Witness Name: JOSEPHINE ELIZABETH GANT
Statement No: WITN1654001
Exhibits: 0
Dated: MARCH 2019

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF JOSEPHINE ELIZABETH GANT

I, JOSEPHINE ELIZABETH GANT will say as follows:-

Section 1. Introduction

1. My name is Josephine Elizabeth Gant. I was born on GRO-C 1951 and I live at GRO-C Yorkshire GRO-C

2. My husband, Peter Williams (born on GRO-C 1943), was co-infected with the Human Immunodeficiency Virus (HIV) and the Hepatitis C Virus (HCV) from contaminated blood products. He died from an intracranial hemorrhage on GRO-C 1994, aged 50.

3. This witness statement has been prepared without the benefit of access to my husband's full medical records.

Section 2. How infected

4. My husband had severe Haemophilia A. He was diagnosed with the disorder from the age of 13 months and suffered with it throughout his life. He was an only child and no-one else in the family was known to have it.

5. Peter was treated at the Liverpool Haemophilia Centre at the Royal Liverpool Hospital (Roald Dahl Centre) under the care of Dr McVerry and Dr Mackie.

6. Peter suffered frequent hemorrhages in his joints. This caused damage to many of his joints and he suffered from chronic arthritis. Peter and I met in 1968 and we married in 1970. We lived in North Wales. Before having the Factor VIII (FVIII) treatment from Liverpool Hospital, he could be bedridden for a number of days after hemorrhaging.

7. Peter was first given the FVIII treatment in or around 1979, when he was about 36 years old. After using this new treatment he was much better able to manage his hemorrhaging and was therefore not incapacitated for days as previously happened. He used the product up until he died, having been told, after becoming infected, that it was safe to keep using because it was then heat treated.

8. Peter was co-infected with the Human Immunodeficiency Virus (HIV) and the Hepatitis C Virus (HCV) as a result of being given contaminated blood products.

9. We moved from North Wales to GRO-C in the Spring of 1985. Peter's care was transferred to the Sheffield Haemophilia Centre at the Royal Hallamshire Hospital Sheffield. After Peter's very first blood test there, he returned home and informed me he had been infected with HIV. I believe this to have been around October 1985. Peter was told that he had been infected with HIV in late 1984 through contaminated FVIII.

10. Peter was then diagnosed with HCV some time in the early 1990s. Towards the end of his life, Peter contracted an HIV/AIDS related illness (pneumonia) and subsequently died on 23rd January 1994, aged 50, after a cerebrovascular accident (as stated on his Death Certificate).

11. No information or advice was given to my husband or myself beforehand about the risk of infection from FVIII.

12. When we found out that Peter had been infected, he told me that there was no cure and that I too would need to go to be tested. At that time, our son and two daughters were just 14, 8 and 7 years old respectively. I later attended some meetings at the Royal Hallamshire Hospital Sheffield for information.

13. Peter should have been told about the infection much earlier. Peter should have been told when he was attending the Liverpool Haemophilia Centre. It was not until we moved to GRO-C and attended at Sheffield Hospital that anything was found out. Peter could not understand why he wasn't told at Liverpool.

14. My husband was on his own when the results of the test were given to him at the Royal Hallamshire Hospital, Sheffield. He travelled home in a state of shock and then had to inform me of the diagnosis.

Section 3. Other Infections

15. Peter received no other infections that I am aware of.

Section 4. Consent

16. I believe my husband was given the treatment for haemophilia without any information on the risk of FVIII.

17. Peter was given different medications and treatment, some for the purposes of research. He was also given a nebuliser drug for the pneumonia.

Section 5. Impact of the Infection

18. My husband was normally a strong willed man but it upset him after he was informed of the illnesses. It then caused him to suffer with severe depression. The worst thing about it all was that he had lived with haemophilia for so long

without treatment and was coping with the pain. When he started using FVIII, it was as though Peter had had a whole new lease of life. He was by occupation a driving instructor. He was over the moon at the possibility of being able to work without being laid up with a bleed. We were so excited and then this happened. The treatment let him down. I too had the worry of waiting to find out whether I had HIV before my own test proved me to be clear.

