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Witness Name: GRO-B

Statement No: WITN0906001

Exhibits: WITN0906002-19

Dated: 20th September 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 17th April 2019.

I, GRO-B will say as follows: -

Section 1. Introduction

1. My name is GRO-B My date of birth is GRO-B 1946 and my address is GRO-B I am retired and live on my own. I have four children and 10 grandchildren. I was born in GRO-B but moved to GRO-B with my late husband. I have since moved back to GRO-B
2. I intend to speak about my late husband GRO-B:H GRO-B (1955 - GRO-B 1995) H had been infected with HIV as a result of being given contaminated blood products to treat haemophilia.

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3. In particular, I intend to discuss the nature of his illness, how the illness affected him, the treatment received and the impact it had on him and our lives together.
4. I confirm that I have chosen not to be legally represented and that I am happy for the Inquiry team to assist me with my statement.
5. Both my son, [GRO-B] and I require anonymity.

Section 2. How Infected

6. Before I start I think it's important to say that the events I am now talking about go back over 40 years. My memory is not as good as it was so I apologise if I cannot give precise dates or remember things in their full detail.
7. I met my husband [H] at a disco in [GRO-B] in 1976. He was about 10 years younger than me. A friend pushed me into him and we started speaking. He was Iranian and did not speak much English at the time, but he was being educated here. At the time there was a lot of Arabs and Iranians in the [GRO-B] area. His uncle already lived in the UK and he was living with him, but he had not long come over from Iran.
8. [H] and I were married in [GRO-B] and we had our son [GRO-B] in 1978. I already had three children from a previous marriage and [H] adopted my youngest daughter.
9. I was renting a house before I met [H] but he later bought the property. We sold it when [GRO-B] was three and moved to [GRO-B] [GRO-B]. We lived in that house together until he died in 1995.
10. [H] was a non-practising Muslim, he drunk often and did not visit the mosque.

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11. His life revolved around cars, he was a mechanic by trade and he was a member of a local car club. Even if we went on a family day out we would end up at a car show. Over the years he had a GMC, a Cougar and a Lotus Cortina amongst others.
12. [H] had his own garage business. Once he fixed the cars, he would give them back to the owner straight away and let them pay for the repairs once they could afford it. As a couple we disagreed over this policy because he had a lot of trouble getting the money back for his work.
13. [H] seemed fit and healthy when we met and he never mentioned that he had haemophilia. It was not long before he started having aches and pains. [H] went to see our local GP Dr [GRO-B] at the [GRO-B] in [GRO-B].
14. Over the years Dr [GRO-B] became a close family friend, we even had holidays in his Villa in Spain. He was a good GP who did as much as he could to help [H].
15. During this appointment Dr [GRO-B] diagnosed [H] with haemophilia. Our local hospital, the [GRO-B] said that they could not treat this condition, so [H] was referred onto the Royal Free Hospital in Hampstead. This was some distance away from where we lived and the travel was not only expensive but also long.
16. I have never been able to work out why my husband was the only person in his family with haemophilia. His mother must have been a carrier of the condition.
17. Every time [H] had a bleed we would have to drive all the way up to north London for him to be treated. It was such a long drive so we would have to make a day of it. I do not remember the name of the consultants he saw at the hospital, but they would test him and administer Factor 8. I am unsure what he would have received before Factor 8 was introduced.

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18. The hospital eventually taught [H] how to treat himself with Factor 8, so he would administer this whenever he had a bleed. Especially working with cars he was more likely to get bruised or get knocked. [H] would also take the factor products on holiday with us and he managed the condition well.
19. I recall that [H] had an operation on his knee because of the damage caused by bleeds into the joint. This procedure was conducted at the Royal Free Hospital.
20. [H] also had an operation to remove his appendix. I remember he went up to the Royal Free on the train for an appointment because he had a persistent stomach ache. He phoned up to say that they were going to take out his appendix. For this procedure, along with the knee operation he would have received blood products.
21. I was not aware of when [H] received infected blood, but I recall sitting up at the Royal Free with him and being called into an office. The medical professional told us in person that he was HIV positive.
22. At the time we both knew that he would not recover from the virus because of what was reported on the news. I was stunned and went numb after hearing the diagnosis and have blocked out the information we were told. [H] did not speak about the diagnosis after we left the hospital. I cannot remember when we were told. As I said, I've blocked this out.
23. I remember that the consultant told us to be careful with sexual contact and to use condoms, but not much else was said about transmission of the virus.
24. When I heard that the Infected Blood Inquiry was taking witness statements from those infected and affected by contaminated blood, I

