

Witness Name: Rita Wood

Statement No.: WITN3316001

Exhibits: **WITN3316002,**  
**WITN3316003, WITN3316004,**  
**WITN3316005, WITN3316006,**  
**WITN3316007, WITN3316008**

Dated: 6<sup>th</sup> August 2019

## **INFECTED BLOOD INQUIRY**

### **WRITTEN STATEMENT OF RITA WOOD**

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 07 July 2019.

I, Rita Wood, will say as follows: -

#### **Section 1. Introduction**

1. My name is Rita Wood. My date of birth is the GRO-C 1934 and my address is known to the Inquiry. I have three grown up children, Jane, Alison and Christopher.
2. My husband, John, died on the 27<sup>th</sup> January 1993. I intend to speak about how my husband came to be infected with the Human Immunodeficiency Virus (HIV). In particular, the nature of his illness, how the illness affected him, the treatment received and the impact it had on him and our family.

#### **Section 2. How Affected**

3. John suffered for many years with hypertension and in his late 40's he began experiencing heart problems. One day he was walking home from the train station after work and he complained of extreme tiredness and chest pain. After a visit to the doctor, he was told he had angina, reduced blood flow to the heart.
4. Following this diagnosis, John was put forward for a heart bypass operation, which he had at The London Chest Hospital.
5. I cannot recall when personally, however documents that I have state John had a blood transfusion during that operation on the 7<sup>th</sup> December 1982.
6. John's operation itself was successful. I believe the surgeons took a vein from one of his legs and transplanted it to the heart. Following the operation however, I didn't notice an obvious improvement in John's tiredness symptoms and he would still mention how exhausted he always felt. At the time we had put it down to the fact that he was recovering from a major operation.
7. John was a manager at British Telecom, based in the City of London. He took 6 months off work to recover from his heart bypass operation and when he resumed full-time work, I would drop him off and collect him from the train station each day as he was always too tired to walk.
8. Following his operation, John was told by his doctors that he should keep up his exercise. John and I used to do ball room dancing together and we would compete in competitions. After the operation we continued to dance, albeit not as we had done before, but John found himself having to sit down and rest a lot more. We both agreed that we would have to stop dancing at some point in the near future. John also began to be more careful with what he ate and he started going to bed earlier.

9. In the years following his operation, John would constantly suffer from sore throats and colds and it would take him a long time to recover. We had to be careful where we went and who we saw because if anyone had a cold John would likely catch it too. One time, John had a bad chest infection and he was given antibiotics by the doctor but it still took him a long time to recover. We both just put these symptoms down to his operation.
10. There was a point between 1986 and 1988 when John contracted an infection on one of his legs. The wound that became infected was where the surgeon took out a vein during his heart bypass operation. John had an ongoing problem with that area on his leg and this time it was so bad that we had to cancel a family holiday to Cyprus.
11. John retired from his job, around June or July 1992, 6 months before he died. He took a voluntary redundancy with a pay-out. However, his health had deteriorated a lot by this stage so I believe this was a contributing factor in his decision to retire. He had lost a lot of weight and he looked quite ill.
12. Towards the end of his life, about 4 weeks before he died, John was admitted to Broomfield Hospital in Chelmsford and by this stage he was extremely ill. He had lost a lot of weight, was suffering from fits, could hardly drink and he wasn't conscious of what was going on around him.
13. During this time in hospital, the medical professionals couldn't figure out what was wrong with John. They thought he may have suffered a stroke, however a consultant from London, who happened to be visiting the Broomfield Hospital at the time, suggested John should have an HIV test. As far as I am aware, this was the first time HIV was ever mentioned in connection with John. It was really quite shocking.
14. I had no idea that John was going to be tested for HIV, I doubt that he did either but I have no issue with that as I think that everyone was scratching their heads to work out what was the matter with him.

15. After John had tested positively for HIV, I was at the hospital with my 3, by now grown up children. I was taken aside by a doctor and told that they had some bad news for me. I thought they were going to tell me that John had cancer, but instead they asked me some strange questions such as whether John had been abroad recently and questions about his sexual activity. It was then that the doctor told me John had tested positive for HIV. I had no real idea what HIV was, although I obviously remember the AIDS public information films that came on during the TV adverts in the late 80s and that there was a lot of hysteria surrounding it, however I didn't know AIDS and HIV were connected.
16. While I cannot recall personally, documents that I have, state that John was tested for HIV on 18<sup>th</sup> January 1993.
17. I had no idea how John could have contracted HIV. I knew him very well, he was the perfect man in every way. It didn't occur to me to think much about how he had got it but at the time I believe I may have suspected something had happened in the hospital.
18. At the time, my children were 28, 25 and 21 years old and after my conversation with the doctor I had to go back and tell them that their father had been diagnosed as being HIV positive. They were all extremely upset and Alison was in tears because she had known what HIV was and what it meant for her father.
19. In that moment I was stunned, it felt like an out of body experience. I had thought that John was going to get better because he was in the hospital and doctors are clever and are able to do all sorts of things.
20. At no point was it ever explained to me what HIV was and what it could mean for John's life. I was told that HIV was a serious illness but I hadn't grasped just how serious. I didn't know John could die from it.



