



Witness Name: Rebecca Ward

Statement No.: WITN00870

Exhibits: RW/1 - RW/7

Dated: 24-02-20

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF REBECCA WARD

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 7 March 2019. I adopt the paragraph numbering in the Rule 9 request for ease of reference.

I, REBECCA WARD, will say as follows: -

Section 1: Introduction

1. My name is Rebecca Ward. My date of birth is GRO-C 1974 and my address is known to the Inquiry. I am the long-term partner of David Fleetham, on whose behalf I am writing this statement. David was born on GRO-C 1973. He and I lived together down in GRO-C London for a number of years. David passed away, very suddenly, on

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the 26th November 2002. He died in the flat that we shared in GRO-C

GRO-C

2. On 6th July 2019 I finally got married, for the first time, to a lovely man called Alastair. David's parents, Tom and Marian Fleetham, acted as my and Al's witnesses at our wedding. Over the years I have remained close to Tom and Marian. Before David's death, and certainly since, I have always considered them to be my 'other' Mum and Dad. Marian still resides in David's childhood home, a house that Tom and Marian built themselves, in the GRO-C. Tom passed away just three months ago, on 12th November 2019 following a very short illness.
3. In the summer of 2019 I had made the decision to write this statement. I felt that we, as a family, had a duty to David to complete it as he is not here to do so himself. In the wake of Tom's recent death, I feel even more of an obligation to record this and fortunately Tom – and Marian - made some notes for me in the summer of last year, which have assisted with this statement and I have referenced throughout. As a teenager and young man David also kept diaries which Marian still has and I have used direct quotes from these wherever possible and relevant.
4. So I am writing this for David, for Tom and Marian, and on behalf of David's wider, large and beloved family – an ordinary family, but with an extraordinary member in its midst.

Section 2 : How Infected

5. David was a severe haemophiliac. He was treated for his condition from the age of just 1 year, initially at Darlington Memorial Hospital and then, from the age of 4 years, at the Royal Victoria Infirmary (RVI), Newcastle upon Tyne. He remained a patient at the RVI, attending the Haemophilia Centre for treatment, until he was 18 years old when he

left the Newcastle area to go to college in Twickenham. David had frequent treatments of Factor 8 and Factor 8 concentrate, in response to his bleeds as a severe haemophiliac.

6. In 1984 when he was just 11 years old, Tom and Marian were told that David had contracted HIV through contaminated blood products. He was also diagnosed at the RVI, some time later, to have been infected with Hepatitis C (HCV) as a result of contaminated blood products.
7. Tom and Marian's recollection is that they were never told, prior to David being treated with blood products, of there being any risk of being exposed to infection with any virus or viruses.
8. Tom and Marian recall that the medical staff at the Haemophilia Centre, RVI, advised them that David had contracted both the HIV and HCV virus. They were, as a family, frequent attendees at the Centre. Marian recalls that it was Doctor Peter Jones, Director of the Haemophilia Centre, who delivered this most dreadful news in a one-to-one meeting. David was not present. It was left to Tom and Marian to tell him themselves. Tom states that Dr Jones was David's regular consultant and it was him who kept David, Tom and Marian informed regarding David's evolving – and worsening – medical conditions.
9. Tom and Marian remember that, as a family, they attended regular clinics, meetings and seminars which provided updates. David had appointments with both Dr Jones and Doctor Peter Hamilton (Consultant Haematologist) to assist with his understanding and management of the viruses. The general meetings and seminars were mainly held to clarify and correct lots of misinformation being bandied around in the press at that time and also to keep families updated regarding possible treatments but, at that time, there was certainly no cure in sight and initially little in the way of effective medication.
10. Tom has written in his notes that, in hindsight, it would have been valuable to have been made aware of the risks associated with blood

products, especially those associated with paid donors living in the United States. Having said this, Tom rationalises in his notes: “we were aware that without his Factor Eight treatment David’s quality of life as a child would have been severely curtailed, so we still needed him to be treated with blood product but would have strongly lobbied to use product with less risk, as in Scotland, and not from the USA paid donors.” (RW/1)

