IRO

7/09/19

Witness Name: Rosemary Shaw

Statement No.: WITN3151001

Exhibits: WITN3151002 – WITN3151005

Dated:

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF ROSEMARY SHAW

1. I, **ROSEMARY SHAW,** will say as follows:-

Section 1: Introduction

2. My name is Rosemary Shaw. My date of birth GRO-B 1943. I reside at GRO-B GRO-B. I currently work as a psychodynamic counsellor and supervisor and I am accredited and registered with the British Association of Counselling and Psychotherapy.

3. I married my late husband Martin in 1963. We had two daughters, both of whom are now adults.

Section 2: How Affected

Haemophilia

4. Martin's mother knew when he was born there was a 50/50 chance that he would have Haemophilia as she had had five brothers who had Haemophilia. They discovered Martin had Haemophilia quite quickly, as a result of an incident with

a bleed in his mouth. Martin had Haemophilia A and it was severe, with a clotting level of 0-1%.

5. The strain of Haemophilia which Martin and his family have is specific to the Northamptonshire area. There is a family tree, started by Dr Sladden, at Northampton General Hospital which tracks the families with this unique form of Haemophilia.

6. I met Martin in 1959, on my 16th birthday. We grew up together and we were friends during our teenage years. I worked in a bank whilst Martin went to Exeter university to study French and German with Philosophy and he also studied for a term at Hamburg University. He would have rested if he had a bleed when he was in Germany. We married when I was 20 years old, and Martin was 22 years old.

7. Martin and I had a long discussion after we were married about children. We were hopeful there would be advances in medicine by the time we had children, which would help them if they had Haemophilia. We didn't have children until we had been married seven years, which gave us the opportunity to have time to ourselves, which now appears to be a blessing, as Martin died young.

8. Our eldest daughter was born in 1970 and our youngest was born in 1974. Martin was a wonderful father to our two daughters.

Martin's treatment with blood products

9. As a young child and until possibly the 1960's Martin attended Northampton General Hospital, under the care of Dr Sladden. Whilst Martin was at university, the treatment for his bleeds was bed rest or a blood transfusion, although I recall Martin did not have many blood transfusions and I do not recall he had reason to visit a hospital while he was in Exeter or in Hamburg.

10. After university, Martin began working with a local shoe component company W W Chamberlain & Sons. When the company expanded internationally, we moved to Germany. We lived in Germany from 1971 to 1974, where Martin was a General Manager of a factory. Martin was bi - lingual in both French and German and spoke other languages including some Japanese.

11. When we lived in Germany, just outside Wiesbaden, Martin went once to Mainz to hospital to receive treatment. I did not drive or speak German so his work colleagues would take him. I stayed at home and looked after our eldest daughter. We frequently travelled home to the UK. I do not recall whether he was treated in hospital in Germany with Factor VIII or Cryoprecipitate/plasma or anything. We did not have Factor VIII at that time. However, I remember he had a period where he had to rest and was in hospital for a few days.

12. In relation to treatment at that time, I have seen a letter from Dr Rizza at the Oxford Haemophilia Centre ("OHC") to "whom it may concern" dated 11 April 1972 which confirms that *"it has been our practice to treat these haemarthroses as soon as possible by giving 1 litre of fresh frozen plasma intravenously"* [WITN3151002].

13. Our youngest daughter was born in 1974 shortly after we returned to England to live back in our home in **GRO-C** On return to England, Martin continued to be treated at the OHC. He always received amazing treatment there and they treated Martin like family. In particular, there were two doctors at the OHC that treated Martin; Dr Rizza and Dr Matthews. The doctors always maintained a very good relationship with him and us as a family.

14. It is likely Martin began to receive Factor VIII in England in 1975 or 1976, but I would need Martin's medical records to confirm this. I have found reference, in a diary, to him having to have a dose of Factor VIII on 11 August 1976.

