

ANONYMOUS

Witness Name: **GRO-B**

Statement No: WITN2437001

Dated: 20th February 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 my address is known to the Inquiry.

2. I have been asked to write a statement about my late husband **GRO-B: H** **H** illness after having a blood transfusion during an operation after an ulcer burst in his stomach at **GRO-B** I believe he contracted Hepatitis C ('Hep C') through contaminated blood products.

2. How Affected

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1. In **GRO-B** we were on holiday in our caravan. My husband **H** started to feel unwell; he was vomiting and was generally very poorly. He was rushed into hospital where he received a blood transfusion to save his life. I can recall the hospital staff saying to me they had to bring in extra blood from elsewhere and it wouldn't be here until after midnight. I am not sure of what product it was but it did save his life.
2. After a few days in hospital **H** was discharged. He wasn't the same as he still felt very poorly. He was often nauseous, couldn't eat, very tired, his tummy was bloated and his skin and the white of his eyes were a yellowy colour. He was back and forth to the doctors and was referred for a liver biopsy. In fact over the years he had several liver biopsies.
3. In **GRO-B** when **H** was having a liver biopsy, a doctor at the **GRO-B** **GRO-B** asked him if he'd ever had a blood transfusion. **H** said that he had one in **GRO-B**. The doctor brushed it off and said 'It could have been one of those things that caused it'. Nothing more was said about this and nothing was questioned by either **H** or myself. He was asked again in **GRO-B** still nothing said about any infection but **GRO-B** did say **H** would need a liver transplant.
4. In **GRO-B** **H** was told he may have biliary cirrhosis but after further tests he was informed he hadn't got this.
5. Sometime in **GRO-B** **H** was rushed into the **GRO-B** **GRO-B** because he was vomiting coffee coloured sick. I believe it was around this time he was diagnosed with non-alcoholic fatty liver. And later on in the year he was diagnosed with non-Hodgkins Lymphoma as well as a gastric blockage with severe ulceration. **H** underwent chemotherapy and this ended in **GRO-B**.
6. By the end of November **GRO-B** **H** liver had deteriorated rapidly and **GRO-B** told **H** he was at the end stage of liver failure. Just a few months later in March **GRO-B** he was sent to **GRO-B** for an

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assessment and in April GRO-B the GRO-B said he was suitable for a liver transplant so he was placed on the waiting list.

7. In October GRO-B H became very poorly he started to haemorrhage. He was rushed into the GRO-B and was then airlifted to the GRO-B GRO-B. This was his only chance of getting a liver transplant. I remember one of the doctor's saying that he couldn't understand why H liver was in the state it was in. He was then moved to high dependency. H was very tired and at one point was told there may be a liver for him, however there was no hope for him as the window had passed for transplant. The hospital made H as comfortable as they possibly could. He was on a ventilator and we asked for it to be switched off. Sadly, H passed away after a few minutes of turning off the ventilator on the GRO-B.
8. H death certificate states the cause of his death was Multi Organ Failure, decompensated Chronic Liver Disease and Cryptogenic Cirrhosis.

3. Other Infections

1. H suffered from cirrhosis of the liver as a result of Hepatitis C.

4. Consent

1. I am not sure if H was asked for consent or whether any risks were discussed with him prior to transfusion. The transfusion saved his life and there was most likely not enough time to ask him for consent.

5. Impact

1. After reading his medical chronology it appears that H was infected with contaminated blood products, specifically Factor VIII. However, at the time there was no diagnosis.

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2. **H** became very poorly just days after his discharge from hospital after undergoing a blood transfusion. I am not aware of him ever being formally diagnosed with hepatitis C or HIV. However, at some point I think in the **GRO-B** **GRO-B** **H** became very fussy about sharing his towels. He always used an electric razor and on odd occasions he would use an ordinary razor. His hygiene was always personal to him, but I do find it odd about the towels.
3. **H** had to give up work, as he was too poorly to carry on with his job. We have three children, so times were very tough for us living on just my wage. **H** couldn't get sick pay as he had not paid in enough stamps and we were fighting it for about a year. In the end we had to find £200 in order for him to get his sick pay. On four occasions, **H** was refused Disability Living Allowance. When he did get it, he was only awarded £54 a month. **H** never did return to work. I would go without food so the **H** and the children could eat.
4. When I was not working I had to care for **H**. The stress was unreal causing me to have palpitations. Some times I used to feel like I was having a heart attack.
5. **H** illness also impacted on our three children, greatly. They were at such a young age when he got ill. Our two sons never enjoyed a father and son relationship after the transfusion, all activities such as football etc. ended. Our daughter **GRO-B** was very close to her father and felt so helpless as there was nothing she could do to help him. **GRO-B** has still not got over losing her daddy. Their father was unable to even go to school plays or parent evenings, which made him sad as well as the children. I think our children were always sad as all their friends had their daddy, but our children's daddy was always poorly.
6. The children rarely saw their father growing up. The children were not allowed to visit him when he was in hospital just in case he caught an infection as his immune system was very low. Sometimes **H** could be in hospital for weeks and weeks.

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7. [H] was the type of man who would do anything for anyone. He was kind and generous. However, whatever was in that blood disabled him until he died 32 years later.
8. [H] and I would take the children on holiday regularly before he got ill. All this stopped because of how poorly he was. His feet and joints were affected and couldn't walk as he was in a lot of pain.
9. I get very down and I cry even now. It wasn't an easy time for anyone in our family. Every time I went to visit [H] my stomach would churn as he was getting worse and worse and nobody seemed to know why. I rarely sleep, my mind is like a tumble drier wondering if I could've done more to help him.
10. [H] mobility was limited. He gave up going out as he felt people were looking at him due to his yellow skin, he was very conscious of it. He didn't want people to know what was wrong with him, probably because they would think he was an alcoholic. He became a recluse. Prior to his transfusion, [H] was a very outgoing man with a huge, attractive personality.
11. Shortly before [H] passed away we were watching a documentary about the scandal of the infected blood. After watching this programme [H] asked me if I thought that this had happened to him. I said 'yes.'
12. After [H] had passed I instructed a solicitor to act on my behalf for probate. I also asked the solicitor to request [H] medical records, as I wanted to know if he had the infection, I wanted answers. One hospital refused to release them. I do not know which one, but I believe they refused, as there may be some evidence with regard to infected blood in them.

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6. Treatment/Care/Support

1. [H] was a regular patient in hospital. I do know he only had blood tests when he was admitted to hospital. It's my belief the hospital was being reactive rather than responsive to his illness, as scans on his liver were only being done when he was admitted. There was no regular monitoring of his liver at all.
2. I do remember after [H] had gone through a course of chemotherapy he was having blood tests every four or six months at [GRO-B]. His blood wasn't clear and they couldn't understand why as it wasn't back to normal as it should have been. His blood count and platelets were always low and he still had yellow skin and suffered with extreme tiredness.
3. As well as the non-Hodgkin lymphoma [H] developed an enlarged spleen. There was some talk of this being taken out, but it never happened.

7. Financial Assistance

1. I have not received any financial assistance.

8. Other Issues

1. Given the lack of medical evidence due to missing records, I would like to ask the Inquiry if the blood used to save my husband's life back in 1981 was the cause of his illness and subsequent death?

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Statement of Truth

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

Signed

GRO-B

Dated

20/2/19