

Witness Name: **JANET EDITH KENNY**
Statement No.: **WITN0338001**
Exhibits: **WITN03380002**
Dated: **1st. March, 2019**

INFECTED BLOOD INQUIRY

**WRITTEN STATEMENT OF
JANET EDITH KENNY**

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 22nd November, 2019.

I, **JANET EDITH KENNY**, will say as follows: -

Section 1. Introduction.

1. My name is name is **Janet Edith KENNY**, and I am 82 years of age having been born on GRO-C 1937. My current address is known to the Inquiry. I'm a widow, a pensioner and have three adult children.
2. I live in the house I used to share with my late husband before he passed away. I intend to speak about of my late husband, **John Edward Anthony KENNY** ("**John** "), who died as a result of having contracted Hepatitis C, in 1979 (diagnosed in 1997).

3. In particular, I would like to tell the Infected Blood Inquiry of the nature of his illness; how this illness affected my husband, myself, and our family; the treatment he received, and the impact this had on both him and our lives together.
4. John and I met in April 1958, and were married that Christmas. We met at Blandford Camp, an army facility, where I was training to be a NAAFI Manageress, and John was serving as an army corporal.
5. John and I had an instant connection and went on to have three children, all of whom were 'army babies,' two boys and a daughter, Gillian (the youngest). Our eldest (a son) was born in 1959.
6. John was a good man. He loved his family and loved having a good time, he was a hard-working, bread-winner for us all. In everything John did, he was always very determined, always aiming for what he saw as the next step 'up the ladder.'
7. When I met him, John had been a corporal, but was aiming to become a Sergeant, and once he was made up to Sergeant, he aimed to become a Staff Sergeant.
8. When he left the army, after having served for twenty years, he continued wanting to work, wanting to do something else. He always had that drive.
9. We lived in Blandford, Dorset, for a while, and following National Service, John enlisted in the regular army before we married.

10. For a time he was posted overseas, to Germany and elsewhere, and although it was difficult being separated at times, I was happy to be a soldier's wife, I didn't mind having to travel, I enjoyed it; but the army always came first for John. When they said 'jump,' he'd simply reply 'how high?' and jumped. He was a loyal man, to the army, to me and our family.
11. John's military service came to an end in 1976. He retired as a Staff Sergeant, taking a warrant officer's pension.
12. Upon military retirement in 1976, John had shown no outward signs of having any medical issues - he was fully fit and healthy. However, in 1961 he had fallen off of the back of an army truck, and damaged his back in some manner or form.
13. He was treated by the army, and initially the prognosis wasn't good - they didn't think he'd be able to walk again, let alone continue with his military service, but he made a full recovery, and carried on serving for another fifteen years.
14. With the benefit of hindsight, it is this neck injury which indirectly led to his death, as some years later he had to undergo surgery as a result of it, and through that operation he became infected when contaminated blood was given to him.

15. Having retired from the army, we moved to Essex, as we found that there was little or no work for him in Dorset. Initially, John worked in administration with a logistics company but then he secured a job in Saudi Arabia undertaking doing contract work.

Section 2. How Affected.

16. It was whilst working overseas, in Saudi Arabia, when John started to experience problems with his neck, issues which caused him to have very bad headaches. As a result, the company he was working for sent him back to England in order to see a Harley Street specialist, a Professor Bonney.

17. His employers kindly paid Professor Bonney to treat John as a private patient, we would never have been able to afford it ourselves

18. On **31st. January 1979** John had an operation on his neck. The surgeon took a slice of bone from his hip and then grated or 'fused' it to his spine as a means of treating the old injury he'd sustained in the army - I can say that with some confidence, as nothing had happened to him to cause such an injury after he had fallen from that lorry in 1961.

19. The operation was conducted at the private **Wellington Hospital** in London, close to the Lord's Cricket Ground. John was rather upset at the time as his room didn't face the cricket square, and he was an avid cricket fan with a keen sense of humour.

