6 years after Annela's birth), my wife had to visit the GP several times after presenting various symptoms. She experienced some hair loss, felt cold, tired and had low energy frequently. Sometimes she would also be moody. Occasionally, she would fall asleep on the sofa in the middle of the day. Some days she would look pale and have droopy eyes. Over time her neck skin started to sag, she lost weight and her eyes became a bit yellow. I also remember her having problems with constipation.

17. She was eventually confirmed as being diabetic, by Dr Shanker at the Meadows Bridgeway Health Centre. There were three doctors at this GP practice – Dr Shanker, Dr Bajantri and Dr Rao. She would be seen by anyone of these Doctors on her visits.

18. Initially she was prescribed medication, but her condition worsened and she received a higher dose. Eventually, she was given injections which she had to take in the morning, afternoon and evening. I am not sure whether she had Type 1 or 2 diabetes. I believe she was asked to control her diet in addition to the medication which, from memory, helped. She continued to have regular visits to the GP to monitor her condition and to ensure her medication was still appropriate.

19. Between 1993 – 1995 my wife started to develop spots on her face – on both sides of her cheeks. It was similar to acne. The spots eventually turned to marks and were black in colour and about 1/8th of an inch in size. She visited the GP and was provided with an ointment. After several visits, she was eventually referred to QMC.

20. QMC performed a biopsy of one of the spots and then she went away. Shortly afterwards she received a letter and was given an appointment for a consultation with Dr Alan Ryder. Unfortunately, after my wife passed away I did not keep these letters.

21. At the consultation, my wife was told that she was infected with HCV. The doctor calmly explained this as a matter of fact. They said that the cause of HCV was most likely as a result of her blood transfusion. This was her first and only transfusion. My wife did not smoke, drink, have any tattoos, take any non-prescription drugs and only had ear piercings.

22. We were told the diagnosis meant the ultimate result would be liver scarring. At no point were we told that it could potentially be life threatening. We were not told to take any precautions to avoid transmission to family members or others.

23. We were not given any other information about treatment, for example, we were not given any leaflets, directed to view any websites or told to contact any other organisation for further information. I do not believe there were any at the time anyway. We were only told we would receive another letter.

24. In hindsight, I believe this was poor service. We should have been told whether we could take precautions to slow damage to the liver, what symptoms to expect and the best way to mitigate these risks. Moreover, if they shared this information with me, I could have better supported my wife.

Section 3. Other Infections

25. To my knowledge, I do not believe my wife suffered from any other infection, as a result of the blood transfusion. My wife also suffered from diabetes, but as I am not a medical expert, I am unable to say whether there is any link to infected blood.

Section 4. Consent

26. I remember being told that my wife needed a blood transfusion following the birth of my daughter. I do not believe we signed anything or were told about any risks.

27. Shamin had two treatments for HCV. The first was a course of ribavirin ("Ribivarin Tablet Treatment"). The second was a course of Interferon ("Interferon Injection Treatment"). She was also considered for a liver transplant, but she did not undergo this procedure.

28. In relation to these treatments, we knew she was being treated and that was the extent of it. We were not given any information in relation to the side effects or much more detail other than being referred for various tests, but I do not believe this was for research purposes.

Section 5. Impact

29. After being given the HCV diagnosis we had a follow up consultation with Dr Ryder at QMC. We discussed treatment options, however, we were told that the treatments may not work.

Ribivarin Tablet Treatment

30. I believe that my wife had to take Ribivarin tablets twice a day. I cannot remember the brand or the dosage. She took these for around six months. Whilst on this treatment, she had monthly appointments and follow up consultations with Dr Ryder. At each appointment the medical professionals would weigh her, take her height and take her blood. After six months, her HCV levels were unchanged and she was told that the treatment did not work.

31. Whilst having the first round of treatment my wife experienced negative side effects. She was often cold and shivery. She would be very tired, restless, extremely moody and very argumentative. Her sleep patterns were disturbed, so she would often be drowsy and sleepy during the day. She also become very bossy. For example, I used to attend the gym regularly. One day, she said you can't go today – she was persistent – very demanding.

