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Witness Name: GRO-B

Statement No.: WITN5732001

Exhibits: **WITN5732002-05**

Dated: 16 August 2021

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 17 May 2021.

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

Section 1. Introduction

1. My name is GRO-B. My date of birth is GRO-B 1940. I live in GRO-B and my home address is known to the Inquiry. I lived abroad for most of my life. I am a trained ballet dancer and I was an actor when I was young. I have two brothers and I am the middle child. I married my husband, GRO-B: H in GRO-B H was seventeen years older than me and we had four children together.
2. I intend to speak about my late husband, H who was infected with Hepatitis C ("HCV") following a blood transfusion in 1983 at the Middlesex Hospital. In particular, I intend to discuss the nature of his illness, how the illness affected him, the treatment received and the

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impact it had on him, our family, and our lives together.

3. I can confirm that I have chosen not to seek legal representation and that the Inquiry Investigator has explained the anonymity process to me. I can confirm that I do wish to seek anonymity.
4. The Inquiry Investigator has explained to me the 'Right to Reply' procedure, and I understand that if I am critical of a medical professional or organisation, they will have the right to reply to that criticism.

Section 2. How Affected

5. When I married [H] in [GRO-B], life was pretty normal for us. It was not until 1983 when it all changed [H] had been unwell for a fairly long time and eventually he agreed to see his GP, where he was told that he had an infection. His health continued to deteriorate and it was later revealed that he had bladder cancer. We knew that was serious. To treat the cancer he was offered radiotherapy, but was told the treatment may not work.
6. Following radiotherapy, [H]'s tumour shrank and much to our disbelief, the treatment cured his cancer [H]'s urologist could also not believe it. We couldn't have asked for a better result; [H] was clear of cancer and it was a miracle.
7. We got over that hurdle and then eighteen months later, [H] had a serious angina attack, so serious that he needed a quadruple bypass surgery. That news was a huge blow to the family, as he had only just got back up on his two feet and was as good as new.
8. Prior to the surgery, [H] was admitted to the Middlesex Hospital to be monitored. I recall him looking so aged, and he really wasn't an old man; he had a young wife and four beautiful children to live for. At the

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time, I was only forty-three years old and my birthday fell on the day in which his consultants made a decision on whether to proceed with [H]'s bypass surgery. That day was long awaited and it seemed like it was never going to happen. I got the children together and drove up to the hospital. I sat with [H] in his room, whilst the children played around us. I deliberately made a point of our family being visible to the consultants, as I wanted them to be aware of what [H] had to lose.

9. [GRO-B] our youngest, known as [GRO-B] was sitting on her father's bed playing with her Fisher Price doctors kit when the consultants walked in. They saw me, together with our four children, and it was at that moment they absolutely got it. They said to the children *"right we need to get your daddy better"* and I felt such a sense of relief.
10. Despite what seemed to be a step in the right direction, [H] continued to wait for his surgery. I remember continually asking the nurses when they were going to proceed, and a nurse informed me that they were having problems with their blood supply. She did not elaborate in great detail, but did proceed to tell me that, *"when we don't have enough blood, we ring around other hospitals to check their supplies"*. Eventually, [H] had his quadruple bypass surgery. The surgery went well in general, however his lung almost collapsed and he nearly died.
11. Upon returning home, [H] struggled to recover; he was hobbling around the house for six months. He also became somewhat bad tempered. It took him a long time to recover, but he was adamant that he wanted to return to work, even though he was not fit enough. As was his wish, he went back to work for a while, but it soon became apparent that he was too unwell. This was particularly challenging because at this point, [H] was not entitled to a pension, so we had to cash in every penny to keep the family going.
12. This eventuality was something I never would have envisaged ensuing. [H] had always been very successful in his work; from pursuing a

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publishing career in London, to acting as a company director of a
GRO-B business in GRO-B

