

# ANONYMOUS

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Witness Name:

GRO-B

Statement No.: WITN7308001

Exhibits: WITN7308002

Dated: 4/1/2023

## INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF

GRO-B

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 5 October 2022.

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

### Section 1. Introduction

1. My name is GRO-B My date of birth is GRO-B 1947 and my address is known to the Inquiry.
2. I intend to speak about my daughter GRO-B: D born on GRO-B GRO-B 1967. D died on GRO-B 1987 after contracting HIV/AIDS from NHS contaminated blood.
3. I am married, and my husband GRO-B and I have been married for 14 years. I have a son GRO-B who is three years older than D and two adult grandchildren. I used to work as a senior social worker for adults, and I previously worked in the disabled equipment service. I retired 15 years ago.

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4. I intend to speak, in particular, about how D contracted HIV/AIDS, the nature of her illness, how it affected her, the treatment received and the impact it had on my family and our lives together.
5. I confirm that I am not legally represented and am happy for the Inquiry Team to assist with my statement. I wish to provide my account anonymously because of the stigma associated with HIV/AIDS.
6. The Inquiry Investigator has also explained the Inquiry's statement of approach and 'Right to Reply' procedure. I understand that if I am critical of a medical professional or organisation, they will have the right to reply to that criticism.
7. As time passes, memories can fade. I have provided approximate timeframes for matters based on life events. However, these timeframes should be accepted as 'near to' rather than precise dates.

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

8. In the summer of 1982, my son GRO-B was in the junior league just before starting the army, and my daughter D was about 14 or 15 years old. D was interested in horse riding and was preparing to start riding lessons.
9. One day she went horse riding with some friends in a field either privately owned or rented. I was not there at the time. However, I later found out that two teenage boys were joking around, and one of them had used an air rifle to shoot at the horses. The horses became spooked and D fell off her horse.
10. A passer-by contacted the police at the time of the accident and I received a call from the hospital that she had fallen off a horse and had been rushed to the A&E department at the Cuckfield Hospital, which no

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longer exists today. I attended A&E, they informed us that she had hurt her shoulder but would be fine, and she was discharged on the same day.

11. At home the next day, [D]'s condition seemed to be worsening, so I called out our local GP, Dr [GRO-B]. In those days, his practice was at home, but later the surgery became the [GRO-B] [GRO-B]. Dr [GRO-B] called an ambulance and told them to use the emergency blue lights if possible. I accompanied [D] in the ambulance back to Cuckfield Hospital.
12. At the hospital, the doctors confirmed that [D] had ruptured her liver in the fall and would require surgery to repair the injury. Her surgeon at the time, Mr Islam, was lovely. He told me that [D] was going to be fine and he would look after her. I can remember him smiling when he came in to check on her by her bedside on the ward after the operation.
13. [D] sustained a big horizontal scar about six to eight inches long down her abdomen. Mr Islam reassured us that it would fade in time. However, the scar never did. Looking back now, this was probably due to the infection.
14. Before the surgery, one of the doctors (not Mr Islam) informed me that [D] would require a blood transfusion. I cannot recall whether there were bags of blood by her bedside by the time [D] was back on the ward recovering after the surgery. It was a long time ago.
15. I believe I would have had to sign the usual consent forms regarding the surgery due to [D]'s age at the time but no one provided me with any information regarding the potential risks associated with receiving a blood transfusion.

