Witness Name: **Waqar Bashir AHMAD**
Statement No. **WITN4265001**
Exhibits: **WITN4265002** to
WITN4265003
Dated: 18 / 10 / 2020

INFECTED BLOOD INQUIRY

WRITTEN WITNESS STATEMENT

of MR. WAQAR BASHIR AHMAD

I provide this statement in response to a request made under Rule 9 of The Inquiry Rules, 2006 dated 15th August, 2020.

I, Waqar Bashir Ahmad, will say as follows:-

Section 1 - Introduction

1. My full name is **WAQAR BASHIR AHMAD** and I was born in Lyallpur (now known as Faisalabad) in the Punjab region of Pakistan on GRO-C 1954. I came to the United Kingdom with my family as a teenager in the early 1970's and have, with few exceptions, remained here ever since.

2. We settled in the Newcastle-Upon-Tyne area where, with the sole exception of a period of about two years which I spent working in Belfast, I have remained in 'Tyneside.'

3. I am now retired, on medical grounds (which I will detail later within the statement) and living on benefits, but I would always consider myself to have been a hard-working and generally busy man, working in my family's business, in manufacturing, clothing, retail or catering and running businesses of my own, most recently in fast-food.

4. I am a family man, having been married for over 35 years, and have four children, all now adults, three daughters and a son, all of whom were born in Newcastle, the girls all having married and our son now studying at university.

5. I intend to speak of my having become infected with Hepatitis C (also known as Hep' C and / or HcV), how I believe I came to be infected, the impact this ailment and its subsequent treatment have had upon the lives of my family, friends, and I, and of my experience of engagement with the Skipton Fund, to whom I applied, unsuccessfully, for financial assistance.

6. I must state from the outset that I do not know for a fact exactly how I was infected with HcV, but that I believe the only possible source of infection to have been an NHS blood transfusion I received in 1984.

7. I am not currently legally represented and have not entered into any civil litigation case(s), past or present, as regards my having been infected.

Section 2 - How Infected

8. I am, and have always been, a clean living person, not someone who has been promiscuous by nature, used drugs, engaged in self-tattooing or indulged in any other activity which may be considered by some as having placed me at risk of having contracted Hepatitis C. My wife is an equally responsible person, and there is absolutely no way in which I could have become infected through contact with my wife or by virtue of my lifestyle.

9. When I first arrived in Newcastle-Upon-Tyne and with my family made our home there, I was a young, fit, healthy man with absolutely no underlying health issues.

10. My parents had always wished for me to be well educated, as my elder brother was, but I wasn't academically focussed in life and it wasn't for me. Whereas my brother was given a tutor, to help him with his studies, my aim was to move into the workplace and then to be my own boss as time progressed.

11. Our family had always been involved in manufacturing and in particular production of fabric and clothing. My older brother, who was always considered to have been brighter than me, started a manufacturing business from his home, with his wife, and did really well for themselves, especially as they were then only using one machine.

12. By contrast, I was working 12-hour shifts, day-in-day-out, in hard physical labour – still in the fabric trade but doing such things as carrying heavy bundles (7 – 8 metres each) of corduroy or denim up and down flights of stairs in the factories. In general terms he used his brains whilst I used my brawn, but fortunately I had both the appetite and stamina for hard work – I was young, fit and healthy.

13. In 1977, GRO-C unfortunately suffered a miscarriage and was hospitalised. I visited her in Newcastle General Hospital, and on one occasion was there with GRO-C In contrast to me and my health, GRO-C GRO-C

14. A nurse, GRO-C suggested that I be tested GRO-C so I agreed for my blood sugar levels to be checked, which she did. Almost immediately I realised that something was wrong – the machinery she was using registered what I now think was '17' on its screen, and although she didn't say anything to me directly, her demeanour told me that something wasn't right, and she told me that I had to go and see my doctor,.

15. However, there was nothing wrong with me, or so I thought, I was fit and healthy and had experienced no health issues whatsoever, so I rather dismissed this apparent concern and for the next three or four years didn't bother to see my General Practitioner (G.P.) I was busy working, and was a slim yet healthy 10 stone (approximately).

16. Eventually, but not until about 1982, I went to see a doctor – someone at the Freeman Hospital in High Heaton (an area of Newcastle-Upon-Tyne close to where I was living and working). Here I was diagnosed as having Type II Diabetes. Initially I had been informed that it was type one, but it turned out to be type two as it was found to have been age-related.

