Witness Name: GRO-B
Statement No: WITN0670001
Exhibits: WITN0670002 - 04
Dated: 30 JULY 2019

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 5 March 2019.

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

Section 1. Introduction

1. My name is GRO-B. My date of birth is GRO-B 1952 and my address is GRO-B I live with my wife whom I married in GRO-B In my statement I will describe the trauma I experienced to discover that I had Hepatitis C (HCV) and as a result, the treatments I received. In particular, I will explain how I believe I came to be infected with HCV, the consequences of having the virus and the impact it had on myself and my wife.

Section 2. How Infected

2. On 26 December 1969 I was involved in a road traffic accident (RTA) in which I suffered severe facial fractures, fractures to my left clavicle, severe lacerations to my right knee and 3-inch lacerations to my liver. I shattered all my teeth and nearly bit my tongue in half.

3. The RTA was directly responsible for the extraction of all my teeth some 10 months after the accident. I have since worn dentures and have no need to visit a dentist.

4. Following the RTA I was taken to GRO-B Hospital in GRO-B. I was told that I was given a blood transfusion as part of my emergency treatment. I would not have been aware of having a blood transfusion that night as I have no memory of events after about 11:30pm because I was traumatized by the severity of the accident, and after three emergency operations I was sedated for about a week. I believe I was infected with HCV by this transfusion. My mother has confirmed that I received a blood transfusion following the RTA and that neither she nor my father were asked for their consent prior to the transfusion. There was not enough time to ask their consent as I was facing a life-threatening situation requiring emergency treatment in the early hours of the morning.

5. I have been told by GRO-B Hospital Trust that my medical records for my admission and subsequent treatment would have been destroyed when GRO-B Hospital closed and was demolished in 1994/5. As a result, I have no evidence to confirm that I received NHS blood in December 1969 (**W0670002**). I have tried to obtain my medical records that may still exist to confirm I had a blood transfusion in 1969, but without success. (**W0670002**)

6. However, my Consultant transplant hepatologist at Addenbrooke's Hospital, Dr GRO-B has written to confirm that in his view the balance of evidence is clearly in favour of me receiving a blood transfusion for the injuries I sustained in the RTA. (**W0670004**)

7. Additionally, according to **The Truth About Hep-C**, *"the maximum surgery blood order schedule (MSBOS) shows the largest unit usage of blood for transfusion during surgery is for liver operations (2 to 6 units) and facial reconstruction would also be a consideration. When blood is 'group screened 'n held' (gsh) it is used about third of the time so the probability is pretty overwhelming a transfusion took place"*, in my case.

8. Many years later, on 16 September 2002, I was not feeling well so I called my GP who, on hearing my symptoms told me to go immediately to the nearest A & E department. I was living near GRO-B at the time so I went to Kent and Sussex Hospital in Tunbridge Wells. While I was waiting in the A & E department I collapsed with liver failure.

9. On admission to the hospital I was told that my liver was irreparably damaged due to excessive alcohol consumption. I was also told I needed a liver transplant. My wife told the doctors at Kent and Sussex Hospital that alcohol was an unlikely cause of my liver failure because I did not drink excessively. However, the doctors at the hospital would not listen to her and insisted alcohol was the cause of my liver failure. I was never tested for HCV whilst at Kent and Sussex Hospital nor have I ever been told why I was never tested. The doctors at Kent and Sussex Hospital knew I had severely damaged my liver in a RTA in 1969 but made no effort to discover if that was the pathway of my infection. I had many blood tests at the Kent and Sussex but I was never told what the tests were for. I assumed they were routine blood tests because of my liver failure. I never received any results from those blood tests. Dr Adam Harris, Consultant Gastroenterologist had ultimate responsibility for my care and must be accountable for the fact I was not given a blood test for HCV whilst I was being treated by Kent and Sussex Hospital. Had I been given the appropriate test for HCV it would have established I had contracted the virus and it would have shown that HCV infection was the reason why I had collapsed with liver failure. He must also be responsible for the fact no investigations were undertaken to establish the reason why I had collapsed with liver failure

on 16 September 2002. As Consultant Gastroenterologist responsible for my treatment he must also be responsible for the delay in my receiving the prescribed treatment for HCV at King's College Hospital because it was (wrongly) assumed I was an alcoholic.

