	Witness Name: 0		GRO	RO: B		
				Stateme	nt No: V	VITN4707001
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l ,[	GRO-B	, will say as to	ilows:-			
Sacti	on 1. Introducti	ion				
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1.	My name is	GRO-B	was born on	GRO	 )-B	and I live at
• • •		GRO-B				
	<u> </u>					
2.	My ex-fiancé/fo	ormer partner of 7 ye	ars GR	О-В: Р	nee	RO-Born on
		), is infected wit	·			
	·	 olood transfusion and/				
			a			
3.	This witness	statement has been	prepared wit	hout the	benefit	of access to
	P medic	al records.				

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### Section 2. How Affected

4.	P has Von Willebrand's Disease (VWD), Type III. She was under the care
	of the Lewisham Haemophilia Centre at Lewisham Hospital, SE London. She
	was treated with Cryoprecipitate initially and then Factor VIII (FVIII) concentrate,
	8Y. She suffers with very heavy bleeds.
5.	I was affected (and feel the affects to this day) as P s partner of 7 years.
	p was infected as a young child with HCV having been born with the genetically inherited condition of Type III VWD, and needing blood products on a regular basis as well as a blood transfusion at Lewisham Hospital in the late 1970s/early 80s. I met P in 1996 when she was 19 and about to start a degree course at GRO-B University. I too was a student at that time at GRO-B University, but was 28 years old. We met in GRO-B where we were both working in the summer vacation period.

- 7. We became serious quite quickly and, within a month of us dating, she informed me she had both VWD and HCV. She arranged for me to come to her home where, without discussion, she left me alone in her parents' living room to watch two NHS videos she had been given about the effects and consequences of having the severest form of VWD and HCV.
- 8. That was all the 'official' information I ever received/was shown about the blood infection she had caught as a result of the transfusion. For the 7 years we were together, I had no other help or support or sources of information. Her parents never discussed it with me either. They avoided the topic like the plague and it appeared to me that they didn't know what or how to discuss these matters. Seemingly no one in the NHS had ever explained anything to them about how it would/could/or might affect P's adult relationships.

9.	But, during P 's childhood and as I understood it, her parents had tried to
	litigate against the NHS and had been unsuccessful. This had soured the
	relationships she had with health professionals (as I was to witness later on in
	our relationship). I was however led to believe that as a result of her VWD and
	HCV, P attended hospital frequently on an emergency basis and was often
	hospitalised. She informed me she had several very real near-death
	experiences, and one liver biopsy, and her parents had sought to 'cure' her
	through religion with a pilgrimage to Lourdes.

- 10. Neither p (nor her parents when she was a child) had been given any form of advice about the consequences of contracting HCV and having adult relationships. Such was the paucity of information she reported having received from the NHS/Wider welfare State, she didn't know what benefits she could claim as a result of having these combined conditions. Her parents had never made any claims despite her being kept away from school for significant periods.
- 11. Before becoming a student, I was employed in senior roles in the benefits system/welfare state and knew what benefits she should claim, and how to claim them. So began our relationship; her dependent on me and my advice, and I had no one to turn to. None of her friends/teachers had been given any information about her condition, and the NHS made none available (so I was informed).
- 12 P informed me she lost her friends at school because of her medical condition(s) and had no-one apart from family. No friends whatsoever. In the first few months of our relationship, she was admitted to hospital on an emergency basis, and I regularly left my University to be there. It later transpired she wasn't always ill, but she was frightened of dying both from her medical condition and the HCV she had contracted from the contaminated blood. She was convinced she would die a painful death, as that is how her doctors had described liver failure to her.

