

ANONYMOUS

Witness Name: **GRO-B**

Statement No: WITN0822002

Exhibits: Nil

Dated: 15th February 2019

INFECTED BLOOD INQUIRY

SECOND WRITTEN STATEMENT OF **GRO-B**

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 8th February 2019.

I, **GRO-B** will say as follows: -

Section 1. Introduction

1. My name is **GRO-B**. My date of birth is **GRO-B** **GRO-B** 1965. My address is known to the Inquiry. For personal and family reasons I wish for my name to remain anonymous. I intend to speak about my sister, **GRO-B: S** and my nephew, **GRO-B: N** and my niece, **GRO-B**. In particular, how my sister was infected with HIV and the devastating impact that it had on her, her husband, children and the rest of our family.
2. I make this statement further to my previous statement, WITN0822001. It is an amalgamation of that statement, with some additional observations and minor corrections. I wish for this statement to supersede my statement dated 9th February 2019.

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Section 2. How Affected

3. My sister, [S] went into labour with my niece, [GRO-B] on [GRO-B] 1984 and gave birth on the [GRO-B]. I went to visit her in [GRO-B] Hospital, [GRO-B] shortly after; the [GRO-B] hospital was a maternity hospital, which has since been closed down. [S] was with a nurse or midwife. I heard this person say to [S] that 'the doctor has advised that you have a blood transfusion'. [S] refused, saying, 'No, I don't want somebody else's blood in my body'. My understanding is that the doctor thought it was a good idea due to the blood loss and the fact that was anaemic. The nurse added that she would get better more quickly. [S] said, 'Can't you give me tablets instead?'
4. Later on, or maybe even the next day when I went back, I saw [S] crying in bed whilst being transfused. I don't know who made the decision that [S] would receive a transfusion, nor am I aware of whether she received any information as to the risks associated with transfused blood prior to receiving it.
5. [S] breastfed [GRO-B] for a short period of time. Thankfully, [GRO-B] did not contract HIV from her.
6. In the summer of 1985, when [S] was around four or five months pregnant with [N] she received a phone call from either the [GRO-B] hospital, or her doctor. She was told that a consultant needed to see her because they had found something wrong with her blood results. I think at this time (1985) we were aware of AIDS. Maybe we were aware of it prior to her transfusion, but I cannot be sure. What I did know was that my sister did not want anyone else's blood in her.
7. [S] called my mum when she found out. Mum was with our dad, our other sister and me at the time in our family shop. Mum screamed and cried and told us what had happened. I remember my instant thought being that she was going to die and what would happen to the baby?

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8. My mother was understandably very upset, she told us that [S] had been given contaminated blood and that she was HIV positive. I will never forget that day.
9. My understanding was that a man had come forward stating that he had been a blood donor and that he was HIV positive. The doctors were able to trace the recipients of his blood and discovered [S] had contracted the virus.
10. We were told that [N]'s blood could become transient in the first six months to two years of his life. However, nothing changed. We couldn't help but think, 'would he go to playgroup, or school?' The general consensus of the medical profession was that he would not live long enough for that to become an issue, which was another blow to us.
11. As far as what information [S] was told about managing her infection and [N]'s, I couldn't say.

Section 3. Other Infections

12. As far as I am aware, my sister and nephew were infected with HIV only.

Section 4. Consent

13. I have no idea if [S] consented to her blood transfusion. As mentioned earlier in my statement, she expressly stated that she did not want the blood transfusion.

Section 5. Impact

[S]

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14. [S] was well until [N] was born. She also gave birth to him in [GRO-B] Hospital. It was foul. When I visited her, she was in a room, on her own, with nothing but a bed. She had paper sheets, wore a paper gown and in my opinion, was treated like a leper. As we walked to the hospital, we were told where to go, whilst the nurses talked to themselves with a great deal of secrecy.
15. [S] couldn't wait to get home. No one knew what they were dealing with: it was the unknown. She was taking so much medication that she would then have to take other medication to counteract the side effects.
16. [S] was the type of person who would fight things that were thrown at her and that was how she dealt with her HIV. I never heard her complain but she often looked really sad. As time went on, she began to get a lot of infections, became very weak, and didn't have a lot of energy. She developed gastric problems, which caused her to lose a lot of weight. I remember her saying at one time she was afraid she was going to lose her sight, though she never did go blind.
17. Whenever [S] needed treatment in hospital, she was always placed in a room by herself, for reasons unknown to me. I remember on one occasion she had been in hospital, a nurse was refilling her drip bag and was huffing and puffing as she did it. She said, 'These are so expensive, do you know how much they cost?' I thought, 'How dare you?' but didn't say anything. This was very insensitive on behalf of the nurse. The nurse must have known her condition but not how she had been infected.
18. On [GRO-B] 1992, I gave birth to my second child. The day before, [S] had a medical appointment. My understanding is that at this appointment [S] asked 'how long do you think I have got?' The response was, 'on these readings, maybe three years'. I remember it clearly because whilst I had had this wonderful baby, she had received this awful news. Talk about mixed emotions, this made me feel very sad. I certainly

