



Witness Name: **GRO-B**

Statement No.: WITN02288/001

Exhibits: **WITN2288/002-11**

Dated: 3rd December 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 5th November 2018.

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

**Section 1. Introduction**

1. My name is **GRO-B** My date of birth is **GRO-B** 1964 and my address is known to the Inquiry. I am a part-time store worker. I intend to speak about my husband, **GRO-B** (whose date of birth was **GRO-B** 1964) and his infection with hepatitis C. In particular, I intend to talk about the nature of his illness and how the illness affected him up until his death in **GRO-B** 2010. I will discuss the treatment he received and the impact it had on his life, on my life and the lives of my family members.

**Infected Blood Inquiry**  
Fleetbank House, 1st Floor, 2-6 Salisbury Square, London EC4Y 8AE  
contact@infectedbloodinquiry.org.uk  
Freephone 08081691377

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## Section 2. How Affected

2. [GRO-B] and I were married for 28 years. We were married on [GRO-B] 1982. We met each other when we were 14 at school. [GRO-B] was the love of my life. [GRO-B] died on [GRO-B] 2010. I discuss the cause of his death below.
  
3. My husband [GRO-B] had mild haemophilia A. His medical records suggest that he had a baseline Factor VIII level of 12%. He and his parents had discovered that he suffered from haemophilia A when he was 13 years of age. His medical records state that the hospital knew earlier than [GRO-B] that he was a haemophiliac. 2 different ages are given, 8 and 10 but the family didn't know until 13. He and his family were made aware of his diagnosis with mild haemophilia A in 1977. His records contain a letter dated 25 May 1987 which states that Dr Pettigrew at Yorkhill Hospital had informed the staff at the GRI that he had been diagnosed in 1974. I exhibit this letter dated 25<sup>th</sup> May, 1987 as exhibit **WITN2288002**.
  
4. When [GRO-B] was a child if he had a bleed he would go to Yorkhill hospital and receive Factor VIII blood products concentrates to help with the clotting process. In the summer of 1984 (when aged around 19) [GRO-B] fell playing football; he had a bleed on the knee. We went to the Haemophilia Department at Glasgow Royal infirmary. [GRO-B] was given Factor VIII blood products concentrates at this time.
  
5. [GRO-B] received Factor VIII blood products concentrates at Yorkhill Hospital in Glasgow when he was a child. When older, if he had a bleed he would go to the Haemophilia Department at Glasgow Royal infirmary for Factor VIII blood products. His records suggest that he was a registered patient of the haemophilia centre at the GRI from

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around 1987, when he was around 22. **GRO-B** has no hospital medical records from before 1988 or from Glasgow Yorkhill Hospital. I note that the records state that **GRO-B** was seen there in 1995 where it is noted that he had not been seen in hospital at all since 1988 as he had had no major bleeding disorders which had required treatment. I exhibit this letter dated 27<sup>th</sup> November, 1995 as exhibit **WITN2288003**. His clotting factor level is recorded there as relatively high. A history of his treatment appears in that letter, which states that he had cryoprecipitate for a head injury in 1977 and a factor VIII concentrate for a hemarthrosis of his right elbow in July 1980 which it was thought placed him at risk of hepatitis C. There is of mention of him having had any other treatment. I say more about this letter below.

6. I have access to records for **GRO-B** from Glasgow Royal Infirmary. In those records a summary is provided of the treatment which **GRO-B** received from 1997. He received treatment before that time at Yorkhill and the GRI. I do not know why the summary which has been provided does not include all of the treatment he received. The summary records that in 1997, 1998 and 1999 he received DDAVP and again in 2003 and that otherwise when he received treatment over the period from 1997 was with Recombinate Factor VIII (March 1998 to October 2002), Advate Factor VIII (February 2005 to September 2009) or Helixate NextGen (2010). I produce these documents in evidence and they are exhibit **WITN2288004**.
  