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requested my husband's medical records. Up until this point I thought that [H] was infected with HIV by self-administering Factor 8 products.

25. I gave the copy medical notes to the Deputy lead Investigator to the Inquiry. He went through [H]'s medical records on Monday 16 September 2019 and identified a vast amount of relevant information that I was previously unaware of. To be honest, the findings have upset me for reasons, which will become apparent. I produce these documents as detailed in the table below.

Exhibit Number	Description	Date
WITN0906003	Letter from K.M Harrison Consultant Haematologist, [GRO-B] Hospital to Dr E Goldman, Department of Coagulation, Royal Free Hospital. Explains that last year Dr Goldman asked K.M Harrison to supply Mr [H] with Factor VIII for home treatment and specified that he should only receive NHS Factor VIII to minimise the possibility of him contracting hepatitis. States that the arrangements were made and he then came into the Royal Free Hospital for an operation. K.M Harrison explains that he saw Mr [H] in regard to the disposal of his syringes and he stated that he had sufficient concentrate from the Royal Free. The Oxford Haemophilia Centre has advised K.M Harrison that patients should receive heat treatment Factor VIII to minimise the possibility of them contracting AIDS. He asks Dr Goldman whether he intends to maintain Mr [H] on heat-treated product only or if he will continue to supply him with the standard NHS material. K.M Harrison states that the [GRO-B] has	17/01/85

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	adequate supplies to provide Mr H H with the NHS Factor VIII, but that they would have some difficulty in obtaining the money to buy in commercial heat-treated Factor VIII until suitable material is available from the Blood Products Laboratory. Asks if the Royal Free are using heat treated material, whether they will be prepared to continue to supply Mr H either directly or through the GRO-B Hospital.	
WITN0906004	Letter from Dr GRO-B to Dr Goldman at the Royal Free Hospital. States that H H is due to have his knee attended to with arthroplasty on 17 March and that there is obviously a possibility that he will need cryoprecipitate and not surprisingly he is worried about having this when it could be avoided. Asks whether it would be sensible to put off the operation for 18 months-2 years until the AIDS situation is better defined. States that Mr H's opinion is that he would rather put up with a bit of pain and a bit of bleeding and limitation in the knee than finish up with AIDS. Asks Dr Goldman for his opinion and whether the position could be assessed in a couple of year's time.	21/02/85
WITN0906005	Letter from Eleanor Goldman to Dr GRO-B responding to the previous exhibit. States that Mr H has been seen in the Orthopaedic clinic several times in the past year and appeared to be very keen to have a knee arthroplasty because of the constant disabling pain in his knee. At the clinic on 8 February he discussed the pros and cons in some detail. States that a knee replacement would not necessarily give any increase in the	01/03/85

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	<p>range of movement but would relieve the pain and that by reducing the risk of bleeding, it would also indirectly reduce his use of Factor VIII. Explains that he has a considerable amount of Factor VIII in the past year to cover the operation for fistula-in-ano and he is now having heat treated Factor VIII which is thought to be free of AIDS – although not proven. Mr [H] was given a provisional date of 23 April for the operation after the discussion but he is to think about it with his wife and decide in the middle of March. Emphasises that there was no attempt to persuade him to have any surgical procedure. States that he can remain on the waiting list indefinitely, to ensure that he is not at the end of the queue when he is ready for surgery.</p>	
WITN0906006	<p>Letter from K.M Harrison to Dr Goldman. Records that he saw Mr [H] on 22 February and he admitted he had only used 5 of the 24 bottles of Factor VIII given by the Royal Free, because he was afraid of getting AIDS. He went on to say that he was awaiting an operation on his left knee, but was reconsidering the admission again because he was afraid of contracting AIDS. States that liver function tests were carried out and sets out the results. States that a sample of serum was saved and deep-frozen for further tests. K.M Harrison further adds that he booked Mr [H] an appointment for 2 weeks later, but he failed to keep the appointment and has no been since. He notes that he was very late for his original appointment. States that they have a supply of heat-treated Factor VIII for him for when he turns up.</p>	20/03/85