17. At the same time, and in part why I had attended the hospital in the first place, I was experiencing some pains in my side – this they investigated and found that I had developed a kidney stone. Unfortunately this wasn't the only issue I faced, as in January or February 1984, I went into hospital to have another stone removed, this one having been found in my bladder.

18. This stone was removed surgically, and then later that year, in October 1984, I was again admitted for surgery, this time to remove another stone. Whereas the first two had been rather unexpected, this stone was known about, the result of follow-up investigations made after the others, so I entered hospital for elective surgery rather than as an emergency.

19. So, in 1984 I underwent two invasive surgical procedures in the U.K., both at the Freeman Hospital and both to remove stones (i.e. that conducted in January / February and the one in October). Prior to this, I had only ever been subject to one operation – I underwent surgery in Pakistan, when I was about 14 to 15 years old, again to remove a stone.

20. The operation in Pakistan and the first one at the Freeman Hospital both appear to have passed without incident, but the third operation, that conducted in October 1984 always appeared to be something of an issue as I recall the surgeon, a Professor Easthaugh having told me beforehand that I may need to be given some blood, in particular as I appeared to have lost weight.

21. I distinctly remember the conversation – in those days for elective surgery such as this, you used to be admitted into the hospital a few days before the procedure, as I was, and would see the surgeon before the operation, as I did. Professor Easthaugh was a kidney specialist who was then monitoring my condition, and I would see him approximately every two months.

22. When the clinician told me that I may need blood, I didn't really think too much of it, I certainly didn't question it as that was not, and is not, in my nature. Whenever a doctor or nurse had cause to tell me anything, I accepted it without question, I always believed that they knew what would be best for me, and took their word for it.

23. I was also then really busy workwise – by then I was running my own business and had my own shops, I simply wanted to see that whatever needed doing was done, so that I could get back to work.

24. I believe that I signed some paperwork prior to the operation, but I cannot now recall what paperwork I may have signed and do not know whether or not these may have included any information about the likelihood of my requiring blood, but whether they did or not, I signed them all the same, and had already verbally accepted 'whatever needed to be done' when I spoke to Mr. Easthaugh.

25. Since this time, for reasons which will become all too obvious as my statement progresses, I have tried to confirm that I was actually given blood during the course of this operation, but sadly to no avail as there doesn't appear to be any available record and Professor Easthaugh has long since retired.

26. All the same, I believe that during the course of this surgical procedure performed by Professor Easthaugh at the Freeman Hospital, High Heaton, I was given blood.

27. All of these things happened before I was married. In 1985 I got married in Pakistan, spending some four weeks there. I then returned to the U.K. and to Newcastle-Upon-Tyne with my new wife. Over the course of the following three years, my wife and I tried to have children, GRO-C

GRO-C

28. By 1988, I was still under the care of Professor Easthaugh who told me during one of our regular consultations that I needed to undergo yet another operation to remove a stone / stones.

29. Professor Easthaugh told me that this operation in particular was, *"... going to be a tricky one... ,"* and that, *"... you might not be able to produce children afterwards."* Again this was an issue I had with kidney stones, and their location was placing my ability to produce children in jeopardy. In light of our problems having a family, I deferred the operation – not that I didn't want it, I knew that I needed it, but my wife and I wanted a family more.

30. Having delayed the operation, in early 1988 my wife fell pregnant and delivered a daughter on GRO-C She had really wanted a son to be our first born, so despite all of the issues we had faced, we tried to increase our family, and a second daughter was born in 1990.

31. In late 1990 or maybe early 1991, I agreed to have the kidney stone operation delayed since 1988, the 'tricky one.' This was also performed at the Freeman Hospital with Mr. Easthaugh being the surgeon. Again it was elective surgery and I'd gone in a few days before the surgery. I do not recall any mention on this occasion of any possibility of my requiring blood, this only ever happened in 1984 on the second occasion upon which I had a stone / stones removed.

32. I was really worried about this operation, as I had been warned that it would be a difficult procedure and in particular as my wife and I still wanted more children. I was greatly relieved when following the operation, Professor Easthaugh told me that the operation had been a success and that I could still father children.

33. I trusted Professor Easthaugh completely. We had become rather close, and used to c hat with one another over the 'phone. He struck me as having been a very caring, sincere person who put my care to the forefront of his thinking at all times. I feel that I was very well looked after by him. At this time, I was also being treated by a Dr. Alberti of the Freeman Hospital for my diabetes.