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16. [D] remained in the hospital for about ten days before she was discharged to return home.
17. After the operation, life carried on as normal until 1985, when [D] began to indicate that she was unwell. Nothing specific, she just did not feel right. We were alike and got on well and could talk together so we had a very close relationship.
18. In November 1985, [D] complained about feeling hot, but the episodes seemed to come and go, and we did nothing about it. She still used to go to work but did not seem to have much energy. This carried on through until October 1986.
19. By this point, the hot spells were getting hotter, and [D] was experiencing symptoms such as throaty and chesty coughs. We went to the GP and he referred us to Cuckfield Hospital.
20. The hospital initially diagnosed [D] with an infestation of thrush. The doctor also expressed concern about her white blood cell levels. I don't recall feeling alarmed by this at the time. I thought thrush was the problem, but it could be easily resolved with a prescription for antibiotics. The hospital admitted her to run further tests.
21. A few days later, I received a telephone call from the hospital asking me to come in to speak to [D]'s consultant at the time, Mr [GRO-D]. When I arrived at his office, [D] was already sitting there. Mr [GRO-D] addressed [D] saying, "Do you want to tell her or shall I?" [D] replied that would rather he tell me. Then he blurted out she had AIDS.
22. His manner of delivery was so awful [D] was upset and went on to say she was stepping out to have a cigarette. He said, "you shouldn't do that, [D] but I suppose it doesn't matter now". It was just horrible the way it was put. I was devastated. Everyone knew what it meant and that



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it was a death sentence and I admit I struggled to comprehend how

**D** had contracted such a disease.

23. At some point, Mr **GRO-D** confirmed that **D** had contracted AIDS through contaminated blood she had received during her liver surgery, but this information was never provided to us in writing.
24. **D** returned home the day after the meeting and remained home for a while until she got poorly, and then her health deteriorated rapidly.
25. We were referred to St George's Hospital, and the staff there were reassuring and kind. I don't think the referral came from Cuckfield Hospital because Mr **GRO-D** in my opinion was not interested in properly looking after **D**. The care **D** received at Cuckfield Hospital was awful, as I explain in further detail in my impact section below.
26. We went to St George's about five or six times over a few months. It was in London and therefore too far to attend regularly. A lot of their patients were gay men, which made it further isolating for **D**.
27. However, the staff at St George's appeared to be more experienced than Cuckfield at dealing with people diagnosed with AIDS, and they informed us that we could pass on their details to Cuckfield Hospital if they required any information or assistance. However, Mr **GRO-D** was not bothered about doing so when I passed on details of this offer. He said he knew what he was doing or words to that effect.
28. Before she passed away, **D** was concerned about what the information on her death certificate would say. This was due to the enormous stigmas surrounding AIDS at the time.
29. St Georges had told us that the certificate did not need to mention AIDS and I passed this information to Mr **GRO-D** so he was aware. He informed us that people don't actually die from AIDS but from any number of the complications and illnesses that arise as a result of a compromised immune system due to the infection.

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30. [D] died at Cuckfield Hospital on [GRO-B] 1987. The night she died it was as though she knew it was coming. I was present when she passed and it is something that I will never be able to forget. No mother should outlive their child.
31. My daughter was a child when she was infected with HIV from contaminated blood. She was never a smoker or an intravenous drug user and did not receive any medical treatment abroad. She had no piercings or tattoos. She broke her arm once as a child but did not require a blood transfusion at the time of that incident. There was no other way she could have contracted this aside from the blood transfusion she received during the operation in 1980 or 1981.
32. When the death certificate was issued at the hospital, Mr [GRO-D] came up to me, said, "there you are", then he dropped the death certificate and walked off. The death certificate had the words "AIDS" written on it. I was devastated and in tears. As mentioned, I had previously discussed this with him and explained that we would prefer this information not to be included on her death certificate as was [D]'s wish. He just wasn't bothered.
33. Shortly after, his registrar, a tall Black doctor, sorry I can't remember his name, came up to me and I said, "it really doesn't have to be like this". He said I should leave it with him and then he came back later with the death certificate amended to what it now says on it. I was very grateful at that moment because it could have been his job on the line. I went in the next day and gave him a present. I told him if he ever felt like he was losing his compassion for people, he should look at the glass box and remember what he had done for [D] and I.
34. I exhibit as **WITN7308002** a copy of [D]'s death certificate, which lists the cause of death as (1a) Encephalitis and (b) Viral illness.

