

ANONYMOUS

Witness Name: GRO-B

Statement No: WITN1234001

Exhibits: WITN1234002-4

Dated: February 2019

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF GRO-B

I, GRO-B will say as follows: -

Section 1. Introduction

1. My name is GRO-B DOB GRO-B 1960, and I live at GRO-B
GRO-B Cheshire, GRO-B with my second husband.

2. My husband, David GRO-B DOB GRO-B 1959, died on GRO-B 2000 at the age of 40 after being infected with HIV and Hepatitis C through contaminated blood products.

3. This witness statement has been prepared without the benefit of access to my late husband's full medical records. If and in so far as I have been provided with limited records the relevant entries are set out in the medical chronology at the end of this statement. I have not received any records from St James' Hospital, Leeds, The Royal Liverpool Hospital or Manchester Royal Infirmary. And partial records from PCSE a list of letters covering 1991 – to his death, but no letters. I did promptly receive case notes from North Manchester General.

ANONYMOUS

Section 2. How Affected

4. David and I met at school when we were 15 years old. We were engaged in October 1980 and we married on **GRO-B** 1981.
5. David was a very mild haemophiliac. He wasn't diagnosed until he was 16 years old and had a thigh bleed following a rugby tackle; even then he was told that he could continue to play rugby and ride his motorbike. Before this there were suspicions he may have been a haemophiliac; however, his GP rubbished these claims and said, 'there is no such thing as a mild haemophiliac.'
6. David fractured his skull, falling off his bicycle, in 1964 when he was four years old which his doctor missed. At the end of the week he was sent to the hospital where they performed a craniotomy, which was done without haemophilia treatment. It is therefore clear that David's haemophilia was very mild. The pressure of the bleed at that time caused optic atrophy (damage to the optic nerve).
7. On 08.08.1978 he was referred by his dentist to the Manchester Royal Infirmary (MRI) for a tooth extraction. He had never spoken to a haemophilia doctor and he didn't know what he was being treated with. We were sent to the haemophilia department for an injection which was administered by a nurse and then sent to the dental unit for the extraction. No one told us what the injection was. This was the first time David received Factor VIII. We weren't told anything about Factor VIII at that time.
8. There is now shown to me marked **WITN1234002** a copy of David's records from the UK Haemophilia Database. I believe these are incorrect. I understand that the database records were prepared on the basis of paper A3 sheets provided by the treating hospitals. I am therefore not surprised that the information appears to be incorrect as it is claimed he had Factor VIII in 1999 when his treatment had been transferred to North Manchester General and he was being treated with Desmopressin.

ANONYMOUS

9. David didn't see the haemophilia team until 1981 when he had minor eye surgery. He had been seen by the ophthalmic team at Warrington Hospital because he had a squint as a result of the damage to his optic nerve that occurred when he was a child. He was self-conscious about it and worried what he would look like in our wedding photos. He wanted surgery and the ophthalmic surgeon at Warrington referred him to the Manchester Eye Hospital. He was discharged on 15.07.1981.
10. He was given Factor VIII before he went down to theatre, and 3x 50ml syringes of Factor VIII when he returned. There was again absolutely no discussion about what it was, what it contained, its risks or potential side effects. By then I knew it was Factor VIII because I was a nurse.
11. David was kept in hospital for a week where he was given Factor VIII every day. When we left, I had to take David back to the hospital every day for a further week for him to receive Factor VIII.
12. When he returned home, David was unbelievably poorly. He lost weight; he lost his hair and was very feverish. I remember his mum telling me 'it's that blood stuff they've given him'. He saw the GP who told him it was probably a urine infection. The GP gave David some antibiotics and we didn't hear anything further.
13. In David's notes there are numerous references to "severe", "moderately severe" and "moderate" haemophilia, even though David was a very mild haemophiliac. I think they must have got his information wrong and mixed him up with another patient, hence why they gave him so much Factor VIII. There is even reference in his records to him having prophylaxis which he never did.
14. David wasn't seen for his haemophilia or at Manchester Royal between 1982 and 1985.

