

Witness Name: GRO-B

Statement No. WITN3732001

Exhibit: WITN3732002

Dated: 4th August 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 17th September 2019. 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 my address is known to the Inquiry.

2. In my witness evidence I would like to tell the Inquiry about my late husband, GRO-B: H who died on the GRO-B GRO-B We were married in GRO-B I live alone in sheltered accommodation.

3. H worked as a GRO-B GRO-B He was very diligent and loved his job. He worked there for many years. We also worked a GRO-B and had a small GRO-B

[GRO-B] business. [H] would do his day job whilst I would take care of the [GRO-B] tend the animals and run the [GRO-B]
[GRO-B]

2. How Affected

1. [H] was diabetic from adolescence and controlled his diabetes quite well. He did not allow his diabetes to stop him doing anything. He was an active man and very fit. He built us a house and we had the [GRO-B] We both loved dancing when we were younger and would often attend the Hunt balls.
2. I would usually do [H]'s insulin injections but he would do them himself if I was not around. As a consequence of his diabetes, [H] suffered with poor eyesight. His vision deteriorated substantially over time.
3. In [GRO-B] [H] went to the [GRO-B] to see his Consultant about problems with his eyesight. His Consultant suggested that he have a vitrectomy operation on his left eye. The operation had been trialled in America and was deemed to be a "great success". It was arranged by the [GRO-B] that an American surgeon by the name of [GRO-B] would fly over from America to the [GRO-B] especially to do the operation. I have my suspicions however that this was an experimental operation as [H] was strongly urged by his Consultant and [GRO-B] to have the operation.
4. I remember after the consultation with [H] Consultant at the [GRO-B] about the operation, we went home and had a cup of tea. I told [H] of my concerns about the operation. I was frightened of him having the operation and felt uneasy as to why he was being pressured by his Consultant to have it. I felt it odd that the surgeon was coming all the way from America especially to carry out the operation. [H] got annoyed at me when I told him how I felt and

said "did I want him to go around blind and not be able to work?". I was just concerned for him. [H] was told that he was the first diabetic to have an operation such as this in [GRO-B]. After the operation [H] was discharged and came home. Within two days he had terrible pain in his eye. I called our GP [GRO-B] suggested that [H] go back into the [GRO-B] so I took him in the car. [H] was prescribed a drug called Diamox. We had no idea what this drug was or of the side effects as no information was provided to us. Shortly after taking this drug [H] became listless, he had no appetite, he had a skin rash and it was obvious that some "poison" was affecting his kidneys. The doctors suggested that he be put on dialysis to clean his blood. I believe it was around this time that the contamination happened. [H] was in the [GRO-B] for approximately a month on that occasion.

5. Whilst [H] was at the [GRO-B] he became extremely ill. He looked awful, he was listless, he had no appetite, he had a skin rash and I thought he was going to die. He would ask me [GRO-B] "why am I so ill" [GRO-B] was the name [H] used to call me.
6. By [GRO-B] [H] had deteriorated a lot and the hospital staff decided to transfer him to [GRO-B]. I believed they were sending him home to die. When I got to the hospital and saw how poorly he was I insisted on speaking to the doctor. [H] was under the care of [GRO-B] basically told me that there was nothing they could do for [H] and that I should just accept the fact that my husband was dying. At that moment I insisted that [H] be moved to the [GRO-B]. I just wanted him out of [GRO-B].
7. When [H] arrived at the [GRO-B] he was under the care of [GRO-B]. [GRO-B] carried out dozens of tests on [H] to find out why this relatively fit man had gone downhill so fast. [GRO-B] found out that it was the Diamox drug that was making him so ill. It was about

a 50 mile trip for me to travel to see [H] so the staff told me not to come to the hospital to see him for the first two days. When I did go to see him I could not believe my eyes. [H] was sat up in bed looking so much better. [GRO-B] at the [GRO-B] told me that he had taken [H] off the Diamox and the other drugs he had been prescribed and he was feeling much better. [H] was totally unaware how close he had been to dying.

8. [H] was discharged from the [GRO-B] and came home. Unfortunately due to the renal damage that the Diamox drug had done to him [H] needed and received dialysis treatment but never fully recovered and steadily declined. He sadly died in [GRO-B] He was not able to take any more. I firmly believe that [H] was infected with hepatitis C at the [GRO-B] but unfortunately he died before a diagnosis could be made and before he received any treatment.

3. Other Infections

1. I am not aware of what other infections [H] had but he had developed a skin rash and suffered with problems with his kidneys. Exhibited to my statement at WITN3732002 is a document dated 23rd December 1994 entitled Hepatitis C: Clinical Aspects by Janice Main. Under the heading Associated Conditions it states: Various autoimmune phenomena have been noted in patients with HCV infection. The early HCV antibody tests could give false positive results with autoimmune disease 'but it would seem that a subgroup of patients with HCV infection can have autoantibodies hepatitis type 2 (liver/kidney microsome (LKM) antibody-positive type 1) have positive HCV antibodies and HCV RNA'.

4. Consent

1. At no time did any of the medical staff advise [H] or I of any risk with the treatments he received.

5. Impact

1. I remember [GRO-B] on an occasion when [H] returned home from hospital and [GRO-B]
[GRO-B] He looked emaciated.
2. [GRO-B]
3. [GRO-B]
[GRO-B] I was left alone in a big house that I could not afford the upkeep of. I had to sell the house two years after [H] died and had only my state pension and a small pension to live on. It was hard to manage at that time. I looked around and found work in a [GRO-B] until I was able to get enough money to open a small [GRO-B] business but it was hard work.
4. When [H] was ill it was at the time of the [GRO-B] in [GRO-B] [GRO-B] so it was difficult and quite frightening to travel late evening or at night if a call was received from the hospital. When I visited [H] I stopped driving as it was not safe and they had [GRO-B] I caught the train instead.
5. After [H] had died, the Undertaker went to collect [H]'s body to bring him home for the wake. The Undertaker telephoned me to tell me that there had been bomb explosions [GRO-B] My first thought was "oh no, not [H] body". Fortunately the Undertaker was okay but he was diverted miles out of his way. This was a stressful time for us.

6. Treatment/Care/Support

1. I have no comment to make in relation to difficulties or obstacles in obtaining treatment as did not receive any treatment for hepatitis C.
2. I or were not offered any counselling.

7. Financial Assistance

1. We did not receive any financial assistance from any Trusts or Funds.

8. Other Issues

1. There are no other issues I wish to comment on.

Statement of Truth

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

Signed.

GRO-B

Dated.

4 - 6 - 2019