

Witness Name: Robert Clough

Statement No: WITN6026001

Exhibits: Nil

Dated: 26 January 2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF ROBERT CLOUGH

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 03 September 2021.

I, Robert Clough, will say as follows: -

Section 1. Introduction

1. My name is Robert Clough. My date of birth is GRO-C 1961, I have just turned 60. My full address is GRO-C
GRO-C I am single and have no children or dependents. I have a sister but both my parents are deceased. My profession is a Technical Specialist at Plymouth University where I teach and train students and other users in advanced analytical chemistry instrumentation.
2. I intend to speak about my infection with Hepatitis C ("HCV") and I wish to discuss the nature of how I learnt about my infection and how my illness has affected me.

3. I can confirm that I have chosen not to have legal representation and that the Inquiry Investigator has explained the anonymity process to me. I do not wish to be anonymous as I wish for my story to be known in full.
4. The Inquiry Investigator has explained to me the 'Right to Reply' procedure, and I understand that if I am critical of a medical professional or organisation, they will have the right to reply to that criticism.
5. I wish to acknowledge that naturally as time passes, memories can fade. I have been able to provide approximate timeframes for matters based on life events. However, these timeframes should be accepted as 'near to' rather than precise dates.
6. I have constructed this statement without access to my full medical records.

Section 2. How Infected

7. I grew up in Bedfordshire, Buckinghamshire and Hertfordshire. At the age of 16 I went to school in Bedford, which involved an hour's commute. Science was always my best subject and I studied science A' levels but left before taking the exams. After leaving college I worked in my Mum and Dad's pub for a while, then I did window cleaning before going to 'sign on' at the Job Centre. A woman at the job centre asked if I fancied working as a junior laboratory technician so, I applied for the job at the Blood Products Laboratory (BPL) and was successful and stayed there for 5 years.
8. I worked at BPL in Elstree from October 1980 to July 1985. There is a possibility that I was infected with (HCV) through contact with infected plasma during my employment there. I was involved in preparing a product for a trial for people with severe immunodeficiency disease, which we had to stop because they were getting ill from it. From memory these people were getting Non a Non B hepatitis. I will discuss this in more detail later in my statement.

9. I was diagnosed with HCV in 1999 or 2000 after giving blood as a student at Plymouth University. I received a letter through the National Blood Transfusion Service (NBTS) stating something along the lines of, my blood donations couldn't be used as they had detected HCV and suggested that I speak to my GP. I recall that is what happened so I went and had a re-test at my GP surgery and the confirmation of HCV came back.
10. The letter I received letter from the National Blood Transfusion Service said that I would receive a follow up letter from Bristol University. However, I didn't receive any further communication, partly because I was a student at the time and had moved accommodation in the August of 2000. I don't know if the letter was lost because I had arranged for my post to be redirected by Royal Mail at the time to my new address for 3 months after moving.
11. I went to see my GP who took a further blood sample; thereafter I did not hear or receive anything else to do with my HCV diagnosis.
12. Going back to my time at the BPL. The plasma should have been received at the BPL in a frozen state. We would check the content of the delivery, store it and then thaw it before separating out the various protein fractions.
13. At BPL there were two input streams, one would be for producing clotting factors and the other for extracting other proteins. I was involved in this extraction process to produce protein fractions which can be given as large fluids to patients, such as burn victims.
14. The immunoglobulin (IGG) is extracted from plasma and given to people who needed an instant dose of particular antibodies. If a donor had had a tetanus jab at the time of giving blood, you would extract that IGG, as it would be used for people who required tetanus antibodies.
15. Eighteen months after starting the job, someone left and I applied for his job, which involved specific fractions where we would get this plasma with high

antibodies, involved in the full process was thawing out of plasma. The process went through 3 stages before finally filtering it.

