



Witness Name: GILLIAN FYFFE
Statement No.: WITN0363/001
Exhibits: **WITN0363/002-23**
Dated: 17 October 2018

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF GILLIAN FYFFE

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 02 October 2018. I adopt the paragraph numbering in the Rule 9 request for ease of reference.

I, Gillian FYFFE, will say as follows: -

Introduction

1. My name is Gillian FYFFE. My date of birth and address are known to the Inquiry. I am a married woman with two grown children, Rory born in 1985 and Lucy in 1988. My husband and I met at school, and got married after I graduated from University. I studied at St. Andrews University, where I read English and Psychology (Joint Honours), graduating in 1980. Following this, I was a technical librarian for two years, before continuing my education at Dundee University, where I voluntarily undertook and received my DipEd. I studied this concurrently with one years' teacher training (Certificate of Education) at Dundee College of Education. Subsequently, in the course of my teaching career, I studied for a postgraduate degree, again at the University of St Andrews, and was awarded MLitt with distinction.
 - 1.1. My teacher training went so well that as soon as I completed it, despite there being no permanent role to offer me in Tayside, I was offered a full-time salary so that I would remain in the area. I then worked at various schools, before being offered a permanent post at St. Saviour's High School, Dundee. I held this position until my son was born in 1985.
 - 1.2. My husband, Stanley, is a chartered civil engineer, and was employed as such, publishing papers at international conferences in his subject and lecturing at a local technical college, until establishing his own practice in

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1989. Nearly 30 years later, he continues to practise as a consulting structural engineer.

- 1.3. Our life and prospects were very good upon leaving education. I was progressing towards an academic career, whilst my husband's career also flourished. We steadily progressed from a modest flat, to having a significantly reduced mortgage on a semi-detached house, later designing and constructing our own detached home after the birth of our daughter, Lucy.
- 1.4. I intend to speak about my infection with Hepatitis C, and the considerable impact this has had on my entire family, career and marriage. I have never been an intravenous drug user; I have no tattoos, and at the time of Lucy's birth had had only one sexual partner. As will be confirmed, my infection was the result of a blood transfusion with contaminated blood.

How Infected

2. I became infected with Hepatitis C immediately after the birth of my daughter, Lucy, on **GRO-C** 1988 at Ninewells Hospital, Dundee. This was due to a blood transfusion given to me to offset multiple haemorrhages I suffered during the birth. I wish to emphasise that from the very outset, I did not want, and indeed refused this transfusion multiple times, as documented by my discharge letter and referred to as exhibit **WITN0363/002**.

Lucy's Birth

- 2.1. Lucy was born in the early hours of the **GRO-C** 1988. I had previously been admitted to hospital at 36 weeks and remained there for a period of 4 weeks before being discharged. I had been admitted due to Lucy being over-active in the womb, described as being the result of excess space as my first child, Rory, was much bigger than she was. I remained home for a week and a half before being induced at 41 weeks. This is contrary to my discharge letter, which described the birth as 'spontaneous'.
- 2.2. I wanted a natural birth after previously having had a Caesarean section. I recall that my medical records were missing, and I had to answer a series of questions posed to me regarding Rory's birth, to assess my suitability for a natural birth.
- 2.3. Following the medication to induce, labour began and I was moved to the labour suite. I recall it was very busy, with at least two other women at the delivery stages of labour. Due to understaffing, the only medical professionals present were a doctor (who was possibly a senior Registrar) and a midwife for each woman. The doctor was checking on each mother in a frenetic fashion, with multiple latex-glove changes given with the assistance of the attending midwife.

