

Witness Name: Mr David Abdo
Statement No.: WITN1814001
Exhibits: 0
Dated: 25 April 2019

INFECTED BLOOD INQUIRY
WRITTEN STATEMENT OF MR DAVID ABDO

Section 1: Introduction

1. My name is David Abdo. My date of birth is the 1st GRO-C 1969; my address details are known to the Inquiry. I am a graduate in Architecture/Graphic Design. I am employed by National Health Service Blood and Transplantation (NHSBT) as a Brand and Studio Manager. I live with my partner of eighteen years and my daughter called i GRO-c -/who is aged six and who attends school locally. We all live with my mother; who is aged eighty, to support her. She suffers from a number of medical complaints.

Section 2: How Affected

2. I am making this statement on behalf of my father, Mr Abdo who was together with my mother, Maria Pilar Barbeito Abdo for over 32 years. Before my father's death my parents were happy and very evidently in love, sharing all their leisure time together; they even worked in the same place at Friern Barnet Psychiatric Hospital. I am their only child who is living. I had a sister but she passed away in 1980 at the age of 26 from brain haemorrhage.

3. My father was the Head Chef at Friern Barnet Psychiatric Hospital. He looked after the needs of the medical staff and mental health patients. He had over 30 years' service in the NHS supporting others and this is where he met my mother as she was the catering manager. My father held down two jobs in order to provide for the family. In addition to serving as a Head Chef at Friern Barnet Hospital during the day, in the evenings he travelled to Walthamstow Stadium as he was the Head Chef there too. My mother stayed home in the evenings and looked after me preparing me for school and making sure my homework was done. Therefore, my father made sacrifices for his family; he gave up quality time with us, his family, in order to meet financial demands. Nevertheless, we were an extremely close family unit. It was a loving home. My father showed a great deal of interest in my education and development and was ambitious for me. He was a loving father and I had the utmost love and respect for him. My father was always there for me and gave me the best chances in life. He was known and loved by everyone in the area he lived in and well respected at work. He was a good natured person and always helped anyone in need. He always took me to football training sessions and other activities mostly at the weekend, and sometimes during the week and encouraged me to be the best I could be and to learn from my mistakes. I looked up to him as a role model. He was always reliable and there for me whenever I or my mother needed him. He was a family man who loved us and his family was his absolute priority. My father was infected with and died as a result of receiving contaminated blood; he contracted hepatitis B and C. I have only just been able to piece together the very small amount of information that I have been provided with. Essentially the infection came about as a result of a blood transfusion or transfusions that my father received during a renal transplant operation which took place at Royal Free Hospital in early 1985; from sick notes that I have managed to retrieve from a suitcase that my mum has stored them in, I think it was in January 1985. My father passed away on seventh June 1990 from hepatic failure caused by chronic liver disease due to non-alcohol related hepatitis C. He was only 54 years old.

4. My father did not suffer from a bleeding disorder.
5. My father contracted both hepatitis B and C and from a transfusion or transfusions of blood that he received either before, during or after a renal transplant at the Royal Free Hospital in early 1985. I have only just managed to piece this all together and have found out through sheer persistence. What I have found out, I have found out by receiving different pieces of limited information from various different sources. The first piece of information I wish to refer to is the sick note(s) that indicate that my father was placed on leave for a period of two weeks on 23 January 1985 for a renal transplant; there are further sick notes which served to extend this period of time. The second piece of information which is very helpful is a hand written note which I retrieved from the Blood Transfusion Service, it has originated from the North London Blood Transfusion Centre in Edgware which is dated 8 June 1987 and is sent from David Howell and addressed to Dr Hewitt and notes the following *'On Friday Geoff Hazlehurst RFH phoned to -say report a PTHB. The patients surname was is Abdo and he underwent a renal transplant in 1985. He requested our 'usual' form 82/37. It will be 32/87. David Howell'*. This note was followed up by a letter written by Dr. P Hewitt, Deputy Director (I understand this is Dr Patricia Hewitt, Deputy Director of the National Blood Transfusion Centre in Edgware) to Mr. G. Hazlehurst and cc. to Dr. A Mehta, the very next day, 9 June 1987. The letter states *'Dear Mr. Hazlehurst, Thank you for letting me know of this case of post transfusion hepatitis. We are required by the department of health and social Security to report this, and I shall be obliged if you will complete the relevant portions of the attached form and return it to me. May we also have a freshly taken and frozen serum sample taken as soon as possible? This is for testing for other HBV markers and, if necessary for hepatitis A markers. In cases of non A, non B hepatitis in order to simply communications I will address all further correspondence regarding this case to: Mr. A. Mehta the consultant haematologist in charge of the blood bank'*. The third piece of evidence comes from the Royal Free Hospital who wrote a letter to me after I had been attempting to acquire my father's records over a