**Section 3. Other Infections**

35. I do not believe that [D] contracted any illness aside from HIV as a result of being given infected blood.

**Section 4. Consent**

36. I was never informed that [D] was being specifically tested for HIV/AIDS. The doctors said she had an infestation of thrush. I remember going to work the next day and discussing it with a colleague about the thrush, thinking that it would be a case of antibiotics. When the diagnosis of HIV finally came, it was like I was living on another planet.

**Section 5. Impact**

37. [D] was only 19 years old when she was diagnosed with AIDS. She was very upset and the news struck her completely dumb. She said Mr [GRO-D] had not been sympathetic, and given the way the diagnosis was delivered to me, I expect he told her in a similar manner.
38. He did not provide any further advice that I aware of such as precautions, otherwise, [D] would have relayed this to me.
39. The doctors at St George's Hospital were the only ones to provide us with any information or support. They advised us to manage the risks to others, such as being careful around cuts and blood.
40. [D] did not receive any specific treatment for HIV because this was in the early years of HIV infection, and I am not sure whether any treatments had become available yet.
41. Towards the end of 1986, [D] s health deteriorated rapidly. She used to have full a head of bushy hair, but it became very thin. She also

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suffered from weight loss and weariness and fatigue in general. I recall she was prone to quite bad night sweats and on one occasion, I think just a few weeks before she passed, I was keeping an eye on her whilst she had a bath and I found her trying to put talcum powder into her mouth. She was very confused, so much so that I called a doctor out from our local surgery. The confusion remained until the end but not to the extent that we could not hold a conversation.

42. Before the diagnosis, she had already begun working in her first job. However, after that stay at the hospital, she could no longer go back to work.
43. When she was admitted into Cuckfield Hospital, they put her in a side room, and most of the staff did not want to see her, except for two nice nurses. One of them was called **GRO-D** and I will mention her again later. They would help with her personal care and I would do my bit when I was in to see **D**. Strangely, I remember the other nice nurse, on the day **D** died, offered to make me some lunch as I normally went out. She hadn't done this before and I wondered if she had known what was about to happen. **D** did not get much help from the others. Staff would dish up her meals on white paper plates with plastic cutlery through a hatch in the wall of her room. It would wait there until, if not I, one of the others could help her. Other than the few exceptions mentioned, no one wanted to go near her and it was horrible to see my daughter being treated like a leper.
44. After we had been to St George's Hospital in London, I challenged this practice explaining that it was not necessary to do so. Mr **GRO-D** said it was hospital protocol, and when I said he could speak to London to confirm it was unnecessary, he said he did not need to. He was awful and never had a kind word to say to **D** and me. There was no compassion for her plights at all.
45. Everything was a battle at Cuckfield Hospital because they were so behind information-wise. Nobody knew anything about AIDS, and Mr



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GRO-D did not do anything about that except treat D like trash. They did not look after her like a person.

46. D's wish was to be cremated, so we did that and it was not because of stigma reasons. The coffin was sealed, and the only time I saw her was in a hearse. They said it was not possible to see her body to say one last goodbye and the family were denied that right. In those days, everyone was scared of AIDS.
47. It was difficult, but we had to keep it a secret. At the time, I worked for the Disability Equipment Department and we occasionally had requests for equipment for people with AIDS. I knew because they came in a sealed brown envelope, which was taken straight up to our boss. Some people at work said they would not go down the same garden path if they knew someone with AIDS had gone by – that was the level of fear at the time. I also had contact with a hospice and I asked if she could go there. They were very kind but said they did not know enough about the virus to help.
48. Our local funeral parlour organised the funeral because they had done so for members of my extended family in the past. I do not recall much about the funeral, but afterwards, someone informed me that many people attended and the venue was filled to the extent of people standing outside the door. She was a very popular and well-liked young woman. You only had to meet her once for her to touch you. I received lots of lovely messages from people echoing the same sentiment.
49. D had only had two boyfriends in her life, and her dad and I informed them of D's HIV diagnosis and told them to get tested. Luckily, they were both fine.
50. There was no suggestion by any medical staff that the rest of the family, that is, me, my husband and our son, should be tested for HIV.

