Witness Name: Gavin COOMBS
Statement No. WITN4824001
Exhibits: Nil
Dated: 28/10/2022

INFECTED BLOOD INQUIRY

WRITTEN WITNESS STATEMENT
OF
GAVIN COOMBS

I provide this statement in response to a request under Rule 9 of The Inquiry Rules 2006, dated 4th March, 2021.

I, Gavin Coombs, will say as follows:-

Section One - Introduction

1. My full name is Gavin Coombs and I was born on GRO-C, 1964. I am single, unemployed on health grounds, and currently live alone in temporary accommodation provided for my local council by a housing network as I am homeless. I am currently in receipt of benefits, including housing benefit from which I am required to pay a monthly service charge on my residence of £68.00p

2. My doctor has 'signed me off' of work, but has not certificated the true nature of my illness which is infection with Hepatitis C. I was adamant that I did not want him to record that on any form of employment 'sick note,' and fortunately, at least for me, he understood my wishes and put something else down. As I have a number of other ailments, Hep' C was simply left off.

3. In March 2022 I commenced treatment for Hepatitis C infection, using what has been referred to as a 'new generation' of drugs (not Interferon, which I would not have taken) through the Bristol Royal Infirmary, Phlebotomy Department.

4. Using this statement, I intend to tell the Infected Blood Inquiry of how I came to be infected with Hepatitis C (which I will also refer to as Hep' C and / or HcV throughout this statement), how I learned that I had been infected, the nature of this infection and how it has impacted upon me throughout my adult life.

5. I am not legally represented and have no desire to be so. The Infected Blood Inquiry's approach to witness anonymity has been explained to me and I understand that anyone I may criticise has a right to respond to any such criticism. I do not wish to appear anonymously, I would rather that my story were known in full.

6. I provide this statement having had only limited access to my medical records, and as such have to acknowledge that with the passage of time, memories can fade, but I have done my very best to be as accurate as possible with the information provided, even where I may have had to approximate dates or timeframes.

7. I was born and bred in Bristol, one of eight children, having five brothers and two sisters, but most of them had moved out by the time I was born. Both of my parents are now deceased, my father having died as a result of work-related emphysema. One of my brothers has also passed away, but in general terms we were a fit and healthy family and there was no background history of any blood or bleeding disorders, nothing like haemophilia or anything like that, we were all quite well, children, mum and dad alike.

8. I was a natural delivery at birth, with no complications, and went on to grow up in my local area of GRO-C as a fit and healthy boy. I was intent on joining H.M. Army as soon as I could, direct from school, and had taken the required medical and physical examinations and tests to do so, both of which I had passed, but a motorcycling accident put paid to my ambitions.

Section Two - How Infected

9. One day in what I believe was August 1980, when I was just sixteen years of age and waiting to go into the army, I got onto the back of a motorcycle being ridden by a friend, as his pillion passenger and we rode off. I had a proper crash helmet on, but otherwise wasn't properly dressed for motorcycling and had no other protective kit – no gloves, no boots, and no leathers or other protective outer clothing.

10. At the time, we had been in a rush to get somewhere so he was riding quite fast, and sitting on the back I had no say in that, I just had to stay balanced, still and hold on.

11. On GRO-C in Stoke Bishop, on an uphill 'S' bend, my friend hit a keystone wall and lost control. I was immediately thrown off of the motorbike and into the wall which I struck heavily and then got hit by the bike which pinned me to the wall, crushing me between the stone of the wall and the motorbike, with one of my legs having taken the bulk of the impact and crushing pressure.

12. People gathered around, and an ambulance was called, but I have absolutely no idea who by, and whilst gravely injured, unable to move and only semi-conscious, before the ambulance arrived, some rings I had been wearing and my wallet were stolen, and I was in such a state that I could do absolutely nothing about it.

13. I can recall the ambulance crew arriving and assessing what was going on, saying that they needed to help my friend first as, by reference to me, *"... get this one first ... the other one is already dead."* I could do nothing but lay there thinking that at just sixteen, that was it, I was going to die, had very little life left in me at that time and wouldn't make it to the hospital.