significant period of time. It is dated 13 August 2018. I copy below the key pieces of information from that letter. *'... I was however, able to make contact with one of our renal transplant consultants who was working at the trust at the time your father was a renal patient with us. You very kindly sent me a photograph of your father in the hope that this may jog some memories. Whilst our renal transplant consultant did not remember your father, he made contact with a retired renal transplant consultant who did remember your father. As we have discussed, that consultant recollected that your father had a blood transfusion in the later 1980s and later contracted hepatitis (. ..), (..,) as the consultant has since retired what I can do is provide you with a statement from me on behalf of the trust to say that one of our retired consultants has confirmed from his personal recollection that your father had a blood transfusion, that he later became positive for hepatitis, and that the treating team were not able to determine whether the virus was transmitted through infected blood products or not'.* The fourth piece of evidence is my father's death certificate which states that he died in June 1990 as a result of *'hepatic failure due to chronic liver disease due to (non alcoholism)'*. Lastly I think it important to set out that the records that I was able to retrieve from my GP and my mum's GP which are dated 13 June 1988 indicate that I had been *'investigated at the RF hospital. (i.e. no need for hepatitis B injections)'* for me, but that my mum had 1 GRO-C !, I assume that this was because I was born prior to my father becoming infected (my date of birth being/ GRO-C/1969) but that mum needed to be treated because she maintained an intimate relationship with my father, after he had become infected. I can make this information available to the Inquiry should it be helpful. I still remember as a young child visiting The Royal Free Hospital with my father and seeing him being examined by several doctors there.

6. I have checked this point with my mother. She was an eye witness as she accompanied my father to most of his appointments. Mum says that at the time of the kidney transplant, neither she nor my dad were made aware of the potential need for a blood transfusion or of any risks of infection associated with

the receipt of blood to him prior to his kidney operation. The giving of a blood transfusion at that time was treated as something routine and my parents; even if they had been consulted about it would not have regarded it as being the cause for any undue concern. The news of the infection when it came, came as a massive shock for this reason.

7. My father was infected with hepatitis C and B. I had for years; up until 2018 when I started to try to piece my father's story together, thought that he was infected with hepatitis C only. The very few records that I have been able to find show that he was also infected with hepatitis B. This information was contained with some GP records that I retrieved from my mum's and my files. They indicate that on 13 June 1988, my father had type B hepatitis C and a positive e antigen. Again, I find it very interesting that I have been able to retrieve this from my files and my mum's files yet there is absolutely nothing available to me from my father's own files.
- 8, I believe that my father found out that he was infected as a result of an admission to the Royal Free Hospital; after his transplant, following a period of acute illness. As I have been unable to recover any medical records for my father it is difficult to say when this was. What I recall is that he recovered from his renal transplant and returned to work. I recall that he was lethargic and not as active as he had been, but he was better than he was prior to the kidney operation. My father was admitted to the hospital, I recall that one evening my mum received a call to our home to say that she needed to go to the hospital quickly as my father had a turn and had slipped into a coma. My mum went straight to the hospital and met my uncle there. The hospital explained to my mum and my uncle; who were both there at the same time but not with my father, that he had started to bleed profusely from his mouth and in order to stop that the hospital needed to give him a treatment. My mum was asked for her consent to inject my father with a fluid to stop the bleeding. She was told that if my father did not have the injection he would die and if he did have the injection there was a possibility that he would live. My mum provided her consent on this basis. When my father eventually came out of the coma, which