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felt that the clock was ticking, how must she have felt? On leaving the hospital the next day I went straight to [S]'s house with my baby.

19. In 1995, [S] started to become very poorly and she was again admitted as a patient to the [GRO-B] Hospital. On this occasion she was in the final stages of her life. Somebody at the hospital suggested that [S] should go to a hospice for palliative care. However, the two or three nurses that had cared for her said no, they wanted to continue looking after her, they knew her and cared for her. These nurses were great.
20. I was present with other members of the family when [S] died in the [GRO-B] Hospital on [GRO-B] 1995, aged 33, after having received the last rites.
21. When we were organising the funeral, I remember my mother speaking to the priest about the arrangements. We wanted to ensure that the undertakers treated [S] with respect and dignity, which was done.
22. The stigma of the condition was awful. [S] being HIV positive wasn't a disgrace, yet it made us feel like it was. It was awful because you want to tell the truth, but you are bursting with sadness and grief, and you can't grieve properly.
23. We couldn't talk in front of the children, which was very difficult. I remember [S] saying, 'my children and husband have to live in this town and go to school here. There is going to be such a stigma to this that people can't know'. They had to live and get through life, which is tough enough as it is, without people being cruel.
24. At that time there was a lot of scaremongering in the press and news about HIV and we kept thinking that this "plague" people were talking about was going to kill us all. There was a lot of ignorance at the time.

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25. [S] had friends, but I don't think she could tell them all about her illness and infection, which made her feel extremely isolated and alone. That being said, she had the loving support from her husband and the rest of our family. [S]'s family were a very close family unit. Her husband and children were everything to her. My sister was the most home loving person you could ever meet.
26. [S] studied hairdressing – she had always done it. She had good business acumen and decided to open her own business as a hairdresser. She made it work around taking the children to and from school. With her health as it was it was very difficult for her. As [S]'s health failed the whole family pulled together to care for her children when her husband needed us to help, he had to work to support his family.
27. Everything became a fight for [S] and she had to fight without being able to give the real reason for some of her decisions. For example, eventually [S] had to give back the lease on her business; she had to employ a solicitor to deal with it. The solicitor went to see the freeholder in Brighton in person, so that there were no letters or a record of the reason why [S] had to surrender the lease. He pleaded with the landlord to waive any financial penalty, which he did.

[N]

28. My nephew, [N] was born on [GRO-B] 1985. He died on [GRO-B] [GRO-B] 2007.
29. I remember that as a small child [N] had a couple of bouts of illness and pneumonia, he had to go to the local hospital for a lumbar puncture.
30. [N] was generally looked after by Great Ormond Street Hospital.
31. When the time came that he had to go to school, [S] and her husband, [GRO-B] wanted him to go to the same school as [GRO-B] so they went to

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see the headmaster. The school asked them, 'How can we have him here? If he has an accident, how are we to deal with him?' They told them to deal with him the same as any other child – put a pair of gloves on and a plaster. The school were told to wear gloves with any child, not just with

I also remember saying to to 'never kiss a graze better'.

32. worked extremely hard at school. He was a fun, mischievous kid, everything a boy of that age should be. He went on to work extremely hard at College and studied

33. When he was at school it was a learning curve for them and any organisation. Whilst all this was going on, there were adverts on the TV, which were harrowing. It was a time when you couldn't talk to people about AIDS and had to keep things very private. didn't want her children to know and didn't want it discussed. The only people who knew were those who needed to know: s teacher, the head teacher and the first aider. I'm sure that it would've been discussed on a wider level, but we did try to keep it contained. When I got married in 1989, I didn't tell my husband about or this was to respect my sister's wishes. I had been told not to tell anybody. After we were married my husband was told and he understood the reasons why, he respected my sisters wishes.

