

Witness Name: Trevor David Barraclough

Statement No: WITN1084001

Exhibits: WITN1084002

Dated: February 2019

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF TREVOR DAVID BARRACLOUGH

I, Trevor David Barraclough, will say as follows:-

Section 1. Introduction

1. My name is Trevor David Barraclough. My date of birth is GRO-C 1958. I live at GRO-C Cheshire GRO-C. My father left my mum when I was young and she became a single mum with me and my brother Terry. I joined the army at 17 years old for 3 years until 1978. I got married in 1980 and we have two sons; born in 1983 and in 1988. I now work for Thameside Education Authority with kids who have dropped out of education.
2. I provide this witness statement in response to a request under Rule 9 of the Inquiry Rules 2006 in relation to my late brother Terence Anthony Barraclough, who was known as 'Terry'. I am also making this statement on behalf of my late mother Mary Sheila Barnett who passed away in GRO-C 2017.
3. This witness statement has been prepared without the benefit of access to my brother's full medical records.

Section 2. How Affected

4. My mother and I believe that Terry was infected with HIV from blood transfusions during one of three operations which took place between around 1973 to 1980. Terry died on GRO-C 1984 aged 29 from what my mother and I believe was AIDS, although this was not recorded on his death certificate which I exhibit at WITN1084002. Congestive cardiac failure and Ebsteins anomaly have been stated as his cause of death.
5. We did not see any signs of illness before 1973 when Terry was 18 years old when he was diagnosed with a hole in the heart. He needed to have open-heart surgery to repair the hole in his heart and a faulty valve by Mr Masala in Wythenshawe Hospital. We were told that the operation carried only carried 40% chance of success. The operation was successful and Terry spent at least 3 months in hospital which was far from where we lived. As we had no access to a car at the time we had to make our way by bus. This caused a lot of stress for the family.
6. As time progressed, Terry still needed to attend Wythenshawe Hospital, as he did not fully recover. We took on board whatever the doctors said. We trusted them and did not question anything. After the operation I remember the surgeon, Mr Masala, being really upset with my brother, telling him that he should be getting better and that he was not trying hard enough. My brother kept telling Mr Masala that he was trying but that he was finding it really difficult. The hospital staff told Terry that his immune system was breaking down but it was not obvious to anybody why his health was deteriorating.
7. I believe that Terry had a second heart operation at some point. He must have had a lot of blood transfusions because of his two open-heart surgeries. After he was released from hospital, he was recuperating the whole time before I returned from the army in 1980. I remember that he went into to hospital on numerous occasions. He then had to have a pace-maker put in place in the same hospital.

8. He was always accompanied at hospital; he was not well enough to go by himself. I cannot recall attending a hospital appointment with him. One doctor told my mother that he was terminal but they did not know how long he had to live. During the last 5 years of his life, his immune system had collapsed and we all knew he was going to die. Regardless of this, he kept fighting and tried to work as much as possible. We saw him the night he died. By the time we got home, we received a phone call saying we needed to go back to hospital.
9. Four people in the ward had the heart surgery at the same time. Two people died shortly after the operation however they were quite old. I remember that Terry was very upset when he found out in the newspapers that the other patient, a sixteen year old boy had died.
10. Terry was very ill for last 5 years of his life. He had a large stomach but was really skinny at the same time. His health kept deteriorating rapidly. On his worst day, he was not able to walk more than 10 paces and I think his ankles also swelled. His skin turned a funny colour and he also had dark blotches over his skin which turned into a pale and dark tones. I work with front line kids who do not go to school and he looked a bit like the kids who were on drugs.
11. It was very painful to see him like this as in his younger years he was always very well put together and articulate. However, when he became frail he looked dishevelled which it was very unusual for him. Towards the end of his life, he looked like an old man, even though he was only 29.
12. We knew he was going to die but just did not know when. We just went through the motions to carry on; we just had to carry on. During the last few months of his life, Terry had problems with his lungs and could not breathe, so he kept chewing ice, as that would heighten the sensation of breathing. We were all trying to be brave.
13. Terry was never told that he had HIV or AIDS but my mother and I discussed it over the years and we believe that all his symptoms pointed to it. When the blood inquiry came out, we discussed everything again and my mother was

convinced that AIDS was the cause of his death. My mother was his primary carer at the time.

