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Witness Name: **GRO-B**

Statement No.: WITN0123001

Exhibits: WITN0123002;
WITN0123003; WITN0123004.

Dated: 13/11/2018

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF **GRO-B**

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 28 September 2018.

I, **GRO-B** will say as follows: -

1. Introduction

1. My name is **GRO-B**. My date of birth and address are known to the Inquiry. I am 56 years of age. I am retired having completed thirty years service with **GRO-B** Police and Police Scotland in 2016. I have two grown children, **GRO-B** aged 25 and **GRO-B** aged 21. I intend to speak about my Hepatitis C infection. In particular, the nature of my illness, how the illness has affected me, the treatment I have received and the impact it has had.

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2. How Infected

2. On 6th April 1988 I was involved in a serious road traffic accident whereby I sustained life threatening injuries. These injuries included multiple fractures to my arms, legs, torso and skull.
3. I was initially treated for my injuries within the Intensive Care Unit of the Victoria Infirmary. This treatment included surgery which incorporated blood transfusions.
4. I am unable to confirm the quantity of blood units I received from the hospital.
5. I am unsure exactly what dates my surgery was carried out on but can confirm that it would be between April 6th 1988 and August 1988. All the initial treatment was carried out at the Victoria Infirmary in Battlefield, Glasgow.
6. I also had surgery carried out at Phillipshill Hospital near East Kilbride later in 1988 to remove a bone from my right foot. I am not sure whether I received any blood transfusion during this surgery.
7. It has been confirmed that I had received blood contaminated with the Hepatitis C virus as a result of the blood transfusions that I received.
8. I have been asked by the Inquiry to confirm that I have never taken recreational drugs intravenously nor have I had any tattoos.
9. I will now set out the circumstances in which I was diagnosed with Hepatitis C and the advice that I was given about my condition.
10. In 2000 I felt unwell over an extended period of time and I went to see my family Doctor, GRO-B at the GRO-B GRO-B I would describe my symptoms as flu like. I also had heart palpitations. It was following the advice of my wife that I decided to see my doctor.
11. Dr. GRO-B initially thought my symptoms might be due to anemia but then asked if I minded being tested for hepatitis. I said I did not mind and was happy to be tested for this.
12. On 31 October 2000, after two blood tests, I was informed by Dr. GRO-B that I was Hepatitis C positive. I was told by the doctor "I'm sorry to tell you but you are positive for Hepatitis C infection." He said at that time he did not know if there was any treatment available but he believed that the infection worked in twenty year cycles.

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13. Dr. GRO-B said at that time he did not know much about the long term effects of the infection. I was given no further information on the infection at this point.
14. I went home with my mind in absolute turmoil and told my wife. I had difficulty coming to terms with the diagnosis. I was in tears and extremely emotional.
15. However due to the fear of others finding out that I was infected, I went to work that night. I was in work within two hours of being informed I was Hepatitis C positive.
16. The guy I was working with that night looked at me and said "You need to go home". I responded that "I have stuff to do". I then told him that I had been diagnosed with Hepatitis C. He was the only person I told about my infection for years.
17. My colleague responded "what?" His response focused my mind on my priorities and so I got my stuff together and went home within an hour. I went back to work the next day as normal.
18. I think at this time I was in a total state of fear and confusion. I found it very difficult to cope with what was happening but decided that I needed to keep on working.
19. I became terrified at this time of using things like kitchen utensils. Even though they had been washed I was scared that I would infect someone else. Daft things were going through my mind like have my family members ever used my toothbrushes. Condoms may have been mentioned during discussions with my GP. In my mind it was a bit late as I had already had children with my wife.
20. I was really ignorant of the diagnosis and did not have any understanding of how it would affect my life and that of my family. I think it is fair to say that there was real panic and fear in our household. We received no further information for over three months.
21. My GP did not give me any in depth information about the nature of the Hepatitis C virus and how it could be managed. It was a case of being given basic information, namely that it is an infection of the liver and basic information about hygiene to avoid passing the infection on.
22. I do not know if there was any further information available to infected persons at that time. I certainly was not given any. I would have appreciated any relevant information on how to deal with the situation I found myself in.
23. I was later referred to the Brownlee Centre at Gartnavel Hospital, Glasgow. I think that my first appointment there was early in 2001. My wife attended my first appointment and a couple of the follow-up appointments. The rest I attended alone.