34. In GRO- 1992, our third daughter was born.

35. At some time in or around 1994 – 1995, Dr. Alberti asked me if I would consider taking part in a research programme. I agreed, and he then put me in touch with another doctor operating from the diabetes clinic to move things forward.

36. The research project meant that I had to attend the Royal Victoria Infirmary (another hospital in Newcastle-Upon-Tyne) where they took a blood sample and kept me in for about four hours – they may have wanted me to stay for longer, but I was unable to do so, as I had goods to deliver to my shop. I can remember this well, as I had been put into a bed with another patient in a bed alongside mine, someone who was also taking part in this study, and because I actually gave the diabetes clinic doctor a lift back to the Freeman Hospital when I left.

37. With the exception of the stones issue, and some pain and discomfort I experienced as a result, but which I coped with, especially whilst I had deferred the operation I required from 1988, notwithstanding my diabetes, I had always enjoyed good health. However, between the research experience and our son having been born GRO-C 1998), my health began to deteriorate.

38. I first began experiencing fatigue, getting tired all of the time, and my legs began to swell, eventually becoming red and painful. Initially, my G.P.'s thought that these issues were directly related to the diabetes, but it became apparent that it wasn't that, so I was again referred to the Freeman Hospital to undergo some tests.

39. At the Freeman Hospital I saw a doctor working alongside Dr. Alberti in the diabetes clinic. Sadly, I cannot now remember his name, but he was a Chinese gentleman, or of Chinese origin. I had a blood test, urine test, and believe that a liver function test was also performed.

40. I do not know what the tests were for, whether they were looking for something specific, or for some particular things, and cannot now remember having been told, if I ever was. Whatever the case, I agreed to be tested as I needed to find out what was going on so that I could be treated – I had a wife, a young family and businesses to support.

41. After about ten days I was called into the hospital. Here I was told that my liver enzymes were very low – the reason for my legs having become swollen and painful. I was not told anything else, no other ailments; no underlying condition. Nor was I told of any treatment plan, no intervention be that through medication or surgery, I was simply told to take it easy, and rest, to 'put my feet up.'

42. In so far as my symptoms at this time were concerned, it was just the swollen legs and tiredness. There were no aches and pains from my stomach or kidneys, no issues with my vision or memory. I was tired, but not to a point where I was unable to function.

43. Accordingly, I just carried on, at home and at work, as I had been before. The swelling didn't improve, nor did the tiredness, and there were a few occasions when the tiredness got the better of me and I was unable to go to work, but my wife was always there to help me – she's equally hard working and had a business of her own to run by that time.

44. I also relied upon a long-standing close friend, someone I refer to as being my step-sister, who was also there to help me and who, with my wife has remained so.

45. It was at this time, with an unclear diagnosis and a treatment plan consisting of nothing other that 'rest,' that I took a step which with the benefit of hindsight, I should not have done – apart from running a clothing business, I extended myself into running a fast-food outlet.

46. I found this particularly tiring and physically demanding. It was sited in one of my wife's shops, and operated from 11.00a.m. until 2.00a.m. Despite the active assistance of both my wife and step-sister, I found this very hard – which was difficult for me to accept, as hard work and long hours had always been an integral part of my working life, so as best as I was able, I carried on.

47. The situation was further aggravated when I found that my wife wanted to extend her business activities through our purchasing a petrol station, a Shell franchise. This was a very busy time for us commercially, but it happened at a time when my health was in decline.

48. One Saturday night, in October 1998, I had been working late in the fast-food outlet and following work went to meet up with friends. Everything appeared perfect, but at about 4.00a.m. I began to feel really weird, but I knew fully what was happening, I was having a stroke. I knew the signs as GRO-C had suffered a stroke. I told my wife what I thought was happening to me as I found myself choking with my left-hand side and limbs ceasing to function properly.

49. An ambulance was called and fortunately arrived within a matter of minutes. The crew injected me with something, in the back of the ambulance en route to the hospital, and it arrested the progression of the stroke.

50. I was taken to the Freeman Hospital where I was initially placed in their Intensive Care Unit where I remained for some two days before being moved on to a Stroke Ward where I remained an inpatient for a further ten days before being moved on again, this time to a dedicated rehabilitation facility in the Cherry Burn Unit (located in part of the older buildings Newcastle General Hospital which had then been 're-purposed').

51. Initially I found myself unable to eat or speak with the entire left-hand side of my body being paralysed. At Cherry Burn I was given all forms of therapies, physiotherapy, occupational therapy, speech therapy, and was an inpatient for a further four or five weeks.

