

Witness Name: Felix Lozano

Statement No.: WITN4155001

Exhibits: Nil

Dated: 19 November 2020

## **INFECTED BLOOD INQUIRY**

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### **WRITTEN STATEMENT OF FELIX LOZANO**

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I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 01 October 2020.

I, Felix Lozano, will say as follows: -

#### **Section 1. Introduction**

1. My name is Felix Lozano. My date of birth is GRO-C 1962 and my address is known to the Inquiry. I am a project manager, working on websites in the charity sector. I live with my wife and my adopted daughter. I have two older adopted children who have since left home. My siblings are also providing witness statements to the Inquiry. They are Luis Lozano (W2770), Maria Teresa Lozano (W4156) and Carlos Lozano (W4157).
2. I intend to speak about my father's illness, which my family and I believe was caused by HIV. In particular, I will discuss the nature of his illness, how the illness affected him, the treatment received and the impact it had on him, my family and our lives together.

3. I would like this statement to contribute to the story about my father, Felix Fidel Lozano. My memory on certain aspects and events is not complete. Although I am unable to recall the exact dates, I remember these events well.

## **Section 2. How Affected**

4. My father had a hernia when he was in his 40s. I was around 17 or 18, at the time so around 1979/80. He had a number of blood tests prior to the hernia operation. One of these blood tests found that he had a low white blood cell count. It was believed at this stage that he was anaemic.
5. After further medical investigations, around a year later, my father was diagnosed with leukaemia. This was identified as a rare form of leukaemia usually associated with exposure to radioactivity. We initially believed that it was caused in some way by his work as a porter in the NHS.
6. At the time of his diagnosis with leukaemia, I was away in Australia with my partner. My partner's family were based in Australia and I had managed to find some work there, so the trip became a mixture of work and leisure. We had intended to spend a year there in total, though when I heard about my father's diagnosis, I came straight back to the UK. This cut the trip short by about 6 months or so.
7. As soon as I came back, I went to see my father in hospital. He was clearly very unwell. He progressively got worse over the course of a couple of weeks, and he had an increasing number of blood transfusions. This forced me to re-evaluate my situation, and I decided to begin a career that allowed me to be nearby to my family.
8. My father's diagnosis coincided with the break-up of his marriage. He was managing the household at the time after my mother moved out, with my siblings Carlos and Maria both still living at home.

9. I recall that he had a number of blood transfusions to boost his energy levels and give him strength. It started off at St Helen's Hospital in Hastings and then Bexhill Hospital. I could not tell you how many blood transfusions he had; they were countless. He was unable to produce properly-functioning blood due to his leukaemia. The blood transfusions seemed to become increasingly regular and necessary.
10. Despite this, my father's health noticeably deteriorated. Even though he was having more blood transfusions to boost him, they seemed to stop working. He then began to develop skin lesions and had stomach upsets. I also remember that he had a lot of nose bleeds. He felt there was something else going on, and he suspected that the blood transfusions were responsible for his other symptoms.
11. As these symptoms worsened, he said that he thought they were linked to HIV or AIDS. He would spend a lot of time in the library where he researched his illnesses and symptoms. All of this research led him to believe that he was infected with HIV.
12. During this period, I was studying at college nearby. I did not see him as much as my siblings, though when I visited him at weekends I could see he was struggling. He tried to pull it together for my visits, but this did not disguise his obviously deteriorating health.
13. On one occasion when I visited him, he told me directly that he thought it could be AIDS. I believed this too, though I do not believe that this was ever confirmed or diagnosed.
14. My father enjoyed his conversations with his doctors and consultants. I do not personally remember the names but I believe that they were at Bexhill. My sister Maria may have more information about this because she has kept records. He appreciated the insight into his illness, and he had a good, open relationship with his medics. They had warned him that he would be depressed, which proved to be accurate.

15. I believe that he did ask his consultants if he had AIDS. I think but I cannot expressly recall that this was dismissed. I say that I believe because I would be very surprised if he had not asked about AIDS. Knowing my father, he would have asked this in an indirect manner. He would not have directly asked for a test or a medical examination; it would have been a milder form of questioning.