- 2.4. Eventually, Lucy was born with the use of forceps. I had been given an epidural, which had failed to completely eradicate the pain. I could still feel pain in one half of my body. I recall asking if Lucy were a boy or a girl, but was in so much pain that I couldn't hear the response.
- 2.5. I later discovered that I had been given an injection to assist with delivering the placenta. I do not remember this, though the doctor later explained that it had been given too late and I would therefore have to have the placenta manually extracted.
- 2.6. I was given a local anaesthetic prior to the doctor undertaking the procedure. The procedure was very unpleasant and resulted in a great deal of blood loss. The medical staff used wadding in an attempt to soak up the blood that I was continuing to lose, even after the procedure had concluded.
- 2.7. There were several elements of the birth and the treatment we received that I found concerning; this included a charge nurse holding my new-born child underneath a running tap to clean her, before attempting to comb her hair with a comb he had produced from his back pocket. To say I was aghast would be an understatement.
- 2.8. The amount of blood I had lost was apparent to all, and soon after the birth the doctor broached the subject of a transfusion with me. I was told I required 4-units of blood. I was immediately concerned, and requested time to think about it, as well as to discuss the procedure with Stanley.
- 2.9. I was well aware of the risks of contamination from blood, due to Directives issued by the Department of Education, to which I had been subject during teaching. I remembered this despite the last time I had taught being some three years earlier. By the time Rory had been born, the risks of contracting HIV/AIDS from blood were well known. I had not previously heard of Hepatitis.
- 2.10. During the course of the day, more pressure was placed on me to accept the transfusion. I was challenged to walk from my bed to the phone on the wall at the opposite end of the ward, and was told that if I succeeded in this, I could call Stanley. Through sheer force of will, I was able to make the call, though I required assistance to return to my bed. I insisted Stanley attend the hospital immediately. By the time of his arrival, I had received numerous medical opinions.
- 2.11. The delivery doctor informed me that without the transfusion, recovery would be a very slow process, including an extended period of bed rest. I also overheard two nurses discussing the risks of transfusion: one said she would not accept a transfusion, whilst the other said she 'wouldn't touch it [a transfusion] with a barge pole'. She later explained to me that she could understand my reticence, saying that, 'there's not just HIV, there's Hepatitis and God knows what'.

- 2.12. At direct odds with this, were the doctors who insisted that the blood was totally safe. In an attempt to appease me, the doctor on duty sought further assurance from someone whom I think was from the Blood Transfusion Service. He reiterated the former's sentiment. At no stage were the risks of infection associated with blood transfusions made apparent to me at that point.
- 2.13. I continued to question the necessity of a transfusion. The doctors failed to appreciate my concerns. They suggested that a transfusion in these circumstances was standard practice, yet I remained reluctant. Stanley was present during many of these early discussions.
- 2.14. Without first making me aware of their intentions, the doctors informed Stanley that if I haemorrhaged during the night, they would be unable to transfuse me quickly enough and my life would be in jeopardy.
- 2.15. And so on the afternoon of 8th October, because the doctor had convinced Stanley and me that my condition was at that point unstable, I acquiesced to the transfusion. This was on the understanding that the transfusion would begin at once to protect against the risk of a haemorrhage overnight.
- 2.16. After I consented to the transfusion, Stanley left the hospital to care for Rory, with the intention of returning the next morning, by which time the transfusion should have been completed. I was surprised to be told to rest by the nursing staff, and no immediate attempt to transfuse me was made.
- 2.17. The following day, Stanley arrived as the transfusion process was underway. He thought that it was about to end and was livid to discover that this was not the case as it had only recently started. In hindsight, I think he felt guilty for convincing me to accept the transfusion, when the 16-hour delay before its commencement demonstrated that my situation could not have been life-threatening.
- 2.18. We continued to question the risks associated with transfused blood as the entire medical team would wear gloves even to touch a blood pack. When queried, they would not respond. We felt we had become troublesome, inconvenient and an annoyance to medical staff.
- 2.19. I was eventually discharged on 12th October, on the condition that I could walk unaided. I was so anxious to leave despite not being physically well enough, that Stanley secretly helped me to walk whilst the nurse was not looking.

Deterioration of Health

- 2.20. When Lucy was around 4-6 weeks old, it became apparent that she was failing to thrive. I took her to the GP, who established that I was no longer producing milk, even though I thought Lucy was feeding. I had successfully fed Rory for 12 months, and had assumed I would be able to do the same

for Lucy. No explanation was given as to why I could not produce milk, and was instead instructed to feed her with formula.

