Witness Name: Joan Edgington
Statement No.: WITN0065001
Exhibits: [WITN0065002 – WITN0065007]
Dated: 13 February 2019

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF JOAN EDGINGTON

Section 1. Introduction

1. I, Joan Edgington will say as follows. My address and date of birth are known to the Inquiry.

2. I have two daughters and four grandchildren. I married my second husband around 10 years ago.

Section 2. How Infected

3. In December 1990 I was admitted to Musgrove Park Hospital in Taunton having had no previous health issues. I was treated on the medical ward for what they thought was ulcerative colitis. I had extensive internal bleeding which did not respond to steroids, and the following month which was January 1991 I was moved to the surgical ward. By this time my colon was in

such a state that I ended up having a total removal of my colon, a colectomy. Because I was young and had been perfectly healthy they created an internal pouch by re-sectioning part of the small colon. This was quite a complicated process and it was a while before I was healed and they could discharge me. I was not discharged until the March of that year. I had been in hospital for three months, at that time my daughters were aged only 12 and 13.

4. I believe I was given infected blood during the original surgery for the removal of the colon and resection in January 1991. I was aware after the operation that I had been given numerous pints of blood in an operation that lasted over seven hours. I really admired my surgeon Dr Collins, he was a super chap. He was hoping to save some of my colon, he felt that I should have been moved from the medical ward to the surgical ward earlier.

5. I did have a further operation to reverse the temporary ileostomy, but I did not have a blood transfusion during this procedure.

6. I know that before I had the operations I signed the generic consent forms whatever they were at the time. However, I certainly wasn't made aware of any risks to do with being exposed to an infection through a blood transfusion. I do not recall there being any discussion after the operations about the possible risk of infection via contaminated blood.

7. In June 1995 I got a letter from the South West Blood Transfusion Service. By this time my daughters were aged 16 and 17. The letter says: *This is in relation to the blood transfusion you had in Musgrove Park Hospital in 1991. We have now discovered that the blood may have been carrying an infection known as hepatitis C virus. This could have been passed to you and I would like to check your blood now* **[WITN0065002].**

8. I have a memory of phoning them right away, I believe I was offered an appointment within two weeks. It felt like a long couple of weeks, it was a long time to hold my breath.

9. At the appointment I had a blood test, I believe at Musgrove Park Hospital. I felt stunned, I remember feeling as if I was holding my breath having no idea of what the implications were. I felt as if I was slipping into a limbo. My memory of that first appointment was that they had an attitude of it being early days and that they were just checking my blood. I think they said that I should come back with any questions at the next appointment which was arranged for around a week later. I do not remember being given any literature to read, in their heads and in mine the diagnosis was yet to be confirmed.

10. The next appointment is all a bit of a blur to me. I was seen by a clinician, someone in a white coat in a little room. They were very kind but they confirmed that the result was positive for hepatitis C. I don't remember much, I was in shock. I think I left there with a leaflet about the British Liver Foundation. I am sure I did not get any other information about Hepatitis C because on my way home my overriding feeling was what does this mean? What do I do now?

11. I had no awareness of hepatitis C until the letter came through the door in June 1995. However I was already dealing with chronic fatigue and I had already begun to wonder whether there was something else wrong with me. I had changed GP practice and was now with Dr M Osborne, who was a kind and supportive GP but he was the first to admit that for him it was new ground.

12. From that point on I started to research the infection myself, asking questions, looking at websites and phoning people. My GP found some good websites and so did I. I found out lots through the British Liver Foundation and tried to balance it with the information that was coming from America. I think the understanding at that time was that hepatitis C was not like hepatitis B, it was a different creature and could mutate and change rapidly. They found out that I had genotype 1B.

13. I was already under the care of Dr GRO-D of the gastroenterology department in Yeovil because of the earlier colectomy. I do not remember having a hepatitis C specialist, I was not given an extra person to go and see. My main consultant was Dr GRO-D and as I recall he was more interested in my digestive system than in my hepatitis C.

14. I wasn't really given adequate information to help manage and understand the infection. At the time I thought that this was because the information was not to hand rather than there being any failure by the doctors. However now I am beginning to wonder; I know that the published documents and the websites are four or five years behind the research so it is possible that there could have been more up to date information available to the doctors.

