

ANONYMOUS

Witness Name: GRO-B

Statement No.: WITN6480001

Exhibits: **WITN6480002**

Dated: 06-09-2021

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 29 July 2021.

I, GRO-B will say as follows: -

Section 1. Introduction

1. My name is GRO-B My date of birth is GRO-B 1959 and my address is known to the Inquiry. I am a retired pipe fitter. I am widowed with one son of 35 years old. He lives elsewhere.
2. I intend to speak about my late wife, GRO-B: W who was infected with Hepatitis C (HCV) following a blood transfusion in 1986. She died on GRO-B 2015 from severe liver cirrhosis. In particular, I intend to discuss the nature of her illness, how the illness affected her, the treatment received and the impact it had on her and our lives together.
3. I can confirm that I would like to seek anonymity.

Section 2. How Affected

4. [W] was born on [GRO-B] 1954 in [GRO-B]. Shortly after leaving school, I started working with my dad in construction. He was a ship builder by trade. We worked all over the country. We had been living in Yorkshire before returning to [GRO-B] in 1982.
5. I met [W] towards the end of 1983. She was working as a psychiatric nurse. We married in [GRO-B].
6. [W] fell pregnant. She was fit and healthy up to this point. She went into labour on [GRO-B] 1986 for 18 hours. I could see that the hospital staff were panicking. They announced that she would require an emergency caesarean as the baby was in distress.
7. [W] was lying in agony on the trolley, ready to go into theatre. She looked like she was at death's door. The staff signalled for her to provide consent to the operation. I asked to sign a consent form on her behalf as she was in visible distress, but they wouldn't let me.
8. Our son [GRO-B] was born on [GRO-B] 1986. The staff allowed me to see the baby but then they announced that he would have to go into ICU straight away. When I visited [W] the next day, she was lying in bed, hooked up to a bag of blood. She told me that she had lost so much blood that it had been touch and go as to whether or not she would survive. After the birth, [W]'s health seemed fine. She was discharged with the baby and everything continued as normal.
9. Many years later, [W] began to feel unwell. She also became diabetic in the early 2000s'. She was frequently going to the hospital but didn't share any details with me. I was also working at the time so wasn't present during appointments. In hindsight, I can only assume that when she was diagnosed with Hepatitis C, that she kept it to

herself. Albeit, I think she might have told her sister [GRO-B] who always accompanied her to hospital appointments.

10. In or around 2012, I had to take [W] to Warrington Borough Hospital. I was under the impression that we were just going to the diabetes clinic. I then noticed that we were in fact in the Hepatitis C clinic. I asked her what we were doing there. [W] informed me that she had been infected with HCV through contaminated blood. I was shocked.
11. [W] very rarely consumed alcohol. She did not smoke nor did she have any tattoos. She did not use intravenous drugs nor had she ever received medical treatment abroad. The only possible route of infection was the blood she was given after the emergency caesarean in 1986.
12. I am not aware of any advice [W] received regarding the risks her infection posed to myself or our son. In 2015, my GP sent me for a test to check whether I had contracted the virus from [W] in all the years that I hadn't been aware of her infection. Fortunately, the result was negative.

Section 3. Other Infections

13. I am not aware of [W] being infected with any infections other than Hepatitis C.

Section 4. Consent

14. As previously mentioned, when [W] was being rushed into her emergency caesarean operation, I believe the staff sought her consent. However, I do not know whether this implicitly included the receipt of blood should it be needed. She was certainly unaware of any risks associated with the blood that she did receive. Moreover, as she was

practically incapacitated, I requested whether I could provide consent on her behalf, but this was not permitted.

Section 5. Impact

15. [W]'s illness and untimely death has had a devastating impact on our family. In the years preceding [W]'s diagnosis, her health began to deteriorate. She suffered from tiredness and lethargy. I think these symptoms must have culminated in her eventual diagnosis.
16. After [GRO-B] was born, she gave up work because I was able to provide for the family. When [GRO-B] grew up, she started doing voluntary work. She had been a care nurse at [GRO-B] Hospital, a psychiatric facility which closed in 1997. She would stay overnight to look after the patients. However, as the lethargy worsened and as her health declined, she was forced to give up work in 2013. At the time, I attributed her symptoms to her diabetes. She couldn't go out and live her life and became housebound.
17. She was always falling over. I don't know what was causing that. I also noticed on a number of occasions that she looked very pale. I was concerned and would ask her if she was okay. However, as she didn't confide in me with her problems, it was difficult for me to know what her medical issues were.
18. In early October 2015, [W] became so unwell that I had to take her to the GP in a wheelchair. The GP urged me to take her to A&E at Warrington Hospital immediately, which was very frightening. She was an inpatient for 3 weeks. Every time I visited, I asked her how she was feeling. She was starting to become incoherent.
19. I asked whoever was working on the ward at the time what was wrong with [W]. One doctor responded, 'how long's a piece of string?' He

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was clearly implying that he didn't know what was wrong with her, however, I found this comment very insulting and dismissive.