7. I know **GRO-B** was given Factor VIII blood products when he was 13 years of age at Yorkhill hospital because that is when he first found out he had mild haemophilia and his mother often told me how they found out. I have no knowledge of what blood products he received as a child. **GRO-B** did not tell me what blood products he received as a child. I assumed **GRO-B** received Factor VIII blood products concentrates as a child, the same as he did as an adult. **GRO-B** did not

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discuss the blood products he received with me. GRO-B's mother hasn't really talked to me about the treatment GRO-B received as a child for his haemophilia. She found out when he was 13 years old and I think she became very protective of him. I don't think she really knew what haemophilia meant. I know she has said to me that she was given a few leaflets to read about the condition. I think she tried to wrap him up in cotton wool after he was diagnosed but she hasn't really said how his condition affected his life.

8. As far as I am aware, GRO-B was not given any information or advice regarding the risk of being exposed to infection as a result of using the different blood products which he was prescribed. I do not know if GRO-B's parents were given any information or advice regarding the risk of GRO-B being exposed to infection as a result of using the different blood products which he was prescribed. Certainly when I was present with GRO-B when he received Factor VIII concentrate blood products, he was not given any information or advice regarding the risks of being exposed to infection. I went with GRO-B 80% of the times he went to hospital to receive Factor VIII blood products. This would be from 1982 when we got married and carried on even after we separated as we remained friends. GRO-B did not really discuss the treatment he received.
  
9. GRO-B was told he was infected with hepatitis C. On 27th November 1995, GRO-B and I attended the Haemophilia Centre at the Royal Infirmary, Glasgow. This was just for a routine check-up. There is no note in GRO-B's records of this attendance but there is a letter which appears to record the meeting. I have referred to this letter earlier in my statement as exhibit WITN2288003. The haemophilia clinic was being refurbished so we went upstairs to the ward. No rooms were available so we were taken to what I think was the domestic workers' room by a male and a female doctor. The female was a student doctor, if I recall. I believe the Doctor who wrote the letter was called Doctor Hung. I had never seen these doctors before and I do not

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know their names. The male doctor told **GRO-B** that they had run some tests on a previous blood sample of his and that he had Hepatitis C. There was very little information provided at that time to help **GRO-B** and I to understand and manage the infection. We did not know what it meant or what the future would hold. The letter appears to suggest that we were not told at this meeting that he was infected with hepatitis C. This is not correct. This is exactly when we were told. I remember the doctor giving me three leaflets that explained what hepatitis C was. He gave me the leaflets to take away and read. The doctor who informed **GRO-B** and I about his infection with hepatitis C was not Dr Lowe (the GRI haemophilia centre director) as stated in **GRO-B**'s medical records. We met with Dr Lowe at the next appointment (see below). As far as I am aware, **GRO-B** did not know that his blood was being tested for hepatitis C. When we were told that he had tested positive, we were there for a routine appointment. We did not know he had even been tested, never mind that he was infected or that we would be told that day. **GRO-B**'s records contain a letter from Ishbel McDougall, haemophilia sister which states that **GRO-B** tested positive for hepatitis C on 7<sup>th</sup> November 1995. I note that that letter also states that **GRO-B** received human SNBTS Z8 factor VIII in 1988 which is not in the schedule. The letter also says that it was likely that he was infected prior to his care being transferred to the GRI. I produce this letter in evidence and it is exhibit **WITN2288005**.

10. When **GRO-B** was first told he had been infected with hepatitis C I don't think he knew how to feel. We were not given a lot of information and I don't think **GRO-B** thought it was serious. He played down his condition and I do not believe he thought it would change his life. I believe he was quite shocked when he realised his blood had been tested without his consent. As time passed **GRO-B** and I became more aware of the prognosis and the fact that hepatitis C is a life shortening condition, he became very angry toward medical staff. I know he stopped going to the hospital because he lost all trust in medical staff. **GRO-B** was devastated that he may have passed on the infection to

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me or our daughters. Even when we all were tested with a negative result [GRO-B] was fanatical about hygiene. [GRO-B] did not tell either of his parents that he had been infected. His parents know now that he had been infected but it is not something we ever talk about.

