

ANONYMOUS

Witness Name: GRO-B

Statement No: WITN7429001

Exhibits: WITN7429002-7

Dated: October 2022

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 GRO-B and I live at GRO-B
2. I make this statement as the widow of GRO-B: H GRO-B GRO-B who was infected with the Hepatitis C Virus (HCV) as a result of receiving contaminated blood. He died on GRO-B 1998. The cause of death recorded on his death certificate was a Cerebrovascular Event, Ischaemic Heart Disease and Myelodysplasia (WITN7429002).
3. This witness statement has been written with the benefit of access to some of my late husband's medical records.

Section 2. How Affected

4. My late husband was diagnosed as having Sideroblastic Anaemia in 1984 and began to receive regular blood transfusions as treatment for this condition (**WITN7429003**). He was treated at the Royal Cornwall Hospital by Dr A R Kruger and later at the Royal Tunbridge Wells Hospital (formerly the Kent and Sussex) when we returned to East Sussex.
5. This treatment included regular blood transfusions from 1988 until 1998. As my late husband's condition worsened, his blood transfusions became more frequent and during the immediate years prior to his death, he received transfusions every three weeks.
6. I am not aware if any advice was provided to my late husband regarding the risk of infection. However, I believe if he was given advice that he would have told me, so in my view it is unlikely that he was given any advice.
7. In or about 1995 [H] was told he had Hepatitis C. He was told that he had acquired this infection via a blood transfusion administered in 1988. I refer to the letter from Dr Kruger to the Consultant Haematologist in Bristol, Dr Anderson, dated 21st February 1996 which states that [H] was 'hepatitis C antibody positive' and no doubt has an 'active viral disease' (**WITN7429004**).
8. I believe that [H] must have been informed of the risks surrounding re-infection as he became very anxious about the possibility that the children and I could be infected. A medical report written by Dr Slater in June 1996 states that [H] suffered 'undeniable' psychological harm due to his

distress surrounding his diagnosis and anxieties of re-transmission (WITN7429005). Thankfully, I was tested and was clear but from that point onward our physical relationship ended, and we slept in separate beds to prevent re-infection.

Section 3. Other Infections

9. [redacted] H blood test results from 14th July 1995 show that he was Hepatitis B and C antibody positive (WITN7429006).

Section 4. Consent

10. I do not know if my late husband was treated or tested without his knowledge or consent or without being given adequate or full information.

Section 5. Impact

11. My husband experienced a catalogue of physical symptoms because of his infection with HCV. As he was fighting Sideroblastic Anaemia anyway, it was difficult at first to distinguish whether his weakness and tiredness was a result of that or his Hepatitis C infection. Although he retired from being a Sergeant Major in [redacted] GRO-B due to his arthritis, before I met him, he was still able to enjoy limited physical activity, such as gardening.
12. However, as the years progressed, he became unable to enjoy any physical activity. He became increasingly tired and lethargic, having to spend consecutive days in bed.

13. Fighting Anaemia became an even more complex struggle when the symptoms of his Hepatitis C began to emerge. For example, I noticed a yellow colouring to his eyes, indicative of jaundice and he had very thin skin which bruised easily. The most difficult part for [H] was his digestive issues as he lost control of his bowel movements. Understandably, this made him feel extremely down and embarrassed. In 1996, a medical report also stated that he possibly already had 'chronic liver damage' from the Hepatitis C (WITN7429007).
14. In terms of treatment, I believe this was very good and I remember how nice and attentive the nurses were. I am not aware of any treatment which should have been made but was not.
15. Our private life irrevocably changed after his diagnosis. As [H] became weaker, the everyday life we used to share became a distant memory. We no longer went on family holidays, and I became his full-time carer and driver. As a result of the stigma of HCV, my social life was impacted as family and friends were more cautious about spending time with us. I remember when [H] and I went to visit my daughter who had just had a new-born baby, she asked us to leave. This was upsetting for me as [H] infection was negatively impacting on my relationship with my family.
16. [H] and I already faced difficulties in our family life as this was a second marriage for both of us, but these difficulties, were exacerbated by his infection and his worries about infecting myself and his children. His children were very aware of his infection and the risks of infection of their own

children. Any physical intimacy between my late husband and me ended, after his diagnosis.

17. When he died men in Hazmat suits, wellingtons and gloves came in and bagged him up as they said that he was more contagious in death than life. I understood the worry of infection, but their concerns made the ordeal much harder at the time. Before the funeral, one of his daughters wanted to see him and they had to put an extra bag – double bagged – over the existing bag.

18. My late husband had to give up his job at a steam cleaning franchise when he fell off a ladder in 1987 around the time of his Anaemia diagnosis. Therefore, for a long time I was the sole earner and paying off the mortgage was my responsibility alone. The benefits office started paying the interest on the mortgage when [H] died, but he stopped work a long time before that, and I was not able to pay off my mortgage until I was 72. When we moved back to [GRO-B] in 1997, it was difficult for me to juggle work and caring for [H] as I had to drive [H] to a day hospice centre every day and then onto work.

Section 6. Treatment/Care/Support

19. I was not offered any counselling and I do not believe that [GRO-B] was offered any either. [H] was not offered any treatment for his Hepatitis, see (WITN7429007).

Section 7. Financial Assistance

20. I was not aware of any Trusts or Funds set up to distribute payments to those suffering from Hepatitis C and have not received any financial assistance.

Section 8. Other Issues

21. I have mixed emotions in relation to the Inquiry. On the one hand, I feel guilty as I know that the NHS is in a particularly bad way now, yet this feeling is outweighed by my desire for justice. One of the nurses told me that blood was being imported from prisons in America. I think the people responsible should be held accountable for this error as infected blood transfusions have ruined many people's lives, including my late husband's.

Anonymity, disclosure and redaction

22. I wish to apply for anonymity

Statement of Truth

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

Signed...

GRO-B

Dated.....

30. 11. 22