

ANONYMOUS

Witness Name: GRO-B

Statement No.: WITN0143001

Exhibits: None

Dated: 20/12/2018

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF GRO-B

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: -

1. Introduction

1. My name is GRO-B. My date of birth and address are known to the Inquiry.
2. I am currently single and have not been able to work for many years. I left school with no qualifications and worked at a dry cleaners during my teenage years. I had several part-time jobs in factories and shops both before and after I became a mother two daughters in 1980 and 1981. I used to work long hours, ranging from 8:00AM to 2:00AM. I re-trained in jewellery at College and worked for a jeweller later in my life.
3. I had an unhappy childhood and teenage years; I was in and out of foster care, and my experience as a child and teenager has meant that I suffered from severe low-self esteem and depression, and continue to do so.
4. I intend to speak about being infected with the Hepatitis C virus (HCV), which I contracted through one of two blood transfusions I received after giving birth to my daughters on GRO-1980 and GRO-1981. I received a Cesarean section ("C-

ANONYMOUS

section") for both deliveries, and therefore required a blood transfusion on each occasion. I am unaware which of the blood transfusions infected me with HCV. I also received a blood transfusion in 2002 in treatment for anaemia, but as the blood used for this transfusion were heat-treated, I am certain that this was not the transfusion that infected me with HCV.

5. I also intend to speak about how I came to know that I was infected with HCV, the physical and mental impact it had on me and my family, how the HCV caused stage 4 cirrhosis on my liver, and how my doctors (due to a lack of communication on their part) failed to inform me of the deterioration in my health.
6. I suffer from dyslexia, dyspraxia and dyscalculia (difficulty in understanding numbers and arithmetic) for much of my life, but I only got officially diagnosed with these learning difficulties in 2016. I also have a poor memory, which means that some of the dates outlined in this witness statement are an approximation. My two daughters and my friends assist me in remembering names, dates and details.
7. I have requested that my name be anonymised in this witness statement. I have also asked that the names of medical professionals, including doctors, consultants and specialists, as well as the names of medical institutions, including hospitals and clinics, be redacted in this statement. This is because I want to avoid any of my claims being traced back to me for fear of backlash or unwanted attention.
8. Because I am not good with IT, and do not have a personal email address, I am happy for my witness statement to be sent to me through my good friend, GRO-Bs, email address, who also accompanied me during my interview with the investigators from the Infected Blood Inquiry on 18/12/2018.

2. How Infected

9. Sometime before giving birth in 1980, I entered a relationship with someone who I later realised was not right for me. My partner was a heavy drinker, emotionally abusive and was violent towards me. The relationship I was in was abusive and this particular period of my life was an unhappy one.
10. In late 1979, I became pregnant with my eldest daughter from my partner, meaning that I was stuck in the relationship for the sake of my unborn child. My

ANONYMOUS

pregnancy was not good; I put on weight and struggled with the physical demands of pregnancy. However, I was assured in antenatal classes that I should expect to give a natural birth, without the baby being in breach.

11. When my delivery date passed, it became clear that I was overdue in giving birth. The doctors at Wythenshawe Hospital, Manchester, advised that I go into induced labour, which I did. I was told that everything would be normal, and I expected it to be so. I spent 24 hours in induced labour with no success. The doctors then decided that the baby was in distress and advised that I have an emergency C-section. I was prepped with anesthetic and drugs, and was taken to the operating theatre.
12. On GRO-B1980, my eldest daughter was born at Wythenshawe Hospital, Manchester via a C-section.
13. I have no recollection of anything that occurred until I regained consciousness two days later, which I remember being a hot summer day. When I woke up, I found that I was hooked up to blood transfusion products. I was in a lot of pain from the C-section, and was given a large quantity of Orphenadrine, an opioid, to deal with the pain, for a number of days.
14. I also remember the doctor informing me that they had to replace almost all of my blood through a blood transfusion due to the amount of blood that I lost during the C-section.
15. Fortunately, my eldest daughter was born healthy, but it took me a long time to bond with her because I missed the crucial bonding time just after birth due to being both unconscious or ill from the C-section.
16. Following the C-section, I was encouraged by the nurses to breastfeed my daughter. However, I faced difficulty in breastfeeding my baby daughter, as she would not latch on to my nipple. The nurses encouraged me to keep trying as much as I am able to do so, but I was unable. After this, my nurses asked me if I would like to donate my breast milk to premature babies using a breast pump, which I did (this decision later caused me a lot of worry and anxiety for many years as I will discuss in greater detail in paragraph 76-81).
17. I went back home to my partner after giving birth to our daughter, but I was not happy with him because he did not offer much support in childcare. For the next 12 months, I tried to escape the circumstances I was in but I had no support system.