15. I now understand that by the time I had my blood transfusion there was a screening test for blood but it was not being used. There was a risk of infection and I was not informed. Obviously I did not know that at the time. I believe that the risks of the blood transfusion should have been discussed with me at the point that major surgery was being considered. My understanding is that there were safe products that could have been used during surgery instead of giving me a blood transfusion but that these would have cost the NHS more money. This could have meant that my recovery time was longer, however I was not even given this option.

16. I realise that I could only have been alerted to the possibility that I had been infected by a letter or phone call. I think it would have been better to have been offered an appointment within 24 hours of the letter so that I did not have to wait. At the time of the blood test I do not remember being given any information; I do remember that I was in a different cubicle and that the person taking the blood wore gloves that had not been used before. When I was diagnosed, although the people dealing with me were perfectly nice people I was in shock and did not have any idea what to do next. I do not think I was offered any counselling there and then. I just remember walking down the corridor and sitting in my car for a while.

17. I was not offered counselling until almost a year later, April 1996 **[WITN0065003].** This was through my GP and the counsellor had no expertise or understanding of the Hepatitis C infection. We talked generally about my distress and coping strategies, but I was left to research and come to terms with Hepatitis C myself.

18. I do not recall being given any information about the risks of others being infected. Whether the person who gave me the results tried to talk to me I do not remember. It was only over a period of time of me looking online and reading journals and then taking them to my GP that I started to put things together.

Section 3. Other Infections

19. I do not know if I received any other infections through contaminated blood. I do not know if I have been tested for other things. However after the operation I started to get cold sores which I had never had before. I also have

raised dark patches on my skin which my GP says are viral but benign. These started appearing after the transfusion.

Section 4. Consent

20. I do not know whether I have ever been treated without my knowledge, consent or without being given adequate or full information. However when I finally qualified for treatment in 2003/4 I knew that this was classed as a medical trial so at this time I was treated for the purposes of research but this was with my agreement. I was never informed of any clinical outcomes of the research despite asking for this information.

Section 5. Impact

21. It is difficult to explain the impact of Hepatitis C on my life. In a funny way my health was not the thing at the top of my list. My first thought was how do we survive if I cannot work? I was very much on my own, my only living relative to hand was my dad, who died in 2000 in the middle of all of this. My girls were 16 and 17 years old at the time of the diagnosis. I was under increased pressure as the bread winner with a mortgage and two teenagers.

22. To put it into context I had been incredibly fit before the surgery in 1991, I was working as a youth & community worker and was part of the outward bound team. After the surgery I built myself back up. I was into alternative therapies, and did everything I could to get better. In terms of muscle and structure, my body seemed to be doing well however I could not get back to the level of health and fitness that I was at before. I came up with the term "flat battery" to describe how I felt. The car was running but if you put your foot on the accelerator there was no extra go.

23. I had general flu like symptoms, aches and pains and fatigue. There is tired and then there is "ill tired", sleep would not cure it. My lymph glands in my neck and armpits would flare up if I pushed myself too hard. My body seemed to overreact to coughs and colds, and my glands would swell for no apparent reason when I was tired. I had been very resilient before the blood transfusion. By the time I was diagnosed I had already begun to wonder whether there was something else wrong with me.

24. The period after my diagnosis is all a bit of a blur, but my pattern is to roll up my sleeves and think what does this mean? What can I do? I went to my homeopath; this was new ground for him too. We looked to continue to support my immune system as well as my liver. I remember having mixed feelings, in a sense I was able to acknowledge that there was now a reason for the flu and all of those other symptoms. I had a label and if I had a label then I could work out a strategy.

25. However from there I moved into a depressed and desperate space when I understood that this appeared to be a new frontier for medical science. All of the research that was published was a good four or five years behind the science that was being developed at the time. Eventually I heard that there was a treatment called Interferon but not much was known about it.

26. Once I was aware that there was a treatment for hepatitis C, I approached my GP and talked it through with him. He then did some research and eventually, after about 18 months, he found out that the first trial in my area was going to be carried out at the Musgrove Park Hospital in Taunton. My GP contacted Dr Sterling-Pugh, the consultant running the trial, who replied to say that they were waiting for confirmation of funding. Once funding was confirmed I was told that to get onto the trial I would have to undergo another liver biopsy. The

biopsy that had been tested in 1997 had shown some damage but not enough to qualify for the trial.