13. By the mid 1980's, we managed to have a relatively normal family life. We got the children through school and life continued. We even had the chance to enjoy some family holidays together. It was not until later that year, that GRO-B's fatigue started to impact his daily life. I queried whether this was a side-effect of what we later knew was symptomatic of a HCV diagnosis or the onset of symptoms relating to cirrhosis. Somehow, we managed to soldier on.
14. GRO-B's health continued to deteriorate and during a routine hospital visit, it was discovered that he had mild myelodysplasia. However, at that stage not much was done and after a few years the level of his platelets recovered.
15. By and large, H had recovered from most of his ailments. Although, throughout this period we had noticed that his skin was like paper; and it ripped away from his skin with no effort at all and he also bled easily.
16. In general, we always seemed to be at the hospital for something and despite GRO-B's small health improvements, he continued to deteriorate. In particular, his bowels weakened; it wasn't great and certainly not 'normal', but was controllable at this point.
17. In the early 1990's, following a routine blood test, we were informed that H had HCV. It was explained to us that it was not a big deal and that a lot of people have it without knowing. I was a little shocked to find out, as I knew HCV was not something that you wanted. However, I didn't panic because of how casually we were informed.
18. It was on 09 January 1999 that H was officially diagnosed with Hepatitis C, as evidenced in exhibit **WITN5732002**. The exhibit is his

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pathology report dated 09 January 1999, written by the GRO-B
GRO-B Hospital, confirming his diagnosis.

19. As I mentioned previously, the diagnosis was very casual and the clinicians didn't make a fuss. It was done in a 'round robin' way. They did not sit us down formally and explain the diagnosis. Although, in those days, I do not think it was routine policy to do so.
20. At the time, we mentioned to the Doctor that H had spent time in Burma as a soldier, and we wondered whether this could have been how he contracted HCV. We were told that it wasn't possible. I also mentioned this fact to the Skipton Fund, which I will discuss later in my statement.
21. H's doctor concluded that he most likely contracted HCV through his blood transfusion in 1983 (WITN5732003). This letter, from the GRO-B Hospital, dated 20 January 1999, specifically states that *"the most likely source of infection was his by-pass graft when he had a lot of blood transfusions"*.
22. In addition, within exhibit WITN5732003 it states *"matters are coloured somewhat by the fact that Mrs GRO-B's sister-in-law has just had a liver transplant for Hepatitis C"*. I am surprised by this comment and it was only when the Investigator showed me this document, that I became aware the doctor had concerns over this.
23. At the time, most of our family were dead and nobody in the family had HCV. However, my younger brother's girlfriend GRO-B who lived in India with him, was diagnosed with HCV and required a liver transplant. GRO-B was more of a friend and was not my sister-in-law. GRO-B was on the hippy trail in the 1960's and I believe the source of her infection was acquired then. I think the doctor misunderstood; and likely misinterpreted my mentioning of GRO-B and what happened with her

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HCV infection. My husband never even met GRO-B

24. H was fortunate to have private medical insurance provided through his company in GRO-B however that all stopped due to him not being able to work anymore, and so we returned to the NHS. The Doctors there were absolutely brilliant.
25. Following the HCV diagnosis H went through hell and high water. His health continued to deteriorate; and his skin became increasingly thin leading to frequent bleeds. I had an amazing first aid kit that I took everywhere I went, which was positioned carefully in my huge handbag.
26. I recall being told that there were risks of transmitting HCV, although I am unsure who informed me of this. This worried me greatly, as I was conscious about the risks to others. I was always terribly careful when cleaning his wounds and was transparent about his infection with friends and family we interacted with.
27. In spite of everything, we cashed in on the good times together and had hilarious family camping holidays. H always maintained his great sense of humour and the children adored him.
28. Towards the end of the 1990's, the children were growing up and getting through their schooling. H was still unable to work, so money was tight for us; and we also decided to downsize and rent a smaller place.
29. In the late 1990's, we discussed moving abroad; and eventually decided that we could have a nice life together in Malta. We knew that we could afford to buy our own place there and looked forward to a warmer climate. In the end, our plans to move to Malta didn't work out, but instead we decided to move to Normandy.

