

# ANONYMOUS

Witness Name **GRO-B**

Statement No: WITN1160001

Exhibits: WITN1160002

Dated: June 2020

## INFECTED BLOOD INQUIRY

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FIRST WRITTEN STATEMENT OF **GRO-B**

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**GRO-B** will say as follows: -

### Section 1. Introduction

1. My name is **GRO-B** of **GRO-B**  
**GRO-B** My date of birth is **GRO-B** I live with my wife,  
**GRO-B** to whom I have been married for **GRO-B** years, although we have been  
together since **GRO-B** We have one daughter aged **GRO-B**  
who has borderline Von Willebrand's Disease (VWD).

2. I was infected with HIV, Hepatitis C and I believe, also, Hepatitis B via contaminated blood products. I think that the clinicians were regularly testing my blood to ascertain the position in relation to my antibodies to Hepatitis B, the results of which led to them giving me a Hepatitis B vaccination. I also refer to the contents of paragraph 31 of my witness statement below.
3. **This witness statement has been prepared without the benefit of access to my full medical records.** The records I have been provided with consist of around 6,000 pages but are completely disorganised and appear to be in illogical sections. I am also of the view that there are a number of records which are missing, to include, for example doctors' notes.

**Section 2. How Infected**

4. I was diagnosed as a haemophiliac when I was 18 months old. I have Type 3 VWD, however this was not specifically diagnosed until I was 11 years old.
5. I was a physically active child, which meant that I was prone to injuries which resulted in bleeds. This was particularly the case when I played football which often led to me suffering with right ankle bleeds and nosebleeds.
6. I attended the Queen Elizabeth Hospital (QEH), Hackney Road for lengthy periods between the ages of about 18 months and 8 years. I regularly received blood plasma, which was known as "*the drip*", and involved long stays in hospital to stop my bleeding. I was cared for by multiple haematologists at the QEH. When I was aged around 8 years old, my mother received some advice from one of the haematologists at the QEH, as a result of which she then transferred me to the Haemophilia Centre at Great Ormond Street Hospital (GOSH), London. At this point, I began receiving Cryoprecipitate, as and when required, due to cuts and football injuries, which on average occurred once per month. At this time, I was under the care of Dr Roger Hardisty.
7. The change from receiving blood plasma to Cryoprecipitate was wonderful because I was able to avoid lengthy hospital admissions.
8. When I was 11 years old, I was diagnosed with Type 3 VWD.
9. I continued to receive treatment from GOSH until I was aged approximately 12 years old when my care was transferred to the Royal Free Hospital (RFH), Pond Street, London where I was under the care of Dr Dormandy.
10. During my teenage years, I suffered with more bleeds as a result of sporting injuries, as I was regularly water skiing at the time. This meant that I was treated with Cryoprecipitate more regularly.

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11. I was treated with Cryoprecipitate until about 1978-1979, when I was around 17-18 years old. The treatment had to stop because I began to have allergic reactions to Cryoprecipitate, which eventually resulted in me being hospitalised. The allergic reaction would begin with a small rash around the injection site and soon developed into itching and swelling all over my body. In order to treat this, my doctors initially prescribed me with various antihistamines such as Piriton and Hydrocortisone, which I was advised to take before treatment with Cryoprecipitate.
12. To my doctors' and my own dismay, despite receiving large quantities of IV Piriton and Hydrocortisone, I continued to have an allergic reaction to Cryoprecipitate. I also suffered with low blood pressure at this time which was caused by the allergic reaction. The doctors therefore felt that the time was right for me to be treated with Factor VIII concentrates instead of Cryoprecipitate.
13. The decision to change from Cryoprecipitate treatment to Factor VIII concentrates was communicated to me in a "*matter-of-fact*" manner. I was not given any choice in the matter nor was I advised of any potential risk of infection arising from the use of Factor VIII concentrates.
14. However, it is correct to say that from a very early age I was aware there was a potential risk of infection because a number of us (Haemophiliacs) had already been infected with Hepatitis A and/or Hepatitis B. However, these infections were not considered to be particularly serious. In my head, Hepatitis A wasn't serious and Hepatitis B was something most of us (Haemophiliacs) got but were not even aware of having. They were viewed as a necessary inconvenience of having treatment; something that had to be put up with but did not pose too much of a problem for most.
15. I can categorically confirm that at no point did any doctor sit me down and formally discuss with me the risk of infection arising from the use of Factor VIII concentrates.