20. Initially we were told that the operation had been a complete success, but Shortly after surgery he sustained a blood clot or haematoma, and had to be given a blood transfusion.

21. The blood he was given, which although this was a private hospital apparently came from an NHS or other national source, was contaminated.

Section 3. Other Infections.

22. Although the operation was conducted in 1979, it wasn't until 1997 that he was diagnosed as having contracted Hepatitis C. He died in 2010 as a direct result. To the best of my knowledge, he hadn't been infected with anything else.

Section 4. Consent.

23. Consent wise, I don't know how the initial operation was agreed upon, but this was pre-planned surgery so John must have accepted it by some means. I don't know if that would have been written or verbal.

24. We had travelled to see Professor Bonney by appointment, together, but I remained outside of the consulting room, waiting, as John went in alone – he only discussed it with me afterwards. He told me what was going to happen, that he was having some bone taken from his hip, and grafted onto his neck.

25. He appeared to be fully aware of what the operation entailed, and told me that the surgery was then a new procedure, invented by Professor Bonney. He was quite eager to be one of the first people to undertake this treatment.

26. Leading up to the operation, John had been in a great deal of discomfort. He didn't mention any form of risk, and I agreed with him that he should have the operation, as I believed it may have helped with his pain and headaches.

Section 5. Impact.

27. The operation took place soon after John's initial appointment, with little delay between the two as he needed to get back to work, back to Saudi Arabia. The only delay I can recall, between consultation and surgery, was that prior to the operation John had to have a bespoke surgical collar made, and fitted (by St. Mary's Hospital, Paddington), which he was going to have to wear immediately following his operation.

28. On the day of the operation, I took John to the hospital, but once I had dropped him off, I went home. I returned and visited him immediately following the operation, and everything seemed to be fine. John was then resting in his own room on a ward.

29. At the time, my eldest son had come down to stay with me. The day after the operation I received a phone call from someone at the hospital, calling me back in.

30. I was told that I *'needed to return to the hospital immediately,'* as apparently John had a blood clot in his throat, a clot which was swelling and impeding his ability to breathe. I returned to the hospital as quickly as I could, and found that things were so serious that John had been moved from his ward side-room to the Intensive Care Unit.

31. Hospital staff told me that the blood clot had caused him to suffocate, where a build-up of pressure on his windpipe had affected his ability to breathe.

32. Apparently, once he had recovered, he was told by a nurse that he had been so distressed whilst this had been it happening, that he had picked up a nurse and thrown her across the room, but he did not remember this having happened at all.
33. John was being treated in a green coloured room with a lot of medical paraphernalia all around him. It looked more like an operating theatre, and there were various tubes, blood and what I believe to have been a life support machine of some sort, all hooked up to him. It was a truly frightening spectacle for me.
34. John was unconscious when I arrived. He was on a machine that was helping him breathe. He had blood 'hooked up' to him, in a bag, as he was being given a blood transfusion.
35. I spent some time with him at the hospital, but there was no useful purpose to be served by my staying there any longer, at that time. I'm not sure if John had been sedated, or if he was simply unconscious.
36. I visited him again the following day, and found that John had then been taken off of life support, and afterwards he recovered quite quickly.
37. I am not sure when the blood transfusion he was given actually stopped or how much blood he had been given. Nor do I know what, if anything, he knew about it or may have been able to consent to.