ANONYMOUS

15. In August 1985 we received a letter saying that David may have been infected with HTLV III, the virus causing AIDS. David had to ring MRI and schedule an appointment to be tested.
16. On 22.08.1985 we received a letter saying that his test results were ready, and we should come to the hospital on 30.08.1985. At this appointment, Dr R.T. Wensley confirmed the devastating news that David had been infected with HIV. He told us not to share a toothbrush, not to share a comb and definitely not to have children. At this stage we had a 20-month-old baby and a four-month-old baby; we were absolutely terrified. He also told us that myself and our children would have to be tested for HIV.
17. At this appointment David was told he had 2 years to live and he should come back for a follow up appointment in 6 months. We were told that under no circumstances should we tell anyone. They said they would find out if we told people and they would count everyone we told.
18. I was tested for HIV at the appointment when David was given his diagnosis, no counselling or discussion was offered or given for either myself or the children.
19. They then made an appointment for us to take the children to Pendlebury Children's hospital to be tested. It was a horrifying experience having to hold down our 20-month-old and four-month-old babies to test them for a life-ending disease.
20. When David phoned the hospital for the test results, he was fortunately told that the boys were negative. In a clear data protection breach, David was also told my test results over the phone. Fortunately, I was also negative. I remember insisting that the hospital write to me with my results as well.
21. I was told that I should be re-tested every six months, but I refused. David was already distraught, a shadow of the man he used to be, and I knew if I

ANONYMOUS

had been infected by David it would have absolutely destroyed him, so I wasn't willing to put him through that.

22. In September 1986 MRI wrote to David's GP. However, we had moved GP 4 years earlier (which MRI was aware of) and they wrote to his old GP with information that included his HIV status. This was another breach of patient confidentiality.

Section 3. Other Infections

23. We were not made aware of any other infections that David had been exposed to. I have very recently discovered that the liver that David was given was a Cytomegalovirus risk, which necessitated the addition of ganciclovir to his post-operative drug cocktail

Section 4. Consent

24. David agreed to be tested for HIV when he was told in 1985 that he may have been infected. He had no knowledge of any tests performed before this.
25. David had never consented to being tested for Hepatitis before the risk of the infection was raised to him in 1990. His medical records suggest that they had tested him for Hepatitis B prior to this
26. I believe that David was tested for the purposes of research. I also believe that the recommendation I undergo HIV testing every 6 months was a recommendation made for the purposes of research testing. There is now shown to me marked **WITN1234003** a copy of the letter from Dr Wensley dated 22 September 1986 which refers to the hope that he can "persuade" me to undergo regular testing.

Section 5. Impact of the Infection

27. Before being infected, David was a [GRO-B] in [GRO-B] working for the [GRO-B]. He worked his way up to senior scientific officer, and his role involved testing the effect of water on pipes and performing and analysing experiments. He had just finished university after doing a BSc in [GRO-B] part time whilst working full time.
28. David needed to have blood tests every 3 months at work as he was a radiation worker. He didn't want to put the nurses who were taking blood for his employer to be put at risk of infection, and as he had been told not to tell anyone about his infection he felt he couldn't warn the nurses they were at risk. This was during the terrifying "tombstones" adverts, he was so scared of people finding out, he could not tell his employers. He had no other option other than leaving the job he loved, and he had worked at since he was 18, thus building up a good pension, to become a salesman of [GRO-B] goods. We were terrified of anyone finding out, for fear of the discrimination. We lived across the road from his workplace and he could cycle or walk to work.
29. David's sales job was very taxing and involved lots of travelling, which really took its toll on David. His area was from Carlisle to Aberystwyth and across to the Pennines and Southern Ireland. If he had not been forced to leave his previous job, he would have continued to be well-paid; less exhausted and would have received an extremely good pension.
30. I went back to work in 1986 doing two nights a week, and then I went to work for an agency in 1988 working nights so I could manage David's and the children's care. In 1992 I had to give up work altogether as I had been diagnosed with asthma, depression and was spending all of my time caring for David as his condition had deteriorated.
31. By September 1986 David was the mere shell of the man I married. His diagnosis and fear of discovery destroyed him. Mentally David had been in bits since his diagnosis.