ANONYMOUS

18. During this time, I felt physically and mentally unwell. This is partially due to the C-section, which is a traumatic and difficult event for any woman to experience. I often went to my doctors for various non-specific medical complaints, and I was prescribed with anti-depressants.
19. Sometime in late 1980 or early 1981, I became pregnant again with my second daughter, from the same partner. Regretfully, I was not interested in my second pregnancy as I saw it as an additional obstacle during an already-difficult time.
20. For this pregnancy, I was advised during antenatal classes that I should have a routine C-section rather opting for a natural birth and running the risk of requiring an emergency C-section (as happened during my first pregnancy in 1980). I was also advised that I get sterilised as any further pregnancies would be detrimental to my health.
21. When my baby was due, I went to Wythenshawe Hospital, Manchester, and was given the planned C-section.
22. On GRO-B 1981, my youngest daughter was born at Wythenshawe Hospital, Manchester.
23. Similar to the last birth via C-section in 1980, I woke up several day later, hooked up to blood transfusion products. I held my youngest daughter for the first time and immediately fell in love with her, and all the reservations I had with my second pregnancy immediately disappeared.
24. I was then informed by doctors that the delivery was *placenta-previa* which is where the placenta is attached low down on the uterine wall and near the cervix, meaning that the placenta comes out before the baby. It is a condition that is potentially harmful to both the health of the mother and child.
25. Fortunately, both my youngest daughter and I were in good health. The doctor informed that I lost a lot of blood during the C-section for my second birth (but not as much as the amount I lost in the first C-section), and was therefore given a blood transfusion after the delivery. I therefore received two transfusions; with each one happening after C-sections following childbirth in 1980 and 1981.
26. When I was discharged from hospital and returned home with my youngest daughter, I remember feeling weakness in my arms and legs in the weeks after birth, and was unable to stand or pick up an object. I went to my doctor who told me that this was caused by pre-operative symptoms as well as *fibromyalgia*,

ANONYMOUS

which is inflammation and spasms in the muscles. My doctor prescribed me with painkillers.

27. After that, I went on my with life raising my two daughters. Unfortunately, the household that I was in was an unhappy one, as my partner did not provide his share of childcare. He was unfaithful to me on numerous occasions. However, I did not seek to separate for him because I did not want to deprive my daughters of their father, but I did plan on leaving my partner once my children were old enough not to be affected by it.
28. During this time, I suffered symptoms of a potentially-undiagnosed medical issue; I was finding it hard to breathe, I had a strange itching on my mouth, eyelids and gums, and I could not walk 10 steps without gasping for breath. I suffered from fatigue and started sleep-walking. I also specifically remember that, when I used to go out and drink (which was not often) my tolerance to alcohol had dramatically decreased. Because of this, I made a personal decision to quit drinking alcohol altogether.
29. At this point, my children had grown up, but I was forced to spend my days in bed because I was constantly tired and asleep. I have always had low energy throughout my life, but I had even less energy than usual during that period.
30. It was at this point in life that I decided to leave the household that I was in, and I did so briefly, only to return sometime soon. Two years later, in 2001-2002, I decided to leave again for the final time, which I did. I never went back. After this happened, I became unwell and was suffering from a some sort of a problem in my hips. I went to Wythenshawe Hospital for blood tests only to discover that the hospital had been trying to contact me for a long period of time.
31. They informed me that I was seriously anaemic, and that I had to be in hospital for immediate care. I received another (third) transfusion in 2002 whilst in hospital being treated for my anaemia, but the blood used in this transfusion were heat-treated. Therefore, I am certain that this was not the transfusion that infected with HCV.
32. As anaemia is a potential sign of cancer, I was given a full body check to detect whether I had cancer. Fortunately, I did not have cancer, and the doctors explained that my anaemia was likely caused by my strong menstrual cycle that I had since I was 15 years old.

