Witness Name: Peter Grieveson
Statement No.: WITN6209001
Exhibits: **WITN6209002 - 005**
Dated: 30 May 2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF PETER GRIEVESON

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 20 May 2022.

I, Peter Grieveson, will say as follows: -

Section 1. Introduction

1. My name is Peter Grieveson. My date of birth is GRO-C 1957 and my address is GRO-C.

2. I live with my wife of 27 years, Fiona, and we have two grown-up sons together. Fiona recently retired having worked as the headteacher of a special needs school.

3. I stopped work in 2006 to take care of my sons, having worked as an assistant manager of a tyre shop. Fiona and I decided that it would be better for her to continue to work as she had the best prospects and was able to earn a better income. I previously served in the British Army

within the 50th Missile Royal Artillery regiment between 1981 and 1994. This is relevant to my infection and the purpose of this statement.

4. I intend to speak about my infection with hepatitis C ("HCV") following a serious road traffic accident ("RTA") in 1983 whilst serving in the British armed forces in Germany. In particular, the nature of my illness, how the illness affected me, the treatment received and the impact it had on me, my wife, my children and our lives together.

5. As a result of this serious accident, post-traumatic stress order ("PTSD") and HCV infection, I have lost a lot of my cognitive abilities and coherence. I suffer from brain fog and memory loss on a daily and persistent basis, to the extent that my wife Fiona has to regularly remind of things she told me just half an hour beforehand. I have suffered with this for years and to this day. This has made things difficult to recall for the purposes of providing this statement but I am doing my very best to remember. I have found it very hard preparing for the statement taking process, in fact it has been quite overwhelming. My wife Fiona is assisting me in providing this statement.

6. The anonymity process has been explained to me. I am content for my story to be known with my name attached to it.

Section 2. How Infected

7. I was born in Newcastle in 1957 and have three sisters. My father served in the army.

8. We were back in Newcastle around 1960, when I was aged 3 or 4, as my father was on leave. I remember running for an ice cream van when I was hit by a car. I was unconscious when I was taken to hospital with concussion.

9. I cannot recall which hospital in Newcastle I was treated at. I had burr holes drilled in my head. This operation entailed the top of my face being peeled back and holes drilled into the sides of my skull to drain blood and relieve the pressure on the brain. My mother nor I can remember any mention of a blood transfusion during this procedure.

10. Aged 18 or 19, around 1976, I had my appendix removed at Addenbrooke's Hospital, Cambridge. This operation went smoothly to the best of my recollection and I do not believe that it necessitated a blood transfusion.

11. I joined the army in 1980 and was assigned to 50th Missile Royal Artillery regiment. I was posted to Germany in January 1981.

12. On 15 September 1983, I was involved in a very serious RTA whilst serving in Germany. I was one of 22 other servicemen who were in an 8 tonne truck. There were 19 in the back and 3 in the front. I was in the back along with 18 others. Also in the back were a large number of metal tables, chairs and heavy equipment.

13. There were no seats in the back of the truck. I later found out that the maximum number of people allowed in the back was 14 with seats and with no other equipment. In my case, we were sat on the sides of the truck to make room for the equipment. It was heavily overloaded and significantly exceeded the army limits, as laid down in the standard operating procedure, something that is relied upon in all aspects of military operations and use of equipment.

14. We were on exercise near Hannover on this day. Whilst sat in the back of the truck, on the edge of the sides, supported by the canvas canopy, we were driving down a country road, probably going too quickly. We went around a corner and came around faced with a local farmer's tractor with a trailer attached.

15. The driver of the truck swerved to avoid the tractor, causing the heavily over laden truck to career into an embankment on the side of the road.

The impact of this caused the whole truck to flip over and the equipment around us flew around the inside of the truck, contained within a canvas/tarpaulin canopy and in the course of doing so causing serious injury to those of us inside.

16. This was a very serious accident, so much so that one of the soldiers also sat in the rear of the truck with me died as a result of his injuries. I later saw a list showing in order, the severity of injuries of those involved in the RTA. The deceased serviceman was at the top of the list and I was second, demonstrating how serious my own injuries were.

17. I was casevac'd (casualty evacuated by helicopter) after the crash and taken to a local German civilian hospital, the name of which I am unable to recall. I understand that I was operated on immediately. They cut all along the front of my stomach, from one side to the other, in order to save my spleen and also to cut part of my liver out.