14. The ambulance took me from the scene to the Bristol Royal Infirmary (BRI), but upon arrival they found that they could mot treat me there, I was too severely injured, and so I was stabilised and then transferred by ambulance to the Frenchay Hospital, again in Bristol, who were better placed to deal with me as they were orthopaedic specialists

15. I do not remember too much of my time at the BRI, as I was in and out of consciousness and / or sedated, but I can distinctly recall having tried to sit up, only to see a fountain of blood spraying up out of my severely damaged leg.

16. I remember a nurse, a hospital staff-nurse at the crash site who had been passing by, off-duty, came forward out of the crowd and applied a tourniquet to my leg, saying that I'd severed the femoral artery. Had she not have been there, I most probably would have died, as the ambulance crew had expected, and I cannot but help think that they may well have taken her tourniquet off at the BRI, creating the spurting blood I saw coming from my leg.

17. I cannot remember a great deal beyond the blood spurting and being told that I'd be sent to Frenchay, as by then I wasn't really with it, but I do not believe that I was given any blood at the BRI pre-transfer, although I cannot be particularly accurate about that as I may have been given blood, or may even have had some in the ambulance, I simply don't know.

18. My parents had by now been contacted – I do not know by whom, or how, but by the time I reached the Frenchay Hospital, my father was there. Apparently, a professor initially took charge of my care, and told my dad that the leg would have to be amputated as it was beyond repair having been so badly crushed.

19. The professor asked my father for his consent to remove my leg, but he refused, saying that the only person who could consent to anything that drastic was me, that the professor would have to ask his patient for permission as he would not give it, so with me not being in a position to discuss matters, the clinicians did not remove the leg.

20. I had sustained serious impact and crush injuries to my left leg alongside other injuries elsewhere, in particular to the entire area around my left elbow, and had severed my femoral artery – I was bleeding out and internally as a result.

21. Once at the Frenchay Hospital, I was taken straight through into their Intensive Care Unit (ICU) where I remained for as day or two whilst decisions were made as to how best to proceed. Another Orthopaedic Consultant, Mr Clough, told my parents that he believed he could operate and save the leg, an option which was taken as it avoided amputation which I thought was the best way forward, so I gave my consent with my father's support.

22. At that time, I believed that the more conservative approach of Mr Clough to have been far better than the drastic action advocated by the professor, but with the benefit of hindsight, that may not have been the best option for me as I still suffer with a great deal of pain, have lasting, lifelong mobility issues, and am still being cared for through a Skeleto-Muscular Clinic at the Southmead Hospital (also in Bristol). They are currently considering amputating my left leg, over forty years after the actual crash.

23. At the Frenchay Hospital, I went from ICU into theatre under Mr Clough, back into ICU post-operatively and then subsequently onto an orthopaedic ward.

24. At the time of the collision I had been sixteen and a half years old, had just left school, was fit and healthy and was waiting to be given a date to commence service with HM Army. I had been a clean living boy until then, had no tattoos, had taken no drugs, and had not been sexually promiscuous (in fact, I had never had sexual intercourse, be that protected or otherwise). I had therefore not exposed myself to any of the known risk factors associated with Hepatitis C infection.

25. I do not know if I was given any blood or blood product(s) whilst a short-term patient of the BRI, but I had severed my femoral artery so it is entirely possible that this took place in order to stabilise me pre-transfer.

26. I do not know if I was given any blood or blood products upon my arrival at the Frenchay Hospital, but had by then been bleeding out for some time due to the ruptured artery and had substantial crush injuries to major bone structures, so again it is entirely possible that I was given blood and / or blood product(s) to assist me pre-operatively.

27. From admission, I remained an inpatient of the Frenchay Hospital for about six months prior to being discharged, but have been a patient of one hospital or another ever since.

28. I had to have several operations during those six months, and spent about three months of my time there as an ICU patient. Apparently, I was quite delirious for an appreciable period of that time, and don't really remember too much of it. I may have had some head injuries, or the clinicians may have been concerned that I had suffered a head injury, but I am not aware of them having ever found anything related to my head.