16. As my father's health gradually worsened, my mother moved back in to the family home. She cared for him as he started to become unable to look after himself.

17. My father died as a result of his illnesses in 1985, I cannot remember exactly how old he was.

### **Section 3. Other Infections**

18. As far as I am aware, my father was not diagnosed with HIV, hepatitis C or hepatitis B. He was only diagnosed with leukaemia.

19. His illness and appearance at that time led him to believe that he had AIDS. We all believed this.

### **Section 4. Consent**

20. To my knowledge, my father was not tested for anything other than leukaemia.

21. I am not aware that he was treated or tested without his consent.

### **Section 5. Impact**

22. My father's illness had a significant and detrimental impact on both his physical and mental health. His fatigue was debilitating. His energy

levels were already depleted by his leukaemia. The numerous blood transfusions he had to boost his energy levels became ineffective, which only made him more lethargic.

23. I believe that his reduced energy levels contributed to his depression.

This, coupled with his wife leaving him, had a big effect on him emotionally. His life crumbled away. He had retired as a result of his long-term illness, having previously been a porter in various NHS hospitals for over 20 years. As his health deteriorated, he had nothing left.

24. My father struggled to cope with my mother leaving him. This only added to his depression and lethargy. Although my mother returned to the family home to care for him, the split was never truly resolved. This still hurt my father. I believe my mother came back out of a sense of duty.

25. At the time of my father's diagnosis, I was just starting to develop a mutual adult relationship with him. We had begun talking in a different, 'man-to-man' way. His illness then took over, and I feel that this relationship was taken away from me. I still feel a degree of trauma about this.

26. My father's diagnosis forced me to re-evaluate my own life. I decided to start a career that would allow me to be close by to my family. I found this period very depressing. I mixed with all sorts, GRO-C  
GRO-C I believe that this may have affected my memory. Although I was at college during this period, I do not believe that it affected my education or career progression.

27. His loss meant that we struggled, as a family, to cope. As both of my parents were migrants, the wider family in our case being in Spain, losing a parent, meant losing 50% of your family, there being no aunts, uncles, or cousins for support. This caused me to feel a great sense of isolation. This only exacerbated the effect of his loss. Our family visits to Spain petered out as his illness got worse.

28. I recall that we considered, as a family, the option of having an autopsy following my father's death. We felt that his illness and the actual cause of death was messy and unresolved, though, ultimately, we decided against this.

#### **Section 6. Treatment/Care/Support**

29. As my father was never diagnosed with any infections associated with infected blood, there has never been a suggestion that his treatment and care were affected.

30. My father asked for counselling owing to his depression. He received some talking therapy through the NHS, which I believe consisted of around 6 sessions. He found it useful having someone to talk to.

#### **Section 7. Financial Assistance**

31. My younger brother, Luis (**W2770**), found out about the Skipton Fund, I would say about three years ago. He filled the forms in and sent off the application on behalf of my father. Luis did most of the work on this, though we all contributed as a family to include our collective recollections of what happened to our father.

32. This application was rejected as far as I am aware, on the basis of a lack of evidence. The Skipton Fund required medical records that we simply did not have. I am aware that there was an appeal, and that this too was rejected.

33. It was my understanding at the time that the Skipton Fund was about more than just financial support. I seem to recall that I thought the Skipton Fund had a similar function to a public inquiry, I now know this

not to be the case. What this Inquiry is now doing is what motivated us to apply at the time.

**Section 8. Other Issues**

34. I have known about how the American penal system profits from criminalising people, and derives income from their prisons. To know that there is a connection with that and my father's death is disturbing. I would like the Inquiry to expose that.

35. I would like reassurances that these practices are no longer accepted and will not happen again.

**Statement of Truth**

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

Signed \_\_\_\_\_

GRO-C

Dated \_\_\_\_\_

19 / 11 / 20