

Witness Name: GRO-B

Statement No.: WITN0128003

Exhibits: WITN0128004

Dated: 28 April 2025

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 24 April 2025.

I, GRO-B will say as follows:

Section 1: Please describe the involvement of people infected and affected in the decision-making regarding compensation (whether by Government or IBCA or both) as you have experienced it.

1. There has been no meaningful consultation whatsoever with affected siblings in the development and implementation of the Compensation Scheme ('the Scheme'). This approach, set by the IBCA and the Cabinet Office, contradicts a key principle recommended by Sir Brian Langstaff that "those set to benefit from the Scheme (people infected and affected) must have a central influence on its decision-making and operation."
2. On 9 November 2024 I wrote to Sir Brian and Sir Robert Francis on the exclusion of certain categories of siblings from the Scheme. I believe the proposed compensation for affected claimants under the Scheme (as it stood on 9 November 2024) limited most siblings to only claiming through two routes: claiming as carers or through the deceased infected person's estate.

This is because the IBCA were going to impose arbitrary limits on which siblings could apply, depending on their age and where they were living.

3. This contradicted the approach taken by Sir Brian in his Second Interim Report; he was clear that “persons affected by the infection of those close to them with HIV, or hepatitis, should have a personal claim for what they have suffered”. Sir Robert, with the guidance of the Expert Group, had “refined” the eligibility criteria, effectively culling the siblings which could apply.
4. I wrote to explain that both routes had been conceived under inaccurate assumptions and were malicious to the sibling applicants. The carer route assumed that young people would have been able to provide care to their siblings; the reality was that we were in fact traumatised young people in desperate need of support, barely coping and fighting to survive. The stipulation that we must prove that we provided care seemed arbitrary, unreasonable and cruel.
5. The alternate route was through receiving money via the infected person’s estate. Again, Sir Brian stressed that affected applicants should have a personal claim for what they have suffered. For most siblings, this would have been the only way to make an application. Most siblings would not be able to make the application for the infected sibling’s estate claim themselves. It was more likely that an affected sibling would, in most circumstances, have to rely on the goodwill of the deceased relative’s partner to provide them with a fair share of compensation.
6. On 31 May 2024 I postulated a possible solution which I believe would provide a more equitable distribution of compensation through people’s estates (and alleviate some of the practical challenges of claiming through a deceased infected person’s estate) which I sent to the Infected Blood Inquiry (WITN0128004).
7. One of the key functions of the Inquiry and of the Scheme is to vindicate the suffering of those infected and affected. I complained to Sir Brian and Sir

Robert that this approach served only to degrade and humiliate siblings who would likely have to entreat relatives for compensation. I raised the concern with Sir Brian and Sir Robert that we were expected to ask family members to grant us compensation where the Scheme had failed to recognise us.

8. I believe the Scheme proposals for affected claimants were either imprudent or cruel. During the Inquiry, I was encouraged to share deeply personal testimony and I was assured that "no one's pain would be overlooked." The Inquiry showed that many families fell apart and affected people have had their education disrupted, their careers derailed and their mental health shattered. The IBCA's approach dismissed the concerns of the affected cohort through both evasive answers and obstinate responses via the same prepared parroted phrases.
9. I am a member of the Tainted Blood Siblings and Children group. I am aware from members of my affected sibling group cohort that the IBCA hosted four engagement meetings. These meetings were designed so the IBCA could determine our views on the information published by the government relating to the Scheme. However, I have been informed that affected siblings were only allocated 4 minutes to present their concerns, which is a woefully insufficient amount of time to address such important issues.
10. I believe that the IBCA have since updated the siblings criteria and have proposed a £30,000 flat rate to affected siblings. This figure creates an unjustifiable hierarchy of grief which fails to recognise the profound impact a sibling's death can have. The disparity between the amount paid to siblings and other affected people is so vast that it implies that the sibling's suffering is less important.
11. The psychological impact of witnessing your sibling's illness progress and their suffering develop is simply harrowing. As you can expect and as the Inquiry observed, many affected siblings have suffered (and are suffering) lifelong psychological trauma with many developing long-term mental health issues including PTSD and depression. For many affected siblings, this event

unfolded in their formative years which profoundly affected their development and identity. Historically, no psychological support was ever offered to siblings which has compounded the effects of these tragic events.

12. Many took on significant burdens when giving care to their sibling(s). The psychological trauma which came from their position meant that many were denied a proper education and for many, their careers trajectories were ultimately curtailed. The knock-on effect of this has led to lifelong financial and developmental hardship for many siblings. This is exacerbated by disruption of people's family lives. Asides from the fact that time and attention was directed to the infected sibling, many families couldn't take the strain of watching their sibling or son or daughter grow sicker in front of them; many families split apart and still remain splintered.

Section 2: Please describe the principal concerns which you have in relation to the involvement of people infected and affected in the decision-making regarding compensation (whether by Government or IBCA or both).

