Witness Name: Catherine Sarah Khair
Statement No.: WITN4163001
Exhibits: None
Dated: June 2021

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR CATHERINE SARAH KHAIR

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 4 June 2021.

I, Dr Catherine Sarah Khair, will say as follows: -

Section 1: Introduction

1. My name is Dr Catherine Sarah Khair, however I am known as Kate Khair and I am the current Vice-Chair of The Haemophilia Society ("The Society"), whose registered address is at 52B Borough High Street, London, SE1 1XN. My date of birth is GRO-C 1961. I became a trustee of The Society in May 2011. I was co-opted as a medical trustee and I remained a trustee until October 2017 when my term of office came to an end. I stepped down as a trustee in October 2017 but was re-elected as a trustee in November 2018. Since November 2019, I have held the position of Vice-Chair of The Society. I will remain in this role until November of this year, when I will have to stand down due to the duration of my term of office. Despite the fact that I will not be a trustee, I will continue to support the work of The Society.

Professional qualifications

2. I qualified as an adult nurse in Birmingham in 1982, and as a children's nurse at Great Ormond Street Hospital ("GOSH") in 1988. When I moved to GOSH, I initially worked in paediatric haematology oncology and I treated some children with haemophilia at that unit. I was appointed as the Haemophilia Nurse Specialist at GOSH in July 1990 becoming a Consultant Nurse in October 2003. I undertook various English National Board Courses ("ENB") and completed the ENB course 924 in HIV and AIDs in 1998. My PhD, awarded in 2013, was in the lived experience of children with haemophilia. Since then I have undertaken qualitative research into lived experience of people with bleeding disorders.

3. I am currently a Clinical Academic Careers Fellow, at the Centre for Outcomes Research and Experience in Children's Health Illness and Disability ("ORCHID") at GOSH and am a visiting Professor of Health and Social Care at London South Bank University.

Section 2: Response to criticism of W3988

4. At page 49, paragraph 13 of witness W3988's statement, the witness states "*Kate Khair, Great Ormond Street Paediatric Haemophilia nurse, and co-opted Trustees decided the direction and she had no sympathy or understanding of contaminated blood issues and had not looked after anyone with it. One of the comments made by Kate Khair was 'why do they need psychological support? So they can moan about what's wrong with them?'.*"

5. Witness W3988 provides no detail in respect of when I supposedly made this comment, however, I have no recollection of ever saying anything like that.

6. As outlined above, I have treated haemophilia patients infected with Hepatitis C ("HCV") and/or HIV since 1990 when I was appointed as the Haemophilia Nurse Specialist at GOSH. When I started my role as the Haemophilia Nurse, I believe there were approximately 60 children with haemophilia or other bleeding disorders being treated at GOSH, 11 of whom had been infected with HIV. Most

of them also had Hepatitis C and there were some other boys who were mono-infected with Hepatitis C. Having treated these children for many years, I have a significant depth of understanding of the contaminated blood issue and the impact it has had on all affected. Whilst I predominantly treated children, I developed close relationships with the parents of those children and have stayed in contact with many of my patients as they've grown and left the care of GOSH.

7. During my time as the Haemophilia Nurse at GOSH, I worked very closely with the HIV team which consisted of a family counsellor, Candy Duggan, a psychologist, Rebecca Lewin, and a social worker, Sue Trickett. In addition, there were three consultant immunology infectious diseases doctors and we held joint clinics with them. The HIV team would attend the haemophilia clinics rather than the other way round to avoid the boys needing to attend HIV clinics. The HIV team was seen as part of the extended haemophilia team. In addition to the family counsellor offered by the HIV team, as detailed further below, I set up and ran a parent support group for the parents of the boys who had HIV.

8. Due to the age of the boys, some of them were unaware of their HIV diagnosis, some of the parents had decided that the children should not be informed due to their age and, as it was understood in those days, HIV was life limiting. All of the boys were being treated with AZT. Some of the boys believed that they were taking AZT to help with their haemophilia, but some worked out that it was for something different.

9. When the time came to inform the boys of their diagnosis, at an age appropriate time, I was involved in informing them along with their parents. The boys were often adolescents moving into adulthood, at 12 or 13 years of age, when they were informed of their diagnosis. The process was very traumatic for all involved but it was imperative that I had a real understanding of the needs not only of the boys, but also their parents and siblings and extended family members.

10. I recall one mother saying to me that she wished that her child had leukaemia, when I questioned why she said "*because then I could tell everyone else that my child had leukaemia, and they'd be supportive*". It was clear to all that the children and their families required significant support and I, along with the HIV team, provided as much support as possible to those families.

11. The parent support group took place at the hospital in the evening. No children would attend, it was solely for adults and often both parents would attend. In addition to the parent support group, I also carried out some community support through conducting home visits and also attending schools to educate teachers and pupils in respect of haemophilia. I was also involved in the work of The Society before becoming a trustee. I used to often attend The Society's educational events and attend its fundraising activities. At one time The Society's offices were very close to GOSH therefore I would often attend to drop things off, educate the staff or attend other activities arranged by The Society for the benefit of its membership.

12. The care and support of children and families living with the effects of HIV and HCV as a result of receiving contaminated blood has been one of the key features of my career since I joined GOSH in 1988. I would not have been able to carry out my job without an understanding of the pain and suffering that these individuals have endured as a result of receiving treatment they believed would help. I have spent the last 33 years of my career doing what I can to support those individuals, and continue to do what I can to support them, particularly in respect of developments in treatment and through the work of this public inquiry.

Statement of Truth

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

Signed **GRO-C**

Dated 10th June 2021