10. After about 6/7 months I was admitted onto the liver transplant list at King's College Hospital in London. In May 2003 I attended the liver transplant clinic at Kings to have blood tests to assess my suitability for a transplant. Shortly after the tests were analysed, I was leaving the hospital after another clinic appointment when a junior doctor approached me in the hospital corridor and informed me I had contracted HCV. I found out at a later date I was genotype 3.

11. I was told about my HCV diagnosis, as mentioned in the previous paragraph, in a very unusual way. The junior doctor from the hepatology clinic (mentioned above) stopped me in a corridor at King's College Hospital as I was leaving after a routine clinic appointment. She asked me if I had ever used drugs intravenously. I said, "yes, many years ago...why?" and she replied, "because you have hepatitis-C". I wasn't shocked by this news but merely surprised as I had recently survived losing my life several times. I can't remember any more of the conversation but I'm certain I received no further information about HCV from this person whose name I didn't know. I went home and told my wife the information I had just received.

12. I find it extremely revealing and a matter of concern that the first question I was asked by this junior doctor was if I had ever used drugs. She made no effort to establish if I had received a blood transfusion as part of my treatment even though the doctors at Kings College Hospital knew I had been in a car accident in 1969 and my liver had been severely injured. She did not question me as to any previous blood transfusions I may have received for any other illness/injury. It's as if the default explanation for anyone infected with HCV is intravenous drug use and there seems to be a conspiracy of silence about other

means of transmission of the virus particularly by a blood transfusion. Indeed, it would seem this apparent denial of alternative vectors of transmission of HCV is a small part of the infected blood 'cover up' adopted by NHS clinicians and administrators.

13. I should have been devastated by this revelation but as I had already nearly died several times and had suffered a number of episodes of encephalopathic coma due to liver failure, I was simply surprised at the news. Only later was I extremely resentful and very angry at having been told I had contracted HCV in such an offhand and inappropriate manner. Now, in 2019, I am furious that I was treated with such a cavalier attitude. It's as if I wasn't deserving enough to merit being given such life changing information by a Senior Consultant in a more appropriate setting.

14. I was not given any other information about HCV at the time and I believe that King's College Hospital should have provided me with any and all information about HCV that would have been available in 2003.

15. To be told that I had HCV by a junior doctor in a hospital corridor was an abysmal failure of care and astonishingly unprofessional. To have such devastating news reported in such a manner amounts to emotional and mental abuse and assault against the person as far as I am concerned. I have never received formal notification of the diagnosis of the HCV infection.

16. I was not given any information about the risks of infecting other people with HCV and neither was my wife given any information regarding the possible risks of contracting HCV herself. This is a worry for both of us because my wife has never been tested for HCV or any other infection associated with contaminated blood.

17. In December 1975 at age 23 I had a very brief episode of intravenous drug use when I took amphetamine sulphate about 4 or 5 times.

18. If other people, who were treated at GRO-B Hospital in 1969/70, were infected with HCV through blood transfusions then there may be a chance that I was infected in the same way. If it could be established that there is a cluster of HCV infected patients from around the same time in the GRO-B area then it would go some way to confirm that, on the balance of probabilities, I was infected with HCV through the NHS blood I received.

Section 3. Other Infections

19. In 2012 after a routine blood test I was diagnosed with severe diabetes. I believe that it is highly possible that my diabetes was caused by taking Tacrolimus because immunosuppressant drugs, such as Tacrolimus, are known to raise blood glucose levels. I also suffer from hypertension which has been shown to be linked to Tacrolimus.

20. When I was diagnosed with diabetes in 2012 it was so severe I was admitted to Addenbrooke's Hospital for a week so my condition could be stabilised. I was then prescribed insulin to be administered by injection twice a day. This regime continued for some years.

21. Today I take Metformin (2000 mg/day) to control my diabetes. I have my eyes tested once a year for diabetic retinopathy and a blood test twice a year to check my blood glucose levels, kidney function and cholesterol levels. I also suffer from high blood pressure, probably due to my diabetes and having to take Tacrolimus, which is controlled by Losartan, Bendroflumethiazide and Lercanidipine. It is clear that having to take Tacrolimus has probably affected my blood glucose levels and blood pressure. Twice a year I have blood tests to check my liver is functioning effectively. Periodically I also have an ultrasound examination to check for liver cancer and any other abnormalities in my liver. I get extremely anxious for several days before I have this particular suite of blood tests and the ultrasound scan for fear of finding

I have been re-infected with HCV, I have liver cancer or some other debilitating condition.