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51. **D** was young and looking forward to a bright future, which included rising in her career. She did not talk much about her aspirations because she had only just begun working when she fell ill.
52. After receiving the diagnosis, she became quieter and withdrawn. Still, she was determined to enjoy the things she still could. I did not know if it would end up being her last Christmas, but I decided to make it special for her. She loved Christmas, and since she passed away, I still struggle with the holiday season.
53. As stated, the diagnosis felt like a death sentence, but she was not the sort to wallow in self pity. She knew she was going to die and tried to make the best of the time she had left. She was worried that I would no longer have anyone to confide in after she died because we used to talk about anything and everything.
54. The policeman who informed me that she had fallen off the horse said one of the boys who caused the accident was absolutely beside himself when he realised **D** was in the hospital with a ruptured liver. When **D** passed away, I wondered if the other boy would cry now that she was dead.
55. I don't necessarily blame them for her death. In terms of consequences, they probably received a stern talking to at the time of the accident, and not much more could be done aside from that, especially as it was what was done back in those days.
56. **D**'s brother, **GRO-B** was devastated. They got on well, and he returned from junior leaders to see her when she first fell ill. He was in Brunei when she passed away, so he could not get back in time and did not have the chance to say goodbye. The last time he saw her was after she received the AIDS diagnosis, but not long after, he had to return to **GRO-B** army camp.

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57. In 1985, GRO-B got married to his fiancée, also called GRO-B because the only way they could travel to his posting in Hong Kong together was if they were married. My daughter, D was their only bridesmaid, which shows how close they were.
58. Her death still affects GRO-B to this day, even though he is not very outspoken about the impact. My daughter was the more outgoing and gregarious sibling, while GRO-B was the deep and contemplative type. Still, they got on well and played pranks on each other growing up as siblings do. He was a helicopter pilot in the army for 20-odd years, and it's only recently he has begun to share his experiences in the army with me.
59. I know he misses her, and I can see it in his face especially when people speak about D She would have made a great aunt to his children.
60. My first husband, GRO-B, the children's father and I separated when they were young. At the time, GRO-B was five or six, and D was around three years old. However, he maintained a strong relationship with his children, and D used to go see him all the time.
61. He was not one to show his feelings much except through anger, and he was very angry about the whole thing. After D received the AIDS diagnosis, her dad was not worried she could pass this on to him. There were not many places she could go during this period, so whenever she felt she needed a change, she would go to his house. It was one of the few places she could go to relax and be herself. He was also devastated when she died so much so that I did not look to him to provide me with any emotional support after she passed away.
62. GRO-B moved to Ireland with his new family in 1989 and passed away in GRO-B 1995.

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63. **D** did not tell her friends about the diagnosis because she feared they would stop coming around if they knew. Her friends were with her until she died, and in fact, I am still in touch with one of them, **GRO-B**, and we catch up from time to time.
64. I did not tell my friends, but I told my brother and sister-in-law. I don't think I even mentioned it to two of my brothers. **D**'s dad may have said to more people, but no one would have mentioned it to me because I did not tell them myself. It would have been the respectful thing to do.
65. My daughter asked me to promise not to tell anybody, and it was a promise I kept. It was bad enough that she was dealing with such a life-threatening illness therefore I wasn't going to let her face possibly being ostracised by some friends or family members. To this day if asked I still tell people that she died from leukemia.
66. My husband **GRO-B** and I have known each other for a while, long before we got married. He was not phased by the fact that my daughter passed away from AIDS. He used to work in the ambulance service, so he understands how devastating this illness was. He has been very supportive of me, especially when it comes to the mental impact this has had on me.
67. **D**'s diagnosis came as a big shock to me. I thought Mr **GRO-D**'s delivery was not gentle at all. By this time, I had heard about AIDS through my job and the media, so as I've said, I saw it as a death sentence for my daughter. It was mostly described as a gay man's illness which sounds awful now, but I had no idea that you could contract AIDS from a blood transfusion. There was no offer of counselling or psychological support at the time, although I later had some counselling.
68. My daughter loved Christmas so much that now I hate it. I have a lot of difficulty remembering the good memories because I think about the end of her life. It has had a deep emotional and psychological impact on me.



