

ANONYMOUS

Witness Name: **GRO-B**

Statement No: WITN3047001

Exhibits: N/A

Dated: 28 December 2020

INFECTED BLOOD INQUIRY

STATEMENT OF **GRO-B** RE THE LATE **GRO-B: H**

Introduction

1. I **GRO-B** of **GRO-B** am the wife of the late **H**, who was born on **GRO-B** 1956 and tragically died from the consequences of HIV infection on **GRO-B** 1988 aged 32 years. **H** was a person with severe Haemophilia A who received Factor VIII concentrate replacement therapy.

How Affected

2. I married **H** on **GRO-B** when he was then aged 27 years and I was aged 20 years. Around the time before marriage I do not recall **H** being ill or having any symptoms. Unbeknowst to me, he was infected before this time so throughout our relationship I was unknowingly at risk. We were just a young couple looking forward to the joys and expectations of life itself when we married.
3. I recall a discussion where it was indicated that there might be a risk to me in trying for a baby in or around 1984. At the time, I was not over worried. I now know that at that time on retrospective analysis, **H** had been HIV positive since 18th August 1981 and therefore the risk to myself and indeed my unborn child was that both of us could have ended up HIV positive. This is a risk I would not have contemplated if I had been fully informed.
4. Thankfully, escaping those risks, our daughter **GRO-B** was born on **GRO-B** **GRO-B**. We had a responsibility as a couple to provide for the care and support that **GRO-B** would require.

ANONYMOUS

5. [H] was under the care of the Haemophilia Centre at the Royal Free Hospital in London.
6. I am in receipt of his medical records relating to his treatment and records of stored serum samples.
7. His records indicate that [H] seroconverted between August 1981 and July 1982, at a time before it was known that HIV was capable of being transmitted by blood.
8. Not only are the records useful in pointing to the date of the HIV seroconversion, they also raise suspicion, that the stored serum samples indicated that the medical professionals were aware of the risk of HIV to those that had received blood products, despite the fact that it had not been confirmed that HIV was capable of being transmitted through such means at that time.
9. His records make clear he received Batch No. X53209, which is a batch of inadequately heat-treated Armour Factor VIII concentrate that was withdrawn in 1986 following evidence of HIV contamination. The records indicate, that at the time, the hospital had knowledge of the risk of HIV from blood products and the delay in diagnosis.
10. It raises whether the medical professionals appreciate that there was a risk of transmitting virus via blood products before it had been confirmed that HIV could be transmitted by those means, were such treatments prescribed or were they continued to be administered regardless of the real or suspected appreciation of such a risk to haemophilia patients?
11. The records also indicate that there was a HIV positive test in 1985 while his diagnosis was delayed for two years and delivered in October 1987. I was 24 years old at the time of his diagnosis, the risks were not explained to me and so I was not fully informed.
12. What now faced us was a two year period of severe deterioration.
13. [H] was diagnosed with shingles in 1987, which may have been a potential indicator. Following on from this, he was in and out of hospital in 1988 with numerous chest infections/pneumonia.

ANONYMOUS

14. I recall being what can only be described as a direct participant in what may be a unique trial. Medical professionals videoed [H] and myself during [H]'s AZT treatment. To this day I find this unusual. The risks of the treatment were not explained to us nor were we provided a reason for the recording. This may indicate an experimental nature of treatment.

15. [H]'s cause of death as set out in his Death Certificate is as follows: -

- a. Non-Hodgkins Lymphoma
- b. Haemophilia A

16. The first cause of death as certified by Dr. O.P. Smith is partially correct and the second cause of death cannot be a cause of death. Accordingly, the Death Certificate does not reflect the reality of the medical misadventure situation that befell my late husband. It is a fact that his treatment caused his HIV infection which caused and created the consequence of Non-Hodgkins Lymphoma and therefore, an unintended consequence of a medical treatment resulted in his eventual demise or cause of death.

Impact

17. My life has been irretrievably altered, I have suffered a lot of stress and trauma as a result of my late husband's infection and subsequent death.