22. I also suffer from psoriasis, probably caused by my HCV infection. This is controlled with Diprosalic ointment.

23. I would also like to say I suffer from memory loss and have put always this down to the encephalopathic comas I suffered in 2002/03 but it now seems to me that it is possibly the result of the HCV infection I had contracted in 1969.

Section 4. Consent

24. When I found out that I had HCV I did not know that I had been tested for HCV and therefore had been tested without my consent. The HCV blood test was a part of the routine assessment for admission onto the liver transplant list at King's College Hospital but I did not know, nor was I made aware that being tested for HCV was a part of that assessment. I do not know if I had, or subsequently have been tested for the purpose of research.

25. I do not know if I have ever been tested for other illnesses such as HIV, AIDS or Creutzfeldt-Jacob disease (vCJD). If I have been tested then I have never been told about these tests and I have never given consent for them to be administered.

26. I cannot recall consenting to a blood transfusion on the night of 26 December 1969. Apparently, when I arrived at the hospital, sometime after midnight, I was conscious but have no memory of events from about 11:30pm on the 26 December to about 2 January 1970. I was traumatized by the accident and was kept sedated after my operations. My mother has confirmed that neither she nor my father were asked to give their consent for the blood transfusion nor told of any possible side effects or risks from a transfusion. There was not enough time in the

early hours of the morning to seek their permission because I faced a life-threatening situation requiring emergency surgery.

Section 5. Impact

27. Prior to September 2002, apart from the car accident, I have never been seriously ill or suffered any debilitating illnesses. I have however suffered from intermittent periods of depression all my adult life. When I collapsed on 16 September 2002 I nearly died. I remember this incredibly awful sensation of being so very ill and feeling like I was about to die – which I very nearly did several times in the following weeks and months when I suffered from hepatic encephalopathy and a variety of bacterial infections. On occasion I would become incredibly nauseous for several days at a time with periods of vomiting that would leave me exhausted and debilitated. I could not work and was too ill to leave the house. I had severe night sweats for many weeks and sometimes I was so hot I had to cover myself in a bath towel soaked in cold water to obtain some degree of comfort. At other times I felt so cold I wore several layers of clothing and sat as close to an open fire as I could. I suffered from insomnolence for several months and experienced considerable weight loss due to loss of appetite.

28. I had so many blood tests that it eventually became difficult for phlebotomists to find my veins and I became fearful of having my blood taken. At times it was painful and often several venepunctures were required to obtain a sample. One night, whilst in a coma at Kent and Sussex Hospital, I ripped all the intravenous lines out of my arm which subsequently became so badly bruised it was black and blue along its entire length.

29. On multiple occasions I had hepatic encephalitis. I had to be taken to hospital by emergency ambulance each time I had an encephalopathic episode and had fallen into a coma. I had many unpleasant hallucinations during these episodes. One event was so severe I was

admitted to the Intensive Care Unit (ICU) of the Kent and Sussex Hospital because the doctors thought that I might die. Whilst I was unconscious and on a life support system my wife was told initially not to expect me to live through the night. Appallingly, it was suggested to her that I be taken off life support because, for some unexplained reason, the consultant in charge of the ICU thought I would not regain consciousness. Obviously, his astonishing suggestion was ignored and I am still here to make this statement. It was never explained to me by the Kent and Sussex Hospital or the ICU consultant why he thought I would not regain consciousness and had suggested I should be taken off life support. I do not know the name of the consultant who suggested the termination of my life support.

30. I became extremely unsteady on my feet on regaining consciousness from the many encephalopathic comas I suffered and had to be physically supported in daily tasks – washing, shaving, personal care, walking upstairs, crossing the road etc. On one occasion on waking from a coma I had lost the ability to read and write because my brain had ceased to recognise letters (hence words) and numbers. I re-learnt the shapes of letters and numbers by starting stamp collecting. I could recognize many stamps from their design so knew the name of the country on the stamps and consequently learnt letters and numbers again by a process of deduction.

31. On 2 or 3 occasions I developed severe GRO-B ascites (swollen abdomen) that had to be drained at the Kent and Sussex Hospital and on another occasion at King's College Hospital.

