ANONYMOUS

Witness Name: GRO-B
Statement No.: WITN0261001
Exhibits: Nil
Dated:

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF GRO-B

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 21 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 1956 and my address is known to the Inquiry. I am a retired high school English teacher but continue to work one day a week as a supply teacher.

2. I intend to speak about my late husband GRO-B: H born GRO-B 1947, who contracted the Hepatitis C virus ("HCV") as a result of receiving a transfusion of contaminated blood during an operation on a perforated stomach ulcer at University Hospital Hairmyres ("UHH") on 10 October 1989. In particular, I intend to speak about the nature of his illness, how the illness affected him, the treatment received and the impact it had on our lives together.

3. I confirm that I have chosen not to be legally represented and that I am happy for the Inquiry team to assist me with my statement.

Section 2. How Infected

4. H was known to have a delicate stomach and frequently took milk of magnesia in his youth and other antacids later on in his life. He was admitted to UHH for a perforated stomach ulcer when he was 43. According to one of my diary entries, on 10 October 1989 H underwent surgery to treat this and received a blood transfusion in the course of the operation. Aside from a prior stomach operation in the early 80s, the precise nature of which I am unsure of, H did not have any other operations in his lifetime as far as I am aware.

5. Apart from stomach issues, GRO-B did not have any adverse health issues until a few years after the surgery. Before becoming too ill to work, GRO-B worked in the advertising industry. Advertising was a stressful industry to work in; he owned his own business so worked long hours and we had put his irritability and fatigue down to stress.

6. I am not aware of exactly when H found out that he had HCV, but it was at least a few years after the surgery. H did not like to discuss his medical issues openly and I remember he told me in passing that he had HCV. I knew very little about HCV at the time and was given no information as to how it could be treated or managed. To my knowledge neither did H although we did not discuss his condition often. I do not believe that I was ever tested for HCV, nor was our son who was born in 1990.

7. I cannot speak to the appropriateness of how H was informed of his condition, or the adequacy of the information about living with and treating HCV provided to him. H was, however, made aware by his doctor that fatigue was a common symptom.

8. We later had my cousin's husband, who was a lawyer, assist us in applying for financial relief from the Skipton fund. In looking over H's medical documents he confirmed that H had received contaminated blood during the operation.

Section 3. Other Infections

9. To the best of my knowledge, H did not contract any other infection as a result of being given blood transfusions and blood products.

Section 4. Consent

10. To the best of my knowledge I believe that H had always been treated or tested with his knowledge and consent, and had been given adequate or full information. As far as I am aware, H was never tested or treated for the purposes of research.

11. H was the type of person to always be sure of what treatment he was getting and what that would entail.

Section 5. Impact

12. The mental, physical and financial impact of H being infected with HCV on our family was immense.

Treatment and Physical Impact

13. I do not believe H faced any obstacles in receiving treatment, or that there were treatments which ought to have been made available to him.

14. To my knowledge, H was not put on any specific medication for HCV. He never mentioned interferon or anything like that.

15. I am unable to recall the dates of treatment, but Dr Mulholland at UHH initially discussed a trial treatment that might be available for H This was probably around 2009/10. H had an ultrasound to assess the treatment's suitability. Dr Mulholland seemed confident it would work, but by that time, H s health, stamina and mobility had deteriorated significantly and when he took ill in 2011 , the treatment ceased.

16. H s health steadily declined following his HCV diagnosis. As a result of being infected with HCV, H suffered from liver illnesses which led to peripheral neuropathy, bloodspots in his legs and unbearable head itch. All of these were exacerbated as his condition continued to worsen. In 1997 H was also diagnosed with diabetes and had to monitor his insulin levels daily.

17. H s ability to walk also deteriorated and he started to use a wheelchair. When he was in hospital in 2011, I asked if he could be given physiotherapy, while a care package was being organised, as he was slowing down so much. I thought by getting him to move it would help him, but the hospital staff were reluctant to provide this treatment for him. H always loved to cook, but in the 6 years before his death, he had not been into our kitchen as it was too small for his wheelchair. During this period his depression really kicked in and he became extremely lethargic.

18. H suffered several strokes in the period from 2003 onwards. In July 2011 I called an ambulance for H he was losing consciousness and his blood sugar count was off the scale, I understand it would have been over 40, and he was immediately admitted to UHH with diabetic ketoacidosis. H s blood sugar levels were fluctuating wildly and he was placed in the High Dependency Unit at UHH for 3 weeks, where he was put on an intravenous insulin drip. He was then held in hospital for a further 6 weeks while appropriate care was being organised. This was a distressing period for H he was depressed and had little opportunity to hang on to what mobility he had left. This, in turn, contributed to the downward spiral which was to follow.

19. After H was allowed back home, he had a catheter and was fully wheelchair bound. The doctors told me he was not going to manage on his own and would need full time care. I was so upset and devastated when I heard this. We had to have 4 carers come in to assist with H every day. I was terrified that I would have to stop working and the effect all of this would have on our son.