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16. I recall receiving Factor VIII concentrates produced by Lister, BPL, Travenol, Armour and Baxter. I recall that the RFH would try not to dispense a mixture of batches and instead tried to ensure that the batch and serial numbers of an existing batch were fully exhausted prior to starting a new one. I now believe this was their attempt at minimising exposure to infections. Additionally, I believe they were aware of mass exposure to infection from blood products from the early 1960s and am aware that they had called it "*Transfusional Hepatitis*" since World War Two. I was aware that the doctors always took my blood after I started a new batch and I am of the view that this was so that they could trace and monitor infections arising from the use of Factor VIII concentrates. This would then afford them the opportunity to trace the infected batch.
17. I learnt of the preference not to mix batches when I was aged around 18 years old because during this time I spent a lot of time at the RFH having treatment and the nurses were very open in discussing such things with me.
18. I was infected with a HIV, Hepatitis C and I believe, also, Hepatitis B via contaminated Factor VIII concentrates.

### *Hepatitis C:*

19. The medical records state that I was infected with Hepatitis C in 1979 but my recollection is that it was in or around 1978.
20. At that time I was having regular check-ups and blood tests after each admission to hospital to receive treatment for VWD. Shortly after one such post-admission check in about 1978 (however, I cannot find any reference to this in my medical records), I received a telephone call from the Haemophilia Centre telling me I needed to get there straight away with a bag as I was going to be admitted. When I arrived, I was taken to the Hepatic Ward where I was told that my Liver Function Test (LFT) results were so bad that it looked like I could be going into liver failure. I was admitted for approximately 5 to 7 days, following which my liver function settled down. On admission, I was told

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by the doctors that I had contracted Non-A Non-B (NANB) Hepatitis. I questioned what this meant and I was told that it was a "*chronic liver infection*" and I was advised not to eat fatty foods and not to drink alcohol. Following discharge, I had regular tests, approximately once per fortnight, to monitor my liver function.

21. During my hospital stay, despite the fact that my LFT results were horrific, I actually felt fairly well. However, not long after I left hospital I started having a few odd days where I would sleep for about 22 hours per day. Gradually, the odd day developed into most days and before I knew it, I was suffering with extreme exhaustion, low energy and fatigue on an almost daily basis. Having endured these difficult symptoms for some time, they slowly started to improve, although I never really escaped the fatigue.

22. I remember that I was almost always able to predict what the result of my LFT would be, based upon how I was feeling and upon my fatigue levels. I was often spot on.

23. Eventually, and I am not sure exactly how it came about, it was established that I was suffering from Hepatitis C. I can't really remember how I found out; it more or less just evolved. Previously, I had been told that I had a low level of chronic Hepatitis (NANB Hepatitis) but in those days it was not known as Hepatitis C. I am not sure that there was sufficient information out there about Hepatitis C for me to be fully informed about either the understanding or the management of the same.

HIV:

24. **Exhibit WITN1160002** is a letter dated 6<sup>th</sup> March 1990 from RFH which confirms that my first positive HIV test was 29<sup>th</sup> October 1979. The test was conducted on stored samples of my blood. I recall spending the majority of the second year of my A-Levels in hospital due to severe bleeds and I believe that this was when I could have been infected.