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30. Once we moved to France, [H]’s health worsened; in particular I noticed that he was always icy cold to touch. I later found out this was a side-effect of his cirrhotic liver, and that the liver regulates your body’s temperature. His bowels also failed him and completely imploded. When he experienced a flare up of these symptoms, I managed to put him in bed and increase his body temperature.
31. In the 2000’s, once the children had grown up [H] and I decided to move to the Pyrenees in France, because it was much warmer than Normandy and we had friends there.
32. After a few months [H] was back on track, at least in some respects, as he continued to experience infections and colds. On one occasion, I recall being asked by our friends to have Christmas lunch outside, but this would never have been possible as [H] was always so cold.
33. Fortunately, we didn’t need to pay for [H]’s hospital treatment whilst we lived in France, since it was registered as on-going treatment. We were also lucky to have a brilliant liaison between the French and British doctors. In general, [H]’s treatment in France was brilliant; and his French doctors were so kind. I was adamant that I needed to know everything in relation to his treatment and care, to which his medical team said, *‘if you require an English translator, we will accommodate that so you can understand everything’*.
34. We were once due to visit our son [GRO-B] [H] needed a prescription and check up before we went so we went to a French hospital in [GRO-B]. The French clinicians were very thorough and efficient; and after a doctor examined [H] he said, *“you can’t go anywhere you need a pacemaker”*. A few days later [H] went to the Hospital in [GRO-B] as he required an operation to fit his pacemaker. It was not long after his operation that we were shown how to change the

dressing, and I humorously asked, *'where's the remote'*, to which the staff were quite bemused.

35. H and I had a private joke about the pacemaker having a remote; we had a very sick sense of humour and it was our way of making light of these tough situations. After he died, I had to give my permission for the pacemaker to be removed.
36. On another occasion I was visiting my daughter GRO-B in Singapore as she had just had a baby. This meant that H had to be looked after by my daughter in law, who has an intensive care nurse, who lived just outside of London. I was apprehensive to go. In the end, I was reassured as GRO-B's wife was brilliant with H so I knew he would be safe. As we were based in France, it wasn't easy to travel to London. In order to get H on the plane, they hoisted him up, essentially giving him a fireman's lift up the stairs. H was so angry and embarrassed by the ordeal and said to me *"don't ever do that to me again"*.
37. As H's health continued to worsen, he became very frail and I couldn't leave him alone for long. He couldn't eat much or even walk as his feet were so sore. Once he was unable to go out and eventually couldn't walk, I would often take him for long drives to keep him amused. Throughout this time H was truly stoic in his character; as he never complained or dwelled on his situation, saying things like, *'why me'*. He didn't want anyone to feel sorry for him. H bit the bullet and just got on with it.
38. Once a year, I would drive H to his appointments with Dr. GRO-B in England. Dr. GRO-B was excellent with H and went out of her way to help. Throughout the year I gathered newspapers in preparation for the drive; as this was crucial to keep H's mind busy.

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39. I recall one morning where he injured his foot and I urgently needed to get him to the hospital. I opened the front door and there was deep snow blockading our pathway outside. I somehow managed to shovel all the snow surrounding our car out the way and eventually got the car to start. I drove down the street and I dragged to the car. was so unwell and I drove for five hours down the mountains in the treacherous weather to get him there.
40. In hindsight, that was the best option to get to the hospital quickly. In the Pyrenees, if you ever needed urgent medical help, the fire brigade and ambulance scrambled up the mountain to you and it often took a long time, and of course, it wasn't an easy job.
41. Once we arrived at the hospital was seen quickly and was whizzed up to the ward by medical staff. It was very efficient and they were great. He was admitted for three weeks. It was found that he had somehow broken a bone in his foot. They carried out tests for three weeks and eventually, I took him home.
42. After this, he had terrible issues with his bladder and bowel, and after the ordeal with the hospital trip in the midst of a snow storm, I felt that the long drives to England were not feasible anymore.
43. He had a lovely doctor in the Pyrenees and she said to me privately, *"he is hanging in there by a thread, he is very sick"*. When I heard this, the first thought that came to mind was that I didn't want him to die in France. I worried that it would have been so difficult to bring him home and we had no family there. It was then that I decided it was time to go back home to England. I thought it through, but it wasn't an easy decision to make as really loved it there.
44. We came back to England in 2010 and despite his reservations, was glad to be back. Our happy return was clouded with s rapid

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decline, and only three months later, he collapsed at our home. He was admitted to the Great Western Hospital in Swindon and we soon came to learn that his main organs were failing and that there was nothing they could do for [H]

45. At the time, I wasn't particularly happy with the doctor's attitude as it gave our family no hope. I stopped the doctor outside [H]'s room and I said to him, "*I know the rules, but please, for my sake, let [H] go down fighting.*" The doctor returned to the room and said to [H] "*you are going to beat this*". [H] repeated this to me and he believed it. [H] was a fighter and he wanted to crack on until the end.

