

# ANONYMOUS

Witness Name: GRO-B  
Statement No.: WITN0102001  
Exhibits: WITN0102002-006 Dated:  
26<sup>th</sup> November 2018

## INFECTED BLOOD INQUIRY

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FIRST WRITTEN STATEMENT OF GRO-B

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I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 31 October 2018.

I, GRO-B will say as follows: -

### Section 1. Introduction

1. My name is GRO-B My date of birth and address are known to the Inquiry. I am a retired widow, mother and grandmother. I intend to speak about my deceased husband, GRO-B: H In particular, the nature of his illness, how the illness affected him, the treatment received and the impact it had on him and our lives together.
2. My husband and I married in 1965 and had two children: GRO-B in 1970 and GRO-B in 1973. My husband was a research technician working for the GRO-B at GRO-B We lived in GRO-B North Wales from 1971 onwards.

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## Section 2. How Affected

3. My husband suffered with ill health for much of his adult life. He first became ill in December 1962, when he collapsed and was thought to have Epilepsy, though this was later found not to be the case. He was later suspected to have some kind of tumour, though tests for this also proved negative.
4. In 1973/4 he was diagnosed with Pleurisy and Pneumonia three times in succession so was admitted to Llangwyfan Hospital for tests in April 1974. It was then that he was diagnosed with Hypogammaglobulinaemia, but the doctors were unaware of how to treat him.
5. In 1975, treatment for his Hypogammaglobulinaemia became available and as such, [H] received gammaglobulin injections for three years until he suffered an anaphylactic reaction. After this, he was then treated with fresh frozen plasma every four weeks via a drip.
6. The fresh frozen plasma treatment continued until it was replaced with Sandoglobulin. I believe that at some point later the Sandoglobulin was replaced with a US product.
7. In 1985 it was thought that [H] had Hepatitis but was instead diagnosed with Haemolytic Anaemia and received, to best of my knowledge, a double transfusion, which did not cure the condition. He was then treated with steroids which were successful. Part of his treatment for this included blood product infusions, which resulted in him contracting Hepatitis C, which ultimately lead to his death on [GRO-B] 2000.
8. His death was the subject of a post-mortem and a coroner's inquest, which took place on 5 September 2000. I've never understood why this

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was necessary though the post-mortem report, which I exhibit as (WITN0102002) comments, 'The likely cause of the Hepatitis C infection was multiple transfusions of FFP (for hypogammaglobulinaemia). Therefore, for Inquest.'

9. Prior to the Inquest, on 23 May 2000, I gave a statement to North Wales Police, which I exhibit as (WITN0102003), detailing the course of [H]'s illnesses and the treatment he received from various hospitals.
10. Evidence to the Inquest also included a letter from [H]'s GP, dated 5 June 2000 which confirmed his illnesses, and acted as a summary of his medical records, which apparently extend to seven volumes ([H] had over 400 doctor's consultations between 1990 and 2000). I exhibit this letter as (WITN0102004). His medical records are held in a central repository and can be accessed if necessary.
11. A medical report submitted by [H]'s consultant immunologist was also given in evidence, which is dated 20 June 2000 and was given to the Divisional Police Headquarters at Wrexham. It addressed the immunological aspects of his illness, primarily his hypogammaglobulinaemia and the treatment he received for it and is exhibited as (WITN0102005).
12. The causes of death listed on his death certificate and exhibited as (WITN0102006) are (I) Left ventricular failure, myocardial infarction and (II) Bronchiectasis, hepatic cirrhosis due to chronic hepatitis C infection following multiple transfusions of fresh frozen plasma for hypogammaglobulinaemia.
13. As far as I am aware, at no time was my husband advised as to the risks of contracting infections through blood product infusions. I was certainly not advised of any risks. I do recall an incident, which puzzled me at the time, when [H]'s consultant immunologist became very angry and upset

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when told my husband was not being given blood products from a Swiss source but rather from the US.

14. To the best of my knowledge, I am not infected with Hepatitis C and nor are our children. None of us have ever been tested. However, I used to give blood regularly but when I told the blood service of my husband's Hepatitis C, they refused to take any more blood from me, stating that it was because Hepatitis C is infectious and transmittable. I'm unaware of the date that this happened, but probably about 1989/90.
15. When my husband was admitted to Hope Hospital in 1988, the consultant immunologist took me into his office to inform me that he suspected that my husband was infected with Hepatitis non-A non-B as a result of his treatment with fresh frozen plasma. There is reference to this conversation in (WITN0102004). Later after a liver biopsy he confirmed to myself and my husband that [ H ] was infected with Hepatitis non-A non-B, now known as Hepatitis C, at which time we were fully advised that it was a serious condition.
16. The information was provided in a timely way as far as I can recall and the results of the test were communicated to us satisfactorily.
17. I have no recollection of being advised that there was a possibility of my husband infecting others until I tried to give blood at my regular blood donation session.

### Section 3. Other Infections

18. I do not believe my husband received any infections other than Hepatitis C as a result of infected blood products.

### Section 4. Consent

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19. I do not believe that my husband was treated or tested without his knowledge or consent.
20. My husband was not given information about the source of the blood or that it was potentially infected at the beginning of his blood product infusions in 1975.
21. In 1989, my husband was given Interferon as part of a trial for the treatment of non A non B hepatitis. This involved injections administered at home, three times a week. He later began treatment for hepatitis C, chronic active hepatitis in 1990 as confirmed in (WITN0102004).

