

# ANONYMOUS

Witness Name: GRO-B

Statement No: WITN1568001

Exhibits: 0.

Dated: APRIL 2019.

## INFECTED BLOOD INQUIRY

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FIRST WRITTEN STATEMENT OF GRO-B

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I, GRO-B will say as follows:-

### Section 1. Introduction

1. My name is GRO-B I GRO-B  
GRO-B My date of birth is GRO-B I  
met and married my first husband, the late Mr. GRO-B: H on  
GRO-B 1984.
2. Almost 4 years later H died of AIDS having contracted the Human Immune Deficiency Virus (HIV) and the Hepatitis C Virus (HCV) through being given contaminated Factor VIII (FVIII) concentrate from the NHS. He was prescribed this to treat his haemophilia.
3. I was a widow for almost 4 years before I met and married my current husband, Mr. GRO-B on GRO-B 1992. We have been married for over 26 years and have 2 daughters, now aged 26 and 24 years, one of whom still lives with us at the above address.
4. This witness statement has been prepared without the benefit of access to H full medical records. If and in so far as I have been

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provided with limited records the relevant entries are set out in the medical chronology at the end of this statement.

### Section 2. How Affected

5. [H] was born as the 4<sup>th</sup> son of [GRO-B]. Like their 3<sup>rd</sup> son [GRO-B], [H] was also born with haemophilia – a medical condition in which the ability of the blood to clot is severely reduced, causing severe bleeding from even a slight injury. [H] had severe Haemophilia A.
6. We met in our teenage years. In our early 20s we got engaged to be married. We got married on [GRO-B] 1984. Soon after we were wed, [H] was informed by the Manchester Royal Infirmary that he had been infected with HIV. This infection eventually led to [H]'s death on [GRO-B] 1988. The cause of death (as stated on his death certificate) was pneumocystis carinii pneumonia (b) Acquired immuno-deficiency syndrome, infected blood given for haemophilia – FVIII.
7. He was treated at the Haematology Department, Manchester Royal Infirmary, Oxford Road, Manchester. M13 9WL. One of the doctors [H] often saw and had dealings with was a female doctor by the name of Dr Prairer. I do remember she died during the time that [H] used to go to the Haematology Department.
8. I do not know if she was involved in prescribing or giving infected blood products to [H] or whether she died before the contamination of the blood products became known. There was an Olive Redding who was a Coordinator and a Dr Delamore who was the Head of the Haemophilia Centre.
9. The period of time that I was with [H] spanned 12 years, so, somewhere during these years [H] was given the infected blood product. As I stated earlier, he was informed that he had been infected not long after we were married in [GRO-B] but how long he had been infected previous to being informed, I do not know.

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10. I believe [H] became infected with HIV purely from the use of contaminated blood products from the Manchester Royal Infirmary having been given to him to treat his haemophilia.
11. No information or advice was provided to [H] or me beforehand about the risk of being exposed to infection in relation to his infection with a combination of viruses (namely HIV and Hepatitis).
12. I remember that, not long after we were married, we were asked to attend a meeting at the Manchester Royal Infirmary to discuss [H] health in connection with current health issues. We attended together. A doctor, by the name of Dr Morgan, explained that [H] had been infected with HIV through the blood products that treated his haemophilia. I recall that at some stage thereafter I had to be tested to see if I had caught the infection from my husband.
13. I clearly remember Dr Morgan drawing a diagram to explain and help us understand what might happen to [H] red and white blood cells. This information should have been provided as soon as the hospital had any suspicion of the blood products being contaminated. It should have been the decision of the recipient of the blood product to decide if he or she still wanted to use the treatment knowing the full extent of the risks associated with it.
14. My views about how the results of tests and/or information were communicated to [H] and me are that, in the first instance, it was all too late. Secondly it was all done very 'matter of fact manner'. I think the seriousness of the situation was not fully appreciated at the time.
15. I had to have my blood tested to find out whether or not I had also been infected through intimate relations with my husband. We were advised to use protection during intercourse as it would be wise not to start a family at this time because, in so doing, the infection could possibly be passed on to myself and, if pregnant, possibly to the baby.

### **Section 3. Other Infections**

16. I believe that [H] became infected with *Pneumocystis carinii* pneumonia (PCP) as a result of being given infected blood products because his immune system had been compromised. When [H] was admitted to MRI approximately 2 weeks before his death, he was suffering with this infection. He subsequently died with this infection being recorded as the primary cause of death.

### **Section 4. Consent**

17. [H] and his brother [GRO-B] had been instructed how to make up and administer the injections on himself. He did this as and when necessary. He certainly did not give his consent for the use of contaminated blood products on himself.

18. I believe he had not been given any information regarding the potential risks of using contaminated blood products and he was not made aware of any contamination. He took his treatment in good faith believing that the blood products he was given were safe to use as they had previously been all through his life.

19. Not knowing the serious and devastating consequences that the infected blood products were to have on the haemophiliac community, the hospital may well have continued to give the contaminated blood products to the unsuspecting public.

### **Section 5. Impact of the Infection**

20. [H] was devastated when he found out that he had been infected with HIV. He was frightened about the future and of the uncertainty of what was to come.