I think was around two or three days later. When he eventually came out of a coma, the doctors went to see him and asked him lots of questions. He was asked in the company of my mother, whether he was gay, whether he was an intravenous drug user, whether he sexually promiscuous. My father became very offended by these questions because he was and always had been a devoted family man. He was extremely distressed and felt deeply insulted by them. He did not know why he was being asked these questions. My father obviously responded no to each question. I am unclear about when exactly the coma commenced and when he eventually came out of it but throughout process of elimination it would appear that it was after January 1985 as this is when the renal transplant took place and around 1 June 1987 because there is a record that I have managed to find within my mum's GP records which states '*back pain - also distressed as husband in coma in RFH - lumbar pain (, ..)*'. It is also notable that on 8 June 1987 the Royal Free Hospital knew that my father had contracted post transfusion hepatitis as indicated above. I understand that my father was eventually told that he had contracted hepatitis when he came out of the hospital following this coma incident.

9. I understand that The Royal Free Hospital staff told my father and my mother that he had contracted hepatitis. I do not know when this was exactly but I think that it was around June or July 1987 as it happened after the coma incident but it could have been any time up to 13 June 1988 as there is another GP record in my mum's files which states '*Husband has type B Hepatitis C a positive e antigen. Mrs Abdo has had a course of hepatitis B (IM - indecipherable) at the Royal Free*'. I assume therefore that both of my parents knew at this stage. I understand that this revelation came as a great shock to both my mum and dad. They were told nothing else. From that point, the hospital handled things very insensitively. Dad was not given any information about the infection so neither he nor my mum knew the seriousness of it. No-one really explained to any one of us what it was.

10. Adequate information was not provided to understand and manage the infection. We are now aware that research and development was underway at the time that my father's infection was known about but no information or advice or guidance was ever given to my father or to us.
11. I consider that it was critical that information should have been provided to my father as soon as it was discovered that he had been infected. I do not know whether he was told as soon as his infection status was discovered. I question whether it was known soon after his renal transplant and whether he could have been told then.
12. The way in which results of the tests were communicated to my father was brutal; it was very matter of fact. The way in which he was told and then subsequently questioned and there was no explanation or details of the follow- up support that was available, threw dad into uncertainty.
13. In respect of the risks of others being infected as a result of the infection, my mum and I knew not to use any of my dad's razors but I think this was not until some time after the diagnosis. I know he had his own cutlery and plates that he used himself.

Section 3: Other infections

14. I believe that my dad was infected with hepatitis B and C. I do not think my dad knew about what he had been infected with.

Section 4: Consent

15. I cannot be certain about the answer to this question but given how my father responded to the news that he had become infected, I find it very difficult to believe that he was treated with his full knowledge and consent and with being given adequate or full information. When my father was given any care treated,

very little explanation about processes were given to him or the family. I do not know if any treatment or tests were carried out without his consent. The fact that his hepatitis C status was discovered is evidence of the fact that he was tested without his knowledge or consent. I do not understand how they knew to test for the hepatitis, were they on the look out for this virus at the time and if so, why? No explanation was given as to how my father contracted the infection. Consultation and communication was always poor. It was always vague and unpleasant leaving all of us, distressed and anxious. We did not know what to do, how to deal with it properly. There were countless appointments with doctors and consultants at The Royal Free Hospital but dad was not enlightened as to what the results were, whether there was something that he needed to know. I remember his being examined but it was never discussed why he needed to be examined. My dad, my mother and I were under unbearable stress as his physical condition deteriorated. I do not know if my father was treated or tested for the purposes of research, but I do recall that when he was at the hospital he was examined by a number of doctors at the same time.