29. I had to have an operation to repair my elbow, which was pinned back together, but the longest operation was for the damaged leg and went on for some five or six hours. Surgery proved to be a considerable challenge for my clinicians as there wasn't enough usable bone left in the leg to allow them to pin it effectively.

30. As a consequence, I had to have at least two bone grafts in order to rebuild the leg, followed by at least two skin grafts where tissue from the back of my leg was sewn onto the front, or something like that – they took what they needed from other, healthy and undamaged parts of my body and used them to repair the pieces which had been smashed.

31. In so far as my left leg was concerned, they also had to use a Hoffman Frame, an external metal framework which they connect the bone to as it heals, with a view to it being kept in the right place so that it heals in the right place. It was all major surgery, nothing was what could be considered to have been straightforward repair work.

32. I do not know if I had to be given any blood and / or blood products to facilitate any of the surgery, in particular as regards my elbow and the five / six hour op' to initially repair my leg, as on both occasions the operations were conducted under general anaesthetic and I was otherwise also sedated and / or in receipt of a strong painkilling medication, but feel that it is highly likely under the circumstances.

33. Unfortunately, as I have discovered in more recent times, my medical records of the Frenchay Hospital from this time have been 'lost,' or so I have been told.

34. I was released after about six months, but within just a short period of time there was a post-operative complication – one of the skin grafts hadn't held as a result of which I had to be readmitted and then haemorrhaged. I then had to have a full thickness skin graft, again with skin being taken from the back of my leg and sewn onto the front.

35. I haemorrhaged during this procedure and as a result was given several blood transfusions. This much I do know for a fact, as I was fully aware of this at the time and can distinctly remember being attached to a device through which they put blood into me, through an arm, and to having seen it merely dripping straight out of my leg as they did so.

36. The blood transfusions went on over a couple of days, during which I couldn't be taken into theatre, but eventually I was taken in and the skin graft wounds were 'blanket stitched' to secure the grafts and stop the bleeding. This all took place under the care of burns treatment specialists at the Frenchay as the requirements better suited their discipline, as opposed to orthopaedics who had done everything else.

37. My leg was put into the frame, as I have mentioned above, and remained in the frame for the whole time I was in hospital, but only for a short while following my discharge home, as complications arose with this, so my leg was plastered. In all, I spent about three years on crutches following this.

38. The blood transfusions given to me, as described above, were the first time when I can definitely remember having been given blood, but as stated it may have happened before, but for a lot of the time, especially over the period which immediately followed my initial admission, I was delirious, heavily sedated, or both. I was depressed, and drug use probably didn't help me with that.

39. When I first became fully aware of where I was, which I thought had been just a couple of days following surgery, I saw and heard another patient on the ward who was complaining about things, moaning and groaning all of the time. A nurse attending me indicated the man and told me that, *"You were like that a couple of weeks ago."* I asked her how I had been, only to be told that it was, *"... better that you don't know."*

40. I'd been in the frame for about a year before the leg was plastered, and was a regular visitor to the hospital for various check-ups once discharged, and for a further year or so following the plaster coming off, before being referred to my General Practitioner (GP) for pain relief which I required and was going to require from that point onwards.

41. I was by then about twenty years of age, and had done or been able to do, nothing since my having left school at sixteen. Four years had been spent either as a hospital inpatient, outpatient or in rehabilitation and convalescing, and the opportunity for me to join the army had gone, as I was no longer what could have been considered to be 'fit and able.'

42. I had no work, and having initially left home when I left school, had been compelled to return there following my release from hospital, so I'd lost my independence as well. At the time of my first being discharged from the Frenchay, I was also wholly reliant on others to assist me, so my personal dignity had also been seriously impacted upon, and all of this took place when I was at such a formative age – the motorcycle crash had changed my life forever.

43. I had left school with limited qualifications, was unemployed and due to my injuries at that time, practically unemployable, and was equally unable to attend college to secure further qualifications and / or a trade.