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24. The Consultant I was referred to was Dr Ray Fox who again confirmed that I had been infected with Hepatitis C. At this point I had no idea how I may have become infected.
25. On my first visit, Dr Fox asked me if I had ever received a blood transfusion as this was the most likely source of infection. I described to him the aforesaid accident and treatment but said that I was not aware if I had received any blood transfusions. He said it was very likely given the injuries that I had sustained that I would have received blood transfusions at that time.
26. He asked what hospital I had been treated at and I said the Victoria Infirmary. I vividly remember him saying that it was likely that I had been infected there. I was surprised that he said this and asked why he would think that. I remember him saying that simply from previous experience he believed that this hospital was where I would have been infected had I received a blood transfusion there.
27. I have never received an explanation as to why Dr Fox was suspicious that a blood transfusion received at the Victoria Infirmary may prove positive for contaminated blood. This indicates to me that retrospectively staff at the Victoria Infirmary or the Blood Transfusion Service would have known that people receiving blood transfusion there during the relevant time period may well have become infected with contaminated blood.
28. Dr Fox also advised at that time that my wife should be tested for the infection. However he did state that even though we had a physical relationship and two children at that time he did not believe that my wife would be infected. GRO-C
- GRO-C
29. As part of my appointment I was given an information leaflet entitled: "Information, Advice, and Support Service" which I attach as an exhibit to this witness statement (EXHIBIT WITN00123002). I recall that the information in this leaflet was very basic.
30. I was later tested and found to be clear of HIV. I was informed that I was going to be tested before the testing was carried out. I cannot describe what it was like waiting on the result of that test. GRO-C
- GRO-C

31. GRO-C

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32. Dr Fox told me that I would have to have a biopsy carried out on my liver to establish what damage may have been caused to it by the virus. I was also told that I would have to have liver biopsies every five years.
33. I was told that the waiting time for a biopsy was at least six months to a year. Due to my concerns, and a lack of information at that time, I arranged to have the biopsy carried out privately at Rosshall Hospital, Crookston Glasgow. This was carried out at a cost of £775 on 22nd March 2001. The result indicated that I had suffered minimal damage to my liver at this point in time. I took 4 days holiday to accommodate this biopsy. I went straight back to work thereafter.
34. Due to the result of the biopsy I was told by Dr Fox that he did not think it was necessary to start any treatment at that time. The only treatments I was told of was Interferon Injections and Ribavirin tablets. I was told however, that they were not very effective and the success rate of eradicating the infection was about 20%.
35. I remember being informed that the treatment was very uncomfortable and that I would have to stop working. By this time I was suffering very badly from stress fearing that I would lose my job, be unable to work and be unable to support my family. My wife remembers me having regular panic attacks.
36. Dr Fox did say that I did not need to inform anyone that I was infected with Hepatitis C as it should not prevent me from working at that time. I understood from what Dr Fox had said that it was not a legal requirement that I disclose the infection to anyone and that the risk of infecting any other person was extremely low. I remember him saying it was not thought to be easily transmittable. I was advised that I should take care if I was injured and bleeding and should follow a particular cleaning procedure following cuts, as I would with any other infection.
37. Even once I started seeing Dr Fox, I was given very little information about my condition. I was told of the basic effects of being infected with Hepatitis C; although at that time the information was quite sparse. I remember thinking that I was terminally ill due to have being infected but that I had to get on with it.
38. I was aware of Hepatitis C due to my job as a Police Officer. At that time I thought that it was an infection normally carried by intravenous drug users. It was, in my ill-informed opinion at the time, a "Junkies" disease.
39. I resorted to searching the internet. I was extremely upset about some of the information that I found there and struggled to separate the wheat from the chaff so to speak as I had so little information.
40. As I have already indicated, I was not given much concrete information on the infection by the Health Service. I do not know how much information was available to medical staff at that time. I formed the opinion that medical staff

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were unsure exactly what the prognosis for an infected persons was. I do not know if better information was available.

41. My impression is that the Health Service were gathering information about the effects of Hepatitis C on individuals at that time. I think that doctors and nurses were learning more about the infection whilst they were treating people.
42. I was told very little about managing the infection. I asked if I should stop drinking due to the infection of my liver. I was told by staff at that time that I should not drink excessively but that the odd drink should not be a problem. Any medical staff I have spoken to subsequently have said that I should never have been told that it was okay to continue drinking, even if in moderation.
43. It was finally confirmed in writing in a letter signed on 27 September 2002 that I had become infected by receiving contaminated blood via a blood transfusion. This was nearly 2 years since I had first been diagnosed with Hepatitis C.
44. I attach a copy of this letter as an exhibit to this witness statement (EXHIBIT WITN00123003). The letter is from Dr Fox not the Blood Transfusion Service.
45. The letter states that I had received contaminated blood and that this "MAY" be the source of my infection. I remember asking Dr Fox if the contaminated blood that I was given would have caused me to become infected or not. He stated that it was, without doubt, 100 %, the source of my infection.
46. I believe the wording of the confirmation he received from the Blood Transfusion Service was a deliberate ploy to deflect blame from them. I have never seen the actual reply sent by the Blood Transfusion Service.

3. Other Infections

47. I do not believe that I have received any other infection other than Hepatitis C from infected blood. I don't know though, the Blood Transfusion Service haven't told me.

4. Consent

48. I did not know that I had been given a blood transfusion until I was informed by Dr Fox in 2002. That was over 14 years since being given the transfusion.
49. I am not aware of ever having given my consent to a blood transfusion. I certainly do not recall being asked to or having signed any such consent form. I really do not know what the procedure is or was for that. I have to be

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honest and say that had I been aware of my injuries and the treatment required to help me at the material time, I would have without doubt given consent to blood transfusions.

