

ANONYMOUS

Witness Name: **GRO-B**

Statement No.: WITN2854001

Exhibits: 0

Dated: 16 March 2019

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF **GRO-B**

Section 1. Introduction

1. I, **GRO-B** will say as follows.
2. My date of birth is **GRO-B** My address is known to the Inquiry. I am married with two grown-up children who no longer live at home.

Section 2. How Affected

3. I am providing this statement as my wife, **GRO-B: W** was infected from a blood transfusion received at Stepping Hill Hospital, Stockport, in 1986. **W** has made a separate statement for the Inquiry as an infected person. I make this statement as an affected person.
4. The transfusion was given on **GRO-B** 1986 as part of emergency treatment following complications after the birth of our eldest son. **W**

continued to bleed following the delivery of our son. This was a forceps delivery and the tear was not properly repaired. She was losing consciousness and needed urgent surgery. A few weeks after the transfusion she became ill with acute hepatitis.

5. I do not remember any information being provided about the need for a blood transfusion or any risk of being exposed to infection from such a transfusion.
6. [W] was infected with Hepatitis C (HCV) as a result of receiving infected blood.
7. Confirmation that the infection was HCV was not provided until the end of 1991. Prior to that it was described as 'non-A, non-B' hepatitis. [W] was given the HCV diagnosis at Stepping Hill Hospital Chest Clinic which she had attended since 1986. The information was provided by a doctor at the outpatient's appointment. [W] was told that there was no treatment and it was possible she could become severely ill with liver cirrhosis or cancer in the future. As we considered this a routine appointment, [W] attended alone, but was in a state of shock, confusion and anxiety when she returned home.
8. I do not remember any information about the risks to others being provided at that time. Several years later [W] found out about those risks and I decided to be tested. We also decided to have our younger son, who had been born in 1990, tested. Both tests were negative.

Section 3. Other Infections

9. I am not aware that [W] received any other infections other than HCV as a result of being given infected blood.

Section 4. Consent

10. I do not believe that [W] was ever treated or tested without her knowledge or consent or for the purposes of research.

Section 5. Impact

11. The mental and physical impacts for [W] have been tiredness, anxiety and phases of depression since being infected with HCV. She sought help with Cognitive Behaviour Therapy, which she funded herself. She still suffers from anxiety about her future health and at times has trouble concentrating and suffers with headaches and severe tiredness, despite completing treatment that showed the infection to be cleared. [W] does understandably worry about the long-term health effects that the virus and the treatments may have had.
12. [W] had two courses of treatments. The first did not clear the virus, but the liver biopsies showed some improvement. The second was a combination therapy in 2002 that was curtailed due to the side-effects [W] suffered. We understood that these were the only treatments that were available at that time.
13. [W] suffered a severe skin reaction to the combination treatment in 2002 and was referred for specialist treatment at Manchester Royal Infirmary (MRI). [W] still has to use emollients to control the effects and her skin bruises very easily in the affected areas. [W] has also had a small tumour in her mouth that was removed in December 2004, with follow-ups for five years. More recently [W] has had problems with gum disease. We don't know if these are linked to the HCV or the treatments, but have seen some information online that mentions these are potential long-term effects of HCV.

14. The infection and subsequent treatment meant [W] has less energy and it was at times more difficult for her to enjoy time with our sons. She also found social occasions more difficult given the need to avoid alcohol. She felt she would have to explain why she was doing so.
15. I suffered from a period of depression which I think was partly due to the ongoing anxiety I feel about [W]'s state of health. I regularly worry about her health and what impacts we may still have to face. This feeling always gets worse whenever she gets any cold or flu and I think my over-anxiety has at times caused difficulties in our relationship, with [W] understandably being irritated by my over-anxiety.
16. The stigma associated with HCV has made us less open and very careful about who we talk to about the infection and its treatment.
17. We have always tried to shield our sons from the impacts of the infection and treatment. Now they are grown-up we are able to have more open conversations with them and they have made efforts to learn about HCV, infected blood and the potential impact on their mum and others. We did decide to have our younger son tested for the virus, which thankfully proved negative, but have wondered whether we should have had our older son tested and now feel we need to discuss this difference of approach with both of them.
18. The educational effects for [W] were as follows. [W] had completed her school, university and post-graduate education before the infection. She has done further study since and her periods of tiredness and difficulty concentrating made the study more difficult, but her determination enabled her to complete these further qualifications. [W] initially worked part-time after the initial infection, then worked full-time up to March 2018. Her role then was very demanding, and she became increasingly exhausted, with little energy for anything outside work, so she resigned from that role in March 2018. She has since had some

part-time work and is looking for further part-time work and may have to accept a salary reduction compared to her previous role.

19. I do not believe there has been any educational, work or financial impact on me other than at times needing to take time off to support W during the infection and treatments.

Section 6. Treatment/Care/Support

20. W did face a difficulty in obtaining a diagnostic test at MRI after the curtailment of her combination treatment. We were told that the test needed to be done at another hospital and that MRI would have to pay to have that done. It was implied that they did not wish to do so. When we offered to pay for this ourselves MRI agreed to request the test and pay.
21. Counselling or psychological support has never been offered or made available to me or to W

Section 7. Financial Assistance

22. The details of the financial assistance W received are set out in her statement.
23. I feel that the amount of financial assistance received does not adequately reflect the impact that all this has had on W. Until recently, she was unaware that some other payments had been increased and some annual payments have been made. W has not been contacted by the Trusts and Funds since receiving a payment in 2005.
24. I have received no financial assistance at any time.

Section 8. Other Issues

25. I hope that the Inquiry will be conducted in a way that allows witnesses to tell their story without the fear of stigma. I would like to see the Inquiry find out why this problem arose and what was known at the time and by whom. I would also like to see it look at the long-term consequences of some of the earlier treatments and address the emotional and financial needs of those affected by infected blood and consequent treatments.
26. I hope that the Inquiry will ensure that witnesses feel they have been listened to and that actions will be put in place that address the ongoing needs of those affected by infected blood.

Statement of Truth

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

Signed

[Signature Box]

Dated 16 March 2019