16. During this process I was coming into contact with raw plasma whereby you would get the bags in boxes which might leak, be chipped or cracked so, when they were put in the water bath there could be potential leakage. You wore gloves as the plasma would be 30 degrees centigrade and you would probably have worn a face shield but I cannot be certain at this point, as I really can't remember.
17. With regards to safety things like that, I don't recall people wearing eye shields and safety measures. Everyone was conscious of what the products were for and we did everything not to damage the products. It was only in 1982-1983 that you had a separate uniform to wear to act as a barrier. This was introduced across the whole production facility.
18. Not long after I had started working at BPL, they ramped up bacteriological testing and they conducted bacteriological work place monitoring.
19. You would put your hand in a bath of liquid, which would sometimes spill into your glove. Looking back if you had any cuts or grazes these would be open to potential infection as the HCV virus is highly transmittable. We would often play football at lunchtime which would no doubt have included falls and scrapes.
20. The second possible way that I could have become infected was by several ear piercings. I had an Egyptian variant, which is a less likely form of HCV but I had a couple of friends who went off to a Kibbutz in Israel and Egypt in 1984. I shared a flat with them and had all my ear piercings done with them, non-professionally, we also shared earrings.
21. I have never used intravenous drugs nor had a blood transfusion or an operation. So I could have contracted HCV either through my work at BPL or through ear piercings with flat mates. I keep in touch with one of those friends,

and I know that she has been exposed to the virus but is burying her head in the sand that she has HCV. I do not know her genotype. I don't know about the other friend and as far as I know he has not been tested for HCV.

22. I didn't keep in touch with my former work colleague GRO-A, so I am unable to say if he was infected from coming into contact with blood through working at BPL

23. When I worked at BPL I donated blood on frequent occasions. After I left in 1985, I stopped donating as I had given a lot of blood. It was only later on when I was a student at Plymouth that I saw the blood van and decided to give blood again. A couple of weeks later I got the letter informing me of my HCV infection. This was in 1999 or 2000.

24. If I hadn't found out back then I wouldn't have known until I presented at my GP's surgery to ask, 'why do I look like this?'

25. My GP was good, she referred me to Derriford hospital straight away, my genotype is 4, and my viral load was 2.7 million IU per mL (July 2014)

Section 3. Other Infections.

26. Other than HCV, I do not believe that I have contracted any other blood borne infection. As far as I am aware, I do not believe that I have been tested for the presence of any other blood borne infection. I do not recall having been told that they were going to test me for anything else.

27. I presume however. I would have been tested for HIV and that I might have had a test done by Hepatology at the time, but I can't remember if I did, I would have thought they would have tested me.

Section 4. Consent

28. I do not believe that I have been tested or treated without my prior consent having been obtained, without my knowledge, without having been given adequate or full information, or, for the purposes of research.

Section 5. Impact.

29. So you get that HCV diagnosis and you think to yourself, Ok, I know what I am going to die of, and then you start thinking how you got it.

30. It was around 2013-2014 when I began feeling unwell. I thought I was putting on weight but it was in fact due to ascites, which causes fluid retention. I knew something was wrong as I was feeling ill and suffering abdominal compression. I saw my GP around February time of 2014 at GRO-C surgery, which is now under Pathfields Medical Group.

31. My new GP took one look and told me to lie down and she listened for a hollow drum sound which was not present. She immediately referred me to the gastric section and sent me for a clinic appointment at Derriford. They took one look at me and referred me to Hepatology straight away. This was in March or April of 2014. I knew something was wrong so I stopped drinking alcohol on New Years day 2014.

32. It was only when I attended Derriford Hospital under Professor Matthew Cramp, that it was noticed that there was a letter on my file, which confirmed that I had been referred for a hospital appointment 14 years earlier as a result of my HCV diagnosis. This was the letter, which I must have missed when I moved.

33. At this time I lost a lot of weight and I was on medication to control high blood pressure as liver disease causes high blood pressure. My liver function tests

show I am Child Pugh grade 1. All my liver functions are just above or below normal and they have stayed like that.