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21. [H] experienced episodes where his speech became incoherent. He sometimes found himself unable to verbalise his thoughts. When he tried to speak it would all come out mumbo jumbo. I couldn't understand any of what he was saying. Then it would pass and his speech would return to normal.
22. During the course of the infection [H] was prescribed lots of medication to try to combat the HIV infection or to just suppress it. I cannot remember the names of the medication he took (it has been over 31 years) but, eventually [H] got pneumonia and was admitted to hospital where he died (after approximately 2 weeks in hospital). I cannot remember the name of the medication [H] was given. I think he may have been given steroids to take because I remember his face swelling up and becoming plumper in appearance.
23. He had to go regularly to the MRI to collect supplies of medication along with his supply of treatment for his haemophilia. More often than not I would drive us there. I cannot remember the physical effects of the treatment he received.
24. As far as I remember, I think, once the effects of the infected blood/blood products were established, they (the hospital/NHS) started to heat treat their blood/blood products to eradicate any contaminations/infections in it.
25. [H] only shared the information of being infected with HIV with his immediate family. He tried to continue with his social life as though nothing had changed. I think I felt the same as [H]. Devastated, scared and drained. Devastated that it would not be wise to start a family – something we had always intended on doing. Scared because we didn't know the implications of being infected with HIV and drained through being constantly on your guard not to reveal [H]'s HIV status for fear of reprisals.
26. After [H] died, at that time, I was informed his body would have to be cremated (whether that was what I wished or not). I presume the undertaker's had guidelines in place to deal with the body of someone who had deceased from the result of having AIDS Maybe that was to reduce the possibility of the spread of infection if the body was buried. So maybe it was thought there

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would be no risk if the body was cremated. Also, as far as I can remember, the coffin had to be sealed; again reducing the risk of infection should someone come to visit/see the deceased.

27. At that time, there was a lot of fear about AIDS and how it could be transmitted. There also had to be an inquest. I had to attend court, stand in the witness box and give evidence under oath. Local newspaper reporter(s) were in attendance. There was an article written in the local newspaper reporting the death of a local man who had died of AIDS. The article mentioned our address. The local newspaper also managed to get our telephone number and subsequently rang me to ask me if I would like to comment, which I declined to do. It wasn't long before our neighbours and the local people knew that the man who had lived at our address had died of AIDS. I felt that I could no longer live at that address. I felt uncomfortable. I felt that people were gossiping about me, pointing a finger at me. At that time people were scared of AIDS. There was a lot of unpleasant publicity about it. People didn't want to have any association, let alone physical contact, with someone with AIDS or with someone whose husband had died of AIDS. People were not sympathetic, rather they were abhorred. It was wrongly assumed that one must be a drug addict or homosexual in order to have caught it.

28. I can only assume that the impact of what happened on other family members was of disbelief that this could have been allowed to happen. [H]'s father was devastated to lose a son and worried out of his mind that he might also lose his other son, [GRO-B] who had also been infected. As for his brother, [GRO-B] I would imagine he was scared stiff wondering if he himself would also die from his infection.

29. [H] was unable to work at all. He had so many bleeds that it was impossible to hold down a regular job because of his constant need for time off due to ill health. He managed to get one job with Direct Works as a sign writer but he didn't manage to stay in that job for long because of his time-keeping. He was often unable to work because of bleeds which left him in too much pain. I was

the sole bread winner. It was hard financially. We rented a council house but we often found our in-comings fell short of our out-goings. We sought help from the Haemophilia Society. I remember Olive Redding and another person meeting with us at our house to look at our finances. We were told I earned just enough to put us above the threshold (and only by a few pounds) of receiving any financial support. It was a strain. My parents helped us out a lot.

#### **Section 6. Treatment/care/support**

30. Near the end of his life, before [H] was admitted to hospital, I remember on a couple of occasions when [H] had to go to the hospital for medication and/or treatment, he was brought back home by ambulance.

31. I was never offered any sort of counselling or psychological support in consequence of what happened either when [H] was alive or indeed after he died.

#### **Section 7. Financial Assistance**

32. [H] did not find out that financial assistance was available while he was still alive. [GRO-B] did not receive any payments from any Trust or Fund.

33. The financial assistance came too late for [H] to benefit from it. He had died before any compensation was granted.

34. After [H] died, I eventually received a payment from The Macfarlane Trust as compensation for what had occurred as a result of contaminated blood being given to [H]. I cannot remember the exact sum but I think it was somewhere in the region of £16,000 - £20,000. Again, I cannot remember the exact date when it was received. I remember the name of the solicitors acting on my behalf. They were Panone Napier, based in Manchester.

35. I remember I had to apply for Legal Aid which, as far as I remember, was granted.

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36. Preconditions were imposed on the grant of financial assistance (compensation) stating that there could be no further/future applications for compensation in regards to this particular event.

37. It took approximately another 20 years before any financial assistance/compensation was given for [H]'s hepatitis infection. This was through the Skipton Fund in the sum of £20,000 (approximately in 2008)

### **Section 8. Other Issues**

38. I cannot think of any other issues that I consider that I have evidence which will be relevant to the Inquiry's investigation of the matters set out in its Terms of Reference.

39. I have been informed by The Manchester Royal Infirmary that there are no medical records belonging to my late husband still in existence, because it has been more than 31 years since [H]'s death, his medical records will have been destroyed.

### **Anonymity**

40. I wish to apply for anonymity. I understand that this statement will be published and disclosed as a part of the Inquiry. I do not want to give oral evidence to the Inquiry.

### **Statement of Truth**

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

Signed.....

Dated 5<sup>th</sup> April, 2019



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Dated 5<sup>th</sup> April, 2019