11. Both Tom and Marian believed at the time of David’s diagnoses – and still do now – that the quality of care at the Haemophilia Centre at the RVI was second to none. I recall David telling me how exceptional the staff at the RVI’s Haemophilia Centre were – from the consultants, to the specialist nursing team, to the reception staff. He attended so regularly and from such a young age, he considered a number of members of staff to be more like extended family than simply there to do a job. In his diaries David refers with affection to “Aunty Maureen” – Maureen Fearn, his Clinical Nurse Specialist. The treatment was always there when David needed it. Prior to David being able to administer Factor VIII at home, Tom would frequently drive him to the RVI, sometimes in the middle of the night, sometimes for days on end, and David would undergo the transfusions at the Centre. The care was always immediate, compassionate and personal.
12. In order to assist with the writing of this statement we applied to obtain copies of David’s medical records (RW/2) from The Newcastle upon Tyne Hospitals NHS Foundation Trust. When I spoke with administrative staff at the RVI’s Haemophilia Centre I was assured that David’s notes would not have been destroyed. I was initially optimistic when two substantial packages arrived believing that, within them, I would be able to find specific information about David becoming co-infected with HIV/HCV. The bulk of the records are copies of hundreds of “green cards” - the document which was completed by medical staff, Tom, Marian and, when he was old enough, David himself – for every blood product administered to or by David in response to his bleeds.

There are in excess of 700 of these documents, all for the years between 1977 and 1991, recording on each occasion the type of concentrate administered, the dosage, who carried out the transfusion and the batch number of the blood product used. Having reviewed every page it is clear, however, that the records are incomplete. There are a number of years between 1977 and 1991 that do not feature at all in respect of "green cards" which, given David's severe haemophilia status, cannot be accurate. There are no copies of "green cards" for the years immediately before David's HIV diagnosis (1983, 1984). More than this however, it is telling that, in a vast record which features numerous, personal letters about David's health status (sent between departments at the RVI, to his GP at The Galleries Health Centre in Washington, etc) there is not one single, defining document which pinpoints the day, month or even the year of David's diagnosis with either HIV or HCV. I am unable therefore, to categorically state which transfusion or transfusions were responsible for David becoming infected with either virus. There is nothing apparent in the remaining records which isolates a specific, contaminated blood product. I suspect, in David's case, due to the sheer volume of products administered, this may never have been identified.

13. Clearly – and sadly - our opinion of the medical response to David's haemophilia is tainted with the knowledge and understanding now that the NHS in England may have been aware of the high risk of infection and seemingly did little to minimise or reduce that risk, until it was too late. Tom states in his notes, "In hindsight, much could have been done to improve the situation, and to communicate the risk/benefit regime more quickly and much more clearly". (RW/1) Marian has stated, "Most definitely we should have been told of the risks earlier". (RW/3)
14. David, Tom and Marian were made aware of the potential risks to others of David's diagnoses. Tom remembers that some of the myths surrounding HIV were quickly dispelled, for example, that a person would not be able to contract HIV from using the same pencil as David.

15. By the time David and I embarked on our relationship, David had been living with HIV/HCV for a significant part of his life. He understood all too well the risk of infecting others and the precautions that were required to prevent this. David told me very early on in our relationship about his HIV status. In the early days we talked a lot about the viruses in order that I could gain an understanding. I then read widely about both HIV and HCV, believing that knowledge would translate in to empowerment and provide me with the strength and resilience to look after both of us. David and I also attended, as a couple, both the RVI and St Thomas' Hospital, London, under whose care David was from the age of 18. I went to support David at his appointments but also spoke with staff separately to obtain further information on what it meant to be a partner of someone living with HIV / HCV.

Section 3 : Other Infections

16. To the best of my, Tom and Marian's knowledge, apart from HIV and HCV, David was not infected with any other illnesses as a result of receiving blood products.

Section 4 : Consent

17. In relation to the issue of consent, my view would be that David's treatment at the RVI was, as I have already said, exceptional. I know that David would not wish me to record it as anything less. But I am referring to the level of care given to David by the staff 'on the ground' here and it is important to balance this. As a family we feel that the patient-facing staff at the RVI always had David's best interests at heart and demonstrated this time after time.