50. I consented to testing for Hepatitis C and HIV.
51. I was informed that the treatment for Hepatitis C infection was "hard going". I was informed that the effects were extremely uncomfortable. I do not recall ever being told that the drugs used in the treatment may cause further damage. I do not know if they contributed to the deterioration in my liver.
52. I don't know if I was ever used for the purpose of research. I think it is fair to say that the medical staff dealing with me since 2001 have always been trying to do their best. I think that they were on a learning curve treating patients with the infection.
53. It is very easy to be critical of the medical profession. I feel that the doctors and nurses were still finding out about the infection and discovering things about it as they were treating people.
54. That's why it wouldn't surprise me if I was used in experiments but this would have been for the right reasons as the doctors were trying to find out about the best treatments.
55. I am not sure that there was anything sinister going on. I am not sure if I have an issue with such experimentation as I do not think there was any malice. If I had been asked to participate in any research I strongly believe that I would have consented. Doctors were trying their best at the time.

5. Impact

56. Firstly let me say that I am not a Haemophiliac.
57. I have been deeply affected by the press and media coverage of this scandal. The coverage continuously gives the impression that Haemophiliacs were the only people who were infected. I feel that the rest of us are almost an afterthought despite the fact that the effects on us are devastating.
58. I sense that the impression that the public has is that anyone else infected is a junkie. Hepatitis C is seen as a dirty disease that drug addicts get when they are injecting.
59. The thought of the fact that I was infected getting out has always frightened me. In particular I was terrified, and still am, that my children may be branded the kids of a dad with that disgusting disease, Hepatitis C.

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60. The stigma is terrible. One colleague (who was unaware of my infection) once referred to dirty scummy Hepatitis C infected junkies in a conversation with me. There was always the fear of being discovered.
61. The mental and physical effects of the infection on me have been far-reaching.
62. I believed that I was a dead man walking. I think about this infection every single day of my life even though my infection has been eradicated. I sometimes sit in absolute seclusion just thinking about how this could have happened to me and especially the effect that it has had on my family.
63. It has completely changed my personality. I was a fun loving joker prior to my diagnosis. I think I was a pretty fun guy to be around. I became so depressed and introverted that I think that I am now pretty hard to reach, even today. The mental fortitude required to cope with this has been all consuming. It still is.
64. Mental fatigue was a big thing for me as part of the infection. This was contributed to by my sleeping problems due to the stress caused by learning of my infection. I would often be going to work with around an hours sleep starting at 7 AM.
65. I still get sleeping issues just before appointments for blood tests and scans as there is always the thought in the back of your mind, am I going to get another letter informing me that I have liver damage or an infection.
66. It was devastating to be told at the end of the first treatment that my infection had not cleared. This was really really bad.
67. I did have quite a decent circle of friends prior to my diagnosis. I have virtually none now. I simply do not cope well in company any more. I tend to want to withdraw from group company and feel happiest when with my wife and children. As I have said though, I'm not always the happiest guy to be around now; although I think I'm getting a bit better in that respect.
68. I have told a number of work colleagues over the years of the infection. I had to let them know as I thought it was right to tell them. In particular this was relevant during treatment when my physical appearance prompted questions regarding my health.
69. One Chief Inspector told me to refer myself to the Force's Occupational Health Department. When I went there the Occupational Health officer seemed to me to be a bit lost as to what she should say to me. I felt embarrassed and awkward being there. She just said that she had recorded the fact that I had told my employer and that if I needed anything to call her. She did not proactively offer any assistance.

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70. Although I was an operational police officer I only lost 4 days to sickness after my diagnosis to retirement in 2016. That was after my mother died in 2015 and my mind was worn out.
71. Working whilst managing my condition was hard going. Some days I didn't want to be there when I was having a bad day physically. However I do not think that the infection affected my decision making ability. One of the things that I was told by medical staff was to avoid stress which was not possible with my job. Mentally it would have been dreadful if I hadn't gone back to work. I think I would have wasted away.
72. I only reached out for assistance myself in the last three years of my service with the police. I was posted a significant distance from my home address. There was absolutely no need for me to be posted so far away. There were a number of vacant posts much nearer to my home address. I informed two senior officers of my situation and asked to be posted nearer to home to accommodate medical appointments.
73. Superintendent [GRO-B] told me that he would get me posted nearer home very quickly. He did nothing. He gave me no information when I asked him what was happening, saying he would get to it. I also sent him emails asking for updates. He did not reply.
74. I also informed Chief Inspector [GRO-B]. He was extremely belligerent storming into my office, locking the door behind him, and saying that he could not understand what I had been gibbering about.
75. He asked if moving posts was really necessary. I told him that I thought it was. He then asked me to put my request in writing to him which I did. He completely ignored any requests from me for an update. He actually opened an email that I sent requesting an update. Closed it, marking it unopened. He then deleted it to make it look like he had simply not read it.
76. I did not make any official complaint about either of these senior officers. Anybody with any knowledge of trying to make a complaint about a senior officer in Police Scotland via their grievance procedure knows that it is an utter waste of time.
77. As I have previously stated, I was advised that I should not be working full time, especially in the job that I was doing. The physical and mental demands of the job are immense. I worked in all of the most demanding areas of Glasgow city, north and south. I was [GRO-B] for the north of Glasgow City in my last 4 years of service. The demands were enormous, not helped by management as I have previously described.
78. [GRO-B]
[GRO-B] You could be dealing with a number of critical incidents at the one time.