34. I was offered an HCV drug via the NHS early access scheme and it was a case of being in the right place, at right time. I was given a less common combination of medication, whereas most people were prescribed Sofosbuvir and Ribavarin. I was given Daclatasvir 40mg and Sofosbuvir 400mg to treat HCV. The reason for this difference of the treatment was due to the fact that my liver was already damaged. Professor Cramp led the trial and HCV treatment is his main interest.

35. In terms of eating, my diet could be better. Cheese is my downfall. My cholesterol level is naturally lower as is the case with liver disease, as you don't produce so much.

36. I was put on diuretics to reduce the fluid retention however, this didn't work and the medication just maintained my condition. The fluid was then drained out, whereby 11.5 litres was drained, which is the equivalent weight of carrying twins! All that liquid was compressing my organs and affected my ability to eat as it heavily compromised my digestive tract, which can be problematic, being full of wind and having to go to the toilet an awful lot.

37. I commenced my treatment late July 2014. I was given a 3-month period of medication and I was clear of the virus after about 30 or 45 days, the HCV was and is now undetectable.

38. Since then I have blood samples taken usually every 6 months. The blood tests check for the presence of virus and I also have ultrasound scans of my liver. I am also checked by endoscopy to check for varices, which involved putting a camera down my throat, this usually takes place on New Year's Eve.

39. When I received the formal news that I was clear I already knew I was clear, as my viral load levels had plummeted. The confirmation comes about a

month after the treatment ends, the first clear diagnosis you receive part way through the trial and then you are tested weekly.

40. I found out that I was clear of the virus when I was out with friends in London when I received a telephone call confirming that I had been clear of the virus for 3 months. I remember it well as I was on my way to see a Jesus and Mary Chain concert and I remember waiting for the call whilst sitting in a hotel in Russell Square. I received the phone call confirming I had cleared the virus. It was a nice moment.

41. My health now in comparison to how it was in 2014 eight years down the road, is much better but with a couple of caveats in so much as I feel tired, whether this is due to liver disease, just getting old, or whether it is because my job is mentally tiring or whether it is a combination of all 3, I don't know.

42. In terms of the physical impact of the virus, before I went to university I was playing golf, playing football; five a side football twice a week, seven a side football once a week and was doing a physical manual job so my health was good and I was also walking 4 to 5 miles a day at work. I would describe myself as having been work fit back then.

43. HCV didn't affect me until I became ill. I think that I was offered psychological support but I didn't feel I needed it.

44. Everything was looking good at that point but then a small cancerous tumour was found on my liver. Alpha Fetoprotein is regularly tested for and it was picked up indicating that I had a tumour on my liver, obviously that is worrying. I knew something was wrong after the ultrasound when they said that there is a problem with your blood sample and said, "Can you do another one?"

45. I then received a phone call asking me to come in for an appointment for a CT scan. I knew something was up as they said could you do tomorrow. Prior to the scan I was told by Dr Louisa Vine that I had a suspected cancer. The CT scan then confirmed this.

46. They found a 15 millimetre tumour on the upper part of my liver, which was treated with microwave ablation of the liver, as they don't like to perform surgery on a damaged liver. They treated it by putting a microwave probe on the liver and literally blast it with microwaves.
47. This procedure was performed 6 to 8 weeks after the initial diagnosis and it has gone and I have since had confirmation that it has not come back. So I cleared HCV and got rid of cancer. However, the danger is that it comes back but I have regular tests. I don't feel like I had cancer, as I didn't feel ill with it. The tumour was 15 mm.
48. At the time of my liver cancer diagnosis, I literally had just gone down to yearly check-ups with regards to the HCV checks, having previously been 6 monthly and then they started conducting the appointments by phone, that was the stage I was at until the tumour test diagnosis came back. This was at the back end of September of last year, 2021 with the diagnosis in August 2021 then I was treated in September 2021.
49. I have liver damage and have cirrhosis, I also have a small gallstone but my doctors are not worried by that.
50. Talking about it in giving this statement brings up the thought that if I get another tumour then that is transplant territory however, it doesn't hold any fears other than you may not be able to get a liver when it is needed. If you get onto the transfer list, you wonder if there will be one available and the fact that the more ill you are, the more likely you are to get one. I do believe I am on the transplant list.
51. I have had 2 experiences of liver transplants because my dad was an alcoholic and as a result his kidneys packed up in 1995 following a liver transplant. However, my sister's partner had a transplant in 2019 but he was up and walking soon after the operation. I am of course aware that there was 20 years difference in their treatment in terms of medical advancement.

