

# ANONYMOUS

Witness Name: **GRO-B**

Statement No.: WITN7678001

Exhibits: **WITN7678002**

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 23 December 2022.

I, **GRO-B** will say as follows: -

### Section 1. Introduction

1. My name is **GRO-B** My date of birth is **GRO-B** 71, and my address is known to the Inquiry.
2. I am the eldest of three siblings; my brothers are **GRO-B** (DOB **GRO-B** 73) and **GRO-B** (DOB **GRO-B** 82). I am employed as a chartered engineer and I am also a visiting professor of tribology.
3. I intend to speak about my deceased father, **GRO-B** who was born on **GRO-B** 47 and his infection contracted after receiving contaminated blood. In particular, the nature of his illness, how it affected him, the treatment he received, and its impact on other family members.

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4. My mother, [GRO-B] [GRO-B]48), is present and in attendance. Her health is currently poor having recently suffered a mini-stroke whilst preparing for the original statement; I am therefore providing this statement on her behalf as well as my siblings.
5. I confirm that I am not legally represented and I am happy for the Inquiry team to assist with my statement. I wish to provide my account anonymously for personal reasons.
6. The Inquiry Investigator has explained the Inquiry's statement of approach and 'Right to Reply' procedure. I understand that if I am critical of a medical professional or organisation, they will have the right to reply to that criticism.

### **Section 2. How Affected**

7. My early memories of my father are all good ones. I especially remember the times spent outdoors be it going on walks, gardening, playing with pets or camping. We also spent many happy times repairing and tuning engines.
8. In March 1983 my father became ill exhibiting low energy levels. The local doctor summoned for an ambulance. My father was taken to [GRO-B] [GRO-B] Hospital in Birmingham and was admitted into the Intensive Care Unit (ICU). On admittance it was explained to my mother that he had severe anaemia, and that the next 36 hours were critical. Our parish priest, [GRO-B] was called for to perform Last Rites. The admittance to ICU as well as the proffering of Last Rites was a real shock to us all. My father was unwell – but not 'that ill'.
9. He remained as an ICU patient of [GRO-B] Hospital for 12-14 weeks. It seemed a long time and I remember frequent trips to the hospital to visit him. He was stated as being a 'good patient' and the first weekend

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home visit occurred after these 12-14 weeks. He was very happy to be home; he looked well and had lots of energy. This was the last time I saw my father 'well'. On the Sunday he started to decline and become very lethargic before returning on Monday to GRO-B hospital. My mother clearly remembers the consultant was waiting and after taking one look at him, instructed junior personnel to "take him off this, this and this" (medication).

10. This return to hospital marked when his health started to decline rapidly. My father stated later that he had received some 50 units of blood whilst admitted in hospital care; he also said that there were occasions when they could not administer the blood fast enough. The medical staff at the hospital informed my mother that there was now an issue with his blood clotting. She was directed to not share towels with my father "as he might be infected", yet she was not told what he might be infected with. My mother was also directed to get her children's blood tested "as the illness may be hereditary", again, she was not told what they should be tested for.
11. Later when my mother enquired as to why he had not been tested for HIV / hepatitis. She was told that "if he is tested then he would not be able to get a job". A lack of explanation as to why my father's condition had so greatly declined from mid' 1983 continued along with his further declining health.
12. From circa 1984 to 1991 my father became extremely frail and he suffered from episodes of explosive bleeding and loss of consciousness coupled with at times unusually coercive (believed due to side effects from medication) behaviour. The pattern of hospital stays and visits home were invariably similar; returning from hospital in an improved condition though generally over time declining such that his health was poor at all times. It is believed my father was within the care of GRO-B hospital of at least 10 separate occasions, each one receiving blood products as well as endoscopies on many occasions. The

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endoscopy procedure is remembered specifically as my father vocalised his dread of returning for this procedure (again). My father was never officially discharged from [GRO-B] hospital until his death.

13. Throughout these 8 years of treatment, receiving information as to condition, procedures and prognosis was difficult. A 'need to know minimal information policy' seemed to be in force. Often a phrase here, a phrase there, an overheard whisper and an additional post statement by my father needed piecing together. Medical students were often present, and their overheard communication was a primary source. Key contributing memories:

- (presumed) junior doctor informing my mother that "the cancer had gone into the pancreas". My mother was absolutely stunned with this admission as cancer had never been discussed before. Upon pressing, the doctor ceased discussions.
- My mother questioned a doctor: "Is giving 14 pints of blood considered 'normal'?" The doctor responded that my father was putting it out as fast as it was coming in because his body was rejecting it.
- Medical staff queried whether my father was a drug addict on reportedly several occasions according to my mother. My father was not a drug addict and such enquiries were most hurtful. However, the extreme for age frailty and poor physical disposition (prevalent scabs, jaundice, bruising) made such enquiries somewhat understandable on reflection. My father was regularly referred to as my mother's father (i.e., my grandfather) by hospital staff during visits; upon his death he had the look of an 84 not 44-year-old man.