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I had my first mental health breakdown in July, a few months after GRO-B passed away.

69. Over the years, I have gone to the GP a lot, had four or five of what I term small meltdowns, and had counselling and prescription medications. About 13 years ago, around 2010, I had a big meltdown which lasted for about a year.
70. During this time, I could not do anything, and I had to see my GP, Dr GRO-B, who diagnosed me with depression. My husband was concerned because he said he had never seen this type of depression before.
71. I had been seeing Dr GRO-B every week for about ten months but still suffered from panic attacks and anxiety to the extent that my whole body felt like it was on fire.
72. Dr GRO-B then referred me to a specialist, Dr Andrew Bowskill, who formally diagnosed me with PTSD due to me witnessing the treatment D received in the hospital, mainly triggered by the incidents around her having to use paper plates and plastic cutlery.
73. It ate at me the powerlessness to do anything as a mother for her daughter at the time, even though I used to defy the nurses and hospital and bring her proper food, knives, and forks.
74. Through our sessions, Dr Bowskill prodded me and discovered that I had this persistent vision of a black hole filled with white plates with D at the bottom and I can't get to her to help. He tried different therapeutic techniques, including CBT which did not work, and then rapid eye movement therapy, which worked.
75. It meant that the imagery was pushed to the back of my mind and was not at the forefront every time I opened my eyes. Since then, I have been

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relatively okay. Oddly, I think I suffer from a breakdown every seven years even though I have been on medication during these periods.

76. When D was ill, I tried to continue with my routine, that is, going to work, but towards the end, I took some time off. I even returned to work two weeks after she passed away. Luckily my work environment was supportive and did not ask too many questions. The job also served as a good distraction from my grief at the time.
77. For a while, people used to say I was not myself. Apparently, I often looked dead in the eyes, and they could tell when I was feeling better because the light came back in them.
78. It can be nice when people die. My mum had a nice death, so it's not just the fact that D died that hurts me. It was the awful indignity of it. D's death was horrible and I could not make it better for her.
79. I tried not to show her it was getting to me, and I held in my anger and upset. After she passed, I had to deal with all those feelings. I am still angry, and I pray because I do not want to end up a bitter old woman because of it. I take comfort in knowing I was there for her and held her hand even as she passed away and she knew I was there.
80. This has taken everything away from me, my daughter, her future and my own future too. D and I would have carried on growing old together as best friends. Being her mother never detracted from us being best friends. Her friends used to say they were jealous because they wished they had a mum they could talk to like we did back then. She would ring me at work, and she used to wear my perfume or my accessories. She would show me the clothes she had selected so I could have a look at them before going out with her friends and I used to pick out clothes for her. I miss our bond so much.

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81. I used to get upset thinking of the clothes we would have bought for her. She loved the seasons, so summer or winter, we had an excuse to shop. She liked watching Emmerdale and Coronation Street, but after she passed away, I couldn't bear to hear the theme songs of these programs. They may seem like small, inconsequential things, but they were like a knife in the gut which would set me off.
82. I worked as a social worker at hospitals, and it also affected me going back to an extent. I mainly worked at the stroke and surgery wards and I was concerned I could potentially bump into Mr [GRO-D] but luckily, I never did. I also did not like going to the side wards due to the memories this invoked. By the time I went back, it was no longer Cuckfield hospital. It was now the Princess Royal Hospital.
83. My time off work did not affect my career progression. I became a Senior Social Worker and received an opportunity to be a team leader at one point. For the first few years after she died, I did not want to take cases around Christmas and would ask for these to be allocated to someone else until January. My colleagues understood why and were kind and supportive about it.
84. I still see some of them and one of them brought flowers after [D] died. She said she didn't know what to say to me. In that moment the flowers were enough and they meant the world to me. So many people don't know what to say.
85. I was not financially well off, but we managed on my wage. The hospital did not advise us about [D] being on any special diets or medications, so her diagnosis did not have a massive financial impact.
86. My husband [GRO-B] has been impacted, especially because he has had to support me through the mental effects of this. Every Monday at 6 pm, he used to drive me to the doctor when I was having counselling and Dr [GRO-B] would see both of us. It was a great help to [GRO-B] as it must

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have been an emotional drain for him and it does affect the quality of the ongoing family life.