11. There was no information provided other than the leaflets that I was given. The doctor told us to go away and read the leaflets. They did say I should get tested, which I did. I do not know the exact date but it was in December, 1995 when I went to my own GP to be tested. My own GP was Doctor [GRO-B]. [GRO-B] I was quite upset about having to be tested but also worried that I could also be infected. The Doctor who told [GRO-B] he had hepatitis C did tell me to get tested but did not give me any information about the risk of being or becoming infected. We walked out the hospital and looked at each other, wondering what had just happened. My test results revealed I was negative for hepatitis C.
12. [GRO-B] should have been told at the earliest opportunity that he might be infected and that he was being tested, as soon it was discovered some haemophiliacs had Hepatitis C. The doctor at the time did not give us the impression that Hepatitis C was a serious condition or that it would change [GRO-B]'s life. He looked very uncomfortable telling us. We were left to read the leaflets we had been given on our own when we had so many questions. We would have asked how [GRO-B] had been infected. We would have asked what the implications were for [GRO-B] of him being infected. We would have also asked if the infection could be passed to others, and if so, how. I remember one leaflet was about safe sex and the other was about cleanliness and hygiene. In particular, the leaflet told us that his razor and toothbrush should be separated from others so as not to pass on the infection in that way. We did not know the risks. We were frightened by the possibilities. The third leaflet explained how drug addicts could catch hepatitis C by injecting drugs. I am not sure why that was relevant to us. It seemed

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to suggest that GRO-B was to be treated like them. I remember that night GRO-B and I agonised as to how he had contracted hepatitis C. The only thing he said was when we were intimate to use condoms as I could get hepatitis C. He said Hepatitis C can be passed on through sexual intercourse. I remember GRO-B and I were just sat looking at each other, shell shocked really.

13. GRO-B received a letter with an appointment to go back to the Haemophilia Centre at the Royal infirmary Glasgow a short time later. I cannot remember the exact date but I think that it may have been on 5 December 1995 on checking his medical records. I produce this letter in evidence and it is exhibit **WITN2288006**. We both went together and saw a consultant called Dr Lowe. He confirmed that GRO-B had hepatitis C. GRO-B asked Dr Lowe how and when he had become infected with hepatitis C and Dr Lowe said he did not know. He did tell us that all haemophiliacs had been infected with hepatitis C through infected blood. The conversation was merely about hygiene and how hepatitis C can be passed on, similar to what was said in the leaflets we had been given before. He did tell GRO-B that they would monitor his liver as hepatitis C can affect the liver functions. It was a short appointment and that is all that was said at the time. There was no "long discussion" as Dr Lowe suggests there was in his letter.
14. The letter in his medical notes relating to the appointment states my 2 daughters had been present at the appointment. It says that blood was taken from them for testing at that time. This is not true. We told our girls ourselves about their Dad's infection as they were still young. Our own GP took their blood for tests for hepatitis C which were negative.

### Section 3. Other Infections

15. GRO-B did not get any other infections other than hepatitis C as a result of being given infected blood products. It may be that he was

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exposed to other viruses but I am not aware of what they would be. I note that the letter from the appointment on 5<sup>th</sup> December 1995 that he had been tested for HIV and found to be negative. Neither he nor I was aware that he had been tested for HIV at that or any other time. The letter also says that he had tested core antibody positive for hepatitis B in 1988 and that his results were "suggestive of a natural immunity". I am not sure if this means that he was infected with hepatitis B or not and I note that a hepatitis B vaccination was also recommended at that time.

16. He received a letter about the possibility of vCJD dated 20 September 2004. I produce this letter in evidence and it is exhibit **WITN2288007**. I note that the letter states that there was no evidence that he had received clotting factor concentrates between 1980 and 2001. I think that **GRO-B** may well have received those products over that time. It may be that there was just no evidence as there were no records of his treatment when he was a child at Yorkhill. I note that a further letter from February 2009 appears in **GRO-B**'s records which concerns vCJD I produce this letter in evidence and it is exhibit **WITN2288/008**.. There is also a vCJD patient exposure assessment form in his records. I produce this form in evidence and it is exhibit **WITN2288/009**.