21. In retrospect, I can say that this all happened within the days before John passed away. John was never told he had been diagnosed with HIV as the doctors thought he was too ill. However, I've always had a feeling that he may have suspected it and never mentioned it to me. He was always the sort of man that would keep things to himself so as not to alarm the family.
22. At the point at which I was told, it seemed to me that the medical professionals were not linking John's HIV diagnosis to the blood transfusion he had back in 1982, during his heart bypass operation. It certainly didn't occur to me either.
23. On the day that John passed away we, that is my three children and I, had spent all day at the hospital with John. We all returned home fairly late in the evening because if I remember correctly, we were getting ready for bed when I received a phone call from a doctor. I was told that we ought to go back to the hospital, as John had taken a turn for the worst.
24. Not long after the children and I arrived back in John's ward, we were asked to leave the room as they were going to turn John over. It was at that point, after he had been turned, that John passed away. I remember saying that they shouldn't have turned him.
25. On John's death certificate his cause of death is recorded as Toxoplasmosis. We asked the doctors to keep HIV off his death certificate due to the stigma at the time.
26. A letter sent to me from a Mrs M T Gibson at the Department of Health on the 10<sup>th</sup> May 1994 states that John contracted HIV as a result of his blood transfusion during his operation at the London Chest Hospital on the 12<sup>th</sup> December 1982. I exhibit this letter as **WITN3316002**.
27. After John had been diagnosed, I can't remember whether I was advised to get tested for HIV, but I knew there was no risk of infection to

me as a result of any sexual activity. John's heart condition and then post heart operation had prevented us from having that kind of intimate relationship. It was never recommended that anyone else in the family should be tested.

28. To my knowledge, no information or advice was provided to me or John before his operation about the risk of being exposed to infection through a blood transfusion.

29. Recently, my daughter Jane contacted me and made me aware that there was an Inquiry regarding infected blood. I contacted the Infected Blood Inquiry and Jane help me to fill in my expression of interest form. Up until this point, I had no idea about the extent of the problem with contaminated blood.

### **Section 3. Other Infections**

30. To my knowledge, John only received HIV as a result of receiving infected blood during a blood transfusion.

### **Section 4. Consent**

31. I have no knowledge of John being treated without his consent or for the purposes of research. That said I also do not know if he was aware that he was being tested for HIV, he may have been too ill but I certainly was not told.

### **Section 5. Impact**

32. When John returned home after his heart bypass operation I thought he seemed fine, maybe just tired after the operation, but I wasn't affected too much. We both thought the operation had been a success so we carried on with our lives in as normal a way as we were able.

33. In terms of our intimate relationship, nothing had really changed after the operation. We had no sex life due to his illness.

34. When I found out John had been infected with HIV I did get anxious about possibly being infected myself but I was too scared to get tested. I was worried that kissing John could have passed on HIV to me because at the time I didn't know how you could contract it.

35. After John's HIV diagnosis and his death, the children were all devastated. It was a very hard time for us all but I somehow managed to carry on. There are times when I can get depressed, I'm very lonely but I'm lucky to have such supportive and loving children. I am generally a very positive person.

36. John and I were both very family oriented. We are a very close family and I really depended on my family at the time of John's death. I don't know what I would do without them.

37. After John died, I was very worried about the financial management of the family and how to manage the household as this was always looked after by John.

38. From a stigma point of view, at the time it was very limited due to the very short period of time between John's diagnosis and his death, about five days, all spent in hospital. The only people we told about his HIV diagnosis were members of his family, his brother and sister, but his mother wasn't told because of her age. My side of the family didn't know anything and are still unaware.

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

39. No psychological support was provided, although I do believe a health visitor came around to the house and gave us some advice about



previous contact with John, such as sharing razors or toothbrushes. It certainly could not have been classed as counselling.

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

40. After John had died, his GP, Dr. Dawton, suggested that I apply for compensation. I assume this was because he had drawn the conclusion that John had contracted HIV through the blood transfusion he'd had during his heart bypass operation in 1982.

41. I wasn't sure about the compensation payment, however I was advised by Dr Weston at Broomfield Hospital that I should take it, so my family and I made an application.

42. The fund I was encouraged to apply for was called, as I understood it, the 'Scheme of Payments for Those Infected with HIV Through Blood or Tissue Transfer'. I have heard of no other fund. I have been asked about a Skipton fund and MacFarlane Trust but I recognise none of these and I certainly have no paperwork wherein these names are mentioned.

43. A file was compiled by the Department of Health. These documents were put before a panel who decided on whether or not I (or more correctly, John's estate) should receive a payment due to John dying from an AIDs related illness as a result of being given contaminated blood at the time of his heart bypass operation. Ultimately, a payment of £52,000 was granted but not before John's case had to be given orally because they could not decide, on the basis of what they knew, whether it qualified. I took no part in this process apart from the initial application.