46. Underneath all of this, I knew the end was in sight, so I had to inform all of the children and make sure they had time to return to England. When I called [GRO-B] to tell him the news, he was on a golf course in Australia and almost immediately, his wife booked his plane tickets. Our daughter, [GRO-B] was living in Singapore and was five months pregnant, but she still made it back in time. Luckily, our four children returned to [H]'s side before he passed.

47. On [GRO-B] 2010, [H] and our children were playing board games in his hospital room. He insisted that we played scrabble. We all tried extremely hard to win, but he finally trounced us on the triple word win in the middle of the board. [H] loved to win and be the '*top dog*'. Mentally, [H] was sharp as a tack and bright as a button. That day, he went to sleep and didn't wake up. [H] sadly died at the Great Western Hospital in Swindon.

48. I supplied my husband's death certificate to the Inquiry as exhibit **WITN5732004**. The causes of his death were: 1. (a) Myocardial Infarction, (b) Ischaemic Heart Disease, 2. Cirrhosis of the Liver, Myelodysplasia and Acute on Chronic Renal Failure.

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49. After [H] passed, we had to act quickly to get [H] s funeral arranged while the children were still in England. We had a crematorium service, followed by a memorial ceremony at the [GRO-B]

50. Following my application to the Skipton Fund, I found out that [H] s liver showed appearances of cirrhosis, which I am aware is linked to a long-term infection with HCV. I supply to the Inquiry, **exhibit WITN5732005**, a letter dated 22 November 2010, from Dr N Blesing, Consultant Haematologist of Great Western Hospital, which details this assertion. Dr N Blesing was very nice.

51. After [H] s passing, I didn't know what it meant to be a person. [H] and I had been on a knife-edge for thirty years. My life was keeping [H] alive, and that was my life for thirty years from the on-set of [H] s ill health. It was a habit of my life and I had no life. People would say to me [GRO-B] *now you can live your life*".

52. After a few years, I decided that I needed to do something different with my life. I was still finding out what it was like to be a person again, and I embarked upon various hiking trips. Initially, I trekked across England and I then moved onto more challenging hikes. I completed the Tour Du Mont Blanc and also managed to reach Everest base camp. I had always wanted to do it and the children helped me to fund the trips. I am proud to say that all of my achievements I completed alone. Trekking and walking really helped me find out who I was as a person.

53. I then went back to the Pyrenees to buy a house from the small amount of money that I had from the sale of the house that I lived in with [H]. It felt strange as I had never been in France without looking after [H] and so I decided to stay and find out for myself what it was like to live there alone. I bought an old wreck, which was essentially a derelict property and renovated on a very tight budget.

54. I found it to be very lonely, so I decided to put the house on the market, and to my surprise I got the asking price. I thought this would give me enough money to move back to England and rent a small property, as it would never have been enough to buy a house. I did exactly what I intended to do, which was renovating the house from scratch. The house project helped me mentally following [H]'s death. I now see my children and grandchildren regularly, and I spend a lot of time with [GRO-B] and her family in London.

Section 3. Other Infections

55. As far as I am aware, [H] did not contract any other infections from his blood transfusion, other than HCV.

Section 4. Consent

56. At the time, I was not aware that [H] had been tested for HCV and I do not believe [H] was aware either. Nevertheless, when somebody is very sick, like [H] was, then I assume that it is routine to carry out these kinds of tests, and we did not question it. I believe it was the way that things were done in those days.

57. We were aware that [H] would be given a blood transfusion as part of his bypass surgery, however, I do not recall [H] and I being informed or aware of the risks involved in him receiving blood. If we knew there were any risks, we would have questioned it. We also didn't even know that HCV existed at that point.