Section 3. Other Infections
13.I am not aware of any infections other than HCV. Phad a fear of contracting diseases like Foot and Mouth Disease (FMD) and Bovine Spongiform Encephalopathy (BSE) as her health was already at risk through having HCV.
Section 4. Consent
14.I am unable to comment on the level or adequacy of consent provided by P s parents to her blood treatment.
Section 5. Impact of the Infection
15.I was P s boyfriend, and yet the welfare state, the government was expecting me to deal with the consequences of the actions of the state. How was I supposed to address the real and concrete fear of my partner's expectations of near imminent and painful death? Who would support me, and where could I get information to address/allay her darkest fears?
16. Additionally, whilst we were both deeply in love, we had no advice about HCV and safe sex. We saw a doctor at PS GP practice, and she could provide no advice about birth control and the impact of HCV if she fell pregnant. As a result, Psaid 'no' to a sexual relationship as she feared infecting me. So we had a relationship that was effectively devoid of physical love and affection. We made love less than a dozen times the seven years we were together, and she belittled my concerns, humiliating me on several occasions about my wants and desires, because that was her way (in absence of any help/support from the NHS), of dealing with the possibility that I too might become infected with HCV.
17. With the outbreak of 'foot and mouth' disease in about 2001, p became distressed at the thought of contracting that too, as she had with HCV. The
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doctors we saw were no help. My partner relied on me to an unhealthy degree. She had previously suggested that we get engaged but it transpired that she didn't mean it. She explained years later that she had said that to me as she was just so reliant/dependent on me. She didn't want me to leave her as her childhood friends had when they discovered she had contaminated blood. She felt that was an okay way to behave in light of that. No-one in the NHS or wider welfare state had taken responsibility for the lack of information about her blood infection, and what it meant for her and her adult relationships (including friendships).

- 18. That was only the start of P s controlling behaviour, which I understood and explained away as a consequence of her medical diagnosis/prognosis, so I tolerated it. After all, I thought, it wasn't her being deliberatively abusive. Her actions were a result of the NHS and contaminated blood were they not?
- 19. To seek to alleviate P 's concerns about my abandoning her because she had HCV from contaminated blood, I agreed to leave my friends at University and travel from GRO-B to London every weekend to be with her at the start of the following academic year, just to reassure her. I quickly ran out of money and had to take a year out of my degree at the end of that semester. P became increasingly controlling, which I again explained away to myself as being because of how the NHS had treated her, and that was her reaction. She hid my university books/stopped me from returning to university without them. She locked me in her parents' home and refused to let me leave to return to university on multiple occasions. She even hid my shoes on a regular basis to stop me leaving. I wasn't allowed to have friends as she demanded to know how I would be able to live with myself if she became ill and I was with my friends and not her? She refused to spend her money on us but I spent every penny I earned and my student loans on 'us' because as she explained, what kind of a boyfriend wants their terminally ill girlfriend to spend their money, when I had years to live and could earn more when she was dead? That's what the NHS contaminated

blood scandal did to her and all because everyone else in her childhood had abandoned her, following her being infected with contaminated blood.

20. As the years progressed, I sought to end the relationship on multiple occasions

over many years, but with no friends and emotiona	lly absent parents, and no
professionals involved in her life, I found it difficu	ılt to end the relationship
knowing P had no-one else to turn to, when sh	ne refused to accept that I
wanted to leave. She would ring my employment a	
vacation periods several times an hour all-day-ever	y-day to see where I was
working next. She would sit outside my house for day	s on end in her car waiting
for me to return. She would become emotionally dis	_
and clinging to my leg at the thought of my leaving, a	
would harm herself as she showed no regard for her p	
to leave. All of this because her friends had left her	•
with contaminated blood. I had no one to turn to, no a	
21. The relationship ended in 2003 in the most emotional	lly painful way. I gained a
lot of weight and had started drinking heavily in	order to make myself as
unattractive to P as I could. At my very low	est point I was seriously
considering self harming by removing my genitals.	
and had stopped seeing her sexually but in the back	of my mind I had reasoned
that if I lost my genitals the lack of sex in our relations	ship would no longer be an
issue. P used to fantasise about being marrie	d. I once came across a
piece of paper where she had practiced her signate	
GRO-B I wanted marriage too but I did no	
P ultimately ended the relationship. She fell into	
and married relatively shortly thereafter. There were	a lot of similarities between
me and her husband albeit he is older than me. De	espite everything I believed
that she would get the help she kept promising me she	e would seek out and I was

left heartbroken. I am uncertain as to whether P s marriage lasted for any

reasonable length of time. She wrote to me albeit indirectly in the 'letter to my ex' column in the Guardian a short time later.

