

Witness Name: David Robert Gavin Rankin

Statement No: WITN0357001

Exhibits: WITN0357002-4.

Dated: 26 June 2019

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DAVID RANKIN

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 29 March 2019.

I, David Rankin, will say as follows: -

Section 1. Introduction

1. My name is David Rankin. My date of birth is [GRO-C] 1965 and my address is [GRO-C] East Sussex. I am a retired banker and now work locally as a logistics consultant. I currently live on my own, but I am engaged to my partner Jan.
2. I intend to speak about my infection with the Hepatitis C virus (HCV), which I contracted as a result of being given contaminated blood products to treat haemophilia.
3. In particular, I intend to discuss the nature of my illness, how the illness affected me, the treatment that I received and the impact it had on my life, and those close to me.

4. I confirm that I have chosen not to be legally represented and that I am happy for the Inquiry team to assist me with my statement.

Section 2. How Infected

5. I was born on the GRO-C 1965 in Brighton General Hospital and quickly put up for adoption; I was adopted within a matter of weeks by John and Pat Rankin.
6. As an infant they noticed I bruised very easily, so booked an appointment with the GP. After various checks and examinations he found that I had haemophilia. I was originally diagnosed as severe, however by the late 1970's after further tests it was decided I had a moderate bleeding condition. From then onwards my parents faced a fight to keep me, as the council intended to take all haemophiliacs back into local authority care. They managed to win the battle, and my early years were rather uneventful in regard to bleeds.
7. I do remember my parents being extra careful if I hurt myself as an infant – particularly when I jumped out of a bunk bed and fractured an elbow at 5. Mum and Dad were given a choice to either wrap me up in cotton wool, and risking that I would rebel as a teenager, or let me do everything they dare, so that I grow up with a responsible attitude towards my condition. They chose the later. If I had a bad bleed I would go into hospital at receive plasma. My nearest haemophilia centre was in Portsmouth, and then at St Richards in Chichester. I did have teeth extracted at St Richards, which required the administration of plasma. My recollection whilst being treated with the large volumes of fluid was how cold it was.
8. It was discussed that Trelors would be a good school for me to attend, but my parents wanted me to be as normal as possible and opted for mainstream education. This decision probably saved my life –

statistically it is outrageous that so many haemophiliacs from that school are now dead.

9. Initially I was treated with plasma – it was administered in huge volumes and I found it very painful. Cryoprecipitate was much easier and all was well and good, I do not remember when I first received cryoprecipitate.
10. As a young boy I wanted to be join the RAF and fly jets – I went to Portsmouth Grammar School and they had a Combined Cadet Force (CCF), which whilst compulsory for all I was initially excluded from because of my haemophilia.
11. I did not want to be any different to the other boys because of my haemophilia, and I fought to join the RAF section of the cadet force. The school took some persuading. My parents then purchased a property in Cornwall, so I moved to Truro School. They did not have their own cadet force, so I joined the local air cadets.
12. At the age of 16 I went for a test in advance to join the RAF at Biggin Hill, but my name had been taken off the list – I had declared my haemophilia on the application form. If I had not been honest they were unlikely to have found out and I would have been accepted into the force. After some convincing I was allowed to take the tests and passed rather well for both pilot and navigator. This lead to an interview with the chief medical officer in London where I had the opportunity to put my case forward. He confirmed he would make a recommendation on my behalf, but that ultimately it would come down to finances and would be decided by someone else.
13. He offered me a ground desk job that I refused. I now know that once you are in the RAF you can transfer from a desk job, but I missed this opportunity – I was only 19 or 20 at the time.