27. Further biopsies showed an increased scoring of 3 which was borderline for treatment at the time. Whilst it was relatively good news that there had not been too much additional damage to my liver, it put me in limbo as far as the treatment was concerned. I found myself waiting in the wings for the treatment. I knew that the most recent research was showing that the sooner the treatment was started the more effective it was. I began to get angry with the mind set that it was somehow ok to have hepatitis C because it would not kill you. That was coming from people who did not have hepatitis C. I had lost my job and was trying to pay the mortgage; I pushed really hard for the treatment because I was a single parent and had to work. My chronic fatigue was getting worse and I did not feel that I could wait any longer. I think I only got onto the trial because someone else dropped out. The treatment started in 2003 or 2004.

28. I had 52 weeks of Interferon and Ribavirin **[WITN0065004]**. I was given quite a high dose. I have since found out that they have not run a trial again at such a high dose. I had to inject myself once per week, just managing that was tough. My regime was to inject myself on a Thursday knowing that I would feel terrible through to Sunday. By then my eldest daughter had finished university, but my youngest who had taken two years out had just started her degree. Both were living away from home. I deliberately managed the treatment by myself. It was almost easier to get into a routine; I injected myself having bought bread and having put homemade soup in the fridge, knowing that I could survive until Monday.

29. From Monday to Wednesday I did a part time art course and then I would inject myself again on Thursday. The course saved my sanity. I had a tutor that was happy to tell me stuff over the phone and I attended enough of the classes to pass the year. I needed to hang on to something which was not just about being ill.

30. I know I had to shut down on lots of levels just to get through it. I used to wait until one minute before midnight to inject myself just so that I had some control over the treatment and what it was doing to me. This was the only control I had. I was protecting my daughters from lots of it and was careful what I did and did not tell them. On the plus side, being on my own meant that if I could not get out of bed it did not matter, I did not have to be brave or feel that I was letting anyone down. If I wanted to go out and be social I could do but I could also just shut the door. When I look back I realise that I constructed the routine in that way so that it was not spreading the stress to my girls.

31. I love to read but during the treatment there were times when I could not even do that, this was one of the most distressing things. I set up a chair in front of the window, this is where I would sit if I was not well enough to read because looking outside at nature would make me feel better.

32. There was substantial hair loss, a thinning of my hair rather than baldness. My hair never fully regrew at the nape of my neck. I reported numb toes and fingers and still have residual partial numbness to right index finger and two toes on each foot.

33. I get quite tearful when I talk about this period. I have since been told that I may have PTSD, I think this is as much to do with the treatment as the original operation.

34. I am not aware of any other treatment that was available at the time. Certainly no other treatment was offered.

35. I claimed incapacity benefit for a year whilst undergoing treatment and for a second year whilst I was recovering. During this time I was receiving letters demanding that I attend an assessment even though I was going through this really tough regime. A friend took me to the first assessment. The doctor I saw was very nice, he apologised and said if he had seen my form before the day of the assessment he would have said that I did not need to attend. He suggested that I ask my consultant to write a letter stating that I was unable to work; I did, the letter stated: *she is affected by profound fatigue which is a known complication of the Interferon and Ribavirin therapy that she requires for this condition"* **[WITN0065004].** The DWP still called me for a second assessment.

36. The DWP insisted on assessing me during the year that I was supposed to be recovering. I just remember being pretty distressed and trying to explain that I was still dealing with chronic fatigue. I just found the whole benefits system horrendous, especially after my battle with the CSA (explained further below). I was occasionally met with kindness but the whole structure was awful and I did meet a whole lot people with a "jobs worth" attitude. Because the treatment was not chemotherapy they did not believe it was that bad, they thought that because I could attend the art class then I could go to work. I had not perceived myself as having a lot of pride but the one thing I did pride myself on was being resilient and I found the whole process of applying for benefits and attending the assessments really demeaning.

37. After that second year the thought of having to go for another assessment forced me back to part time work as I could not bear the humiliation. I stacked shelves in Tesco instead; I used to work for a couple of hours on alternate days. I still was not feeling at all well but I just felt that I had to get on with it. I could not do much but the manager put me on the dairy section where I was just dealing with little packets of things; you meet kindness in funny places sometimes.

38. It is difficult to say which medical conditions have resulted from the infection and which have resulted from the treatment. I now think that some of what I currently deal with is from the treatment. I was cleared of the virus but I don't know if it had a residual effect on my body, no one discussed this with me. I do not think that at the point of delivery of care those treating me were aware of the long term effects of the treatment. However I now wonder whether those higher up knew more. It is only when your start talking to other people who have been through it that you realise you have lots in common.

