

Witness Name: GRO-B

Statement No: WITN1692001

Exhibits: WITN1692002-3

Dated: April 2019

**INFECTED BLOOD INQUIRY**

**FIRST WRITTEN STATEMENT OF**

GRO-B

I, 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 am a widow  
with two children aged GRO-B and GRO-B

2. I make this statement as an affected person in relation to my late husband  
GRO-B: H (DOB: GRO-B and DOD: GRO-B  
who was infected with HIV and Hepatitis C as a result of receiving  
contaminated Factor VIII.

3. This statement has been prepared without the benefit of access to  
H full medical records.

**Section 2. How Affected**

4. H suffered with Haemophilia A and received Factor VIII on an  
intermittent and "as and when required" basis. I refer to **Exhibit**

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**WITN1692002** which is an extract from [H] medical records which sets out a proportion of the Factor VIII treatment he received between 1981 and 2009. He was treated at the [GRO-B] and his consultants were Dr Rizza and Dr Matthews.

5. [H] was told that he had HIV by Dr Rizza at the [GRO-B] in the latter part of [GRO-B] which was when I was [GRO-B] [H] attended a routine appointment and did not expect to be told this devastating news but to some extent he had suspected that he may have been HIV positive because both [GRO-B] had been infected with HIV.

6. I refer to **Exhibit WITN1692003** which is an extract from [H] medical records confirming that his first recorded HIV positive test was [GRO-B]

7. However, I recall that [H] and I were advised that he had tested negative for HIV in late [GRO-B] or possibly early [GRO-B]. This was at another routine meeting and HIV was briefly discussed and the consultant (whose name escapes me) seemed vague but said to [H] "You are fine". It was therefore very odd that doctors required another HIV test to be conducted when I became [GRO-B]

8. In the 1990s, [H] attended another routine check up at the [GRO-B] [GRO-B] where he was told by either a female doctor or a nurse that he had been infected with Hepatitis C. I was with him during this appointment and I questioned it because Hepatitis C was definitely something new for [H] which had never been previously mentioned. It was hard for us to process this diagnosis because we were both shocked and felt that this was another blow. We did not appreciate the ramifications of what having Hepatitis C would mean to [H]

9. [H] was certainly not given adequate information to allow him to either manage or understand his Hepatitis C infection. He was, however, provided some detail about the risks of transmission.

**Section 3. Other Infections**

10. I recollect that [H] was put at risk of vCJD.

**Section 4. Consent**

11. I believe that [H] was tested without his knowledge and therefore impliedly without his consent. The medical practitioners would always take his blood and did not tell us what it was being used for. It was just the standard practice.

12. I don't think that the medical professionals were always honest with us and I therefore suspect that [H] could have been used for the purposes of research.

**Section 5. Impact**

13. A lot of the time [H] infections brought him down mentally. He would not seek any help for his depression but he confided in me and I supported him.

14. He hated the Haemophilia Centre at the [GRO-B] and I often struggled to get him to attend and sometimes he simply refused to go.

15. [H] took a lot of tablets to treat his HIV infection. He took AZT treatment for a while but he suffered some bad side effects including a painful all over body rash which we could not bring under control for years; despite the fact that he came off the AZT shortly after commencing this treatment.

16. Following stopping the AZT treatment, [H] was on a combination of tablets to treat his HIV and the doctors would continuously change and update his prescriptions. In general [H] managed well with the various treatments but there were many side effects and it is to his credit that he dealt so well with these.

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17. Physically, [H] was constantly fatigued which meant that his ability to work was restricted. He did work with his [GRO-B] for a time but he was unable to hold down a full time job and this had a knock on effect on our finances. We struggled financially and we lived on benefits. As our children became older and were in full time education I had to take on the role of the breadwinner and go out to work.

18. [H] did not receive any treatment for his Hepatitis C infection and he died with this infection.

19. I recollect that towards the end of his life [H] was extremely lethargic and unable to get off the sofa. Just before he passed away, his health seemed to improve and he started eating again which was really promising because he had suffered a huge loss in appetite as a result of his infections.

20. However, on the Monday before he passed away, which was [GRO-B] [GRO-B] [H] doctor visited him at home and following this visit [H] was admitted to Northampton General Hospital.