ANONYMOUS

32. David started getting health problems around 1988 as his CD4 count started to drop.
33. At the time Dr Wensley asked if we had thought about the Concorde trial. He said he thought it would be positive if David went on the trial. He said that he was concerned about a reduction in David's CD4 count, I said if that was the case then there was no point in David going on the trial. If he needed AZT, then it should be prescribed. We then waited 4 hours for his CD4 count to be checked and the results to come back, in the end were told we could go home as it was nothing to worry about and we could go back in 6 months.
34. He was started on AZT in 1989, which we had delayed as we wanted to take the children to America, but, there was no chance of us going if David was on AZT. David tolerated AZT reasonably well. He wasn't happy about taking it but as his CD4 count had been plummeting he had no choice
35. David started to suffer from a loss of appetite, abdominal pains and depression. After a referral from Dr Azzawi who had examined David and found an enlarged liver and spleen, to Dr Warne, a gastroenterologist. David and I went to see him in November 1990, He had an enlarged liver with fatty infiltration that showed up on the ultrasound. By that time David was recorded as suffering from depression and weight loss. Dr Watkins recorded that he had no known history of liver problems and "no known contact with hepatitis" which, given the state of knowledge about blood products at that time, was completely untrue.
36. In December 1990 we were told that he either had a drug induced hepatitis arising from the AZT or he might have contracted Hepatitis C. His hepatitis profile had been negative in the past so they stopped his AZT and arranged to test for Hepatitis C.
37. In 1991 David was to have a liver biopsy at the insistence of the gastroenterology department, to determine a diagnosis. Leading up to the biopsy the liver team drove the need because the blood test they had done for

ANONYMOUS

Hepatitis C was the ELISA test which could have false positives, that meant they weren't sure if David had Hepatitis C or not. They wanted to be sure because if he had it they wanted to start him on Interferon treatment. We were told that the only way to be sure was to do a liver biopsy. This was left to the Haematology department to find him a bed and arrange Haemophilia treatment. As Dr Wensley was no longer patient facing, this was organised by Dr Guy Lucas. We were told that David would need Factor VIII given the history we were very nervous, they said that they had 'hyper pure' Factor VIII which would definitely be safe, but they could only get it privately, so we would have to pay £30,000. This is something we simply couldn't afford, and I cannot get my head around them asking for so much money for David to receive safe blood products.

38. I received a call the day before the liver biopsy telling me that it had been cancelled. I called them back to ask what the hell was going on and demanded to speak to Dr Lucas. He rang me back around 5:30pm and said he had no protocol for treating patients 'like this'. I said how do we know what 'like this' means if you don't know what is wrong with him. When Dr Lucas cancelled the biopsy, he asked if I felt they'd let me down. I said that I would happily go to the hospital and blow up the lot of them (I was so angry) and when Olive Redding asked me the same thing shortly after I provided her with a written statement of the reasons I felt so let down. This is now exhibited at **WITN1234004**.
39. He rang me back and said it was back on and to come into the hospital as planned. It was only after this liver biopsy that it was confirmed that David had chronic active hepatitis and his blood test was positive for Hepatitis C.
40. I wasn't tested for Hepatitis C until after David had died. It was not offered to me whilst he was alive but even if it had been offered I would have refused as I couldn't put him through any more stress or worry.
41. David had, near-catastrophic liver biopsy, where they used glue to seal the biopsy track. However, they used so much glue that it leaked out of the liver onto his diaphragm and peritoneum, causing peritonism, it back tracked

ANONYMOUS

through the biliary system, and into his right lung. I had to call in his brothers and his mother as he was so ill.