52. Whilst here, every night I suffered high temperatures and uncontrollable shivers and shakes of the body. It was a very bad time physically and extremely worrying time mentally. At first, I thought that I may have been experiencing further strokes, but a doctor of the Freeman Hospital wasn't convinced that that was the case, and requested blood tests.

53. On the day the blood was taken, nothing was said to me as to any likely diagnosis or even what my blood may have been being tested for, but the next day my wife (then heavily pregnant, again) came to visit. She sat on a chair beside my bed and as she was doing so, noticed some papers lying under my bed.

54. She picked them up and found that they were sheets of medical notes – my medical notes, the sort of thing which used to sit on a clipboard at the bopppttom of a patients bed.

55. She inspected them, and asked me what Hepatitis C was, saying, *"What's this, HcV positive?"* Neither of us knew what 'HcV' was, so my wife went and asked for the doctor to be called.

56. A Dr. Ruth, a lady doctor came to us and my wife asked her to explain. The doctor examined the notes, then said, *"Just give me some time, I'll come back,"* and left us – I don't know where she went, or why, but both of us were left wondering what was wrong with me and what HcV was.

57. My wife visited again later that day, and someone from the Freeman Hospital came to see us, accompanied by Dr. Ruth. I was then told that I had Hep' C.

58. Neither my wife, nor I, had any knowledge or understanding of Hepatitis C, and the way in which it was explained to us was very hard for us to take, as neither of us understood how I would have contracted this disease. It was especially hard on my wife, we had small children, she was scared stiff for me, our future, our prospects as a family and the children. It turned our lives upside down.

59. The doctors told my wife that she had to be *'... very careful of him...,'* that *'... your clothes should not be washed together ...'* and *'... you can't use the same cutlery or crockery.'* We found it very hard to take and it was most distressing listening to the precautions we would have to take from that point onwards.

60. Even the medical staff appeared scared, and I don't think that any of them necessarily knew enough about it. I, of course, had an additional issue as I self-administered insulin using injectors. These were highlighted as posing a great risk to others, in particular our children.

61. My wife asked lots of questions, not just because we knew very little or were told very little but because she was really frightened, but they didn't seem able to provide any straight answers. This was particularly the case where she asked how I had come by the disease – they simply left her to wonder how it may have happened, telling her that she would, *"... have to be careful,"* and not to do this or that. They did not, or perhaps could not due to their own ignorance of the condition, provide any clear answers.

Section 3 - Other Infections

62. I do not believe that I have been infected with any other disease apart from HcV as a result of the blood transfusion I was given in 1984, as described. I have considered my position very carefully, and am now (2020) fully aware of the risk factors associated with HcV transmission, all of which I have ruled out. The NHS blood transfusion I received is the only possible source of my infection.

Section 4 - Consent

63. The question of consent has never been an issue for me. I have always placed my trust in those who may have been treating me, be they G.P.'s, Nurses, Doctors or other health professionals, and did not question what they may have diagnosed, or the nature of any treatment I was to receive. It wasn't in my nature to do so, and as I had absolutely no cause for concern when this was happening, I had no reason to do so.

64. I can distinctly recall having been told in 1984 that I may require blood, and accepted that. I was always asked if blood or any other sample may be taken for testing, or was told that blood or something else was needed for testing. Whereas I may not, and usually didn't know what my blood or urine were being tested for, as I wasn't told, I nevertheless agreed for the tests to take place and would have done so even had I known what they may have been looking for.

65. I believe that I was only made subject to a research programme on the one occasion, that which I have mentioned previously, which was diabetes related. I am not aware of any other occasion when I was either observed or when my blood, urine or tissue may have been tested, for research purposes. If they had been, I wasn't told, but I would most probably have agreed to participate if I had been asked.

66. In particular, I had a good working relationship with Professor Easthaugh and believe that had he wanted to conduct any form of research which he wanted me to be a party to, he would have told me about it and asked, but he never did.

Section 5 - Impact

67. As soon as I was told of my having contracted Hepatitis C, everything changed, in my house, with my family and at work, it was a devastating blow with a wide ranging impact.

68. Within my home, my wife took steps to segregate me from her and the children in an effort to keep everyone safe and negate any risk of my passing on the infection to them. I was forced to distance myself from them all, especially the children for whom it was particularly difficult as they were extremely confused as to why we had to be kept apart and I was distancing myself from them.

69. [redacted] drifted away from not only me, but my family, distancing themselves from us as they were scared that they could catch it from me. They worried about themselves, their children and then grandchildren as time progressed, concerned that I may pass on the infection.