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25. I became aware of my HIV infection in approximately 1985-1986, when I was about aged around 25 years old. This coincided with when everyone else also appeared to be being told that they had been infected with HIV.
26. I received a letter from the Haemophilia Centre at the RFH inviting me and **GRO-B** to an appointment with Dr **GRO-D** I had previously been treated by Dr **GRO-D** and got on well with her. However, I was extremely anxious about the appointment, as I had heard through the news and other media about people being infected with HIV from blood products and it was a "*red flag*" to me that **GRO-B** was being invited to attend the appointment.
27. At the appointment **GRO-D** began talking about HIV and asked if I would like to be tested. In response, I laughed because I knew that a test must have already been conducted because **GRO-B** had also been invited to the appointment. At that point, **GRO-D** attitude markedly cooled towards me and she became defensive and left the room. We sat there for approximately 15 minutes and eventually realised that **GRO-D** would not be returning to speak with us. We wanted to be noticed so we went out and stood in the corridor. One of the sisters at the Haemophilia Centre, Patricia, then came up to us and said "*Have you been told?*" and in response I stated that I assumed that "*I have got it*". Patricia then went into her office and walked out with a lever arch folder, looked for my name and said "*Yes, you have*".
28. To the best of my recollection, later on the same day, Dr Peter Kernoff formally told me that I tested positive for HIV. Going forward, I had many conversations with him about HIV and I always found him to be a very pleasant man. I recall that he used to give patients the choice of whether to be treated with American heat treated products or British non heat treated products because at that time, the clinicians did not know whether the procedure of heat treating worked.
29. Being told that I was HIV positive at the age of 25 years old felt like being given a death sentence. I was told that I would have about 2 years left to live and that the average time from infection until the point of death was about 7

years. I was told that my first positive test was 29<sup>th</sup> October 1979. This precise period could be established by testing stored samples of my blood which had been kept both for my treatment and for research (due to the rarity of Type 3 VWD) and is set out in **Exhibit WITN1160002**.

30. I did not receive adequate information about how to manage my infection with HIV. I understood that I would just have to wait around until I became very ill and that I would somehow have to manage my deteriorating symptoms, but I was not told how to do so. In reality, there was no information available and instead there existed a list of medical conditions that you were likely to develop as a result of having HIV and the clinicians would have to try and manage these as they developed. There was no hope and the only aim was to reduce the level of suffering.

*Hepatitis B:*

31. I refer to the contents of paragraph 2 of my witness statement above. I also recall that around the same time, during a routine appointment, a clinician told me that due to my Hepatitis B immunity being low I would require a Hepatitis B booster which I was duly given. The booster came after the vaccination which I refer to in paragraph 2 above. I was never sat down and told that I had been infected with Hepatitis B. Going forward, I confirm that I have had a couple of further boosters since this time.

**Section 3. Other Infections**

32. In or around 1996, I received a letter from Professor Lee at the RFH which stated that I received a product from a donor who later passed away with variant Creutzfeldt-Jakob disease, or "vCJD". The product in question was an implicated batch of Haemate P, which is a concentrate made from heat treated plasma specifically used for VWD patients.

33. Fortunately, to date I have not noticed any symptoms associated with vCJD.

**Section 4. Consent.**

34. As a result of having VWD, I knew that the RFH used to test my blood on a regular basis and I was aware that they stored my blood samples for testing as a matter of course.
35. In addition, I voluntarily participated in many medical trials, a large number of which were conducted by Professor Tuddenham. In or about 1980, two different types of Factor concentrate (initially it was intended to test 3 types) were tested on me to see which one worked best for VWD. This testing was conducted with both my knowledge and consent.
36. I was not told about any testing of me which was being carried out for HIV. Therefore, I was tested without my knowledge and consequently without my consent in respect of HIV.
37. I was aware that I was being tested for Hepatitis B antibodies and received a Hepatitis B vaccination and a couple of boosters regularly with both my knowledge and consent.

**Section 5. Impact**

38. The physical effects of being infected with HIV and Hepatitis C were that I felt extremely fatigued and lethargic on a daily basis. I remember one year when I was a teenager and was taking exams; I began to feel increasingly unwell and this was the period I have referred to in paragraph 21 of my witness statement above which involved me sleeping for 22 hours per day. I ended up sleeping through most of that summer due to my high fatigue levels. Fortunately, I did not get jaundice, but my severe fatigue had an extremely bad effect on my education and consequently upon my examination results. I tend to put that time of my life out of my mind; it was an extremely difficult period for me.