14. When Terry died in 1984, we did not even know what AIDS was and we had never heard of it. I had never associated AIDS with blood transfusions as it was just known and portrayed as a '*gay disease*'. I do not have any medical records for my brother but recall that the hospital told us that he had an '*immune-deficiency*' but they could not explain why.

15. At the time, we did not suspect that he was given infected blood but as knowledge of AIDS became prevalent, facts began to fall into place and become more obvious. We did not know what to do about it and decided to not take further action as there was nothing we could do.

Section 3. Other Infections

16. I am not aware of any other infections.

Section 4. Consent

17. My brother was told that he had to have blood transfusions during his operations but he was never informed of the risks associated with the blood. Therefore, I do not believe that he could have given informed consent to receive the infected blood transfusions.

18. After Terry died, the hospital asked us if we could donate his body for research and I said yes, so I believe that he was treated or tested for the purposes of research. There may be records relating to this which can be located.

Section 5. Impact of the Infection

Impact on my brother

19. Terry compared himself to me and it was confusing for him why there was such a big difference our health. He believed that he was never going to get married. When he saw my first son in his cot around 1983 he just cried as he knew that he was never going to be able to have children and it was difficult for him to process as a young man.
20. Terry re-trained as a nurse and managed to begin work after his first operation. However, he had to re-train again as a computer administrator because his health was deteriorating and he could no longer carry out physical work. As he became more ill he could not work. His friends disappeared one by one and he became more isolated. All he had was us; his family.
21. Terry really struggled to get out of the house and it was a mammoth effort for him. He could walk 20 paces and then had to stop to rest. For a young man, that was really horrific to have to go through. I was close to my brother and my wife cleaned for him once a week between about 1980 to 1984. During the last two years, whenever he came to visit us in our home, he offered to get the bus even though he was not really capable.

Impact on my mother

22. My brother's illness caused problems between my mother and my step-father, who gave her an ultimatum of either him or my brother. She chose to leave the household with me and my brother and we all moved to GRO-C. My mother, grandmother, brother and I were all living together in a two up two down. My mother then re-married again in 1982.
23. After my brother passed away in 1984, my mother became an alcoholic and I believe that my brother's death pushed her down the road of alcohol. I believe that her third husband got her through, as he did not drink or smoke. After Terry's death, my mother and then I became Christians and began spreading the word about the bible all over the world.

Impact on me and my family

24. I believe that my brother's infection was something which could have been prevented. It is not the same as an accident which people have no control over. I lost a brother and an uncle for my sons. I cried when Terry died but did not grieve until I was talking to my oldest son recently when I just broke down.

Section 6. Treatment/care/support

25. I am not aware if my brother faced any difficulties or obstacles in obtaining care or treatment. I do not recall whether he was offered any treatment for his autoimmune deficiency.

26. I am not aware if my brother was offered any counselling and I do not recall him ever mentioning it.

Section 7. Financial Assistance

27. The various trust funds were not established back then so this section is not applicable.

Section 8. Other Issues

28. I have had to accept Terry's death and live with it, but when questions are asked as to whether it could have been prevented this puts a different light on it and it becomes a different issue. Death is part of life but if it can be prevented it changes things.

29. The Public Inquiry seems hopeful as I want to uncover what happened and obtain some transparency. I feel that it is very important that things are done openly and that gives me hope for a positive outcome for our society. However, I am still afraid that we may get ignored.

30. I want to contribute what happened to my brother and I believe that the people responsible need to be brought to account when it costs peoples lives because it is obvious that things have been covered up and hidden. I believe that the truth needs to be brought to the light so that we can all move on. The Public Inquiry is very important and if done the right way, I believe it can have a massive positive impact on our society. We need to do something with this knowledge rather than bury it.

Anonymity, disclosure and redaction

31. I confirm that I do not wish to remain anonymous and I understand this statement will be published and disclosed as part of the Inquiry.

32. I wish to be called to give oral evidence.

Statement of Truth

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

Signed. GRO-C

Dated. 1-3-2019