

Witness Name: Glenn Bowden

Statement No.: WITN0734001

Exhibits: WITN0734002 - 012

Dated: 20 February 2019

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF GLENN BOWDEN

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 06 November 2018.

I, Glenn Bowden, will say as follows: -

Section 1. Introduction

1. My name is Glenn Bowden. My date of birth is GRO-C 1955 and my address is known to the Inquiry. I am semi-retired and work on a part-time basis as a Customer Administrator. Prior to this, I was a civil servant for 22 years and an ex-serviceman having completed 12 years of service. I am now a full-time unpaid carer for my partner Lynn Foster (W0094), who is also giving a statement to this Inquiry. I intend to speak about Lynn's infection with hepatitis C through a blood transfusion. In particular, I will speak about the nature of her illness, how the illness affected both her and myself, the treatment received and the impact it had on her and our lives together.

Section 2. How Affected

2. I have been with my partner Lynn for the past 17.5 years, since June 2001. However, Lynn was most likely infected with hepatitis C prior to this date, when she received a blood transfusion in May 1984. The virus is now undetectable, but she has nevertheless suffered irreparable damage.
3. Lynn received a blood transfusion in May 1984 at the Princess Anne Maternity Unit, which is now part of the Royal Bolton Hospital. She required the blood transfusion following a caesarean section when giving birth to her daughter from her previous marriage. After the caesarean section, the doctors found that Lynn was showing signs of anaemia so they informed Lynn that the best and quickest way to remedy this was to have a blood transfusion.
4. To the best of my knowledge, Lynn was not informed of any risks of being exposed to infection through a blood transfusion prior to receiving the blood transfusion. It was just accepted that she needed a transfusion, with no mention of potential risks.
5. It was not until much later, in 2012, when Lynn was finally diagnosed with hepatitis C and the blood transfusion from May 1984 was identified as the most likely cause of infection. However, I believe that there were missed opportunities for Lynn to be diagnosed with hepatitis C earlier.
6. In October 2009, Lynn's medical problems began to be noticeable. Lynn went to consult with her GP regarding a lump that she had felt in her left breast. She also mentioned her general feeling of being unwell, losing weight and her extreme tiredness.
7. Lynn's GP could not detect the lump, but arranged for Lynn to have a scan and prescribed her anti-depressants. After the scan, the doctors noted that Lynn had gallstones and as such it was decided that her gall bladder would be removed. This was duly set up and Lynn went to the Greater Manchester

Surgical Centre in Trafford General Hospital for keyhole surgery to remove her gall bladder.

8. Upon recovery from the surgery, the surgeon mentioned the condition of her liver and asked if Lynn took alcohol, to which Lynn replied that she did like a drink. However, the surgeon failed to ask Lynn how much alcohol she actually drank. In the 17 years I have been with Lynn, she has never been able to tolerate more than 3 to 5 drinks; she certainly would not drink this amount on a daily basis. This information was unfortunately missed, as no one ever asked Lynn how much alcohol she actually took.
9. After recovering from the surgery, Lynn had a follow up appointment with her GP on 08 February 2010. At that appointment, Lynn mentioned to the GP what the surgeon had said to her regarding her liver. As the GP had not received any correspondence from the surgeon, she wrote to him for more information. He in turn replied with a letter dated 09 March 2010. I wish to exhibit this letter as WITN0734002.
10. I believe that this letter implies that the damage to Lynn's liver was possibly alcohol related, despite the fact that nobody had even bothered to ask Lynn what her actual alcohol intake was. This mistaken assumption meant that a golden opportunity to discover the hepatitis C virus earlier was missed when it should not have been, as there was already a known correlation between hepatitis C and gallbladder disease.
11. It was not until 12 July 2010 when the lump in Lynn's breast was actually discovered. Then, a biopsy was done and a further appointment was made to carry out a fine needle aspiration of the lymph nodes. This was arranged for the following week. The tests confirmed that Lynn had breast cancer, so the doctors arranged for a lumpectomy to be carried out following the further tests.
12. The fine needle aspiration was originally arranged to take place on 12 July 2010. However, the person undertaking the procedure decided that a further biopsy would be more suitable and so she proceeded with this

option. I was present for the entire duration of this procedure and was able to monitor the process on the screen.

