

Witness Name: **GRO-B**

Statement No: WITN4140001

Exhibits: 0

Dated: April 2020

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF **GRO-B**

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

Section 1. Introduction

1. My full name is **GRO-B** I was born on **GRO-B** 1932 and I live at **GRO-B**
2. My husband, **GRO-B: H** (born on **GRO-B** 1932), was infected with the Hepatitis C Virus (HCV) from contaminated Factor VIII (FVIII) concentrate. He developed end stage liver cirrhosis and died on **GRO-B** **GRO-B** 2000, aged 68, after his lung was punctured by his rib from a fall.
3. My daughter, **GRO-B** has also provided a Witness Statement to the Inquiry **GRO-B**
4. This Witness Statement has been prepared without the benefit of access to my husband's full medical records.

Section 2. How Affected

5. [H] had mild Haemophilia A.
6. [H] was under the overall care of Professor Flute at the Haemophilia Centre at St George's Hospital in London. He was also seen and treated at St Luke's Hospital, Guildford and the Royal Surrey Hospital, Guildford under Dr Douglas.
7. [H] was treated with FVIII concentrate on an ad hoc basis as and when it was needed for bumps and knocks. Typically, he needed treatment every two to three months; sometimes monthly.
8. [H] and I had no idea that he had HCV until [GRO-B] 1998 (just two years before he died). His health had deteriorated a lot by then. He was also feeling very fatigued and he was drinking a lot of liquid because he was always thirsty. [H] was tested for diabetes (after a lot of persuasion from me) and our GP, Dr [GRO-B] telephoned me with the results. She said 'we are very sorry. [H] does have diabetes and he also has hepatitis C'. I then had to tell [H] about his HCV diagnosis.
9. We had very little understanding of what HCV was and there was no information provided to us. We knew it was something serious but we thought HCV was not as bad as HIV/AIDS and took some comfort in that. [H] s hips had been systematically worn away through all the bleeds he had endured and the resulting arthritis. [H] was wheelchair bound in the latter years of his life and it was difficult for us to go out to attend his medical appointments. To do so we needed ambulance transport. We were subsequently told in a conversation with Dr [GRO-B] that the FVIII treatment [H] first received in the 1970s/1980s had most likely caused the infection but that it had not shown in his system until then. [H] had developed liver damage but he didn't drink alcohol. Apparently, there was nothing they could do about it. It was too late for treatments which may have helped in some way to prolong his life. Dr

Douglas said an operation was not possible as [H] would not be able to withstand the same operation that a younger, healthier person would be able to cope with. [H] was ill with lots of health issues to include arthritis and the newly diagnosed diabetes [H] and I could do nothing to help him except to try to carry on as normal.

10. When [H] was first treated with FVIII, he was told it came from the United States but was not made aware of the source. He had no choice in the matter. FVIII was 'sold' to him as the new wonder drug that would 'save his life'. No-one warned [H] about the risk of infection. No-one said anything about it. If he hurt himself he went to the Haematology Department at the hospital and he trusted them there.

Section 3. Other Infections

11. [H] was not infected with anything other than HCV.

Section 4. Consent

12. [H] did not consent to being tested for HCV. We thought he was being tested for diabetes and the HCV diagnosis came 'out of the blue'.

Section 5. Impact of the Infection

13. I met [H] in 1949 whilst working behind the bar in my father's pub in [GRO-B]. We married on [GRO-B]. [GRO-B] was born on [GRO-B] [GRO-B] 1966. [H] worked as a milkman in his younger days and then carried on at the dairy loading the carts and seeing the milkmen off on their rounds. [H] had polio as a child and had lost the use of his left arm. He didn't make a fuss about that. He did not like the thought of taking money from the state by way of benefits. He was a very proud and private person and didn't tell his work colleagues that he had haemophilia. He worked for as long as his health would allow, probably up until the mid to late 1980s. Some time after that I gave up work to look after him.

14. [H] loved sport and particularly horse racing. He was told not to ride a horse or play sport as a young boy and loved anything to do with horses and sport as a result. He enjoyed watching horse racing on television and would scour the runners in the Daily Mirror on a Saturday morning in order to place his bets for the day. As his health deteriorated I would 'run' his bets up to the bookie. In the last two years of his life, after he was told that he had HCV, that stopped too and all he could do was to lie in his recliner chair in front of the TV. He no longer wanted to go out, not even into the garden (with our help and encouragement) on a nice day. He became very reclusive and didn't want anyone to visit him. He did not want people to know that he had HCV. He became very depressed and anxious and he just wanted me. Towards the end of his life I needed to use a hoist over [H]'s bed in order to lift him. It was very isolating.

15. After the HCV diagnosis, [H] suffered with bruised, sore, painful and swollen arms and legs that blistered. [GRO-B] has exhibited photographs of [H]'s arms to her Statement. One arm (the one paralysed from polio) was left untreated. It was awful to see. Despite being in great pain [H] was not reviewed or monitored on a regular basis by any doctor. Towards the end, [H] was often just asleep in the chair. He was on a lot of medication.

16. After [H] took a fall at home hurrying to try to get to the toilet (inadvertently falling on me as he fell), he was hospitalised. [H] was isolated in a room in the hospital. There I looked after him on a 24/7 basis for the last 10 days of his life. [H]'s body was full of blood from his lung, punctured by his rib when he fell and there was no hope for him.

17. The manner in which [H] was isolated from the other hospital patients with a tape across the door to his room was very upsetting to [GRO-B] and me. [H] died in the most painful and undignified way possible on the [GRO-B] 2000 and I lost the husband I had been with for over 50 years.

Section 6. Treatment/care/support

18. We were never offered any counselling.

Section 7. Financial Assistance

19. We had no financial support from the trusts and funds. We struggled financially and were reliant upon disability benefits and carers allowance.

When H died, I went to live with GRO-B for a period of time.

Section 8. Other Issues

20. There are no other issues.

Anonymity

21. I wish to remain anonymous.

22. I do not wish to provide oral evidence to the Inquiry.

Statement of Truth

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

Signed GRO-B

Dated *22nd April 2020*