44. About ten years later, in around 1990 or thereabouts, I decided that it would be a good thing for me to become a blood donor, after all, someone or some people had donated blood which I had so badly needed myself, following the crash.

45. I went to the Bristol Blood Donor Centre, gave them my personal information and donated a single unit of blood, following which I was given a cup of tea and a biscuit, which I'd heard was normal practise. All appeared to have gone well, and by then I'd been discharged from the hospital so there were no reasons known to me, or apparent to the staff taking my personal details, for me not to have become a donor.

46. However, about three weeks to a month later, I received a letter from the blood donor centre inviting me to return to see them. The letter didn't explain *why* they wanted to see me, just that I wasn't to worry as, *" ... it wasn't HIV."* At that time, HIV infection and AIDS was a major public concern which had received a great deal of publicity, all of which was negative.

47. I returned to the donor centre where I was shown into a side-room where I was told that all of the blood they received was screened, and that a new test had recently been developed to check for the presence of Hepatitis C. They apologised, saying that they were sorry, but that Hep' C had been found in the blood I had donated and as such they could not use my blood and that I would no longer be allowed to donate.

48. I was then advised to take the matter further through my GP, but I immediately went into denial, couldn't accept what I had been told, especially on top of everything I'd already experienced and the fact that on what I knew, I hadn't done anything through which I could have contracted this virus – I had by then had a tattoo, but this had been in a sterile studio and undertaken by a professional, not self-inflicted, and I had exposed myself to no other risk factors.

49. I had no idea how I had come by the virus or of what I should do about it, in particular as at that time I had presented with no outwardly obvious symptoms. At the blood donor centre I had been told what Hep' C was, but not of the way in which it could affect me or of its symptoms. No written information was provided for me, an there was I think an assumption that I'd go straight to my GP and the doctor would then 'fill in the gaps' in my knowledge, or that I could look it up myself (which I never did).

50. The blood donor centre staff did not appear to have enough information about HcV themselves, certainly insufficient for them to have been able to provide me with fuller information, but they did tell me that the most likely source of the infection was blood which I had been given during the course of my treatment following the accident.

51. I chose not to look it up for myself, went into denial and did not follow the information up through my GP – having been given the diagnosis, I did not want to hear anymore about the disease, I was far too worried to want to know, but had it not been for my having gone to donate blood, I may never have known.

52. Back then, HcV was looked upon in the same manner as HIV, a lifestyle derived ailment which many people considered to be entirely the fault of the infected party who they looked down upon as a result. It carried an awful stigma, and served to keep people away from you, so I chose to keep the diagnosis to myself, told no one, not even my immediate family, and tried to carry on with my life, regardless.

53. Following the diagnosis, I managed to find employment, in particular with a company who provided the support services for staged events such as pop and rock concerts for whom I worked as a member of the stage crew. I moved to the Nottingham area where I lived for about twenty years, but then returned to the Bristol area and am now dealing with the Hepatitis C infection I was given.

Section Three - Other Infections

54. I do not believe that I was infected with anything other than Hepatitis C as a result of my having been given contaminated blood and / or contaminated blood product(s) by the National Health Service through whom all of my treatment was conducted.

Section Four - Consent

55. At the time of my having been given blood, where this may have occurred following my initial admission to hospital via Accident and Emergency (A&E) at the BRI and then the Frenchay Hospital, I was not in a fit state to have offered any form of informed consent.

56. I subsequently gave my consent for the operation which was designed to save my left leg, but this option was taken as an alternative to amputation, the only other option offered, so I had little or no choice at the time.

57. I subsequently consented to some of then other operations, where I was able to do so, but not all as I had been heavily sedated or receiving strong painkillers or was delirious over an appreciable period.

58. On no occasion when I was able to provide consent do I recall having been told that I may have required blood, or of any risks associated with my being given blood, so I did not consent to this but it may well have been the only option available to the clinicians at a time when I was not able to be asked. Had I have known, and had I have understood that whatever was planned was in order to save my life, I would naturally have given my consent irrespective of any associated risk as there would have been no other option.