13. Lynn was quite upset about having a biopsy again as she remarked that it really hurt the last time, but the procedure was carried out and the doctors took a further sample. The operating surgeon remarked that she would have preferred a further biopsy sample as well, but due to the bruising she could not do this. As such, she applied a dressing to Lynn's wound and Lynn was free to leave. I exhibit the Bolton Hospitals NHS Foundation Trust: Clinical Report dated 12 July 2010 (WITN0734003) as confirmation of the above.
14. Lynn's daughter was present with us in the hospital whilst Lynn was undergoing the biopsy. Once Lynn had been discharged, we decided that we would go for some retail therapy and some light refreshment, so we drove the short distance to Bolton marketplace. A very short while later, Lynn complained of feeling really unwell. She remarked that she was in extreme pain, could not put her left arm by her side, and said that it felt as though she had a few rolls of wallpaper tucked under her arm.
15. Consequently, we decided to go home. I said I would fetch the car and told them to wait where they were, but as soon as I turned my back, I heard a loud scream. As I spun around, I saw Lynn collapsing to the floor and her daughter trying to help her up. Coincidentally, an off duty nurse was walking by and saw Lynn fall down. She said we should return to the hospital, which is what we were planning to do. Lynn regained consciousness, but she was obviously in agony and said that she could not take the pain.
16. We then returned to the breast unit at the Royal Bolton Hospital. There, I explained that Lynn was in the car with her daughter and informed the medical staff of what had happened. Following a consultation with a nurse, we were advised to go to the Accident and Emergency department as Lynn had lost consciousness.

17. The wait in the A&E department turned out to be a long and painful wait for Lynn. When Lynn finally saw a doctor, he initially thought it would be fine for Lynn to go home and take some paracetamol tablets despite her still being in dreadful pain. However, Lynn's daughter suggested that he examine Lynn's bruise under the dressing. As he removed the dressing, we all saw the massive swelling underneath. The doctor then left the room and returned stating that Lynn was to be admitted to hospital. At that point, Lynn still had not received any pain relief.
18. It was early evening before the duty doctor had time to see Lynn. The doctor prescribed pain relief for her, yet well into the late evening none had been given to her despite us asking. At approximately 22.00 the duty surgeon, who happened to be a specialist from the breast unit, arrived. When she saw Lynn, she asked the nursing staff why pain relief had still not been administered. Following a consultation with her superior, it was decided that they would operate on Lynn at 00.30. This was when she finally had some pain relief by way of pre-medication.
19. When Lynn returned from the theatre, it transpired that she had a massive haematoma; a small vein was nipped when the biopsy was taken, which subsequently caused the bleeding. I believe that this bleeding, with all the (yet to be discovered) contaminated blood coursing its way through Lynn's lymphatic system, caused the start of the (also as yet undiscovered) Large B-Cell Non-Hodgkin Lymphoma. The planned breast surgery was consequently put on hold, and following further surgery Lynn started a course of radiotherapy at the Christie Hospital.
20. At a breast clinic follow up appointment in September 2012, Lynn asked the consultant to check her other armpit as she had felt lumps under her skin. Following this consultation, Lynn was diagnosed with Large B-Cell Non-Hodgkin Lymphoma. I exhibit a letter dated 18 October 2012 (WITN0734004) as confirmation of the same.
21. Lynn was then referred to a doctor at the Haematology department. The doctor informed Lynn of a plan for the chemotherapy, and advised her that

they would need a further blood test to check for HIV and HCV in particular. Then, prior to Lynn's next appointment on 31 October 2012, we received a call from a member of the haematology team asking to speak with Lynn. As Lynn was not available to speak, the staff member said she would see Lynn prior to her appointment but asked if Lynn could arrive a little earlier.