13. I have five main concerns regarding how the IBCA have dealt with affected siblings. My first concern is the IBCA's tokenistic consultation with the community. On the rare occasions that engagement has been requested by the IBCA I believe it has been superficial, high-handed and inadequate. I mentioned previously that each group had been offered 4 minutes to provide their insights on the Scheme; on how it was being formed, the Scheme's current issues and to provide their concerns with the Scheme's future. Allocating 4 minutes to discuss complex and life-altering issues demonstrates the lack of serious intent to involve affected people in meaningful decision-making and comes across as completely patronising. It creates the distinct impression that the IBCA are simply forming the Scheme themselves without any input.

14. This leads onto my second concern, which is prevalent in all my listed concerns, which is that the actions of the IBCA contradict the findings and

recommendations made by Sir Brian in his Reports. I mentioned at the beginning that a key principle recommended by Sir Brian that *“those set to benefit from the Scheme (people infected and affected) must have a central influence on its decision-making and operation.”* As I have mentioned above, this is simply not the case.

15. My third concern simply relates to the lack of transparency from the IBCA. Sir Brian wrote on the lack of trust between victims of the infected blood scandal and the government and that, to create a sense of confidence for those applying for compensation, *“the processes of the scheme need to be as transparent as legally possible”*. From the lack of communication and consultation between the infected blood community and the IBCA, many Scheme applicants are confused on who makes the decisions and how the decisions are made. Issues or queries that those in the community have put to the IBCA are, in turn, answered by the Cabinet Office. This, again, contradicts a key finding of Sir Brian, which is that the Scheme should be administered by an arm's length body independent of the government. The relationship between the Cabinet Office and the IBCA obfuscates which body is making decisions.
16. My fourth concern is that the communication from the IBCA is dismissive. My concern here stems from an amalgamation of factors; responses to our concerns have been patronising, our queries usually are never directly answered or are dismissed. This, in conjunction with my concern on transparency, compounds the sense of being invisible in this process.
17. My fifth and more specific concern is that the current Scheme is set to provide discriminatory treatment based on the affected group you are in. I discussed this above but to stress again; under the current Scheme adult siblings initially receive nothing and some siblings and children are to receive comparatively little. In stark contrast, some former partners will be entitled to millions.
18. Additionally, I can foresee that, should the Scheme as it currently stands not be revised, it may lead to litigation against the government which would

prolong the distress for affected families. I am aware that lawyers are already contacting various groups in anticipation that estates will be contested due to the unfair way the Scheme has been devised.

Section 3: Are there any particular steps or measures which you consider could be taken by Government, IBCA or both to alleviate any detrimental impact upon people infected and affected? If so, please set them out.

19. I believe there are 6 steps that should be taken which would improve the operation of the IBCA, the Scheme and alleviate burden from the Scheme applicants. The IBCA should engage in meaningful consultation with the infected blood community. As opposed to hosting superficial tokenistic engagement sessions, the IBCA should instead arrange to hold dedicated meetings with different infected blood groups, including the affected community.

20. Another significant step would be to equally recognise the trauma for those in the affected category. As opposed to the IBCA setting their own hierarchy of grief, there should be equal compensation for trauma across all affected family member applicants.

21. I believe there should be supplementary payment routes made available to affected Scheme applicants. As I have discussed previously, many of those affected have suffered complex psychological trauma as a result of the infected blood scandal. Although a flat rate should be used to equally recognise everyone's trauma, some families have seen its members have complete mental breakdowns. Many affected applicants will have had their careers curtailed by the infection of a loved one. It would only be fair if affected applicants are afforded the same compensatory route as those infected, so reflect the similar impacts that the infections have had.

22. There should be steps taken by the government to ensure that the IBCA have independent oversight on the formulation and maintenance of the Scheme. I

have already given my thoughts on the relationship between the Cabinet Office and the IBCA. There is an obvious conflict of interest here. The IBCA should be the body which has the final say on the Scheme, otherwise I fail to recognise how it can be an independent body.

23. One traumatic and administratively difficult factor will be the estate claims. I should imagine that, at the very least, there will be instances of families who turn on each other once compensation is paid to an infected person's estate. The IBCA should offer mediation so family members will have the chance to settle the issue of compensation amicably. Otherwise, further hardship for the affected community will ensue.

24. The Scheme, the IBCA and the Cabinet Office should train all their staff and design their processes around a central trauma-informed approach. The approach taken by the IBCA and Cabinet Office has already been superficial, reticent and obstinate. This will place a burden on already vulnerable applicants. The IBCA and Cabinet Office need to re-assess their approach going forward.

25. I must stress that I believe the current approach is inequitable and is damaging to the affected community. The compensation process must not perpetuate the institution which defined this tragedy for decades. Without meaningful change, affected siblings may pursue other avenues for justice, such as legal action and media engagement, which would be onerous and costly to all parties involved.

Statement of Truth

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

Signed _____ **GRO-B** _____

Dated _____ 29 April 2025 _____

Table of exhibits:

Date	Notes/ Description	Exhibit number
31/01/2024	Email GRO-B to the Infected Blood Inquiry	WITN0128004