32. Her appetite also changed significantly. I remember, at the time, she was on a salad-based diet because of her diabetes. She would stop eating and then end up just eating cream crackers. Her diabetes meant that she would also have to visit the toilet frequently. All of these factors meant she was suffering a lot during her treatment period.

33. After the first round of treatment she went back to her normal monitoring appointments. I believe these were every three months. At some point they did a liver biopsy and discovered she had scarring. At the consultation they confirmed it was cirrhosis. They, however, did not mention what the implications or the significance of this were.

Interferon Injection Treatment

34. She was then offered a new treatment – Interferon. This was her second round of treatment. I remember the medical professionals telling us that it might not work, but it was worth trying. This treatment involved injections into my wife's stomach as well as taking ribavirin tablets. The nurse trained me to administer the injections to her. I cannot, however, remember the dosage or the injection regime. Whilst on the medication, she would have regular consultations with Dr Ryder.

35. The side effects were worse during this round of treatment. The original symptoms she suffered during the first round of treatment returned, however, with more intensity. This time round she suffered from extreme mood swings. She would want to be left alone and not do anything for a long time. She stopped socialising and this I believe led her to have low self-esteem. Her routine changed – she stopped picking the kids up from school and eventually stopped leaving the house altogether, unless I would chaperone her. In hindsight, this could have been depression.

36. Sometimes, she would engage with the family and want and need them around her. She would frequently start arguments. She also continued to lose weight and began to suffer from a frozen shoulder.

37. After three months, blood tests confirmed that unfortunately the treatment was not successful. I believe the treatment ended in 1998/1999. She then continued to go back to her regular check-ups. These happened every 6-8 weeks and involved blood tests, weight and height checks.

Consideration for Liver Transplant

38. In 2011, after the second treatment finished, Dr Ryder referred my wife to City hospital in Nottingham, for tests to determine if she was suitable for a liver transplant. City hospital then consulted with Dr Ryder and to my knowledge, I believe she was deemed suitable.

39. My wife then started to develop water retention in her stomach. I do not remember the exact date and whether this was before or after the referral for the liver transplant tests. To treat the water retention, she attended hospital and they would drain 7-9 litres of fluid from her stomach. I remember this being a yellowish colour. This treatment was required every 2 – 3 months. Over time this became more frequent and it became monthly, fortnightly and finally weekly. She would be in hospital for 4-6 hours for each drainage procedure.

40. In 2013, when my wife was in the hospital for the drainage procedure, two liver transplant specialist doctors came to see us. I do not recall their names, only that they were from London and there was one male and one female. There was a consultation and they said that despite passing the tests that made her suitable for a liver transplant, she may not survive the operation. As a result, they informed us that they would not perform the operation. At the time, given these doctors were specialists, I did not argue with or challenge their decision. This is something, I now often think about: if Shamim had the operation two years earlier, and there was not this delay, she may have been able to survive.

41. After the consultation, both my wife and I were very upset. She was in tears. I was really sad, but tried to support my wife. I said to myself, that

"It is in God's hands now – if it is meant to be that way, it will be God's will".

42. I still have questions in my head. Why would my wife be asked to go through the entire process to deem if she was suitable for a transplant, told she had passed the tests, only for the medical professionals to say no at the end? It is a complete waste of money and time. I am not sure whether my wife's age (she was 54) and the operation costs played a part in the decision. I believe both the Doctors and the hospital (QMC) could and should have reacted earlier. These delays eventually meant she missed the opportunity for the transplant, which ultimately led to her death.

43. She went on to have her regular monitoring regime. Around 2013, at one of her appointments, I followed Dr Ryder out of the consultation room and asked him for more information about my wife, because I was keen to go to Hajj for pilgrimage. Dr Ryder said that it was fine for me to go as my wife's condition was stable.