42. We were all geared up for the biopsy and then I had a call to say it had been cancelled. I called the Haemophilia Centre to query the cancellation. Olive Redding was put on the phone. I made it clear that I wanted to speak to Dr Lucas direct. When I spoke to him he said, "we have no protocol for dealing with patients like this."
43. In February 1992 David was seen by John McClindon who was superb. He accepted that they were uncertain as to the management of Hepatitis C in HIV patients. We were told that Hepatitis C had only just been recognised (it was previously called Non-A, Non-B Hepatitis) and that the combination of HIV and Hepatitis C was not good so they would have to work across the different specialisms to sort things out. Dr John McClindon (who in my opinion was an excellent and thorough doctor) sat David down and told him all about Hepatitis C and the difficulties that David would face as someone who was co-infected.
44. No one suggested that I be tested for Hepatitis C. If they had I would have refused because I would not have put David through more stress and worry.
45. He was seen at Monsall Hospital and started on Septrin as a Pneumocystis carinii prophylactic. He had been on AZT for 2 years and no one had given him any prophylaxis for PCP. It was a disgrace and it wasn't until Dr Mandel got involved in his care that there was any joined up thinking at all. Unfortunately, David was allergic to Septrin and suffered Stephen Johnson syndrome. He was extremely poorly and the nursing care on the ward at Manchester Royal was appalling. The only reason he was hospitalised was because there was no one available to tell our GP if he could have paracetamol as this was on the list of drugs to be avoided whilst on AZT.
46. David was admitted to the MRI in March 1992 for Interferon treatment. He was kept in the hospital for the first batch of treatment, so they could manage the side effects. David initially suffered no side effects from the Interferon, but

ANONYMOUS

towards the end of the course he suffered from flu-like symptoms. There were arguments over who would pay the bill but in the end the GP picked up the bill.

47. In 1993, following Interferon treatment, David had another liver biopsy, this time whilst on DDAVP. The treatment was an absolute disgrace. I was left to take control as the nurses were clueless. I had to monitor him throughout the DDAVP treatment and do all of his observations and set his drip rate etc. The biopsy ultimately confirmed that the Interferon had not had any effect on David's liver; it was exactly the same.
48. David's CD4 count was so low that Dr Mandel tried David on all the different combinations of the HIV drugs, to try and support his immune system. Some of which had a very bad effect on David and some of which weren't too bad. All of these drugs had to be taken at different times; some were day/night, some were before/during/after food, some were at 4 hourly intervals meaning he would have to wake up to take them. It was an exhausting, relentless process. Trying to keep David and the boys all happy along with caring for the house. I remember David became really aggressive on one of the drugs and it was scary trying to fend him off.
49. In 1995, David was complaining of polydipsia and polyurea. They took a blood sample at MRI and didn't even bother to flag it up and contact us, despite his blood sugar levels being extremely high. On 07.12.1995, haematologist Dr Charles Hay even wrote to the Infectious Diseases Unit, suggesting they take him off all of his treatment. Our GP instigated treatment with Glibenclamide. He had no appetite but to try and maintain his weight and support his liver, he had to be on a high calorie, low sugar, low fat diet. I had to work out how to manage his diet and his medication which was a full-time job in itself. He couldn't tolerate food if he smelled it cooking, which wasn't easy
50. We eventually moved David's treatment away from the MRI Haemophilia Centre as they were doing nothing and moved to the Infectious Diseases Centre at North Manchester General. By then we had DDVAP cover to fall

ANONYMOUS

back on so David's haemophilia wasn't really an issue. It was them who referred David to St James' Hospital in Leeds in May 1999 with a view to a liver transplant.

