

ANONYMOUS

Witness Name: **GRO-B**

Statement No: WITN3370001

Exhibits: 0

Dated: August 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** I was born on the **GRO-B**
GRO-B
2. I make this statement on behalf of my partner, **GRO-B: P** who
has also produced a witness statement for the Inquiry, **GRO-B** I
have been cohabiting with **P** for approximately 8 years.
3. I am currently employed full-time as a home carer but I am looking to reduce
my hours as I need to look after **P** because his health is deteriorating.
4. This witness statement has been prepared without the benefit of access to
P full medical records. If and in so far as I have been provided with
limited records the relevant entries are set out in the medical chronology at
the end of this statement.

Section 2. How Affected

5. I wish to rely on **P** statement in relation this section.

Section 3. Other Infections

6. I wish to rely on [P] statement in relation this section.

Section 4. Consent

7. I wish to rely on [P] statement in relation this section.

Section 5. Impact of the Infection

8. I wish to rely on part of [P] statement in relation to this section.

9. As [P] stated in his statement, he suffered from extreme tiredness and anxiety which in turn made him quite depressed. He continues to suffer from the above symptoms. [P] does not realise how much this affects our relationship emotionally and mentally. For the last few years, [P] has also suffered from extreme fatigue and very painful joints especially in his hands and feet, which causes difficulty in his mobility. He is very forgetful and finds it difficult to remember what he was talking about or forgets the promises that he made to me. He has forgotten to turn the gas and lights off at times. He also forgets that he has turned the water on which in turn forgetting to turn off the tap which results in him flooding either the kitchen or the toilet/bathroom. I believe he has brain fog as a result of the Hep C.

10 [P] suffers from frequent infections because he has a low immune system. He also suffers from blood blisters in the mouth, boils inside and outside his nose, cold sores and severe pain in his ankles and hips, which also causes mobility issues, which could sometimes be for weeks.

11 [P] symptoms are causing me extreme stress and anxiety. It also drains me emotionally and mentally and I feel very depressed seeing [P] going through it all. I am always worrying about him. We do not socialise very often with friends because of [P] symptoms. [P] was told that the Hep C cannot be cleared completely and it just lays dormant, which plays on my mind. Sometimes I burst out crying. I get very teary and emotional because of everything that has happened to him. It's very stressful for me because I

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don't think [P] will ever have a liver transplant but he needs it in order to try and live a normal life. [P] father lived until he was 86 years of age and his father's brothers all living into their 80's and 90's. I feel as if [P] did not get this blood transfusion he would have lived into his 80's/90's, I feel as though we have been cheated out of living a longer life together. We talk openly and we don't hide anything from each other. Once, I felt very lightheaded and I went to the doctor and she told me to look after myself otherwise I would end up in a bed next to [P]. That is how much this situation has impacted on me.

12. When [P] started his treatment it was very draining mentally. Due to [P] stubbornness, he got through this.

13. As previously stated, I have requested to reduce my working hours so that I can be there for [P] and give him the help that he needs.

14. [P] family and friends are very understanding and supportive. They know [P] has got to look after his health and they are aware that that he did not get the Hep C because of his own doing.

Section 6. Treatment/care/support

15. I wish to rely on part of [P] statement in relation this section.

16. I was never offered any counselling or psychological support and it would've helped if it was offered to me. I think it would've helped to have been provided more advice about what was happening and what was going to happen.

Section 7. Financial Assistance

17. I wish to rely on [P] statement in relation this section.

Section 8. Other Issues

18. There is a threat of death hanging over [P] of no fault of his own and its really unfair as to what happened to him.

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Anonymity, disclosure and redaction

19. I would like to remain anonymous.

20. I do not want to provide oral evidence.

Statement of Truth

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

Signed.....

GRO-B

Dated

5/8/19