14. I decided I needed a Plan B in terms of a career, but there were not a lot of job opportunities in Cornwall except for leisure or farming. I settled on banking and secured an interview with the National Westminster Bank (Nat West) and they offered me a job on the spot. I had declared my haemophilia at the time of my application.
15. My haemophilia did not have much of an impact on my education, other than exclusion from sports – I attained good O level grades and did well in my A level mock examinations. In spite of the good academic achievement, I do hold some unpleasant memories from school. I had to wear long trousers when everyone else wore them short, in order to cover my protective kneepads.
16. I gave up arguing with the RAF when I turned 21, and by that point I had got used to working at the bank. My parents decided to sell the house in [GRO-C] and move to [GRO-C] so I transferred from the Bodmin to the Crawley Boulevard branch of NatWest. Where I applied for the Management Development Programme (MDP) and was successful.
17. I then moved on to Haywards Heath and I was later informed of a role in London. In order to take up the position in the capital, I had a further 6 months in East Grinstead. I eventually was placed in the Insolvency and debt recovery department on Pentonville Road.
18. The date at which I was infected with HCV can almost be pinpointed to 9 August 1983 – I was 18 and a half at the time. I had started work with NatWest on 3 August and on the 9 August was playing rounders on a beach in Cornwall. During this game the batter accidentally hit me in the face with the bat and I was taken to Treliske Hospital in Truro.
19. Although I sustained injuries to the head and face, the incident was not catastrophic. I had some broken cartilage, a cracked cheekbone and some swelling. I strongly believe that I did not require treatment

on this occasion, but the medical staff decided to administer Factor 8 products to me. I believe this was the first time I had ever received Factor 8.

20. In 1983 the NHS were aware there was a problem with contaminated blood, I was not warned of the consequences of Factor 8 being used.
21. To the best of my knowledge I had not received Factor 8 before this incident, and the next time I required treatment as a result of a heavy nosebleed there were concerns over the use of Factor 8 and alternative treatment was administered – (DDAVP) and transexamic acid. The inside of my nose was cauterized to stop the bleeding.
22. I damaged a knee during a cadet training exercise in 1989, but I staggered through, as I kept quiet about the haemophilia. I took myself up to Accident and Emergency at St Thomas' that Saturday evening. I explained the situation to an Irish nurse, who asked if I had been drinking. When I stated no, they treated me like royalty. (The rest of the A&E appeared to be full of drunks) I had around 350ml of fluid drained from the knee, but I do not think I received any treatment.
23. Whilst working in London, I had a routine check up with the haemophilia clinic at St Thomas' Hospital – it would have been around 1990. A couple of days later I had a phone call to ask whether I had been out the night before the appointment, as they had some interesting results. I replied that I would have had a couple of pints the night before, and so the unusual results were dismissed. There was a strong drinking culture in London at the time, based on the motto of 'work hard, play hard'. So if I felt jaded in the morning, it was probably due to the evening before.

24. Not long after, NatWest transferred the IDRDR department to GRO-C and I was given the opportunity of a fully paid house move, and a promotion to Assistant Manager, which I accepted.
25. Late in 1992 some of my colleagues started to notice that I seemed unwell, but I just placed the symptoms down to flu. My sickness record card reflected an increasing number of absences due to 'flu'. I was fatigued and less capable of doing physical and mental activities, neither was I up to socialising with friends.
26. Jonathan Wilde at the Queen Elizabeth Medical Centre in Birmingham directed my haemophilia care from this point onwards. He ran the haemophilia centre and asked if he could take some further blood tests, which I consented to.
27. Soon after Jonathan phoned to say we needed a chat, but as he was unavailable I ended up seeing another junior doctor. It was during this meeting that I found out I had been infected with Hepatitis C. The diagnosis was given to me verbally in one of the corridors, and the doctor suggested it was a result of my lifestyle. I cannot remember his name.
28. I was offered no support after being told of the diagnosis, and I recall it being a very long drive back to GRO-C I went through a rush of emotions including anger and fear, and as the journey went on I became angrier about the way I was informed – it was in such a clumsy fashion. It probably was not the intention of the young doctor, but to this day it is one of the things I still resent.
29. I met with Jonathan Wilde soon after this incident and he was very apologetic. He reassured me and confirmed that the infection had nothing to do with my lifestyle. He went on to say how some health authorities had decided not to tell their haemophiliac patients the

truth, as there was nothing they could do for them. Instead Jonathan felt compelled to share the information with his patients.