19. As a result of the medication prescribed to manage the HIV and the HCV clearing treatment, he had a number of nasty health related issues. He had terrible digestive problems and was unable to eat many different foods. He also suffered from chills, night sweats, severe headaches, coughing, mouth ulcers, weight loss, chronic fatigue, tiredness (which caused excessive sleeping during the day) and he felt the cold. Furthermore, he suffered from muscle weakness which meant he required a wheel chair for travelling any distance. The infection, or treatment, also changed his personality. He had anger issues and dramatic mood swings.

20. Peter had a liver biopsy to monitor the effects on his liver at Sheffield Hospital. After having this procedure and coming home, his stitches broke and I had to rush him back to the hospital myself. They would not send an ambulance. I had the long drive from GRO-C to Sheffield with Peter holding towels to his bleeding stomach. He then stayed in hospital for 2 or 3 days.

21. Peter gradually deteriorated becoming thinner, weaker and more and more sick. He contracted pneumonia. He then had a brain haemorrhage and died.

22. Peter had not been able to live his life in any normal manner, being so ill. He had to retire through ill health in 1990, at aged 46, and was confined to his home for much of the time as he came closer to his death. It was distressing, and it pulled me down. He had problems with solid food and could only digest liquidised foods.

23. My own health suffered as I had to care for my husband day and night whilst looking after my two girls who were attending school. My son was away at university but came home some weekends. I had worked as a nursery nurse in North Wales and was a home help after moving to GRO-C I had to give up working all together.

24. Our private, family and social life was non-existent due to caring for my husband. The years after were hard as well. What I felt then will never go away.

25. Due to the stigma surrounding the HIV diagnosis at the time we were unable to talk about my husband's illness and my family felt very isolated.

26. It was very difficult for the family watching my husband deteriorate and not being able to be a normal family member. I had to provide 24 hour care for him and also look after our two daughters at the same time. This put a strain on me physical, mentally, financially and emotionally. It was very difficult.

27. Because of the 24 hour care that I had to give to Peter, I had very little quality time with my children.

28. When Peter died, my eldest daughter gave up college and got a job to help out financially. My youngest daughter could not cope with my husband's illness and became very unsympathetic towards him, blaming him for the stress he was causing. That was very sad given that it was the HIV infection making him so ill (through no fault of his own) and, in turn, making my daughter's life so difficult.

29. As my husband was diagnosed with HIV, he could not get life insurance with regard to covering the mortgage repayments. When he died, the capital borrowed and some interest repayments had not been paid off. I had to sell the family home and move into a smaller property. I was only 42 years old when my husband died so I was told I was not entitled to a widow's pension (the qualifying age for DWP payments being 45).

Section 6. Treatment/care/support

30. Peter was given different medications and treatments, some for the purposes of research. He was also given a nebuliser drug for the pneumonia.

31. There are no other treatments that Peter should have been offered that I am aware of.

32. No counselling or psychological support was ever made available to me or my family when my husband died. Whilst he was alive I did attend meetings at the Royal Hallamshire Hospital, Sheffield under Sister Farnsworth on Ward P2.

Section 7. Financial Assistance

33. Around the time Peter retired from work (1990), he may have been given information with regard to financial assistance from either the hospital or from the home support sister who visited him.

34. Peter received two ex gratia payments. A few thousand pounds first and then a final payment of £60,000 in around 1991. I believe he signed a disclaimer. Due to our financial situation, Peter probably felt cornered and accepted any payment on offer. I consider this as 'hush' money to hide the infection problem.

35. Peter received one or two small payments from the Macfarlane Trust towards (basic cottage) holidays as well.

Section 8. Other Issues

36. My husband and I did attend a meeting with a solicitor in Wakefield who asked similar questions to this Inquiry.

37. I do not have any medical records.

Anonymity, disclosure and redaction

38. I do not wish to apply for anonymity and I understand this statement will be published and disclosed as part of the Inquiry. I do not wish to give oral evidence.

Statement of Truth

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

Signed... GRO-C ....

Dated 20th. March 2019.