18. I was put into an induced coma for 12 days. So serious were my injuries that the doctors thought I might die. My parents were flown over from the UK so they could be with me and to say goodbye. My mother explicitly recalls that I had a blood transfusion during this period.

19. After awakening from the coma, I was transferred to a British Military Hospital ("BMH") in Hannover. I recall the doctors in the German civilian hospital were arguing with the British military because they thought it was too soon to move me. The British military forced and won the argument, mainly because they were paying the costs involved in keeping me in the German civilian hospital.

20. I enclose my inpatient record showing that I was admitted to BMH Hannover on 30 September 1983 (**WITN6209002**). This also shows that I was transferred to BMH Iserlohn on 03 October 1983 and was discharged on 01 November 1983.

21. Within the same document, on page 2, is a discharge summary written by Major J Allen RAMC, SHO in Surgery dated 24 October 1983. This reads 'He was taken to a Krankenhaus (German civilian hospital) where intraperitoneal (abdominal) bleeding was diagnosed and at operation a liver laceration was sutured. He made a good post operative recovery, but on transfer to BMH Hannover was dyspnoeic. Chest X-ray showed large right pleural effusion. They removed 250ml and later 400mls of old blood and transferred him to BMH Iserlohn. Here repeated aspiratio [sic] removed 1300 mls, then 450mls of blood stained fluid, then 250 mls then 170 mls of old blood. Two further aspirations were dry.'

22. I remember vividly the procedures referred to in Major Allen's discharge summary. These were described to me as 'pleural infusions'. It involved a big tube being injected into my back and through to my lungs. A large syringe was then used to draw all the built-up blood from my lungs.

23. In reference to the above document, I had approximately 3-4 pints of blood drained from my lungs and abdomen whilst under the care of BMHs. It seems to me likely, if not probable, that I would have received a blood transfusion during this period, in order to replace the blood that I lost. There is no record of the blood transfusion within this document, however I understand that blood transfusions were not always recorded.

24. After this accident, I struggled immensely because of my physical condition. I was sent to BMH Aldershot to undergo physiotherapy. The clinicians were of the opinion that physio would help me to naturally recover and assist me in drawing all the waste out of my body. I was at Aldershot BMH for a few months.

25. I never again resumed normal, active duties after the RTA in 1983. I was essentially desk bound. My regiment was 'active' in Germany owing to the Cold War at the time. I was able to re-join my unit in Menden, Germany, in 1991 after effectively, the dissolution of the 'iron curtain'. However, by this time I was a changed person. My whole train of thought

wasn't right, I couldn't think straight and I just didn't feel normal. I also believe with hindsight that I was severly depressed.

26. I took voluntary redundancy from the army in 1994. I have since learnt that I should have been medically discharged, owing to my lack of fitness in comparison to when I joined the army. My first marriage had collapsed in the years before, around 1992, and I returned to the UK and settled with Fiona in Milton Keynes.

27. Aside from the emergency operations and procedures in the immediate aftermath of the RTA in 1983, I also had what was called an 'inspection' of my back around 1986. This procedure, I was informed, was to fuse a part of my back. I was put under general anaesthetic at a BMH in Germany, the name of which I cannot recall but when I came around the surgeon said that he had not performed the operation because, after cutting me open, he established that there was too much muscle, too many nerve endings and too much blood.

28. I have also had my molars removed whilst at BMH Aldershot in the mid 1980s. This was performed under general anaesthetic. Aside from these two procedures, I have not had any invasive procedures or operations other than those in connection with and ongoing from the RTA in 1983.

29. My wife and I moved to GRO-C in 2006, so that she could take up a role as Deputy Head at a special needs school. We had reached the decision that it would be best if I was a stay-at-home Dad so that Fiona could concentrate fully on her work. Our roles were somewhat reversed because I was earning very little in the tyre shop.

30. I continued to struggle physically and mentally, with what I thought were solely the psychological effects of PTSD. I was also never able to function fully physically and in particular I suffered with terrible back pain.

31. By 2010, everything was going wrong. My cognitive functions were significantly diminished, my psychological state was worsening and my body was simply not working.

32. I saw my GP regularly and complained about my physical condition. I was experiencing stomach problems, for which I was referred to hospital for an endoscopy in 2015. I believe that I had blood tests prior to receiving the endoscopy.