44. I am aware that John's case for payment by the 'Scheme of Payments for Those Infected with HIV through Blood or Tissue Transfer' was referred to the panel for a decision. According to the guidance document that I have for this scheme, cases are only referred to a panel, as in John's case, in certain circumstances. a) Where there is doubt about causation or the category into which a person falls and B) where the



44. applicant is dissatisfied with the Secretary of State's decision to reject his application under the scheme. Given that I did not appeal against a decision as under the category b), I can only assume that there was initially doubt as to whether my husband caught HIV through his blood transfusion and not one of the other ways, such as through sexual contact or sharing needles with intravenous drug users. I have to say that I find this not only insulting to my late husband's name but also a complete disregard for the fact that it would have been well known then that blood supplies were contaminated and in some way the authorities were trying to avoid paying out money when it was obvious that the most likely cause of John's HIV status was the blood transfusion.

45. I would also like to point out that I had to sign a waiver that I would never take legal action against the health service if I were to take payment. Now, I am not and have never been interested in how much money I can get but I must say, that in light of all that we now know, particularly as a result of this inquiry, I find this extremely distasteful and was obviously intended cynically to avoid larger pay-outs in the future, when the extent of this scandal was properly and widely realised.

46. In a letter dated 16<sup>th</sup> May 1994, Mrs M T Gibson wrote to me and informed me that I qualified for a payment of £52,000 as John's widow and not having any dependent children, due to the fact that John had contracted HIV through a blood or tissue transfer. I exhibit this letter as **WITN3316003**.

#### **Section 8. Other Issues**

47. You lose everything when someone you love dies in these circumstances. John was the breadwinner for the family and I was absolutely devastated. He had always been there, I just couldn't understand what had happened to him.

48. I think that the health service should have been looked into a long time ago and I very much welcome this Inquiry into what happened. I hope for everyone's sake, that the Inquiry can get to the bottom of what happened, why it happened and how it was allowed to continue long after it was known that there were problems.
49. I received the file of papers from the Department of Health which is about a centimetre thick and I exhibit a number of further documents that may assist the Inquiry. I should say that in relation to the handwritten photocopied notes within the file (not exhibited), many of them are illegible. I will retain the whole file should the Inquiry wish to see it.
50. A letter dated 8<sup>th</sup> July 1993, from Dr Angela Gorman North East Thames Regional Transfusion Centre to AC Newland of Royal London Hospital Medical College, in which it refers to identifying donors, an unidentified donor and a reference to the introduction of 'anti-HIV' testing. There is also mention of identified donors (not named), giving blood subsequent to that used for John's transfusion. I exhibit this letter as **WITN0331604**.
51. A letter dated 27<sup>th</sup> August 1993, from AC Newland to A Rejman, Senior Medical Officer at Department of Health, in which he documents that John 'appeared' to have received 6 units of blood during the operation and a further 2 units on the ward. The letter states that this was all before computerisation of department records and states that although records were researched 'by hand', they could not confirm definitively exactly what John had received. I exhibit this letter as **WITN0331605**.
52. There are two pages from John's handwritten hospital notes at the time that he was diagnosed HIV positive, which allude to the family being offered counselling after John's diagnosis. Neither I or my family were ever offered counselling, either in relation to John's diagnosis or after his death. I exhibit these pages as **WITN0331606**.
53. A letter dated 23<sup>rd</sup> April 1993 from AC Newland to Dr M Weston in which Newman explains that John received 6 units during his heart bypass

operation and 2 units when back on the ward. The letter goes on to state that the Transfusion Service were 'pursuing the records' and it seems that there may be concern that one or more of the donors of John's blood may have donated again while being HIV positive but it also alludes to the fact that this was 'sometime before routine testing'. I exhibit this letter as **WITN0331607**.

54. Letter dated 23<sup>rd</sup> April 1993 from AC Newland to Angela Gorman North East Thames Regional Transfusion Centre in which Newman casts some doubt as to whether eight units of blood was all John received, again referring to this being a time prior to the computerisation of records and implies that there was obviously room for error. I exhibit this letter as **WITN0331608**.

55. I have to point out that there seems to be a discrepancy in the recording of when John had the operation and blood transfusion. The letter that is exhibit **WITN3316002** clearly states that it was 12th December 1982. However, within the panel documents it is recorded as December 7th. I cannot account for this anomaly.

56. Lastly, I would like to exhibit a document that I have. It was given to me at the time. I cannot remember when I received it but it is titled 'Scheme for Payments for those Infected with HIV through Blood or Tissue Transfer'. This is a 14 page typed document with printing on both sides of most of the pages. The cover is blue with the title as above. The back is blue also but with nothing printed. I exhibit this complete document as **WITN0331609**.

#### **Statement of Truth**

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

Signed \_\_\_\_\_

**GRO-C**

Dated \_\_\_\_\_

6-8-19