

Witness Name: Teresa Cork-Smith

Statement No.: WITN7494001

Exhibits: **WITN7494002 - 003**

Dated: 29 December 2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF TERESA CORK-SMITH

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 03 November 2022.

I, Teresa Cork-Smith, will say as follows: -

Section 1. Introduction

1. My name is Teresa Cork-Smith. My date of birth is GRO-C 1967 and my address is GRO-C Kent GRO-C
2. I am a retired police detective. I currently work as a civilian investigator with Kent Police. I live with my husband and son.
3. I intend to speak about my late aunt, Brenda Elizabeth Clark (nee Brooks), and her infection with hepatitis C ("HCV"). In particular, the nature of her illness, how the illness affected her, her death and the

impact this all had on her husband, Alan Clark, their son, Daryl, and the wider family.

4. Alan Clark, is my maternal uncle. Alan has difficulty with reading and writing. I think he would fairly be described as having learning difficulties owing to his difficult upbringing and lack of formal education.
5. I spoke to Alan about providing a statement to the Inquiry. Alan was initially cautious because he was intimidated by the whole process. However, Alan is happy for me to proceed on his behalf.
6. I am providing this statement with the assistance of what Alan, Daryl and my mother have told me.
7. The anonymity process has been explained to me. I do not wish to be anonymous. Alan and Daryl also wish to have their names visible within this statement.

Section 2. How Affected

8. Brenda Elizabeth Clark (nee Brooks) was born on GRO-C 1949. Brenda was in a very difficult relationship with a man before she met Alan, my mother's brother.
9. Brenda had a child, Daryl, from this relationship, born in 1975. She separated from her partner either during her pregnancy or shortly after giving birth to Daryl.
10. Soon after having Daryl, Brenda was diagnosed with a serious heart condition. She underwent a double valve replacement operation at King's Hospital, London. I believe this operation was performed, or certainly overseen, by Dr Parsons. Dr Parsons was a great friend to

Brenda and cared for her through most of her numerous ailments for many years. He even gave a speech at her wedding to Alan.

11. This operation was so serious that the hospital thought she may die. As a result of this, Daryl [GRO-C] I can't say exactly when the operation took place, but Daryl was born in either 1975 or 1976 and he was still a young child [GRO-C] I therefore believe that it was in the late 1970s.

12. Brenda had the surgery and apparently seemed quite well and healthy afterwards. She was a bright and intelligent woman, who worked as a psychiatric nurse at St Augustine's Hospital, Chatham in Kent.

13. Brenda met Alan in around 1984 whilst he was working as a porter at King's Hospital. They were both quite different people but they connected over their charitable personalities and their willingness and devotion to caring for other people. Alan was very different from Daryl's father.

14. Brenda and Alan married in 1986.

[GRO-C]

[GRO-C]

15. In 1987, Brenda began to feel increasingly unwell. She went to see Dr Parsons at King's Hospital accompanied by Alan. Alan also remembers a Dr Buick or Bewick (I am unsure of the spelling) from King's Hospital, although he can't be sure if he was at this appointment.

16. Dr Parsons told Brenda that she had hepatitis at this appointment. Dr Parsons explained that this was as a result of the transfusions she had received during her double valve replacement surgery in the late 1970s.

I have no idea how she was diagnosed, they must have tested her blood but Alan was unable to say.