32. After my initial liver failure in September 2002 I was mentally unwell for several years and was prescribed anti-depressants. I became moody and difficult to live with although my wife remained supportive and caring throughout and continues to be so. I am eternally grateful for her love, care, support and generosity as without her I'm sure I would not have survived. When she married me she did not sign up for any

of this horrific nightmare and I will never be able to thank her enough for what she has done for me. I owe her my life.

33. By the time I got to King's College Hospital in 2003 the ill health I had been suffering from because I had HCV had abated somewhat. It was at King's College Hospital that I found out the symptoms I had recently experienced had been caused by HCV infection leading to cirrhosis and end stage liver disease.

34. Whilst the Senior Consultant and his clinical staff at King's College Liver Unit were supportive and caring, the Liver Transplant Co-ordinators attached to the Liver Unit were extremely condescending and arrogant. Both myself and my wife were spoken to in a very patronizing manner as if we were children and not adults with a university education. My health improved somewhat in 2004 and I was removed from the transplant list at King's College Hospital.

35. I began living in GRO-B in 2005 and my care was transferred to Addenbrooke's Hospital. From 2005 to 2009, on many separate occasions, I had several units of blood transfused into me when my haemoglobin levels fell dangerously low. I received several sessions of endoscopic laser surgery to the lining of my stomach to stem the chronic bleeding which was responsible for my low haemoglobin. I was admitted onto the transplant list at Addenbrooke's towards the end of 2008. In the 8 or 9 months preceding my transplant I again suffered from increasingly severe ascites which had to be drained regularly – up to 14 litres at a time. My abdomen was swollen so badly it appeared I was heavily pregnant, my legs and feet were swollen so badly I could not wear my shoes and my genitals had swollen to the size of a large grapefruit. Not only was it extremely uncomfortable and painful but it was immensely depressing to be incapacitated in such a way and distressing for my wife to see and care for me in such a condition.

36. When I was offered a transplant in June in 2009 there was not a lot of time to think about it as I was in the hospital at the time having my ascites drained when I was informed a liver was available if I wanted it. I didn't really have time to consider the impact the transplant would have on my life after the operation as I needed to give an answer there and then. I had been unwell for nearly seven years so I felt that I had to seize the opportunity to have the transplant once the possibility presented itself. My rationale was that I needed to have a transplant because without one I would die.

37. Of course, I am thankful that I had the operation, but I wish I had received more information about the amount of pain I would experience after the procedure and the amount of care that I would require while recuperating. Additionally, I wish I had been told of the possible side effects of taking immunosuppressive medication particularly those of diabetes and hypertension.

38. After I had my liver transplant I was prescribed Tacrolimus. The purpose of this drug is to reduce the risk of organ rejection after a transplant. I believe that the combination of Tacrolimus with the anti-depressant medication that I was taking at the time had a dramatic impact on my mental health in that my depression deepened.

39. Alarmingly, 4 or 5 months after my liver transplant I had a psychotic episode and tried to kill myself. I believe this psychotic episode was caused by the combination of the medications I was taking.

40. During this psychotic episode I cut my wrist with a knife. My wife had to wrestle the knife from me and ask a neighbour to call an ambulance.

41. I was taken to Addenbrooke's Hospital in Cambridge. At the hospital I had to undergo four hours of surgery to my wrist because of the damage I had sustained.

42. Following surgery on my wrist my wife felt I was too unwell to return home and she had to persuade the hospital staff at Addenbrooke's to admit me to a psychiatric unit. I was sent to GRO-B Hospital in GRO-B where I remained for several days. My wife was extremely upset and distressed as she felt the hospital staff were trying to dismiss me rather than help me.

43. I have no recollection of the problems my wife experienced in trying to arrange my care at a mental health unit and I was only made aware of what happened after I had been admitted to GRO-B Hospital.

44. Once discharged from GRO-B I had a community support plan where a mental health nurse would come visit me at home. At first the visits were daily, but overtime they were reduced to twice a week when the nurse was replaced by a mental health support worker whose visits became less frequent until they ceased some 6 months later.

45. The combination of Tacrolimus and my anti-depressants continued to affect my mental health until the end of 2013 when my prescription was changed from Tacrolimus to Sirolimus, which is another immunosuppressant drug. As soon as I started taking Sirolimus I experienced a complete change in my mood. The improvement in my mental health was dramatic and I am at a loss as to why my GP or hospital consultant did not change my medication sooner. I eventually stopped taking anti-depressant medication in early 2014.