ANONYMOUS

33. In 2006, I decided to have a routine sexual health check-up and did so at the Sexual Health Clinic at Withington Hospital, Manchester. I was not expecting there to be anything wrong. Two weeks later, I was invited back for the results, which were communicated to me by a female counsellor instead of a doctor, meaning that she was not a trained medical professional.
34. She informed me that I have Hepatitis C ("HCV"). I was in shock when I found out. I immediately exploded with emotion and was on the verge of hysteria. I believed that the results of their tests were wrong. The counsellor was visibly shaken by my reaction and called my friend, who was waiting for me outside, to calm me down.
35. After I calmed down, it was clear that the counsellor wanted me out as she was visibly shaken by my reaction, and therefore did not take the time to explain what HCV was, how I contracted it, how to manage the infection or whether anyone close to me was likely to be infected or at risk of being infected. GRO-B
- GRO-B
36. Despite being on the verge of hysteria when I was told that I have HCV, the first thought that came into my head was whether my two daughters had also been infected with HCV. Despite asking medical professionals whether my daughters were at risk of being infected HCV, I never received a straight answer. This was something that was extremely important to me but I did not receive adequate answers when asking medical professionals. In fact, I only ever received information on my HCV infection after I was cured years in 2015 (as I will explain in paragraph 55-64), meaning that I did not receive adequate information on how to manage and understand my HCV infection after I was diagnosed in 2008.
37. The counsellor informed my doctor, Dr GRO-B GRO-B of my HCV infection, who reassured me that being infected with HCV is not necessarily a death sentence, and that he will refer me for a hospital appointment very soon. He did not tell anything of the nature of HCV, nor did he tell me what caused it, what it does to the body or how to handle the symptoms.
38. Soon after, I was referred to a female doctor at the Manchester Royal Infirmary, for a fact-finding session prior to meeting a consultant to discuss HCV infection. I remember this doctor being extremely abrupt and not making eye contact with me. She informed me that I did not contract HCV via sex with my former partner, but I had contracted the infection via a blood transfusion.

ANONYMOUS

39. Because the blood products used for my third transfusion (that I received when being treated for anaemia in 2002) was heat-treated, I was informed that this was not the transfusion that infected me. Therefore, I was infected through one of the blood transfusions I received following my C-sections for the births of my daughter in 1980 and 1981. The female doctor also failed to provide adequate information on the nature and management of my HCV infection.
40. I was then referred to Mr Prince, a consultant at the Manchester Royal Infirmary, who also believed that I had been infected with HCV via one of the two blood transfusions given to me during my C-sections.
41. I repeated to him my lingering concern to the consultant of the risk of my daughters being infected via the placenta during birth, but he did not give me a straight answer on whether they are at risk of having HCV. This meant that I had to tell my daughters myself of the potential of being infected with HCV, without any guidance or understanding on the risk of them being infected. Fortunately, both my daughters were clear from HCV when tested for it, but just having to tell them of the risk and seeing them getting tested was, in my opinion, even worse than being infected myself.
42. I also wanted to know whether HCV could be transmitted via breast milk, as I have worried for many years that the breast milk I donated after the birth of my eldest daughter may have been contaminated with HCV. I did not receive a straight answer to this concern as well. In fact, I never received an answer to whether the breast milk I donated after the birth of my eldest daughter could be contaminated with HCV until my interview with the Infected Blood Inquiry in December 2018, almost 10 years after being diagnosed with HCV (I discuss this matter in greater detail in paragraph 76-81).
43. It was at this point that my consultant, Mr Prince, diagnosed me with HCV infection (Geno Type 1, Fibrosis Stage 1), with Cirrhosis to the liver at stage 1, which is the lowest stage in the 1-17 scale used to gauge cirrhosis (17 being the highest).
44. The same consultant, Mr Prince, informed me of the Skipton Fund, and told me to fill out the forms to receive financial assistance (which I discuss in section 7). It was at this point that I began to learn of the contaminated blood tragedy, of which I was part of.

3. Other Infections

45. I am not aware of being infected with anything other than HCV as a result of infected blood transfusions or infected blood products. I know that the fatigue I suffered for long periods of my life is linked to my HCV infection that I received as a result of the blood transfusions. However, these symptoms are caused by my infection of HCV and not any other infection given to me through infected blood.

4. Consent

46. I am not aware of receiving any treatment or tests that were given to without my knowledge.
47. I am not aware of receiving any treatment or tests that were given to without my consent.
48. As outlined in section 2 (above) and section 5 (below), I did not receive full or adequate information on the deterioration of my cirrhosis from my consultant, junior doctor or specialist nurses from the Manchester Royal Infirmary.
49. I am not aware of being treated for the purposes of research.

