Witness Name: Jacqueline Britton
Statement No: WITN1838001
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Dated 19 February 2019

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF JACQUELINE DEBORAH BRITTON

Introduction

1. My name is Jacqueline Deborah Britton. My date of birth and address are known to the Inquiry.

2. I live with my grown daughter Annaliese. GRO-C GRO-C GRO-C My youngest daughter is a single parent working full time so I assist with childcare provision outside of school hours. I separated from my husband in June 2018 after 38 years of marriage.

How infected

3. I gave birth to my first daughter on GRO-C 1983 in St Mary's Maternity Hospital, Portsmouth. When she was 9 days old I suffered a post-partum haemorrhage at home and was rushed back to St Mary's Hospital. I had a dilation and curettage (D&C) and was told that the doctors only stopped after an hour because they were concerned they would perforate my uterus, but that if I haemorrhaged again they would perform a hysterectomy. I was told I had been given a transfusion of four units of blood in theatre. I later found out that I had contracted Hepatitis C (HCV) from this transfusion.

4. I stayed in hospital for one week and did not haemorrhage further, so was discharged with no ongoing information. I was not given any information about the risk of being exposed to infection.

5. My second daughter was born in British Military Hospital Berlin in 1985. I haemorrhaged as she was born but did not require a transfusion. I required an emergency D&C for a retained placenta but again no transfusion was required.

6. In June 1993, I had an operation that included a hysterectomy and bladder and bowel repair at St Mary's Hospital in Portsmouth. I did not require a transfusion during this operation. At the pre-operation checks I was at pains to inform the doctors that I had haemorrhaged twice before and had a transfusion of four units of blood in 1983, so to have blood on standby in case I haemorrhaged again. They did not tell me at this time that I was at risk of being infected from the previous transfusion, or ask if I wanted to be tested for any infections.

7. I underwent a couple of more bladder repairs at St Mary's Hospital. Once I was opened from the belly button to the pubic bone, and once I had my gall bladder removed. I cannot remember the dates of these operations. Before each operation I always informed them of my history of bleeding and my past blood transfusion, but I was not given any information about the risk of being infected from the past transfusion or offered any tests.

8. Over the years I did see my GP complaining of confusion and forgetting things, but I was told this was likely to be hormonal due to the hysterectomy and was given hormone patches.

9. Around 2009, I had been suffering from fatigue, nausea and stomach pains which became so bad that my GP requested scans of my ovaries. These scans picked up ovarian cysts, so I was scheduled for surgery and both of my ovaries were removed.

10. My fatigue and nausea continued after my ovaries were removed, so I went back to the GP in June 2011. At this point a newly qualified GP did more blood tests and a nuclear heart scan as I was also experiencing chest pains radiating through jaw and down my arm. The results of the blood tests showed that my liver was functioning very poorly. As a result of this, more blood tests were requested. The GP then phoned me at home to say I was positive for HCV and they would have to check for HIV too, which I tested negative for.

11. It was a shock for my GP to tell me of my diagnosis on the phone late at night, however I was glad to know as soon as possible under the circumstances.

12. I now realise that the stomach symptoms I had been having in 2009 may have been related to my HCV, not my ovaries.

13. **GRO-C**

14. Though my diagnosis was in June 2011, the first hospital appointment available was on 18 August 2011. I think this was because my local hospital was in the midst of preparing to open a new hepatology unit. However, I do feel I should have been sent elsewhere on a more urgent basis. My GP requested to bring the hospital appointment forward due to the urgency of having just received my HCV diagnosis and feeling seriously ill, but this was not possible.

15. In the meantime, I received no documentation from the hospital explaining what HCV was. I had to research it on the internet as I did not know anything about it, and this made me more afraid of what might happen if I waited any longer to obtain treatment. I think that in the event of not being able to offer me a more urgent appointment, the GP or hospital should definitely have provided me with information about HCV earlier. I believe anyone who tests positive for HCV should be given a booklet with information about it, including treatment options and details of what comes next.

16. I then paid to see a private consultant to have blood tests and a liver biopsy done. I was worried about what would happen to me if I waited for the NHS hospital appointment because I was 48, I had been infected for so long and my grandmother had died of liver cirrhosis at 53. The results of the liver biopsy showed that I had fibrosis with bridging stage before cirrhosis and I had HCV. This consultant also gave me information about applying for financial assistance from the Skipton Fund.

17. I then saw the NHS consultant at Queen Alexander Hospital on 18 August 2011, who told me that I had probably contracted HCV from the blood transfusion in 1983.