70. I also believe that they may have placed us aside on financial grounds. Until this happened, my family and I had enjoyed relative wealth. My wife and children had all benefitted from my labours and those of my wife, and we had lived reasonably well; but [redacted] had become very wealthy in contrast to us.

71. As my health declined, with an impact upon my working capabilities, and my care needs increased, placing a burden on my wife and limiting her working hours, so my ability to provide for my family decreased.

72. [redacted] had always been close to us, we visited one another regularly, spent time together virtually every day, and our children were equally close to one another, but all this changed with my diagnosis and declining health as I feel that he thought that sooner or later, I would turn to him for financial assistance, help he was not prepared to offer as supporting my family and I would have had a detrimental impact upon his lifestyle and finances and that of his family.

73. I never had any intention of approaching him for help, but knowing him as I did, feel that this is what he believed I would do, sooner or later as my condition worsened, so he deliberately distanced himself, and his family, from us – something I found very hard to accept.

74. There was also a cultural issue directly related to my declining financial position. As a hard-working, successful businessman, I had a place in society where I was looked up to and respected, I was someone who actively sought to help others and provide advice on business affairs where people with less experience than I were trying to make a go of some project or another or were considering what they could do to improve their prospects.

75. All of a sudden, that position went into decline with my gradually deteriorating health and a decreasing financial appearance within the community. This also had an impact upon the relationship I had with GRO-D who being a successful businessman did not want to be directly associated with someone who may have been regarded as having 'failed.

76. My relationship with my wife was really tested. We frequently found ourselves in conflict with one another over my HcV status, as it was a really big thing for her. Despite the information we had received, and her knowing that I was a clean living individual, and always had been, she was nevertheless suspicious as to the root cause of my infection.

77. My wife suffered from stress, brought about by her concerns as to how I may have become infected, and she questioned how I had conducted myself before we had been married, had I been promiscuous, what else may I have been up to? She questioned how it had happened, which caused her stress and anxiety, and we quarrelled which caused me to suffer additional stress and concern.

78. She was also petrified that she and / or our children could contract the disease from me and effectively divided up the house into separate areas in an effort to keep us all apart. All this did was to provide for more questions by the children and as a permanent reminder that I carried a dangerous disease and needed to be kept at arms-length.

79. She was also upset and annoyed that she would be unable to pursue her own business plans, such as the petrol station purchase which had been her intent. My health problems meant that she could not pursue this purchase any further, and clearly, in her eyes, I was to blame.

80. Additionally, my wife having come from Pakistan, only knew my family here in England, and they provided her with a family and a social circle. In their absence, she had nothing, no one to turn to, no one to offer any help she may have required herself. Like me, she also lost her social standing within the community and as I did, found herself being 'cut off' from everyone else and alone.

81. Taking it all together was extremely stressful for me – I had lost a longstanding, loving and solid family bond with GRO-D I stood to lose my wife and children; I'd lost my position in society and I was in jeopardy of losing my business and financial support it offered us all.

82. Having been diagnosed as having Hep' C, I felt both embarrassed and scared. Prior to knowing that I had hepatitis I had been a person who worked hard but who also socialised a lot with my wife – we often went out with friends or to meet with friends or family, but knowing that I had HcV turned me into a recluse. My embarrassment and a fear that people would think badly of me – that I was engaged with drugs or promiscuity – caused me to withdraw from public life.

83. Additionally, I didn't want people to be scared of me, to fear infection if they were in contact with me. I didn't tell anyone of my condition because of my embarrassment and fears, and became reclusive and as time progressed, effectively housebound.

84. Financially, Hepatitis C has had a massive impact upon my family and I – I lost everything. As my health declined, so my working abilities decreased, and eventually I had to stop working altogether. In 1999 I found myself having to retire on medical grounds, my health, which had been in gradual decline since shortly before my Hep' C diagnosis, had deteriorated to such an extent that I was unable to work at all.

85. With retirement came a lack of income and I had to turn to benefits for support. My wife, who like me had been working, and who worked hard just like me, also had to stop working at one stage, in order to care for me and the children as I could not then care for myself. The businesses we had built up over many years became unsustainable and had to be closed – as a family we enjoyed one year of relative luxury, and then our finances went downhill.

86. I was unable to secure any life insurance – I still cannot get any cover today. It would appear that once a box has been ticked to say that you have been tested for HcV, or a record says that you have or have had HcV, you're ineligible. The insurance providers may not say that, but when you apply they ask a lot of questions of you, and if you answer honestly, as I have, you find yourself either ineligible or unable to pay the high premiums they may charge.