52. Both my parents have passed away, my father died before my diagnosis with HCV and my mother the year after so they were not aware of my HCV diagnosis.

53. I have never experienced any backlash or stigma with regards to HCV. However, not many people know about it and there are not many people at work who know other than my boss who knows and a couple of other people. When I told them their reaction was matter of fact, however, academia is not the real world and it can be a strange place.

54. I wouldn't necessarily tell people down at the pub and I choose to tell people on a need to know basis, if I am a potential risk to them. That said, some people at the pub do know, because when I started to get ill, I told them that my liver was knackered and that I had a viral infection and they were fine.

55. Having the virus made relationships difficult in that you have to declare it. At what point do you say, you are really nice but by the way I have this infectious disease that would kill me, and by the way it is transmittable. It has definitely held me back, so there have not been many opportunities for relationships.

56. I have not suffered any adverse psychological affects with regards to my HCV infection and treatment. I don't think I have ever suffered from Encephalopathy as a result of a damaged liver. My job involves a lot of thinking and I would not be able to do it if this were the case.

BPL:

57. I was part of the research into specific fractions, where we were developing an intravenous treatment for people with a compromised immune system known as hypogammaglobulinemia. As part of the specific fractions section we were preparing specific immunogammaglobulins.

58. My immediate supervisor, [GRO-A] started preparing the specific fractions first but I am not certain when this was in terms of specific dates. People with hypogammaglobulinemia received inter-muscular injections twice a month as this was all that was allowed and we were trying to develop an intravenous product.
59. [GRO-A] prepared the first batch and I produced a second batch, but at some point we had to stop because patients were becoming unwell as a result. I am not sure of the date when we started this work but we finished it in 1984 to 1985.
60. This was my first realisation that you can't give patients something to keep them alive as it was in fact making them worse. I was involved in the preparation and filtration of the solution, what should have been sterilisation by filtration. However, either [GRO-A] or [GRO-A] who was the head of section told me that we were no longer doing it because we were seeing infections with people showing a response to the product, so it was shelved and stopped.
61. I can't remember how long the production was going for before it was shelved. [GRO-A] would have worked on the first batch and then I did one. I think this was in 1984 or 1985 as I left in July 1985 however, I am not certain on that.
62. We were told that recipients had had a response to the product and the assumption was that it was Hepatitis NonA-NonB so production was stopped. I was preparing it and therefore coming into contact with it so it is highly possible that this is how I became infected. We were asked to destroy batches of products, such as Anti D and other treatments and get rid of what we had made. This could be years of stock and dosages. I think this was in 1985.
63. When I worked at BPL, I initially lived on site in a rented room, but this ended due to the planning for the new factory on site, building of which was started in 1985. When that building option was announced I started looking to move

down to London but I couldn't afford it so I commuted instead as petrol was cheap then. However, the M1 motorway became ridiculous and I got tired of commuting so I left my job at BPL in 1985.