- 2.21. It was around this time that Stanley decided to begin his own structural and ground engineering consultancy to increase the amount of time he spent at home. I was the primary carer for the children, in addition to being the site manager for the construction of our new detached house. Life was very busy. I was continually and inordinately tired. However, I did not want to accept that I was struggling, as other mothers with young children could cope and therefore I attributed my tiredness to being overly busy with our other endeavours.
- 2.22. At times, I was so tired and cold that I would unintentionally fall asleep next to the radiator, resulting in numerous burns, which subsequently blistered. I still carry the scars from this. I didn't visit the GP because I was embarrassed, thinking these burns were self-inflicted.
- 2.23. I continued to become more and more tired until one evening in November 1991 when I was so tired that I fell asleep at the wheel of my car with the children in the back. We plunged off a 12-foot drop, though luckily suffered no injuries. I was aware that my fatigue was excessive, but I was too ashamed of my lack of ability to cope to think of visiting the GP.
- 2.24. In 1992 it became apparent that we needed to move, as we were no longer financially stable and could not maintain our house, Stanley's work and childcare. Stanley and I began to argue frequently; he had to take on greater responsibility with regard to the house and the children and we began to feel that moving back to St Andrews from Dundee would be the best course of action for our family.
- 2.25. We moved into a manageable three-bedroom upper-maisonette, which only required a small mortgage. I registered us with a local GP, though we had no reason to visit. I resumed my teaching career to ease our financial situation and continued to be exhausted.

Hepatitis C Diagnosis

- 2.26. On 22nd November 1995 I unexpectedly received a letter from East of Scotland Blood Transfusion Service, Ninewells Hospital, Dundee dated 17th November 1995, which I exhibit as **WITN0363/003** (GFYF0000132). The letter informed me that the "blood transfusion treatment I had received at Ninewells in 1988 may have been carrying an infection known as Hepatitis C". It was recommended that I seek medical attention and undertake blood testing.
- 2.27. We immediately contacted my GP, who agreed to see us outside of surgery times. I thought this strange at the time, as this is not standard practice, so began to suspect that he already knew something. We arrived at the surgery and were shown into the GP's room by the receptionist, who had had to stay after close of practice. The GP informed us that he had been

anticipating a call from us, as he had already been made aware of the potential infection. However, he had declined to inform us directly, instead deferring this task to the Blood Transfusion Service.

- 2.28. My medical records show that my GP was made aware of my infection on 28th September 1995 yet made no attempt to disclose this information to me. I exhibit page 149 of my medical records **WITN0363/004**. I am concerned at the seven-year delay between the point of infection and the time of diagnosis. It is an additional cause of concern that I do not know who knew, or for how long they knew within that period, that my children were at risk. In the light of my research and because I was assured that the blood supply was totally safe when it was demonstrably not, I now feel that my children were put at an unnecessary risk of harm for this seven-year period.
- 2.29. I accept that the GP probably had limited information and knowledge to disseminate to us. However, upon receipt of my medical records, I have come to understand that my GP *should* have received an information sheet entitled 'Interferon for Hepatitis B and C: Shared Care Policy and Information Leaflet for GPs' dated May 1995. I exhibit this as **WITN0363/005**. The only information with which we were provided at this time was some internet research which was printed out for us and which we later used to undertake further research in St Andrews University library.
- 2.30. The GP agreed to test the whole family for Hepatitis C. It was explained to us that there were two confirmatory tests: the first had a quick turn-around, but a high false-positive rate, and the second took approximately two weeks, but was more accurate. The GP advised us not to tell the children or discuss the potential infection with anyone else, due to the stigma associated with the virus.
- 2.31. We returned the following day with the children for tests to be undertaken and the day after for the results of these. Both children's and Stanley's tests were negative, though mine indicated further testing would be necessary. I gave another blood sample, and was told the result would be available in 14 days. It was agreed that the GP would phone with the result and speak to either Stanley or myself.
- 2.32. Two weeks later, and after an agonising wait, I left Stanley at home and went to wait elsewhere with the understanding that Stanley would inform me as soon as he heard something. St. Andrews is a very small place, and it was not difficult for him to find me.
- 2.33. The content of the phone call was unsurprising: I had Hepatitis C. This accounted for the years of fatigue I had experienced since my transfusion.
- 2.34. I made my reservations about Tayside known, due to this being the point of infection, and requested that I be referred to Edinburgh, which is where I was given my treatment.