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WITN0906007	<p>Summary of Case by Paul Roderick, SHO in Haematology, The Royal Free. Lists principal diagnosis and problems as 1. Haemophilia A 2. Left total knee replacement 3. Transposition of left ulnar nerve. States that Mr [H] was admitted for a total knee replacement, that the operation was uneventful, he had manipulation under anaesthetic and was left with a non-painful but stiff knee with a maximum flexion of 45 degrees. Explains there was a chance of giving some counselling about AIDS as he is HTLV-III anti-body positive. States that the treatment required during his stay was initially 2,5000 units of commercial heat treated Factor VIII on maintaining dose of 1800 units daily. He was discharged to take 1800 units day for the initial 12 days whilst mobilising.</p>	<p>Admission: 02/08/85 Discharge: 08/08/85</p>
WITN0906009	<p>Letter from Elizabeth Miller, Senior Registrar to Dr K.M Harrison attaching a copy of the discharge summary and a copy of Mr [H]'s haematology and biochemistry reports. States that he completed a course for hepatitis B vaccination in September 1984 and his HBsAB at the time was 4600, which was very satisfactory. Explains that they are following the levels to see if a booster will be required. Also notes that [H] seroconverted to be HTLV-III antibody positive on 8 February 1985, having been negative on 3 September 1984. Asks to look at the stored serum samples to date the time of seroconversion more accurately.</p>	03/09/85
WITN0906014	<p>Letter from Christina Lee, the Royal Free to Dr Beard, [GRO-B] Hospital. Provides a summary of [H] as Dr Beard has taken</p>	03/07/91

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	<p>over from Dr Harrison. Explains that the patient has mild haemophilia A with a Factor VIII level of 1%. He normally requires very little treatment but he acquired HIV when he had an operation for an abscess in the rectum. He would have seroconverted to anti-HIV between 3 September 1984 and 8 February 1985. States that in June 1988 he developed a marked thrombocytopenia with a platelet count of 16 and started on treatment of zydovudine in September 1988. He made a rapid response to the zydovudine and within a month his platelet count was 63. It is currently 84. In November 1989 his CD4 count was less than 0.2 so he was started on prophylaxis with pentamidine. Since that he has remained reasonably well, although he has had an occasional bacterial infection. Notes that he had major financial problems, but they have largely been resolved with the recent government payment. States that he comes up to the Royal Free every two months and goes to GRO-B Haematology Department in the intervening month to check the platelet count. His CD4 count runs around the 0.2 mark, which should not yet result in major problems. He has still not told his teenage children of his HIV status, but it is on the agenda.</p>	
WITN0906018	<p>A Nursing Referral Form for Community Care or External Transfer states that H was admitted on 2 September 1984 to the Hopgood Ward at the Royal Free Hospital because of a fistula in ano. States that the patient requires daily dressing to wound.</p>	<p>Date of Admission: 02/09/84 Date of Discharge: 15/09/84</p>
WITN0906019	<p>Hospital medical notes 30 June 1985 – routine admission for theatre</p>	<p>30/06/85 – 02/07/85</p>