46. In 2015/2016 I sustained an abdominal hernia on the site of my transplant operation scar and my consultant told me that because Sirolimus would inhibit the healing process after the hernia repair I had to begin taking Tacrolimus again. I was prescribed Tacrolimus about six weeks before I had the hernia operation. I did not experience the adverse reaction to Tacrolimus as I had done previously and I have continued taking it since the hernia repair procedure.

47. Being infected with HCV has been very stressful for my family as my wife has had so much caring to do for me physically, mentally, emotionally and financially. Without her care and support I am certain that I would have died. Not only has she had to cope with my anger and resentment at being infected with HCV, she has also had to help me repay the considerable debts I acquired after I fell ill. I think I had tried to compensate for my near demise by spending money on things I neither needed nor could afford in what I believe was a 'coping' strategy.

48. My wife feels that she has not been able to see friends and family due to her responsibilities as my carer. Her father died in 2002 and she was not able to spend a lot of time with him before he died because we were living and working in Kent. Since his death she has tried to spend as much time as possible with her mother but has found it difficult to find opportunities for such visits because of her work commitments and caring for me. She also has two nieces who she has been unable to visit due to my illness.

49. I have played drums since I was 15 and have been in bands performing at venues all over the country. After I collapsed with liver failure in 2002 and had been diagnosed with HCV in 2003, I stopped performing. I was just too ill to physically play my drums or load them in the car and then drive to a gig (engagement). I have not performed since.

50. My social life deteriorated as well because I was often too ill to go out to see family and friends or to partake in any social activities.

51. I was unable to drive a car whilst I was ill and because of my illness and lack of confidence I still do not drive any great distance. Additionally, I have lost my confidence in socialising and find it difficult to be in crowded places. I stay at home a great deal and can feel isolated at times.

52. Because of my ill health my employment with the Civil Service was terminated in 2004 and I have suffered considerable financial difficulties as a result. I have not worked since then and that has put an enormous strain on my marriage both emotionally and financially.

53. My unease in crowds is one reason I will be unable to attend Inquiry engagement meetings and interact with other people who have been infected by HCV.

54. I have never felt any stigma in relation to my HCV but that is because I did not tell anyone I was infected with HCV apart from 1 or 2 close friends. I have not experienced any stigma regarding dental treatment because I have dentures and do not need to attend a dentist.

55. I did experience unpleasant and discriminating behaviour from the doctors at Kent and Sussex Hospital who, because of their incorrect diagnosis of 'alcoholic liver failure' decided I was an alcoholic and so failed to treat me with due care and consideration. I was under the care of Dr Adam Harris Consultant Gastroenterologist at Kent and Sussex Hospital. I hold him ultimately responsible for deciding I was an alcoholic when the correct blood test would have shown, had it been administered, I was infected with HCV and that was the reason for my liver failure.

56. In 2002, after my initial collapse with liver failure, my wife had trouble trying to convince the doctors at Kent and Sussex Hospital that it was not alcohol induced. She felt that none of them would listen to her even though she repeatedly told them that I was not an alcoholic and had many arguments with them about their incorrect diagnosis. Dr Adam Harris may be able to explain why he and his colleagues ignored my wife's protestations as he was ultimately responsible for my care.

57. The doctors at the Kent and Sussex Hospital thought I was an alcoholic and treated me like an alcoholic. They treated my wife with contempt and distain when she argued with them incessantly that I did not drink excessively. Her remonstrations and arguments were ignored and their incorrect diagnosis of 'alcoholic liver failure' remains in my medical records. I am in the process of trying to amend this erroneous record but so far without success. I do not understand why Dr Adam Harris and his colleagues treated my wife with such disrespect and why I was mis-diagnosed with 'alcoholic liver failure' when a simple blood test would have shown I was infected with HCV.

58. There was an unpleasant and malodorous stigma attached to my supposed alcoholism and it affected the way the doctors treated my wife, which is why they didn't believe her when she argued that I was not an alcoholic. I do not know why Dr Adam Harris or his colleagues did not believe my wife when she told them I was not an alcoholic but I would like him to clarify his reasoning and explain the diagnosis of 'alcoholic liver failure' that appears on my medical records

59. While I was waiting on the transplant list for a suitable liver I was given a bleeper to alert me should a suitable organ become available. My wife and I experienced some stress while waiting to be called when a liver became available. We were advised not to venture very far from home during that time and we were always anxious as the call could come at any time of day or night.

