

NOT RELEVANT

Witness Name: John Crosby

Statement No. WITN0819001

Exhibits: NOT RELEVANT

Dated: 06 March 2019

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF MR. JOHN CROSBY

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 12 February 2019.

I, John Crosby, will say as follows: -

Section 1. Introduction

1. My name is John Crosby. My date of birth is GRO-C 1957, and my present address is GRO-C Somerset, GRO-C GRO-C I am currently retired, having worked for about 42 years; the first 32 years as a Royal Marines officer and the next 10 years as an international civil servant in the Organization for Security and Co-operation in Europe. I am married to Mrs. Tracey Crosby (D.o.B. GRO-C 1961), and have been since 10 August 1985. We have three daughters together (Jessica Crosby – D.o.B. GRO-C 1989; Harriet Crosby – D.o.B. GRO-C 1992, Katherine Crosby – D.o.B. GRO-C 1996).
2. I intend to speak about my infection of Hepatitis C resulting from a blood transfusion. In particular, the nature of my illness, how the illness affected me, the treatment received, and the impact it has had on me, my wife and our three children, and our lives together.

Section 2. How Infected

3. In January 1987 (I cannot remember the exact date), I was involved in a serious car accident whilst driving home on the A38 to my then house in GRO-C Devon. I was the only one involved in the accident; my car slid on black ice, spun and rolled, and came to rest upside down against a signpost. I was taken from the accident site by ambulance to the Royal Devon & Exeter Hospital, where I was found to have broken my right femur, right hip, pelvis, right humerus, right radius, right ulna, and right elbow joint. Additionally my urethra had torn from my bladder.
4. I was operated on for about 8 hours; pins and plates were inserted into my broken bones and a catheter put into my bladder. During that lengthy operation, I was given a total of 8 units of blood via transfusion. After my operation, I remained in hospital for just over 12 weeks, primarily to let my pelvis mend.
5. I made an almost full recovery from my injuries, following subsequent operations in late 1987 to remove the pins and plates, an operation in early 1988 to reconnect my urethra to my bladder, and extensive physiotherapy for about 12 months after being released from hospital.
6. Some 8¾ years after the aforementioned emergency operation, I received a letter from the National Blood Transfusion Service, dated 11 September 1995, "in relation to the blood transfusion you had in the Royal Devon & Exeter Hospital in 1987". It informed me "we have now discovered that the blood may have been carrying an infection known as hepatitis C virus which could have been passed on to you". The letter further informed that it "would therefore like to take a blood sample for testing". I gave a blood sample of 25 September 1995.
7. I received a subsequent letter from the National Blood Transfusion Service, dated 12 October 1995, confirming the blood sample had "been tested for evidence of hepatitis C infection and the result was positive. This

indicates that you are a carrier of this virus and we have written to your doctor advising that you should be referred to a liver specialist for further assessment." I was referred to St. Mary's Hospital, Paddington, London for an appointment with Prof. Howard Thomas's clinic on 15 January 1996.

8. My wife was given no advice during the aforementioned emergency operation about the risk of me being exposed to infection as a consequence of the blood transfusion. Moreover, until I was under the medical care of St Mary's Hospital in early 1996, the only information/advice I received about being a carrier of the hepatitis C virus was a three-page photocopy hand-out from the North London Blood Transfusion Centre, where I had given my blood sample, entitled "A Positive Test for Hepatitis C Antibody – What does it mean?"
9. Once under St. Mary's I was given photocopies of three information hand-outs from the British Liver Trust entitled "Chronic Hepatitis", "Hepatitis C" and "Interferons". Additionally, Prof. Thomas's team (primarily Sister Mary Crossey) were helpful in advising me how medically to manage my treatment (see Section 6 for details about my treatment). I also conducted my own online research about hepatitis C and treatment thereof.
10. I do not recall receiving any specific advice - other than what was in the abovementioned photocopied information sheets - about the risks of others being infected as a result of the infection. In that context, it is noteworthy that my wife and I had had unprotected sexual intercourse and all three of our children were conceived while I was unknowingly infected with hepatitis C for those 8¾ years. Additionally, I had undergone three further operations and regularly had dental work, unknowingly exposing medical staff to my contagious infection on each occasion.
11. Turning to how the results of the tests and/or information about the infection were communicated to me, each time the test results were given to me by letter and the information via hand-outs. While some might reasonably regard that as rather impersonal, I do not recall being unduly upset by that approach. I do, however, consider that the testing and information should have been provided much earlier to me. According to a

hand-out I received, donated blood was tested for hepatitis C from September 1991 onwards. I was never informed when it first became known that some blood donated before then might have been infected with hepatitis C virus (i.e. how soon before I received my initial letter in September 1995).