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	<p>Tuesday, injects himself with concentrate when necessary. Patient seems well on admission. Walks with a limp and has pain in his left knee. Observations satisfactory. Haemophilia centre informed of his admission. Appeared a bit restless during the night</p> <p>1 July – no apparent problems. Satisfactory night.</p> <p>2 July – Treated with 4050 units of Factor VIII. Blood taken for Factor VII levels.</p> <p>Satisfactory on return from theatre. Factor VIII given on return</p> <p>Post op care: 1) reduced conscious level 2) pain 3) haemophilia 4) blood transfusion of one unit given on return 5) bed rest due to total knee replacement – Robert Jones full bandage 6) wound barrier nursing due to HTVL positive status</p> <p>4 pm – treated with 2250 units of Factor VIII</p> <p>Patient has been in considerable pain post operatively. Pain control to be reviewed.</p>	
WITN0906008	<p>Hospital medical notes</p> <p>3 July 1985 – Robert Jones bandage remains in place. Maintain wound and take precautions. Temperature taken. Treated with Factor VIII. Patient complaining of numbness in finger near IVI site.</p> <p>Wound barrier nursing maintained. Precautions due to HTLV-III status.</p> <p>4 July 1985 – Treated with 2250 units of Factor VIII.</p>	03/07/85 – 04/07/85

26. I have never read all of [H]'s medical notes; I find the content very upsetting. The only entries I have read relate to the day he died and then I stopped. There must be about a 1000 pages.

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27. From these copy medical notes and solicitor letters, it is now apparent that [H] seroconverted to anti-HIV between **3 September 1984** and **8 February 1985** – after an operation to remove an abscess in his rectum.
28. I do not remember [H] being admitted into hospital to repair an anal fissure and there is no mention on the medical records that I visited him in hospital. I am surprised that I have no recollection of this because he would have been in a lot of pain and required aftercare.
29. [H] never discussed or expressed any concern about infected blood, but from the medical notes I have found out that he requested to delay his knee operation because of the risk of HIV from the blood products. It is hard for me to accept that he took precautions not to be infected with HIV, when he had already contracted the virus from an earlier procedure. He was obviously unaware of the virus contamination.

Section 3. Other Infections

30. I always thought [H] had only been infected with HIV as a result of receiving contaminated blood products, yet on inspection of his medical notes he was also infected with Hepatitis C (HCV). I would still be unaware of this had I not requested the medical records.
31. I wonder if [H] even knew that he also tested positive for HCV because he never mentioned anything.

Exhibit Number	Description	Date
WITN0906002	Note stating that [H] was first exposed to concentrate on 1 July 1978 and that he has since tested positive for HCV RNA Genotype 1	Undated
WITN0906017	Report of blood sample received by Virology Department, The Royal Free Hospital on 26 June 2001. Confirms that [H]	27/06/01

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	H was HCV Genotype 1. (Note: The date of this test is 6 years after his death) I have no idea why they tested his blood so long after his passed away.	
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Section 4. Consent

32. I presume H would have provided consent for the blood products used to treat his haemophilia and for the products received during operations.
33. I do not know whether H provided his consent to be tested for HIV.
34. I do not recall being tested for HIV at the time H was diagnosed, but I should have been. I have blood taken regularly because I have a thyroid problem and osteoporosis, so I presume they have tested my blood for HIV and HCV since, but my consent has never been sought. I also had a hysterectomy not long after H died and my gall bladder was removed in 2001/2.

Section 5. Impact

35. H was put on a lot of different tablets after the diagnosis and his health deteriorated. His hair fell out and he gradually started to lose a lot of weight.
36. Before he got really ill, H went back out to Iran for a family funeral. He phoned up to say that he was very unwell, had an upset stomach and could not eat. I told him to come home immediately but he was insistent on staying out there so he could collect some alloy wheels. Any logical person would come home, but H was fixated on the car parts.

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37. He was away for around 2-3 weeks in total and when I picked him up from the airport, he looked terrible, I was shocked as to how much weight he had lost. He was like a skeleton and looked like he was on his deathbed.
38. [H] was only a slight man but he was very tiny and frail when he passed away because of the weight loss. According to the medical records he was only 42.5kg when he died.
39. Once we arrived home Dr [GRO-B] was called out. He told me that [H] was going to die and needed to be in hospital. I drove him all the way up to the Royal Free Hospital in Hampstead.
40. [H] was in hospital for about a month before he died. He started off in a normal ward, so I thought that once he was treated he would return home. It was not long before he was moved into his own room and this is when I realised he would not be discharged.
41. The hospital staff never discussed [H]'s illness or life expectancy with me. There was very poor communication. I understand he was receiving palliative care in the last week of his life. This was never explained.
42. In the end the hospital started to give me some money towards the train fare into London, because of what I was spending in petrol driving up each day to visit.
43. [H] passed away at the age of 40 and I was present. Interestingly when I first met him he had a premonition that he would die at 40.
44. Just before he died he apologised for how he had treated us all and for his abusive behaviour. I could not help but think it was too late for an apology. We had all suffered for years and now [GRO-B] was about to lose his father. He was only 16 at the time. I remember him kicking off at the hospital staff after he was told that his father had died.