51. We stopped seeing the liver team when we moved David's care because Dr Mandel's team knew what they were doing and had a lot of the information regarding Hepatitis C anyway. The infectious diseases teams spoke to each other about patient care whereas haematology didn't. Even to this day I cannot drive past the MRI and it has been 19 years since David died.
52. David had two sets of notes at MRI because "They always needed a set for haemophilia urgent visits" His general case notes were readily available, but his haematology notes were locked up.
53. With the persistence of Dr Mandel and his team David's CD4 count improved dramatically and from undetectable it increased to over 200. Unfortunately, his liver symptoms were getting a lot worse with itching, weight loss, lipodystrophy nausea, and jaundice. Following an admission to North Manchester General, he was referred to St James hospital Leeds by Dr Brigit Maher, one of Dr Mandel's Registrars.
54. On 11.05.1999 was admitted to St James hospital for a week for assessment prior to being added to the transplant list. The doctor wrote that he had never operated on someone with HIV but with the medication now available he would be willing to operate on someone with David's high CD4 levels. It was agreed that he was dying of liver disease and not the HIV, so they would go ahead and operate.
55. The transplant took place on 08.06.1999. Everything was explained by the medic and the surgeon and they did a very good job, although the nurses were not so understanding. David was put in a side ward on his own due to his HIV status and the nurses refused to go near him. I have recently discovered from the GP notes that the liver he was given was a Cytomegalovirus risk which meant he needed to take ganciclovir as well as the all the usual HIV and Anti-rejection drugs.

ANONYMOUS

56. Whilst David was in the hospital I stayed in a caravan for 3 weeks. I would arrive at the hospital at 6am and leave at 11pm when I had him settled. I did all of David's care during this time. I would sit with him all day and when he was in intensive care post-op I refused to leave his side until forced to go.
57. One night I saw that David was throwing ectopics on his ECG, but the nurses reassured me there was no problem. When I came back from a short rest he had been taken back to theatre as he was bleeding. He then had to go back to theatre again about nine days post-op, as his bowel had blocked. David also suffered from hyperthermia and he was hallucinating.
58. When David was discharged he had some liver dysfunction and we had to go back to Leeds every 3 days. By this stage David was down to about seven and a half stone. They then decided he needed to have an ERCP as he had cholestasis and he had a stent put in his bile duct.
59. In December 1998 his HIV reared its head and David was put on acyclovir for his herpetic ulcers.
60. In December 1999 the Hepatitis C had returned and he was having bad nosebleeds. He was also due to see a HIV nurse to discuss his low mood and despondency. For the last month David was so ill they would come to our home and run the tests there.
61. On the Thursday before he passed away his doctors our GP Dr Redfearn arranged a telephone discussion with David, the Dr's in Leeds and Dr Schmidt who was standing in for Dr Mandel. They agreed that David needed to be seen for a further liver transplant immediately as he was dying.
62. Leeds said to commence treatment with Interferon and Ribavirin, whilst awaiting transplant, but they were struggling to obtain funding. David ultimately decided that he couldn't face another transplant; he just wanted them to leave him alone.

ANONYMOUS

63. On Friday, David stopped taking his tablets altogether. His health deteriorated that weekend and I sat up with him all of Sunday night. Our GP, Dr Redfearn, came out and after lengthy discussion said that he could give him morphine for the pain, but we knew where that would take us. He came back at 2am that night to give him more morphine, and he died peacefully at 8am on Monday morning.
64. As the GP requested a coroner's inquest into David's death, I had to identify his body. The police came to the house as witnesses for the coroner. The undertaker attended and his body was carried out in a body bag. It was awful.
65. David's death eventually went to the Coroner's Court on GRO-B2000, following a 9 month search for medical records, where a verdict of misadventure was recorded. I made a formal complaint to the MRI following his death, but nothing came of it.
66. Fortunately, my dad was good friends with the local funeral director, so we didn't encounter any problems with the funeral.
67. The coroner was brilliant. After the inquest he came over to me and suggested I speak with a solicitor as there was clearly so much wrongdoing in David's care. I went to a few solicitors, but the fees were extortionate, and I simply couldn't afford to do it with two children to bring up.
68. In 2002 I went to a MacFarlane Trust meeting for widows. We told them everything that had been going on at MRI and put together a formal complaint which was facilitated by the MacFarlane Trust and sent by the Haemophilia Society. I put together a set of my complaints and received a response in December 2003, but there was never any outcome.
69. I had lost my grandparents and uncle in 1999, and then David and his mother in 2000. I had a nervous breakdown towards the end of 2000; I couldn't concentrate on anything and I couldn't even read, I was seen weekly at a specialist unit to help me relearn to concentrate. People suggested that I go