22. When we arrived for the appointment, the specialist nurse asked to see Lynn first. A very short while later, the nurse came back for me as Lynn had expressed that if there was any bad news, she would want me to be present. This is when we received shocking news: Lynn had tested positive for hepatitis C. I exhibit the letter dated 01 November 2012 (WITN0734005) as confirmation of her diagnosis.
23. We did not know how to react when we first received this terrible news. We knew absolutely nothing about the virus; I had previously just thought of it as a dirty disease and wondered whether it was like AIDS. We could not grasp what it was or how it was going to affect us, and we had no idea how Lynn had even contracted hepatitis C in the first place. I had so many questions in my mind. Had I given the virus to Lynn? Had she given it to her children? We had so many questions and no information. The hospital did not even have leaflets about hepatitis C.
24. The first thing that the hospital advised us to do was to have all parties tested for hepatitis C. I was therefore tested immediately, although I was informed that the results would only be available later and that if I tested positive, other people such as our previous partners (Lynn and I both had previous marriages) were to be informed. Lynn was advised to contact her ex-husband and children to have them tested. This left Lynn with a sense of dread and awkwardness; she did not want to speak to her ex-husband and did not know how to tell the girls that she had hepatitis C, as she herself did not understand what it was.
25. Whilst we were digesting this news and trying to make sense of it all, the hospital asked Lynn and myself numerous lifestyle questions. They asked

if we had ever taken drugs intravenously, if we had ever gotten tattoos or shared needles. At this time, we still did not understand what was going on.

26. Then, Lynn was asked about blood transfusions, and she explained that she had received a transfusion back in May 1984 following a caesarean section. I cannot recall who was asking, but Lynn was subsequently informed that the blood transfusion was a likely cause of infection and that they were going to make further enquiries into it.
27. When Lynn later went to see her GP in early November 2012, her GP located a copy of a form from her maternity records, which showed the transfusion details. Lynn also received a call from the National Blood Transfusion Service who confirmed that the blood transfusion was a possible cause of infection, although they refused to investigate further to confirm whether the blood transfusion was indeed the source of infection. I exhibit the letter dated 21 December 2012 (WITN0734006) as confirmation.

Section 3. Other Infections

28. I do not believe that Lynn was infected with any other viruses as a result of being given infected blood. However, I believe that her Large B-Cell Non-Hodgkin Lymphoma, cirrhotic liver, type 2 diabetes and possibly her gallbladder disease developed as a result of her infection with hepatitis C.

Section 4. Consent

29. I do not believe that Lynn was ever tested or treated without her knowledge or consent, or for the purposes of research.

Section 5. Impact

30. Lynn's infection of hepatitis C has had a lasting impact on her individually and on our lives together.

31. When Lynn was initially informed of her shock diagnosis with hepatitis C, she was very, very upset. She was frightened, felt very unclean and was reeling in a state of shock to hear that she had been carrying this infection for almost thirty years without knowing about it.
32. Lynn's fears were compounded when we researched more about the disease once we had returned home. We needed to find out more because the hospital had not given us much information about hepatitis C. However, the information we found ourselves was very alarming; Lynn and I were both highly distressed to read about the treatments for hepatitis C and the social stigma attached to this disease.
33. At the same time, I was relieved for myself because my blood tests came back showing that I did not have hepatitis C, but I was careful not to show my relief to Lynn because we still had so many unknown quantities to deal with. We still did not know too much about hepatitis C, and we did not know how to deal with the lymphoma.
34. After her diagnosis, Lynn had to inform her dentist that she had hepatitis C. We also noticed that her hospital file mentioned hepatitis C on the front, which Lynn found quite embarrassing. Lynn also informed any hospital and medical staff she dealt with of her infection, as she felt that she had to warn them.
35. I was also concerned about how the HCV virus was affecting people around us. Although nothing was directly said to Lynn, our family and friends were very much aware of the condition and how it could be transmitted. The only information we had about the disease at that point was still just the information we obtained ourselves from the Hepatitis C Trust and from the internet.
36. At that point, Lynn was convinced she was going to die and was very upset with regards to the procedures involved in the event of her death. I also found it very distressing, and do not want to describe my feelings about the procedures.