38. I asked at the time, what had been happening with him, and his doctors told me that he was 'O.K.' and that his recovery was 'within the right parameters.'
39. The doctors at the Wellington took excellent care of John, and looking back on it all, he couldn't have been looked after any better.
40. Two or three days after his operation, John was recovering well, and was able to talk about the fact that he had thrown a nurse across the room. He was aghast that he had done this.
41. By now, he had been moved back into his own room, a comfortable side room off of a ward. He was well cared for, and I even remember having lunch with John, in his room at the hospital, as it had been the first time I had ever tried crème brulee.
42. No one at the hospital really spoke to me about the operation or its aftermath, but John told me everything that he had been told by his doctor. We had a very good relationship and John knew that he could tell me anything, medical or otherwise, including the gory details of his operation, as I liked to know what was going on.
43. John recovered well, and notwithstanding the haematoma, we both saw the operation as having been a complete success and our future looking good. After a week or so, he was discharged from the hospital. He hadn't needed any further blood transfusions after what we saw as just a 'little hiccup,' as these things happen.
44. I don't think John was given any information specifically regarding the blood transfusion, at least not so far as I recall, and I don't think that it was looked upon as being anything separate from the operation itself.

45. Both John and I assumed throughout that time, that the blood he had been given had come from the NHS, and as far as we knew the blood had come from the NHS we were never advised to the contrary and had no reason to think anything else.
46. A friend's husband worked in a laboratory to which donated blood was collected, and he had told us that all of the blood used came through the NHS. It never entered our minds that any blood he received could have come from overseas. When I later found out that it may well have come from somewhere else I was appalled, but neither of us knew at the time.
47. John's convalescence occurred at home, with me. His recovery was good, as it was John, and whenever he fell down he bounced right back up again. His resilience was amazing. He was one of those people who never made a fuss over anything but dealt with it - we were a couple who just 'got on' with things. John was both a mentally and physically strong individual.
48. Following the operation and his convalescence, John returned to Saudi Arabia, where he changed jobs but continued working, and from which he returned to the U.K. every three months.
49. The first time he returned post-surgery, he had an appointment with Professor Bonney who upon examination, told him that 'everything was okay.'

50. For a number of years thereafter, John had no further medical issues save for having to have his gall bladder removed. This was surgery performed in Saudi Arabia, but by Americans in an American medical facility - I saw the paperwork related to this, and there were no issues, he had no blood transfusion or any issues with clots as he had at the Wellington. He made a quick and full recovery.
51. John eventually returned home from working in Saudi Arabia in 1995. We were living in Essex at that time and John took a job in recruitment.
52. In November 1997, John was diagnosed with Hepatitis C. Leading up to this, he had suffered from really bad pains over the area of his liver and had sought medical advice.
53. John had always had **haemochromatosis**, which is an hereditary condition, and means that your body produces too much iron. He was being treated for it, and every now and then had to release a pint of blood to ease the iron levels in his body. However, the discomfort he was experiencing felt like something else entirely, as he was in far too much pain than usual.
54. John's General Practitioner at the time was a Dr. Ward. He sent John to have a biopsy which was conducted at the Basildon General Hospital by Dr. Sebani.
55. Although the biopsy was performed by Dr. Sebani, it was Dr. Ward who gave John the results. He called him in to the surgery to tell him. I did not accompany him.

56. When he returned home from the G.P.'s appointment, John, who was never really 'rattled' by things, was visibly pretty shaken up. We were not expecting him to have been suffering from Hepatitis C and had both thought that the doctor's appointment would be merely something to do with his haemochromatosis.
57. The doctor himself had been expecting cirrhosis of the liver, as this is part of hemochromatosis, or associated with alcoholism, but John certainly wasn't a heavy drinker just a social drinker.
58. Doctor Ward told John that he had Hepatitis C, and that his prognosis wasn't good. He told John that Hepatitis C could lead to cirrhosis and he was advised that he had to be extremely hygienic, and keep his blood to himself to prevent anyone else becoming contaminated. He was also told that Hepatitis C could lead to cancer. This news was real a blow for us both, and for our family.
59. The hygiene side was daunting. Dr. Ward told John that in his case, the Hepatitis C could only have been contracted through the blood transfusion (at the Wellington) as there was no other likely source.
60. Knowing John, I didn't think that it could have been contracted by any other means, certainly John wasn't a womaniser so I knew it wasn't a result of any promiscuity and he didn't do drugs.