5. Impact

50. When I found out I had HCV in 2008, my whole world was blown apart. As previously stated, I was on the verge of hysteria, but as soon as I found out that my daughters were not infected with HCV, I quickly came back down to earth.
51. I did suffer subsequent medical complications as a result of being infected with HCV. In specific, I suffered from cirrhosis on my liver. When I was first diagnosed with the cirrhosis, it was at stage 1, which is at the lowest stage in the 1-17 scale (17 being highest). Years later, in 2015, I discovered that my cirrhosis had developed from stage 1 to stage 4, but I was not informed of this development due to miscommunication on the part of at Manchester Royal Infirmary (as I will discuss in greater detail in paragraph 64-71).
52. I visited my consultant, Mr Prince, at Manchester Royal Infirmary again, to discuss my HCV infection, and he initially advised me to wait and watch how the HCV develops. This is made clear in the letter (dated 08/08/2008) from Mr Prince

ANONYMOUS

regarding my HCV infection (which provides both a break down of my diagnosis and my consultant, Mr Prince's advice on how to handle the infection):

*To Manchester Royal Infirmary Specialist Nursing Team,
(regarding **GRO-B**)*

Diagnosis: Hepatitis C (Geno Type 1, Fibrosis Stage 1)

*I reviewed **GRO-B** in clinic. Her recent liver biopsy showed very early stage fibrosis. Given her age and genotype we would not normally recommend anti-viral therapy since there is only a 50% chance of response after a full 12 months of treatment and also her chance of significant liver disease in her life is relatively low. I have explained this to **GRO-B** at quite some length and we have agreed merely to watch and wait. I will see her in six months.*

Yours sincerely,

*Martin Prince
Consultant Hepatologist
Manchester Royal Infirmary*

53. However, ever since I discovered that I was infected with HCV, it was like a monster inside me that I wanted removed at all costs. This was partially because I was in a state of panic and I wanted it cured as soon as possible. I knew that there was a treatment for HCV in the form of Interferon and Ribavirin treatment. Because I was keen to get rid of the HCV, I told my consultant, Mr Prince, when I next saw him, that I wanted to receive the Interferon and Ribavirin treatment. He advised me to not to pursue the treatment because the HCV was not going to kill me and that I have minimal damage to my liver. He instead advised me to continue watching and waiting as outlined in the letter above.
54. My consultant, Mr Prince, also explained that the Interferon and Ribavirin was a radical treatment that would not provide a 100% guarantee of curing me due to the treatment not specifically targetting my geno-type. He also informed me that the treatment would make me feel ill and weak, which was not ideal considering that I was living alone. Also, he did not think that I was young or strong enough to handle the rigours of the treatment. Instead, he advised me to continue waiting, as a less radical treatment that specifically targetted my geno-type would be made available in the not-so-distant-future.

ANONYMOUS

55. However, I informed the consultant that I did not want to wait, and demanded that I receive Interferon and Ribavirin treatment immediately. I had myself set on curing the HCV, and wanted to start the treatment immediately; I was not in a state of mind to listen to advice suggesting the contrary. I wanted to be cured of HCV at all costs and as soon as possible.
56. Despite his advice, my consultant, Mr Prince, accepted this and started me on a Interferon and Ribavirin treatment course in 2009. I received the treatment at Manchester Royal Infirmary with the plan that it should last 7 months. The treatment involved weekly injections into the stomach.
57. I received my first injection at Manchester Royal Infirmary under the guidance of the specialist nurses, who were excellent throughout the course of my treatment. When I received my first injection, I began shaking uncontrollably, and I felt as if I was briefly losing touch with reality. I remember thinking that my consultant, Mr Prince, may be right in that the rigours of the treatment were too much for me to handle. I stopped shaking the next day, and the specialist nurses taught me how to inject myself at home.
58. The week after, I injected myself at home, and fortunately I suffered no effects whatsoever and felt fine. This continued throughout my treatment. I used to go to hospital, the Manchester Royal Infirmary, regularly to assess the progress of my treatment, and I was delighted to find out that my viral load, which is a measuring device used to detect the level of HCV in my body, was steadily decreasing.
59. However, in 2010, when I entered the 5th month of the 7-month treatment, I developed a chest infection that I was unable to shake off. The infection concerned me because it felt as if it was not a regular chest infection. I therefore visited a doctor at Wythenshawe Hospital who performed an X-Ray.
60. The doctor discovered that I have a shadow on both of my lungs. The doctor told me that the Interferon and Ribavirin treatment caused the initial chest infection, but was unsure as to what caused the shadows on my lung. I also discovered at around time that the Interferon and Ribavirin treatment I was receiving stopped working. I am unsure if the Interferon and Ribavirin treatment stopped working because of the shadows on my lungs or if it stopped working independently. In any case, the HCV infection was coming back, and my viral load was starting to rise. This was a massive shame because I was at the last hurdle of the treatment.