14. My father sadly died on [GRO-B] 1991 at [GRO-B] Hospital. This was the first and only time my mother was asked if she wanted my father

not to be resuscitated. With the pain my father had been in for so very long she said "no – do not resuscitate the poor man". In further discussion my mother questioned if he had ever been resuscitated before to which she was informed – "yes – every time he is admitted, which is why we ask you not to visit for 3 days after admission".

15. Exhibited to the Inquiry as **Exhibit WITN7678002** is my father's death certificate, which details "Septicaemia, Liver Failure, Cirrhosis, and Upper Gastrointestinal Haemorrhage from Oesophageal Varices".
16. We believe that my father contracted an illness such as Hepatitis or HIV, through contaminated blood, but we were never informed of an official diagnosis. Although, my mother has mentioned that there was an occasion when someone referenced to non-A, non-B hepatitis but this was not made clear to us.

### **Section 3. Other Infections**

17. According to my mother, the consultants would avoid speaking to her where possible, when she insisted, they would 'fob her off' with non-committal comments and still no diagnosis; it must have been very frustrating for her.
18. I do not know the specific infection that my father contracted from contaminated blood, so it is not possible to speak about this.

### **Section 4. Consent**

19. My mother believes that my father was kept alive for the benefit of experimental drugs trials. I have no evidence to substantiate this although there was always a large number of varying drugs around whilst he was at home. Several of these had obvious mental side effects on



him; altering his state of mind drastically; at times frighteningly so. As his condition appeared to be repetitive in its nature of decline, collapse, hospital treatment, respite at home – often with differing drugs and behaviour, this use of experimental drugs may indeed have been the case. Indeed, my mother reports that on more than one occasion junior doctors requested permission to use my father's case in their thesis. Permission was always given though in hindsight this cooperation may have not been to the benefit of the patient and our family. After my father passed away, my mother found out that unbeknown to her, my father had been resuscitated on many occasions. Resuscitation was never discussed with her whilst he was alive. Considering the evident protracted suffering my father underwent, she feels strongly that if the option had been given, she would have requested the humane decision not to resuscitate and not have been as supportive as an 'interesting case for junior doctors' theses.

## **Section 5. Impact**

20. After my father left hospital on the first occasion, he gradually became an entirely different person, a shell of his old self. He was no longer taking my brother GRO-B and I out and doing activities, instead, he progressively became sicker and in a great deal of pain.
21. He regularly experienced blood loss and blackouts. It was understood that he had extensive oesophageal varices from where bleeding occurred. Vomiting of blood was a frequent occurrence and at times this was violent almost explosive in nature, with often little notice. Within confined spaces and with close person to person contact, it was very difficult not to come into contact with his blood. Post a heavy bleed, he generally returned to hospital. The time waiting for an ambulance was at times surreal, I clearly remember him describing the experience as how his vision was becoming dark red at the bottom and progressively rising upwards until he could not see anymore. There were times that this

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happened outside of the home; whilst he was driving this was particularly frightening requiring the front seat passenger to hold the steering wheel steady as the car slowed down.

22. When my father was home, we were always together. There were many occasions where he suffered very heavy bleeding. It is reasonable to think that if he was indeed infectious (as had been said), that any one of us could have caught something from him.
23. My father hated going into the hospital. Often, they would have to put a tube down his throat after he was admitted, and he required resuscitation on several occasions. Afterwards, he would return home weak and frail. It was evident that he was being administered many various drugs, some of which had significant side effects including hallucinations.
24. I was about 14 years old at the time. Initially, as a child, there was at times a somewhat comical aspect to this strange behaviour; at other times the situation became very frightening. We became used to dealing with what were multiple personalities in my father.
25. A particularly memorable incident occurred that left a big impact. I do not remember what year this happened, but my father was undergoing one of his regular admissions at GRO-B Hospital, when one evening, he broke out from the hospital, walked five miles through the park at night, and arrived home at around 2am.
26. He hammered on the front door. I came downstairs but was unsure as to open the door because of what he was shouting – words that implied he meant to perform violence. The door gave way and I stepped forward to stop his entry. I was thrown backwards from a strength much stronger than could be imagined. Although it was my father, I did not recognise him – he was like a real wild animal – not a human being.