Section 5. Impact

58. HCV has definitely impacted our children and our family life. My youngest daughter, [GRO-B] once said to me, "Mummy, I don't remember daddy ever being well". [GRO-B] was three years old when [H] first became ill, so he had been ill for most of her life.

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59. We started our family fairly late and [H] was forty-seven when our first son [GRO-B] was born, but the HCV cut his life short. I am grateful that he was alive long enough to be a grandfather and to have walked our two daughters down the aisle at their weddings.
60. HCV massively impacted [H] and once he became unwell, he was very difficult and was not himself. It physically and mentally drained him.
61. I was also incredibly conscious of our duty to inform medical professionals that treated [H] that he had HCV. [H] was treated exactly the same as other patients and to my knowledge, clinicians never discriminated against him because of his HCV status.
62. I don't recall ever experiencing any stigma associated with [H] HCV, but then again, I didn't make a point of disclosing it to anyone outside of our immediate family and close friends.
63. When we stayed away at a hotel or at a friend's home, I would take my own sheets and pillow cases with me. I always worried about transmission, especially as [H] bled so easily. When I spoke to the Investigator and Paralegal at the Inquiry, it was the first time I told anybody about doing this. I now know that it is very hard to pass on HCV to someone else.
64. [H] and I were always very careful around the children, as we wanted to protect them from catching HCV. The children were aware of [H]'s infection and I made sure they kept away from [H] when he bled.
65. Once, when [H] had his teeth removed, the doctor gave him platelets to boost his levels. It made him feel much better and at the time, I queried why they couldn't continue to keep his platelets up, but came to understand that it was not possible to do that. I also believe that the

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reason his teeth had to be removed was because of the effects of HCV on his body.

66. We had very little money, but we got through it. In the early years, I could leave [H] at home and go to work. In order to support the family financially, I taught ballet part-time and I also worked as a tour guide [GRO-B]
- [GRO-B]
- [GRO-B] My mother also left me a small legacy when she passed away. This also impacted us as we later couldn't afford to buy our own property.

67. Despite this, in the early days we have fond memories of living in a lovely farmhouse with animals. The children had an idyllic time there and they had a good childhood. It was peculiar, as it became, and was a very grim time for [H] and I, but we sheltered the children from our struggles. It was easy to keep them occupied within the grounds of the property, and of course with the numerous jobs involved in keeping the animals.

68. In general, my ethos as a parent was always to protect my children and even when my daughter asked to accompany me to the IBI interview, I said no. My children didn't know much of what went on and I never wished them to know everything, even to this day.

69. From 2000 onwards, [H]'s health was pretty awful. As I mentioned previously, his bowels struggled to function properly. By this stage, I was clearing up his sheets every day and I didn't get any outside help. [H] would have struggled with the acceptance that he needed additional help and I didn't want him to feel undignified.

70. I also didn't want to burden anyone. Our children had babies of their own and I didn't want our problems to be theirs. Insofar as the information we told them, they were always sympathetic and caring towards us.

71. From the moment [H]’s health started to decline, our social life became non-existent. This was a stark contrast to our life before, as he was always a very social man. It became too difficult for us, particularly from 2001 onwards, when [H] and I were struggling to get through the days alone.
72. After [H] passed away, I had two friends that were also widows, but it took me a much longer time to get over [H]’s death. My friends seemed to get back on their feet far sooner than I managed to; I just couldn’t seem to get my life together, because I had been a carer for 30 years and I had no life of my own.
73. [H] and I were unable to work for many years due to his ill-health, which impacted us financially and has also impacted me.
74. Before [H] passed away, we had a black deed box and he would always say to me, “*if I die, go to the black deed box*”. However, by the time he passed, the deed box papers held little value, approximately a few thousand pounds. Therefore, I was left with very little financial support following his death. I’ve managed to get by with a small pension, but I sometimes struggle, and my children help me out when needed.

Section 6. Treatment/Care/Support

75. Treatment for HCV was never discussed with us and we were not aware that treatment was available. I assume [H]’s age must have been a key factor in the decision made to not offer him treatment. It may also have been too toxic for him; as I can imagine it was similar to chemotherapy.

