

ANONYMOUS

Witness Name: **GRO-B**

Statement No: WITN2549001

Dated: 24th April 2019

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 12th December 2018. I adopt the paragraph numbering in the Rule 9 request for ease of reference.

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

1. Introduction

1. My name is **GRO-B** My date of birth is **GRO-B** and address is known to the Inquiry. I work full time as a **GRO-B**
I'm **GRO-B**

2. How Affected

1. The infected person is my **GRO-B** who had a blood transfusion at **GRO-B**
GRO-B after a **GRO-B** and was subsequently infected with hepatitis C (HCV). She wasn't aware of the risks involved in receiving blood products. This

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was before I was born and so it must have been around the [GRO-B] I was told of the transfusion when I was nearly [GRO-B]

2. At the time a lot of things were coming to light about infected blood. My [GRO-B] and I were both advised to have a blood test as my [GRO-B] had been infected not long [GRO-B] We did this and I subsequently found out that I wasn't infected but that [GRO-B] was. We both sort of knew that this might be the outcome as [GRO-B] had been displaying symptoms. In the [GRO-B] [GRO-B] she was always very tired. I think that her knowing about it was one thing but that living with it was another.
3. So obviously the advice we were given was that the infection was transported with blood and that we had to be extremely careful. I had to be mindful when I was with her. That was the advice that was passed onto me as a [GRO-B]
4. Apart from this she wasn't provided with any information about the hepatitis C she had contracted.
5. Most of the information about the infection was passed down to me from [GRO-B] [GRO-B] I was [GRO-B] so she didn't want to burden me with the information concerning what she was going through. As I've mentioned, I remember her being tired a lot and her not being able to do normal things.
6. In regards to if the information she was provided was adequate, again I was [GRO-B] at the time so I can't answer for [GRO-B] Not much information was passed down to me personally. She managed it in her own way by herself.
7. I do think however that the information should have been provided as soon as those responsible for [GRO-B] treatment knew about the infected blood. It was brushed under the carpet in my eyes. When speaking to [GRO-B] she seems very frustrated with the lack of communication early on.

8. She was always afraid to discuss what she was going through to relevant people such as work friends. She was afraid that they would hold it against her. I suppose now there is more information about it so people are more informed but back when she was first diagnosed I know that she was very afraid to tell people. If more information was provided in the beginning she wouldn't have gone through what she did.

3. Other infections

1. I know that she had lots of different problems relating to her hepatitis C. She had had issues with both her physical and mental health as a result of the infection.

4. Consent

1. [GRO-B] doesn't know if she was tested without her knowledge or consent.

5. Impact

1. The diagnosis and subsequent affects of the infection were very hard on [GRO-B] [GRO-B] especially being a [GRO-B] and working full time. She felt that she wasn't able to provide as best as she could.
2. When I was older she had a serious illness related to her hepatitis C. I was [GRO-B] [GRO-B] during the couple of months that she was in hospital; a [GRO-B] [GRO-B] I had to live on my own a lot when she was in hospital when I should have had the support of family. I had to go to the hospital on many occasions when I should have been doing other things.
3. Even though I'm older I would say that I'm still very much dependent on [GRO-B] [GRO-B] because [GRO-B] have [GRO-B] It's hard because she

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sometimes can't look after **GRO-B** because she's poorly with something relating to the illness. It affects her being a **GRO-B**