- 2.35. On reviewing my medical records, I have also identified a 'Patient Information Sheet', probably from 1997, which provides information regarding Viraferon plus Ribavirin for the treatment of Chronic Hepatitis C. This is consistent with my second course of treatment as it discusses my agreeing to take part in a study with a treatment course lasting 6-12 months. I have never seen this document before. I exhibit this as **WITN0363/006**.

Other Infections

3. I have not contracted any infections other than Hepatitis C as a result of my blood transfusion.

Consent

4. I have reason to suspect that I have been used for the purposes of research. Following the failure of my first treatment with Interferon, I was offered a second treatment with Interferon in addition to an unlicensed drug, Ribavirin.
- 4.1. This treatment, described as part of a *research project*, was offered on the condition that I signed a medical waiver not to pursue action for any consequences of receiving an unlicensed medication.
- 4.2. Given that I had been told that I was no longer eligible for further Interferon treatment (to which I had only partially responded) I considered signing the medical waiver to be the only way left to me of curing my Hepatitis. However, I did not think then, and do not think now, that it was reasonable to offer treatment for a contaminated transfusion on these terms.
- 4.3. Since reviewing my medical records, I also believe that I was enrolled in an HCV Lookback Programme in December 1995 without my knowledge or consent. My GP has inaccurately completed the form by giving an incorrect date of transfusion (20-09-88 rather than 09-10-88). It would appear I was transfused via donation number **701267Q5**, which was plasma-reduced blood. I exhibit this documentation as **WITN0363/007**.

Impact

Treatment

5. I received my primary care from Edinburgh Royal Infirmary. This was provided by a team of doctors, in addition to a nurse in charge of my care. I was told the treatment provided would be a course of Interferon injections. This was not started immediately, and I was led to believe that this was due to the high cost of, and my suitability for, the treatment. Interferon treatment began in May 1996 and lasted for approximately six months.
- 5.1. I was to inject myself three times a week, and was shown how to do this by a nurse. I was also warned I would feel worse whilst on the medication and the success rate was only around 25-30%. It causes headaches, fever,

achy limbs and other flu-like symptoms. I have since been told that many people don't persist with this course of treatment. I was also instructed to be extra cautious with menstrual bleeding and in addition not to share razors or toothbrushes in order to protect my family. The advice provided was very difficult to live by and was not conducive with normal family life. Having to bleach the bathroom in the middle of the night was particularly exhausting.

- 5.2. I was told that Hepatitis C is a "silent killer", and that it is largely symptomless except for excessive fatigue. I had been suffering with this very symptom since Lucy's birth and found the treatment exacerbated this symptom.
- 5.3. I was not provided with any literature that could help me understand my illness or the treatment being provided to manage my healthcare. I don't think I was given all the available information about the Health Service's state of knowledge about contaminated blood and for a long time thought I was simply unlucky. I think that if I had not asked as many questions as I did, I would not have been provided with much information at all.
- 5.4. I had a limited response to the initial Interferon treatment, and was told this meant I was not eligible for further treatment. I was therefore initially refused a second course of treatment but when I was unhappy to be left untreated, the place on the Ribavirin research project was offered. This began in 1997 and was another Alpha Interferon treatment given in conjunction with Ribavirin. This course of treatment lasted for 12 months.
- 5.5. A letter from **GRO-D** to my solicitor dated 24th November 2003 and which I exhibit as **WITN0363/008** (GFYF0000146) suggests that my claim was overstated, as I had been described as 'very well and full of energy' in July 1998. Given the treatment I was receiving at that time, I cannot accept this to be the case. I was incredibly fatigued throughout the treatment and indeed had been diagnosed with an inflamed liver at this time. Any indication that I seemed well would have been relative to a person suffering from Hepatitis C and receiving Alpha Interferon treatment.
- 5.6. My viral load was then tested every two months, and then annually until the doctors were satisfied that I had cleared the infection. This occurred in 2000.