ANONYMOUS

61. The doctor at Wythenshawe Hospital advised that I end the Interferon and Ribavirin treatment that I was receiving at Manchester Royal Infirmary, which I did. Instead, I began treatment for the shadows on my lungs at Wythenshawe Hospital. I was then informed that the shadows on my lungs were not caused by the Interferon and Ribavirin treatment, but rather from smoking, which I had been doing since a young age. Because I have heard mixed answers regarding the cause, I am unsure to this day whether the shadows on my lungs were caused by smoking or by the HCV Interferon and Ribavirin treatment.
62. After ending my HCV treatment to focus on the treatment for the shadows on my lung, I continued to attend regular appointments at Manchester Royal Infirmary to monitor my HCV. In 2015, 5 years after ending the Interferon and Ribavirin treatment for my HCV, I was informed by a specialist nurse at Manchester Royal Infirmary that there was a new treatment for HCV that specifically targeted my geno-type. She told me that whilst I will not feel great during the treatment, it was not as harsh as the previous Interferon and Ribavirin treatment, and is more likely to cure my HCV.
63. I began this new round of treatment for HCV in 2015, which involved taking 12 tablets a day, 3 times a day, for 12 weeks. The tablets that I was taking were called Viekirax and Exviera. Whilst on the treatment, I would regularly visit my hospital, Manchester Royal Infirmary to monitor the progress of the treatment and assess my viral load (initially the visits were once a week, but after the 4th week were moved to once a fortnight). Despite this treatment not involving injections, I was more frightened whilst receiving this HCV treatment than the previous Interferon and Ribavirin treatment, as I was taking high doses of potentially dangerous drugs.
64. However, the treatment was successful. Whilst on the treatment, my viral load was steadily decreasing on every visit to the hospital. By the 12th and final week of the treatment, I had a blood test, which showed that the virus was undetectable. I returned for another blood test a few weeks later, where I was informed that the HCV infection was completely gone, and that it will not come back.
65. It felt absolutely incredible to be cleared of the HCV infection. It gave me peace of mind, and made me feel as if the monster inside me had been cured. However, my health problems were not all solved, meaning that my situation did not

ANONYMOUS

dramatically change, but I specifically remember that quality and pattern of my sleep improved. Whilst my health is sometimes still poor despite being cured of HCV, I am currently stable.

66. However, it was in 2015, during my second round of HCV treatment, that I found out about the gross miscommunication regarding the deterioration of my health.
67. Sometime during my treatment, I was at an appointment with Mr Prince, my consultant at Manchester Royal Infirmary, who informed me that I am eligible for a second stage payment from the Skipton Fund. This surprised me as, at the time, I was under the impression that I only had stage 1 cirrhosis, which is minimal damage to my liver. I therefore believed that I was not entitled to a second stage payment, and did not pay much attention to the comment.
68. A few weeks later, I was at another appointment at Manchester Royal Infirmary, where I was asked by a specialist nurse whether I received my second stage payment. I informed her that I am not entitled as I have only suffered stage 1, minimal damage to my liver.
69. The specialist nurse was shocked. She quickly informed me that I was mistaken, as the cirrhosis in my liver has developed from stage 1 to stage 4. She asked me whether my consultant, Mr Prince, had made me aware of this development, but I replied that he had not. It is here when I discovered that, due to miscommunication, there was a failure to inform me of the deterioration in my health. I was not told that by anyone that my cirrhosis had developed from stage 1 to stage 4, yet the consultants and nurses treating me were all aware.
70. I was appalled. I was extremely angry. Not being told about my own health worsening made me feel like a nobody. Mr Prince, my consultant at Manchester Royal Infirmary was aware of the development. Not being told devastated me more than anything.
71. I instigated a meeting with a junior doctor, Dr GRO-D who worked under Mr Prince at the Manchester Royal Infirmary, regarding this issue of miscommunication. At the meeting, I let him update me on the state of my health, but he too did not mention the cirrhosis in my liver developing from stage 1 to stage 4.
72. When I informed him of the development, he quickly realised that a mistake had been made, yet he never offered me an apology. Instead, he asked me whether

ANONYMOUS

my consultant, Mr Prince or the head specialist nurse had informed me of the development, to which I answered that they had not.