### Section 4. Consent

17. **GRO-B** must have been tested without his knowledge or consent because when he was informed he had hepatitis C the doctors said that tests had been done on a previous blood sample of his (see above). He was also tested for other viruses (hepatitis B and HIV) without his knowledge or consent. **GRO-B** was clearly not given adequate or full information as to what his blood was being tested for. He was not given any information about the fact that it was being tested for hepatitis C or what tests were being done. I do not know if **GRO-B**'s blood was tested for the purposes of research.



18. I am not sure why [GRO-B] did not receive the opportunity to be tested for HIV or hepatitis C earlier than he was, which appears to have been only in 1995. I think that he should have been offered the opportunity to be tested as soon as tests became available. It may be that he put others, including his family at risk in the period when he was infected and did not know it. I feel very angry that [GRO-B] was not tested earlier. [GRO-B] did not find out he had hepatitis C until 1995. I know other haemophiliacs were tested in the 1980's, why wasn't [GRO-B]?

### Section 5. Impact

19. Up until [GRO-B] started treatment for his hepatitis C, he was a happy and hard-working man. Mentally, he was happy, outgoing and sociable. Physically, he was a fit and healthy man. [GRO-B] was such a hard worker. He thought nothing of working 12 hour shifts, 6 or 7 days a week. We both loved going to watch live music. Just a simple life but we enjoyed it. When [GRO-B] started his first lot of treatment in February 1997 he was working as a fork lift truck driver [GRO-B]. [GRO-B] When he had first started he was just working in the factory but they had trained him up internally to be a fork lift truck driver. [GRO-B] loved his job. We were a normal happy family at the time. Our two daughters were only 12 years of age and 11 years of age and liked to partake in family activities. Life was normal for us all. [GRO-B]'s first treatment was only twelve weeks in total and he continued to work. Our children and I just carried on with life as normal. [GRO-B]'s haemophilia did not restrict him in any way from leading a normal active life both before we were married and after.
20. There were no further medical complications or conditions which resulted from the infection at around the time of his diagnosis. Because of the stigma he didn't want people knowing about his diagnosis. That included family and friends, so we only had each

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other to talk to about it. We both found it difficult hiding the fact that he had been diagnosed with hepatitis C from others.

21. **GRO-B** became extremely depressed throughout the course of his illness. He had two lots of treatment, which were both unsuccessful in clearing the hepatitis C. When **GRO-B** started his first course of treatment in 1997 he became extremely tired and struggled at times to get out of bed on a morning to go to work. Mentally, he became very verbally aggressive and appeared to have the weight of the world on his shoulders. He was clearly depressed and his depression got worse after he was told the treatment hadn't cleared the infection. **GRO-B** believed that hepatitis C was a death sentence. I remember when he was told the treatment hadn't worked he started to plan his funeral. **GRO-B**'s second course of treatment in 2013 was a 12 month course of interferon and ribavirin and the side effects were brutal. Physically, **GRO-B** lost a lot of weight. He complained of feeling nauseous and had no appetite. He became extremely tired but suffered with insomnia. He was constantly itching his skin. Mentally, **GRO-B** became extremely depressed and would lock himself in his bedroom for days on end. He was very snappy with the family and I know his behaviour affected our girls a great deal.
22. **GRO-B** started to drink alcohol heavily to self-medicate his depressive feelings. **GRO-B** became an alcoholic and died at the Southern General Hospital on the **GRO-B** 2010. His death certificate states that he died of an ultra-cerebral haemorrhage, haemophilia, chronic alcohol consumption and Hepatitis C. I'm not a doctor but I strongly disagree with this classification of the cause of his death. The Hep C treatment caused the chronic alcohol consumption. It was a symptom of his diagnosis and the treatment for it and the effects of the treatment which he had to undergo.
23. On 21st February 1997, **GRO-B** attended the Haemophilia Clinic at the Royal Infirmary in Glasgow. The haemophilia nurse at that time was a

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woman called Margaret Nielsen. She informed [GRO-B] that there was a new treatment available called Interferon that could clear the hepatitis C. [GRO-B] had been told he had Genotype 1 hepatitis C and that that type was the hardest to cure. The treatment consisted of [GRO-B] injecting himself with Interferon once a week for 12 weeks full-time.

