Witness Name: Timothy Adrian Wratten
Statement No: WITN1619006
Exhibits: None
Dated: February 2025

INFECTED BLOOD INQUIRY

SECOND WRITTEN STATEMENT OF TIMOTHY ADRIAN WRATTEN

I make this Second Statement further to my First Statement dated 22nd August 2019. I provide this Statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 14th January 2025.

I, Timothy Adrian Wratten will say as follows:-

Section 1. Introduction

1. My name is Timothy Adrian Wratten and I was born on GRO-C 1985. I live at GRO-C Kent, GRO-C. I am an affected person in relation to my late father, Peter Colin Wratten, who was born on GRO-C GRO-C 1956 and died on 20th January 2011 as a result of receiving contaminated blood products.

2. I am a long-standing campaigner, having undertaken 21 years of research. I am a co-founder alongside Tony Farrugia and Jason Evans of '*The Fatherless Generation*'. I am a co-director with Tony Farrugia. The Fatherless Generation is a support group for those who have lost one or both parents to infected Factor VIII and IX blood products. I am also a member of the *Tainted*

Blood Group albeit not a member of some of the splinter groups of Tainted Blood that have relatively recently formed.

3. Since the publication of the Inquiries Report in May 2024, I have attended online meetings, read all the IBCA updates and compensation tables and charts, provided feedback to other members of the Fatherless Generation, and spent time gathering/collating further information and evidence.

Section 2. External Support and/or Assistance provided to me/my organisation

4. There has been no external support and assistance really except for IBCA Updates and some clarification/interpretation of them through online bulletins from Collins Solicitors. I had hoped for a more open and collaborative approach as recommended by the Inquiry. The Cabinet Office seem to have obstructed progress for funding reasons seem to believe and have consistently argued that those infected and affected do not really need independent legal representation.

5. This is absolutely not the case. Widows, children of the deceased, and infected people who are still dying need legal support with claims from the outset. They don't have the time or strength to deal with new people or civil service bureaucracy and simply want the claims and any evidence in support to be put together by their chosen solicitor.

Section 3. Extent of my/our Involvement in decision making

6. I believe that the IBCA would be open to suggestions from those infected and affected but (a) not enough of those infected and affected with knowledge and experience have been involved and (b) some of those involved struggle with understanding the implications and the complexities of the proposed scheme, particularly because the details are still evolving. Moreover, the Government are not helpful and appear to want to block changes proposed.

7. At present attendance is limited to one person per group and it would be better if more than one could attend if they have different knowledge and can support a team effort.

8. Finally, we firmly believe that IBCA must speak with our solicitors who have been excluded from virtually all the meetings. Whilst we can express what we want as a group our solicitors need to be involved so that they can advise us and assist IBCA in building better communication and trust that has been lost by the community.

Section 4. My/our principal concerns

9. There haven't been enough inclusive meetings, and I believe that the limitation to just one representative from each group or organization (particularly ours) is detrimental to solid and transparent progress. I believe that there should be at least 6 representatives from each organization (particularly the more well established groups like The Fatherless Generation) at the meetings as different people have different opinions and perspectives. Not enough groups with wider interests are invited to attend the meetings with their input and it would be better if those with more knowledge and expertise were present to attend and help focus the direction and focus of the meetings.

10. I believe people within our group are struggling as the government forgets that we are children who had to watch these things unravel and believe that counselling should be available over the long term for our members and their children.

11. We are also concerned that many of the older adults in our group who have watched parents die will die without any recognition. I know that some are suffering with age related complaints and cancer and they should not be kept waiting.

Section 5. Impact on our organisation

12. Our organisation was established in 2016 and is severely hindered by the limitation of one member only attending each meeting. Conversely seats at meetings are taken by newly formed or splinter groups and precious time at meetings is lost through those without the requisite understanding and/or experience pushing for more compensation targeted to those they represent. Our own motivation is to ensure that this doesn't happen to another generation of children and to promote a fair and expedient resolution without unnecessary distraction.

13. We have many members who really need to have counselling as they are struggling – especially girls who have lost their fathers and don't feel that their deaths have yet been recognised.

Section 6. Impact on those infected and affected

14. The way the Government and IBCA have gone about the process and the resulting tiresome and unproductive arguments have added to the mental strain of those infected and affected and have compounded the delays. Members of the affected community to include widows of the infected have died and are dying.

15. This is leading to arguments within families and across the different campaign groups. Many people would like to begin to plan their lives going forward and feel that their lives are back on hold again

Section 7. Steps and Measures needed

16. Sir Brian published his (interim) report early for good reason, to minimalise delay. The IBCA should have immediately been established and the first compensation applications should have been trialled a long time ago. In fact we still have no idea when the full Scheme will become operational and allow

for the families of the deceased to finally be recognised. Many feel that it is all very vague and there are a significant number of issues that need addressing but no-one is taking ownership of them.

17. Moving forward clarity is needed in the form of targeted legal advice before, during and after meetings, and then written confirmation, reassurances, guidance and reliable time frames provided by the IBCA. Independent, targeted legal support should also be provided to individual so that there is certainty about the options, steps and measures proposed.

18. The interest of those vulnerable now need to be immediately prioritised over and above, for example, someone who was infected with HCV and self-cleared shortly thereafter. We think that the sick and elderly and those with cancer or other life limiting condition should be prioritised and given ;legal support to bring their claims as quickly as possible.

19. Education and awareness should be spotlighted as there are still people out there who have been directly infected or affected without knowing the facts. There should be posters in GP practices and hospitals and possibly a TV campaign and more widespread testing.

Statement of Truth

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

Signed GRO-C

Dated 19/02/2025