

Witness Name: GRO-B

Statement No: WITN7507001

Exhibits:0

Dated: November 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 in GRO-B I live at GRO-B
GRO-B

2. GRO-B
GRO-B

3. I make this statement in relation to my mother, GRO-B: M who was born on GRO-B and is currently aged GRO-B She was infected with Hepatitis C Virus (HCV) via a contaminated blood transfusion during complications in GRO-B at the GRO-B
GRO-B

4. This witness statement has been prepared without the benefit of access to my mother's medical records. I have applied for her GRO-B
GRO-B

5. My mother and my [GRO-B] also intend to provide witness statements to the Inquiry.

Section 2. How Affected

6. My mother was infected with HCV following a contaminated blood transfusion received due to complications [GRO-B]
[GRO-B]
7. [GRO-B]
8. I am unaware as to whether any information or advice was provided to my mother in relation to the risks of being exposed to infection from blood transfusions.
9. In or around [GRO-B] my mother was informed by her GP [GRO-B] that she had contracted Hepatitis C. I don't know whether she was given adequate information to understand and manage the infection.

Section 3. Other Infections

10. I don't know whether my mother received any other infections, apart from HCV, from the contaminated blood transfusion.

Section 4. Consent

11. I do not know whether my mother was treated or tested without her knowledge or consent. Similarly, I do not know whether my mother was used for the purposes of research without her consent. [GRO-B]
[GRO-B]

Section 5. Impact of the Infection

12. The HCV damaged my mother's liver which resulted in Cirrhosis for which she required extensive medical treatment.
13. She also developed and now has Non-Hodgkins Lymphoma.
14. She has gall stone issues and wears a Percutaneous Cholecystostomy.
15. My mother suffers with Atrial Fibrillation.
16. My mother suffered with extreme fatigue, nausea and irritability.
17. All my mother's treatment for HCV [GRO-B] and I am aware that she underwent Harvoni treatment about 7 years ago.
18. My mother suffers with constant anxiety, stress and worry because of her HCV infection which has required constant medical attention.
19. We struggled with stigma growing up as a family as people thought that our family would infect them. We only told family members; we have a very close Italian family, but people talk and it got out which meant that people were afraid to interact with our family for fear of infection.
20. On top of her HCV, my mother also had to care for my disabled father, who had Emphysema. He needed 24/7 care from her. He passed away in [GRO-B]
21. Currently my mother is confined to bed and requires a carer 24/7. One of my siblings [GRO-B] has taken on the carer role.

Section 6. Treatment/care/support

22. We did not know that there was any treatment for HCV until a few years ago.

My mother was treated with Harvoni about 7 years ago.

GRO-B

GRO-B

23. Neither my mother nor I have ever been offered any counseling or psychological support in consequence of her HCV infection.

Section 7. Financial Assistance

24. Neither my mother nor I have received any financial assistance from any of the Trusts or Funds set up to distribute payments.

25. GRO-B and did not know that financial assistance was available. The obstacles we faced in this regard were lack of knowledge and correspondence from the NHS/Trusts/Funds regarding my mother's infection and the fact that financial assistance was available.

Section 8. Other Issues

26. I want my mum to be compensated for the difficult years she has had to endure as a result of the HCV.

ANONYMOUS

Anonymity

27. I wish to be anonymous.

Statement of Truth

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

Signed.

GRO-B

Dated 11/30/2022