Section Five - Impact

59. Some years later, I began to experience a few issues with fatigue, much of which I attributed to my being less physically able than others as a result of the accident and subsequent surgery. I was also still taking pain-killers, but they did nothing to help with the fatigue, so I began taking amphetamines (Amphet') which really helped with the tiredness and allowed me to function better.

60. I'd never taken any form of drugs before, but I found that the amphet' helped me. Prior to this, I'd had absolutely no personal drugs knowledge or experience and didn't even know what may have been available other than by name, I didn't actually know what they may do.

61. The pain relief I received through my GP, to help with the continuing pain I experienced with my leg, and to a lesser extent my elbow, were not providing sufficient assistance, so the GP, rather than increasing my dose or changing the medicated pain killer to another, simply took me off of what I had been taking, leaving me with no pain relief at all.

62. GRO-C

63. My GP had been prescribing Tramadol, GRO-C

GRO-C

64. My mother believed that addiction stemmed from my time in hospital, where I had been sedated and necessarily given a lot of different drugs including strong pain killing opiate-based medication, but was never subject to any detoxification programme once discharged. Sadly, I have to disagree, it came as a result of my own actions.

65. With everything else that was going on at that time, I cannot now recall having experienced any symptoms of Hepatitis C infection that can be readily separated from other issues – they may well have been interwoven with the other problems I faced, or may have created issues, but not having looked at Hep' C to learn of its potential, I didn't really know.

66. I suffered aches, pains and a general stiffness in my joints over and above the pain and lack of mobility in and from my left leg and elbow joint, and of more recent times, I have also developed balance problems.

67. I had frequent bouts of fatigue and lacked energy. GRO-C helped address these issues, and although friends would refer to me as being something of a GRO-C that it was the only way in which I could operate.

68. Whereas the GRO-C helped me, it was also impacting upon my mental health, something I had been wholly unaware of at the time, as I believed it only caused a physical reaction. My personality changed and with that I became far more violent and aggressive, and would often react abruptly to something happening as I developed a very short fuse and lacked tolerance. It was something other people started to notice before me, whereas later I thought that it had been a quite gradual decline. I clearly developed quite bad anger management issues.

69. I also didn't appreciate that at this time, I was also suffering quite badly with depression, directly linked to my GRO-C but which could also have been the result of my personal circumstances and prospects, and general ill health, so HcV infection may have played a role, I just do not know.

70. Depression has been ever-present since this time, it's been on-and-off but always reappears with the latest episode having been between October 2021 and February, 2022. It progressed to my developing suicidal tendencies as I struggled to cope with the physical position I find myself in and the knock-on effects that has for my life, which at times I have considered ending.

71. I have attempted suicide on more than one occasion and been hospitalised no few than three times of recent years, on each occasion harbouring suicidal tendencies and suicidal thoughts are always at the back of my mind. Having been hospitalised as a result of this, on each occasion I was referred to a psychiatrist, but before they could see me, I discharged myself.

72. Mental health issues also carry a negative stigma, and I had no trust of or faith in the psychiatrists, so I avoided contact with them at the time as I suffered from enough stigma around my injuries and drug use and although my HcV diagnosis wasn't openly known, did not want to exacerbate the situation by adding mental health to 'the list.'

73. Having been diagnosed as having Hepatitis C, as time progressed I began to notice that I was having memory problems, an issue which has got progressively worse as the years have passed, and whereas I can remember all manner of things in my past, my short term memory is not so good, so I carry a small notebook with me which I use to help, by noting things I need to know and remember.

74. Keeping the Hep' C diagnosis to myself took its toll, and as time progressed post-diagnosis, so I became ever more concerned that someone would find out. It has played on my mind and impacted upon my mental health more so from the knowledge of what I have, as opposed to any actual symptoms of it.

75. Eventually, during the course of one of my periods as an inpatient, following hospitalisation with depression and suicidal tendencies, I asked a doctor if I could be treated for the Hepatitis C infection I had, or, I thinbk that one of the doctors may have brought it up, and I accepted it.