21. At Northampton General Hospital the doctors conducted blood tests which showed that [H] required treatment due to his Haemophilia. However, the doctors could not proceed with this treatment until the morning because the Haemophilia doctor was not available until then. Unfortunately and very sadly [H] passed away during the night before he received the necessary treatment.

22. When [H] was alive we did not tell anyone about his infections and only his immediate family were aware of the same. I did not confide in anyone and even my parents were unaware that my husband had HIV and Hepatitis C.

23. I have only just recently told our [GRO-B] who is aged [GRO-B] [H] was adamant that we must not tell our children or indeed anyone else in case that exposed the family to stigma. [H] wanted to protect his children and I therefore respected and maintained his wish after his death. [H] wish was to keep his infections a secret because he wanted his children to grow up



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normally and he also did not want them to feel sorry for him whilst he was battling these infections.

24. It has been hard over the years to continue to keep [H] wish in this regard but I have done so until very recently. It has been hard to live with this secret for so many years but we did escape the stigma which others suffered by not divulging the fact of his infections.

25. I still live with the suffering now. I suffer with depression as a result of everything that I have been through. It affects me on a daily basis and I am scared that my [GRO-B] who is aged [GRO-B] will find out. She [GRO-B] just before his [GRO-B] and there has not really been a right time to tell her. There will never be a right time to tell her and I have such a wonderful relationship with my [GRO-B] so I don't want anything to damage that.

26. I met [H] in [GRO-B] after he returned a scarf that he had borrowed from my sister, who is 9 years older than me. My sister arranged for us to go out to a disco and we started chatting and fell in love. We got on so well and once our children came along, [H] and I loved spending time with them. He really loved his children and they adored him.

27. I was robbed of a soulmate far too early. It has been incredibly hard living through all of this. We were living with a huge burden; we were constantly at the hospital, constantly worrying what people would say if they found out and the stigma that we would suffer as a result of this. We just tried to block this out whilst trying somehow to live a "normal existence" in a very abnormal and stressful world.

### Section 6. Treatment/Care/Support

28. I recall that on one occasion in or around 1996 [H] was admitted to the infectious diseases ward at the [GRO-B] following a spinal infection. [H] was placed in an isolated room and the medical staff wore gloves when dealing with him.

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29. [H] attended the dentist on only about 2 occasions since I met him. I understand that the hospital recommended a dental practice in Oxford and that this practice was the only one which would treat [H]. In my opinion, [H] experienced substandard dental treatment.

30. [H] was not offered any counselling or psychological support.

31. I was offered psychological support after [H] passed away but I only continued this for a short while. I have been very depressed and have sought further counselling but I did not find it very useful. I was also put on antidepressant medication by my GP but I stopped taking this medication after a short time because it was only partially beneficial and I did not want to be on medication for any longer than necessary.

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

32. [H] received £60,000 from the Macfarlane Trust (MFT) following being forced into signing a waiver in 1991.

33. [H] also received a monthly payment from the MFT although I don't recall the amounts.

34. We applied for grants for white goods to include a dishwasher and a washing machine. However, the application process was quite difficult and lengthy and we were refused on a number of occasions. It felt like we were begging and given the mode of infection we were disappointed by such treatment by a Trust that was supposedly set up to help us.

35. [H] received annual winter fuel payments of £500.

36. [H] received the Stage One payment of £20,000 from the Skipton Fund but I cannot recall when this was.

37. When [H] was alive we did not know that he had cirrhosis. However, following his death the autopsy confirmed this diagnosis. I therefore made

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the requisite application for the Stage Two Payment. Initially I was turned down but I persevered and was eventually successful.

38. Overall I would say that I was more satisfied with the Skipton Fund than the MFT.

## **Section 8. Other Issues**

39. I have not been involved in campaigning. I dealt with everything alone and I do not tend to share what we have been through publicly.

40. I want those at fault to admit that they knew what they were doing; to admit that they were giving people bad blood motivated solely by greed. I would like answers, the truth and for people to be held to account.

## **Anonymity, disclosure and redaction**

41. I would like to apply to retain my anonymity and I do not want to give oral evidence to the Inquiry.

## **Statement of Truth**

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

Signed

GRO-B

Dated.....10.4.2019.....