18. However, as Tom has recorded, “that view hasn’t changed although if they were aware of risks carried by infected blood product was high, that might temper my view”. (RW/1) We cannot say for certainty now that David received treatment from staff who may have been in fuller knowledge of the risks than they were prepared to convey to David and his parents at the time.

Section 5 : Impact

19. In relation to the impact of being diagnosed with HIV/HCV, I have carefully considered what David would wish me to record here. When I first read the guidance for this statement I wondered how I could possibly convey in words how his diagnoses affected him, both mentally and physically. I thought that the section on ‘Impact’ should be colossal in length and description. But I feel I should say from the outset that, in actual fact, David never let his haemophilia or resulting infections with HIV/HCV define who he was or what he could achieve with his life. Certainly by the time I met him he was one of the most positive, life-loving people that I knew. Despite everything that he had to endure - a level of daily pain so great that I doubt few have to live like that – he rarely complained. I think the enormity of living with a potentially life-threatening virus can go one of two ways. David chose not to give up and to make the most of every day. I know that this attitude was instilled in him by Tom and Marian from very early on. I remember not long after I first met David’s parents and we were discussing David’s health Marian said to me, “we just have to stay one step ahead of it, that’s all we have to do”. And that is certainly how I came to terms with David’s HIV/HCV diagnosis. I simply believed that we should take every day as it came and together we would deal with whatever the viruses threw at us.

20. But clearly, the quiet, mature acceptance that David portrayed by the time he was in his mid-twenties – that this was the hand he had been

dealt – was underscored with a colossal level of fear. The psychological impact of his co-infection is almost immeasurable.

21. From Tom and Marian's notes, and entries made by David in his various diaries, the years after he was infected were far from easy. Adolescence is a difficult time for most teenagers; it is almost unimaginable to think how David suffered through his, following his diagnoses and enduring the climate of the 1980s, with the 'Don't Die of Ignorance' campaign at its height, with all that it implied. I recall David telling me that some of the hardest years were the ones he spent at Newcastle's Royal Grammar School (RGS). Tom and Marian wanted him to go to RGS in order that he could obtain the best education possible. Regardless of its educational distinction, RGS pupils proved to be cruel in the extreme towards David. He could not hide his haemophilia. His bleeds were frequent, extensive and required regular hospital visits or treatments during school time.
22. By this time David's repeated bleeds had impacted on his joints and he suffered severe, debilitating arthritis and associated muscle-wasting, especially to his right ankle. Tom remembers, "most days it was so bad that David had to crawl from his bedroom to the bathroom on a morning". (RW/1) Although he was able to walk unaided most of the time, he did have to resort to using a walking stick or crutches on occasion, including at school.
23. It did not help, with the various AIDS campaigns and the maelstrom generated by the British press, that it was generally well known in the Newcastle area that people who had attended the Haemophilia Centre at the RVI had become infected. All of this was 'gold dust' for the bullies of the Royal Grammar School.
24. Tom has recorded, "As a child, young boy and teenager the mental anguish resulting from taunts by his peers was massive. Ignorance and press coverage has a lot to answer for. I lost count of the number of times David came home from school, either in tears or very upset as

a result of name calling....I even visited the Royal Grammar School on two occasions to complain about the behaviour of some of his classmates resulting in David wishing to leave the school....It is almost impossible to communicate how traumatic the impact of being infected with HIV HCV was. Not only did some friends, school peers and acquaintances almost treat the condition as a form of leprosy, but every newspaper was running scare stories, comedians on TV regularly told jokes about AIDS, TV advertising was running ads to scare people. There was no escape from a constant and negative stream of information, most communicating that to be HIV positive was like a death sentence.” (RW/1)

25. David's 'Disney' diary from 1985 has an entry for every day of that year and bears testament to the behaviour of his peers. On Saturday 26th October he records that the clocks have gone back and that he had “Had long talk about me being bullied at school”. Further to this, on Tuesday 19th November he wrote, “Mrs Sainsbury took me out of classroom and Mr Douglas went and gave class talk on AIDS because Dad had been to see him”. (RW/4)