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27. He went upstairs and dragged my mother downstairs. We were all terrified. He bound my mother up with thick tape and making her kneel down, threatened from behind to cut off her head with a large knife. This he did not do, but he did cut off all her hair with the knife. According to my mother, the hospital admitted he had been given some drugs which had hallucinogenic side effects.
28. The hospital notified the police of his escape and they were sent to the house. However, upon classifying the situation as a domestic dispute (it was not a domestic dispute) they left and left my father with us.
29. When I was asked if I wished to discuss the impact of what happened to my father on my life, I stated that up until considering a statement to the inquiry, I had parcelled up this period of my life and locked it away in a steel box within my mind. It was dealt with by avoidance. My existence has been built around avoiding this traumatic period.
30. Due to my father's disease, he was permanently ill and unable to return to work. As a consequence, we faced severe financial hardship and my mother effectively became a single mother looking after three children. Without family support we had to rely on the social services of the 1980's.
31. According to my mother, the social services stated they could only help if she divorced her husband. As this was not an option, my mother therefore had minimal support and we experienced significant hardships: no heating in the house for about three years, we did not have a washing machine and, at some point, no flushing toilet. When my mother told the social services that she required help because she had a baby and that she was not allowed to touch her husband because of his health, all they said was sorry and that there was nothing they could do.
32. The 1980's were not the kindest decade. I remember the very strong HIV/AIDS advertising campaign and the heightened awareness of transmitted infections whilst at school. My father was unwell with an



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unstated condition; lies needed to be fabricated as to why we could not have visitors back to our home.

33. Although very emotional, this involvement in this Inquiry has been therapeutic in coming to terms with the past via memories unlocked and shared.
34. Sometime between 1986 and 1987, I had to miss six months of school due to ill health. As a teenager, I was a keen cyclist, but suddenly I could no longer do the things that I wanted to do. I could not get out of bed. My nails stopped growing, and my skin was peeling off. I would sleep for about 16 to 18 hours a day, and I suffered from long bouts of jaundice, diarrhoea and crippling abdominal pains. I was diagnosed as having an enlarged spleen elevated bilirubin and low blood count. I also had to see a liver specialist around this time, and it was the same liver specialist who was looking after my father.
35. Eventually, it was explained that I had to have a splenectomy because my liver was prematurely destroying my red blood cells.
36. I was admitted into GRO-B Hospital too for a splenectomy. My mother asked the doctors if it could be related to my father's illness, but they said it was not. However, looking back and reviewing the symptoms, it seems a terrible coincidence. Back in 1983 to 1984 hospital staff had proclaimed my father was extremely infectious and coupled with the significant blood splatter I experienced from him, "did I? and what did I catch from him?".
37. After experiencing death and suffering up close at such a young age, I, now as an adult, respond differently when people refer to illness and death. In that sense, it has had a lasting psychological impact on me. I have become desensitised to such emotions.

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38. I believe something like this also changes your approach to relationships. For many years afterwards, I felt uncomfortable socialising with others in both home or meal sharing environments.
39. We have all had to deal with the mental trauma in our separate ways. I did not speak to my mother for about ten years at one point and did not speak to either one of my brothers asynchronously for some six years each. What was pre his hospital admission a very close family became a dysfunctional one.
40. We also had to endure stigma from family members who began to draw their own conclusions because my father was not getting better. Gradually they turned their backs on us and over about a year or so, we became alienated and there was practically no wider family contact.
41. With so many aspects of what happened to my father unknown, reconciliation or 'closure' is not possible.
42. At the root of it all, it is the infected blood that we believe made my father terminally ill. In addition, there was excessive suffering experienced by my father and hardships translated to our family. The lack of transparency regarding treatments performed and his actual medical condition are difficult to accept.

### **Section 6. Treatment/Care/Support**

43. As described above, I do not believe that my father's treatment was adequate. His health declined greatly post his first in-patient stay at GRO-B Hospital and he suffered greatly until his death.

**Section 7. Financial Assistance**

44. We were never informed about any of the financial schemes available for those impacted by contaminated blood. In any case, we were never given an official diagnosis, so we would not have thought to apply for financial support from any of the schemes.

**Section 8. Other Issues**

45. What happened to my father was a very difficult period of time in our lives. Working through these memories so as to submit to this inquiry has not been easy. It has however been therapeutic and we see this submission – a recollection of my father's undue suffering as a continuation of this process.
46. The primary wish is to come to terms with exactly what happened to my father. Why he became so ill. An official diagnosis and understanding as to who was accountable would greatly assist.
47. Knowledge from the inquiry that the blood was wrongfully contaminated would give our family peace and a reason to only remember the best times with my father / my mother's husband. GRO-B

**Statement of Truth**

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

Signed GRO-B

Dated 11<sup>th</sup> APRIL 2023.

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