87. I have also experienced problems getting car insurance as the insurance companies also ask of my medical history. Travel Insurance is wholly unobtainable for me, as the providers offer policies with premiums of £2,500-upwards, which is ridiculous and I simply cannot afford. Faced with these problems, I have long since abandoned efforts to secure any form of personal insurance.

88. I have also had problems with dentistry. I had a dentist, who treated me regularly or conducted check-ups as is usual, but once I was diagnosed with Hepatitis C, the practise would not treat me any further. If I required dental work, I had to go to the hospital for it, there was no alternative in the area in which I lived.

89. HcV has had a long-lasting impact upon my liver and I harbour grave concerns for my future and any ongoing care that I may require.

90. With the onset of the Covid-19 Pandemic, I have been shielded. This alone had an impact upon us as having received my letter, advising me to shield, my wife had to take it to her workplace and show it to them – she then had to shield with me, taking a few months off of work, as although she was fit and healthy, I was considered vulnerable.

91. As my wife is in full time work, my benefit payments are low, and I only receive about £65- per fortnight. In general terms I live off of the generosity of our children as all of my daughters were well educated, have married and now hold good jobs, so they have helped us. I also have a moderate pension income which helps, but we are not well off.

92. Although now many years on from the initial diagnosis, my wife is still extremely cautious around me, and notwithstanding my having been treated for HcV infection, she still tells the children, *"Watch that cup, your dad has been drinking from that so don't go near it."* Things are particularly difficult for me with our grandson. I want for nothing more than to be able to associate with him like any 'normal' grandparent, but there are no 'hugs and kisses' from me – although I put a brave face on things, I find it all very upsetting.

Section 6 - Treatment / Care / Support

93. Upon my being discharged from the Cherry Burn Rehabilitation Unit following the stroke I had suffered, I left with a diagnosis of infection with Hepatitis C disease, but no treatment plan. I had only received warnings as to what I should or should not do and a promise that I would receive a referral back to the Freeman Hospital.

94. Following my stroke, upon discharge I had been left unable to walk and had considerable speech difficulties which required protracted treatment through various therapies and as such I needed to attend the unit for this on a daily basis.

95. A care worker attended my home each day to help me, and I was taken to hospital by ambulance every day. I didn't have the use of my leg for quite a while, but eventually it improved as did my speech and I am extremely grateful for the help I received and the way I was looked after through the stroke unit.

96. They believe that I had also suffered a further 'minor' stroke but at the time of it happening, I was unaware of it. In 1999 / 2000 I suffered a heart attack, and was received treatment as an emergency admission in the Royal Victoria Infirmary, my HcV status either having no impact on either the treatment or rehabilitation services I received, or if it did, then it was not noticeable by me.

97. As promised, I received a referral letter to the Freeman Hospital for HcV treatment and was placed under the care of a Professor Bassendine, a liver specialist. Initially, I was offered no treatment as I was told that I was in too weak a physical condition to be capable of being treated. It wasn't until 2003 / 2004 that my Hepatitis C infection was finally tackled.

98. From late 1999 until 2003 I was seen every three months by Professor Bassendine or in her clinic where my condition was monitored. These were consultation appointments and blood tests, but no intervention occurred. I slowly strengthened, and my step-sister began accompanying me on my quarterly appointments, not just to assist me, but to ask why no treatment was being offered.

99. In 2003, I can't now remember exactly when, my step-sister asked Professor Bassendine why my Hep' C had not been treated. We were told that I was still 'too unwell,' but after some encouragement she agreed to commence with part of the treatment then available, but not all in light of my condition.

100. The treatment I was given required me to self-administer (by injection) a drug called Interferon and I injected myself with this once per week. Initially someone came to my house to do it for me, but after a couple of weeks, having been shown what to do, and knowing that I could self-inject (as I did this with insulin as and when required), I was left to do it myself.

101. I know that the treatment of this time consisted of a combination of both Interferon and another drug called Ribavirin (which was delivered in capsules), but I never had the Ribavirin, I was considered to have been 'too weak,' I only had the Interferon jabs.

102. I believe that I took Interferon like this for some forty weeks, continuously and was monitored monthly through the liver clinic at the Freeman Hospital. Here I would see a specialist nurse or doctor and each time my blood would be taken for testing. At one point, they also performed a liver biopsy, with my consent, to assess the condition of my liver.