Section 5: Impact

16. The mental and physical effects of the infection on my father were significant
17. The mental and physical effects of being infected on my father were extensive. The physical effects included chronic fatigue, yellow eyes, swelling of his legs and feet, swelling of his abdomen, dry skin, chronic itching. His lifestyle was obliterated. The main mental effect was depression. I think this came about as a result of the decline in his health and the effects of the hepatitis. He went from having a very cheerful disposition to being deeply depressed and seriously physically unwell and inactive. He did his best to work which meant that outside of work hours he was completely exhausted and had no energy or quality of life. My dad became someone who needed round the clock care from my mum and me. This was hard on him as an independent man who had

always regarded himself as the protector, the provided and main breadwinner and the rock of our family. He looked after us emotionally and physically and in the end watched us look after him emotionally and physically. He watched us see him becoming incapacitated. This is something that he struggled to reconcile himself with.

18. As I have been unable to retrieve my father's medical records I do not know what other medical conditions he developed as a result. But ultimately, there was an immediate and very rapid deterioration in his health leading to his death. His sick notes indicate that by February 1990 he had developed cirrhosis of the liver. He died a short time later in June 1990.
19. My father passed away from hepatic failure due to chronic liver disease due to non-alcoholism on seventh of June 1990 at Barnet General Hospital. He obviously experienced a very rapid and very serious decline in his health.
20. As far as I am aware, there was no treatment offered to my father. He just attended hospital appointments to monitor his health. I wonder whether at the point at which he slipped into his coma, the medics knew that his condition was already very advanced but this is difficult to understand because in reality it was only a short time following his blood transfusion (which took place in around January 1985). I wonder therefore whether he was given a lot of blood or whether what he was given was potent that his liver became overwhelmed by it.
21. My understanding is that my father was not given any treatment and so he must have encountered difficulties and obstacles in receiving treatment.
22. I do not know if there were treatments available that could have or should have been offered to him but I think that he should have been given more because it feels like he was left to die. I cannot help but question why he was not considered for a liver transplant.

23. My father did not receive treatment and so in that respect he did not suffer side effects from it. My father's condition was allowed to deteriorate.
24. My father was denied dental treatment as a result of his infected status.
25. The impact of the infection on my father's private, family and social life was devastating. From being at the heart of the family, the blood infection had a radical effect his quality of life and how he then interacted with my mum, with me and with others. He had bravely faced the kidney transplant and hoped for an enhancement in his quality of life. The reverse was true. This led to depression, constant worry about the future and an inability to hold down his much loved job. He was close to my mother and worried, rightly so, about how she would cope. I think he knew that he was dying. He also knew my youth would be affected since I would have to assume his responsibilities, which is not what he planned for me. He had encouraged me to enjoy freedom and independence. He was paying for private tuition for me which came to end when he could no longer work as much as he once did. Dad was bitterly disappointed that he could no longer support me in this way. I found a job during the weekend and in holiday periods in order to continue with the private tuition and support the family bills. The overwhelming negative effect of the infection on my father cannot be underestimated. Every aspect of his life became very difficult. He withdrew from social activities. He was always a person to shield his family from worries or responsibilities but when it came to his infection, he actively sought to keep the extent of the devastating illness to himself. Not sharing the burden made him become very introverted. He had been looking forward to many happy years ahead with my mother to whom he was devoted and with his large extended family. He loved his creative job as a Head Chef. His last period at work was ruined because of the stigma. A cloud hung over family life. His relationship with my mother changed. She became his carer. He worried for all our futures. He was afraid of how he would actually die. On the evening my father died, he reflected with my mother as to whether her life had been happy with him. In the end their togetherness was

really quite short-lived. He definitely did not want an untimely death. He was contented in his home and social life and career before the virus arrived. He did not want that taken away. In particular, he was fearful for those he was leaving behind.