61. His G.P. didn't give John any further information about Hepatitis C, be that written or otherwise, but referred him back to Basildon to see Dr. Sebani again. I accompanied John on his first appointment, although I didn't go into the consulting room with him.
62. I don't know if John had been tested for anything else when the biopsy had been carried out. If he had known that he had been tested for anything in particular, he would have told me.
63. We had a good relationship in that way - we spoke about things together, no matter what they may have been. I was everything to John. We had a sometimes turbulent marriage, like lots of couples, but loved one another, confided in one another and were open with one another
64. For us, the fallout from the diagnosis was horrendous, because at that time, people's perception of hepatitis was that it was something you either contracted from having sex with an infected person, or from drug use. It carried a real stigma.
65. John told me of his biopsy result straight away, he didn't wrap it up. He was quite upset and emotional and wasn't a man who got emotional very easily. He was very stoical, but absolutely flattened. A broken man. Having said that he wouldn't let his diagnosis define him.
66. My knowledge of Hepatitis C, at the time John had been diagnosed, came mostly from what I had read in The Daily Telegraph. The general perception was that whichever type of hepatitis you had contracted, you had caught it from sex or drugs. Under the circumstances, we felt that we couldn't tell people what was wrong with him. I couldn't even tell my brother.

67. We told our children of John's diagnosis, and considered asking them to be tested, but they were all adults at the time and we had been told that Hepatitis C was only transferable by bodily fluid contact, and there had never been any instances of that. However, at no time were we advised to test the children for Hepatitis C, although we were told to test them for haemochromatosis.

Section 6. Treatment / Care / Support.

68. As an initial means of treatment, a liver transplant had been suggested, and as a consequence John was referred from Basildon General to the Royal Free Hospital in London. Here, John underwent a scan on his liver to assess his condition for a potential transplant. However, we found that John's age discounted him from a transplant, so he was moved on to a drug treatment programme instead

69. John's treatment at Basildon was absolutely first class. He was first treated with Interferon. Despite pretty horrendous side effects, John kept working all the way through his Interferon treatment, taking no time off, as he couldn't afford not to work.

70. On Interferon, John often felt like death. I can't now remember the full details of his treatment programme, but he had to take the Interferon via injection.

71. In 1998 John appeared to go into remission. He was not told that he was clear of the Hepatitis C, but he was told that it was under control. Throughout his Interferon treatment, John continued to have blood taken from him to deal with the hemochromatosis.
72. John and I found the impact of his Hepatitis C treatment quite difficult. He was always tired and I found that he used to go to sleep easily. This was a time when he was at his lowest, finding Interferon treatment debilitating and tiring yet continuing to work. I don't know how he did it, but John was so driven and determined, he was not going to let it get the better of him.
73. We found his treatment and the side effects devastating, absolutely mind blowingly horrible as we simply couldn't do anything for him, anything to help him, as he was determined to fight it himself. He saw it as being very much *his* problem, and consequently *he* was going to deal with it.
74. He became very difficult to deal with, and wouldn't accept any form of help from anyone. But his caring side always shone through as although he was very sick, he still wanted to look after me.
75. One of the saddest aspects of his condition and subsequent deteriorating health was our lack of intimacy. When John had been a fit and healthy man, we enjoyed our time together in every sense.
76. As a serviceman, often deployed overseas whilst I remained in England, we would both very much look forward to his return, to having a cuddle, to enjoying our love for one another, intimately, and it was a fundamental part of our relationship which continued after he had left the service, but continued to work overseas.