Section 3. Other Infections

12. As far as I am aware, I have not received any infection, other than hepatitis C, as a result of being given infected blood.

Section 4. Consent

13. As far as I am aware, I have not been treated or tested without my knowledge, consent, and/or being given adequate or full information.

14. It is, however, very likely that my interferon and subsequent combined interferon & ribavirin treatments also served the purposes of research. I write that because, according to some of the abovementioned information sheets and my own online investigations, there was quite some uncertainty at that time about what was/would be effective hepatitis C treatment and a number of clinical trials were undertaken; as described in Issue 9 - *Winter 1998/99* of 'C Positive' (which was a supplement of the British Liver Trust newsletter, *Liver Focus*). Also, Prof. Thomas's team told me that it was unknown whether or not interferon treatment would be effective; they said for many other infected patients it had not been. I was nevertheless quite happy for my treatment to be a part of research, on the basis I believe it is through research that effective treatments are validated and people are cured and/or cleared of infection.

Section 5. Impact

15. Until I was informed by the National Blood Transfusion Service in October 1995 that my blood sample had tested positive for hepatitis C infection, I

was not aware that I had the infection, let alone had had it already for many years by then. The main reason being that I had no outward signs of mental and physical effects of being infected with HCV, nor did I have any outward signs of chronic liver disease. However, there had clearly been some physical effect; my liver biopsy in March 1996 (Prof. Thomas's pre-condition for me being recommended for interferon treatment) showed I had "significant liver disease" (necro-inflammatory score of 4/18 and a fibrosis score of 2/6). Moreover, my second liver biopsy on 23 October 1997, done to evaluate my hepatitis C and persistent elevation of liver function tests, also showed evidence of fibrosis.

16. Turning to the treatment I was given for HCV, following my abovementioned first biopsy to determine suitability, on 2 September 1996 I was started on Interferon (12 months of three times weekly self-injection subcutaneously). I was still not clear at the end of that period and thus, following my abovementioned second liver biopsy, a further 3 months of combined interferon & rivaveron followed. By the end of that second treatment my hepatitis C was successfully 'cleared' as far as I am aware. (In 2005, prior to another operation, I was given a blood test. According to the doctor, it showed anti-HCV was positive, confirming my earlier infection, and HCV-RNA negative which indicated my treatment was successful.)
17. Regarding further medical complications or conditions that have resulted from the HCV infection, I developed rosacea on my face soon after starting the interferon treatment for my chronic hepatitis C. That rosacea condition remains today, albeit to a much lesser extent. On the basis I never had rosacea before starting the interferon treatment, I believe it quite likely that my rosacea was an indirect condition resulting from my hepatitis C infection. My rosacea, at its worst, was quite mentally debilitating; I became self-conscious of it – particularly as there was much face-to-face interaction in my job.
18. I did not meet any difficulties or obstacles in accessing my treatment in the first 10 months of that treatment. That was because I was working at the

Ministry of Defence in Whitehall and living in north London, and could thus get time off work for medical check-ups and easily access St Mary's Hospital in Paddington. That situation changed, however, in July 1997 when I moved, with my family, to work and live in GRO-C Virginia, USA. My initial difficulty was being able to take sufficient interferon with me to complete my first 12 months of treatment as it was unclear whether interferon would be available for me where I worked/lived in USA. Eventually I managed to take a cold bag with me with sufficient interferon and syringes, and managed to get those successfully through customs. I soon made contact with US military medical facilities close to where I lived, and came under the care of a US naval doctor.