Side Effects

- 5.7. A liver biopsy in 1998 showed inflammatory markers, which I understood to be a precursor to cirrhosis or liver cancer. I was not informed that Hepatitis C can affect the brain functionality. At times I have experienced significant memory loss and struggled with thinking clearly which, as an academic, is particularly frustrating.
- 5.8. You don't know what you've lost until you try to interact with other people and you discover that you can no longer always keep up.

- 5.9. I had suffered mild childhood eczema, and as an adult suffered the occasional recurrence. However, soon after commencing the Interferon treatment, I experienced a change in symptoms, which have progressively worsened.
- 5.10. These symptoms were eventually diagnosed in 2009 as Systemic Lupus Erythematosus (SLE), which is an auto-immune disease and causes extreme light sensitivity. Prior to formal diagnosis, I was prescribed many courses of treatment all of which proved unsuitable. I exhibit two letters both dated 11th March 2011 from Guy's and St Thomas' Hospital, which confirm my diagnosis **WITN0363/009** and **WITN0363/010** (GFYF0000135 and 137). Despite the side effect being well documented, there was no link made by any of my medical professionals between my Alpha Interferon treatment and photosensitivity. Without proper treatment, those with SLE have a reduced life expectancy. The American FDA (Food and Drug Administration) provide a high level warning for auto-immune disease as a consequence of Alpha Interferon. I reference documents regarding my research on this subject later within this statement.
- 5.11. SLE causes the skin to swell and thicken when exposed to light. This can also affect the function of the heart, as the connective tissue prevents the heart from moving sufficiently. It can additionally affect the kidneys and reduces the range of motion in the limbs.
- 5.12. However, I was not prepared to use the steroid injections that had been suggested, and have adapted and lived my life largely avoiding light ever since. Stanley and I have adjusted our waking hours to spend more hours in the dark, including exercising at night. I exhibit a letter dated 18th October 2011 from Guy's and St Thomas' to my GP regarding my current regime of light avoidance **WITN0363/011** (GFYF0000136). My family have also modified their homes to accommodate my condition.
- 5.13. My skin adversely responds to foreign substances including SPF cream and even my own sweat. I regularly apply an emollient to prevent suppurating, which can occur even when indoors and under limited light. I am no longer able to watch television or use a computer.
- 5.14. I am unable to shower due to the pressure of the water on my skin. Instead I bathe, which must be done in the dark, as the white bath and tiles reflect the bathroom light, which then causes swelling and suppurating.
- 5.15. In order to practise light avoidance, I must wear a hat in the following situations: whenever I am not at home in daylight hours; if I am indoors or outside; when it is windy; when it is hot including when there is central heating indoors; when I am the only person in the street, coffee shop, library or social gathering wearing one; when others are wearing a woolly hat for warmth but I must wear one with a wide brim; and when I travel on trains including long trips to London (I will not travel on buses due to endless comments).

- 5.16. As a consequence, I cannot see to whom I am talking to and they cannot see me and the hat band is sticky with dried emollient (I usually get surgical tape to line the hat). It is pointless to comb, dress or cut my hair. I wear second-hand hats as there is no money to purchase new hats.
- 5.17. As my skin is always to some degree inflamed, I must wear a layer of emollient to soothe it. I must renew this several times throughout the day including while I sleep. Because I reapply the cream so often, I have to bathe at least twice a day.
- 5.18. I have to reapply the emollient in the following situations: when I am in central-heated property so we are driven to keep our home cold; if I look out a south-facing window for more than a few seconds; if I cook at a hob or open an oven; if I walk for a short time outside; if I clean my teeth; if I hug a friend who does not know to take care; if my hat has pressed on my skin; when any light breeze blows my hair onto my face so I am driven to keep it tied up in a bun.
- 5.19. There are press reports, which detail that those who wear thick emollient and do not wash their clothes everyday have accidentally set themselves on fire as the emollient is paraffin based. As a result I wash my bedding and my clothes daily. I also have to remove the cream sticky residue from my earrings, phone and spectacles. I cannot wear makeup. As can be imagined, the whole process of just living is particularly complicated and difficult.
- 5.20. I manage my living. The doctors wanted to deal with this with more chemicals. Originally they tried anti-malarial drugs. More recently they wanted to try steroid injections. However, they monitored my light avoidance and one of the letters from St. Thomas' Hospital refers to my condition as being well managed with rigorous light avoidance.
- 5.21. Upon examination of my medical records I have discovered an entry on page 151 dated 28th June 1999, in which my GP records a conversation with me. Stanley had expressed a desire to have another child, to which the GP notes having advised us not to, due to the possibility of re-activating my Hepatitis C infection. I have no recollection of this additional danger being communicated to us. I exhibit this entry as **WITN0363/012**.
- 5.22. Contrary to the suggestion made by **GRO-D** in a letter dated 16th February 2005, and which I exhibit as **WITN0363/013** (GFYF0000142), the effects of my Hepatitis were present long before my diagnosis and were not simply a psychological effect of being informed of my infection. Doctors, family and friends have always commented on, and admired the resilience I have shown in the face of my diagnosis.