26. As a result of my father's premature death; for my entire adult life, I have felt it is my responsibility to look after my mother in every way. The nature of my father's passing was a tremendous shock. I was only 20 years old. My mum a young woman. Although my mum and I saw my father's health decline, we always held out hope that he was going to get better. I ended up taking a different path than that which had been mapped out for me in terms of study and career. I felt it important to remain close to or at home after my father died because my mother would not have coped alone. I think that she felt his passing even more acutely because we had lost my sister at a very young age. In terms of forming a relationship, I was also affected. People I met found it difficult to understand my situation and the need for me to support my mum in the way that I did. I was also emotionally unavailable. As a family, we closed ranks. We did not talk to anyone or socialise as we once had. We were grief stricken. We were confused. Fortunately, I eventually met my current partner who is extremely empathetic. When our relationship became serious, she unselfishly agreed to move in with my mother and me rather than have the satisfaction of establishing our own home. She had an excellent career but has made sacrifices for us now working part-time to help with my elderly mother. Had my father survived, the whole course of our lives would have been very different. I was training to be an architect but a seven year course of study was not viable at that time because I needed to be the main breadwinner. Plans for travel were curtailed. My college life and ability to study for exams were adversely affected because I had to look after my father. This caused me to suffer a high level of stress; particularly, as I was the only child in the house. Starting a family of my own was deferred until relatively late in life and the likelihood is that I would have had more children. My partner and I decided to continue to look after and support my mother and with that decided to just have

one cherished child, aged six. We would have liked a sibling for her but financially and in terms of domestic space and my partner's age, we have had to make a lifestyle decision as a direct result of the loss of my father. In summary, many aspects of my life have been affected. My wellbeing has been impacted as a result of the infection, my father's rapid decline from it and the manner of his death. I lost him at such a young age when I was still maturing; at the point at which he was diagnosed with the infection I was only around 16 or 17 years of age. In the aftermath of my father passing away, my social life suffered. I did not feel inclined to participate in social engagement and did not like to leave my mother alone in the evenings. My career has been negatively impacted by this. My inability to finish what I had started to do impacted on my ability to progress as quickly as I could have done and also on my earnings. My mother is a non-driver so relied on and relies on me to get around. Although I can't take the place of my father, I have made every effort to ensure my mum isn't isolated and doesn't become depressed. I have worked hard to take care of her; to make my home with her as good as it can be and I have encouraged her to have some quality of life with me and my partner. If my partner and I go out; for example, when we are at work we ensure that neighbours keep a watching brief on my mother and that our contact numbers are to hand. Ultimately we can never replace my father; mum has been denied the companionship of my father who was her soulmate.

- 27, My father never told his friends about the infection due to the stigma which he believed surrounded such matters. He was a proud man and felt the infection reflected badly on him. Furthermore, my father was very concerned about the stress and pressure caused to my mother and myself as he declined in health. The hepatitis which my father had rapidly took over his life. My mother and I had to change our lives and were very careful to not say anything to anyone as we did not want to get singled out by people; we never spoke about what we were going through. Looking back on it now, it is frustrating not to have had answers. We might have spoken out more and chatted this through with friends and family. We might have gained support that way. My mother has

always been reluctant to discuss the hepatitis C and B; she can now talk about it but is a little guarded about it. I was discouraged from seeking professional counselling because mum guarded the family's privacy but it has made it difficult to manage my emotions.

28. Our extended and very large family lives in Spain. They were shocked and very upset by my father's illness and devastated by his death and subsequently have missed out on frequent visits from my mother. Mum would have travelled with my father. They felt less able to support my mum and me because they were so far away. Being a strong character in the family, my dad passing away was a huge loss to everyone.
29. There were work related, educational and financial effects of the infection on my father and on me. My father was an aspirational man; he worked two jobs to support his family, with the ultimate intention of opening his own business. However, his health struggles with the hepatitis made this impossible in the end. Dad had to stop working one job. His hope was to continue with the job with the NHS. The way in which the NHS Hospital where he worked began to treat him concerned him greatly. My father became aware that they were trying to get him to take early retirement or voluntary redundancy on the grounds of ill- health, against his wishes. (We have evidence of this). We got the impression that he was being pushed to the side by his employers and, as he had to support his family, he was anxious about how bills would be met and how he could support us as he was the main household earner. His employers were pressurising him to leave. He was a Head Chef. There was a stigma about hepatitis and hygiene. My father insisted on retaining his job in the face of adversity. He felt he was being discriminated against. My father sought help from a friend who worked in the healthcare field in Canada. He came to England in order to meet the NHS and discuss my father's work with them. He questioned their approach to his employment and desire to find ways in which to retire him but my father wanted to avoid this as much as possible. He was determined to continue on as much as he could. He worried that not working would have an extremely negative impact on his and our life. The outcome of

the meeting was that dad was allowed to continue to work but with conditions, namely that he was not allowed to touch food. Work was exhausting for him, but he kept on going as best as he could without showing any signs. He was always nervous about how his work place was viewing him. Dad continued to work up until his death but there were period of time off for sickness during this. My father's death meant that he could not provide for me or my mother financially any more and as we were not in receipt of any assistance from any Fund we had to struggle on by ourselves. As I have indicated above, my plans to study architecture were shelved. I had shown promise in this field and I believe the course of my life would have been different if I had qualified fully as an architect.