44. Two weeks into Hajj I received a call from my daughter. She said that mum had passed away. I was distraught and went to the hotel crying. The organiser was very kind and said he could arrange for me to return to the UK the next day. After consulting with my family, I decided to finish the pilgrimage for religious reasons and then returned to the UK.

45. When I returned everyone was distressed. My wife was still in the morgue, because I wanted to see her before her burial. We organised her funeral the next day and she was buried.

46. Ultimately, a chain of negligent events either caused, or contributed to, my wife's death. Firstly, Nottingham Woman's Hospital should have checked the blood was free of diseases before administering a

transfusion to my wife. Secondly, as soon as they were aware of the error they should have contacted everyone who was impacted with information on what happened, to ensure they had access to the required treatment. In fact, I believe treatment should have been fast tracked. Thirdly, there has been no support for my family – emotionally, psychologically or in a way that reassures them that lessons will be learned from these mistakes.

47. There has been a big impact on my family. We have a massive hole in our lives. My children really miss their mum and she never had the opportunity to see her grandchildren. I miss my wife – she was my life partner. It has made me lonely. We were together for 35 years. The situation has made me depressed and has had an impact on my health. We do not talk about it as a family – we hide our emotions which probably explains the anger we throw at each other now and again.

48. I have to play the role of mum and dad for both my children and the grandchildren. Usually, children can choose to discuss particular topics with either their mother or father. My children and grandchildren no longer have this choice. I am disappointed that she did not have the opportunity to attend our children's weddings or get a chance to meet her grandchildren. She would have been proud.

49. As a family, we did not share the fact that my wife had HCV openly with our friends. It was embarrassing and shameful, but at the end of the day it was also not their business.

50. To date, we do not know which family members if any, are infected. I have had three other children after my wife was infected. The risk of them being infected concerns and saddens me. No medical professional has told us that we should be tested. The Inquiry team's visit has raised

our awareness of the risks and we are minded to contact our GP and request a test for peace of mind.

51. Whilst there was a financial impact in terms of attending the appointments, parking etc I have never calculated nor want to calculate the cost.

Section 6. Treatment/Care/Support

52. In hindsight, I believe we would have benefited from some counselling as a family to get to terms with what happened. I have now reconciled it in my head – it was God's will – it was destiny. I do not discuss this with anyone. It brings back painful memories, so I would rather not explore these.

53. The Inquiry team has given me a card which details information on how I can contact the British Red Cross for psychological support. I may consider using them in the future.

Section 7. Financial Assistance

54. Dr Ryder's secretary, Maggie, found out that there was a fund: the Skipton fund, which was offering families of those involved compensation after reading a newspaper article. Maggie was familiar with my wife's case and sent us the details.

55. We filled in the details and received two payments from them – stage 1 & 2. The first was £20,000 (stage 1) and the second was £20,000 (stage 2). I believe the forms were straightforward and the money was paid into our account. That said it was a very cold process that lacked the human element – it lacked sympathy and empathy. The payment was ex gratia.

At the time, I did not know what this meant. I feel angry and sad that they did not take responsibility for their actions.

56. I feel the level of compensation offered was not enough. I remember thinking, you can take all your money back, if I can have my wife back. The formula they used to calculate the compensation is inadequate. I would ask if this impacted one of the decision makers family, would they feel the stage 1 and 2 payments were sufficient. Moreover, I feel there is not a proper support mechanism for the family.

Section 8. Other Issues

57. I have quite a lot of questions left in my head. I hope that the inquiry may be able to answer these. For example, why was the blood not checked before it was given out? Moreover, I want to ensure that this never happens again – so that no family will have to go through what we have been through. The gap in the family is irreplaceable and no amount of compensation can fill that.

58. Ultimately, I believe someone should be held accountable. Whoever is responsible for this terrible tragedy is like a monster. They have killed a lot of people and ruined families and left others to deal with the consequences of their decisions.

59. I hope the government now takes responsibility for this tragedy and look to make amends by helping the people that have been impacted.

Statement of Truth

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

Signed GRO-C

Dated 22/10/2019.