4. I sometimes ask myself, will she be able to cope? Will she be too tired? I'm in full time work; **GRO-B** will be going back to work full time so I worry if **GRO-B** **GRO-B** will be able to cope. It's particularly hard as she is someone we rely on.
5. In regards to the affects the infection has had on **GRO-B** mentally, I know there have been quite a few occasions that it's all gotten on top of her. There have been a few times she's had to go to the doctors and she's ended up offloading details about her situation to them. She would get into such a terrible state that I've had to pick her up from these appointments and take her home.
6. **GRO-B** has also had issues with the upkeep of her home because of her mental state. Things such as her work and social life have gotten on top of her and she hasn't been able to cope. It's hard to see her like that.
7. As for the physical affects, she gets tired very easily. She sleeps a lot and she has a bit of carpal tunnel in her hands. It's sad because her life expectancy won't be as long as others. It's of no fault of her own that she got this illness.
8. Over the course of her illness she decided to give up drinking. This was a social thing that she decided to give up. She also doesn't go out as much as other people as she gets very tired. She doesn't go out to social events as much such as birthday parties or weddings. She's had to turn down invitations.
9. This is a big one on my part, I think because of her illness she's not as willing to form new relationships and so she doesn't have a lot of people to talk to. I think it's because she feels that she doesn't want to burden others with it. This subsequently puts pressure on me as her **GRO-B** For example, if she is hospitalised I feel that a lot of the pressure goes back on me. Although I don't mind this as she is **GRO-B** it is hard for me especially as I have **GRO-B** **GRO-B** I don't think that she should burden me and my family life. I think she knows this.

10. It has also had an impact on the wider family. She blames her illness on the break up of [GRO-B] as well as other relationships after it. The thing is she wants to look after herself and be fully independent and some people may not be able to accept that. She is fortunate to have her [GRO-B] for support but that puts a lot of pressure on them also. My grandfather used to help her a lot before he died.

11. I can't blame her directly but I'm sure that [GRO-B] infection had an impact on my education although it's very hard to articulate how. I guess it was knowing subconsciously that [GRO-B] was ill and the worry that came from that. I had to go back and forth to hospital to visit her as well as concentrate on [GRO-B]. The second time [GRO-B] was in hospital I was [GRO-B] which was a hard period also.

12. I've previously touched upon her capabilities in terms of working full time. She worked full time when I was young because she needed to but over time, when I was older, she couldn't do this any longer. She had to sacrifice her financial stability and go part time. This had a massive financial impact on us both at the time.

13. What worries her is the stigma in work from both her colleagues and employers especially when it comes to sickness policies. She has concerns about the security of her job and her illness being frowned upon basically.

6. Treatment/Care Support

1. When I was around [GRO-B] she had treatment when I was in [GRO-B] which I think was Interferon. She was happy to do it and give it a go initially however the treatment took its toll on her and she found it very hard. She struggled with that and she said she wouldn't do it again. While on the Interferon treatment she had heavy colds due to her immune system being weak. She told me that she

wouldn't do another course of treatment unless something new came on the market.

2. She received poor treatment from the nurses in [GRO-B] because of the stigma.
3. Regarding treatment that ought to have been available, the only thing in my mind is when [GRO-B] was saying that there was a treatment which was available but only in England. I remember that she had to fight to get this treatment.
4. To my knowledge no counselling or psychological support was made available to me. No one asked me if I needed any counselling. [GRO-B] has been offered counselling as she was referred to a counsellor by a psychiatrist.

7. Financial Assistance

1. I know from [GRO-B] that she received a £20,000 lump sum from the Skipton Fund in the 1990s. I also know from her that she initially had problems obtaining financial assistance from the Caxton Fund when it was first set up as it was means tested. She now receives payments from the Caxton Fund as well as monthly payments from [GRO-B]

8. Other Issues

1. In all accounts, justice is a massive word that has been used. Those responsible need to be held to account.
2. Obviously with the dialogue I have with [GRO-B] and me being older now, I'm able to talk to her with a lot more understanding than before. When I was [GRO-B] being unwell and struggling was the norm for me, however

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looking back I now understand the hardships that we went through for years were because of an illness that wasn't her fault.

3. I know that **GRO-B** would like to know the truth as to why all of this happened. She also feels like the Government should have provided more support to victims years ago.
4. I do sometimes wonder what kind of life **GRO-B** would have had if she hadn't have been infected. Would she be mortgage free? Would she have a bigger house? Would she have had a better standard of life in general? We'll never really know. What I do know is that her life expectancy is meant to be shorter and obviously I don't like to think of **GRO-B** passing away as it's not a nice thought, but if she does I know that it would have a huge impact on me as I have a **GRO-B**. We need her support.

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Statement of Truth

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

Signed GRO-B

Dated GRO-B