ANONYMOUS

back to work to take my mind off it, but I couldn't work as a nurse again with the people who had killed my husband.

70. The only person that actually knew what was going on through all of this was my dad, who thought we should sell everything and go to America to see if they had a better chance of curing him. We later also informed David's brother. After his liver transplant, we admitted that David had Hepatitis but still didn't admit to his HIV.
71. From 1992 I didn't see anybody without David as I couldn't leave him. This was extremely lonely for me and it was very isolating. After his death I couldn't cry and had no one to turn to, and I had to make sure I was okay by 3pm as the kids would be home from school and I needed them to have a life as normal as possible.
72. The kids didn't find out about their father's HIV infection until after he had died, although in a way I think they had suspected it. It was impossible to tell them when they were still at school because if the other kids found out they would have been bullied relentlessly.
73. David's medications could make him irrationally angry and I remember on one occasion he held our youngest son over the staircase by his neck. David and our son **GRO-B** fought a lot towards the end and **GRO-B** really struggles to deal with all of this. **GRO-B** never cried a tear after his father's death and I still don't think he has come to terms with it.
74. Our other son, **GRO-B** was getting dreadfully bullied after his father died. He **GRO-C** never left his room and put on a lot of weight. It was only going to horticultural shows with my dad and brother and developing an interest in landscaping that helped to eventually break him from this cycle.
75. It is horrendous that David never got to see his boys get their degrees or get married or hold his grandchildren.
76. When David died I was in £250,000 of debt and had a 14-year-old and 16-year-old boys to deal with.

ANONYMOUS

77. I worked for Laura Ashley for a short period but left on ill health grounds, before I started work again as an auxiliary nurse; I couldn't be a registered nurse as I had lost my registration number after taking time out to care for David. I started a back-to-nursing course at Salford in February 2002. I was working seven-day weeks as I had to work 400 hours unpaid to regain my registration.
78. I met my current husband [GRO-B] later that year, and we soon married. He has been extremely supportive of everything that has happened, and it was only last year at the preliminary hearings that he truly understood the magnitude of what has happened. If it wasn't for him I don't think I would be alive now.
79. We had been working relentlessly to pay off my debt (of which I now have about £50,000 remaining) when I had another nervous breakdown whilst I was a manager of outpatients at the hospital. I was also diagnosed with glaucoma and told I would lose my sight if I didn't have surgery immediately, which caused conflict with my manager. I ended up seeing the crisis team in A&E because of my mental health and was unable to continue working.
80. I now get £70 from David's pension and £400 per month from my pension. Which is a fraction of what it should have been. Other than that, my husband [GRO-B] keeps us afloat.
81. I have a list of mental and physical medical conditions that I suffer with. I have depression and anxiety that has not improved since I was 30. I suffer with asthma, angina, glaucoma, fibromyalgia and I was recently diagnosed with inflammatory osteoarthritis. I have also recently lost my mum and dad.
82. I'm on the highest doses of anti-depressants that is possible and I have to be extremely organised because my memory has been shot to pieces. I have barely slept for a week prior to making this statement as I have been so stressed about remembering everything.