30. I received a letter from Jonathan Wilde dated 21 March 1994 confirming my diagnosis with HCV (WITN0357002). Within the letter he also stated there was a new test available to discover the genotype, and this would involve a biopsy being taken from the side of the liver. An appointment was booked for 8 April 1994 and the biopsy confirmed that I had HCV. It was a very risky procedure for a haemophiliac, it was also very uncomfortable.
31. I was given no advice on sexual relations, but I did contact some previous sexual partners to inform them of the infection. My future wife [GRO-B] already knew that I had haemophilia, but once I told her about HCV I said it would be in her best interest to get tested. She was shocked but did not react adversely towards me. I also gave her the option of backing out of the marriage.

Section 3. Other Infections

32. I have not contracted any infection other than HCV as a result of being given contaminated blood products.
33. I was tested for HIV but it was a negative result.

Section 4. Consent

34. I was tested for HIV without knowledge or consent at St Thomas' Hospital. I am actually glad that I did not know, because this took away the anxiety of waiting for results. My understanding is that I have frequently been tested for both HCV and HIV.
35. From my recollection Jonathan Wilde asked if he could take further tests at the Queen Elizabeth Medical Centre, to which I consented.

Section 5. Impact

36. I married my first wife in [GRO-B] 1995. [GRO-B] had already been out with another haemophiliac and sadly he passed away, so the haemophilia did not faze her at all – this was extremely positive at the time. She was also aware that I had HCV.
37. I recall being told by a health professional that HCV is a stronger virus than HIV, as it can survive 48 hours outside the body. I became paranoid about transmission of the infection, as any blood spillage of mine would be potentially lethal to other people. At this stage I was a Lieutenant within the Army Cadet Force and had qualified to become a Captain, but I decided to resign because of the risk to others. I used bleach frequently to clean any blood and I strictly did not share any towels or toothbrushes in the home.
38. In 1996 my health significantly deteriorated. I experienced severe flu like symptoms and found it hard to focus at work. My immediate line manager picked me up on a number of occasions so say that I was not fully there. Once I had the HCV diagnosis it made sense – I had been struggling but for no apparent reason. Initially I did not even realise I was struggling – but it was obvious to everyone else.
39. I started treatment to clear the virus in 1996 but it did not go well and it was not a nice experience. It involved self-administering injections of Interferon to the stomach, and taking Ribavirin in tablet form.
40. I recall being told that it was important to keep moving the injection site. I experienced mood swings, strangely I knew the mood was coming on and I had no option, I could not control them. I also suffered with extreme tiredness and I ended up spending a lot of time in bed. I was warned that I would experience mood swings, they were far more extreme than I had expected.

41. I am surprised my wife manage to put up with me and I became intolerable to myself. It was a very difficult period of time, and my wife and I ended up sleeping in separate beds because of the way my body was reacting.
42. I do not recall any intimacy problems within the marriage, but we did not have a particularly active sex life during the treatment – especially intercourse. At one point I did question whether I should continue the treatment, but it was my only hope of eradicating the virus from my body. I went on to complete the full course of treatment and it was stopped on time. I was told over the telephone that it had not worked, my family and I pushed for the treatment to continue, but the viral load had not changed at all. I was obviously disappointed, that said my expectations were not high.
43. Throughout the treatment I continued to work, which prompted an interview with GRO-D a senior manager at the Bank. She was fully aware of my illness, but had prepared a statement for me to sign declaring that my performance had not been up to the standard required.
44. I refused to sign the document as it discriminated against the fact that I had continued to come into work whilst being so unwell. She was particularly annoyed and kept the statement so I could not retrieve a copy.
45. Thanks to the concern of a trusted colleague, I went into the meeting forewarned about what she intended to do. This was very unfair of her; she obviously wanted to get rid of me through the disciplinary process. I would have therefore forgone any of the pension benefits that I still receive today.
46. In 1997 I had an interview with an occupational health nurse, and she advised that I retired early due to ill health. I was sent home that day

on full pay whilst a decision was made. Once I had finished work I felt that I could not go out in the day as I was being paid to be at home unwell.