17. Alan recalls that Dr Parsons told Brenda, at this appointment, that she had 10 years to live. This was described to her as the 'good news', the 'bad news' being that she had hepatitis.
18. Alan does not remember being told that this was HCV. He just remembers it being described as hepatitis. Moreover, I would have had no idea that Brenda had HCV specifically until I eventually saw her death certificate. I was aware however, that she had hepatitis. In this sense, I do not believe that she was properly advised as to the implications of HCV, particularly on her health. Alan did tell me however, that about a year after the diagnosis, they were advised to have separate bedrooms because of the risk of infection.
19. I didn't have a lot of contact with Brenda. She would sometimes visit my parents' house with Alan, where I would see her. I can remember she had a noticeably swollen stomach and abdomen. Alan informs me that this started slowly and got worse and worse.
20. I also remember Brenda's skin was jaundiced. Alan recalls that her speech started to slur, especially towards the end of her life.
21. Brenda's worsening health meant that she was no longer able to work. She suffered with chronic fatigue. Alan was still working as a porter at King's Hospital during this time. He remembers that he used to work a full shift, come home and do all the housework and cooking as well as walk the dog because Brenda was physically incapable of doing anything.
22. Alan doesn't know if Brenda received any treatment specifically for her HCV. She was on warfarin for her heart condition and was still under the care of Dr Parsons, although I believe he was a cardiologist, not a liver doctor.

23. The Inquiry investigator has described to me the kind of treatment that would have been available during this period. I do not think Brenda had any treatment that would have involved weekly injections over six to twelve month period.
24. Towards the end of her life, Alan took Brenda to their local pub to watch a football match. Daryl was joining them but when he arrived, he walked straight past Brenda. He didn't recognise his own mother, Brenda's appearance was so yellow and bloated.
25. On the day Brenda died, Alan came home and found Brenda on the floor in the bedroom. She was practically bedbound by this point and couldn't do anything. Alan called an ambulance and she was taken to St Thomas' Hospital.
26. The doctors at St Thomas' Hospital were very concerned. My Mum tells me that she was called and went hospital on this same day before Brenda died. She was on life support at this point I believe. Mum described Brenda's death as horrendous.
27. Brenda was on life support and the hospital took the decision to turn it off. Brenda died on 29 August 2005 at St Thomas' Hospital. Her death certificate records her cause of death as: '1a) Posterior Fossa Intracranial Haemorrhage b) Liver Cirrhosis c) Hepatitis C 2) Paroxysmal Atrial Fibrillation'. I enclose her death certificate as exhibit **WITN7494002**.
28. Alan tells me that the platinum valves that were fitted to Brenda's heart had to be removed when she died because they were valuable. Brenda used to joke that she was worth more dead than alive because of this.

Section 3. Other Infections

29. I am not aware that Brenda received any other infections as a result of her blood transfusion.

Section 4. Consent

30. I am unable to say whether Brenda was treated or tested with or without her consent. No one in the family has suggested that this was of any concern.

Section 5. Impact

31. Brenda's death at the age of 56 had a lasting impact on her widowed husband, Alan. Brenda's death meant Alan was on his own, struggling to deal with the basic requirements of life such as paying bills. He found it challenging to look after himself.

32. Brenda and Alan spent a lot of money; GRO-C
GRO-C On top of that, Brenda had been unable to work for large parts of her life, due to her poor health. Alan's job as a porter meant he was incapable of paying the rent in his council flat. He was then forced to move and live in a bedsit locally before moving to another bedsit on the South Coast about five years ago, where he has remained ever since.

33. Daryl has obviously had a very disrupted and disadvantaged upbringing. He struggled to deal with this and bears the impact of this even now.

34. It is evident from both her death certificate and her drastic health decline at a relatively young age that Brenda's HCV infection was a factor in her

death. It is entirely possible that she would still be here alongside Alan if she hadn't received infected blood during her heart operation.

Section 6. Treatment/Care/Support

35. I am unable to say whether Brenda faced any difficulties in obtaining treatment, care or support in consequence of her HCV infection. Alan told me that Dr Parsons, who cared for Brenda through the majority of her life, has died. I have no idea of any involvement of a liver department.

36. I am again unable to say whether Brenda was offered counselling or psychological support in consequence of her HCV infection.

Section 7. Financial Assistance

37. I intend to apply to the English Infected Blood Support Scheme ("EIBSS") on Alan's behalf. I spoke to Alan about this and he is happy for me to proceed with it.

38. I contacted EIBSS and they confirmed that Brenda did not make any sort of contact or application with them or their predecessor trusts and schemes prior to her death. Nobody in the family is aware of such support schemes ever being mentioned to Brenda or Alan.