37. With regards to further medical complications, Lynn was advised at her haematology appointment that her chemotherapy treatment would involve a drug combination called R-CHOP and that the cancer would be treated quite aggressively. She was told that the hepatitis C treatment would follow on after her chemotherapy treatment.
38. Following Lynn's chemotherapy, she suffered with heart failure and as such was put under the care of a further consultant heart specialist. The question of treating the hepatitis C virus was brought up, and Lynn was referred to North Manchester General Hospital as there was no hepatologist at the Royal Bolton Hospital. I exhibit a letter dated 10 June 2013 as confirmation of the referral (WITN0734007).
39. Lynn then saw a doctor at North Manchester General Hospital. At her appointment, the doctor arranged there and then to undertake a fibroskan. This confirmed that Lynn had cirrhosis of the liver and that treatment should start as soon as possible rather than wait for the new upcoming drugs. Lynn was to await a start date for the treatment – I exhibit the letter dated 06 August 2013 (WITN0734008) in reference to this.
40. As we then heard nothing from North Manchester General Hospital, I contacted the hospital myself and was informed that the consultant physician had returned to Spain and would probably be away for one year. This left Lynn in limbo and no one knew what was going to happen.
41. Consequently, I contacted Lynn's doctor at the Royal Bolton Hospital, who then referred Lynn to the Gastroenterology Unit there. We were told that a hepatologist was to be shortly in place at the hospital. Subsequently, Lynn met with the doctor but she was advised that he would need to set up a team and would try to find a hospital that could treat Lynn's HCV. The doctor also discussed the possibility of a liver transplant with her, but Lynn was told that she would not survive the procedure or even the anti-rejection medication. Lynn was then referred back to North Manchester where a locum was now in place.

42. After further treatment was discussed and tests were conducted, it was decided that Lynn would commence treatment in January 2014. Lynn accordingly started a course of Pegasus, Ribavirin and Teleprevir on 07 January 2014.
43. Shortly after commencing the treatment, myself and other family members noticed a dramatic change in Lynn's behaviour and her increasing confusion. I informed the hospital of this and they said they would monitor Lynn. However, Lynn was having extreme difficulties carrying out basic tasks, taking medication and dressing herself. In one instance, she even tried to leave the house in a state of undress.
44. On 23rd January 2014, we attended North Manchester General Hospital for another appointment. My sister-in-law was staying with us at the time, and on the way to the hospital we both commented on how Lynn was behaving: Lynn was unable to comply with any instructions, she was refusing to dress and leave the house, she was very confused and unable to walk properly, she was disorientated and her speech was slurred. I intended to raise these concerns with the consultant when we arrived at the hospital. I had in fact already mentioned these symptoms to the medical staff attending Lynn's previous appointment, and they had agreed to monitor her.
45. In order to attend her appointment at North Manchester, my sister-in-law and I had to take Lynn in her wheelchair. Lynn had to be strapped in as she kept on trying to get out of the chair. Moreover, prior to the appointment Lynn had to attend the Haematology Unit to have another blood test. There, even the staff expressed how confused Lynn seemed.
46. As soon as Lynn's consultant saw her at the appointment, he was on the phone immediately and instructed that Lynn was to be admitted as an emergency admission. I exhibit a letter dated 28 January 2014 as confirmation (WITN0734009). Lynn had some further tests and could not do the basic tasks asked of her. She had hepatic flap, her QT level was

very high and she was experiencing Hepatic Encephalopathy. She was evidently in a critical state so the consultant ordered that the hepatitis C treatment to be stopped straight away.