39. I used to work for a GRO-B company where part of my job involved

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GRO-B The company relocated to GRO-B in or around 1984 which meant that I had to do the long commute from GRO-B to GRO-B every day. As a result of this, I began to feel increasingly fatigued and my mood significantly deteriorated. Looking back, I feel that the symptoms I was experiencing at this time "*pushed me over the edge*" emotionally. I believe that these symptoms were caused by the Hepatitis C and probably the HIV, although at this time, I was unaware that I had been infected with the same.

40. I was well aware of the existence and symptomatology of HIV (or HTLV3 as it was known at the time) because GRO-B while working for the GRO-B company. Therefore, I more or less worked out myself that I had been infected with HIV in about 1983 or 1984 due to my ill health. That is why I was not really surprised when the diagnosis of HIV actually arrived.

41. Prior to receiving the diagnosis of HIV, I resigned from my job in 1985 because I wanted a career in medicine, in one form or another. I therefore made plans to re take my A-Levels in order to put me on the right path for medicine. Around this time, I also started to do some GRO-B to earn money.

42. Unfortunately, shortly after this, I received the news that I was HIV positive which changed the course of my life forever. I ended up not pursuing the career I had always wanted due to receiving a "*death sentence*" which went hand in hand with my diagnosis. I struggled with denial, yet at the same time, I knew my diagnosis was a reality. I gave up on life to a certain extent and would frequently ask myself "*what's the point?*".

43. I remember living in absolute fear. Being a GRO-B meant that the GRO-B The news was rife with AIDS adverts and at this time there existed an unprecedented amount of stigma in relation to those people who were HIV positive.

44. In terms of disclosure, I only told my mum, dad and sister about my HIV.

They were all incredibly supportive. In fact, following my diagnosis, my GRO-B started to work with the Terence Higgins Trust, which campaigns and provides services relating to HIV. GRO-B went on to become a counsellor and this career path was chosen largely due to the fact that I was infected with HIV.

45. Prior to my HIV diagnosis, I had been happy to openly discuss my Haemophilia and even NANB Hepatitis with people. However, post HIV diagnosis I felt that I could no longer tell people about myself and who I was, which affected me enormously. I felt that I could not make new friends because I wouldn't be able to tell them that I was HIV positive. I felt that I could no longer even tell people that I was a Haemophiliac due to the association which everyone was making between Haemophiliacs and HIV. I was precluded from forming friendships because they would, of course, find out about my Haemophilia and then assume (correctly in my case) that I also had HIV. This enforced secrecy went against the grain of my personality and who I was.

46. I met my now wife, GRO-B at school and she was fully aware of everything. She tested negative for HIV when I received my diagnosis in or about 1985. Nonetheless, our relationship suffered. My wife was a GRO-B and so would have lost her job had her superiors found out about my infection, which caused us both a great deal of stress. This meant that she was extremely limited in relation to who she could socialise with due to the fear of someone finding out about my infection.

47. Predictably and understandably, our social life became somewhat limited after my HIV diagnosis. We cut ourselves off from friends as a result of the stigma and the possibility of rumours and/or the truth emerging about my infection. This not only affected me but also greatly impacted upon my wife, who was unable to tell people why I was becoming increasingly poorly or to fully explain our situation to friends. Matters were not helped by the fact that both GRO-B

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and I felt a colossal amount of guilt about our sexual relationship, which is not how a married couple should ever feel.

48. HIV had a severe effect on my mood and emotional state. I suffered with very low moods, mood swings, depression, denial and psychological fatigue.

49. Around 1986 to 1988 I became very depressed and stopped going to work as a **GRO-B**. I used to just about get up in the morning and then I would sit in the arm chair and that is where I would remain until my wife got home from work.