18. I feel my diagnosis should have happened in 1993 when I had my first major operation after being infected. On each occasion that I had a major operation in between the time I was infected and my diagnosis, I told staff at pre operation clinics that I had had a transfusion in 1983. I think they should have known that this was during the risk period for HCV infection and offered me a test. I have had at least five different operations since becoming infected and the HCV was either never picked up on or never mentioned to me.

19. When Anita Roddick was raising awareness about people contracting HCV via blood transfusions in the late 2000s, before I was diagnosed, I remember speaking to my mum about it. I knew I had been given a transfusion in the at risk time scale but because I had had so many operations and had always fully informed pre-operative staff, I assumed I was fine and that I would be considered neurotic if I asked my GP for a blood test.

20. At different times over the years I have visited my doctor with symptoms such as brain fog, stomach pains, nausea, tiredness/fatigue etc. At times I was prescribed hormone patches, treatment for IBS but was never tested for HCV even given my medical history.

21. When I was diagnosed, I was told that my youngest daughter and my husband

could have been infected through childbirth or sexual relations. However, this was the extent of what I was told regarding the risks of infecting others. Independently, I did some research on the internet and found that I should not share razors or toothbrushes with people to avoid infecting them. I also bought gloves for protection.

22. It haunts me to think of the times I may have spilt my blood in minor accidents or procedures and the consequences of that on others. All the time I was infected I was constantly worried about accidentally passing on the infection through my spilt blood, so would run through scenarios of what I would have to do in certain situations to prevent infecting other people. GRO-C GRO-C I would not have been able to live with myself if that had happened. GRO-C GRO-C

23. I do think I should have been given more detailed information about precautions to take in order to avoid infecting others.

24. If I had been aware of the risks of potentially infecting others in my family or in a work or medical setting, I would have lived my life differently. I am very lucky, having worked in childcare, that I have not infected anyone thus far that I know of, as I have treated many children's cuts and scrapes without worrying if I had a cut of my own that could transmit the infection. I also wonder about the risk to the NHS staff who were operating on my stomach before I was diagnosed.

25. After my diagnosis, I have made an effort to always let any doctors, nurses and the dentist know when treating me in case I put them at risk.

Other infections

26. I am not aware of having any infections other than HCV as a result of receiving infected blood. I do know that I tested negative for HIV.

27. I understand that I may be at risk of contracting Creutzfeldt-Jakob disease (vCJD), as I know that haemophiliacs who have HCV have been sent letters saying they are at risk. In addition, units of blood in hospitals today all have a label that says there is a risk of being infected with vCJD so I assume this would have also been a risk at the time of my transfusion.

Consent

28. When I received the blood transfusion, I was being treated on an emergency basis. I can't remember anyone telling me of the risk of infection before being taken to the operating theatre. The only thing I can remember is coming round and the surgeon telling me that he stopped the DNC because he thought he was going to perforate my uterus.

Impact

29. Before being diagnosed in August 2011, I was very ill. I had severe fatigue and nausea.

30. I fought for my NHS treatment to begin in October 2011. The treatment consisted of ribavirin tablets and weekly injections of interferon. The treatment was stopped after three months in December 2011 as I was not responding to it. The side effects of the treatment were terrible. The interferon caused me to have flu like symptoms after each weekly injection, and the ribavirin made me anaemic and breathless and lose body hair.

31. In 2012, I paid for a fibroscan of my liver at Princess Grace Hospital in London as my local hospital did not have one at that time. Professor Mark Thursz performed the scan and took a history. He told me that anything above 12 on the scan was considered cirrhotic, and mine had come back as 39.3 which definitely proved my condition was far worse than my local consultant assumed. **(WITN1838002).**

32. I then received a second course of treatment. Although the treatment had not

worked and I was given only a 30% chance of success for the second treatment (which had fallen from 70% before the first treatment), I felt I had to agree to receive another course of treatment as it was the only type of treatment available and the other option was to let my cirrhosis progress. The treatment regime was very strict; I had to take certain tablets every 6 hours with 30g of fat – so a pint of milk and spoons of peanut butter – including in the early hours of the morning.