76. I cannot now remember if this was in the BRI or at the Frenchay Hospital, but it came about when we were discussing my fatigue and he told me that it was most probably a symptom of the Hep' C infection I had.

Section Six - Treatment / Care / Support

77. I can remember my having asked for treatment, at either the BRI or Frenchay, and having been told that I could have treatment using a drug called Interferon, which I declined.

78. I knew of Interferon as a cancer treatment drug, and had heard that it carried really bad side effects, most notably depression. I was already depressed, suicidal even, and realised that my taking Interferon would merely serve to make matters worse, so I did not pursue this offer of treatment.

79. I cannot now recall how long ago this was, but it was definitely in Bristol and before I moved away. It was about twenty, maybe anything up to thirty years later, that I went into the Queen's Medical Centre (QMC) in Nottingham where I found out more about treatment for Hepatitis C infection from a doctor who told me that a new treatment had become available (as an alternative to Interferon).

80. I was very interested in receiving this new treatment, but was told that it was expensive, and that as such I may not be able to access it as I was at the lower end of some sort of scale they apparently used, when deciding who did, and who didn't receive treatment.

81. As a result, I remained untreated and for over twenty years there appeared to be no alternative treatment to using Interferon. In Nottingham, and no doubt elsewhere, the NHS appeared to be putting cost before treating patients and rationing this medication (whatever it may have been) on financial grounds against need – if you weren't too bad, you weren't given it as it cost too much.

82. Having turned fifty-eight, and having returned to Bristol (around 2018 / 2019), I was finally offered HcV treatment that did not involve Interferon which I refused to take. Through my current GP, Dr Alison Bolam of the Horfield Health Centre, I was referred to the BRI through whom I started using Epclusa sometime in late March 2022.

83. The drug has few side effects, mainly that I feel nauseous having taken it, but that settles after a while. I have been asked to take a single tablet (which apparently contains two different forms of medication), over a three to foiur month period following which I will have to submit to two separate tests, some time apart, to measure its effectiveness – as a consequence, at the time of providing this statement, I do not know if I am still infected with HcV or am now 'clear' of this virus.

84. I should be quite optimistic, but after so long and after so many disappointments, I cannot bring myself to be too hopeful for fear of it failing. I am being treated with it through the Phlebotomy Department at the BRI who give me a month's supply of the drug on prescription when I attend each month for blood tests to check on its progress.

85. I have had three or four liver biopsies performed on me over the years, and in March 2022 had an ultrasound scan of my liver which revealed my having been at the lower end of the scale in terms of Cirrhosis of the Liver, but all the same some impairment albeit insufficient to cause the clinicians now treating me to intervene.

86. I can only state that having had HcV for over forty years, and with so little apparent impact upon my liver, I have been very fortunate and if the treatment is successful, then I believe that it may well recover.

87. The various health issues I have faced and continue to have to deal with were not all because of Hepatitis C, but many may well have been or may have been complicated or enhanced by Hep' C. I have additionally also had trouble passing water and suffer from constipation most of the time – problems I have always put down to the medication I have taken (be that legal or otherwise), but feel that they may in part be attributable to HcV.

88. I am currently a single man, living alone. I haven't always been single but my relationships followed the accident and came about after my diagnosis, and as such Hepatitis C had a direct impact upon them.

89. I wouldn't tell a partner that I had Hep' C, as I couldn't bring myself to do it for fear of losing the individual from my affection and / or my infection becoming known beyond just us if I revealed it. This led to a terrible sense of guilt, and that in turn impacted upon my forming any relationships in the first place.

90. As stated, I was unable to pursue a career in the army, and was then incapable of working for many years as I recovered from the impact of the crash. Since then, HcV has always played a part in my looking for work and in the work I took. For example, I'd never seek to work in food production as I was infected. I'd also try to avoid jobs where I'd have to reveal my infected status.

91. So, because of Hepatitis C, I wouldn't take a job where I may pass on the infection or risk contaminating foodstuffs, and couldn't take any job where others may learn that I had HcV. For someone with poor qualifications, this served to limit what I could actually do, and then on top of that I had the other health problems arising from the crash.