Employment and Finances

- 5.23. I had always assumed that after Lucy's birth, I would return to part-time teaching, once she was enrolled in playgroup. However, this was not possible due to my extreme fatigue. Stanley and I had anticipated this placing a financial strain on our income, but thought we would recover eventually. We still haven't succeeding in doing this. The financial implication of this illness has been devastating.
- 5.24. We do not come from family money, and that which we worked so hard to achieve has been lost. We are permanently concerned that we may become financial burdens on our children. Stanley has already had to withdraw his two small pensions to keep us afloat and no longer has a pension.
- 5.25. If our losses are not compensated, Stanley will have to work until he is 75, and may not even be able to retire then. I am only eligible for a partial pension, for which I anticipate receiving a lump sum of approximately £18,000, with subsequent payments being in the region of £200 a month.
- 5.26. Owing to the demands of running a structural design office, attempting to provide my literary agent with a manuscript which might one day supplement our income, frequently moving accommodation to save money and coping with the rigours of light sensitivity without domestic help, Stanley and I average less than 6 hours sleep a night. Our family are concerned, therefore that our financial losses are in themselves shortening our life expectancies.
- 5.27. Our problems are all attributable to the transfusion, which should not have been forced upon us. If I had been well, we would have had more time and money to invest in Stanley's practice and increase its size. Additionally, my teaching career would have continued, and I had hoped to become a house mistress or head of department. It was always assumed that I would pursue an academic career: something that has not been possible because of my illness.
- 5.28. Once the Hepatitis C virus was cleared from my blood, I was able to return to full time employment. I was fortunate enough to be employed at the very school my children had been attending on scholarships. I worked as an English and Latin teacher. We were provided with on-site accommodation, a full teaching salary and free schooling for the children which, taken together, amounted to a considerable financial remuneration. I began as a supply teacher in 2000 and was offered a permanent contract in 2001. I remained there for six and a half years, until Summer term 2007, when I had to resign due to my increased light-sensitivity, which made my position untenable.
- 5.29. This coincided with the children's attendance at Imperial College and Oxford University. We did not want the children to have student loans but without my salary could no longer support them, so we moved to London to provide accommodation for them and reduce all our expenses. Initially, we rented out the terraced mews house we had purchased in Edinburgh,

but could not make enough on this to cover our London tenancy and were obliged to sell it shortly after moving. At one point, there were six adults living in our two-bedroom rented flat, which was all we could afford.

5.30. We returned to Edinburgh in March 2017 and currently live in a small basement flat.

Stigma

5.31. I have not experienced a real problem with stigma associated with my illness, though did experience a few years where my extended family and some friends did not invite me to social events.