34. On a regular basis throughout his childhood had to attend Great Ormond Street Hospital (GOSH) for blood tests and health checks. His medication would also be dispensed. would travel with her father, as her husband had to work. would also go with them. would ask why he had to take medication and and her husband would say it was because he had pneumonia as a young child. He was never admitted into GOSH. He was always an outpatient.

35. As approached his teenage years I think told him that he was HIV positive.

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36. As [N]'s illness progressed it became very apparent that he was unable to hold down a permanent job. My husband worked in the building industry and was able to offer [N] work, which gave him some flexibility around his illness.
37. Prior to [N] purchasing his caravan he stayed with my husband for a while. I remember being in the kitchen with [N] one day just talking about life in general. He felt that everything was being taken away from him. I said something like 'oh, [N] this is just awful isn't it?' He replied, 'Auntie [GRO-B] don't worry. There's always Beachy Head'. I told him, 'don't ever say anything like that ever again'. This was something we should never have had to deal with.
38. A short time after this conversation [N] mentioned buying a caravan. I told him, 'Don't be silly, there's plenty of room for you here'. However, he got it anyway as he wanted some independence. That being said, if my sister hadn't been a victim and passed away, he would have never felt like he needed to buy the caravan and his life would have been very different.
39. In 2006, my family, plus [N] went on a trip to Italy. It was a lovely holiday, but getting [N] there was difficult due to the fact we had to take needles, medication and his sharps box.
40. Getting him home again was a nightmare. At the airport in Rome, they took him to a room by himself and questioned him in Italian, which he didn't speak. No family member was allowed to go into the room and help him. He shouldn't have been left to deal with that on his own.
41. On [GRO-B] 2007, I collected my mum and dad from Gatwick Airport. We arrived back and I dropped them off at their home. I told them to pop around for supper as soon as they were ready. Shortly after, there was a knock at my door, I thought, 'that's quick' however when I answered, I saw my sister standing there. She looked awful, I said, what's happened? She put her hand on her forehead and told me that [N] was dead. I said

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'oh my god, what happened?' She said "he threw himself off Beachy Head". To say we were stunned, upset, is an understatement. Everyone was crying. We had now lost both my sister and nephew due to being infected with HIV.

42. Within 5 to 10 minutes, my parents arrived. As soon as they came in they knew something awful had happened. They asked, 'what's wrong? What's happened?' I told them to sit down and my sister said, 'something very wrong has happened'. She told them what she told me. My sister explained that [GRO-B] had been to her house to tell her.
43. As a family, as you can imagine there were a lot of questions as to the reasons why [N] took his own life. We didn't see this coming; it was an absolute shock, causing sheer devastation. We had lost my sister and now her son. Had he not been infected with HIV, this would never have happened. [N] was a very intelligent, talented young man who had his life taken away from him. The impact of that blood transfusion has continued to this day. I am extremely proud of my sister and nephew in the way they dealt with their infection, especially given that it was through no fault of their own.
44. [N] always had the love and support of all his family and many friends but I believe he felt very much alone with his condition. I know too that he deeply missed his mother.
45. I know that as a consequence of the tragedy that occurred due to [S]'s blood transfusion, that both my sister and nephew became victims. They were robbed of the beautiful family life that they should have had together; my sister didn't get to see her beautiful children grow up and both her children missed out on so much. [S] and [N] were robbed, as was [GRO-B] as a family, we were robbed of the two most beautiful souls.

Section 6. Treatment/Care/Support

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46. I do not know whether [S] ever had any difficulties obtaining treatment, care or support nor do I know if she ever received counselling post-diagnosis.
47. I do remember [S] telling me about a time she took [N] to her dentist. Once there, she asked the dental nurse to leave the room and explained the situation to the dentist. She asked him to look at [N]'s teeth. I don't think there was a problem regarding his treatment.
48. On the occasion [N] mentioned 'Beachy Head' I asked if he had ever had anyone to speak to about his illness and feelings. He mentioned that there had been a counsellor, and he had been offered counselling, which I think he took.

Section 7. Financial Assistance

49. I am aware that both [S] and [N] received financial assistance from the Eileen Trust. I do not know the exact details. This was private to them.

Section 8. Other Issues

50. As I stated at the beginning of my statement, I want my identity to remain anonymous. I cannot emphasise enough how that blood transfusion ended up destroying my sister's and [N]'s lives, and how we as a family have had to live with the tragic consequences. We as a family have had to keep the whole truth from the younger children and have to be very guarded.

Statement of Truth

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

Signed _____ [GRO-B] _____ 15th February 2019