

ANONYMOUS

Witness Name: GRO-B

Statement No: WITN1135001

Exhibits: WITN1135002

Dated: March 2020

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF GRO-B

I, GRO-B will say as follows:-

Section 1. Introduction

1. My name is GRO-B I was born on GRO-B and I live at GRO-B.
GRO-B
2. My son, GRO-B: S (born on GRO-B 1976), was co-infected with the with the Hepatitis B Virus (HBV), the Hepatitis C Virus (HCV) and the Human Immunodeficiency Virus (HIV) from contaminated blood products. He had a brain haemorrhage and died on GRO-B aged 28.
3. This witness statement has been prepared without the benefit of access to S's full medical records.

Section 2. How Affected

4. S had severe Haemophilia A, diagnosed at 10 months old. His diagnosis came as a surprise as there was no known history of haemophilia in the family.

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5. [S] was treated at the North Staffordshire Haemophilia Centre (NSHC) at the Royal Stoke University Hospital under the care of Dr [GRO-B]. He was treated with cryoprecipitate until 1982.
6. In 1982, whilst we were away from home in Norwich, [S] had a bleed and was treated with Factor VIII (FVIII) concentrate at hospital in Norwich. Shortly thereafter [S] became unwell and had jaundice. He was diagnosed with HBV.
7. When Dr [GRO-B] learned that [S] had contracted HBV, he was quite cross about it. I remember Dr [GRO-B] saying that that *he* personally wouldn't have treated [S] with FVIII concentrate. However, given that [S] had already been given FVIII, it was best that the NSHC continue with the treatment. We were told that FVIII was a better treatment than cryoprecipitate. The thinking behind the decision to continue with FVIII treatment appeared to be that the damage (in [S] contracting HBV) had already been done. There was no mention of HIV or HCV at that time. I do not think that Dr [GRO-B] knew about them. We were not pre-warned of the risk of any other form of infection from FVIII concentrate either.
8. Some time in or around the mid 1980s Dr [GRO-B] told me that [S] was HIV positive. [S] had regular blood tests but I had no idea that they were testing [S]'s blood for HIV. I was told at a routine appointment. I had to go home and tell my husband, [GRO-B] and he, like me, could hardly believe it.
9. We were not given much advice and/or information about managing the infection. We were administering [S]'s FVIII concentrate to him at home and we were told to be careful to avoid spreading infection through pricks from the needles and the like. We always were careful anyway.
10. I remember that I became extremely fussy about the source of the products [S] was being treated with after that although the damage was already

done. I would say 'we don't want any of the American stuff, just the British/NHS stuff please'. [S] was treated with products made by the Armour Pharmaceutical Company between 1982 and 1986. I refer to Exhibit WITN1135002 being a copy document returned to me after the USA litigation with the relevant entries highlighted. I assume that they are the batches likely to have infected my son.

11. I knew nothing about [S]'s HCV infection for many years. [GRO-B] died from cancer in 1992 and we didn't know about it then. I think I found out quite a while after that, probably in the mid to late 1990s. I remember that [S] was feeling very unwell and they sent him for a liver scan. He was then sent for a liver biopsy at Birmingham, where it was identified that [S] had liver cirrhosis.

Section 3. Other Infections

12. [S] received a letter notifying him that he was at risk of having been infected with vCJD through contaminated blood products.

Section 4. Consent

13. I wasn't asked whether [S] could be tested for HIV.

Section 5. Impact of the Infection

14. We didn't tell [S] that he was infected with HIV until he was 13 years old. It was a very difficult conversation to have to have with our son. He was never able to cope or come to terms with the diagnosis (as also vocalised by Dr [GRO-B] to me very many years later). [S] just went to pieces. He hung out and stayed out with his friends from the village and they took drugs together.