33. After the endoscopy was performed, the doctor, whose name I cannot recall, gave me a handwritten letter and told me to give it to my GP straightaway. He then said that I had HCV. At that time, I had no knowledge or understanding of hepatitis or HCV.

34. I duly took the handwritten letter to my GP, who said that she wouldn't do anything about it until she received a proper, official letter from the consultant who performed the endoscopy.

35. Once she had received this, my GP referred me to a consultant, whose name I believe was Dr Baker or Dr Barker, at Renacres Hospital, a private clinic, near Southport. This consultant told me not to share towels, toothbrushes or razors with my family. He told me all about HCV and what it meant for my liver. He also said that I need to be tested for HIV.

36. At the same consultation, the consultant asked me if I had any idea as to how I came to be infected with HCV. He asked me all sorts of questions about intravenous drug use, sexual promiscuity, tattoos and other lifestyle choices. I cannot remember in what order these questions were asked but among them he asked me if I had ever received a blood transfusion. I explained that I had received at least one blood transfusion as a result of the RTA in 1983.

37. My memory regarding this consultation and this period is quite blurred, although at some point I was told that I had a very high viral load. The consultant at Renacres Hospital referred me to the liver department at Royal Liverpool Hospital.

38. It took around 3 months to be seen by the Royal Liverpool Hospital liver department. When I first attended this clinic, I was offered treatment right away, I believe because of my heightened viral load. I also had a fibroscan at Royal Liverpool Hospital, following which I was diagnosed with cirrhosis of the liver. Given the urgency in which I was offered treatment, I have to question the 3 month wait to see a speacialist.

39. I began a 12 week course of treatment shortly after this appointment. This consisted of tablets taken daily. I cannot remember how many tablets I took nor what the tablet itself was called. I remember very little about this 3 month period other than the fact that I was on treatment.

40. I do recall that I developed rashes and spots on my face. I also had especially itchy and dry skin, which I still get now. By the end of the treatment, I was tested and told that I was clear of HCV.

41. After clearing the HCV, I began to consider the effects that HCV could have had on my overall health. I firmly believe now, that the symptoms of HCV were masked by the PTSD. Once I was diagnosed and began to learn more about it, I soon realised that I was suffering with HCV symptoms that I had previously attributed to PTSD. In fact, it is impossible to differentiate between them or how much the HCV exacerbated the PTSD symptoms.

42. I am still stuck with a lifetime of tests, scans and medication due to the cirrhosis caused by my HCV infection. I will have tests, blood tests and scans to monitor this for the rest of my life. I have to provide bloods 2 weeks before seeing the consultant. I see the consultant every 6 months, I have a scan every 6 months and I have bone density tests every 2 years.

43. The cirrhosis of my liver has thankfully not worsened since clearing the HCV.

44. I have a range of health conditions and diagnoses, which are listed in exhibit **WITN6209003**. This document shows that my health conditions

include hypertension, osteoarthritis, osteopenia, Gilbert's syndrome and PTSD.

45. This document also notes my fibromyalgia condition which was recently diagnosed. I believe this is directly attributable to my long-term HCV infection. It is also recorded in this document that my previous HCV infection was 'blood transfusion related'.

Section 3. Other Infections

46. I have not received any other infections as a result of receiving infected blood transfusion(s).

Section 4. Consent

47. I did not explicitly consent to being tested for HCV. I believed I was having general blood tests and that this was routine procedure before an endoscopy. My HCV diagnosis therefore came as a complete surprise.

48. I consented to being tested for HIV. Due to my total lack of understanding about HCV, I thought at first that HCV could develop into HIV.

49. I am unable to say whether I consented to any other tests, I simply cannot remember.

50. I am an open book and probably would have consented to all the treatment I received. However, whereas I may have consented to receiving blood to save my life, it is impossible to say whether I would have accepted the risks posed by contaminated blood. It seems I had no real choice.

Section 5. Impact

51. My HCV diagnosis had a devastating impact on me. I felt completely violated, like my whole body had been sucked in; it felt like the end of the world.

52. I was terrified of infecting my family and anyone else. I felt infectious and dirty. After the initial diagnosis, I immediately went home and told Fiona. I explained that I had to be extremely careful and that she couldn't go anywhere near me. I felt filthy and like an outsider from my own family.