64. Prior to leaving, Ken Clarke visited BPL and I remember that visit because I was working in the Final Solutions sections at the time of his visit, which was where the product was packed before it went through to the new heat-treating section. I remember a government minister turned up whom I believe was in fact a substitute for the intended visiting minister. I remember standing at the back during his visit. I think the visit might also have taken place to mark the 100,000 bottle of plasma protein production.
65. It struck me when I saw his evidence to the Infected Blood Inquiry recently, where he denied all knowledge and said it was nothing to do with him, but he was definitely there. I remember him being scruffy and that is why it sticks in my mind.
66. After leaving BPL in 1985 I went back to work in Mum and Dad's pub. I had been to visit them, Dad was severely alcoholic and Mum was doing all the work so I stayed and helped until she retired, then I went on to do some landscaping. I then picked up my studies and went to Plymouth University in 1997.
67. Science was my favourite academic subject throughout my education. I studied on a BTEC course which back then was different to modern BTECs, and I also took an A' level in Environmental Science before going to university to study Environmental Science.
68. I stayed on at Plymouth University and did a PHD in Chemical metrology, which is the study of uncertainty of chemical measurements. I stayed on as a researcher, working in various roles and I finally got a permanent post at Plymouth University in 2015.

69. Imported blood products were the cause of how most people in the UK were infected. Most of the people infected in the UK are from imported plasma. We all knew it was infected because of how it was collected. We didn't see it, but it was paid for donations collected from skid row, the donor didn't get paid until 2nd donation of the week. We knew that as part of the union trying to defend the place being privatised looking for investment from it. AMST union campaigns on small scale to up production rather than import it, we as a work group knew that.

Section 6. Treatment/Care/Support

70. The treatment I received from Derriford Hospital has been superb. One of the downsides of having liver disease is that I used to think about living abroad but I don't want to move too far outside the catchment area, as I know treatment at Derriford Hospital is really good

71. I didn't suffer any psychological impact with regards to my HCV or cancer diagnosis, as I am the sort of person that lives life each day. I think that I was offered psychological counselling at the time of my HCV and cancer diagnosis but it is not something that I felt I needed.

72. I have never suffered any stigma or been denied any dental treatment. I have not been to a dentist for a good while but when I did go to see the dentist in 2006 I told the dentist about having had HCV and I have always been free and open about it especially if it involves risk to others.

73. I would always tell any professional who was going to examine me about my former HCV infection and I would still tell them now, even though I don't have a detectable viral load.

Section 7. Financial Assistance

74. I was told about the possibility of obtaining financial assistance by someone from the Hepatology Department at Derriford Hospital and was advised to look into applying for funding. I looked at the application criteria but I thought that I didn't fit the set criteria.

Section 8. Other Issues

75. My expectation from a public inquiry is that the results will be published and not swept under the carpet by a politician, and that politicians will act on any recommendations, which I assume a public inquiry will make, and that they will be acted on and not set up another working group to not act on them!

76. A public inquiry could apportion blame, but for me it is not about that result but about finding out why it happened, how it happened and putting measures in place so that it doesn't happen again, which is the hardest thought for me as it involves dealing with politicians.

77. During my time working for BPL there is a high chance that I acquired my HCV infection at BPL and therefore we should ensure that sufficient safeguarding measures should always be put in place and the precautionary principle applied in the production of future blood products. The whole safety culture has changed now but the safety culture was not anything back in the 1980s. The safety culture generally didn't seem to have a prevalent focus on people then. I remember that the Crown immunity phrase was used at the time and I am surprised that there has not been a massive asbestosis inquiry as this material was used at BPL as a process filter material and also handled with minimal safety precautions.

78. Between 1980-1985 it was common knowledge that US blood was likely to be infected due to the way it was sourced. Ours was sourced presumably from healthy volunteers and therefore unlikely to be in the same risk category as someone who got paid for donating blood, and that is what we were campaigning for. I remember going on strike to which I remember them saying you can take it as your lunch break.

79. That was the general feeling about importing purchased product. The finished products didn't come via BPL, as we wanted funding for the new unit. It was common knowledge that the blood was infected. We campaigned for better facilities for investment for self-sufficiency of blood and the aim was to become self-sufficient as there was more than enough blood donated to be processed, but there wasn't the capacity to process it.

Statement of Truth

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

Signed _____

GRO-C

Dated 26.1.22