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79. I was too frightened to stop working. I could not imagine what would happen to my family if I could not pay the bills. That was why I kept going: my family.
80. I think the distraction of work may have actually helped me mentally. Physically it took a high toll. Pain and fatigue were a constant reminder of the infection. I received absolutely no assistance in relation to my infection from GRO-B Police or Police Scotland despite a good number of senior officers being aware of my condition. I tend to think that I was used to solve their problems because of my work ethic.
81. To give a specific example of this, on one occasion I had to protect medical staff at a hospital from being attacked by a patient who was high on drink and drugs. A nurse came and asked me to go and help them as they were frightened of being injured.
82. The male patient was swinging chairs about trying to hit staff. He was a big guy and I was on my own. I managed to subdue him and arrest him on my own which involved putting him and me through one of the medical machines.
83. I was badly cut doing this. I completely panicked, concerned that I may infect someone.
84. I managed to quickly get the attention of one of the nurses that I knew. I told him of my infection. Although surprised at this revelation he was the consummate professional and cleaned me up quickly, reassuring me that he always took care dealing with anyone who was cut. He was really reassuring and a credit to his profession.
85. My sergeant at the time, after seeing the bandage on my arm, smiled and said "I won't even ask what you've been up to this time." I genuinely thought that this was funny. Humour is the way Police Officers deal with the day to day stress and demands of the job. He was not aware of the infection.
86. I told my dentist that I was infected. Again I thought it was just the right thing to do. She assured me that I did not have to tell her that but thanked me all the same. She explained that she and her staff always took the standard precautionary actions against infection with every patient.
87. A bad experience that I suffered occurred when I had to call NHS 24 because I had a kidney stone. I had suffered a number of kidney stones previously so knew what was happening and knew I could cope with the pain until I saw a doctor. This was after surgery hours about 8pm. You had to call NHS 24 prior to attending the emergency surgery at the local hospital which was the Victoria Infirmary.
88. I told the operator who I believe was a nurse what I was sure was wrong with me. I was correct in this assumption. She started confirming my details and at the end of the questions she asked "is there anything else you need to tell me?" I said no. The tone of her voice changed and she asked again.

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I said no and asked why she was asking that. She responded more aggressively and asked "I want to know if there is anything else you need to tell me?" I said no but asked if she was referring to me having been infected with Hepatitis C. She audibly huffed and said in an extremely condescending tone "That's it". In short she obviously had that information already. My wife was standing beside me when this conversation took place. I was badly shaken due to this woman's attitude and the manner in which she spoke to me. The first thing I did when I saw the doctor at the hospital later was inform him that I was infected. He thanked me for that information. As I have said I always voluntarily declared this information to medical staff.

89. I find it mentally difficult to deal with the life that my wife has been subjected to since I was diagnosed. She has supported me with all her heart throughout the 18 years of purgatory that we have had to endure. I am moody, sometimes incommunicative and sometimes deeply depressed.

GRO-C

90. On top of that there was our joint fear that our children could have been infected. It is because of her that our family is still together. I have tried hard to keep close to my children. I think I have succeeded in part.
91. I do know that I put my family through periods of terrible anxiety because of my behavior when I was depressed. I feel that they are a bit distant from me from time to time and I think that it is probably because I am not the happiest person to be around.
92. My wife and I have had no physical/sexual relationship since 2002. I suppose the fact that we have stayed together is testimony to our love for each other though. I did, as I have said, ask for assistance. We got none.
93. I was unable to tell my children about why dad was so unstable at times. I decided that I had to after I basically blew up at my son for something that was relatively innocuous.
94. I was just having a really bad day that day. This was only three years ago. I could see in their faces that they were putting together in their own minds why I behaved the way I do sometimes. That is heartbreaking.
95. I think that that was the one time that I really felt suicidal about what had happened to me and who I have become. You think about all the things that have happened and think "is it really all worth it?" They did not understand why dad had to spend a lot of his days off in bed as they were growing up.
96. I want to now talk about the impact of my Hepatitis C treatment.
97. Initially I attended Gartnavel Hospital every week to have my blood tested. I had to arrange the time around my work shift patterns. This later became every two weeks and then monthly. I did not take any time off work to attend