53. The impact of this on our family lives was huge. GRO-C GRO-C. It drastically changed my behaviour. I commandeered my own bathroom downstairs and no one else was allowed in there at all; it was completely out of bounds. I had my own coffee cup and double washed everything I used. I was obsessive.

54. GRO-C I was frightened to even touch my wife for fear of contaminating her. Even after clearing the HCV, the psychological impact of being infected persisted for years. It still lingered in my mind and was a constant worry. I did become less obsessive after clearing the HCV but it took a long time to dissipate.

55. I took the infectious element of HCV very seriously. On reflection I went to the extremes to avoid infecting my family, and I regret the impact this had on them all.

56. My social life has been affected by HCV. I used to drink socially and sometimes I would binge drink to block out the thoughts associated with PTSD. I completely gave up alcohol after my diagnosis. I get fed up at going to parties and not being able to enjoy myself like everyone else. I often end up leaving early as a result.

57. I can't focus and consequently struggle to hold a conversation, which also affects my ability to socialise. I have always been a big rugby fan. I used to watch a match and then go down the pub afterwards to talk about it with my mates. I used to have to check the score and the try scorers before walking in the pub because I had already forgotten. I knew someone would ask me and I always felt like an idiot when I couldn't recall what happened in the game. This was incredibly embarrassing for me.

58. I have never stopped Fiona doing anything and going out to enjoy herself, but I feel that my lack of coherence inhibits our social lives when we go out together. A lot of our friends are in education circles and this makes it even more embarrassing that I cannot hold a normal discussion with others. I have learnt to mask my problems by portraying myself as the 'village idiot' and a joker.

59. Some friends have turned their back on me through ignorance of my conditions. They don't understand PTSD and HCV, despite me trying my best to explain it. One friend told me that everyone was struggling to understand me and that I was slurring my words. I would often respond to a question minutes later, and it took me a minute or two to recognise a joke and laugh along to it. My brain fog has forced me to become the clown to make up for my lack of cognitive abilities.

60. I felt there was a stigma associated with HCV. I didn't want to tell people as a result. I had to tell my two sons GRO-C. However, I didn't feel the need to tell anyone outside of my immediate family. When I told my sisters and mother, there was no adverse reaction. Fiona told her parents and she does not recall any adverse reaction from them either.

61. I felt unable to tell my friends and neighbours about my HCV infection. I feared that they would judge me. They all knew that something was going on because of my behaviour and unusual reactions in social

situations, which was all caused by brain fog. I never took it upon myself to explain this as I didn't feel able to.

62. I saw a private counsellor for a number of therapy sessions. This was funded through the PTSD Resolution charity. I enclose a letter from my counsellor summarising my mental health problems as exhibit **WITN6209004**. This letter details my 'high levels of anxiety, avoidance of social situations, anger, intrusive memories, negative thinking and mood, high level of emotional arousal, suicidal thoughts and consistent insomnia.' It also discusses my 'chronic fibromyalgia syndrome' which is 'aggravated by chronic liver disease from Hepatitis C'.

63. I continue to suffer with fatigue. This is associated with fibromyalgia, which as stated above I believe to have been exacerbated by HCV infection. I get tired very easily and feel 10 years older than I really am. I feel a lot worse than I look sometimes.

64. My liver damage and cirrhosis has caused me to put on weight. I understand that this is because the hormones created by the liver are not sufficiently clearing the salts in my body, which is resulting in weight gain. This frustrates me because I take pride in my physical appearance, fitness and diet.

65. I also have vitamin D deficiency, which has been directly impacted by HCV. This was first diagnosed around 2 years after my HCV diagnosis. Regardless of how much sun I am exposed to, my vitamin D levels do not recover. I am outside a lot and exercise regularly, but this has not benefitted my vitamin D levels.

66. Although my liver cirrhosis is stable, I am aware that things can develop and worsen at any time. My liver is at a stage where it manages itself and is functioning although it won't improve. Just one drink could make it worse.

67. My wife Fiona has suffered immeasurably as a result of the combined effects of my PTSD and HCV. I have enclosed a letter Fiona wrote to a

War Pensions Tribunal in January 2022, that outlines the impact HCV has had on both of us (exhibit **WITN6209005**). Fiona recalls better than me how my physical and mental conditions have worsened since my HCV diagnosis. I wish to highlight the following sentence: *'These details have definitely deteriorated quite severely in the past five years, but I am able to see that the decline in Pete's health and well-being accelerated from the time of his Hepatitis C diagnosis.'*

Section 6. Treatment/Care/Support

68. I should point out that the period between diagnosis and clearing HCV was very short and so offering reduced scope for adverse experiences associated with HCV.