26. Both Tom and Marian remember that some friends of David who were also haemophiliacs passed away relatively quickly having contracted the HIV virus. This can only have highlighted the risk to a teenage David. Marian has noted, “As parents David didn't show us his true feelings and fear to save us the heartache we would suffer on top of what we were already feeling”. (RW/3) But the mental anguish which David must have felt, however well-hidden he tried to keep it, must have been considerable in someone of his age. At 11 years he was old enough to understand the concepts of life and death but clearly not mature enough to process the enormity of what had happened to him and what he would potentially have to face in the future.

27. His 1985 Disney diary illustrates this time after time. Hidden amongst the comments about his favourite TV programmes, what he had for his tea and his success (or otherwise) in various Latin tests, he makes

entries, such as the one on Friday 4th January when he describes having yet another bleed and that “Mam gave me the new Heat-Treated stuff which is meant to prevent AIDS”. He goes on to say that he then watched Superman II on the TV. (RW/4) It is a simple, heart-breaking comment in a sea of otherwise banal entries about the monotony of life; it is especially poignant as, by that time, David must have already been co-infected. For David, heat-treated blood products were simply too late.

28. Marian has been part of a ‘Mother’s Group’ since David was diagnosed with haemophilia at 1 year of age. The group had members who came and went but there was a core group of around five or six mothers, all with sons suffering the same condition, of which Marian is one. The group regularly met, providing a network of support where treatments could be discussed and anxieties shared. The same Mams still meet regularly, even today. But at the time of David’s diagnosis some members of the ‘Mother’s Group’ shunned those of boys who had become infected or removed themselves completely from the group. Marian remembers how hurtful this was – people, who should have known better, putting distance between her and themselves for fear of somehow catching the HIV virus – or at the very least avoiding the shame of being associated with it. Marian has noted, “We were all afraid of the future, if there was one....The stigma associated with infections was almost impossible to deal with. Trying to keep the secret and not knowing how friends and family would react”. (RW/3)

29. Tom has also recorded in his notes that David’s diagnosis directly impacted other members of the family. David’s grandfather was advised to stop being a blood donor. Tom states that his father had proudly given blood for many years and was not HIV positive. (RW/1)

30. It is testament to David’s strong will, determination and character – and Tom and Marian’s exhaustive efforts to support him and maintain as ‘normal’ life for David as was feasibly possible - that he completed his

Secondary education, achieving good A levels and went on to study at College in Twickenham, obtaining an excellent degree.

31. By the early 1990s it is clear from his diaries that David had entered in to quite an angry phase in relation to his co-infection. There is a sense of injustice and unfairness that permeates his daily entries. Anger, as well as an obvious fear of imminent death, coupled with the continuous struggle of living a life, never having the capacity to feel completely well. He has recorded, "Hospital for check up, no good news. This is my life from now on - however long." (RW/5)
32. Within David's medical notes there is a letter to his GP from Dr Peter Hamilton dated 27th July 1994. Having reviewed David, he has recorded that, "David remains very well and his HIV is no more than a psychological burden at the moment." (RW/2)
33. Early relationships were clearly problematic for David. He has recorded in a diary his feelings about starting a new relationship and the need to tell his girlfriend about his HIV status. Although he was acting responsibly it is clear from his notes that David feared the outcome of the conversation, bracing himself for rejection or another negative response – a conversation he had to have each and every time he entered in to a new relationship.
34. I met David through work in 1997 with both of us finding employment with a book publishing company in Knightsbridge in London. He was an attractive, intelligent, funny, attentive, caring and incredibly thoughtful person who seemed to draw people's attention simply by walking through the office. David was a talented musician and artist as well as having a brilliant way with words and he could hold an audience with his quick wit and his gentle Geordie accent. I never imagined that someone like David would be interested in me, but he was and we quickly entered in to a relationship. The heady, romantic days at the start were very quickly tempered by David's disclosures about his health and, specifically, his HIV status. Although I felt devastated for a

good number of months, I read widely around the subject and it was this, together with David's positivity and reassurance that helped me to come to terms with his diagnoses and what they meant for him, for me and for our future. When we were able, we went to his appointments at St Thomas' Hospital together, keeping a keen eye on his T-cell levels.