50. I then started to feel a little better and managed to somehow motivate myself to start training as a **GRO-B**.

51. In 1989 **GRO-B** told me that we were expecting a baby. It was a very difficult time for me because my CD4 blood count was at its lowest and my health was deteriorating; I felt increasingly tired and ill. Considering that I was not expected to survive for more than 2 years at that time, I did not want to be a father. I felt horrified when I found out that she was pregnant. My wife had always wanted to have kids and she had already tested negative for HIV. Our daughter was born in **GRO-B** and is borderline VWD.

52. I remember numerous occasions where I made life hell for my wife, especially around her pregnancy. I really thought I would be dead in a few years, so I was adamant that I did not want to be a father. At first, we would argue regularly but it was not long before I began to shut down emotionally. I became completely detached from the situation. I was not enthusiastic about our baby and, after my daughter was born, I started off as a very reluctant father, which affected my bond with my daughter.

53. Soon after the birth of my daughter, I stopped working as a **GRO-B**. This was largely due to my exhaustion and ill health and also so that my wife could return to work on a full time basis because she had better career prospects than me. This meant that I ended up looking after our daughter during the day and thankfully we started to bond which was lovely.

54. In or around 1993/1994, I received Pegylated Interferon and Ribavirin treatment for Hepatitis C. This treatment lasted for 6 months and I experienced the worst flu-like symptoms for the whole of that period. I was unable to get out of bed except for short periods of time and was incredibly fatigued. Before I administered this treatment, I recall that I would cry because the treatment made me feel at my absolute worst. I suffered with depression and mood swings. The treatment also affected my relationship with my parents, my sister and her husband. They all knew that I was undergoing treatment, but I used to hide how bad the treatment made me feel. This made the emotional impact of the treatment even harder to deal with.

55. Unfortunately, the treatment was unsuccessful in clearing my Hepatitis C infection; it merely lowered my viral load. This was incredibly upsetting and had a large emotional impact upon me. I was devastated that the treatment had failed, particularly in view of how ill it had made me feel and because I had managed to complete the course in spite of the horrific side effects. Therefore, I continued to live with Hepatitis C and received regular LFTS.

56. Between about 1993 and 1995, I was given numerous analogues for HIV, which were incredibly toxic. These analogues caused significant side effects which included vomiting, diarrhoea, nausea, worsened fatigue and hypoglycaemic attacks. The effects of these were extremely unpleasant and I was unable to lead a normal life for this 2 year period. However, clinicians told me that I was only responding minimally to these analogues so an alternative treatment was sourced.

57. In or about 1995 or 1996, I began treatment with Protease Inhibitors for HIV. Initially the protease inhibitors caused horrendous side effects, vomiting and diarrhoea, the vomiting caused gastric bleeds and the diarrhoea cause severe haemorrhoids that took 3 surgical procedures to resolve. Fortunately these were much more effective, with meant that the side effects were tolerable and worthwhile, and I continue to take these today.

58. My health slightly improved in or around 1996 which enabled me to pursue a career in GRO-B. Nonetheless, I continued to feel fatigued and a busy day at work would really “*knock me for six*”. I was self-employed which meant that whenever I had a period of a few busy days, I had to factor in sufficient recovery time. My fatigue therefore limited what I could do which had a detrimental effect on our financial stability. During that time, we were just breaking even financially. I recall that a couple of people wanted me to go into business with them, but I could not do that because of my health issues and I was also unable to pursue various opportunities.

59. I believe that being infected with HIV and Hepatitis C has had a negative effect on my personal development. I believe that, had I not been infected, I would have retaken my A-levels, gone on to higher education and enjoyed a fulfilling and successful career, quite possibly in medicine.

60. The stigma surrounding HIV formed a part of my own internal monologue, which has only diminished in recent years. It has caused me to live in fear for many reasons, such as the fear of people finding out about my status, fear for my health and fear for my family. I have also had moments of feeling envious of people suffering with cancer and the fact that they were able to openly talk about their illness whereas I was not able to do this because HIV was enshrouded in stigma.

