

ANONYMOUS

Witness Name: **GRO-B**

Statement No: WITN7414001

Dated: 29th October 2022

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF **GRO-B**

I provide this statement in response to a request under Rule 9 of the Inquiry rules 2006 dated 7th October 2022. I adopt the paragraph numbering in the Rule 9 request for ease of reference.

I, **GRO-B** will say as follows:-

Introduction

1. My name is **GRO-B**. My date of birth is **GRO-B** and my address is known to the Inquiry.
2. I live with my wife and my two **GRO-B**, and I am **GRO-B** **GRO-B** in **GRO-B**, which I **GRO-B** **GRO-B**. My work allows me to spend a lot of time at home looking after my children, which I enjoy.
3. I am providing this statement to record my experience of living with haemophilia A and my experience of growing up with my brother, **GRO-B: B**,

ANONYMOUS

who is also a haemophiliac and was infected with hepatitis C ("HCV") as a result of his treatment.

How Affected

1. My brother, [B], was born [GRO-B]. We both have mild Haemophilia A and were diagnosed at the same time in [GRO-B].
2. From what I have been told, my mother sought medical attention for [B] following a small cut which wouldn't stop bleeding. After treating the injury, the advice given was to take both him and I to [GRO-B] [GRO-B], to be tested for a bleeding disorder.
3. As small children, we spent a lot of time at [GRO-B]. This resulted in my parents making the decision to move from [GRO-B] to [GRO-B] in [GRO-B] so that it would be easier to attend appointments, and that we could be there more quickly if there was an emergency.
4. Our treatment at [GRO-B] consisted of whole blood products and cryoprecipitate. I recall the cryoprecipitate being a brown colour and did not look like something you should have to make you better. When we were older, we were able to self-administer Factor 8, which we stored in the fridge at home.
5. As a child, I hated treatment, and would avoid taking tablets wherever possible.
6. We were never provided any information or advice about the risk of being exposed to infection as a result of receiving blood products. I believe this may be because we were receiving treatment for haemophilia from such a young age. I cannot comment as to whether any information or advice was given to my parents regarding risk of infection.
7. I know that [B] was tested for HIV and HCV at some point in the [GRO-B] when he was around [GRO-B] or [GRO-B] years old. At the time, there was a lot of news coverage

ANONYMOUS

around contaminated blood, so we were both taken to **GRO-B** **GRO-B** to tested to bloodborne viruses. Fortunately, my tests were negative. I believe this was also the case for **B**.

8. I believe **B** was around **GRO-B** years old when he became aware of his HCV infection. He will be able to provide further information on this in his witness statement.

Other infections

1. I do not believe that **B** received any further infections other than HCV as a result of being given blood products.

Consent

1. I do not believe that my brother or I were ever informed of any risk of infection resulting from treatment for Haemophilia.
2. As we were both children when we began treatment, and when tested for infection, I am unable to comment on what information was provided to my parents at this time.

Impact

1. Growing up with haemophilia came with its issues. **B** and I were bullied at school and called names like green blood and AIDS boy. I think I took this much better than **B**, as I had a sharp tongue.
2. I am aware of an incident that happened when we were both young, involving another parent at the school who was a nurse at **GRO-B**. She was aware that **B** and I were patients at **GRO-B**, and informed the headmaster, **GRO-B**, that we could spread AIDS to the other children. She said that either **B** and I had to leave the school, or she would make it public

ANONYMOUS

knowledge to the other parents, with the view that they would subsequently remove their children from the school. As this was a private fee-paying school, this could amount to a big financial loss. As such, my mother was asked to take us home.

3. Dr. GRO-B was informed of this event and went into the school to speak with GRO-B. I believe we were only at home for about 2 days before returning to school, so I assume that the situation was resolved.

Treatment/Care Support

1. I believe B self-cleared HCV. I cannot comment further regarding his treatment, care, or support for HCV.

Financial Assistance

1. I have not applied or received any financial assistance from any of the Trusts or Funds. My brother may have provided further information in his statement to the Inquiry.

Other Issues

1. There is nothing that I wish to add to this section.

ANONYMOUS

Statement of Truth

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

Signed

GRO-B

Dated

29/8/2022