35. We even went to speak to his consultants about the likelihood of having children. We were talked through the process of sperm-washing and it became abundantly clear to me that there was going to be nothing natural about having children for us – it was going to be a likely fraught, artificial process of needles and considerable financial expense – not to mention the possible risk of infection to me and/or a baby. We were just two twenty-somethings, having to consider processes and risk that most people never have to contemplate. Nonetheless, David remained his usual, positive self, telling me that anything was possible. On that day I remember feeling angry at the huge, looming shadow of HIV that never hovered too far away but, for the most part, we both managed to put to the backs of our minds. That day was one of those key ones, one that sticks in the mind. On that day, I felt the injustice of it all, that David hit walls on every side through no fault of his own. Nothing for him was simple or straightforward.

36. I witnessed the physical impact of both David's haemophilia and HIV/HCV status first hand. His bleeds were frequent and, at times, so severe that he had to sleep them off having self-administered some Factor VIII. Some days he was unable to go to work and there were days when he was so crippled with arthritis in his ankles that he had to use two walking sticks to even get around the flat that we shared together.

37. The impact of the medication he had to take to keep the HIV virus at bay was also an issue. David was prescribed combination therapy and I used to watch in awe as he would swallow an entire handful of tablets and capsules, all manner of sizes and colours – in one go – morning

and night. It used to astound me that he managed to keep them all down. Marian recalls that David was taking 19 tablets per day, along with his usual injections for haemophilia. In one of his diaries David has written, "Nineteen tablets a day – will anything work – doubtful. Why me?" (RW/5) The combination of drugs used to have dreadful adverse side-effects. David would suffer nausea and have severe, painful stomach aches and associated bowel problems. Sometimes the pain was so intense that he could not bear the slightest touch to his abdominal area. In February 1997 David has recorded in a diary, "Had appointment...My T-cells are dangerously low and my viral load is dangerously high. She put me on hundreds of tablets a day with awful side effects. This might be it. I may well have begun the slow crawl towards a miserable death. I feel numb and empty, not filled with the anger and shock I thought I would be. I'm just [so] scared....I rang my Mam and she cried and my Dad was lost for words". (RW/6)

38.Despite the quantities of powerful drugs, in general David did not complain, he simply got on with it. It appeared to us that, in the main, the combinations of drugs were working to keep the viruses in check and therefore, as far as David was concerned, the side-effects had to be endured. David never had difficulty in obtaining treatment via the NHS. He was seen regularly by staff at St Thomas' Hospital for as long as I knew him and clearly the HIV treatment was effective as I recall that, at his very last check-up, he was told by his consultant that the level of HIV in his system was "negligible".

39.I cannot recall exactly what medication David was prescribed in order to counter the effects of the HCV virus. As per the details above, David consumed handfuls of drugs on a daily basis and it was difficult to determine what was to treat the HIV and what was for the HCV. David's diaries show entries he makes following medical appointments at St Thomas' Hospital and in July 1996 he has recorded that he has been told his liver has suffered damage as a result of the HCV infection. (RW/7) Marian's recollection is that, towards the end of his

life, she and David were discussing his health in general terms and she asked him what he was doing to take care of his liver in respect of the effects of the HCV. She remembers that David informed her that he had been told by a doctor at St Thomas' Hospital that his liver was in a very poor state and that nothing could be done to reduce or reverse the severe damage already caused by HCV. It is Marian's recollection that David had cirrhosis of the liver, caused by the progressive HCV infection.