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45. I was very upset when [H] died and I just felt numb. I never really discussed this in detail with [GRO-B] because I did not want to upset him.
46. My daughter [GRO-B] was doing Camp America when [H] was hospitalised at the end of [GRO-B] 1995. He told her not to come back and she was still in America when he died.
47. I went back up to the Royal Free the day after [H] died to collect the death certificate which I exhibit as **WITN0906016**. I told the hospital not to state AIDS as the cause of death because not everyone knew he had been infected.
48. The cause of death was shown as 1a Cryptosporidiosis
II. Haemophilia A. The death certificate was certified by Dr Gomex.
49. [H] wrote his own will and stated that he wanted to be cremated and his ashes buried with a headstone. This was against the Islamic faith, so after the funeral none of his Iranian family spoke to us. Although [GRO-B] the wife of [H]s uncle organised the funeral and we are still very close now.
50. My son has never heard from his paternal grandparents and the only communication he has now with his father's family is via social media. I think it is awful that my son was cut off from his family in Iran once his father died.
51. I do still go up to the cemetery and visit [H]s grave.
52. I felt alone after [H]s diagnosis because he refused to talk about it. We chose not to tell the children and I could not tell anyone else. I wish he had not bottled it up and spoke about the infection as it may have helped us as a couple.

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53. I am not sure who out of [H]s family knew that he had been infected with HIV.
54. Our personal relationship suffered as a result of the HIV infection. He was 30 years old when he was infected and from then on, for the next ten years up to his death [H] would shout and create arguments. This would escalate because I have the type of character to shout back.
55. He did physically hit me at times and my eldest daughter (who had a different father) would urge me to leave him. Up until the point of infection, [H] and I had a happy marriage and there was no physical or verbal abuse.
56. As a family we suffered from the moment [H] was diagnosed with HIV until his death. He was permanently bad tempered, had no patience and would especially take out his frustrations on our son [GRO-B]. Even on holiday we would be on knife-edge wondering what he would say or do.
57. After the diagnosis [H] was like Jekyll and Hyde. He would be the life and soul of the party when we socialised, but he was very different behind closed doors. My friends interacted with a bubbly, lovely man and still remember him in that way, yet he was not like that at home.
58. My two eldest children left the family home because of [H]s behaviour and my son [GRO-B] would only come back in-between relationships. He was horrible to them.
59. [H] would even shout at me in hospital. On one occasion his brother came over to visit from Iran and [H] would shout at me in front of him. He would tell me to give his brother money for food, even though I was struggling financially at the time.

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60. From the hospital notes I recently received, I have been made aware that [H] sought medical help for his mood swings and agitation at home. It would appear that his aggressive behaviour was a symptom of HIV attacking the brain, but I did not think this at the time. It's sad to think he tried to do something about his behaviour and never told me.

Exhibit Number	Description	Date
WITN0906015	Letter from Dr Christine Lee, Royal Free to Dr Michael King, Consultant Psychiatrist, Royal Free requesting an appointment to see [H] States that he has mild haemophilia and was a late seroconverter to HIV in 1984. Adds that he developed HIV related thrombocytopenia in 1988, which has remained in remission with zidovudine. Explains that he started prophylaxis with pentamidine and fluconazole 6 months ago and his CD4 count is now less than 2. States that when Mr [H] came to see her on 21 January, he complained of mood swings and was worried about how he gets angry and agitated with his wife. States that there may be a number of family problems to unravel, but strongly feels that he will benefit from psychiatric expertise. Suspects that he has ineffective HIV on his brain, which is causing the problems. States that Mr [H] was happy to see a psychiatrist.	25/01/93

61. I think [GRO-B] only found out that his father had HIV after he was admitted into hospital for the last time. He had previously told him he was ill and was likely to lose a lot of weight but I don't know if he actually said he was HIV positive.