60. I used to study with the Open University but decided to defer my studies at the end of 2001 because I wanted to focus on my new job in the Civil Service. However, after suffering from liver failure in 2002 and the loss of my employment in 2004 I was unable continue my studies due to ill health and my inability to afford the fees.

61. In 2004 I was dismissed from my job in the Civil Service due to my ill health. My employers did not consider I was ill enough to warrant early retirement on health grounds. I was not given a reason for their

decision. I was never well enough to work again and to this day I am still unable to find work because of my poor health record. This has had a serious financial impact on both myself and my wife.

62. I used to claim Incapacity Benefit but when that ceased in 2007 all I have had to live off is a small company pension. This has placed considerable financial pressure on my wife as she has been responsible for paying not only the mortgage but also nearly all of our other household bills and expenses.

63. Some effects of having HCV infection can be loss of concentration, loss of memory and a phenomenon sometimes referred to as 'brain fog'. When I was involved in the RTA in December 1969 I had recently passed 8 GCE 'O' levels and I had commenced studying 3 'A' levels in September 1969. I expected good grades in the subjects I studied and I had aspirations to apply to read Geography at Cambridge University. After the accident I was absent from school for 2 terms and missed so much coursework I had to drop one subject. I felt I didn't have the intellectual resources for the amount of studying required for 3 subjects or have the concentration and mental strength required to catch up on the coursework I had missed. Following nearly two years of study I failed the 2 'A' Levels I did take and always put that down to the trauma and repercussions, both physical and mental, I suffered from following the car accident. However, I have recently come to realize that it may have been the effects of having HCV that were the reasons why I found it hard to study and subsequently failed my 'A' levels and did not take up a place at any University.

Section 6. Treatment/Care/Support

64. When it was discovered by King's College Hospital in 2003 I had been infected with HCV I am not certain they knew I had received a blood transfusion in 1969. When they asked me how I got my scar on my stomach (which was from the repair to my lacerated liver) I cannot

recall if I told them I had received a blood transfusion. They certainly knew I had been seriously injured in a RTA and had suffered internal injuries as a result. They offered me no help or advice in tracing information or hospital records relating to blood transfusions or any other vector that may have been responsible for my infection.

65. I was unsuccessfully treated with Interferon and Ribavarin between 2007-2008. In 2015 I was prescribed Solvaldi and Declatisvir for 13 weeks and in early 2016 I achieved a 26-week Sustained Virological Response (SVR).

66. I took Interferon and Ribavarin for 26 weeks and during that time my wife administered my Interferon injections. She was not given any gloves to use while administering these injections. I had no difficulty in gaining access to these particular drugs and the doctors and nursing staff at Addenbrookes Hepatology Department looked after me in a caring and professional manner.

67. I was able to tolerate the Interferon and Ribavarin in 2007/08 quite well but I became depressed and irritable with those close to me. I was able to tolerate Solvaldi and Declatisvir in 2015 without any discernible side effects.

68. I cannot recall any specific side effects associated with taking Interferon and Ribavarin but I was already depressed and was told, at a later date, that I became irritable and ill-tempered after taking the medication.

69. The only time I experienced difficulty obtaining access to medical care was when I was not given the correct blood test at Kent and Sussex Hospital in 2002. Furthermore, there was no investigation at all to explain why I had collapsed with liver failure despite previous injuries to my liver with no other obvious signs of illness or injury. It was assumed (mistakenly) that excessive alcohol consumption was the reason for my

liver failure and subsequent collapse. The appropriate blood test was not administered to establish if I had contracted HCV or any other infection that could compromise my liver. Nor were any other investigative procedures undertaken to establish the reason why I had collapsed or my liver been so seriously impaired. I think the person who was responsible for my care, Dr Adam Harris, could explain why a blood test was not administered to discover if I had been infected with HCV or any other infectious disease. He might also explain why no questions were asked about possible infections that may have arisen from the injuries I sustained to my liver in December 1969 despite noticeable scarring to my torso, or why no other investigative procedures were undertaken to establish the reason why I had collapsed with liver failure in 2002.