### Section 5. Impact

22. My husband's Hepatitis C infection gave him symptoms including abdominal distention - where his stomach suddenly became very swollen - he was jaundiced and had ankle oedema.
23. Following his diagnosis with Hepatitis C in 1988, [ H ] was placed on sick leave from work for 12 months. He was then required to see his employer's doctor who confirmed he was not fit for work and recommended early retirement through ill health at the age of 49. My husband had no option but to agree to this, which meant a significant loss of income and financial hardship from 1989.
24. I would additionally like to mention that his retirement occurred three weeks before his former colleagues received a very significant pay award of 11%.
25. My husband was referred to St Mary's Hospital in London in 1988/9 when shortly after he was included in a trial of Interferon for a 12-month period. He would occasionally have to travel to London to see his consultant, which was very difficult and distressing for someone with health and mobility problems such as his.

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26. The medication had a temporary positive impact on his Hepatitis C but it came with flu-like side effects. He suffered with impaired mobility, breathlessness and tiredness. Additionally, his weight fell to eight stones (he was 5'10½" tall and weighed between 10 1/2 stone to 11 stone previously). This weight loss happened over the 12 months that he was on Interferon injections. He also had a swollen stomach and suffered from water retention.
27. My husband was investigated for a hepatic transplant but he was not considered a suitable candidate due to the severe bronchiectasis he suffered with. He was therefore then considered for a lung transplant, as it was hoped this would impact on his suitability for a liver transplant. However, he was not considered suitable for this either as stated in **(WITN0102005)**.
28. I am unable to recall how my husband's infected status impacted on his medical and dental care.
29. My husband was a very practical man and in his earlier years he could turn his hand to many household problems, repairs, maintenance, decoration, gardening etc. This proved to be impossible as his health deteriorated and placed a greater burden on our children and me.
30. He was a very sociable person who loved the company of friends and family. However social events such as family parties tended to challenge his stamina and often caused symptoms to develop such as coughing fits. He was also a keen and accomplished dancer but this proved to be impossible in his condition.
31. Inevitably the care of my husband, willingly undertaken, added significantly to my workload. In addition, he was very reluctant to go out unaccompanied. I had to go with him on every occasion. The result was

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that I had very little free time for relaxation and gathering my thoughts. I had to take time off work to travel to many medical appointments. He was my main priority once my children could look after themselves, and his many conditions dictated how we both lived our lives in every way.

32. His enforced retirement also impacted very significantly on our finances; prior to 1986 I was a stay at home mum, and then I had to start working part time. Once [ H ] finished work, money became very tight and despite being my husband's principal carer, in 1991 I went full time as we needed more money. All these worries impacted on my physical and mental wellbeing.
33. Our children also lost out on normal family activities such as days out, though we tried hard to have one holiday per year, usually a camping holiday somewhere in the UK.
34. My husband's mother lived nearby. She hid her distress, anxiety and sadness over several years of seeing her eldest son deteriorate eventually leading to his death two years before she died in 2002.

### Section 6. Treatment/Care/Support

35. My husband did not face difficulties in obtaining treatment. He was enrolled in Interferon treatment in 1988/9. I am unaware of how long after being diagnosed this happened, but as I recall it was relatively quickly.
36. No counselling or psychological support was offered or made available to either myself, or my husband as far as I can recall.

### Section 7. Financial Assistance

37. My husband died in 2000. It was not until 2017 and the announcement that there was to be a public inquiry into the contaminated blood issue

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that I began to make enquiries as to how my husband's case could be formally included in the process. It was during these enquiries that I became aware that I might be eligible for financial assistance and ex-gratia payments.

38. I made contact initially with the Skipton Fund with help from my brother-in-law. He contacted them by phone some time prior to 24 August 2017, they then sent him a registration form for myself to complete on 10 September 2017. They advised me to submit an application straight away for an ex-gratia payment. This process was very quick and thorough. I received £20,000 from them on 17 October 2017.
39. Subsequently, I discovered that I could be eligible for a further sum but by this time, in Wales, responsibility for managing the fund had shifted to the Wales Infected Blood Support Scheme. Once again, my brother-in-law spoke to them via phone call prior to 8 November 2017, and we received a welcome letter via email the same day. I applied to them and received a further payment of £94,875.00 on 21 December 2017.
40. Once I had discovered that I was eligible for payments, I found the process simple and the staff in both organisations helpful. The first difficulty in obtaining payments arose with not knowing that I was eligible for payment in the first place. The second difficulty was obtaining the requisite medical evidence for my husband's condition as he had died seventeen years previously and there were no medical practitioners around who had treated him. Eventually, we asked the coroner's office for copies of the evidence submitted to my husband's inquest, which proved to be sufficient.
41. There were no preconditions on making an application or on the grant of financial assistance other than complying with the eligibility criteria.
42. I am now aware that I could have applied for financial assistance many years ago; I do not know if, by applying earlier, I would have been

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instance we had the same carpets for many years far after they had seen their best days. We only ever could afford a second-hand car and kept that for 12 years. Furthermore, I seem to remember that we bought our first video recorder and microwave with [ H ]'s redundancy money.

## Section 8. Other Issues

43. I wish to stress that at the time of his death I didn't realise that his Hepatitis C was the consequence of contaminated blood, and finding that his death could have been avoided is extremely upsetting to my whole family and me. Through all these hard times we coped with what was thrown our way as that was all we could do, and I wish it had not been this way.

## Statement of Truth

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

Signed \_\_\_\_\_ [ GRO-B ] \_\_\_\_\_

Dated 26.11.2018