15. When [S] turned 18, he was entitled to (and got his hands on) the £20,000 the Government had held back for him from the original payment through the MacFarlane Trust. His drug use had escalated and he had progressed to heroin by then. He spent the money on heroin and other drugs as well as cars that he kept crashing. The only thing [S] didn't do was to inject heroin into his veins because he knew he needed his veins for the FVIII treatment. Dr [GRO-B] knew that [S] was on heavy drugs and [S] stopped attending his appointments and having blood tests done because the drugs could be identified in his blood.
16. When [S] had a car crash, leaving him and one of his friends hospitalised, his HIV diagnosis leaked out and the news started to spread as a rumour in the village. [S] managed to squash the rumour but he lost friends at that time.
17. [S] spent all his money on drugs. I even ended up doing drug runs for him because I was so fearful that he would end up in prison. He was still having bleeds: he was HIV positive and was addicted to illegal drugs. I couldn't allow him to end up in prison. I ended up in debt and my life was put on hold for him. It was terrible and that is how it all continued until [S] passed away.
18. I would emphasise that [S] was always a lovely boy and everybody said so. He was very thoughtful and he never did anything wrong. Whilst he ended up with a drug addiction and had spent all his money on drugs, he knew where to draw the line and never stole from anyone or anything like that. He was clean and wore high quality clothing. He understood and appreciated me too for doing everything I could to, in his words, 'stand by him'.
19. I paid privately for [S] to see a psychiatrist in my attempt to help him psychologically. She managed to get [S] onto methadone but he wouldn't open up to her with his inner thoughts and feelings. She eventually pulled me to one side and told me that (apart from the methadone

prescription) there was nothing she could do. She said to me that he is just the loveliest person but he will only talk about every day/ordinary things of interest to him like cars.

20. The morning [S] died I heard a massive crash from his bedroom. His face had dropped on one side and I said to him 'I think you have had a stroke'. I called for an ambulance and he was placed on life support. By 6 pm he was dead after the decision was made to switch his support off. He didn't want to go on and I took some comfort in knowing that he was no longer in pain and suffering. He had a real fear of ending up dying like one of the AIDS victims visited by Princess Diana. He had lost so much weight and had become chronically depressed. They told me at the hospital that, had he survived, he would have been in a terrible state. There was no chance of them stopping the bleeding from the brain haemorrhage.

21. No-one locally knew that [S] had HIV and he would have hated for people to know. It is important to me that I make this Statement on an anonymous basis for that reason. I have kept it all to myself. I have two daughters and only one, the eldest, knows that [S] was infected with HIV. My younger daughter has a big mouth. She also resented the fact that [S] monopolised so much of my attention and she couldn't understand where he got his money from. She was a handful in herself and had a few tantrums about it. I now have grandchildren and they go to school with the children of people I know well from my village as I still lived there. I wouldn't want my grandchildren being affected at school.

22. I have had to live a lie since the mid years. Even now someone will make a comment about the 'bad time' I had with my [S]. In referring to [S]'s drug habit they are ignorant to just how much he suffered mentally. [S] had the world on his shoulders. I have lived a solitary life since and am now only really emotionally connected to my grandchildren.

Section 6. Treatment/care/support

23. [S] resisted attending his hospital appointments. I managed to get him to his appointments for a short period of time. Dr [GRO-B] wanted [S] to have HCV clearing treatment. It was complicated because of his HIV medication and because [S] was still taking drugs on the side. He became very ill and he could only endure the HCV treatment for two weeks. After that, [S] refused to go anymore. He didn't want to know.

24. [S] was never offered any psychological support. As mentioned, I paid privately for him to have it.

25. I was never offered any counselling or psychological support.

Section 7. Financial Assistance

26. As mentioned, [S] received financial assistance through the MacFarlane Trust. When [S] received the £20,000 stage 1 Skipton Fund payment, I made sure he repaid his debt to me.

27. I haven't had any issues with the trusts and funds. After [S] died, I received the stage 2 Skipton Fund payment posthumously. I shared the money with my two daughters. I have also received a means tested monthly allowance available to widows and carers.

28. The only thing I took issue with was the proposal that the funds held by the MacFarlane Trust be made available to the Terence Higgins Trust (which doesn't cover haemophiliacs). The MacFarlane Trust wanted to send [S]'s notes to the Terence Higgins Trust which I refused. A lot of money was sent to the Terence Higgins Trust and it shouldn't have been.

Anonymity

29. I wish to remain anonymous.

30. I do not want to give oral evidence to the Inquiry.

Statement of Truth

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

Signed..... GRO-B

Dated..... *2.4.2020*