47. We only discovered later that this was due to contra-indications and interactions of her medication. When I personally researched the drug interaction charts that were on the University of Liverpool Hospital website, I was alarmed at what I found: two particular drugs that Lynn had taken were highlighted, one of which could be co-administered with caution but the other was not to be co-administered. I exhibit a letter dated 12 February 2014 (WITN0734010) and the drug charts from the University of Liverpool (WITN0734011).
48. Following these very few weeks of treatment, Lynn's liver had in fact become decompensated and she had to await the arrival of a new drug which was having really good results in other parts of the world. I wish to exhibit a letter dated 17 February 2014 in relation to this (WITN0734012).
49. Lynn's specialists continued discussing her situation with each other to find a way forward. We were informed that a new drug combination of Sofosbuvir, Ledipasvir and Ribavirin was to be trialled at North Manchester Hospital and Lynn was put forward for this. At first, she did not qualify for the treatment. However, after the initial course of treatment failed and Lynn's liver became decompensated, she qualified for the new drug therapy.
50. Lynn was then treated with the new drugs on 06 August 2014. Following this course of treatment, the hepatitis C virus was classed as undetectable on 21 January 2015.
51. At present, Lynn's heart is working fairly well due to the medication she is taking. Nevertheless, her life has changed tremendously. Lynn had been a Bank Manager at the Royal Bank of Scotland (RBS) before her sickness. However, as Lynn had been on long-term sick leave and was unable to return to work, RBS offered her an early retirement/redundancy package.

Lynn felt as though she was pushed into a corner and reluctantly accepted the redundancy package. However, in hindsight Lynn feels like this was the wrong decision, made because she was very confused at the time.

52. Lynn always took pride in her work and she was devastated that she could no longer work due to her failing health. As a result, Lynn became even more depressed. She just wanted to fall asleep and not wake up. Now, her only motivation to keep going is the thought of not seeing her grandchildren grow up.
53. Lynn's lifestyle has also changed dramatically; the virus has caused irreparable damage. Lynn's life expectancy has reduced and she is unable to do many things that she used to do. These are not issues related to her age, but are rather to do with the HCV virus. The HCV virus certainly explains why she feels so unwell and is the source of her constant fear that she is going to die sooner rather than later. She has been on anti-depressants since 2009/2010.
54. We no longer travel abroad due to Lynn's many ailments. The ever-increasing cost of short-term medical insurance also makes going abroad impossible for us. Lynn's social life has also noticeably changed. She now does not even consider taking alcohol out of fear of what further damage could occur to her already damaged liver. Even when family celebrations happen, Lynn will not take alcohol. She does not drink at all even though medical professionals have told Lynn that the very occasional drink would be alright.
55. Over the last few years, we have found everything very upsetting and we are still unsure of what the future holds for us and our lives together. Lynn and I were going to be married around the time of Lynn's diagnosis, but due to the treatment and uncertainty of her health, Lynn was not prepared to get married. As such, everything was put on hold. This is still the case at present, although we have again discussed getting married recently.

56. Lynn and I have not had a physical relationship for at least six years now. This was initially due to nerves regarding the HCV virus; Lynn did not and could not relax, and as such nothing ever took place. Since Lynn's health scares and treatments, she no longer has any interest in a physical relationship and she has accepted that this is the case.
57. Although I do miss the physical side of our relationship, I have also accepted the fact that Lynn would be very stressed about the thought of it. I believe that Lynn's infection with hepatitis C has been a major factor in our relationship, but I truly love Lynn for who she is.
58. I am now Lynn's unpaid carer and I have reduced my working hours to look after her. Following my early retirement from the Civil Service, I took employment with Capita as a visiting officer. I was employed on a full-time basis, but worked from home. As Lynn's health deteriorated and she had to undergo treatments, I requested to work part-time and reduced my hours to 30 hours per week. Since then, Lynn has required more treatment and care, so I have reduced my hours to 22.5 hours over three days.