- 22.1 recognise that it became a toxic relationship and that I was the victim of abuse but with the benefit of hindsight I still don't know how I could have handled the situation differently. I was brought up in the care system through neglect by my mother in getting me to school on a regular basis, clean and fed. I was allowed to go home to my mother at weekends. The younger me was strong and rebellious but vulnerable. I hated the way I was treated in care and the way that children in care are labelled as chattels and thought of by laymen as victims of physical or sexual abuse. I had just started opening up about my childhood when I met P . Whilst we were both vulnerable, her vulnerability trumped mine as being more present and pressing. There was a genuine and very positive connection between P and me. She is extremely good looking and we made an attractive couple. We had a passion for law and righting injustices. We bounced off each other in many aspects of our studies. We had aspirations of P becoming a family lawyer and me, a social worker, a successful career. Couple. She was intelligent and articulate. We were very much in love. Having an intimate relationship for someone with VWD is hard enough as even a simple kiss from someone with midnight shadow can result in chafing and a bleed. Being infected with HCV was huge for P. She was obsessed and intrigued by death. She told me that she had hung her cat from the washing line as a child.
- 23. To this day, I remain unsure if her behaviour was caused by an undiagnosed preexisting mental health disorder/psychological condition, or if her behaviour was a consequence of the contaminated blood she was given as a child. It was however one or the other, but the contaminated blood scandal has impacted my life, literally destroying my hopes and dreams and wishes, just as surely as if I had been given the contaminated blood product itself. I no longer trust potential partners and have difficulty in forming attachments, lest they become as

overwhelmingly destructive and controlling as my ex did with me, because you can't see a person infected with contaminated blood by sight alone, you can only experience it in real life.

## Section 6. Treatment/care/support

24 P was still infected with HCV when we split up. I am unable to comment as
to whether she had treatment and/or cleared the virus in the years since. One of
the two NHS videos I watched when we first met outlined a treatment called
Ribavirin. P said that she wasn't able to have the treatment as it had
horrible, harmful side effects and there was no guarantee it would work.
25. Stigma was certainly an issue. As stated, p had lost friends through having
contaminated blood and the connotations of being a HIV/AIDS risk to others.
HIV/AIDS was big in the news and everyone feared it. I also remember a doctor
at Derriford Hospital refusing to allow P to take her FVIII concentrate when
she needed emergency treatment in Plymouth. He insisted upon her having
treatment there under his supervision as he thought she might be an intravenous
drug dealer and would use his needles to use drugs if she left with the
equipment. There was a blue sticker on P s file at Lewisham. She pointed it
out to me and told me that the sticker meant the patient had formerly tried to
litigate against the NHS.
26 P was just a child when she learned that she had been infected with a virus
that would drastically shorten her life. At the very least, as a Child in Need, she
should have had something akin to a CAMhS referral. No counselling, care or
psychological support was provided to either of us.

## Section 7. Financial Assistance

27. We split up in 2003 and I do not know whether pursued any financial assistance through the Trusts and Funds.
Section 8. Other Issues
28. This sort of tragedy one hopes will never happen again but inevitably will as the NHS is a heavily regulated, performance driven entity under financial restraint. Those infected/affected are vulnerable and will form relationships with others similarly vulnerable. Two vulnerable people need support from somewhere. If there is one thing that I would like from all of this is for there to be better supported and be able to access suitable ongoing professional help.
Anonymity, disclosure and redaction
29.I am seeking anonymity and I understand this statement will be published and disclosed as part of the Inquiry.
Statement of Truth
I believe that the facts stated in this witness statement are true.
Signed GRO-B
Dated26 <sup>th</sup> February 2021