77. However, once diagnosed this changed – it had to; John simply couldn't countenance his running the risk of infecting me. It upset us both, terribly. We enjoyed cuddles, and were careful, but as time went on, and his liver damage worsened, alongside the pain he suffered from the deterioration of his liver, this became less and less possible and eventually had to stop altogether.
78. We became unable to share the same bed, as it was simply too uncomfortable for John. We risked bumping into one another, which caused him extreme pain, so we began sleeping in separate beds.
79. Our lack of intimacy wasn't something we spoke about, but was an immense loss to us both. If there was just one thing that could have been avoided throughout his illness, I really wish that we had been able to remain physically close as well as emotionally close, but this was taken from us by Hepatitis C.
80. Remission offered a period of near normality. Following the Interferon treatment, he went into remission - the Hepatitis C was still there, but it wasn't aggressive. It became the elephant in the room, we didn't talk about it, not wanting it to come back.
81. John carried on working, in fact he changed jobs around that time. He had been driving from our home in Essex to Enfield every day, to work for two Irish brothers. They had been very good and understanding of John's condition and treatment needs, and he enjoyed working for them.

82. I'm not sure what the time gap may have been, but John had to return to treatment as his Hepatitis C came back. While John had been in remission, he regularly attended Basildon General for blood tests where the doctor was keeping an eye on him, monitoring his blood, and this monitoring identified its return.
83. This time, he was put on a course of Interferon and Ribavirin combined.
84. Having been told that Hepatitis C had returned hit John like a hammer blow. We both felt as though the carpet had been pulled out from under our feet.
85. John and I never had any problems talking to *each other*, or the children about things, we were a very open family, but other people were different. We had to use his haemochromatosis as a 'cover story' for John having to go to hospital so often, at least that's what we told people if they asked.
86. We could tell people about his haemochromatosis, as it was genetic, something out of John's control, not something he could have caught. We used it to mask what was really going on from people.
87. When John was told that he was going to need further treatment for Hepatitis C, he said, "*Oh shit, I am going to feel awful again, but let's go with it. I've got to do it*". This was John. He accepted it and got on with things.
88. We never really discussed his need for further treatment in the family. It was something that was happening. It was part of life. John's attitude was that he couldn't do anything about it, so why worry. You don't give up on life, you fight, you have to keep going.

89. The combination course of Interferon and Ribavirin absolutely crucified John. He was getting progressively more unwell, and I couldn't see any improvement in him as the course progressed. He found it far more debilitating than the first treatment he had undergone. Even so, he carried on working and wouldn't take any time off. He kept his *"it ain't gonna beat me"* attitude.
90. At some point in time, I read an article in The Daily Telegraph which said that the cure rate for people having treatment for Hepatitis C was just 29%. At the time, John was about halfway through the Interferon–Ribavirin course. I said to him, *"Look John, it's not making you any better. It's making you more ill. Now that I have read that article, can I come with you and speak to Doctor Sebani about it?"*
91. I think I had seen Dr Sebani once before. He was a lovely man. When we went to see him together, he asked John how he was feeling and then I said that I had read the article (stating that the cure rate was just 29%), and asked what Dr Sebani's opinion of this was.
92. I told him that the Interferon and Ribavirin drugs had been making John ill, and that I couldn't see them making him any better. I told the doctor that John was happy to carry on with the treatment, and that I was happy for him to do so, but only on the proviso that it would actually help him, as I felt that it had only been making him feel worse.

93. Dr Sebani couldn't give any assurances that this combined drug treatment would work. I thought that 29% was very low. If it had been 50% I may not have held the same view, and let John's treatment go on, but it wasn't.
94. Doctor Sebani agreed with me, and decided to terminate this treatment as he couldn't see any improvement on the horizon.
95. I believe that by now it would have been around 2000, when we were living in a bungalow in Essex. Once John stopped treatment, he carried on working in Enfield, but the cirrhosis he was by then suffering from, worsened, and I think it was all beginning to worry him.
96. He was also in pain - I can't remember when, but he stopped drinking himself altogether, as he found that it caused him far too much pain. He'd never been a heavy drinker, but enjoyed a social drink, but this aspect of his life was also cruelly taken away from him.
97. John started haemorrhaging. He suffered bleeding from his back passage and had to have frequent colonoscopies just to monitor the situation. Whether or not they had to cauterize something or other whilst doing this, I can't now remember. It all gets a bit blurry, but on one occasion something was done.
98. John found the colonoscopies degrading and distressing as he was a very clean, proud man.
99. John never had any skin problems. He was bald and there was a slight problem with some skin on his head, but it wasn't serious. However, I remember his eyes became yellow, although I could be confusing this with the time of his death.