47. There were three possible ways I thought my time at NatWest would end – I thought I would retire at the end of my career, find something better to do, or I would be fired. I never contemplated the fourth way and I found it a struggle.
48. I spoke with the union and received a good settlement from NatWest and I will enjoy full staff benefits for the rest of my life. The union explained that NatWest cared for the wellbeing of its employees and that I could not have asked for a better retirement package. They increased my pensionable service from 14 to 20 years, therefore increasing my overall income.
49. Unfortunately I had to commute part of my pension to pay off existing liabilities, as I was unable to service them due to the lack of full time work. This has resulted in me receiving a smaller pension, but at that stage I did not think I would survive long anyway.
50. I still have a staff account and have all of the perks a current employee would enjoy.
51. In order for me to receive better treatment [GRO-B] had to apply for a transfer from within the bank and uproot herself from her family in Shropshire. We ended up in [GRO-B] which was close to my parents.
52. When we married we kept the houses we owned and rented them out, so our home in [GRO-B] was purchased in my wife's name.
53. After the retirement I felt tired, fatigued and experienced discomfort and on occasions stabbing pains in my liver. I also kept making

mistakes that I ordinarily would not have – perhaps this was down to the fact that I was not sleeping properly. By this point I would treat the haemophilia myself as and when required, and would go up to London to receive the products.

54. I went on holiday with friends to watch the 24 hour LeMans in 2003, and we went back again in 2005. As a group we went down in three vehicles and set up a large gala tent in addition to individual tests.
55. On the second day I did not feel good at all, and took to a sleeping bag in the gala tent. It started to rain and I ended up sleeping in a puddle because I physically could not move. My liver had in fact begun to decompensate. A friend drove me home and for the entire journey I was sat in the passenger seat in a position that was tolerable.
56. We stopped twice on the journey back and on both occasions I could not move to get out of the car, due to extreme pain. Once I arrived home my parents got involved and I recall an ambulance arriving at my home. I may have been admitted to Brighton General Hospital first, but I ended up on a general ward at St Thomas'. I remember a discussion where my mum was pushing for me to be moved to Addenbrookes, but the doctors stated I was not fit enough. As I deteriorated they moved me to a single room and I distinctly recall the 7 July 2005 (the day of the London bombings). I looked out of the window over the bridge and nothing was there – no traffic, no people. It was very unnerving and I was suffering from paranoia.
57. I eventually was transferred to Addenbrookes in July by private ambulance, and I was dosed up on morphine, gas and air for the journey – of which the ambulance ran out of. I arrived at the hospital in agony. The staff managed to stabilise my condition during my stay – allowing me to return to my parents' house in September 2005.

58. I was completely bed bound at my parents' house. Whilst in hospital, the doctors stated that they would try and find a suitable liver transplant. I still had HCV prior to the transplant and I do distinctly recall the viral load being through the roof. My medical team anticipated that the virus would come back after the procedure – it did after the first but not after the second. It was certainly a conundrum for them and remains so to this day.
59. On the 17 October 2005 I received a phone call from Addenbrookes to say there was a donor liver in Bristol, but that in the time it arrives it may expire – so to treat the process as a trial run. Dad drove me up to Addenbrookes and I spent the journey pretty much lying down in the passenger seat.
60. The consultant was prepared to go ahead with the transplant if I was and I thought that another suitable liver may never be found, and if not that would be it. Although I was not really enjoying life at this point, I was still keen to live so went ahead with the procedure. Both my parents were present at the hospital. They started the preparation work before I went down into a side ward, and I was later called down for the operation – fortunately they take you down on your hospital bed. At this point I kept thinking I could not do anything and it was actually rather cathartic.
61. Coming round after the operation was an extremely slow process, I felt battered and bruised and recall it being morning. I distinctly remember the euphoria I felt as I now had an extra lease of life, but I could hardly speak.
62. Further tests were carried out and I then returned to the side ward, where I phoned friends and family to say that I was still alive – it was a real high. After 48 hours of observations, the doctors realised something was not quite right. Although the liver was alive and not being rejected, it was not functioning properly. The doctor stated a

second transplant was necessary, and that I would be placed towards the top of the transplant list.