73. It was at this point that I felt that the doctors do not care about me whatsoever. I already felt as if I had been trod on by life in general, and this was the icing on the cake. Not being informed in the deterioration of my health made me realise that I did not matter one iota to the doctors, which made me feel both angry and ignored, and caused me great distress. This issue of miscommunication also relates to an obstacle I faced when applying for the second stage payment from the Skipton Fund, as I will discuss in greater detail in paragraph 93-101.
74. Although I have had HCV for a long time, I am fortunate that it has not developed into anything further than stage 4 cirrhosis. Specialist nurses at Manchester Royal Infirmary informed me that my HCV not developing into anything more serious is a testament to how well I have taken care of myself over the years.
75. However, being infected and treated for HCV has caused my immune system to weaken, which means that I am particularly liable to suffer from colds and chest infections. This is exasperated by the shadows on my lungs. I also carry the fear for the future that my cirrhosis may develop into something more serious in the future.
76. My entire ordeal with HCV, both being infected and the two rounds of treatment I received, aggravated the depression that I already suffered from prior to being infected. As previously stated, I had an unhappy childhood, and I suffered from depression and low-self esteem for much of my life. The fact that I was infected with HCV aggravated my depression, and the treatment (whilst eventually successful) made me feel ill and weak, which lowered my quality of life, making my depression worse. The ordeal of being ignored by my consultant, Mr Prince, regarding the deterioration of my health also exasperated my low-self esteem issues.
77. I have also suffered from anxiety and worry for many years that the breast milk I donated to premature babies may have been contaminated with HCV. I asked many medical professionals since being diagnosed in 2008 whether it was possible for HCV to be transmitted via breast milk, but I did not receive a straight answer. I also tried to do my own research, but did not find an answer.
78. It makes me feel extremely anxious that my breast milk could have potentially infected premature babies, who would be roughly the same age as my daughters,

ANONYMOUS

as they would have been born around the same time that I was capable of donating my breast milk.

79. As I do not know which blood transfusion infected me with HCV, there is a possibility that I contracted HCV through the second transfusion I received in 1981, meaning that the breast milk I donated after my first C-section and subsequent transfusion in 1980 was free of HCV. However, if I was infected through the first transfusion, it is possible that the breast milk I donated was indeed contaminated with HCV. In fact, the anxiety around my breast milk being contaminated is made worse by the fact that I do not even know which blood transfusion affected me. The fact that there may have been a person out there today infected with HCV since early infancy because they received my contaminated breast milk has caused me great distress ever since I was first diagnosed with HCV 2008.
80. I raised this concern to the investigators during my witness statement interview with the Infected Blood Inquiry on 18/12/2018. They informed me of the Hepatitis C Trust, which is a foundation that provides support and advice to people suffering from HCV via a helpline. I was unaware of the trust, and I am happy that I have now discovered it in the event that I require their support in the future.
81. The investigators called the Hepatitis C Trust at the end of the interview and spoke to them on my behalf. I heard the entirety of the conversation over the loudspeaker. They asked the professionals at the Hepatitis C Trust whether it was possible to transmit HCV via breast milk. Fortunately, I was happy to find out that it is not possible to transmit HCV through breast milk, meaning that the breast milk I donated to premature after my first birth did not infect anyone with HCV.
82. Discovering this fact is extremely relieving, as it had been a worry that I have been carrying for many years, and I thank the investigator, paralegal and Infected Blood Inquiry for providing me with a solution to a worry that has caused me anxiety ever since I was first diagnosed with HCV in 2008.
83. In regard to my HCV infection affecting other treatment, I can say that being infected with HCV has not impacted any other treatment I received, including dental treatment. In fact, all my doctors and dentists are aware of my infection, and it has not affected my treatment for other medical problems.