87. My previous husband [GRO-B] had been a rock for me all during the years of [D]'s illness. It must have had an enormous effect on him as well, as he was having to provide emotional and practical support for both of us during what was traumatic time. He was the person who was my pillar after [D]'s death and who helped to see me through it. Unfortunately, he passed away in 2000.
88. My dad was also affected because he was close to [D]. He used to call her [D] affectionately, and just like me, she was his favourite, being the only daughter. It felt like a bad dream for the entire family.
89. It has also affected my working life in a positive way because it has made me more empathetic towards people receiving end of life care.
90. I know my daughter would have wanted me to carry on with life, so after a few years, I started to try and have as many experiences as possible. I have travelled a lot. Although one Christmas, I travelled to Dubai thinking that it would not have been as big a deal as it was in the UK because it was the Middle East. However, that was not the case, there were big, bold signs of Christmas everywhere, and I struggled during that trip. It is an impact that never goes away, instead, I wrap it in a box and tuck it deep down.
91. One incident that upset me in the aftermath was when I found out that one of the nurses at Cuckfield Hospital, [GRO-D] mentioned something to our local hairdresser about [D] dying of AIDS. The hairdresser told me when some time later I saw him for a hair appointment. I was caught on the hop and didn't know what to say. Even though I felt it was a huge breach of confidentiality, it was reassuring that she was one of the



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nurses that had cared for and about [D] and I know that my hairdresser has never spoken to anyone else about it.

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

92. We were never offered any counselling or psychological support at the time of [D]'s diagnosis nor during the time she was under the Cuckfield hospital
93. The only support we received was from St George's Hospital after we started going there. They were kind enough to send a counsellor down once a week for about a month to speak to [D]
94. The treatment [D] received at Cuckfield hospital was horrible. The staff hardly came in to see her, and she was just abandoned in a side room. When they came in, they would be masked, gloved and gowned in white clothes. She was pretty much left to her own devices unless one of us was present. I have great difficulty with any happy memories of the time as the treatment we received remains my overwhelming pain and agonising memory.
95. One time I recall [D] was choking, and Mr GRO-D was around, so I asked him for help. He dragged [D] out of bed forcefully and then told a nurse to get rid of me. I was sent out of the room and I assume this was because he did not want me to witness him being harsh with her. He did not treat her kindly and I don't understand why.

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

96. I have never claimed financial support or assistance from any of the schemes set up. [D]'s diagnosis would have had to be written down somewhere, which was not ideal due to the stigma at the time.

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97. I heard about the Terrence Higgins Trust after she passed away, but I did not claim any financial assistance from the Trust.
98. I am in the process of obtaining medical records from St George's Hospital, the Princess Royal Hospital and our local GP. The Princess Royal has the records for Cuckfield Hospital, and they have responded that they will check their archives in Middlesex for records.
99. Even if I had received letters or records in the 1980s, I would not have kept these as they would trigger bad memories.

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

100. For a while, it dented my faith in the NHS. I had to think through the contaminated blood scandal, and I assume that they could not have deliberately given people contaminated blood. I was also wary of having a blood transfusion, although I never needed one. I have never thought of being a blood donor, and I know D would not have fancied it either. I would like to know what the reasons were for the import of blood at the time and why we could not provide it here in the UK.
101. I am okay with hospitals because I have dealt with them in one way or another for all my working life. I have seen a lot of good doctors and wonderful nurses. You can't fault a whole group of people for the actions of a few.

### **Statement of Truth**

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

Signed

GRO-B

Dated

4/1/2023