24. After 12 weeks, [GRO-B] had been told by the nurse, Margaret, that the Interferon wasn't working and that his viral loads had not reduced. He accepted this. Although disappointed, he went back to work and tried to get on with life as best he could.
25. I do not know the exact date but in around November 2003, [GRO-B] went to see the hepatitis specialist nurse Margaret again. She said that there was a new treatment where [GRO-B] could inject Interferon once a week but also take Ribavirin tablets, one tablet three times a week. [GRO-B] was willing to give this new treatment a go. In hindsight I wish we'd never heard of this treatment. He signed his own death certificate with this.
26. I do not believe [GRO-B] faced any difficulties or obstacles in accessing this treatment. However, after his first treatment with Interferon hadn't worked, we were told that he had genotype 1, which was the hardest to clear. They said that only two people with this genotype had been given further treatment and cleared the virus.
27. I believe that the treatments [GRO-B] received were the only treatments available at that time.
28. In 1997 when [GRO-B] started his first course of treatment, I remember him saying that his stomach was sore from where he was injecting. He was physically, extremely fatigued throughout the treatment. [GRO-B] was still working at this time but I remember he was very tired and it was a struggle for him to get out of bed to go to work. Mentally, [GRO-B] became very depressed and was also very snappy with people. He

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looked like he was carrying the weight of the world on his shoulders. However he'd go to the HCV clinic and tell Margaret everything was great as he was scared he'd be taken off his treatment if he made any fuss.

29. In November 2003, when [GRO-B] started his second course of treatment, this was a horrendous time for him and for the family. It is at this time that I feel that I lost [GRO-B] not when he died. As soon as he started taking this treatment, he began to lose a lot of weight. He looked like a concentration camp survivor. He was extremely tired but he also could not sleep. He was also constantly itching his skin. He became severely depressed and he would lock himself away in the bedroom for days on end. He could not go to work at this point. Mentally, [GRO-B] was a different man. I remember an incident when I came home to find my daughter [GRO-B] stood in the garden of our house in her dressing gown. She was very upset and crying. [GRO-B] would have been about 20 years of age at the time. Her Dad had thrown her out of the house in a fit of temper. It appeared to me he was like a different person, his mood had changed. He was aggressive and antisocial. I note in his notes that the effects of the treatment in September 2004 were noted by the doctors as being "general fatigue, insomnia and loss of libido". I produce this letter in evidence and it is exhibit **WITN2288010**. This is a tiny fraction and an underestimate of the effect that the treatment actually had on [GRO-B]. It says in his records that he was told that the effects of the treatment in 2003/2004 would be the same as they had been when he was treated previously in a letter of 24 October 2003. I produce the letter in evidence and it is exhibit **WITN2288011**. This was not accurate at all.
30. In July 2004, [GRO-B] and I went on holiday for two weeks. He took his medication with him. He was tired most of the time but he seemed to enjoy himself. We arrived back on his 40th birthday on [GRO-B] 2004. I had arranged a surprise party for his 40th birthday at our home. When we got to the house and went in, all his family and

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friends were there. [GRO-B] became extremely angry and told everyone to leave. He walked upstairs and shut the door. He was very aggressive. It was so unlike him that I was so embarrassed but when we spoke, he said he couldn't let people he knew see him as he was so thin and ill looking and couldn't stand so many people being around him.