76. In England and France, [H] never had any problems with clinicians and in general, there were never any obstacles in receiving or obtaining treatment. Although, I have noticed a certain reluctance to engage in conversation concerning HCV. If you mention it to someone in the NHS, they don't wish to engage.
77. We never received any counselling or psychological support, but I do not believe that [H] would have signed up to it anyway. I also wouldn't have accepted counselling support. In my eyes, you are dealt a hand in life and it's how you play it. I think you can over-counsel people, and how do you ever learn if you do it that way?
78. I went to ballet school and that was very tough training, which I believe helped me develop my stoic attitude to life. I also learnt to be resilient throughout my marriage and through bringing up our children. As I often say, *'I believe that you work your way through it, and then you are through it'*.
79. I should mention that shortly after [H]'s diagnosis, I was asked by his doctor to take a test for HCV and it was negative. I also got myself tested at the [GRO-B] after [H] passed away. Nothing was ever mentioned about the children being tested for HCV.

Section 7. Financial Assistance

80. I found out about the Skipton Fund through an English friend of mine whilst living in France. He knew what had happened to [H] and one day he mentioned that there was *'help out there'*, and that he would contact his friend in Scotland for me. This was news to me, as I didn't know there was financial support available. His friend returned and told him that I should get in contact with the Skipton Fund, which supports those that were infected with HCV in England.

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81. I first contacted The Skipton Fund in 2010, and in 2011, after [H] had sadly died, I received financial support.

82. I found the application process quite easy. First, I was required to write a letter and I was then contacted by Skipton regarding enquiries over [H]'s probate. I provided [H]'s probate document and my bank account details. I was then awarded two one-off payments: one at £20,000 and a second payment of £25,000. I do not recall any conditions being placed on accepting the funds, nor did I sign any documents in relation to this.

83. The funds allowed me to settle back into England and also tied me over for a while. It has also helped me pay my rent, even to this day.

84. My GP, [GRO-B] from [GRO-B] was brilliant in helping me complete my application. He knew my history, so it was pretty seamless. I handed over [H]'s records to him, but they were all in French. His practice translated the entire bundle of medical records; they truly pulled out all the stops for me.

85. I have received no monthly support from EIBSS, and I was not aware of this scheme until the Inquiry Investigator mentioned it to me. Following my meeting today, I will look into EIBSS.

86. If it were not for my friend in France, I would never have found out about financial support.

Section 8. Other Issues

87. I would like to see the Inquiry find out who was responsible for the contaminated blood and to make them accountable. I would like answers. From what I gather, decisions were made on an assessment of what was affordable regardless of the risk of infection, and I have a strong suspicion that the tragedy could have been avoided.

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88. Contaminated blood killed my husband. He didn't die young, but he had a miserable life because of it. Of course, he had awful illnesses beforehand, but he got over them. Every time he fell ill, [H] had excellent treatment. Without HCV, he would have been up and running following his second surgery; he was a strong man with the constitution of an ox.
89. The thing that killed him was what they gave him; they pumped him with infected blood. I do not want to play the blame game. I was sure the accumulation of his medical conditions contributed to his decline, but the HCV was the final straw.
90. [H] was forty-seven years old when we married, and I know eighty-seven years old was a good age to live to, but it impacted the quality of his life. Our lives together would have been much better if it wasn't for that. [H] and I went through the mill.
91. [H] did get to live '*some life*', but what happened to the children who attended the haemophiliac school really was a tragedy.
92. Our children have done ever so well in their lives. They are all married to their partners and all have been successful in their careers, from a jewellery designer to a university lecturer, but [H] is not here to see it.

Statement of Truth

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

Signed

GRO-B

Dated

16/08/21

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Table of Exhibits:

Date	Description	Exhibit
09 January 1999	Pathology Report from the GRO-B GRO-B Hospital, date received 04 January 1999.	WITN5732002
20 January 1999	Letter from Dr GRO-B GRO-B Hospital to Dr GRO-B GRO-B Date stamped 25 January 1999.	WITN5732003
GRO-B	Death Registration Certificate with reference: GRO-B	WITN5732004
22 November 2010	Letter from Dr N Blesing, Consultant Haematologist, Great Western Hospital to Mrs GRO-B with reference: neb/hr.	WITN5732005