Section 6. Treatment/Care/Support

59. To the best of my knowledge, Lynn did not face any difficulties in accessing treatment as a result of her infected status.
60. The only difficulty with accessing treatments that we experienced related to getting a start date for the treatment. I had to chase Lynn's treatment start dates up on a couple of occasions, and following the first unsuccessful treatment that lasted two weeks, Lynn had to endure another wait for a suitable treatment. The new wonder drug therapy of Sofosbuvir, Ledipasvir and Ribavirin was not available at first. It was only the fact that Lynn's liver became decompensated after the unsuccessful treatment that she then qualified to receive the new treatment.

61. At no time has counselling or psychological support been offered to Lynn, although I believe that Lynn could contact the Hepatitis C Trust for advice.

Section 7. Financial Assistance

62. Lynn was informed about Skipton Fund in November 2012, both by her consultant, Doctor Grey, and by the National Blood Transfusion Unit in London. Lynn subsequently made an application and was awarded the stage 1 payment (£20,000). She was told that she would qualify for the stage 2 payment as well, but would have to wait for the stage 1 to be made first.
63. Lynn received the stage 1 payment around late January or early February 2013. She then received her stage 2 payment in early April 2013 for the sum of £50,000. When Lynn received her stage 2 payment, she promptly gave it away to her two daughters as Lynn was convinced she was going to die.
64. We then applied to the Skipton Fund again for financial assistance in January 2014. We applied for help towards travel expenses, as we had to travel frequently to and from North Manchester General Hospital prior to Lynn receiving her treatment for hepatitis C, and Lynn also had to attend bi-monthly visits to the Royal Bolton Hospital. We further requested financial help with the potential purchase of a reliable second hand vehicle. Lynn also wished to have a private positron emission tomography (PET) scan with subsequent monitoring of her health. However, following an application in which we had to provide all of our joint financial details, the application was refused on the grounds that our joint household income was too high to qualify.
65. I declared to Lynn that the whole procedure of applying to the Skipton Fund for additional financial assistance was very degrading. It really felt like we were begging, so we vowed never to go cap in hand again.

66. However, we have very recently sent an updated declaration of income to the Skipton Fund. As a result, Lynn is now awarded an extra £64 per month.

Section 8. Other Issues

67. With regards to the future, I hope that there will finally be some closure and that Lynn will be able to get on with what life she has left. Lynn and so many others have sacrificed so much for something that she never had any choice in. There are many historic errors that have been made, and on numerous occasions, the hepatitis C virus could have been discovered earlier. I strongly believe that something needs to be done now rather than posthumously, so that Lynn and other sufferers are given dignity and the means to live the rest of their lives without having to beg. Other countries have rectified the situation for those infected; the same should be done here.

Statement of Truth

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

Signed GRO-C

Dated 22nd FEB 2019.

Table of Exhibits

| Reference | Document date | Description |
|-------------|---------------|---|
| WITN0734002 | 09/03/2010 | Letter from Mr Gordon Deans to Dr Duggan re Mrs Lynn Foster |
| WITN0734003 | 12/07/2010 | Bolton Hospitals NHS Foundations Trust: Clinical Report |
| WITN0734004 | 18/10/2012 | Letter from Dr M Grey to Dr GS Lancashire |
| WITN0734005 | 01/11/2012 | Letter from Dr M Grey to Dr GS Lancashire with hepatitis C positive diagnosis |
| WITN0734006 | 21/12/2012 | Letter from Dr V Muddu to Dr M Grey |
| WITN0734007 | 10/06/2013 | Letter from Dr S Singh to Dr M Grey |
| WITN0734008 | 06/08/2013 | Letter from Dr FJ Vilar to Dr GS Lancashire |
| WITN0734009 | 28/01/2014 | Letter from Dr L Ratcliffe to Dr GS Lancashire |
| WITN0734010 | 12/02/2014 | Letter from Dr L Ratcliffe to Dr GS Lancashire with message to Dr S Singh |
| WITN0734011 | November 2013 | University of Liverpool hepatitis drug interaction chart: Boceprevir, Telaprevir, PEG-IFN & RBV |
| WITN0734012 | 17/02/2014 | Letter from Dr KJ Lipscomb to Dr GS Lancashire |

GRO-C

22/2/19.