ANONYMOUS

84. However, Being infected with HCV has had a profound impact on my private, family and social life. As previously stated, when I was first diagnosed with HCV, I immediately feared that my daughters were also infected. Having to tell them of the risk of being infected, and seeing them getting tested, was extremely difficult for me. I specifically remember that my youngest daughter was going through a difficult period in her life when I first told her of the risk of being infected, and having to get tested was an added burden at an already difficult time.
85. My daughter's and friends advised me to keep the news of my HCV infection private for fear of backlash if the news got out. As much as I tried to keep it private, one of my close friends at the time, who I no longer speak to, spread the word of my infection across the community without my consent and the news was spread across the community I currently live in. I received a negative backlash as well as abusive text messages of being infected and dirty. Both the backlash I received and the betrayal from my close friend were devastating. I have since learned to deal with it by learning to "own my infection", and accepting that I am not at fault whatsoever for being infected with HCV. Because I still live in the community where I received the backlash, the impact my HCV infection has had on my private and social life is still ongoing.
86. The HCV also impacted my education. As previously stated, I re-trained in jewellery at college in my adult years when my daughters were older. I attended the college when I was suffering from HCV. Whilst I was always good at the practical nature of the work, the fact that I suffer from dyslexia (which at that time undiagnosed) and from exhaustion and confusion caused by the HCV, meant that I found the theoretical and paperwork aspect of my studies quite difficult. Therefore, being infected with HCV did not allow me to make the most of my course and the skills it taught me.
87. Being infected with HCV also had an impact on my financial situation, but I am not financially worse off since being infected, diagnosed or treated for HCV, as I was poor both before and after being infected. This meant that the infection may have stopped me from improving my financial situation. Whilst I have always been poor, living in conditions of poverty both before and after finding out that I have HCV, the infection drained me of my energy. Prior to being infected, I used to be able to work long-shifts, sometimes from 8:00AM to 2:00AM, but since being infected, I was constantly fatigued and did not have the energy to work.

The HCV infection also stopped me from being able to attend interviews to improve my financial situation. The fact that my former partner and father of my children did not put in his share of childcare was an additional obstacle to improving my financial situation.

6. Treatment/Care/Support

- 88. I am not aware of facing any difficulties or obstacles in obtaining treatment, care or support for being infected with HCV.
- 89. I have been signposted to various counselling and psychological support services by healthcare professionals at hospital, Manchester Royal Infirmary, as well as the Skipton Fund. The investigators representing the Infected Blood Inquiry made me aware of the support from the British Red Cross, and provided me with a card of the support they provide and their contact details. As previously stated, the investigator and paralegal made me aware of the Hepatitis C Trust and provided me with the details of their helpline during my interview in December 2018. For now, I have not made contact with or use of any of the counselling or psychological support services, but I may do so if I my cirrhosis were to develop or if I were to become ill again in the future.

7. Financial Assistance

- 90. Whilst I do receive financial assistance that I am satisfied with, I did face obstacles in accessing financial support I was entitled to.
- 91. I receive financial assistance from the England Infected Blood Support Scheme (EIBSS) since 2017, which took over from the Skipton Fund, who were financially supporting me from 2009 onwards.
- 92. I first found out about the financial assistance available from the Skipton Fund through the female doctor at the Manchester Royal Infirmary, right after I first diagnosed with HCV in 2008. I was also informed of the Skipton Fund by my consultant at Manchester Royal Infirmary, Mr Prince.
- 93. I received my first stage payment of £20,000 from the Skipton Fund on 11/11/2009. I found that the financial and personal assistance provided by the

ANONYMOUS

Skipton Fund to be very good, both in the quantity of money received and how quickly I received the payment.