33. The second course of treatment included ribavirin and interferon as before, as well as teleprovir, which made me itch all over and caused bleeding from my back passage and abdominal pain. I was admitted to hospital at one stage because of my colorectal problems, and put under a colorectal nurse's care because I had an allergy to one of the creams they gave me. The side effects were so bad that I remember waking up every day and thinking "when is this going to end". After 27 weeks of this treatment, I began to feel very poorly again and knew before the nurse confirmed it that the treatment had stopped working. The treatment was then stopped even though it had been planned for to last for a year. At that time, there was no other treatment available.

34. I was told by my local hospital at that point that they did not perform liver transplants and they had no further treatment they could offer me, but that if I did eventually get to the stage where I needed a liver transplant, it could be done by the Royal Free Hospital. At that point I researched the best hospitals and consultants online and found that Kings College in London were involved in a lot of clinical trials and Dr Kosh Agarwal, a private consultant there, was highly commended.

35. I then went to see Dr Agarwal about potentially starting a new trial drug. He said that he could have started me on a trial that week, but that since I was classified as a non-responder to my second course of treatment, that I did not meet the criteria for the trial. **(WITN1838003).** He noted that if he had been treating me at the time and he knew there was only a 30% chance of success of the second course of treatment, he would not have given me that treatment and would have waited instead for a trial with higher chances of success.

36. I asked if he would take me on as an NHS patient and he agreed, so I transferred from the Queen Alexander Hospital to Kings College Hospital and started treatment with Dr Agarwal. After two years of working with him, I was able to start the treatment (Harvoni and Ribavirin) which eventually cleared the HCV in December 2015.

37. I still suffer from HCV related symptoms. I suffer from brain fog, which gets worse when tired. I forget words, and sometimes lose myself in a sentence. My sleep patterns are still all over the place. I have severe fatigue during the day but insomnia at night. I still have problems with nausea and itching all over. I have pernicious anaemia, which means I have to inject myself with Vitamin B12 monthly, and also have to have folic acid and Vitamin D supplements. I have been diagnosed with fibromyalgia by my rheumatologist so live in daily pain, was told by the rheumatologist if I had not been diagnosed with HCV already, as soon as fibromyalgia was diagnosed they would have tested for HCV as they are so closely linked.

38. The effect on my mental health in the early days was quite severe. When I had just been diagnosed, I would be awake planning my own funeral, writing poetry to be read out. The early hours contained many dark thoughts which I felt unable to share with an already devastated family.

39. As the years have gone on I have felt totally outraged. The injustice of it – me going along thinking everything was hunky dory and that I was just overweight and stressed and in actual fact something had been inside me killing me for the last 30 years and they knew about it. I lived with rose tinted glasses which is all very well but all the time you are not accessing treatment which could save you if you are diagnosed early enough, and also there is the risk that you could be infecting others.

40. Probably just because of the type of person I am, I always try to make the best of the hand that life has dealt me. I may have glossed over the mental and physical

effects at times but that is the way I have coped with everything. It has been devastating, I have just learnt to survive with it. It is not a life anymore, it is just a day to day existence. It would be a whole different scenario at this stage of life if I had not had that diagnosis, but you can't look into what ifs.

41. In 2015, whilst raising awareness of the injustice of having to fight for my treatment, I met another victim, Sally Vickers, at a BBC studio. We were both infected by transfusions in the same hospital only a year apart. We both had cirrhosis and without treatment a death sentence hung over us both. From that first meeting, we became firm friends and fellow campaigners. We fought and won our treatment, and we both were cleared of HCV. However, whilst the HCV which had destroyed our body was gone, the results of the toxic treatments and cirrhosis on our body remained.

42. Since 2015 I had been going to hospital every 6 months for scans of my liver. However, In December 2016, a year after treatment and clearing the virus, a nodule was found on my liver, so a cat scan was organised. Sally had already been through it so was a tower of strength and positivity to me. We both breathed sighs of relief when my cat scan came back negative, so we both went into 2017 still campaigning for justice and answers.

43. However, I was told that even though I had cleared the HCV, my risk of liver cancer or liver decompensation does not ever decrease. I feel very anxious about this due to my history. In addition, Sally was having scans every three months and after months of negative scans, the next one was terminal and Sally was dead within two weeks. As a result, I was initially going for scans every 6 months but the consultant has now decided to conduct a scan every 3 months as only constant monitoring will give me the chance to get treatment before it's too late. I feel I have been lucky so many times that I always wonder if the next scan will be the end of the good news.

44. I was with Sally just before she died and it has had a profound effect on me. It was not a peaceful easy death and looking down on her, the larger than life

character full of fun and effervescence was gone. In her place was a yellow shell of a human fighting for each breath and barely aware of me and my daughter looking on. Would this be my death, only time will tell and how much time who knows.