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- these appointments and arranged them around my shifts. If I could not do that I took time off work using up time owed to me or holidays.
98. The appointments were with either Dr Fox or specialist nurses within the Brownlee Centre. There was usually a short discussion at the beginning of the appointment about how I was feeling and thereafter a blood sample was taken for analysis. I believe that this was a liver function test. I still received very little further information if any about the infection and its effects. I suffered extreme stress in the lead up to each appointment. This is something that has lasted to the current date. I was not offered any further medical assistance at each appointment.
 99. In about 2004 I told nursing staff during routine visits that due to the overall circumstances that the infection had had a profound and devastating effect on the sexual relationship with my wife.
 100. In January 2005 I was referred to the nurse-led clinic at the Brownlee Centre for treatment with Interferon and Ribavirin. I was advised to bring a family member to that initial appointment to discuss starting the treatment.
 101. My wife attended this appointment with me. We were told of the potential effects of the medication which were going to be possibly quite debilitating. I was told that I would, in the nurses and medical staffs' opinion, be unable to work during this treatment. I was told that the treatment would last 6 months.
 102. This caused me indescribable stress. I could see my ability to support my young family disappearing.
 103. I told the nursing staff that I could not afford to give up work and that I would continue to work for as long as I could.
 104. Again I had to attend the clinic weekly, fortnightly and then monthly during this period. I took the medication on time which meant whilst at work as well.
 105. Treatment was via injection with preloaded syringes (interferon) and pink tablets (Ribavirin).
 106. Trying to conceal my condition from colleagues was particularly difficult once treatment begun. There was however the psychological lift from a sense of hope that the treatment could cure my infection.
 107. When I injected myself at home my wife used to sit on the stairs so that she could warn me if my kids were coming downstairs whilst I administered the injection on the sofa.
 108. There was always the fear of being discovered taking the medicine and how I would explain that. There were times that I missed doses because I was so tied up in what I was doing at work.

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109. The anxiety caused by trying to stick to my treatment regime was immense. I was extremely irritable, suffered panic attacks and severe mood swings. I had to concentrate to the point of exhaustion to ensure that this did not affect my work.
110. The physical muscle pain and the psychological exhaustion meant that I generally slept for most of my days off. I endured 6 months of extreme angst and pain without taking any time off work. The effects lasted for months after the treatment had ended.
111. The treatment was ultimately unsuccessful and the Hepatitis C which had showed signs of clearing during treatment returned. I was informed about 6 months after the treatment had ended that a routine blood test had confirmed that the Hepatitis C had returned. Retrospectively I do wonder if I should have been given treatment earlier however.
112. I do not recall at any time being informed of any lasting damaging or detrimental physical effects of the medication. I returned to having monthly checkups at the Brownlee Centre.
113. I had arranged to take my family on holiday that year to Disney in Florida. The worry of having to carry and explain to Border Control why I was carrying hypodermic needles and medication was very unpleasant. I was fearful of telling US Border Control that I had Hepatitis C in case I would be refused entry. I sent my family through a separate security gate in case I was stopped and my children may see me with needles in my hand luggage.
114. In July 2007 I received a devastating letter from Dr Fox which I attach as an exhibit to my witness statement (WITN00123004). It stated that a liver function test earlier that month had showed significant deterioration. I was informed that an ultrasound scan had been arranged.
115. To receive this information by post was dreadfully distressing. I remember just sitting in tears on my own for hours. I had to tell my wife of this when she returned from work that day. I had to keep well away from my children that day as I did not want them to see me so upset.
116. Again I thought that I was in a terminal situation. I could not understand how a liver function test 6 months earlier had not identified this deterioration. Again despite asking numerous times thereafter this was never explained to me. I was only told that different people reacted differently to the infection.
117. I was then informed by letter that a second liver biopsy had been arranged and that I was to attend the Brownlee Clinic on 10 October 2007. I was told that I may have to stay overnight.
118. I duly attended. This did not go well. During this procedure the anesthetic that I was injected with failed to work effectively. I was in incredible pain throughout. The doctor performing the procedure tried a couple of time to

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anesthetise the area effectively. It did not work. The biopsy was however carried out.

119. I lay in the public waiting area after this procedure in extreme pain for about an hour before being returned to the room that I had been assigned to. A doctor visited me there later and told me that the procedure had been successful and that I had not suffered any significant effects. He said that I could go home that night. I was told that the nursing staff would discharge me.
120. I phoned my father and asked if he would give me a lift home. I told him that I would phone him when the nursing staff were preparing to discharge me.
121. About 8 o'clock that night, hours after I was told that I would be discharged, no-one had entered the room that I was in. I got up and went to the nursing station and asked a nurse what was happening. She asked me who I was and said that she had not been aware that I was still in the ward. I was then discharged.
122. During I think January 2009, I again started another course of treatment with Interferon and Ribavirin. This was to last a full year. I was informed that I could inject myself in the stomach with the Interferon and supplement this by taking the Ribavirin at regular intervals. I was shown how to administer the injections myself.
123. I did this throughout the year, sometimes at work. It was stressful administering the medication at work as I would have to go into a toilet and hope I didn't get an urgent call. This wasn't an insurmountable difficulty but it was stressful.
124. Again I do not recall being given any information that the medication may be detrimental to my health. This proved to be another year of the same pain and worry as had occurred during the first course of treatment. I did not take any time off work again.
125. There were a number of times during this treatment when I was phoned the day after I was administering the injections and told to cut the dosage. Each time I told the nurse that she should have known that I had taken the dose the day before. I was just about able to get through day by day.
126. The physical effects were probably more acute this time. My skin flaked badly and I remember being asked quite a few times by workmates if I was okay. I looked like I was suffering from bad psoriasis. I tried to laugh it off and say that I was just feeling a bit off.
127. Thankfully this course of treatment was successful in clearing the Hepatitis C infection. This was confirmed in a letter sent to me in February 2010.