63. I initially picked up after the first transplant, but soon started to deteriorate. I became unable to eat and was fed by a nasal tube. As the liver could not function properly, I was not healing properly and everything started to break down and bleed, requiring lots of whole blood – more blood was being lost than could be put in. I spent a lot of time in the high dependency unit passing in and out of consciousness.
64. One Saturday afternoon I noticed a lot of solemn faces around me, and a man in a dog collar. When I came to the following morning, I asked for breakfast and the nurse explained none was ordered because they did not expect me to still be there.
65. On the 6 December 2005 I had the second transplant and it was a far more traumatic experience. I was very weak, far weaker than I was when the first operation was done.
66. For physical reasons, they did not want to administer too much anaesthetic, and I regained consciousness during the operation – the anaesthetist confirmed this. I have a clear recollection of not being able to speak but I could hear and see what was happening in theatre. I experience a lot more nightmares that I cannot forget, in association with the second transplant – this was partly due to the fact that I was under for so long, over ten hours.
67. I had to stay in hospital over Christmas, so my mum brought in a Christmas dinner – I was only able to pick at it. The recovery was extremely slow and I plateaued. I wanted to come out in time for my birthday on the GRO-C 2006 but I was not well enough. Finally in late February I was transferred home – I was not getting any better or worse in hospital, so I could return home to convalesce. I remember it

well, it was the first time I had smelt fresh air and seen outside since October the previous year.

68. I had become a difficult and uncooperative patient as I resigned myself to the fact that I would not be able to walk again. I ended up having counselling in regard to this, as I struggled to forgive myself with how I have behaved. Logically, I understand that anyone else in that position would be the same, but I struggle to reconcile this with myself.
69. I went into Addenbrookes for the first liver transplant weighing 24 stone and by January 2006 I weighed a little over 11 stone. I had no strength that I could not even pick up a beaker full of water.
70. The initial delight of being discharged soon faded. I was propped up on the sofa in the living room and stayed there until someone could help me move. I eventually started to gain some weight. Bathing was painful and completely undignified, as I was dependent on assistance to get in and out of the bath by my father.
71. It took 3 months before I could walk again and in August 2006 I managed to find my car keys to drive to my house. Overall it took a year from liver decompensation to being able to function independently.
72. The mental recovery was way behind my physical recovery – I did not have a long attention span and I could not even focus on a book. I then got involved with amateur dramatics and found learning lines helped my brain to work again.
73. In order to keep me going in hospital I was given a lot of opiates – so some of my memories are blurred. I continued the use of fentanyl beyond the point of being discharged in 2006. I had started to reduce the use, but then I had a hernia discovered. I went in for a short

operation and it ended up being 4 hours as they found quite a lot to correct – fentanyl once again became a necessary pain management.

74. Once you know that it works well and you get a kick from it, you will accept it when offered. I recall an old friend of mine purchased an old Yellow Goddess (Truck) in Grantham, so we drove up there together and I ended up driving it back down. I had not taken any fentanyl with me. It was a scorching hot day, yet I was shivering behind the wheel.
75. Once we got back home we went down to the pub, and I felt as though everyone was staring at me. They were not but I went home feeling paranoid. A very bad night ensued with nightmares, shivering and sweating. On Sunday I phoned my mother who contacted the pharmacist – they explained these were withdrawal symptoms. I went to the GP the following Monday and went straight back on the fentanyl lozenges.
76. No one ever explained that I had to step down the opiate ladder gradually, and I found that I was still dependant on them. Eventually I kept the lozenges at my parents, but would end up driving over to their house in the middle of the night to take them.
77. I later went on holiday to Spain with friends and decided to take just enough patches and no lozenges – it was not much fun, but I returned home without a dependency. Overall it took me three years to kick the lozenges completely.
78. An upside of the second liver transplant is that I am no longer a haemophiliac. I recall how I slipped and crushed my hand after the recovery and my first thought was to treat myself. The thought process of being a haemophiliac is still there because it is ingrained. If I cut myself, I still clean it up, but I am nowhere near as paranoid about it.