45. I find it mentally draining to continue to have scans, wondering if I will continue to dodge this bullet. Every time I have to have a scan there is a very stressful run up until the scan, then I have to travel to London for scan in morning and have clinic in the afternoon. I could revert to my local hospital but I had to pester them for six month scans (sometimes waiting up to eight months between scans) and then wait weeks for the consultant to go through the results, if they have not lost them in the meantime. The travelling to and from London especially when really poorly was added stress in mind and body, but I felt they were my only real hope and should I need a liver transplant it could all be done in house by a team I had grown to have massive confidence in.

46. I personally do not feel there is a stigma against HCV. I have always been upfront with everyone I have met about it. The only thing I have come across is shock that there was a problem with contaminated blood and there are still people being diagnosed after all this time.

47. I have never had anyone be negative about me having HCV, and I would challenge anybody that was. It was not a lifestyle choice that caused my infection. I did not make a mistake. I did not do anything to warrant this.

48. As far as the impact on my social life, I have been dealing with the effects of the illness since before my diagnosis. When I became ill my social life came to a standstill because I was unable to make any advance plans as I never knew how I would feel from one day to the next.

49. I have struggled to care for my granddaughter and missed many important moments in her early years. At the time of my illness my granddaughter was 2 years old. I had cared for her full time while her mother was at work since she

was 12 weeks old. However, during my illness I was unable to look after her, so my parents looked after her. They would pick us up and take us to their house and I would go to sleep in the bedroom while she was playing in the nursery. On the days when I was caring for her at home, if I was tired I would go to bed and she would come in and watch a DVD on the bed with me. Even just to prepare a simple meal was very difficult. I felt guilty about this not only because of the lost time with my granddaughter, but because my parents were in their eighties and before the illness I had been helping them with housework, but when I became ill they had to help me.

50. My whole family was devastated by my diagnosis. Based on their online research, they felt that as I had been infected since 1983, my prognosis was bleak. However, they and my best friend of 30 years were very supportive and stood by me the whole time.

51. The effect on my daughter Annaliese has been substantial, **GRO-C** **GRO-C** She is worried about me **GRO-C**

GRO-C

52. At the time of my diagnosis, I was on sick leave from working as a part time after school nursery nurse for Hampshire County Council. My job was to pick up children from primary school and take them back to the senior school and look after them until 6pm when they were picked up by their parents. Once I was diagnosed with cirrhosis I went through the procedure of early retirement through ill health with Hampshire County Council as I knew there was no way in the world I would ever be fit enough again to work with young children. I have not worked since.

53. Because I was out of work, we would have been financially struggling if I had not received assistance from the Skipton Fund. The first thing I did with that payment was to pay off my mortgage because I knew I would never be able to work again. After that, we just lived on what Skipton paid us monthly and my husband's part time job.

Treatment/Care/Support

54. My GP told me that HCV was outside of his area of expertise, however he was helpful and kept trying to find out why my liver was poorly. He apologised for not knowing much about the condition.

55. Once the GP had told me of my diagnosis I expected to be in the hospital system straight away, within two weeks. I know at the time Queen Alexander Hospital were in the midst of opening their hepatology department, so in the interim people were sat waiting for treatment. I think I should have been sent to Southampton to start my treatment journey rather than waiting for months to go to Queen Alexander Hospital.

56. I do feel that I have struggled to access treatment over the years. I have felt that every time a new treatment was offered there was a delay in obtaining funding and I had to write to my MP to have him intervene to find out what the hold up was. If there was going to be a delay of several months before the treatment could be provided, I should have been informed of that at the start so that I could make a decision about whether I wanted to wait for it or seek treatment elsewhere.

57. In 2015 when I was offered the new treatment by Dr Agrawal, I had to fight using the media and through my MP to prove my illness was serious enough, in order to be given the chance to start the new treatment. The treatment was due to be released in April 2015 but NHS England delayed rolling it out till October 2015 due to financial implications it would cause.

58. I have been offered support groups to attend, but I did not find them to be useful. At the support groups the majority of people there have contracted HCV due to drug use, which I could not relate to.

59. I sought out counselling several years ago as the Liver Trust was offering £900 towards counselling. I saw a counsellor in Fareham for a period of time but had to stop when the funding ran out as it was too expensive to continue. It was really useful and I am thankful for it but this is not something you can throw a band aid at. The funding needs to be longer term.