103. There was only the one occasion when a biopsy was performed whilst I was taking the Interferon, but I have since had two more, one fairly recently.

104. My life during the course of treatment with Interferon was terrible. A doctor had told me what to expect, what I was likely to experience and how hard I may find it, and everything I was told about happened. On occasions I found myself shaking uncontrollably, and would experience whole-body sweats with a high temperature. I suffered awful mood-swings and became easily frustrated with things, which was wholly out of character for me. I would become aggressive, again something which was out of character and found myself, more often than not, completely exhausted.

105. I saw the whole course through, ten terrible months, only to find out that the treatment had been unsuccessful. I found myself questioning what had happened, how and why it had happened to me, and with the disappointment of the Interferon not having worked, found it very hard to accept.

106. Health-wise, I was not any better and in fact my overall condition was only getting progressively worse. Instead of becoming stronger, as I had been, I had been getting weaker. My wife was now really worried about me, our future, risks of infecting her and the children and everything else – all of which just made my condition worse.

107. My wife even asked if she and the children could be tested, to see if any of them had become infected, such was her fear. GRO-C

GRO-C

108. Following the unsuccessful course of treatment, I again went to see Professor Bassendine and asked what else could be done. She told me that, *"I'm sorry, but we cannot give you any more treatment."* That was it, and there were apparently no alternatives to the Interferon-Ribavirin treatment available.

109. My wife and step-sister discussed my position and the situation with the lack of treatment available and they decided that my step-sister should accompany me to see Professor Bassendine at the next appointment, which she did.

110. I next met Professor Bassendine with my step-sister and we discussed what, if anything, could be done. The professor told us that treatment was available, i.e. the combination therapy, but that it was *"too expensive."*

111. My step-sister argued that cost was an irrelevance, and that irrespective of how expensive it may be, I needed the treatment as my situation had been going on for far too long and I was only getting worse.

112. Professor Bassendine and my step-sister argued, and we really had to emphasise my needs and deteriorating health condition in order to persuade her to help us. Eventually, she begrudgingly agreed to provide me with the combination therapy of Interferon and Ribavirin and both she and my step-sister ended up apologising to one another for their respective stances, my step-sister having been so abrupt with her and the professor so intransigent and cost-orientated over patient need.

113. In about 2004 or 2005 I was put onto the combination treatment of Interferon and Ribavirin. One self-administered injection and one capsule taken orally, once per week. At the same time, due to another underlying condition, I had to have a further injection to assist my weakened heart.

114. I took these drugs regularly, as required of me, and was checked on every two weeks when I would go to the hospital and see a doctor or specialist nurse who would check on me, how I was and how I was getting on, and take blood for testing.

115. This course thirty-six weeks to complete and was a truly dreadful experience, far worse than the course of Interferon alone. I suffered all of the earlier symptoms or side effects from the treatment but was additionally left wholly unable to move. I either sat on a chair, unable to move, alone in a room or lay on my bed all day, my entire body wracked with pain and aching all over.

116. These side effects were felt almost immediately, once I had taken the drugs, and gradually eased as the week progressed, but just as I felt a little better, it was time to take the medication again, there was absolutely no respite from it, it was the same week-in, week-out.

117. At the end of the thirty-six week course, I was told that I had got better, that my condition had improved, but don't think that I was ever told that I was 'clear' of the disease. Records show that I was treated, but I have never been told whether it was successful, or not – but within records from 2005 which I have seen, I am noted as having, *"Chronic Hep C – Genotype 3A,"* so I know that I remain infected.

118. My liver is still impaired. It is fatty, swells and I have to deal with resultant fibrosis. I am also still suffering from the remaining physical impact of the strokes I have had, and my underlying heart condition. My records show that I have 'artery fibrillation,' and following the strokes I have been placed on blood thinners. At one stage I was using Warfarin, but found that my body was unable to adequately cope with it, so I now take Aspirin as an alternative.

119. My diabetes has remained constant throughout, but like the heart condition I take medication to manage this (Insulin) and have to adhere to a strict dietary regime as at one point I put on a lot of weight, something I have now got under control.

120. Every six months my HcV status and associated liver condition are monitored through the liver clinic – I have to attend the Herpetology Department at the old general hospital (it's now called the Cresta Clinic).

121. In 2007 I had to undergo an operation on my gall bladder, something which took place at the Freeman Hospital. The gall bladder was removed, but I have never been told why this had been necessary or what it may have been the result of, such as Hep' C.