100. John had a hard time finding a dentist. A lot of dentists refused to treat him. He never really talked about it this, as he got fed up going around to different dentists, trying to find one who'd accept him.
101. At least two different, NHS dentists, told him that they wouldn't treat him once he had told them of his Hepatitis C status. However, he eventually found an NHS dentist NR who had no issues with it.
102. When we moved from Essex to Oxfordshire (2009), the dentist he went to in Chipping Norton had no problem with him.
103. I think that I simply put my own feelings aside, put them in a cupboard and closed it. I knew that Hepatitis C would kill John, and I'd be without him, but it was strange... how I felt is something I've never been asked before, and not something I've thought about myself, until now. We just accepted it. John put his house in order, wrote his will, decided who was going to get what and we got on with things as best we could.
104. John continued to be monitored through Basildon General Hospital, but in 2009 we moved to Oxfordshire and John's treatment or monitoring was transferred to The John Radcliffe Hospital. I was not impressed with the John Radcliffe. They didn't treat John for his Hepatitis C, he was only looked at palliatively for that; and they did nothing for his haemochromatosis.

105. On one occasion I was badly treated whilst attending an appointment with John at the John Radcliffe. I had introduced myself to staff, and said that I was there accompanying my husband, but I wasn't invited into the consulting room with him, but left waiting outside.
106. I was disgusted. Once he had been taken in, I knocked on the door and went in, but when I entered, the consultant took John to the far end of the long consulting room, so I couldn't actually hear what was going on.
107. I am myself not a well woman, and at that time was in the early stages of disability and having to use a mobility aid.
108. I had accompanied John to this appointment, as by now he had stopped telling me what was going on. He went to the hospital a few times. On one occasion, he had fallen over at Horton Hospital in Banbury. He was now becoming physically very frail and looked very frail.
109. John became very thin and lost his strength. He wasn't able to walk very well and was becoming more and more frail. He was not prone to falls, but having fallen whilst in Horton, this also became a concern. He was generally okay, but you could see that he was not as well as he should have been.
110. John received palliative treatment at Horton, nothing invasive.
111. There was one occasion when John was admitted to The John Radcliffe Hospital, and was put on a ward with drunkards. It was horrid. They were all bright orange in colour and he shouldn't have been put in there, with them.
112. He didn't deserve to have been placed on a ward with a load of alcoholic vagrants. Their eyes were gone and we found their conduct and appearance

to be disgusting. John felt completely out of place there, and so did I. I think it made John feel like a lesser person. He could clearly see what the end result of cirrhosis could be for him.

113. John never lost his sense of humour. Even whilst haemorrhaging from his back passage he would say things like, "*I'm on my monthly's again*", it kept his spirits up. This bleeding was particularly difficult for me, as washing his underwear, following a bleed, I had to be very careful to avoid infection myself.
114. As John's health diminished, I took over driving from him, eventually completely. I stopped him from driving but it wasn't a struggle, he accepted it. John was someone who knew his way around, and the route from our home into Oxford really well – he initially acted as my guide, but when he had to stop driving he couldn't actually go out unless I drove. In my absence, he was house-bound.
115. I suffer from heart and mobility issues, which were worsening at the time John's health deteriorated. John had always looked after me, and on one occasion I can recall him pushing me into hospital, in a wheelchair, when he himself should have been in one.
116. His diminishing health had a major impact upon him and his outlook. John was devastated finding that he could no longer look after me. He felt like a lesser man.