79. I have had the second liver transplant for over 13 years – all of the liver function results are fine and the liver is working well. I do not have any problem with the fact that I have a bit of someone else inside of me – as far as I am concerned it is now mine, and the process of regeneration means that it is well and truly mine. I am now in remission of the virus, but there is no certainty that it will not reoccur – the problem is that no one knows whether it will come back.
80. Some junior doctors would like to take a biopsy of my new liver but I have said no so far. I do have doubts over whether the HCV will return, and the immunosuppressant increases the risk of cancer. The HCV will eventually get me or I will succumb to cancer.
81. Since the transplants I now have to take a heap of medication on a daily basis. I take 10 tablets in the evening and 2 in the morning. I have no problem with taking them, but it is inconvenient when going away.
82. I now suffer with high blood pressure and this in turn has pushed my cholesterol up, so I am on medication for both. I also take a tablet to prevent gout. If I were not a transplant patient I would not have had high cholesterol, so this is a direct consequence of the virus.
83. I cannot have any live vaccinations so there are large parts of the world that I would be extremely foolish to visit.
84. I am still a patient at Addenbrookes and they run a clinic in Southampton General Hospital, which I attend. I last had a check up 2 years ago.
85. When I was 35 years old I was told that I have the knees of a 60 year old. At the age of 49 my left knee was replaced.

86. I have found that although doctors are keen for you to live as long as possible, they are also keen to make lifestyle choices for you too. For me life is about quality and not quantity. I admit that I am overweight. I have been through an awful lot, and I now count every day as a bonus.
87. I am now a very different person to who I was in the early 1990s, and the infection has undoubtedly knocked the life out of me. The difference in myself is more than what can be explained by the aging process, and the recovery from the liver transplants has knocked my physical ability. I conserve my energy for appropriate moments like taking my dog for a walk, but a lot of physical activity I would have been able to undertake I cannot. There is certainly 10-15 years of lost time and opportunity in my life.
88. Between 2003 and 2005 I became more and more insular and adopted a hermit lifestyle. I spent most of the day sleeping and did no full or part time work. My mum provided food parcels and I ended up drinking regularly, but not excessively. As far as socialising was concerned I met up with old colleagues and went to the pub of an evening to be amongst the local community – that was the only interaction I had. My career, leisure activities and hobbies have been compromised by the infection. I stopped doing Roundtable and withdrew involvement with the Army Cadets. I no longer have a healthy social life.
89. I have not knowingly received any stigma as a result of HCV, but I am eloquent enough to explain the cause of infection to the point where people understand. Post transplant, I have been able to explain my experience with the virus in more detail and I do not make a secret of the situation I am in – all my family, friends and colleagues are aware.
90. As soon as the 'Tombstone' television advert and leaflet on AIDS came out in the late 1980's, I became quiet about my haemophilia.

Haemophiliacs were labelled as a high-risk category, so there was no way you would disclose this information to others. I also made sure the people that knew I was a haemophiliac did not talk about it either.

91. I have never had any problems with dental care and the same dentist has seen me since leaving hospital. I explained the situation about the HCV and I have always received treatment.
92. I have always wanted to stand on my own two feet and be financially independent. Everything I had in life prior to the diagnosis I earned, but I am now in a position where I am reliant on government handouts and feel as though I am in a financial hole. It certainly has affected my pride.
93. My mother organised an application for Disability Living Allowance on the back of Frank Dobson's speech in the House of Commons. The initial application was rejected, so she wrote to the MP GRO-C GRO-C Nicholas Soames. Exhibit **WITN0357003** refs.
94. Soon we received a letter to say the claim had been re-reviewed and the benefit would be given in full. It became the first acknowledgement from the government that something had not gone right. When I first received DLA I was still living with my wife, but the payments became more financially important after the marriage was over.
95. Despite being awarded DLA payments for life, the government recently took the decision to replace the scheme with Personal Independence Payment (PIP). It was not an automatic switch for beneficiaries, I could not face the ignominy of reapplying especially as the original award had been made for life.
96. My prognosis had changed, so I decided for my own self-esteem that I ought to do something for a living.