60. I have also been prescribed anti-depressants by my GP. My consultant told me that it would be a good idea for all patients to start on antidepressants before starting treatment for the HCV. I do find counselling useful as it provides a sounding board. You can say anything and get it out and not worry that you are burdening your family with it. I do think that counselling should be provided as part of a package for all HCV patients rather than something you have to apply and be selected for.

Financial Assistance

61. In 2011 I paid to see a private consultant as I did not want to wait two months to go to hospital after my initial diagnosis. I paid £250 for the consultant appointment, £600-700 for a genotype blood test, and just under £3000 for a liver biopsy. I was reimbursed by Benenden Health for the appointment and blood test and later claimed the biopsy fee from the Skipton Fund.

62. After I saw the private consultant in 2011, he mentioned the Skipton Fund and I requested the Stage 1 Forms and made my application. I received the funds shortly afterward. I sent through the required documents and also requested reimbursement for the biopsy I had paid for with my credit card and the bank loan I had taken out to fund tests. I got the initial £20,000 as well as a grant to pay off the biopsy and the bank loan.

63. However, I found it to be a constant struggle to obtain the documentation required from medical professionals in order to submit the Stage 2 application. After I was diagnosed with cirrhosis of the liver in 2012, I requested the Stage 2 application forms from Skipton, completed them and passed them on to my consultant. **(WITN1838004).** I had not been able to return to work and my sick leave was due to finish soon, so it was imperative that the forms were completed as soon as possible as I had a mortgage and would otherwise risk losing my house.

64. I had to have Professor Thursz write a letter to my local consultant detailing the results of my liver scan and why I needed the funding before they would sign the documentation, as the local consultant thought the results of the fibroscan were wrong as the figures were too high. Once Professor Thursz sent the letter, Skipton did not question my application at all. I received the £50,000 Stage 2 payment and then £12,000 per year in monthly payments.

65. My annual payments have increased gradually since then. I currently receive £18,500 annually from EIBSS. Last year I was made aware that there were top up payments available so I requested the forms for that. The top up is about £4,900 annually so my monthly money is £1,979.

66. I was told by EIBSS that I could claim back expenses from them for hospital treatment. However, when I sent them my appointment letters and train fares, they said they could not reimburse me because I had to claim via a low payment scheme first. I have done that for my most recent scan and am waiting to hear back.

67. I think there should not have been stages to begin with. If you are infected you are infected and it affects your life. People have died who did not qualify for Stage 2 payments, so being compensated fairly should not depend on having a certain diagnosis. I think we should get a fair settlement for what they put us through. A lump sum, like a set pension.

Other Issues

68. After my diagnosis I went to the local newspapers and my local MP to raise awareness straight away. **(WITN1838005).** I wanted to ask how and why people given transfusions were not being actively sought out for testing, and why pre-operative checks did not question if people had transfusions in at risk period before 1991 and offer them a test. If this had been the case since they knew there was a problem, my infection would have been diagnosed in 1993 during my first major operation.

69. In 2011, when I spoke to my MP, Mark Holborn, he waffled about data protection, saying not everybody would want to know! I said I would have wanted the chance of early detection and treatment, but because I was denied the knowledge, I was also denied an informed choice. I was ushered out of his office when I suggested the Government did not want to find us, because there would be a financial implication to finding us. They would prefer us dying in ignorance!

70. I had an interview with the evening news when first diagnosed. I had a stall at my local gala with banners from the Hepatitis C trust, and I was just there talking to people and telling people to get tested.

71. I feel I was not given an informed choice. If the government had said there was a possibility if me being infected I would have weighed up my options and been tested. By not letting me know of the risk of infection, the government has taken this away from me. I would not want other families going through this, so I have worked to ensure as many people as possible can know if they are at risk and make that choice for themselves.

72. I have continued to try and raise awareness since my diagnosis and in 2018 was given the opportunity to be filmed for the Victoria Derbyshire show. After I made this appearance, there were people contacting myself and the Hepatitis C Trust saying that they had had a blood transfusion and asking if they should be tested.

73. Sally Vickers and I began campaigning to raise awareness about the contaminated blood scandal as soon as we met. Even with broken health, we were proud that we had been able to clear the virus and could hopefully continue to fight for an Inquiry and to raise awareness for all those that had transfusions pre 1991 to request testing.

74. When Sally's health took a turn for the worse, she became more housebound except for hospital visits, but still continued to support and assist me with our campaign group Contaminated Whole Blood UK.