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128. I was then referred to Consultant, Doctor Matthew Priest at the Gastroenterology Department at Gartnavel Hospital. I was informed that although the Hepatitis C had been eradicated, I was required to have ongoing monitoring for liver cirrhosis until I was 72. Apparently on reaching 72 you have had a decent innings, which I thought was quite funny.
129. I have attended this department biannually since that time. I see Dr Priest and a specialist nurse alternately every six months. My blood is taken and tested on each of these occasions. I also have an ultrasound scan on my liver every six months.
130. I have also had a number of endoscopies carried out. These are quite uncomfortable although I'm used to them now. Each time a small camera on a flexible tube is inserted into my stomach via my mouth. The reason as explained to me is to monitor for any further deterioration to my liver.
131. It has been explained to me that I have a 3% year on year increased risk of developing liver cancer. I do endure terrible anxiety prior to each appointment however. I find it very difficult to sleep in the weeks before an appointment. I think it is fair to say that I become very introspective during these periods.
132. My last appointment was for my bi-annual ultrasound examination on Saturday 13 October. I attended this with 1 days notice as I was contacted by telephone to ask if I could attend. NHS Scotland were attempting to ensure that people were getting examined within time schedules. The upside of this was that I only lost 1 nights sleep due to worry. I must say that I have nothing but praise for the staff who have treated me at the hospital.
133. Since I was diagnosed sleep has been difficult for me. Especially early on I didn't sleep for nights at a time. I woke up during the night with what my wife describes as panic attacks constantly.
134. Even after having the infection eradicated it was difficult not to think about it constantly. I had been cleared once and it had come back. I was constantly in fear of the infection returning.
135. I didn't get any help for this. I did mention it at monthly clinics. It is only in the last few years since I retired that I have begun to get a decent nights sleep. I think that the intensely high pressure of work being removed has helped.
136. I have, due to the infection, and possibly after taking my medication, developed cirrhosis of the liver. I have a 3% year by year increased risk of developing liver cancer as a result of this. Every medical appointment is a nightmare. Even though they have become routine, the fear of bad news again is always present.
137. I am just trying to stay healthy and adhere to any advice given by the medical staff. I have joined a gym and go there five or six times a week. I do

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not socialise very much at all. I spend much of my time now on my own through choice. I don't think the mental effects of this will ever completely leave me.

6. Treatment/Care/Support

138. I was initially offered counseling along with my wife. I was told at that time however that there were no Hepatitis C counselors available and was referred to an HIV counselor.
139. That was one of the worst experiences of my life. The counselor, a woman, continuously stated that it was likely that I had also been infected with HIV. Bear in mind that my wife was present at this session. We had been married and had had two children after I had been infected.
140. The counselor stated that we needed to be tested for HIV. I was physically in pieces by the way she conducted her counseling session. She just talked over us and we were unable to ask any questions.
141. When she finished I was extremely upset and afraid that I had infected my wife and my children with Hepatitis C and HIV. She gave us no information on why she thought we may have been infected with HIV. At a subsequent meeting with Dr Fox I told him about this session. He literally shook his head and then apologised.
142. Despite later asking for counseling/assistance on at least three occasions at my monthly checks at Gartnavel Hospital I was given no further assistance or advice whatsoever. Again I gave up. What's the point, I thought, nobody is actually interested. This has sadly continued to date.
143. My wife who had searched the internet for support groups told me of the British Liver Trust. I would say that this was probably about 6 to 9 months after being diagnosed. This organisation provided voluntary assistance/information to people who had been infected with Hepatitis C.
144. I called them by telephone. I was given fantastic verbal information and advice from the women who worked there. They were extremely sympathetic and knowledgeable on the subject. They gave us great advice and I have to say that without their reassurance and assistance I don't know what I would have done. They were the first people who actually made me think that there may be a little bit of light at the end of the tunnel.
145. I have been unable to seek any further help. I think this is because of the previous occasions that I asked early on after being diagnosed, that were simply ignored.

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146. I do unfortunately come from a generation that is reluctant to ask for help especially when it seems that we are being ignored. I think my thought process tells me that I had just better get on with it.

7. Financial Assistance

147. Financially I was able to cope as I decided that I had to keep working full time. I was advised that it was unreasonable to expect to work especially when undergoing drug treatment. This advice was given by a nurse at the clinic that I attended whilst getting what she described as the equivalent of chemotherapy as an outpatient.

