

19 FEB 2019

Witness Name: Daniel Aaron POOLE

Statement No.: WITN06570002

Exhibits: WITN06570003 – WITN06570004

Dated: 8.2.2019

## INFECTED BLOOD INQUIRY

---

### WRITTEN STATEMENT OF Daniel Aaron POOLE

---

I provide this additional statement in response to a request under Rule 9 of The Inquiry Rules dated 28<sup>th</sup> November, 2018.

I, Daniel Aaron POOLE will say as follows: -

On 7<sup>th</sup> February 2019 I submitted a signed witness statement to The Infected Blood Inquiry concerning my having been infected with Hepatitis C as a direct result of my having been treated, as someone with haemophilia, with a contaminated blood product(s).

In addition to my statement, and in support of the content of the same, I would now like to produce, as exhibits, documents in support of my medical situation and treatment, together with my experience of the English Infected Blood Support Scheme, as follows:

#### **Exhibit WITN06570003**

Correspondence between myself and the EIBSS regarding my application and grounds for the same (detailing illness(es), treatment, side effects and impact); appeal against a ruling against me as regards a Special Category Mechanism



(SCM) payment; and position of the EIBSS as regards that appeal – all now provided to demonstrate difficulties I have encountered through the application process.

**Exhibit WITN06570004**

Extracts from my medical record including medical summaries which had been provided to assist with my having applied for support, together with evidence of the effects, side effects and other conditions I experienced. In particular, a letter from an associate specialist at the Centre for Haemostasis & Thrombosis, confirming my infection with Hepatitis C having originated from use of contaminated blood products and efforts made to rid me of this ailment – over the period 1996 – 2001, and the side effects of such, i.e. depression and low moods, emotional liability, numbness and pins and needles, tiredness and a lack of energy, experiencing flu like symptoms, back pain and tummy aches across this five year period. It also includes a letter to my employers, showing the treatment I was receiving, its likely side effects and the fact that there was no risk of infection from me to any work colleagues.

**Statement of Truth**

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

Signed 

|       |
|-------|
| GRO-C |
|-------|

Dated: 8/2/2019