40. As a side note I feel I should mention the impact of my relationship with David on that with my parents. Believing firmly that they would support me with anything, as they had all my life, I told my Mum and Dad quite early on in my relationship with David about his health issues. It is my biggest regret that I did this without them even meeting David, let alone allow them the opportunity to get to know him. GRO-D

GRO-D

GRO-D Nonetheless, I endured countless arguments with them about my relationship with David. GRO-D

GRO-D

GRO-D The situation became untenable and I eventually moved out of our family home and in to my own flat in GRO-C London, nearer to David. To start with the geographical distance barely made any difference and my relationship with my parents hung by a thread for many months. GRO-D

GRO-D

GRO-D I had always been so close to my Mum and Dad. GRO-D

GRO-D

GRO-D I wish to this day that I had never

disclosed David's diagnoses to my parents so early on, without them getting to know him first, without putting that huge barrier in place. It was such a distressing time, but GRO-D

GRO-D David was calm and spoke kindly of my parents. I cried and cried and it was always David who remained strong, resilient and composed; he never reacted with anger in response to how people perceived him which was truly remarkable in the circumstances.

41. I remember that, having both left the publishing company where we had met, we both found new roles and David took up a position in the Marketing Department of a different publishing company nearer to GRO-C where we lived. His bleeds continued and I remember that he had a particularly severe set of bleeds over a period of weeks. At times he was unable to walk, let alone get to the car to drive to work. I remember that his absences did cause issues with his supervisor at the time. The company was aware of David's haemophilia and HIV status and we both felt that it was at this place of work where David felt there was a stigma attached to him. There was never any overt discrimination but David was certainly given a hard time by his supervisor on his return to work following periods of absence and comments were also made regarding the fact that he had a Mobility Scheme car and Blue Badge. This period was the first and only time that I remember David being quite down about life. He was treated differently in the workplace to others and I remember feeling very protective, having to fight with myself not to pick up the phone and speak to his boss. He eventually took the decision to leave the company, not wishing to put up with the remarks and awkward atmosphere any longer. David took some time out of full-time employment to focus on song-writing and music. He also wrote numerous articles for Body Positive magazine, an effort to help other people living with HIV, and he was highly praised for his work.

42. Despite David's intermittent frailty, we were able to go abroad and had some fantastic holidays to places we had both always wanted to see,

especially Egypt and Sorrento in Italy. We always had to consider the vast amount of medication and injections that David needed to take with him wherever he went, but his health issues did not stop him and, despite his excruciating arthritis he walked to the top of Mount Vesuvius.

43. By 2002 David and I had made the decision to leave London and he wanted to return to his beloved GRO-C. We made all sorts of plans and hoped to settle down in the North East and get married. David's health was generally good and his infections were, to the best of my knowledge, stable and under control. David's sudden death on 26th November 2002 was, therefore, even more shocking and overwhelming. He collapsed in the flat whilst I was at work and had passed away before I returned home. He had suffered a catastrophic brain haemorrhage. I understand, from the Post-mortem, that this was not connected in any way to David's HIV/HCV status. I could write reams as to the impact of David's death on Tom and Marian, his family, friends and myself but given the specific parameters of this statement I do not believe that this would be relevant. I think it is simply enough to say that it was, for all of us, in one moment devastating and life-changing. Personally I suffered a heartbreak that I struggled for well over a decade to recover from; a sense of unimaginable loss that rendered me incapable of moving on with my life to such an extent that I missed the opportunity to have children. If that does not encapsulate the depth of feeling I had for David then I am not sure what will.

44. The only comfort to us is that David's suffering at the end was short-lived and spared him, potentially, a long, drawn-out illness associated with either HIV or HCV.

Section 6 : Treatment/Care/Support

45. As previously stated, to the best of my, Tom and Marian's knowledge and memory, David never had any difficulty obtaining treatment or care in relation to his HIV/HCV infection. Quite the opposite, in fact, as detailed above. Both Tom and Marian recall that counselling was offered at the time of diagnosis through the Haemophilia Centre at the RVI and it is my understanding that David accessed this via the Social Worker, Jean Lovie, who was attached to the Centre. In one of his diaries David has recorded, "Hospital Social Worker came to see me – had good chat, she was very nice but nothing's changed". (RW/5)

Section 7 : Financial Assistance

46. In financial terms, in later life, David and I were perfectly comfortable. Despite his health conditions, he managed to work full-time, as did I.