148. Dr Fox said to me on a number of occasions that he thought that it would be better if I stopped working for a while through the treatment. I simply could not consider doing that. I wanted to complete my thirty years service and get to my pension, which I did in February 2016.

149. I have not worked since. I am just so relieved at having completed my service and mentally don't want to be under the pressure and strain of working again. I think in all the circumstances I deserve it. You have to remember that in the early years and for quite a while there was no ongoing financial support.

150. In January 2004 I was informed by Dr Fox that the Health Secretary had announced an ex gratia payment that was being made to persons who had received contaminated blood. I received £20, 000 on 12/10/2004. This was paid through the Skipton Fund.

151. I was not asked for any additional documents when applying for this first stage payment. I do not recall being made aware of any conditions associated with this payment. The whole process was quite simplistic.

152. Dr Fox applied for the payment on my behalf. I do not recall the time frame between the relevant forms being sent off and me receiving payment.

153. In February 2008 I was paid a supplementary lump sum payment of £25, 000, applying guidance published by the Health Secretary that additional payment should be made where infection had caused further liver damage leading to cirrhosis. This second payment was again paid through the Skipton Fund.

154. Dr Fox arranged for this second stage payment to be made to me. Dr Fox off his own bat filled out the form for me and it was ready for me when I arrived for my appointment to see him.

155. To my knowledge there were no difficulties in getting this second payment. Again I wasn't made aware of any significant preconditions for claiming it.

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156. I had to give bank details for the payments, but apart from that, Dr Fox was very good and efficient in ensuring that I could claim these payments.
157. In the years 2008-2013 I heard nothing regarding financial assistance. I never proactively pursued financial assistance.
158. Then in April 2013 I was telephoned by Mr Nicholas Fish from the Skipton Fund. The call from Mr Fish was entirely unprompted. At first I thought it was a nuisance sales call.
159. Mr Fish informed me of the "Top Up Payment" approved by the Department of Health for individuals with stage 2 infection.
160. I was also informed of the annual payment that would be paid to support affected people. The payment was backdated to January 2011.
161. On 3rd May 2013 I received £56,130 as a lump sum to account for the backdated payment. After this, monthly payments of £1,182.50 were received from 24th May 2013.
162. On 26th April 2014 my monthly payments were increased to £1, 214.50 and £1, 229 on 28th April 2015.
163. On 27th April 2016 I was informed that my monthly payments would remain at £1, 229 until further notice.
164. I have to say that Mr Fish and his staff were very supportive on the couple of occasions that I had cause to call them. I do not recall being asked any probing questions during any of the phone conversations. I have nothing but praise for the staff at the Skipton Fund.
165. On 27th December 2016 I was informed that the Scottish government were taking control of payments and had decided to increase them to £27,000 a year. It is my belief that one reason for this generous amount was the government's reaction to Penrose and the belief that something needed to be done to help people and save face after the result of that Inquiry.
166. A waste of £ 12, 000000 and 6 years is an understatement in relation to this whitewashed establishment cover up. I remember seeing on television, the faces of Scottish Ministers in the Scottish Parliament on the day the "Finding" was released. They looked mortified that such an investigation was so incompetently carried out.
167. I believe that they could understand why people were so angry at it's one ridiculous "Recommendation". Basically, "If you received a blood transfusion in the 1980s get a blood test" Really, it took him 6 years to come up with that? That Judge and his team should have been investigated for wasting public funds. I feel that what he and his team did was dishonourable.

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168. I was awarded £12, 250 by way of a lump sum as a backdated payment to take into account the fact that the Scottish government had taken control of payments in April 2016.
169. Up to April 2017 I continued to get £1, 229 from Skipton plus a monthly top up from the Scottish government to bring my annual payments to £27, 000.
170. From 13th April 2017 I have started to receive monthly payments of £2, 250 which is now at the enhanced rate paid by the Scottish government.
171. I am unsure of whether the payments will be made for life or a shorter period. The only thing that I have asked and had no answer to is if the payments will keep pace with inflation. All I have been told is that the payments are constantly kept under review. It was partly because of this uncertainty that I decided to continue working. I didn't want to have to rely on ill health payments. It was very much against medical advice that I decided to continue working.
172. I never anticipated that I would receive additional money from the government. My attitude was you are getting nothing out of this so get on with it.
173. I think that the compensation or regular payments made by the Scottish Government are actually reasonable. I don't think they are over the top nor are they too little. I think the Scottish government has based the annual payment amount on the average salary which in my opinion strikes the right balance. That is a personal point of view.
174. For some who previously received large salaries it may be too little. For others who were earning less before infection it works out well. The balance has to be struck somewhere.
175. I don't think that the payments should be means tested. Everybody has been affected equally. Some will have handled it better than I did, some worse.
176. I feel tremendously sorry for people in the rest of the UK at the amount of support that they receive. After the speeches that were made in the Houses of Parliament in early 2015 about how "WE" needed to support the people that had been poisoned in the worst disaster to affect the NHS it came as a shock to see that they even considered cutting the amount paid to people. What were they thinking?
177. I feel that these decisions are driven by an unseen civil servant. It would be interesting to know who was behind this. I began to understand it though, when documents relating to the scandal were unearthed.
178. Kenneth Clarke MP, one of the well embedded establishment figures is a fine example of those prepared to cover the whole affair up. I have read

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the content of one document dated 22 January 1985, Clarke had written: "Before we all panic further, it is presumably the case that the ending of the collection of blood from homosexuals greatly reduces the risk from blood collected in this country. Also, as only haemophiliacs have died and they may have had factor VIII from American blood, is it the case that we have not had one Aids fatality from blood donated in this country yet? Do we need this *and* heat treatment of the blood?" The suggestion seemed to be that heat treatment may be one expensive precaution too many.

