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Witness Name: GRO-B

Statement No: WITN0215001

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 6 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 1947 and my address is known to the Inquiry. I am a retired teacher and live in Shropshire with my partner. I intend to speak about my infection with hepatitis C ("HCV"). In particular, the nature of my illness, how the illness affected me, the treatment received and the impact it had on me and on my family, social and professional life.

Section 2. How Infected

2. I was infected with HCV via numerous blood transfusions I received in the mid-1970s following a serious road accident. I suffered multiple injuries which necessitated several operations and an unknown number

of blood transfusions at [GRO-B] in [GRO-B] I was in a coma for three weeks and in hospital for a total of three months. On my discharge, I was at home for a further period of three months. During that time, I was unable to work and absent from my teaching job for a good ten months to a year. Since that time, I have returned to hospital for annual check-ups. These check-ups related to orthopaedic issues following the accident when I broke several bones and did not involve blood tests to my knowledge.

3. In the years which followed the transfusions, I progressively suffered from tiredness, lethargy, muscle aches and sweats. I cannot be sure I have suffered no lasting internal damage from the accident. In regard to the difficulties outlined above, I attribute these problems to infection with HCV. This was an incremental process, from the late 1970s onwards and accordingly I cannot pinpoint the onset of these symptoms. Three or four years after the accident I recovered damages for the accident.
4. By the early 1990s, I had begun to feel really ill; the symptoms I had experienced for many years had had a cumulative, debilitating effect. I could barely get out of bed and even moving around was difficult. Up to this stage my doctor thought that I was suffering from anxiety and depression and had prescribed anti-depressants. This situation had been going on for several years and I felt that I was being given the "brush-off" by the medical establishment. The anti-depressants had no real effect and at no stage was a blood test suggested. In fact it is my belief that my condition was miss diagnosed.
5. At this point, I was in my mid-forties. On this occasion, I went to see my GP, a Dr. [GRO-B] but in fact saw a locum. For reasons which were not explained, the locum conducted a blood test. He told me that the sample would be sent to London for analysis. Looking back, that indicates to me that the locum must have recognised or suspected something untoward as clearly this was not normal procedure.

6. When the results came back, I was simply told that I was infected with HCV. I was told by the doctor not to talk about the infection and to “keep it quiet” due to the associated stigma which connected HCV with drug use and sexual practises. I was not advised of the probable cause and neither was I provided with adequate information, advice or support to enable me to understand and manage the condition. I was given only very basic advice in terms of, for example, not sharing toothbrushes with my wife. I was not even told to avoid or abstain from alcohol. Equally, there was no suggesting that my wife or other family members be tested. Neither was I offered any treatment at that stage. In fact, I was effectively denied it and “encouraged” to believe that the infection was my fault. I cannot emphasis too strongly the acute sense of isolation I felt and the stigma associated with this infection.
7. The diagnosis was dealt with in a matter of fact manner which failed to address the feelings of fear and anxiety I was experiencing. I thought that I had picked the virus up somehow, that I had caught it and I was made to feel that it was my responsibility and that I had inflicted the condition on myself. I was angry in particular because I thought that if anybody found out they would attribute the virus to drug taking or sexual practises. I deal with the effects of this diagnosis in the following sections of this statement.

Section 3. Other Infections

8. I have no idea whether I have received any infection or infections other than HCV as a result of being given infected blood.

Section 4. Consent

9. I do not believe that I have been treated or tested without my knowledge or consent or for the purposes of research.

Section 5. Impact

10. I now wish to address the mental and physical effects of being infected with HCV, in particular on my private and family life and on my professional career.
11. Part of me does not wish to make this statement. I do so out of a sense of duty. As I mentioned, I had been told by the doctor to keep quiet about the infection because of the associated stigma. With very limited exceptions, I have done so for thirty years. Because of these concerns, only my mother, sister, ex-wife and present partner know about my infection. I have never told my brother or his family. I did not even tell my then wife straightaway.
12. I have put away this "secret" and kept it in a box. It has been a constant cloud hanging over me which has had a debilitating and corrosive effect on my entire life, causing family breakdown and severely limiting my career potential.
13. I had a promising teaching career, teaching social sciences, economics and politics at sixth form level in a secondary school in a small community. I very much enjoyed my work, which I found rewarding and stimulating. I particularly liked the interaction with my students. But for the infection, I had a career progression path ahead of me. In my position, ordinarily it was a natural move to become head of sixth form, followed perhaps by promotion to deputy head or head teacher. But I could not have coped with the responsibilities and demands of the role of head of sixth form due to the constant weariness, inertia and lack of energy I was experiencing. Consequently, I never applied for the role. This in turn fostered a lack of self-respect and a loss of both self-esteem and the esteem of my colleagues. They could not understand why I did not apply for promotion and as a consequence assumed I lacked

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ambition and drive. I could not, of course, reveal the true reason which in turn exacerbated my mental anguish.

14. Eventually, continual ill-health of the type I have described and the failure to realise my vocation lead me to early retirement and giving up the teaching profession in the early 2000s, around a decade early. This resulted in a smaller pension and reduced financial circumstances.

15. Both my physical and psychological state had a negative and detrimental effect on family life and my marriage, leading to an eventual marital breakdown. In addition to the physical effects I have described, I suffered a tumult of emotions including blame, stigma, guilt and shame. I also experienced a sense of isolation and vulnerability which resulted in a constant cloud of anxiety. This continues to the present day. I found the pressure constantly building up as I struggled to contain the intensity of these feelings. This put a huge strain on marital relations.