61. In 2015 the clinicians at the RFH managed to include me on a trial for a new drug in order to try to clear my Hepatitis C. When the new drugs initially became available, they were in very short supply due to cost. I should have been at the top of the list to receive treatment but because I had developed cirrhosis and varices I was therefore deemed ineligible for the treatment. In 2015 a drug that had not yet been approved for use and had not been tested on people with inherited blood disorders was to be trialed. My doctors put my name forward and I was enrolled in the trial. I was initially given the placebo and following this, I was given the actual drug. At the time the actual drug did not even have a name but it was later named “*Zepatier*”. Whilst I was on this drug, I had to stop taking the Protease Inhibitors for my HIV and switch to a different medication in an attempt to keep my HIV at bay. I remember that

my viral load slightly increased at this time which was, of course, worrying. The new HIV medication was not as effective as the Protease Inhibitors. I remember experiencing some strange side effects from the Zepatier but I can't really remember what these were. I do, however, remember developing Vitiligo on my hands, which has remained with me to the present day.

62. The 2015 trial lasted for 8 months (which included the placebo) and I received the Zepatier element for 12 weeks. Following conclusion of the treatment, I was finally declared free of Hepatitis C. However, I remember my energy levels going up fairly soon after I started taking the Zepatier.

### **Section 6. Treatment/Care/Support**

63. After my diagnosis of HIV I was referred to GRO-D who was a social worker at the RFH. She conducted two counselling sessions with my wife and me. In my opinion, Ms. GRO-D methods failed take into account the feelings of the individual patients; the sessions were "*goal orientated*" rather than personal, as though there was a set opinion that we were supposed to have about our situation which she was attempting to impose upon us. It seemed to be aimed more at a clinical environment where the counsellor sets the goals she wants to achieve rather than actually listening to the patient. Ms GRO-D was a nice pleasant lady but my wife and I found her sessions unhelpful so we stopped going and we were never offered anything else after this.

64. Historically, as result of my infections, I was almost always the last patient on the list for any medical procedure, such as a dental appointment or an endoscopy, which I believe was as a result of my infections with HIV and Hepatitis C. Furthermore, I used to have to disclose the fact that I had been put at risk of vCJD. However, more recently I have not really experienced the above to such a degree.

65. The same dentist at the RFH has generally always seen me. However, on one occasion in the late 1980s, I went through a very uncomfortable experience at the RFH when I attended for a dental appointment. I was in the waiting room

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which was full of patients when someone dressed in a full hazmat protective suit which included a helmet, walked up to me. I was asked to go into a different room to everyone else in order to receive my dental treatment. When I entered this treatment room, it was covered entirely with paper and cellophane. Furthermore, staff entering this room were also dressed in full hazmat suits. I sat down in the chair, which was also completely covered with a protective material and I was seen by a dentist who was wearing a full hazmat suit. The dental equipment used to treat me was sterilised to the point that it had corroded so badly that it actually stopped it from working. I remember ending up with pieces of corroded metal inside my mouth. They would not even let me properly rinse my mouth and spit.

66.No explanation was given as to this peculiar and disconcerting situation; however, I needed no explanation because I knew it had been done due to my HIV positive status. I feel that the care I received and attitude towards me were substandard; it was an absolutely awful experience and left me feeling both humiliated and traumatised.

67.As a result of the above, I spoke with Dr Kernoff who was utterly shocked to hear what had happened. He asked me to put everything down in writing, which I did, so that he could investigate the matter. Thankfully, I never experienced anything like this again.

68.Generally, the clinicians at the RFH were very good and there existed a good level of communication between the Haemophilia Centre and the Orthopaedic Department which meant that the referrals were dealt with efficiently thus enabling operations to be carried out promptly. However, sometimes my surgeries were delayed, for example I had to wait 9 months for a nerve transposition procedure, because specialist equipment had to be ordered in which took a considerable amount of time to arrive.

69.Another example of a bad attitude and a diminished standard of care was exhibited by GRO-D behaviour. Her attitude and behaviour towards me totally changed after the initial consultation; there was a marked cooling in her

attitude towards me and I refer to paragraphs 26 and 27 of my witness statement above in this regard. However, prior to my HIV diagnosis we had always gotten along well.