39. Over the last 18 months I have read lots of other people's experiences on websites related to the Inquiry or on Facebook groups. Symptoms or conditions that I thought were bad luck or random, I now realise may be due to post Interferon syndrome. I have never regained any level of fitness as I knew it, I have only ever been able to work part time. I am still dealing with chronic fatigue. Any medical incident seems to throw my body into overdrive.

40. In 2010 I had a possible TIA from which I noticed slightly numb sections in a couple of fingers and toes. In 2013/14 I had a kidney infection that would only cleared after three courses of antibiotics. From that point on my body seemed to go into overdrive, I had a very high white cell count and an abnormal bone marrow biopsy. It took well over 18 months for my platelet count to come down again. The doctors thought that I had a Leukaemia type illness and

were considering starting me on a course of chemotherapy. A registrar wanted to discuss this with me and asked to see my bone marrow biopsy but he was told that it had been taken from Dorchester to Salisbury where it was stored and then lost.

41. In December 2017 I got a really bad flu and have not even been able to work part time since then. I am back to feeling that I am not just tired but "ill tired". I had to step down from a part time job as I could not guarantee that I would be able to turn up and work a whole shift. I am now on income support, ESA as it is now called.

42. Whether these symptoms and others were as a result of the interferon or the hepatitis C I do not know. I just know that I have not been well since the blood transfusion and that I used to be a very fit and determined person.

43. I knew that the treatment had side effects but the possibility of long term or possibly permanent side effects were never discussed with me. At the time my feeling was that this was a new treatment and so how could they know what the symptoms would be. However with hindsight I know that there was enough research in the US for them to have doubts about this treatment. I am not aware of any information being withheld from me as such but if you do not know the questions to ask it is difficult to say. I felt that often at the point of the delivery of care they did not have the information to give me.

44. I think I would have hesitated about pushing so hard for treatment had I known the effect that it would have on me. At one point I was told that the success rate may only be 50/50. If I had been told about the long term side effects as well I think I would have waited.

45. My infection must have had a profound effect on my daughters, despite me protecting them as much as I could. They did not know how hard the treatment was on me. Financially I struggled to fulfil my role as I had hoped to. There were opportunities that they missed out on and things we would have done had I been well and earning money. I am not the proactive granny that I could have been.

46. My eldest daughter thought that she had taken it all in her stride, but she had left home by then. My younger daughter who was at university by this time remembers being very worried for me. I had been in hospital for a long time and she just wanted me to be well. It was the same for my dad, my mum had died in my 20s of cancer and my dad had to do most of the caring while she was ill. I recently asked my youngest daughter what she felt now about what happened. She told me that she had blanked it all out, and said "we got through it that's all that mattered".

47. It is now embarrassing to say I also landed up in a relationship with someone who was not right for me. He was a male nurse and one of the few people who was not scared off by the hep C. I had met him before I knew about the hep C, we were already dating when I was diagnosed. I moved in with him in Epsom but then the relationship broke down and I had to come home.

48. It took me a long time to let go of the hopes and dreams that I shared with my peer group; some of them have been on major mountain group expeditions, one has sailed round the world. I come from a practical family, you play the cards that you have been dealt and make the best of everything, but it is hard not to grieve about what could have been

49. I was aware on several occasions that there was a real stigma attached to hepatitis C, this was when I was having blood tests and before people found out that in my case it had come from a transfusion. I realise that in a way, part of me not reaching out for help and support was because I did not want to have to explain. Everyone's reaction was to ask what the diagnosis meant and I did not know myself. I did not know who to share the information with and I was careful who I talked to. I do remember that this was the era of Thatcher's adverts about AIDS. The stigma of Hepatitis being lumped in with HIV in that awful campaign was terrible. I was told not to apply for insurance unless I really needed to as at the time insurance companies were thinking of hepatitis C and AIDS as the same level of risk factor. I had an endowment mortgage and took this as my life cover, I do not think I have ever applied for any insurance since **[WITN0065005]**.