179. Between 1988 and 1990, Clarke was Secretary of State for Health. In 1990, he was also advised by the then chief medical officer, Sir Donald Acheson to settle claims with those affected out of court, to prevent the government being forced to hand over sensitive documents. It was reported at the time that Clarke was reluctant to settle, insisting haemophiliacs had to prove their case in court.

180. I concluded that Mr Clarke was too busy NOT RELEVANT NOT RELEVANT to care about the people that were dying. He was responsible for not taking action prior to and at the time that I was infected. In my view the suggestion made by Acheson clearly shows action deliberately aimed at preventing incriminating documentation entering the public domain.

181. Financial compensation cannot remedy any of what I, my wife and my children have been through, only justice can. I have said to friends and family that they, the establishment, can have all the compensation money back if they could turn back time whereby I would not have been infected and could have my life back.

8. Other Issues

182. I have at no time whatsoever received any contact or information regarding the contaminated blood or my subsequent infection from the Blood Transfusion Service. This is despite the fact that the persons within the Blood Transfusion Service, by that time at least, undoubtedly knew that I had been given contaminated blood.

183. Indeed the Blood Transfusion Service were, at that time, going to great lengths to tell anyone who would listen that they had already informed everyone who had been infected. That was a blatant lie. I firmly believe that there are still people who were infected in that time period who have still not been informed by the Blood Transfusion Service. I believe that staff at Gastroenterology departments are still having to tell people to this day that they have been infected by contaminated blood and blood products.

184. I believe that there has been a criminal disregard for my own safety and that of my family in not informing me of this. My family had been and were at risk of infection. I would have thought that the Blood Transfusion Service had, at the very least, a duty of care towards me and my family in respect of this.

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185. I have not received any apology from the Blood Transfusion Service in any way shape or form. I believe that members within the Blood Transfusion Service and the National Health Service have been criminally negligent inasmuch as they knew people were infected and were being infected.
186. They did nothing to prevent it and nothing to protect the families of those they knew had been infected. I believe that there has been deliberate and criminal action taken in the destruction of medical records of people infected to prevent the guilty being identified.
187. In 2002 I contacted Lawyers in order to take legal action against the Blood Transfusion Service. The lawyers initially asked why I had not been informed that I had been infected.
188. After a lengthy period the Blood Transfusion service responded via their solicitor Mrs. Susan A Murray. It was said that the person who had donated the contaminated blood that I received had not donated again and thus the Blood Transfusion Service did not know that the donor's blood was infected. That seems a bit contradictory to me as when Dr Fox asked the question in the same time period the Blood Transfusion Service obviously had the information that the donors blood was infected.
189. I suspect that the blood that I received may have been from the American Penal System given that it was a one off donation. If that is the case, given what was known even at that time, it should have been rechecked for Hepatitis C infection.
190. Mrs. Murray was also good enough to point out that any claim under the Consumer Protection Act was time barred as it was over ten years since I had been infected.
191. When you look at the comments I have pointed out from earlier in this statement from Mr. Acheson to Kenneth Clarke it is reasonable to suspect that if you covered up the facts then compensation would not have to be paid out in the future. Is that what Clarke meant in his reply to Acheson? The Health Service knew that if it did not inform people that they were infected and ten years passed they would be immune from having to assist those infected.
192. That in my view is criminal negligence as the question is not really about money it is about lives and that has undoubtedly been covered up. I presume the sensitive documents Mr. Acheson referred to do not exist any longer.
193. Susan Murray is still The NHS in Scotland's senior litigation lawyer. She could perhaps shine some light on what she was doing with these claims at the time and what she was doing to deter victims from claiming any kind of compensation. I think that she would be an interesting witness if questioned comprehensively.

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194. I was advised by the lawyers at the time that the probability of any success in legal action against the Blood Transfusion Service was highly unlikely. I felt that the amount of additional pressure this was putting on my mental condition was not worth any further action. I stopped the legal action as I found it too difficult to consider going any further with it to a probable negative outcome. My feelings are still that the Blood Transfusion Service/Health Service were more interested in saving themselves than the people they were knowingly killing.

195. This inquiry should not simply be about blame and compensation, it is far more important than that, it's about honesty and integrity. We will see how much of that there is at its end. The Inquiry team has the ability to report the truth, or not.

Statement of Truth

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

Signed

GRO-B

Dated 13/11/2018