117. He continued to work for as long as he possibly could, most latterly at Sainsbury's - he would have done anything, despite failing health or punishing treatment regimes, to provide for me.
118. In or around August 2010 John's personality changed. Sadly, he became verbally aggressive towards me, and had me in tears nearly every day. It was so unlike him. I couldn't cope with what he was saying to me, his attitude towards me, and his verbal attacks.
119. But I feel that a lot of it was because he knew that he was dying. He thought that there was a chance his liver could haemorrhage, and that he would die in his own blood, and that thought was horrific. He mentioned it a few times, and I think it was an idea which came to him from his time with the drunks on the ward of the John Radcliffe.
120. He didn't shout at me. It was a very quiet unpleasantness. He was a quiet man and this verbal aggressiveness only ever came out when we were alone. Our children never knew of this change in their father. He was fine when our kids were around.
121. Quite recently, I told my daughter about it, but I could never have told any of the children at the time, I was too proud. I couldn't bring myself to tell them that their dad, who had never been aggressive in any way, shape or form, was being verbally aggressive towards me. I couldn't tell them that their father was like that. I couldn't demean their father in their eyes.
122. John's health suddenly took quite a dive. He lost interest in things. He got despondent finding himself unable to do what he wanted. He couldn't get out of the house onto his veggie patch in the garden as he used to. He could still get outside, but not with the same stamina.

123. As time went on, John was making a lot of visits to the John Radcliffe. Our G.P., Dr. Mann, had referred him. John also visited the G.P.'s surgery frequently, for morphine which he took to deal with pain. He was funny whilst on morphine, and would wake up saying things like, *"Oh God, I've had one of those dreams again"*.
124. John was placed on palliative care for six months during which time he was given a mobile chair to help him.
125. I didn't receive any particular help dealing with this, no counselling or the like. I had worked as a bereavement counsellor myself, for many years, so I realised that I was grieving, even when John had been alive. As a family we spoke about things. I never held anything back, save for John's latter aggressiveness.
126. I didn't seek any help myself, nor was I offered any help. I was not offered any help after his death either. I used to talk to a friend. I sought my own solace. I've never seen anyone about it, and no one has ever asked me, *"How are you dealing with it, Jan?"* My children did however, ask me how I was. I know now that I didn't deal with my anger over it all.
127. I can still see John, as I did, just before he died. He opened his eyes to me and I now wish that he hadn't, as his eyes were so bad, and there was nothing I could do for him.

128. We were offered help from MacMillan nurses. I wasn't very impressed. I think they looked at John and I, as a couple, and thought that we were 'okay.' We really needed their help, but didn't get any as we presented ourselves so well. We were fortunate to have good family support and I think this was vital.
129. With John having been a ex-serviceman, we did apply to the British Legion for financial help, to help with the costs of travel to and from the hospital, but we were declined as it was means tested and I had some savings. The chap who came to assess us was horrible. I should have chucked him out of the house and wish I had done.
130. So, effectively we received no help at all whilst John was alive, and any help which was offered, was not of any practical use.
131. I garnered all of my knowledge of Hepatitis C from somewhere, but I don't now know where. I knew the ramifications of it, and I knew that it would cause cirrhosis. I also spoke to other people who knew about the disease.
132. It could have helped John and I, to have known more, but that may have depended on the manner in which we had been told. Personally, I like to be spoken with, not at, which isn't always the case in hospitals.
133. When I had spoken to Dr. Sehani about his stopping John's treatment, he appreciated where I was coming from and I felt that he respected my opinion. He agreed with me, and didn't treat me as though I wanted to stop John's treatment to hurt him or anything like that, and understood that I only had his best interests at heart.