50. In 1994 I was involved in the protests to reform the child support agency (CSA). The CSA had tried to force me to sign papers giving my permission for them to go after my ex-husband for additional child support payments. I refused to sign the forms because I felt that it was unfair that he should have to pay more money. I had chosen to divorce him, it was not his fault that I had become ill six years later. Two men came to my house and told me that my benefits would be cut if I did not sign the forms. I went to my local MP, who at that time was Paddy Ashdown. I ended up speaking at a select committee hearing in the House of Commons chaired by Frank Field. My child benefit was cut but at least after the hearing they started to chip away at the CSA and an end was put to some of the worst practices. **[WITN0065006]**

51. As a result of my involvement in the CSA protests and formation of a support group I was in the press quite a bit. I received letters of support but I got some pretty nasty stuff as well. It made me realise how easy it is for the general public to get the wrong end of the stick. So by the time I was

diagnosed with hep C I was ready to keep a low profile and I wanted to protect my girls. I know I sat them down and had a conversation about hep C quite early on. I was honest and told them that even the doctors did not know that much about the infection but that if they had questions we could try to find out the answers.

52. My chronic fatigue and the stigma of having hepatitis C took my career development away from me. I had been on a well thought out career path; I had committed a lot of time and effort to the training. After my geography degree I had taken my PGCE and trained as a secondary school teacher, working for 2 or 3 years before becoming disillusioned by the system. I then re-trained to become a youth and community worker and worked with teenagers who were failing at school. I then went on to manage a youth centre and become part of the youth service training team. By 1996 aged just 42 my career was over as chronic fatigue had taken hold.

53. After the operation in 1991 I was off work for quite a chunk of time. Then in late 1994 I was headhunted for a full time job managing the County's main youth centre in Taunton. At the time of the diagnosis in 1995 I was back in full time work but was struggling. At first I thought that I was unfit, then I thought that it was the fault of the job because of the crazy hours and lots of pressure. I was dealing with general flu like symptoms which I now know were caused by the hepatitis C.

54. After my diagnosis, because of life, pressure, children, and just because you have to, I came up with a strategy to deal with my situation. I knew that the Hepatitis C was not going to kill me straight away and so I needed to look after myself and to carry on doing what I had been doing.

55. However I did have to give up my job soon after my diagnosis. So in 1996 I retired again. The reason for this was twofold: I was beginning to understand what I needed to do to manage chronic fatigue, until then I had managed to battle on; also I began to recognise that my chosen career wasn't going to be feasible. Even as manager you do a lot of out of hours work and I could not sustain it, I realised that it would damage my health even more to keep pushing. Recognising that I could not do the job I loved and had trained for was extremely difficult for me. I have only ever managed to work part time since.

56. All of my qualifications were to do with working with people. Many of the jobs that I applied for were funded by government money in one form or another. As a result, the application forms included very detailed questionnaires about health. Had I not declared my hepatitis C, I would have been in a very weak position legally. It was not something that I felt I could withhold just in case there were ramifications.

57. I am aware that there were at least two jobs that I did not get because of my hepatitis C status. These jobs involved working with children, I was told off the record by people that I knew on the interview panel that I had not got the jobs because of hepatitis C. This was at the end of the 90s. As a result of this I did ask a consultant if he could write a letter in case this issue arose again **[WITN0065007].**

58. Up until the treatment I was still trying to work within education training. I did various projects including working with an independent care company as a one to one tutor for children in care. Then I got a more permanent job, again part time, with an educational charity doing project work with schools.

59. After my year of treatment and my year of recovery I went to my GP who had seen me through it all. I said who is going to employ me now? And he said that he would. I have worked part time as a doctor's receptionist ever since. On the strength of the job that my GP gave me I was offered similar jobs in different surgeries. It was one of the few jobs where my medical background was not a problem

60. In terms of the financial impact of the infection I have lost my place on the professional pay scale, as well as the future and pension that goes with it. This was all ahead of me before I was given contaminated blood. All of this impacted on the life that I was able to lead and the life I was able to provide for my girls.

Section 6. Treatment/Care/Support

61. Other than the original struggle to get the treatment for the hepatitis C I have not experienced difficulties or obstacles accessing treatment care or support. I have steered clear of the benefits system but now I am on ESA due to my chronic fatigue.

62. In 1996 I was referred for counselling by my GP. As mentioned above this was a counsellor who had no knowledge or experience of hepatitis C. The support was more about how I would cope financially as a single parent as it was about my new diagnosis. I remember her saying there was a whole other emotional layer that I needed to unpick, she flagged up that there was work to do but I did not have any other counselling until much more recently.