97. My skill set for banking was out of date, so I considered becoming a driving examiner. A friend suggested becoming a driving instructor, so he went out in the car with me to assess my driving. I am now a logistics consultant, which involves teaching people how to drive vehicles including lorries, buses, forklifts and drivers C.PC. I work on a self-employed basis and have been doing this for 4 years. I do not earn a huge amount, but the work is flexible, convenient and within walking distance of my house.
98. Being diagnosed with HCV was a major contributory factor to the breakdown of my marriage in 2001 – yes my wife was aware I was ill at the start of the relationship, but I do not think any young couple could take on the amount of difficulty we faced.
99. When I stopped work I felt awful both mentally and physically, and I became frustrated that I was not capable of doing anything. GRO-B would go off to work and I would just spend the day watching TV. We ended up not communicating as a direct consequence of the illness.
100. When we were out socialising it was easier as we had a common thread and I was able to put a face on for a short period of time.
101. Our marriage started to deteriorate dramatically in 2000. By 2001 it was quite obvious that it had become almost irreconcilable, we endeavoured to repair our relationship but after a further 6 months we embarked upon divorce proceedings, which were concluded in 2003.
102. Prior to the conclusion of the divorce my uncle lent me some money to purchase my current house in. On the settlement I repaid the monies back to him. This was prior to the liver transplant and I did not think I had much of a life expectancy.
103. My ex wife is now a manager in NatWest and she is entitled to a full employee pension. After the initial assessment process at the bank I

was placed in tier A and on the Management Development Programme – I had a good career mapped out for me. If I had continued working at NatWest, I would have been on track to become a senior manager earning in the region of £85-90,000 per annum and I would have received a full salary pension. Our combined annual income would have been in excess of £150,000 and we may have had a family. My HCV prevented that.

104. In the house I am living, I pay an interest only mortgage. It has 9 years left but I have no ability to pay off the lump sum at the end of the term. My mortgage is not with NatWest but I would like to change it back to them. In addition my pension fund is no longer worth anything, but will continue paying me £10,000 a year. At my age I should be mortgage free and able to provide for my dependants after my death – financially it is a struggle.
105. I am now engaged to my second partner. After the break up of my marriage I started seeing an old friend in Bristol, but we realised it would never end up becoming a long-term relationship. We are still good friends to this day. As well as the encouragement from my mother, she prompted me to go to counselling.
106. My counsellor Jan ended up becoming my finance. She stopped counselling completely in case it was a breach of conduct, but I had finished visiting her for support and it was my decision to initiate the relationship. Jan is now a care worker for blind veterans.
107. Jan and I have tried living together for three years. At first it went well, however, she has a teenage boy and I have found that due to my illness and everything I have been through I struggle to cope. We decided it would be for the best if I lived on my own until her son reached adulthood. Jan and I still see each other regularly and as far as the situation is concerned it works. I am hopeful that the position will soon resolve itself.

108. I missed out on the important 10-year period where I could have had a family. I always wanted children, and considered long and hard if it was sensible because of the haemophilia. I had to consider the fact that I may bring a child into the world that is a carrier of the disorder. Even if I had not been able to have children biologically, I would have wanted to adopt. GRO-B and I discussed having children, but unfortunately my HCV got in the way.
109. My finance has two children but they are not mine and their father is still very much part of their lives – it is not the same as having your own children.
110. My infection with HCV from contaminated blood products was extremely hard for my parents. As well as having to fight to keep me as a baby, they provided consistent support, spent a lot of time with me in hospital and my mum completed relevant forms for counselling and financial compensation. The fear of me not surviving the infection and subsequent liver transplants must have been horrendous and they should have not had to witness their child experience that. There has been a financial burden on them also.
111. My mother died 5 years ago, at the age of 75 due to a huge brain aneurism. By the time she was taken to the county hospital in Brighton, her condition stabilised but nothing could be done to improve her situation. The bleed destroyed much of her brain and if she came around she would not have been the same person.
112. A decision was taken that this was something mum would not have wanted. My mum was very much involved in my treatment and at one stage she took my wife to a lecture by Graham Foster, who later became involved with my care. She also encouraged my wife to take an active part in my treatment. Although Mum spent a lot of time with

me in Addenbrookes, I am pleased she managed to see me finally out of hospital.