134. When it came, John's end was very quick. One Saturday in October 2010 he got up and found that he couldn't walk. He had lost control of his limbs. My daughter came around with her husband and things were so bad that he had to carry John into the bathroom as he couldn't get there himself.
135. We called Dr. Mann to the house and he was able to secure John a place in our local hospice, Katherine House, in Banbury. John was in the hospice for two weeks before he died and they were very good to him there.
136. His condition deteriorated very rapidly. He went into a coma and went in and out of consciousness, but he knew that his family were there, with him. Everyone visited John, and we held a cocktail party in his room. I slept there in a chair.
137. Our daughter slept upstairs for a week. She washed John, it was something she wanted to do for him, so I let her. Our eldest son gave John shaves. We maintained his personal dignity as best we could and ensured that when it came to it, he wouldn't be alone.
138. John passed away on **31 October 2010** at 5.00a.m. He had started to deteriorate the day before. Our daughter and I, and a nurse were sat with him, and suddenly 'the rattles' started. I questioned the nurse, "*I should get the boys, shouldn't I?*" and she said yes. We were all with him when he died.
139. John, who was a Catholic, had the last rights given to him by a Roman Catholic Priest who attended the hospice.

140. Following his death, there was no need for a post-mortem and no complications. Our eldest son registered his death and made sure that the death certificate listed Hepatitis C as the cause of death. Our son was adamant that this had to be recorded.
141. When John died I was lonely. You can't expect people to drop everything they are doing to suddenly include you in their space. We had moved into a new area for us, shortly before John died, and I waited for two years after his death before I would go to a nearby day centre. I'm glad I waited, it takes at least two years to get over losing someone.
142. When John finally died, it came as something of a relief, as I didn't have to watch a big, brave, hard-working man, someone that I had known and loved for 50 years deteriorate any further. I found watching John's diminishing health extremely distressing, and I usually have a strong constitution for such things.
143. When John had been serving in the army there had always been a fear that he could have been asked to go into the line of fire, so I needed to be strong then, but it hadn't prepared me for this.
144. To see John waste away and not be able to do what he wanted was hard. His death robbed him of time to be spent with his grandchildren and great grandchildren. His great grandchild was just five years old when John passed away and still gets upset about losing his 'Poppa,' he loved John.

145. Other than John's issues in finding a dentist, he did not have any other problems whilst seeking different services. We had life insurance, but this had been taken out before John's diagnosis. John never had an issue with travel insurance, but I'm not sure if he actually declared his Hepatitis C when applying for it.

Section 7. Financial Assistance.

146. I received £20,000 from the Skipton Trust when John died. I hadn't applied for this, but subsequently found out that John had applied beforehand, on my behalf. He had previously received a payment of £25,000 whilst alive.

147. At no time was I told that the money I received from the Skipton Trust was not to be included in my savings when applying for other benefits. An application I made for benefits was unsuccessful as a result, as apparently I had too much money held in savings, but this was because I had included the Skipton payment.

148. I found the benefits application process quite annoying as I had to prove things like his army pension. I had applied for housing benefits once before. I found this to be an unduly long and ridiculous process, but at least this time it was far more understandable and concise.

149. I also received a £10,000 bereavement payment, in 2018 from the Skipton Trust and EIBSS, and two winter fuel allowances to the value of £500- and £519- from the EIBSS.

150. I would have appreciated more financial help during John's illness as he worried about money a lot. John worried about leaving me in financial hiatus and as a result most probably carried on working long after he should have stopped, in an effort to provide for me.

Section 8. Other Issues.

151. I feel that my husband John was robbed of his life, and that he was taken away from his family. How could the N.H.S. buy infected blood? How dare they have taken such a cavalier attitude to people's lives.

152. One of our sons registered John's death, something he did, and found very hard to do, on my behalf. His cause of death was recorded as:

Hepatocellular Carcinoma,
Hepatic Cirrhosis, and
Hepatitis C

Statement of Truth

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

Signed GRO-C

Dated 01.03.19.