18. At all times, both of us were unsure as to who we could trust or repose faith in in respect of [H]'s HIV diagnosis. People in our church knew, family knew, but we couldn't tell anyone else as we were afraid that [GRO-B] would be discriminated against such was the hysteria that existed.

19. I recall falling ill a few days after [H]'s death, I just crashed, everything had hit me.

20. The secrecy surrounding [H]'s death weighed very heavily on my mind. Stories circulated of stones being thrown at houses and I felt that I had to protect myself and [GRO-B] at all costs.

21. I am a lab technician by profession and returned to work on a part time basis a year after [H]'s death when my daughter was around 3 years old. At this time,

ANONYMOUS

I was not very career minded and would have preferred to stay at home and raise our children.

22. Instead, I was left to raise my daughter singlehandedly. I felt so alone, I recall spending a lot of time crying, it was very distressing.

23. During the early years following [H]'s death, I recall my daughter asking why she did not have a father like everyone else. She was only 2 when he died. It was an incredibly difficult time and so it was only when [GRO-B] was aged 11/12 that I told her that her father had died of HIV.

24. Some 9 years after [H]'s death, I remarried and my daughter [GRO-B] re-adjusted to my new partner.

25. Before I met my late husband, I worked as a medical lab scientist, a profession which I have continued. Despite what life has thrown at me, I would describe myself as driven however, I do have triggers which are managed with medication to this day.

26. My daughter is now grown up. She was very successful at school, has been to university, graduated and has qualified as a Chartered Accountant. I am immensely proud of her. She is married with a little boy born [GRO-B] 2019 [GRO-B]

[GRO-B]

27. Since the Inquiry process has started I have experienced high levels of stress, I am grateful however that we will get some answers as I have not fully acknowledged what happened and so have bottled things up in side for many years. The Inquiry is welcomed however everything that has happened is now magnified.

28. To this day, I am left with so many unanswered questions, Why were we not fully informed of the risks associated with [H]'s diagnosis at the time? What is the reason for delaying [H]'s diagnosis for 2 years, which I do hope during the course of the Inquiry can be answered.

ANONYMOUS

Financial Assistance

29. Admittedly I did not suffer the same extent of financial hardship that the majority of infected and affected individuals have endured. Undoubtedly, I felt we were very fortunate in some ways as we did not suffer financially. [H] studied at Imperial College and then went on to work as a computer programmer for a large international software company.
30. The reason I avoided financial hardship experienced by the wider haemophilia community was due to the pension terms available from [H]'s former company.
31. I did receive a payment from the McFarland Trust in or around 1991 and thereafter from the Skipton fund.

Treatment/Care/Support

32. I received no counselling and had a few good friends to assist with childcare and give me support. The hysteria surrounding HIV at that time meant that I felt unable to share what had happened with many people. Only those who's reaction I could trust knew about the HIV. This was mainly to protect [GRO-B] and was something I kept secret for many years. When she went to nursery and then to school, I did not want the other parents to know - it was very stressful. My parents had also moved away by this time.
33. At the age of 40, I suffered a further devastating loss when my father unexpectedly passed away. This distressed me even further than imaginable.
34. Prior to a settlement in 2017 which was received via the Skipton Fund, I had to fill in several forms and this involved me going through much paperwork and documentation that I had not looked at for nearly 30 years (and some of which I had no memory of) and this caused all sorts of emotions and stresses

ANONYMOUS

to surface which I was struggling to deal with. I was signed off work by my GP with stress and anxiety for two months. During my period of sickness from work I saw a counsellor privately who had been recommended to me by a GP friend of mine. She felt that the trauma and stress I had suffered [H]'s illness, bereavement, stigma surrounding HIV and subsequent secrecy, no professional help to process all that had happened - was a large part of the cause of my mental health issues.

35. To this day I continue to take prescribed medication to be able to cope with the normal obligations of life.

Statement of Truth:

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

Dated the 28 day of December 2020

Signed:

GRO-B