Section 6: Treatment/ Care/ Support

30. My father did not receive treatment, care or support. All he received were routine follow up appointments to monitor his deteriorating condition.
31. Counselling and psychological support was not ever made available to my father or to me in consequence of what happened. I think I could have benefited from some. My father even worked within the NHS. There should have been counselling or psychological support available from them as an employer.

Section 7: Financial Assistance

32. My father did not receive any financial assistance from any Fund or Trust. As a family our awareness was never raised about any financial assistance available. My father never received any payments.
33. Subsequently and only very recently, I have heard of The Skipton Fund or what is now known as England Infected Blood Support Scheme (EIBSS). I have

never received financial assistance from any Trusts or Funds set up to distribute payments.

Section 8: Other Issues

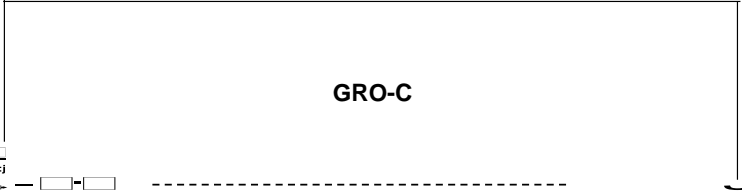
34. There are no other issues in relation to I consider there is evidence relevant to the Inquiry's Terms of Reference that I wish to bring to the inquiry's attention at this point, other than what I set out below.
35. There are no other documents that I have in my possession relevant to the Inquiry's Terms of Reference.
36. The main thing that I wish to raise with the Inquiry at this point is the obstacles that I have had to face in the pursuit of the retrieval of my father's medical records. My journey with this began with my requests for my father's records from his hospitals including Moorfields, Whittington, The Royal Free, and Primary Care Support England and from his GP. They all responses rapidly with the same response. That there were no records available. I found this difficult to accept. So I persisted. I made countless telephone calls, and spoke to various people. I had to fill out documents and enter into a bespoke process for each hospital. The GP has never properly responded. I managed to find someone at the Royal Free who might be able to help. I ended up sending in photographs of my father to trigger memories. I instigated every single process at every single stage. I feel like very many barriers have been put up. I have been falsely told that there is no information. However, when I have persisted some information; albeit very limited information, has come to light, especially when I am able to be told in an official letter that my father did receive a transfusion and he did become infected with hepatitis C even though there are no records for me to see. How is this even possible? This leads me to question how much further information there is available. Collating information with little co-operation has been debilitating and time consuming. I have had to be very creative with this process. Thankfully I have been because had I not been, I would not have uncovered what I have done. Why is it necessary to

reapply and reapply for information before anything really emerges? Working at this with this realisation has been very difficult especially when I am trying to balance this with family life, work and explaining what is happening to my mother. This process is emotionally draining and exhausting. The only records I have received I have referenced above. I am still hopeful of receiving records for my father. I have not yet given up.

37. I hope that the Inquiry looks at this very deeply and very carefully, that it keeps its independence and an open mind and uncovers the truth. I want closure for me and my family. I want someone to be held accountable for this. I want someone to say, yes your father received contaminated blood and he died from that. I want to ensure that this never happens again.
- 38, I hope the Inquiry will deliver justice to the many people who have been infected and affected by this. I want the Inquiry to help those desperately in need who are still here and can be helped. This help should be provided as quickly as possible. If my information can help in any way, I want it to be used for that purpose.

Statement of Truth

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

Signed  GRO-C

Full Name: DAVID ABDO

Date 25/ 4/2019