92. Having served to limit my employability, this had a direct impact on my ability to earn, and as a consequence, having been medically signed off from working, I find myself living in temporary accommodation, for which there is little or no security of tenure, and reliant upon benefit payments.

93. As I am now taking Tramadol, which is helping, GRO-C GRO-C but am now a recreational cannabis user, which I suppose is the lesser of two evils, but at least I now have any addiction under control. My GP suggests that I am overdosing on the Tramadol, which is untrue – they won't give me anything stronger, so I take what I need to control the aches and pains I suffer with, as it's better than returning to the use of uncontrolled, unregulated narcotics sourced through illegal dealers.

94. I still struggle with fatigue, but having stopped using amphet' and opiates of my own volition, using nothing but my own willpower, I do not want to return to them but I experience problems in just getting out of bed each day as a result. If the Epclusa treatment is successful, the best possible result for me at the moment would be to relieve me of constant fatigue.

95. In terms of my having been disadvantaged when it comes to securing access to NHS treatment or care because of Hepatitis C, I can only say that as I kept it to myself, I did not experience any issues.

96. The only service related problem I encountered was at the QMC in Nottingham where costs served to stop the infection being treated, and my own reluctance to take Interferon, which I still believe was the correct decision for me to have made.

97. The problems with my damaged left leg have been such that I recently attended an appointment at the Southmead Hospital where I asked for the leg to be amputated as I have had enough and can take no more of the pain, discomfort and immobility. Unless they can persuade me otherwise, I just wanted rid of it.

Section Seven - Financial Assistance

98. A doctor at the QMC in Nottingham told me about the Skipton Fund and suggested that I apply to them for financial assistance, stating that he'd happily support my claim.

99. I told this doctor that I had once been an intravenous drug user, and he informed me that it may have an impact upon my claim, but that the fund had accepted applications from other drug users, so I should not be excluded, in particular as the infection came before my drug use.

100. I applied, and became all excited at the prospect of receiving some much-needed cash as I was of very limited means, but the application was rejected almost immediately on the grounds that I had been an intravenous drug user. My honesty in making the application, by telling the fund about my drugs use, seriously backfired and led to my being very reluctant to divulge information about myself to anyone else. But I am, and was not a dishonest person, I've never had any reason to be dishonest, and they should have accepted the application.

101. I learned that I could appeal, but didn't do so as I saw there being little or no point – they had already made up their minds about me and the source of my infection, albeit incorrectly, and wasn't prepared to be rejected again. In general terms I'll ask, but if no one's listening, I'll move on.

102. The only people to have raised any doubt as to *how* I became infected have been the Skipton Fund, and then *only* because I could not prove that I had not taken intravenous drugs prior to the time when I was saying that I had become infected – a time when I had been just sixteen and waiting to go into the army.

103. The fund asked me to prove a negative from a time when I'd been a young teenager, which was impossible and with the Frenchay Hospital having lost my medical records, I had no means of taking my application any further. As the reader will see, having read my statement some financial assistance would have proven to be extremely helpful to me.

Section Eight - Other

104. Continual fatigue led to my taking GRO-C. That tiredness was part-and-parcel of my Hepatitis C infection and had it not been for that, I would never have resorted to taking them. That step led to my GRO-C GRO-C and introduction to cannabis. Hep' C was therefore primarily responsible for my GRO-C

105. The motorbike crash happened at a time when I had a full life with good prospects ahead of me. I have never been in the same position since that time and have both lifelong mental and physical health problems. I carried Hep' C for over forty years, and it has impacted upon my liver and no doubt presented itself in other ways, the specifics of which I am unaware of.

106. GRO-C GRO-C does not mean that you are dishonest, but I can see how someone could be driven to dishonesty, if they are simply not believed, and not believed based upon incorrect and unfair judgements such as that which denied me any assistance through the Skipton Fund.

Statement Of Truth

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

Signature: GRO-C

Dated: 28/10/2022