70. I find it extremely negligent of Kent and Sussex Hospital that I was not given a blood test for HCV whilst in their care. If a test for HCV had been administered in September 2002 it would have established I had contracted HCV. Consequently, I would have been seen sooner than April/May 2003 by the specialist liver unit at King's College Hospital and treatment for my HCV could have started at an earlier date. As it was, because the doctors at Kent and Sussex Hospital considered I was an alcoholic, I had to wait more than 6 months before I was seen by King's College Hospital which delayed my treatment for HCV infection. I feel I was discriminated against by doctors at the Kent and Sussex Hospital and as a result did not receive the appropriate treatment at the right time. Those doctors at the Kent and Sussex who were responsible for my care had assumed I was an alcoholic because they were negligent, arrogant and unprofessional. I should like Dr Harris to explain why he and his colleagues assumed I was an alcoholic when a simple blood test would have confirmed I was not.

71. I have never been offered any counselling or psychiatric support in relation to HCV although I did receive some support in relation to my psychotic episode in 2009.

72. As far as I am aware I have never been tested for HIV or vCJD. My wife has never been offered a test for HCV, HIV or vCJD.

Section 7. Financial Assistance

73. I have never been offered any financial assistance from any scheme, fund or organisation in relation to my HCV. I did apply to the English Infected Blood Support Scheme (EIBSS) for Stage 1 Payments but my application was refused. I did appeal against this decision but on 10 July 2019 my appeal was also refused but for a different reason than stated in the original EIBSS decision. I do not have the right of appeal against this second refusal and the only course of action now open to me is to seek a Judicial Review which is time limited, extremely expensive and something I do not have the means to pay for. I find the refusal of my application by the EIBSS to be both unfair and possibly unlawful as my initial application and subsequent appeal have been refused for different reasons. I am currently seeking legal advice and assistance on the matter but feel I will be unable to seek a judgement because of the cost of bringing the case to Court.

74. I had not applied for financial assistance until 2018 for one specific reason. In 2007 I was told by my consultant at Addenbrookes that I may have difficulty with my application to financial assistance programmes due to my previous, brief drug use even though there is no evidence to suggest that this isolated episode is responsible for my HCV infection. It is for this reason I did not apply for financial help to The Skipton Fund, the forerunner to the EIBSS or any other organization.

Section 8. Other Issues

75. I am not involved with any litigation concerning blood or blood products or any other inquiries or investigations, apart from seeking advice regarding a Judicial Revue against the EIBSS decision to refuse my application for Stage 1 Payments.

76. I have a letter dated 6 January 1970 from GRO-B Hospital in GRO-B to my GP, at the time, (also in GRO-B) that explains the injuries and treatment I received having been involved in the RTA on 26 December 1969. **(WITN0670003).** Additionally, because my hospital records have been destroyed I have obtained a signed statement from my Consultant Hepatologist at Addenbrooke's Hospital, Dr GRO-B who states that in his opinion the balance of evidence is such that I would have received a blood transfusion as part of my treatment for my injuries sustained in the RTA in December 1969. **(WITN0670004)**

77. My mother has confirmed that I received a blood transfusion following my RTA in 1969 but no permission was asked by the clinical staff or warnings of any possible side effects. There was no time to ask for permission as it was late night/early morning and I was in a life-threatening situation requiring emergency surgery.

78. I have a letter from the GRO-B Hospital Disclosure Team, dated 12 January 2019, stating that they do not hold any hospital records for me. **WITN0670002**

79. I am not aware of ever having been treated for HIV, vCJD or any other infection in connection with HCV.

80. I would like to point out that all I have learnt about HCV and all the health issues that arise as a consequence of having the infection, I have taught myself by internet research and asking questions of those involved in my care. I think it's important to emphasize that I have had

little or no information about this disease from the medical profession. What I know, I have in the main, had to find out myself. This includes most of the information related to the side effects and issues surrounding immunosuppressive medication post transplant.

Statement of Truth

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

Signed GRO-B

Dated 30 JULY 2019

Exhibits:

Exhibit no:	Description	Date
W0670002	Letter from GRO-B GRO-B Hospital Disclosure Team to witness	12/01/2019
W0670003	Letter from J T Brandrick, Senior House Officer to Dr GRO-B	16/01/1970
W0670004	Letter from Consultant Hepatologist, Dr GRO-B GRO-B to GRO-B confirming likelihood of blood transfusion	Undated