16. I also had great bitterness and anger towards a medical establishment which had failed me through the neglect and indifference of medics. Rather than treating me, these medics not only failed to respond and make the connection between HCV and the transfusions, but effectively shifted the burden and blame onto me, as if I was at fault, although they knew I was not responsible through drug use or otherwise. I was "silenced" and told to keep quiet through a form of emotional blackmail. There was a conspiracy of silence whether through incompetence, lack of knowledge or design. It was, of course, in the medics interests for me to remain silent and keep the infection hidden to avoid raising awkward questions.

17. These factors were bound to have a detrimental effect on social, professional and family relationships, which proved to be the case. It put an unsustainable strain on my marriage and led to a divorce from my wife. The divorce was acrimonious and the HCV infection was undeniably a significant contributory factor.

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18. I have been with my present partner for 18 years. I told her about the HCV infection once our relationship was on a stable footing. The timing of telling her was a dilemma for me. She was worried by the news and worries still. Whilst the knowledge places a strain on her and our relationship, she is stoic, a brick - tolerant and understanding. She has been instrumental in allowing me to contain the anger and bitterness at how I have been treated and rationalise and develop strategies to cope, such that I am now more reconciled to the past and its traumas.
19. I mentioned that treatment was not offered to me at the time of diagnosis. In fact, I was given the impression that there was no effective treatment available. It transpired that there may have been treatment available on the NHS, but it depended very much upon where you lived. In effect a 'postcode lottery' existed. I also felt I was not worthy of the treatment for whatever reason. It may well have been a case of incompetence on their part. It was not until later, in the 1990s, that I sought treatment. I had the benefit of private medical insurance and decided to go down that route. I had to battle with the insurance company and it was a real struggle as, again, I was given the impression that it was my fault and I was to blame.
20. By this stage I was pretty poorly and suffering from acute tiredness, loss of energy, lethargy, a loss of libido and other debilitating symptoms. I had taken sickness leave from school which had generated administrative problems as a result. I gave the school an excuse in terms of some "generic" illness. I was forced to lie to my employer as a consequence of it being drilled into me that I was not to reveal my infection for fear of the repercussions. Hence no one at the school knew the real reason for my absence, which in turn promoted speculation and suspicion and enhanced my sense of isolation.
21. I eventually succeeded in my claim and underwent private medical treatment lasting 6 months. I do not recall the drugs that were used to

treat me, which consisted of a tablet a day and one injection per week. Given the period in question, it is a fair assumption that the two drugs may have been Interferon and Ribavirin.

22. The drugs had a seriously adverse effect on me. After the Interferon injections, I felt "zonked out", as if I had been poisoned and I had to lie down for a period. I suffered fear and anxiety as a consequence of the treatment. Neither the nature of the treatment nor the side effects were adequately explained to me, which I took to be indicative of the attitude and procedures of the medical profession at that time and its indifference to patient engagement.

23. Although my recollection is not clear, a link between the HCV and the blood transfusions at the time of the accident must have been established by this stage. Indeed, I must have been responsible for "identifying" the link as I applied for compensation from the Skipton Fund, to which I refer below.

24. It is difficult to effectively explain the adverse effect all this has had upon both my partner and I over the years and continues to do so. The related stigma and its associated sense of shame and fault. The pressures for secrecy and dismissal, with no indication of recognition. The intense feeling of isolation with a lack of any kind of support. The anxiety and anguish regarding my state of health and what may or could happen.

25. This thorough and welcome Inquiry and its formulation has provided a realisation of the injustices that have occurred. Not only in respect of the actual contamination of blood and its cause but also in how over the years it has been dealt with. The whole thing leaves a sense of indignation anger and bitterness.

Section 6. Treatment/Care/Support

26. I am asked whether I faced difficulties or obstacles in obtaining treatment, care and support in consequence of being infected with HCV and, if so, to describe them. I have detailed above the challenges I faced at the time of diagnosis in terms of no treatment being offered and the battle I faced subsequently in persuading the private insurance provider to cover the cost of treatment.

27. I am also asked whether any counselling or psychological support was ever made available to me in consequence of being infected. No such support was offered at the time of the diagnosis or during the subsequent private treatment. In fact, it was not until very recently, in April of this year, that I received a letter from the Welsh Infected Blood Support Scheme (to which I refer below) conveying the first offer of psychological support ever made to me. I believe I should have been offered such support at a much earlier stage, certainly at the time of the diagnosis. Such support may have transformed my situation and enabled me to lead a different life with reduced psychological damage. However, such an offer would have been inconsistent with the attitude of the medical establishment that effectively encouraged me to take responsibility for the infection as if it was my fault, the existence of which needed to be "buried" because of the inevitable stigma which would otherwise define my future.

Section 7. Financial Assistance

28. I applied to the Skipton Fund for support. I do not recall how I came to be aware of Skipton but I did not find the process of applying for financial assistance particularly accessible. Neither did my dealings with the Fund instil the impression that the financial assistance offered was of right. Applying for the Skipton payment was not an easy process either intellectually or emotionally. I had to be very proactive. This again was a

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particularly difficult struggle. As I was literate and persistent, I eventually battled through the process and received a Stage 1 payment of £20,000.

29. At the present time and for about the last year or so, I have received regular Stage 1 payments of about £1,500 per month from the Welsh Infected Blood Support Scheme. Prior to that, the payments were non-existent.

Section 8. Other Issues

30. The only other matter I want to raise concerns what I wish the Infected Blood Inquiry to achieve. In short, I wish to see the truth about what happened emerge, a sense of justice achieved, accountability identified and a recognition of the inhumane distressed caused to thousands of people over many, many years. Lastly, I wish to see that the inquiry ensures that nothing similar to this tragedy ever happens again..

Statement of Truth

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

Signed _____

GRO-B

Dated _____

29-10-19