20. On 7 December 2011 H was hospitalised again suffering from a nasty bacterial infection. This followed a series of debilitating urine infections, apparently caused by the constant use of the catheter. Doctors reported that it was difficult to find strong enough antibiotics to fight these. Sadly, it seemed by this stage that H had given up fighting, and he passed away on GRO-B. H's cause of death has been recorded as 'Urinary Sepsis' on his death certificate.

Mental and Financial Impact

21. It was around 3 years after H's surgery that fatigue suddenly kicked in. He would be constantly tired and irritable. He could have quite a temper and he became difficult to cope with. I initially put this down to intense stress from work as there was a recession and advertising agencies were shutting down all over the country. H's firm had lost a big client and H was getting minimal sleep. Around this time H was diagnosed with depression by his doctor. I urged him to speak to someone or consider therapy but he was not that type of man and opted to take medication.

22. H always prided himself on providing for his family. His poor health and economic circumstances meant there were times he was not able to do so. He would try so hard and be left exhausted. This left him feeling upset and dejected and was an aggravating factor for his depression.

23. We faced a multitude of financial challenges in providing for our son; fighting to keep our house; and keeping H's business afloat. These were all greatly exacerbated by H's condition.

24. H's business, that he had set up in Strathclyde University, was put into administration. He made redundancy payments for all of his staff save himself. We also had to sell our house, for which we received the value we initially paid for it. We had to move back in with H's elderly mother while we got back on our feet. This was extremely hard for us.

25. Maybe in hindsight we should have applied for a homeless grant or some kind of financial assistance, but we were not the sort of people to go looking for handouts and tried to focus on fixing the situation ourselves.

<u>Family, Social and Educational Impact</u>

26. H's physical and mental health had a negative impact on the lives of my son and I as well. His depression was difficult to cope with and put a strain on our relationship.

27. Our son didn't really have a close relationship with his father and only ever talks about him or his death in passing. H and I never wanted our son to see his father in his poorest states of health, but he was at times required to help lift him up and off the couch or bed into his wheel chair. When my son and I couldn't manage we had to ask my nephew across the road to come and help as well. Thankfully, there was no impact on our son's education. He was a focussed student and H and I were very keen on prioritising his education.

28. My ability to undertake further vocational training was delayed by having to care for H. I only was able to become a chartered teacher once H was in hospital care full time.

29. Our social life was impacted by H's health, especially in his later years when his ability to walk deteriorated, but this was not something that we complained about.

<u>Stigma</u>

30. We did not experience any stigma towards HCV, but we only told our dentist and my sister of H s HCV diagnosis.

Section 6. Treatment/Care/Support

31. To the best of my knowledge, H did not face difficulties or obstacles in obtaining treatment, care and support in consequence of him being infected with HCV.

32. No counselling or therapy was ever made available to us, but we didn't want it or seek it out. H refused to see a therapist when diagnosed with depression as well. He was the type of person to tackle problems on his own.

Section 7. Financial Assistance

33. H spoke to my cousin's husband, a lawyer, who told him that he could be eligible for financial relief from the Skipton Fund. He took care of all the paperwork and submitted an application on H s behalf. We were extremely grateful to him. We were never told anything about the possibility for financial relief by any medical professional who treated H

34. H received a lump sum payment of £20,000. We spent a portion of this on installing a toilet off the hall downstairs so H didn't have to keep going upstairs. While we were initially ecstatic to be receiving money at a time when we sorely needed it, in hindsight £20,000 seems a small valuation of a life affected by an illness such as HCV.

35. I understand H was only eligible for the Stage 1 Skipton Fund payment. I don't believe H ever bothered attempting to apply for Stage 2 as Cirrhosis was never diagnosed. The doctors did believe he had it, but he was discouraged from having a biopsy, as the procedure was too great a risk to his spleen.

36. For a long time we were ineligible for disability payments. I'm unsure why, but he eventually started to receive Disability Living Allowance payments. I believe H s doctor may have contacted the Department of Work and Pensions about his depression and the HCV. We were also given a car, which did help for a time. With the assistance of the Social Work Department we also converted the upstairs bathroom into a disabled wet room; we paid a third of the cost of this conversion.

Section 8. Other Issues

37. I initially thought that one had to prove there had been harm or damage as a result of becoming infected. But over the years, as I've read more about the scandal, I've come to see how awful and immoral it is that people have had their lives forever altered from receiving contaminated blood or blood products. There will be a whole generation of fatherless children or those who have lived with an ill father their whole life.

38. It seems very unfair that people mistakenly infected by the government are compensated so little and have not had any kind of formal apology. People deserve a formal apology and to have these wrongs righted as best as possible.

Statement of Truth

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

Sig GRO-B

Dated 9/5/19