31. I do not believe [GRO-B]'s infected status impacted upon his treatment, medical or dental care for any other conditions. Although when he got his treatment, he was treated differently by some NHS staff. I remember one incident in November 2001 when he was taken into the Southern General Hospital after one of his varicose veins had popped. I remember a porter being told not to touch [GRO-B] because he had hepatitis C. I talk about this incident later in my statement.
32. The impact of [GRO-B] being infected with Hepatitis C on our private, family and social life was enormous. This statement in no way even begins to touch on how this disaster changed our lives. I couldn't fit a fraction of this on here. When [GRO-B] initially found out he had Hepatitis C and read the leaflets he had been given and had spoken to Dr Lowe, he was in extreme shock. Although he always took pride in his appearance, he became fanatical about his hygiene; putting his tooth brush on top of the wardrobe and was frightened in case he passed me the infection. At the end of November 2004, Margaret Nielsen informed [GRO-B] that the treatment had not worked. [GRO-B] was extremely depressed. Four days after he had been told his treatment had not worked, he walked out of the marital home. A few days later, I received a phone call from his father who informed me that [GRO-B] had been sighted on [GRO-B] Road, [GRO-B] Glasgow. I immediately went to this location and I approached [GRO-B] and saw he had a half bottle of vodka in his pocket. [GRO-B] did not want to see me and told me he had had enough of his life. [GRO-B] did not return to the marital home, he went to live with his father [GRO-B] at [GRO-B] Glasgow. We never lost touch and spoke on the phone or he'd come

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to ours frequently. He became more and more financially reliant on me. Every time I went down to the house, [GRO-B] was always drunk. He was drinking excessive amounts of vodka. [GRO-B] became an alcoholic. [GRO-B] did not take care of his appearance at this time and he did not accept help easily. I can only describe [GRO-B]'s life from then on as a complete nightmare for all of us. Contracting Hepatitis C ultimately cost [GRO-B] his life on [GRO-B] 2010. Before all of this [GRO-B] only drank on a Saturday and not excessively, as he was such a hard worker and didn't have time to drink. He always supported us and found it hard when he couldn't.

33. Prior to [GRO-B] being told he had hepatitis C, our marriage was a happy one. We were childhood sweethearts surrounded by family and friends. We had a good social life. My sex life stopped because of [GRO-B]'s treatment. We had a lot of strain on our marriage. I was under a lot of strain and pressure when [GRO-B] was on the treatment. I became his carer and I also had to try and work, although I did take time off work to look after [GRO-B]. Throughout the whole of the year that [GRO-B] was on his treatment I took a lot of time off work. I can't be specific about how much time off I took but I know it was many days. I was a bakers assistant working at a bakers factory at [GRO-B] [GRO-B]. Ultimately, the infection cost me my marriage and I lost my husband. I had to watch the man I loved slowly destroy himself through alcohol abuse as a way to self-medicate his illness. It was also very difficult to live with [GRO-B] as his personality altered but I've never stopped loving him, or missing him. Mental illness is such a big part of this disaster, it must be addressed. [GRO-B] was never offered or received any treatment regarding his mental health issues.
34. [GRO-B] did not want anyone to know that he had hepatitis C because of the stigma attached to it. He thought if people knew they would think he was a drug addict. We kept it to ourselves and did not tell anyone, we carried on and functioned as a normal family. When [GRO-B] started drinking, other people could not have known that his infection the

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treatment for it were the cause. GRO-B did not want anyone to know about his condition and as such I felt that I could not talk to anyone about why he was drinking so heavily. I found this very frustrating because I believed people just thought it was because we had split up and no longer living together that had turned him to drink. I wanted to scream that we were no longer together because of the hepatitis C and GRO-B had become an alcoholic because of the hepatitis C also.

35. I remember on the evening of 19th November 2001, one of GRO-B's varicose veins had popped and he was taken to the Southern General Hospital. I remember this clearly, because I overheard a nurse say to the Porter, who was wheeling GRO-B not to touch him. She pulled the porter to the side, not knowing I was with him. She said to the porter that GRO-B had hepatitis C and not to touch him. I was really angry. I remember saying to her *"It is the NHS that has given him hepatitis C in the first place"*. I remember GRO-B was very annoyed with me because I had shouted at the nurse and others might have heard that he had Hepatitis C. That was how embarrassed he was over his condition.
36. GRO-B was a very loving, family orientated man who adored both of his daughters. Whilst he was on his treatment and after, my daughters also suffered as they witnessed the change in their father's personality. He was often aggressive and snappy with them both and then felt so guilty. We hid as much as we could from them.
37. When GRO-B started the second round of treatment he was unable to work, this had tremendous financial implications for us as a family. GRO-B was unable to work after this treatment and unable to provide for his family, this contributed to his mental health issues, and it was obvious after that he thought he'd never work again, he was right.
38. When GRO-B left the family home in December 2004, I was unable to continue to pay the mortgage. I loved my home it was the first house