75. Sally's passing was incredibly difficult for me. However, since then I have taken every opportunity to continue to raise the profile of the undiagnosed and fight in Sally's name, determined her death will not be in vain.

76. I worked on an online project to produce an information booklet about HCV for people who are newly diagnosed, containing information about the pathway for treatment. If I had had that at the time of diagnosis it would have been really useful as every hospital works differently and you have to be proactive in your care to make sure you get the best treatment.

77. As soon as the Government and the NHS realised there was a problem with people receiving contaminated blood, they should have come looking for potentially infected people. They are going to get away scot free for people that have died without being diagnosed and put down as a drunk. We are never going to know the true figures, they have let it go on for so long and people have been dying undiagnosed.

78. I have tried to change things from the inside. I have been on the Caxton partnership board, partook in the EIBSS focus group meetings and the DWP meetings, to have an input and change things for people as I feel I have a responsibility to do so.

79. I hope the Inquiry will answer all of the unanswered questions. For example, why

did it happen? Was it that they were trying to save money? If that is the be all and end all, they have to accept responsibility for the damage they have done. How did the scandal happen? Was it incompetence or through lack of scientific knowledge? When did they realise it had happened? I would like to know the timeline.

80. The scandal went on for some time. If they knew of the infections in the 1970s, why was I still infected in 1983? Why have they not started looking for more people who could be infected? They could have a simple question on a form that says everyone who has ever had a blood transfusion should get a blood test. I am still shocked by the people who don't know about it even in the medical field.

81. I am hoping and praying that the Inquiry will be unbiased and proactive in searching for the truth but I am already noticing that the representation so far has been focused predominately on haemophiliacs rather than victims of transfusions, who constitute 50% of those infected. That is not right, a victim is a victim and we should all have representation in the Inquiry.

82. From diagnosis I felt totally let down by my local hospital, MP and the Government. My GP did not have much information to give me and felt out of their depth although supportive. I felt I was given a death sentence without any support or information whatsoever.

83. I also felt let down by medical professionals at Queen Alexander Hospital. They delayed in providing me with an initial appointment after I was referred by my GP. They then delayed further in signing the documentation I needed to apply for my Stage 2 payment from the Skipton Fund, requiring me to have a letter sent to them by a private consultant urging them to provide the treatment. The whole time I was in their care, before I transferred to Kings College Hospital, I felt I was being kept in the dark and not told about test results, the plan for treatment etc. In contrast, at Kings College Hospital I felt part of the team. I would go for scans in the morning and receive results in the afternoon, and was always kept informed of the treatment plan going forward.

84. I felt my hospital was not giving me the full picture and I wanted to be pro-active in my care after all it was to save my life. I paid to see Dr Agrawal privately and was very impressed that I, a patient, was seen as an active part of the team. From that first meeting I felt an equal partner not an inconvenience. If I had not just have failed treatment with a 30% success rate for patients in my position (something he said if I had been under his care with those odds, he would not have even put me through), I could have begun trial drugs that week as it was the failed meds excluded me from any new treatment until 2015.

85. I have cried countless tears, faced battles for treatments, financial support, endured endless meetings with different Government departments trying to shirk their duties of care. They allowed us to be infected, they did not look for us! They did not give us treatment as a matter of course, they denied liability at every turn year in year out.

86. Since diagnosis I felt that I had to be proactive. As the information was not forthcoming from the medical profession, I felt I had to educate myself, so I knew what questions to ask. If I had been made fully aware of the cons perhaps I would have declined to have the second course of treatment and therefore not been denied trial drugs. I could not make an informed choice because I was unaware of my options. At that time I was told that was my only option and as I was living with the prospect of a liver transplant at best, death at worst, my uninformed choice meant a round of toxic drugs that not only did not work, but prevented me from accessing drugs that did finally clear the HCV for another two or more years.

87. All haemophiliacs have had written letters saying they may have been put at risk of VCJD. Why have no transfusion victims been told this? If blood bags have had disclaimers on them since 2007 for risk of VCJD and other pathogens how come people receiving blood before that date were not at risk? When going for an endoscopy the forms ask if you have been put at risk. I tell them to assume I have because until my death no one will know, which is why I want a full autopsy

on death so all evidence will be uncovered. Even from the grave I want to carry on giving evidence so they cannot cover up exactly what they injected me with and what effects the toxic treatments have had on my whole body and brain.

Statement of Truth

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

Signed GRO-C

Dated............19 February 2019.................