63. I have had two further courses of NHS counselling in the last few years. For the first, I can't remember exactly how long I had to wait but I know it was

months. My counsellor was a smashing lady but because it was funded by the NHS I could only have 10 sessions.

64. More recently it surfaced again when I felt a new wave of chronic fatigue. Again I had to wait months for an appointment, and again the counsellor was only available for 8 sessions. I did a lot of crying, she said that she believed I had PTSD with regards to the operation and everything that had happened since. I feel as if I have a label but I do not know what to do with it. I would have to join the queue again if I wanted additional NHS counselling, I do not know if I can do this.

65. Recently GRO-C has been very ill and has been treated in Musgrove hospital. It is very strange to be walking down the hospital corridors, I have experienced flashbacks. Much of the hospital has changed but suddenly you turn a corner and find yourself in one of the older wards. When I visited GRO-C GRO-C recently I started sweating and shaking and I had to go to the loo to hide away for a bit.

Section 7. Financial Assistance

66. I was involved in a legal case for compensation which ran from 1997 to 2004. This was a group action that aimed to set a precedent in relation to a loss of earnings and a loss of potential. The claim was not successful. However soon after the case was over the Skipton fund was set up, this became the vehicle through which I was given some money. However they were very careful not to call this compensation.

67. We got a lump sum of £20,000 on the understanding that if we ever became critically ill and needed a liver transplant we could get more, but we would have to prove that our condition had got worse. Once the lump sum was paid

I filed away the paper work and forgot about it. The money was used to support my girls and to get me through the treatment.

68. When it was announced that there would be a public Inquiry I became aware through the Facebook support groups of the England Infected Blood Support Scheme (EIBSS). I emailed them with details of my infection and of the payment that had been made to me by the Skipton Fund. I thought it was odd that my details had not been passed automatically to the EIBSS by Skipton and that I had to seek out this support myself. I raised this with Skipton who said that they had not been able to share my information with the EIBSS because I had not given them the authority to do so. However I was not contacted by Skipton or given the opportunity to give my authority.

69. I started to receive the EIBSS payments in April 2018; I receive £333.33 per month. This is just the basic monthly payment. Anything above this requires more form filling and providing of documents. At first I could not bear more form filling but now I am on ESA I have just gone through the soul destroying process of applying for top up money from the EIBSS.

70. I am considering applying for the monies from EIBSS for further counselling but need to obtain quotes from counsellors and a letter of support from my GP to apply for this.

71. I am appalled that the EIBSS is yet another set of means tested criteria. I had understood that the Skipton Fund was an independent organisation, nothing to do with the government, but the EIBSS is just another government benefit scheme.

72. I have found the process of applying for any kind of benefits incredibly humiliating and demeaning. My feeling is that if they have decided that we

qualify for some kind of compensation and support they should stop making us jump through hoops to get it.

73. Quite often you need a doctor to sign off a form and this means trying to give forms to GPs who do not have the specialist knowledge to complete them. Then you get referred to consultants who have never met you. It has been additionally difficult to have to go through the story over and over, particularly when very few people have any awareness of what it is all about.

Section 8. Other Issues

74. As mentioned above I was involved in a legal case for compensation which ran from 1997 to 2004. I still have the paperwork relating to this case including statements from medical experts which set out the effect that Hepatitis C had on me, and statements from colleagues confirming my career path and the position that I could have reached, had I not been infected. I would be happy to provide copies of these documents to the Inquiry if that would be helpful.

75. I believe that the Inquiry must act in a transparent way. I think this is what they are trying to do. I was impressed with the launch and believe that they got this right. This Inquiry has the power to make people attend and testify, they must use this if they need to as I think that this is where other Inquiries have struggled.

76. I hope that the Inquiry identifies the failings in the systems of the NHS, not at face to face delivery of care but at committee level and particularly the interaction between the NHS and pharmaceutical companies. I am so cynical now. At the bureaucratic government and committee level they forget that the

NHS is about making people well. It becomes about making money, and building careers and political profiles. I have met nothing but kindness and helpfulness from NHS staff but it is at the bureaucratic level where there are issues.

77. I always count my blessings and believe that this is a good contradiction to all of the bad times and the mess that has been caused by the contaminated blood. Despite everything that has happened I am still here and able to make this statement, many fellow infected people have not survived.

Statement of Truth

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

Your Signature: GRO-C

Dated ……13.02.2019…………………