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62. Whilst his father was in hospital, GRO-B would not get up in time for school, even though the school bus stopped right outside our house. I ended up having to drive him in before I drove up to London to visit H. I would stay at the hospital all day not knowing what GRO-B was getting up to. He was taking his GCSEs at the time and his grades were certainly affected.
63. A couple of times GRO-B came out of school so that he could visit his father in hospital.
64. After his father's death, GRO-B was left to fend for himself and he went off the rails. He details this in his own statement.
65. All of my friends would comment on how rude his behaviour was, he got in with the wrong crowd, would be out late or not come home, and he would always swear. There was a lot of drinking and smoking going on.
66. None of my friends knew that H died of HIV. I told them that he had picked something up in Iran and died of dysentery, because I was worried about the stigma surrounding the virus. Only H's uncle and his wife GRO-B knew about the infection and they treated me well.
67. H would have to go to the dentist up at the Royal Free Hospital because our local dentist would not treat him. At the time I presumed this was in case he had a bleed.
68. At one point H started to receive a mobility allowance because of his haemophilia and he was given a disability vehicle – a Sierra Sapphire.
69. Not long after one of his mother's visits from Iran, H cancelled his life insurance policy. This meant that he had no cover in place when he died of HIV and I was left to pay the mortgage payments for our home.

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70. When [H] received a £60,000 payout he said that he would pay off the mortgage, as we had re-mortgaged a number of times to purchase cars. He did spend some money on the house, but he sent the remainder to his family in Iran and we did not benefit from the money.
71. [H] left [GRO-B] a £40,000 cheque, which was given to his brother to cash in for [GRO-B]. He never saw the money. His brother was horrible and we think he must have taken that money for himself.
72. After [H] passed away I was left with a mortgage of around £40,000 and a lot of cars that were left in the garage and on the drive.
73. I had to get a job straight away to cover the mortgage repayments and other debts, so I left my children at night to work in a bar. The bar was owned by my ex husband. I worked there until 2000 and then waitressed in a friend's café. Really I should have been winding down to retirement but I still had to work.
74. My son [GRO-B] sold all of [H]'s cars after he died.

Section 6. Treatment/Care/Support

75. To my knowledge, [H] was never offered any counselling or psychological support in relation to his infection with HIV. I do not know if he received the treatment for his mood swings mentioned earlier in my statement. His behaviour certainly did not change.
76. I was never offered any counselling or psychological support after [H]'s HIV positive diagnosis. I think that if I'd had the opportunity to speak with someone outside of the family it would have helped.

77. After [H]'s death I was offered bereavement counselling in Hastings, but I found it of no use and only attended one session.
78. [H] never commented on the treatment he received at the Royal Free Hospital and I think they did all they could at the time.
79. When I visited my husband in hospital, none of the medical professionals ever explained what course of treatment they were following and never took me to one side to say that he was going to die.

Section 7. Financial Assistance

80. [H] received a payout of £60,000 as a result of being infected with HIV.
81. I sent all of [H]'s medical records to the Macfarlane Trust, but they said we were not entitled to any further compensation.
82. Approximately 4 years ago, the Macfarlane Trust phoned up to ask if I needed financial assistance with anything in the home. I was living in a caravan at the time and they covered the cost to replace all of the windows.
83. As of last year I have started to receive monthly payments from the Skipton Fund (now EIBSS). It started of at £400 a month and has since increased to £600. I also receive the annual winter fuel payment.
84. I never received a backdated payment for all the years when I struggled on my own to pay a mortgage.

Section 8. Other Issues

85. I have also discovered from the medical records that my husband pursued haemophilia/HIV litigation in the 1990s. Again I was not aware of this at the time.