ANONYMOUS

83. I am like an icicle. I don't feel joy or sadness or anything. I have four beautiful grandchildren, but I can't let them see the real side of me, it is all an act.

Section 6. Treatment/care/support

84. We were given no support before or following David's diagnosis. Sometime later, a counsellor named Alison appeared at the MRI who was responsible for the well-being of a lot of the patients, but she soon left.

85. Later on, Meg Openshaw took over. In 2002 I made a formal complaint to the MacFarlane Trust along with 4 other widows. Meg breached confidentiality and passed information on to other patients as well as feeding back to the Haemophilia Centre doctors.

86. David's treatment was absolutely dire and there were numerous breaches of confidentiality; the MRI had sent all of our information to a GP we had stopped seeing four years earlier, who also happened to be the GP of David's mum who knew nothing about his condition. I also cannot believe that we were asked for considerable amounts of money to purchase 'cleaner' Factor VIII.

87. There was absolutely no communication between the Hepatology, Haematology and Infectious Diseases departments, to the detriment of David's care and health. David never had a problem accessing HIV treatments after we moved his care to the Infectious Diseases department as they actually knew what they were doing.

88. The only real support we received was from the Birchgrove Group who we met at a MacFarlane Trust weekend and encouraged us to develop a regional group in Manchester.

89. The Terence Higgins Trust was also really supportive of us in Manchester and helped to arrange therapy sessions for the regional Birchgrove Group.

Section 7. Financial Assistance

90. David was a part of the 1991 litigation and had to sign a waiver. I think it was all done by post and I didn't get much information regarding it. It was essentially a take it or leave it offer and we needed the money to care for our two babies. I didn't sign anything.

91. We asked the MacFarlane Trust for some assistance in 1998. Shortly before David's death we received a letter from the MacFarlane Trust offering a holiday grant through a holiday charity, although by this stage David was too ill to go.

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93. I received the Stage One and Stage Two payments from Skipton in 2011. I didn't know the Fund existed before this.

94. I did not receive the £10,000 bereavement payment as it was claimed they had lost my details, despite the fact I have not changed address in 30 years. I eventually received the payment in 2018 from EIBSS, who required proof that I had been living with my husband when he passed away, despite the fact he had passed away 18 years ago.

95. I am frightened to go to EIBSS because of the hoops I must jump through and I am not sure I can mentally deal with that. You still have to fight for absolutely everything and in the end, I have just given up and stopped asking for anything as I know I won't receive it. I have recently received communication from EIBSS regarding sending my bank details for the winter payment, I rang them and explained that I had already received it, they told me I had two entries on their system, I asked them to merge them. I then received a letter to Miss GRO-B telling me that as I was in receipt of top up payments or

ANONYMOUS

child supplements, I would have to reapply. I am not in receipt of either. I rang them and waited 20 minutes for the call to be answered. The woman at the other end of the phone was very rude and told me that the letter said "I could apply" for top up payments, but I repeated what it actually said. She said it was an error and they knew about it. I asked her to make sure my Title was changed also, she was not happy.

96. The only person who impressed me and had an ounce of compassion was Anne Hithersay. I was also supported by Victoria Prowse when the MacFarlane Trust was closing, and I had to provide EIBSS with the proof that David and I lived together.

97. I did receive ESA until February 2018, but I was reassessed, and it was taken off me.

Section 8. Other Issues

98. I want the Inquiry to ascertain the truth. What did they know about Hepatitis and HIV and when did they know it?

99. I want to know why we were not told about the risk of Factor VIII and why no alternatives were offered.

100. I want to know why there is so much inconsistency in the limited medical records I have received.

Anonymity

101. I wish to remain anonymous to protect my wider family.

102. I do want to give oral evidence to the Inquiry, but I would require them to protect my identity.

ANONYMOUS

102.I do want to give oral evidence to the Inquiry, but I would require them to protect my identity.

Statement of Truth

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

Signed..... **GRO-B**

Dated *25 / 2 / 2019*