ANONYMOUS

Witness Name:

GRO-B

			Sta	ateme	nt No: WITN0670014	
			Ex	hibits	: Nil	
			Da	ited:	19m MAY 2021	
	INFECTED BLOOD INQUIRY					
	FOURTH V	VRITTEN ST	ATEMENT O	F	GRO-B	
I provide this further supplementary 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	GRO-B)-B	My date o	of birth dress	is GRO-B 1952. I live is known to the Inquiry.	
2.	I make this third supplementary statement in addition to my initial statement of 30 July 2019 (and my previous supplementary statements of 17 October 2019 and 22 November 2019).					
3.	document stat	tes, 'applicar	its who have	had	33. It's appeal procedure a history of exposure to s heroin) are unlikely to	

succeed in their appeal. This is because expert advice shows that the chance of getting hepatitis C from even the smallest degree of IVDU is many times greater than the risk of getting hepatitis C from a transfusion.

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However, because the panel considers each case individually you should document all your intravenous drug use in as much detail as you can. The Panel will make a judgement on the relative likelihood of you having obtained hepatitis C from intravenous drug usage or from NHS treatment.'

- 4. In my original statement dated 30 July 2021, I disclosed that I had received a blood transfusion in 1969 as part of emergency treatment for a road traffic accident and had a very brief period of IDU in 1975. I was diagnosed with HCV in 2003 when I was a patient at King's College Hospital, London. At that time, I was unaware of the existence of the Skipton Fund or any other body that I could approach for financial assistance. I received absolutely no information from anyone at King's College Hospital regarding making an application for assistance from the Skipton Fund either in 2003 or at a later date. The Skipton Fund policy for accepting applications states that, 'if there is evidence that a source of infection other than NHS blood or blood products could be responsible for the claimant's infection, then reject the application'. However, it would appear from the wording of the Appeal Procedure in the above reference, that I could still make a successful application as the Appeal Panel may decide in my favour.
- 5. Additionally, in 2008 I became aware of the Skipton Fund and so asked my consultant at Addenbrookes Hospital, under whose care I then was, about making a claim for assistance from the Fund. He said it was unlikely that any claim I made would succeed because of my IDU and so I didn't pursue the matter. It was only in 2019, some 16 years after I had been diagnosed with HCV, and having been encouraged by my participation in the Inquiry, when I made a claim for Stage 1 Payments to the English Infected Blood Support Scheme (EIBSS), which had superseded the Skipton Fund.
- The point I want to highlight in this supplementary statement is that if I
 had been informed in 2003 that I could make a claim for assistance from
 the Skipton Fund, then even though my claim would have been rejected,

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I could have been successful on appeal. Furthermore, and of greater importance I feel, I would have been tracking down any medical evidence that would support my application/appeal some 16 years before I actually did start trying to trace my medical records. This could have been crucial in obtaining evidence that has since been destroyed, which could have gone some way to verifying that I was infected with HCV by the blood transfusion I received on 26 December 1969.

I would also like to amend an incorrect date cited in my 1st and 2nd supplementary statements, whereby my written statement was signed on 30 July 2019 and not 31 July 2019 as stated.

Statement of Truth

l believ	e that the facts stated in	this witness statement are true
	GRO-B	
Signed		

Dated 19.5.2021