94. I suffered considerable obstacles in receiving financial assistance for my second stage payment. As previously mentioned, there was a gross miscommunication on behalf of Manchester Royal Infirmary in informing me that the cirrhosis of my liver had developed from Stage 1 to Stage 4. This is particularly important because I was under the impression that I was only at Stage 1 cirrhosis for almost 5 years between 2010-2015. The significance of this is that being at Stage 1 cirrhosis means that I would not be entitled to a second stage payment from the Skipton Fund, as the damage to my liver is minimal. However, being at Stage 4 cirrhosis of the liver, which is more serious, means that I would be entitled to a second stage payment.
95. As soon as I found out that my cirrhosis was at stage 4 rather than stage 1, I began the process of claiming a second stage payment from the Skipton Fund. In order to do so, I had to provide to the Skipton Fund evidence that the cirrhosis developed in the form of a fibroscan X-Ray of my liver. I received this swiftly from the Manchester Royal Infirmary, and the Skipton Fund confirmed receipt of the evidence very quickly.
96. The second piece of evidence required by the Skipton Fund was three answers that needed to be provided by my consultant. Those questions were as follows:
 - I. Was the condition made worse by diabetes?
 - II. Was the condition made worse by alcoholism?
 - III. Was the condition made worse by drug use?
97. In my case, the answers to all three questions were simple: I did not have diabetes, I had not drank alcohol for many years, and I did not use drugs whatsoever. Therefore, the answer to all three questions was no. However, in order to be eligible for a second stage payment, the answers to the above questions had to be provided to the Skipton Fund by my consultant, Mr Prince. It took 8 months for the (simple) answers to be issued to the Skipton Fund, when it could have been dealt with in a few days.
98. During this 8 month period, I constantly called the consultant, but I was either unable to get ahold of him, or his secretary would say that he was unavailable. They gave me various excuses as to why he could not speak to me, including that he was out of office, too busy or on holiday. My daughters wrote countless

ANONYMOUS

emails to both the hospital and the consultant, but received no reply. He was dragging his feet in providing me with the evidence I needed to claim the second stage payment. During this time, I was living in conditions of borderline-poverty, and the payments would have made an immense difference to my financial situation and to my quality of life.

99. I was also under the impression that when the answers were provided by my consultant to the Skipton Fund, I would be paid retrospectively for the 8 months of lost time. This turned out not to be the case.
100. Because of this, I wrote a final, strongly worded letter to my consultant, Mr Prince, to deal with the matter immediately, and threatened to seek legal advice if he failed to do so. After doing so, he reacted quickly, and provided the answers to the Skipton Fund, which they received a week later. Once the Skipton Fund received the answers to the questions, they acted swiftly, and I received my second stage payment of £2000 on 02/03/2017. From then, I began receiving monthly payments of £1400 with an additional £500 grant for heating, which I continue to receive. These payments have since been taken over by the EIBSS, who I am happy with.
101. However, the 8-month delay from my consultant, Mr Prince, in providing the answers to the Skipton Fund meant that I had lost out on payments worth over £7000. Therefore, the delay by my consultant posed a significant obstacle to receiving payments that could have drastically improved my financial situation, as I was delayed (through no fault of my own) in receiving payment I was entitled to.
102. It was because of this that I requested that the location of my treatment be changed, as I did not want to be under the care of Mr Prince or the Manchester Royal Infirmary. This was because of the way I was treated. I am now under the care of Wythenshawe Hospital.
103. There were also preconditions on the payments that I received. As far as I know, the financial assistance I received are ex-gratia payments, meaning that there is no liability or obligation for the money to be paid.

8. Other Issues

104. When I first found out about the contaminated blood tragedy in 2008, I was state of disbelief. I find it shocking that the National Health Service (NHS) were

ANONYMOUS

- unaware of HIV & HCV and doing nothing about the risk of people being infected through transfusions or blood products. I was personally aware of HCV as, in the late 1970's to early 1980's, there was a large influx of drugs onto the estate that I lived in, and all residents in the estate knew someone who was addicted to drugs.
105. Because of this, I was aware of HCV, as it would spread among drug addicts through contaminated needles. I was also aware of the risk of contracting HCV through promiscuity. I am therefore bewildered as to how the NHS were unaware of the risks of HCV in hospitals, and how long it took for people to be diagnosed with the infection.
106. Since being diagnosed (in 2008) and cured (in 2015), I have made it my business to educate people in my community on the nature and risks of HCV, and on the Infected Blood Inquiry. If, for example, I find out that someone I know has had a blood transfusion or received blood products around the same time that I received my own transfusions, I will take it upon myself to inform them of the risks of contracting HCV or any other infection, and advise them to get tested. I have therefore become an unofficial ambassador of good health, which is one of the ways that I try to give back to the community that I live in.
107. However, I have not been involved in any litigation or political campaigning regarding being infected with HCV or the contaminated blood tragedy respectively.
108. I am surprised that there is little public outcry regarding the contaminated blood tragedy. For example, I am shocked that there isn't a TV advert informing people of the risk of having contracted HCV through blood transfusions or infected blood products. I would like to see a campaign aimed at ensuring that anyone vulnerable of having contracted HCV, HIV or any infection through transfusions or infected blood products be tested as soon as possible.

Statement of Truth

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

Signed

GRO-B

Dated 6.2.2019