69. I have not faced any difficulties in obtaining treatment, care or support in consequence of my infection with HCV. This extends to my dentist, who was completely fine and understanding of my HCV infection.

70. Counselling or psychological support has never been offered to me in relation to my HCV infection. As previously stated, I received private counselling for PTSD that was paid for by a charity. I have had lots of counselling but none of it has been in connection with HCV, although I believe that my mental health problems were in part exacerbated by my HCV infection.

Section 7. Financial Assistance

71. Someone at the Royal Liverpool Hospital, I cannot remember who, told me a few months after my diagnosis that I could apply to the Skipton Fund. I often mistrust the information I receive so I remember researching it online.

72. At my next appointment, the liver specialist nurse said that I should go ahead and submit an application. She had the forms ready to complete

and said that I could get money for the contaminated blood that I received. After I mentioned my circumstances and how I believe I was infected, the nurse asked me where I was infected and I said it was in Germany. She then said that this wasn't covered by the scheme and I could not apply. This has made me think about other medical procedures, whereby I may have received a blood transfusion and I believe that it is likely that I did when treated for 'pleural infusions' at a BMH in 1983.

73. I also have some fuzzy memory of phoning the Skipton Fund and I think I was told that I wasn't eligible to apply.

74. I was not aware of the English Infected Blood Support Scheme ("EIBSS") and have not applied. I was informed about this by the Inquiry investigator and I do intend to apply. It is unclear which blood transfusion caused my HCV infection. However, it is entirely likely, that I received a blood transfusion at BMH Hannover. This would have been using NHS blood supplies, which would entitle me to financial assistance for my HCV infection.

75. In any event, I was serving in the British Armed Forces when I was involved in that RTA, that should never have been allowed to happen. Even if I was taken to a German hospital and given blood, the medical attention that I received was financed by the MOD. They sanctioned my treatment, I had no choice or decision to make on the matter. In my view it is arguable who was culpable, how I ended up where I did and what was given to me. However, if that was not enough it seem most likely that I was also given NHS blood at a BMH in 1983.

Section 8. Other Issues

76. For many years now I have suffered at the hands of various authorities. I was involved in a near fatal accident involving a grossly overloaded truck when I was in the army, the after effects are still very much with me and my efforts to gain any redress as an individual against the machine

of the Ministry of Defence have proved fruitless and it is unlikely that I will ever get any satisfaction from that aspect.

77. I still suffer with PTSD which, if it was a result of a combat situation would be something I could accept but it wasn't and was wholly avoidable. The addition of HCV over a long time masked by my other mental/psychological conditions, as it attacked my liver only adds to my feeling of helplessness at the hands of the authorities.

78. As a result of the Army truck accident, I know that I received a blood transfusion in a German civilian hospital. After that I had numerous other invasive medical procedures, one of which strongly suggests that I would have been given NHS blood to replace that drawn from me during the procedure in 1983.

79. All I do know for sure is that I contracted HCV from contaminated blood. I may have been infected twice over but I have no way of knowing. Regardless, I was kept in a German hospital paid for by the army/MOD, as a result of a RTA that would not have occurred had the truck not been severely overloaded. As a result, I received infected blood from most likely two blood transfusions. I am disadvantaged by lack of records, the passage of time and my own inability to remember anything that would support any claim that could make our lives easier, as a direct result of my PTSD and the brain fog caused by the HCV and my existing cirrhosis. All of these factors are connected and yet I appear to be caught in the middle with nowhere to go. This simply cannot be right.

80. My view is that it is time for 'the authorities' to finally 'man up', face their responsibilities and pay compensation to those who on the balance of probability contracted infections through bad blood and not to hide behind the lack of records, apparently a result of their own policies of retention and destruction

81. I feel that almost 40 years ago I was victimised twice; By the MOD and the NHS/Department of Health. In both cases they were negligent and

through no fault of my own, I and my family have had to live with the consequences ever since.

Statement of Truth

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

Signed GRO-C

Dated 30/05/2022