Exhibit Number	Description	Date
WITN0906010	Letter from P Kernoff, The Royal Free Hospital to Miss Wilder, Beechcroft Stanleys. States that all clinical and counselling notes along with treatment records have been sent to the solicitors. Explains that Mr [REDACTED] H [REDACTED] now 35 has severe haemophilia A and originally came from Iran. States that he was first seen at the Royal Free Hospital Haemophilia Centre in 1976. Apart from occasional visits to the orthopaedic clinics and admissions for surgery, his routine care has been undertaken at the [REDACTED] GRO-B [REDACTED] Hospital. They supplied the majority of his treatment material, so the Royal Free records do not give a complete picture of the treatment given. Despite this he was certainly heavily exposed to both NHS and commercial Factor VIII concentrates. Explains that retrospective testing of serum samples indicate he seroconverted for anti-HIV between 3 September 1984 and 8 February 1985. There is no record of him receiving commercial Factor VIII in the 6-month period before his first positive result, so it is probably attributable to NHS concentrate. States that he started AZT therapy in 1988 and has had neurological problems, which may be related to his HIV	20.03.90

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	infection. Adds that his care continues to be handles between the Royal Free, GRO-B and his GP. He has a low CD4 lymphocyte count, indicative of a high risk of progression to full-blown AIDS.	
WITN0906011	Letter from Peter Kernoff, The Royal Free to Mr Adam Lewis, Consultant Surgeon, The Royal Free enclosing letter to Miss Wilder. Explains that this is one of the 70 haemophilia/HIV cases that he is helping the authority to defend. The major issue is whether or not surgery for a fistula in ano, which Mr Lewis carried out in September 1984, could have been reasonably postponed.	06/09/90
WITN0906012	Letter from Peter Kernoff to Miss Wilder, Beachcroft Stanleys replying to letter of 6 August. States that we have to accept that the anti-HIV seroconversion is probably attributable to the heavy course of NHS Factor VIII concentrate given in September/October to cover surgery for a fistula in ano. The question arises whether surgery could or should have been postponed until heat-treated NHS Factor VIII became available in sufficient quantities. He raises the following points in relation to the question: 1) His problems with anal fistulae and recurrent ischio-rectal abscesses were of several years duration and causing him debility. In 1981 he had surgery elsewhere to excise an abscess. Cover with cryoprecipitate was given, profuse bleeding encountered and he required	06/09/90

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	<p>readmission to hospital after further bleeding at home. Thus cryoprecipitate had an inadequate haemostatic effect.</p> <p>2) Recurrent abscesses were not controllable by medical treatment and were causing him distress.</p> <p>3) He was referred to Mr Lewis for a surgical opinion and seen on 16 March 1984. Mr Lewis considered that the fistula in ano was giving sufficient trouble to justify surgical treatment. Clearly, every attempt had been made to handle the problem conservatively before surgery was recommended, but the patient was deteriorating, in distress and the indications for surgery were compelling.</p> <p>4) Every attempt to minimise the possible risk of virus transmission from a heavy course of plasma product was made – in particular the effort to obtain NHS rather than commercial concentrate and the patient was fully informed. Also cryoprecipitate had previously been found to give inadequate surgical haemostasis and he had a severe transfusion reaction after cryoprecipitate. Such reactions can be life threatening.</p> <p>5) Histopathological examination of a tissue sample obtained at surgery showed dysplastic cells – indicative of possible malignant change. This</p>	
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	would have been another reason not to delay surgery.	
WITN0906013	Letter from Miss Wilder to Dr Kernoff. Sets out the claim on behalf of Mr H GRO-B as; 'The plaintiff was known to be negative on the 3 September 1984. Immediately thereafter he was treated for an anal fistula. This was undoubtedly elective surgery and since the operation had been under discussion since at least March 1984, it should have waited for heat-treated cover'.	18/01/91

86. I would like the inquiry to establish why contaminated blood was used and how it was allowed to enter the NHS system. My husband was only 40 years old when he died and my family have suffered tremendously.

Statement of Truth

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

Signed

GRO-B

Dated *20-9-19.*