39. I have only just received the application form. I have also applied to Guy's and St Thomas' NHS Trust and to King's College NHS Trust in the hope of obtaining Brenda's medical records (see Section 8 'Other Issues')

40. I have tried to establish which GP surgery Brenda was registered to. I know it was within a five minute walk of her previous address, although

there are two surgeries within this area and I haven't yet been able to determine which surgery is the correct one.

41. I believe that Alan and Daryl deserve compensation for what happened to Brenda. Any form of monetary payment would help Alan get into proper accommodation. He is 71 years old and living in a bedsit, which is far from ideal. It would also enable Alan to assist Daryl in helping him to settle down after the many struggles he has had to contend with in his life, quite separate from Brenda.

Section 8. Other Issues

42. With a view to providing the Inquiry with this statement, I have applied to two NHS trusts; Kings College Hospital (KCH) and Guys & St Thomas'. I have still only had minimal responses from KCH only, though these requests have only been made during the last couple of months and so that is not yet the issue for me. I have been frustrated by being sent the wrong documents and also not being able to upload documents to send to them in the manner in which they have suggested.

43. However, I do believe that the requirements before documents can be released by KCH, to be deliberately exhaustive, disproportionate and unreasonable.

44. My complaint is that Kings College seem to be making me jump through a ridiculous number of hoops to obtain my aunts medical records on behalf of Alan, who is unable to apply himself. I absolutely understand that as Brenda's next of kin, they require Alan's consent for me to apply, along with proof of my and Alan's identity. I have provided these.

45. I also understand the need to prevent fraud and ensure security of data. However, I refer to an email from KCH, dated 15 November 2022, a print of which I exhibit as **WITN7494003**, in which I am also being told that records can only be released to '....the executor or administrator of the

deceased persons estate', or 'someone who has a claim resulting from a death (this could be a relative or another person)'. Brenda had no estate as such.

46. Additionally, I am being asked for proof of my status in relation to my application to make a claim, along with the nature of the claim and how the disclosure of Brenda's medical records would assist with the claim. I have not mentioned anything to do with a claim.

47. When I applied for these records by email on November 3 2022, I was clear that I was applying on behalf of Brenda's husband and that it was because I was providing a witness statement to this Inquiry.

48. As I have indicated above in paragraph 39, I do intend to apply on Alan's behalf for compensation from EIBSS. When I do claim on Alan's behalf, it would not be against KCH and any payment would come from, I presume central government funds not the NHS.

49. I feel that it is important to highlight this. Due to my current work and many years as a police detective, I can see that there is something wrong here but other potential applicants for medical records whether related to this Inquiry or otherwise could be deterred by this overbearing and pointlessly challenging policy. Certainly, Alan would not cope with it.

50. For the reasons stated, I believe that KCH Trust is putting barriers in place demonstrating a distinct and general lack of transparency and candour.

51. I also understand the strong likelihood that Brenda's records have been destroyed after so much time. Given that in my initial email, I stated that Brenda died in 2005, would it not be a lot easier to simply establish whether the records still existed first, before asking for all this information?

52. I have written back to KCH and await a response.

53. I would like to say this; Brenda was a very fun and jolly lady to be around, in spite of the health and financial disadvantages. After Brenda had the heart operation in the late 70s, it seemed like everything was going to be better. She met Alan and they were really content. GRO-C

GRO-C life was looking up for them all. Then to be told that during the very operation that appeared to have changed her life for the better, that she was given infected blood and had only about ten years to live was absolutely devastating. The fact that she lasted about five years longer than the prognosis, is no comfort, particularly with the knowledge that apart from her other health concerns, she was effectively handed a death sentence.

54. Finally, Brenda is not here to speak to herself and her nearest and dearest do not have the capacity to tell her story, that is why I am giving this statement, to ensure that Brenda's name is part of this Inquiry.

Statement of Truth

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

Signed

GRO-C

Dated 29th December 2022.