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**GRO-B** and I had bought together. It was a two bedroom semi-detached property and we had put a lot of money and time into it. Ultimately, I had to sell the house and I now live in a housing association flat. I have to walk past the street where my old house is to get to my flat and I feel sad even now. My flat just doesn't compare to how much I loved my home. You can see my marital home from my flat window. I often look over and wonder what might have been. Shortly after his death someone we had known for years, made a comment on social media that due to **GRO-B's** lifestyle, she wasn't surprised he'd passed on. If only she'd known the truth. He'd finally been stripped of any self-respect he had left.

### Section 6. Treatment/Care/Support

39. At no time that I recall was **GRO-B** offered counselling or support, I have not received or been offered any counselling until the Inquiry began. He was in no mental state to accept any offer of counselling, by then he hated the NHS. I do believe that my children and I would have benefited from support and counselling whilst **GRO-B** was on his treatment. **GRO-B** was very hard work to live with, being aggressive, short-tempered and depressed. It would have been nice for us all to talk to someone who could talk us through his treatment and why he was acting the way he was.

### Section 7. Financial Assistance

40. In April 2004, **GRO-B** received a one-off payment of £20,000 from the Skipton Fund; most of this went on debt repayments. We booked a holiday for the family, then did some DIY on the house. It didn't last long. I believe he got the information that he was entitled to this payment from the Haemophilia Society. As far as I am aware that was the only payment, a one-off payment that **GRO-B** received.



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41. I think it was a straightforward process when applying for this one-off payment from the Skipton fund.
42. Over the last 9 years, I have been in a support group, called the Scottish Infected Blood Forum ("SIBF"). It was started by a man by the name of Philip Dolan who also used to be involved in the Scottish Haemophilia Society. I had met Philip Dolan at the SIBF's first meeting at Thompsons Solicitors' office in Glasgow. He was a good help to me. Also, Tommy Leggate, who is the manager of the Scottish Infected Blood Forum has been amazing. This is where I received some information about some financial assistance I could receive. I did not get it from the NHS or from the government. I was informed that I could be entitled to £208 a month if I did not earn over £16,000 per annum. I started getting this money in 2015 but I cannot be quite certain when it started. This was from the Scottish Infected Blood Support Scheme but the payments stopped in October 2018. It stopped because I took very ill and had a few strokes. Subsequently I am now on disability payments, which takes me above the threshold of the level to receive those payments. I don't know how my daughters and myself would have coped without the group members.
43. About three years ago, I cannot be more specific, I did receive £300 from the Caxton Fund. This was for a new bed.
44. To apply for my monthly entitlement and also for the £300 for the new bed, I had to show my income, my last 3 bank statements and I had to get 3 quotes for the bed and send back the receipts.
45. As a stage 1 widow, I have been disgusted by the way we have been treated by the government, not the fund staff who are only doing a job. The way that the government has decided to treat stage 1 and 2 widows so differently is once again, stripping **GRO-B** and my family of our dignity. A stage 2 widow is the wife's of husbands that have had a liver transplant or have died of cirrhosis or cancer of the liver. A stage

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liver transplant or have died of cirrhosis or cancer of the liver. A stage 1 widow is anyone else. I am a stage 1 widow however I feel this is disgraceful as no one has taken into account my husband's mental health. His mental health, as a result of being infected with hepatitis C and the treatment he received, caused his death. We have all suffered so much. I feel we've had to beg, and GRO-B's suffering has never been truly acknowledged.

## Section 8. Other Issues

46. If I have copies of the medical notes for my husband, GRO-B and I can produce these in evidence if required. I have not had the opportunity to have these records reviewed on my behalf in any great detail and would welcome the opportunity to have them looked at more thoroughly.
47. I can confirm that I have appointed Thompsons Solicitors to be my legal representative. I can confirm that the Inquiry should send all correspondence regarding me to Thompsons.
48. I do want to remain anonymous in this enquiry.

## **Statement of Truth**

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

Signed

GRO-B

Dated

24/04/2019