70. There are many other examples of such behaviour which I could have mentioned and overall, and more so historically, I feel that my HIV status has diminished the standard of medical care which I have received.

### **Section 7. Financial Assistance**

71. I believe that I was aware of the MFT's existence almost as soon as it was set up. I received monthly financial support from the MFT.

72. I also received one off payments from the MFT, including £750 towards a holiday and £1000 towards a Motability car. Prior to receiving these payments, I was not aware that the MFT offered grants. I found out by chance via a telephone call to the MFT one day. I was told that I had not applied for any grants and after a short chat, a few days later the above cheques came in the post. In the early days the application procedure seemed very straightforward although my attitude in relation to grants was that there were probably people who needed the financial support much more than I did and I therefore I felt discouraged to apply.

73. In or around 2009, my regular monthly payment from the MFT was reduced without giving me any notice or reason as to why. As a result, I emailed the MFT to try and obtain an explanation. I was informed that the MFT wanted to make reductions in payments to infected persons so that it could increase payments to widows. In reality, they were saving a relatively small amount of money by reducing our payments, as they had millions of pounds in their fund. At the time, the money I was receiving from the MFT was being used to pay standing orders and, when the payments were reduced, I struggled to meet my usual outgoings.



74. I also used to receive annual winter fuel payments of £500 which were also stopped in approximately 2008 or 2009.

75. I found the MFT to be unpredictable and increasingly difficult to deal with. Initially, their attitude in relation to financial assistance was relaxed but it became more and more difficult to get any help as time went on. Later on they started to publish an information book about which items they would fund, and when I found out what other people were applying for, I felt able to ask for a small number of things.

76. In or around 2004, I attended the RFH for a regular appointment with Dr Yee who told me about the Skipton Fund (SF). She thought that I was eligible for both the Stage 1 and Stage 2 Payments and she had the forms there, ready for me to sign. I received both of these payments which were £20,000 and £25,000 respectively. Subsequently in 2011, I received a further sum of £25,000 which I believe was an increase to the Stage 2 payment.

77. I was involved in the HIV Litigation which concluded in 1991. I received a settlement of £60,000 which was contingent upon everybody agreeing to this sum and agreeing to sign a waiver that confirmed we would take no further action in relation to any further infections. To the best of my recollection, I signed this waiver. However, I am aware that certain individuals who did not sign the waiver still received the settlement.

78. Approximately 3 or 4 years later, which was in or around 1995, my representatives in that litigation, Pannone Napier Solicitors, asked me to either send them all of my documents in relation to the litigation or to destroy them. I complied with this request and I now therefore have very limited documentation relating to that litigation.

## **Section 8. Other Issues**

79. I do not have an enormous amount of hope in this Inquiry. I believe that people need to be held accountable for their wrongdoings. The drug

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companies and the purchasers should have done more to make blood products safer by vetting donors properly, taking blood from skid row and the prison population should have never happened. All products should have been heat treated before being approved for use. Obviously economics/cost took precedence over safety, both for the producers and the purchasers and the Government.

80. Reading through this statement I realise that it is barley scratching the surface. There are a myriad of periods of illness some of which have taken years to resolve and recover from. Months of having to sleep alone because of night sweats which necessitated me changing the bed four times a night. The nausea and diarrhoea. The numerous endoscopies, ultra sounds, CT scans, Dexa scans, hundreds perhaps thousands of hospital visits, thousands of hours travelling to and forth and the hours and hours in waiting rooms. The decades of uncertainty and the inability to plan ahead for the future with any confidence. Stress and a stunted and limited life devoid of joy for much of it.

81. I want this Inquiry to bring matters to a conclusion, once and for all. I want all of this to be over.

### **Anonymity, disclosure and redaction**

82. I wish to apply for anonymity.

83. Should the Inquiry require me to give oral evidence then I would be happy to do so.

Statement of Truth

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

Signed.....

GRO-B

GRO-B

Dated.....

1/06/20