47. As a child Marian remembers that all financial assistance in relation to David, his haemophilia and subsequent infection with HIV/HCV was directed by Jean Lovie, the Social Worker based at the Haemophilia Centre. Jean's guidance and support were excellent and she fought to access whatever financial assistance was available for David and other boys in his situation. From his medical records it is apparent that in June 1988 Tom and Marian applied for 'Attendance Allowance' for David, which was available for the "severely disabled". The application appears to have been initially rejected by the DHSS, as it was then known. Correspondence within the medical record demonstrates that this decision was met with a degree of anger and incredulity by David's consultants and the decision was contested. It is apparent that a further application was made for a "lower rate" Attendance Allowance however the notes indicate that David had to reveal his HIV status in order for this to be approved. (RW/2)

48. By 1989 David had applied for Mobility Allowance and eventually this enabled him to obtain a mobility vehicle, giving him more independence and easing the strain on his badly damaged ankles.

49. I understand that, following David's diagnosis with HIV Jean Lovie made Tom and Marian aware that a payment would be available for him from The Macfarlane Trust in respect of this infection. David's Macfarlane Trust number was GRO-C and he received £20,000 for contracting the virus as a result of contaminated NHS blood products. I am unsure as to the date David received this payment but I am aware from Marian that Jean Lovie assisted with the process of applying and there were no difficulties in David receiving this financial assistance.

50. Marian recalls that David also received a number of payments from both The Macfarlane Trust and the Skipton Fund during his university years and whilst we were living in the flat in GRO-C I remember David having regular contact from the staff at The Macfarlane Trust. I believe he received Winter Fuel Allowance payments and other, ad-hoc small sums of money towards different things. These were never requested by David; they were offered by The Macfarlane Trust. From memory it was usually Ann Hithersay, the Chief Executive, who David would speak to. I am aware that The Macfarlane Trust issued a Bereavement Grant of £2,000 to Tom following David's death. In addition to this, as David had registered me in February 2001 as his 'spouse' in terms of the Trust Deed, I received monthly payments of £315 (for 10 months) and £100 (for a further approximately 6 months) following his sudden death. To my memory Ann and the other staff at The Macfarlane Trust were never anything other than supportive and responsive; they were always there if David needed anything, which he rarely did.

51. In 2011 Tom became aware, I believe via The Haemophilia Society or The Macfarlane Trust, that further compensation could be obtained from the Skipton Fund in respect of David having contracted the HCV

virus. Although this was nearly a decade after David had passed away, Tom and Marian were insistent that I should apply for the first stage ex gratia payment on his behalf, as this would have been his entitlement if David was still alive. I made this application on 24th March 2011 and subsequently received £20,000 from the Skipton Fund, in accordance with the scheme's provisions. If he had lived I understand that David would have likely been eligible for the Stage 2 additional payment of £50,000 as his liver was already in a poor condition at the time of his death.

52. In respect of our thoughts about the level of financial assistance received, Marian has recorded, "Payments from the Skipton Fund were woefully inadequate for the life threatening infections. Compared with so called celebrity payments for libel, etc, many times the amount patients received, it was a total insult to innocent victims whose lives were wrecked and in lots of cases lives lost." (RW/3)

Section 8 : Other Issues

53. No one should ever have to go through the painful process of writing a document such as this. I have felt an incredible amount of responsibility to try and condense an entire lifetime of pain and unimaginable, albeit hidden for the most part, mental anguish in to only a few short pages. It is difficult to feel satisfied that I have done David justice.

54. To this day, for us as David's family, it remains incomprehensible that risky donors were deemed acceptable and the heat-treating process was delayed. The fact that David came to quietly accept his co-infection should in no way diminish from the horror of the fact that he was given two potentially life-threatening viruses by a health care institution which is trusted and held in such high regard on a global level. Such jeopardy and suffering - for David and so many like him – to be balanced against financial savings, if that was indeed the justification. It is simply beyond my understanding.

55. My hope is that, the fact that we have had to go through this process and that this Inquiry is now in place, will mean that no future NHS patients and their loved ones will suffer the same fate as us.

Statement of Truth

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

Signed

GRO-C

Dated 24th February 2020