122. I am chronically unwell, have to take a lot of medication, and have now been unable to work as a result of my health for many years. I only get by on benefit payments, a small pension and from the generosity of my immediate family.

Section 7 - Financial Assistance

123. Throughout my treatment, no one has ever mentioned either the Macfarlane Trust or the England Infected Blood Support Scheme (EIBSS) to me. Until asked by an investigator of the Infected Blood Inquiry of any knowledge I may have of them, or any engagement with them I may have had, I had been unaware of their existence.

124. Having had to cease working, but still wanting to do something to occupy me, I looked for things to do. I also felt that I had been well cared for by the National Health Service (N.H.S.), and wanted to return the help I had been given, so I began to undertake voluntary work.

125. I started voluntary work at the Royal Victoria Infirmary (Newcastle-Upon-Tyne), working with liver patients such as myself, through a charitable organisation called 'LIVErNORTH.' By virtue of my voluntary work, I met the chairman of LIVErNORTH, a Mr. GRO-A He told me of a scheme established to help people who had become infected with HcV in circumstances such as mine, and directed me to the Skipton Fund, suggesting that I apply to them for assistance.

126. I obtained the application forms and my sister-in-law helped me complete them. We applied, but my application was declined. The Skipton Fund asked for information on my infection and its source (i.e. the blood transfusion) from the hospital, to support my claim.

127. My sister-in-law and I called the Freeman Hospital, to obtain copies of the relevant records to assist the Skipton Fund process my claim, but encountered problems. Initially we were told that my entire file was missing. We didn't give up, but called a few times more, eventually being told that some of the file, but not all, existed and that they would send us copies of what they held.

128. I sent off a cheque (for £50-) to the hospital and received the paperwork in return, but found that there were lots of papers missing from the file. Random pages appeared to have been removed or lost or disposed of, but not entire years, so there were holes in the chronology. In what remained, there was no mention of my having been given a blood transfusion.

129. The Skipton Fund then turned to my G.P. (a Dr. Smith) to see if she could help, but she found herself unable to comment as there was no record of the transfusion held by the surgery – there wouldn't necessarily have been one, I had been given it in the hospital.

130. Lacking any supportive medical evidence, the Skipton Fund rejected my application, I received nothing and was left £50- out of pocket, a not inconsiderable sum considering my financial position. Unable to produce any form of independent supportive medical evidence of the blood transfusion having taken place, I did not appeal their decision.

131. I had, by then, lost everything. Any financial assistance which the fund may have been able to offer would have made a huge difference to my life and that of my family, but it wasn't to be.

Section 8 - Other Issues

132. I am heavily involved with LIVErNORTH, especially with patients, their families, friends and helpers from within the Asian community where cultural connections and language barriers may prove a barrier to good communication and understanding.

133. I am also a trustee for the charity Stroke North East and the Newcastle Disability Forum. If I didn't have the welcome distraction which my activities within these groups offers, I would simply be sat at home all day, with nothing to do but feel sorry for myself.

134. I try to keep busy, as best I can in light of my health and mobility issues. I had never really had much of an understanding of the risks of infection posed by the use of blood transfusions or blood products in the early 1980's, but do now. Another LIVErNORTH volunteer, someone with whom I met each week told me about it, and together we realised that my only source of having been infected with Hepatitis C would have been the blood transfusion I was given – there were no other possibilities.

135. I have collected some newspaper clippings, one of which is an article Professor Bassendine contributed to which appeared in a newspaper. It's called 'The Silent Disease,' and I now produce a copy of the same as my **Exhibit WITN4265002**.

136. This article serves as a warning to others, referring to Hepatitis C as being a disease many may have but few may know they have, until it's too late – Professor Bassendine uses my case within the text.

137. My letter of rejection from the Skipton Fund was dated 30th May, 2017. To assist the Infected Blood Inquiry, I now produce a copy of this letter as my **Exhibit WITN4265003**.

138. I have endured a great deal during my life, lost a lot of years to illness, a true family home environment, the joy of broader relationships, business opportunities and wealth. I have missed being able to take a full role as my children grew up, were schooled and moved on into adulthood now having families and relationships of their own.

139. I volunteer as I wish to make a positive contribution to society and to give something back to those who have helped me. I am someone who has always tried to help others, and hope that by making this statement I can help improve the situation for those who have been infected and their families. What has happened has happened, but I do not want to see it happen again.

Statement Of Truth:

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

Signature: GRO-C

Name (printed): **Waqar Bashir Ahmad**

Dated: 18.10.2020