20. On the 9 October, the Hospital staff informed me that after a series of blood tests, [W]s condition had improved and she could be discharged. However, I even had to take her home in a wheelchair. I knew that her condition couldn't be that stable if she couldn't even walk! In my mind's eye, I think the hospital realised that they couldn't do anything for [W] and had simply given up. I couldn't understand why they would send a patient home who was clearly unwell.
21. When we returned home, [W]s condition did not improve. I had to request that her sister look after her as I was looking after my dad too. When I finished work, I would go straight over to my dad's house to make his dinner. I knew [GRO-B] would take care of [W] until my return. She also helped to administer the plethora of medications that [W] was required to take.
22. A week later, on [GRO-B] [W] asked me to take her to the hairdressers. She always loved having her hair done. By evening, I knew that there was something wrong as she was experiencing breathing difficulties. I phoned an ambulance. However, by this point I knew that she was gone. She was admitted on [GRO-B] night. She died the following day on [GRO-B] 2015 at 3:30 am.
23. Her death certificate lists severe cirrhosis as a cause of death. This had obviously been killing her for years. As she only enjoyed a couple glasses of wine on celebratory occasions, I cannot conceive of any other cause of such damage than the Hepatitis C, which remained in her system untreated for several decades. I also noticed that cirrhosis was listed twice which I thought was unusual.
24. I understand that the Inquiry has a copy of the death certificate in the Skipton application that I made.

25. [W] died in 2015. It has been almost 6 years since her death. Yet, even to this day, it still hurts. I now take antidepressants for depressive disorder. [W]'s untimely death has affected both my physical and mental health as has the death of my father. I also have diabetes which I am struggling to manage.
26. Only [W]'s sister, [GRO-B] and I knew about [W]'s illness. I don't know why [W] never told me in all the years that she knew she was infected. I think that she was aware of the stigma surrounding the virus and felt ashamed. She had a lot of friends but I don't think anyone else knew.
27. [W] and her older sister [GRO-B] were very close. She always accompanied [W] to her hospital appointments. [GRO-B] passed away 12 months after [W]. I think she died from a broken heart.
28. After [W]'s death, I struggled to return to work. I had to take some time off. Eventually, I was compelled to return as I was manager and had responsibilities. In late 2016, I was forced to retire altogether in order to look after my father as I was his primary carer. He passed away just a few months ago. If [W] had still been alive, she would have been his carer and I could have continued working, but it wasn't to be.
29. Financially, I am struggling. I rely on benefits and survive on just £350 a month. When my father passed away, I had the right to apply for a bereavement fund, to help with the funeral. In the end, I didn't receive much.
30. [GRO-B] who is 35 years old, knows nothing about his mother's illness. He was very close to her. He has had problems with his mental health in the past. I cannot tell him what happened because I worry that it would push him over the edge.

31. After [W] died, she had to be collected from the hospital in a sealed bag. As a result, the funeral director couldn't embalm her. I couldn't even see her at the chapel. I could see the casket but I was told that it would have to remain closed. The last time I saw her was when she died in the hospital. Even in death, she lost all her dignity.
32. [W] should still be here to this day. She went into hospital to give birth to her first child. We were both looking forward to bringing our son into the world and yet she came away with a devastating illness. I still question how this could have been allowed to happen and why they weren't screening for HCV in as late as 1986.

Section 6. Treatment/Care/Support

33. I wasn't happy with the treatment [W] received at Warrington Hospital in the weeks preceding her death. I felt that the Hospital released her home to die. She was unwell when she left the hospital and her condition continued to deteriorate until she was readmitted on the [GRO-B]. She then died the following day. I still question why she was discharged in the state that she was in.
34. I needed answers so I asked my sister's husband, [GRO-B] to write to the hospital as I am not a confident in my writing ability. He received a reply from the hospital that is produced as exhibit **WITN6480002**.
35. I am not aware if [W] was offered psychological support or counselling as a result of her infection with HCV. She certainly never mentioned anything.
36. To the best of my knowledge, [W] never received treatment for HCV. She never brought any medications home nor did she take any injections in my presence.

Section 7. Financial Assistance

37. A nurse at the Hepatitis C clinic at Warrington Borough Hospital directed us to the Skipton fund. I sent off my application. When I sought proof of the treatments [W] received, the hospital repeatedly informed me that their records didn't go as far back as 1986. However, I did include a record indicating that the Hospital had drawn up blood but there was no signature to say that it was in fact given.
38. Skipton declined my application, on the basis that although there were medical notes that blood had been drawn up for transfusion, there was no definitive record that the blood was in fact given. The administrators added that I should contact them again should I find any further documentary evidence.
39. This is obviously an unrealistic expectation given that the Hospital no longer exists and the medical records have allegedly been destroyed. Furthermore, I can distinctly remember [W] receiving blood. There is also no other route in which she would have been infected other than the blood she received in 1986.

Section 8. Other Issues

40. All [W] wanted to do was to have a baby. Yet when she went into Hospital to give birth to her first son, she came away with a fatal illness. When she depended on the Hospital in her final days, they simply released her home to die. The use of contaminated blood has impacted everybody's life. This should never have happened.

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Statement of Truth

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

Signed

GRO-B

Dated 06-09-2021