19. My main difficulty soon thereafter was getting on to the combined interferon & rivaverson treatment. According to the US naval medical staff that combination was recognised by them as being the next logical step, but their naval hospital was not cleared to prescribe rivaverson. They informed me there was a large civilian hospital in the State of Virginia that was cleared to prescribe rivaverson, but its protocol allowed them to do so only under certain conditions. While the civilian hospital, which I contacted, was prepared to overlook that I had been on interferon for one month longer and my brand of Interferon was not on their protocol list, a stumbling block came over my dosage of 4.5 megaunits of interferon. Theirs was only 3 megaunits, and hence the Head of the Medical College's Hepatology Department did not want to accept me on his College's rivaverson programme. Eventually, after much discussion with Prof. Thomas's team at St. Mary's Hospital and a change in my interferon dosage, the US doctor was persuaded to accept me on to his College's rivaverson programme.

20. As far as I can recall, there were no treatments at that time which I considered ought to have been (but were not) made available to me. Indeed I recall having complete faith in Prof. Thomas and his team at St. Mary's Hospital that I was getting the most suitable medical treatment for me. (That faith proved well founded given their treatment eventually 'cured' me of the hepatitis C infection.)

21. The physical effects of the treatments I received were: first, the pain and inconvenience of self-injecting interferon subcutaneously for 15 months; second, the pain and inconvenience of the two intrusive liver biopsies; third, the aforementioned rosacea that developed on my face soon after starting the interferon treatment; and, fourth, significant weight loss (I lost nearly 20kg - from 100kg down to 80kg - during the 15 months treatment period, resulting in me being skinny and my face gaunt). As for the mental effects of the treatment, that was: first, the stress of having to self-injecting interferon for 15 months and having two liver biopsies; two, the strain (for twenty-seven months from the date I was first informed about possibly being infected) of not knowing whether my infection would ever be cleared; third, the anxiety (which remains today to some extent) of not knowing what, if any, are/will be the long term effects of having been HCV positive without treatment for nearly 9 years and having had chronic liver disease as a result; and, fourth, the worry (particularly in the early days of finding out I was HCV positive) about whether I had infected my wife and/or our three children with hepatitis C GRO-C

22. As far as I am aware, the main impact of my infected status upon my treatment, medical and/or dental care for any other conditions has primarily been on the precautions that medical and dental staff had to take regarding actual/potential flow of infected blood from me. That manifested itself in, for example, having the last dental appointment of the day and equipment being covered with additional layers of protective film. Obviously the above only came into being once I knew I had HCV and was thus able to inform medical/dental staff accordingly. Noteworthy, for nearly 9 years (early 1987 to late 1995) I had undergone three operations and regularly had dental work, unknowingly exposing medical staff to my contagious infection on each occasion.

23. The impact of being infected with HCV on my private, family and social life was deliberately managed by me to ensure it was minimized to the extent possible. I mainly carried on doing the things we had always done in the same ways as before, albeit: I made sure I was always able to maintain my interferon injection regime whenever we went away from home, I took

extra care that my family and friends did not come into contact with blood from any cuts I had; I reduced my alcohol intake; and, until cleared of the infection, I always used a condom for sex.

24. Regarding the impact on me and/or my family of a possible stigma associated with a HCV diagnosis, there was none as far as I was aware. That was because, firstly, I deliberately told no one other than the medical staff treating me and my immediate superior that I had HCV, and, secondly, the reason I was infected was through no fault of my own but rather as a result of a blood transfusion many years previously. My family also told no one I had been infected with hepatitis C.
25. There were no educational effects of having been infected with hepatitis C; I was able to follow courses of professional study as per normal.
26. Regarding work-related effects, I was able to carry on working throughout the whole period, both before and during my treatment. In that respect I was fortunate to be a serviceman as I had good access to medical staff & facilities, plus time off for medical appointments was an accepted norm. Notwithstanding, there were two significant effects nevertheless. First, I had to be very careful where I could work and what I could do. As a Royal Marines officer, I was used to being deployed on military operations (and/or exercises) in different parts of the world. However, from when I found out I had been infected with hepatitis C and until I was cleared of that, I had to make sure I was not deployed as before. That was because I could not be sure of unbroken access to specialist advice (such as from St Mary's) as well as access to interferon and, even if I had the latter, whether I could continue self-injecting. Also, I was concerned about infecting others if they came into contact with my infected blood (if, for example, I was injured on operations). A consequence of not being deployable is that I could not join one of our Royal Marines Commando units for that period. Not only did that preclude one of the more enjoyable parts of my work, it quite possibly had a detrimental impact on my future promotions and thus military career (the period of treatment coincided with a critical part of my career path). The second effect was that, for work