113. I cannot do everything I would like to for my dad – both financial and physical. He is not doing too badly for an 82 year old, but the time will come when he will require more assistance and support, which I fear that I am unable to provide. He certainly keeps his cards closer to his chest in terms of my HCV infection and the affect on his life.

Section 6. Treatment/Care/Support

114. I was never offered counselling by the NHS as a result of being given contaminated blood products. The counselling I had was organised privately by my Mum, at a reduced rate because I was on benefits. I still had to pay £35 per session. At the start I was not entirely convinced, but I continued the process for a year and ended up working out my issues, even though I did not overcome them.
115. As a logical person I tend to process and analyse everything before taking the most appropriate course of action. I spent a lot of time in a hospital bed contemplating everything.
116. When considering my transplant. I elected to use Addenbrookes, in part because they had a reputation for accepting cases that other transplant centres would not, this gave them more experience in dealing with more difficult cases, this was a fortuitous decision on my part. Even if I have an issue now I can ring them up for advice, and I took advantage of this service in the first few years post transplant.
117. I am very happy with the care providing by my GP Richard Cook at Mid Sussex Health Centre on Trinity Road. He knows that I will not trouble him unless it is an issue – I tend to set out what I think the issue might be and 9 times out of 10 I am right. Last year I had a couple of urine infections, so prescriptions were sent over the phone. I

also had a chest infection and the same happened. I am rather good at not panicking and clearly communicate any symptoms to the GP.

118. Whilst I am aware there are advances in the treatment of HCV, I do not know what they are. I will only look into new treatments if needed. Despite what I have been through I am a reasonably optimistic person and feel there is no point dwelling on the past – my focus is on today, tomorrow and the future. However, there is always the nagging doubt that the HCV will return or that I will develop a cancer.

Section 7. Financial Assistance

119. My mum ended up doing an awful lot for me, due to my ill health and the fact that I was unable to. She applied on my behalf to the Fund, although I do not recall exactly when.
120. In a letter dated 10th March 2005 I was told that I would receive one payment of £20,000 and £25,000. Subsequently regular payments were provided and these are now paid by the EIBSS. I have been informed that the amount has been uplifted and backdated to April 2019. I think the amount received per annum will now amount to £28,0000.

Section 8. Other Issues

121. The primary reason for providing a witness statement is not for my own gain, but to represent and give a voice to everyone that could no longer be part of this process because they are no longer with us. A lot of the haemophiliacs I met in clinics when I was younger are no longer alive.
122. I do consider myself to be lucky because I am still here today, but I cannot bring myself to watch the hearings because it brings back too many memories and it is too upsetting.

123. I would like the Inquiry to establish the truth and put pressure on the government to do the right thing – to place those suffering because of the contaminated blood scandal in a comfortable position, and to take away the worry they have for their dependants once they pass away.
124. The difficulty in establishing the truth is that so many medical records have been destroyed, and unless anyone wants to risk their NHS pension, the evidence is no longer there. I have a letter confirming that my notes from Treliске Hospital were destroyed **WITN0357004** refs – they are aware I was treated but do not know what they did with the contaminated blood products.
125. For me it is not about compensation – I am sitting reasonably comfortably compared to so many others who are not. However, when you look at the settlements awarded to victims by other countries, they have been far more generous and the recent uplift to financial payments is still not enough in comparison. The payments are inequitable.
126. I do not hold the same conspiracy theories as others, but if this scandal happened today, the NHS is far more open and transparent. The acknowledgment and restitution would be far more expeditious.
127. It does strike me as a paradox that there is still only one provider for healthcare in the United Kingdom – the NHS has the monopoly. I am therefore placed in a situation where I still have to place trust in the same organisation that failed me in the first instance.
128. I am still a member of The Haemophilia Society, but I now feel that I do not belong, as my condition has been resolved. I am now an outsider, but I still have the legacy. Younger haemophiliacs require the support of the society, but I feel that I no longer need it.

129. I still feel as though people of my generation group have achieved a lot more than I have, the opportunity to live my life in the way that I wanted has been stolen from me. I have not realised my full potential and now will never do so.

130.

NOT RELEVANT

Statement of Truth

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

Signed

GRO-C

Dated

26th June 2019.