Treatment/Care/Support

6. I was never offered any counselling or psychological support after learning of my infection.
- 6.1. Exhibit **WITN0363/007** indicates I received counselling on 22nd November 1995, which is the date I received exhibit **WITN0363/003** and immediately presented at my GP's Surgery. The document also indicates I was 'Well, with no symptoms' to which I can attest is inaccurate. Given that this was the first time I had met this GP, he could not have had a thorough impression of my state of health. I recall clearly that we did not discuss my fatigue or any other potential symptoms of Hepatitis C at that appointment.
- 6.2. A side effect of Hepatitis C is the deterioration of the health of the teeth. I therefore required dental treatment. I made an appointment and attended at my regular dentist in St Andrews after losing a filling. On arrival, I informed the receptionist of my infection, and was asked to remain in the waiting room. She spoke to the dentist and I was made to wait until the other patients had left before the dentist came to see me in the waiting room.
- 6.3. He informed me that he would not treat me as I was a risk to all his other patients. He suggested I ring a dental hospital instead.
- 6.4. I contacted my Hepatitis nurse who explained that my dentist should have appropriate health and safety measures in place and it was his responsibility to guarantee the safety of his other patients. She then contacted the British Dental Association for confirmation of this.
- 6.5. The dentist subsequently contacted me again and agreed to treat me, providing I attend at the last appointment time. When I arrived, the surgery was covered in cling film, as if he didn't want anything to be touched by me. He, however, was wearing his normal protective clothing, including mask and gloves.
- 6.6. I was told that they would be doing a "quick extraction". I wasn't given an option, and didn't know if this was the most appropriate course of treatment.

- 6.7. Needless to say, I sought all later treatment from an alternative dentist in St Andrews, who was very supportive and treated my family and me as any other patients, despite knowing of my infection. He also agreed that the behaviour of my former dentist was unacceptable.
- 6.8. During any visit to my GP or hospital I have been treated like any other patient, and have not faced any difficulty in obtaining treatment, care and support from these services.
- 6.9. No doctor has ever acknowledged the role the NHS played in infecting me with Hepatitis C. I regret not having complained about this, but also recognise that the people to whom I would have been complaining were not the ones who allowed me to become infected. I was also hesitant about complaining to those on whom my health now depended.

Financial Assistance

7. I joined the group action for Product Liability against SNBTS and the Secretary of State for Scotland in November 1996, but was refused legal aid to pursue this in March 1997.
- 7.1. I was eventually offered £10,000 from the NHS in full and final settlement, though I would have been required to sign a waiver, absolving them of all liability for my contamination. I was not prepared to do this and as such did not receive any payment.
- 7.2. I applied for, and received a Stage 1 Skipton Fund payment of £20,000 on 11th March 2005. After the Penrose Report, I was informed that I would be in receipt of an additional sum from the Skipton Fund. This amounted to £30,000, which I received in late 2016. Taken together, these payments represent a fraction of my financial losses since my transfusion. We therefore are and remain in debt.
- 7.3. I have considered making additional applications to the Skipton Fund to cover my rent, though have never actually done this.
- 7.4. I did not experience any difficulties or face any obstacles whilst making my Skipton Fund application.
- 7.5. My Personal Independence Payment application was refused in June 2017. I exhibit a letter dated 6th June 2017 from the Department for Work and Pensions as **WITN0363/014** (GFYF0000139), which confirms this.

Other Issues

8. I have conducted, with the help of my family, a considerable amount of research into Hepatitis C and the side effects of Interferon treatment. This research is contained within several lever arch files. A considerable number of newspaper cuttings are contained within two of these. I exhibit the first

file as **WITN0363/015** (GFYF0000001-79). The second file is exhibited as **WITN0363/016** (GFYF0000080-130).

- 8.1. I would specifically like to draw attention to a Sunday Herald article published on 23rd January 2005, with the headline of 'NHS knew blood for transfusion was contaminated'. This article references SNBTS Minutes of two meetings in 29th March 1983 when Directors were warned of the dangers of collecting blood from prisons and of a further meeting in 1988 when regional directors of the blood transfusion service were reminded that there was proof that the prison population was contributing contaminated blood to the donated supply. I exhibit this article as **WITN0363/017** (GFYF0000140).
- 8.2. My husband and I have also researched Systemic Lupus Erythematosus (SLE) - with which I was diagnosed with in November 2009 – as a documented side-effect of treatment with Alpha Interferon. I exhibit five documents of my research as **WITN0363/018** to **WITN0363/022**.
- 8.3. I have used this research for the purposes of writing a memoir detailing my experiences and the effects of my illness on my family and those around me. I exhibit this as **WITN0363/023**.

Statement of Truth

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

Signed _____

GRO-C

Dated

17 October 2018