purposes, I was required to travel quite a bit, including to Europe via transatlantic flights. It was quite inconvenient traveling with my interferon and syringes, and I was very often worried whether I would have problems with customs, plus whether there would be facilities to store my interferon at my destination (it needed to be stored in a fridge).

27. The financial effects of being infected with HCV and the treatment therefor were principally the cost of having to buy completely new sets of most clothes due to my weight loss during interferon treatment, having to then buy new sets of most clothes due weight gain once I had stopped interferon treatment, and ensuring all hotel rooms at which I stayed for work or private purposes during the treatment period had its own fridge to store the interferon.

28. The impact of me being infected on those close to me - including my wife, children, parents, and other family members - was primarily mental. They, my wife especially, were worried and stressed about whether: I could/would be cured; what, if any, are/would be the long term effects of having been HCV positive, including without treatment for nearly 9 years, and having developed chronic liver disease as a result; whether any of them (wife and/or children) had been infected by me; and, seeing how poorly I was during my interferon treatment period.

Section 6. Treatment/Care/Support

29. The medical treatment I received as a consequence of being infected with HCV is covered in paragraph 16 above. I never faced any difficulties or obstacles in obtaining treatment, other than as described in paragraph 19 above. I was never offered or received, nor did I ever seek, counselling or psychological support.

Section 7. Financial Assistance

30. I found out that financial assistance might be available to me when I received an email from 'philippe.bergeron@GRO-C' on 29 January

2004. That email followed my "expression of interest in the payment scheme for people inadvertently infected with hepatitis C as a result of treatment with NHS blood", which I had lodged with the Department of Health following an announcement, in August 2003, in a press release on scheme.

31. I applied for and received from the Skipton Fund an "application form for first stage ex gratia payment of £20,000". I completed/signed my part of that form on 1 December 2004. As indicated in the Guidance Notes for that application form, "all the rest of the form after page 2 must be completed by a medical professional". Accordingly, I forwarded the form to Prof. Thomas's team at St. Mary's for completion. On 11 March 2005, I received £20,000 as 'Payment No. 1' from the Skipton Fund. I found the process was easy to follow and apply, and the only pre-condition I can recall was that I had to register with the Skipton Fund.

32. In mid-2007, whilst working/living in Portugal, I consulted my Royal Navy medical officer whether she thought I was eligible for the second payment of £25,000 from the Skipton Fund. After consulting my medical notes and Skipton Fund guidelines, she informed me that my interferon treatment had been successful in lowering the level of virus in my blood, and that the only way of checking progress of fibrosis in my liver was to have another biopsy. She further informed that the "Skipton Fund does not recommend having another biopsy for the sole purpose of applying for the second payment." I had no reason to doubt her advice, and thus decided not to pursue a second payment.

33. Regarding the amount of financial assistance I received, I have no experience of ex-gratia, compensation or any other such payment. I do not know, therefore, whether or not £20,000 was/is sufficient or equitable payment for the physical and mental effects and trauma: of being infected with hepatitis C through an NHS blood transfusion in the first instance; of not knowing for 8¾ years that I had been so infected; of developing chronic liver disease over that 8¾ years period (including because my HCV infection was unknown); of undergoing 15 months of intrusive

treatment; and, of enduring twenty-seven months of uncertainty (from the date I was first informed about possibly being infected until tests showed my treatment had been successful); and of not knowing what is/will be the longer term effects of having had hepatitis C and chronic liver disease as a result.

Section 8. Other Issues

34. In case relevant (and needed), I have my medical records as well as correspondence from National Blood Transfusion Service, Prof. Thomas (of St Mary's Hospital), Department of Health, North London Blood Transfusion Centre and Skipton Fund, plus also the various hand-outs mentioned in this statement.

Statement of Truth

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

Signed _____

GRO-C

Dated 6 March 2019