15. When Martin was first treated with Factor VIII in approximately 1975-1976, we were not informed of any risks. Haemophilia was a large part of Martin's life and the development of Factor VIII seemed to be what we had been hoping for when we had discussed having children and for his life generally. To us, this meant that Martin would not have the risk of developing further arthritis from blood gathering in the joints and we thought it had opened our lives up, as Martin would no longer be in prolonged periods of agonising pain. The chance for Martin to have some sort of "normality" with his health suddenly became a reality.

16. Martin's Haemophilia was always a concern for me as I was unable to help him. However, when Factor VIII became available, I was able to treat him at home, as Martin had a phobia of injecting himself. I was taught to do this at OHC. When he required home treatment, Martin would complete all the forms to be returned with the empty Factor VIII bottles. He would pick up the new bottles from the local hospital in Northampton or bring them back from Oxford after a routine appointment.

17. Martin became a director of a plastic film and laminates company which was a subsidiary of WW Chamberlain & Sons, working in sales and marketing and he travelled extensively for work; regularly to Europe but also to the USA, Australia and Japan. When he was abroad on business without me, he would take his medication with him, so he did not have to use foreign treatment. However, to my knowledge, he never had to treat himself when he was away as he would leave any treatment he needed until he got home. This perhaps was not the recommended course, but he had learned to cope with the pain.

18. I recall an incident in the late 1970's or very early 1980's where Martin was most unwell with a temperature, nausea and malaise which was out of character. Generally, Martin was very fit and able, and did not have time off work apart from as a result of his Haemophilia. However, on this occasion he had needed to go

to bed, have time off work and I called the GP for a home visit. I would describe Martin's illness like flu, but without cold-like symptoms. He had a general feeling of being unwell and a temperature. I have since realised that this may have been the result of him having recently been infected with the Hepatitis C virus and this idea was thought a possibility by someone I know in the medical world. Martin did recover from this period of illness after several days but he developed further problems in the late 1970's, including gastric complications with nausea and cluster headaches.

Diagnosis with non-A non-B Hepatitis

19. Following this bout of illness, life continued seemingly as normal for Martin, although he often would get very tired. Then in the 1980s, the revelation came that many Haemophiliacs had been infected with HIV and/or non-A or non-B Hepatitis.

20. I cannot recall the specific dates or details of how we learnt of Martin's infection with non-A non-B Hepatitis but it was when there were terrible adverts about HIV on the television and it was frequently in the media. Martin used to go to the OHC for routine checks. Martin came back from one of his routine appointments and told me he had been diagnosed with non-A non-B Hepatitis, but not HIV.

21. When Martin was diagnosed with Hepatitis, he asked the doctors why they had given the blood products to patients when they were contaminated. They told him that they had to decide, either treat the patient or leave them to suffer and risk the potential consequence of not treating them. Martin never blamed the doctors, and neither do I; they should never have been put in that position in the first place.

22. The diagnosis came out of the blue for us; it was a total shock. He had no expectation that he was going to be told on that day that he had non-A non-B Hepatitis. I suspect my husband would have asked questions about his diagnosis during that meeting. As far as I am aware, the dangerousness of Martin's infection

with non A-non B Hepatitis was minimised and it was not conveyed to me that Hepatitis was anywhere near as dangerous as HIV. We were both frightened and unsure of what was going to happen to those infected. I was afraid I might be infected too. I believe I was told I would have to be tested too, to see if I was infected, but I do not remember if I was told I was being tested for HIV or Hepatitis C. I recall being tested around this time, at the OHC, and I was told the test was negative.

23. Mrs GRO-D a social worker, came to visit us at home shortly after Martin's diagnosis. Mrs Fletcher discussed cross contamination with us, although we were unaware of the seriousness of Martin's infection with non-A non-B Hepatitis, as it had been minimised. She talked to us about safe sex, using different towels and toothbrushes, and about the exchange of body fluids. This discussion was degrading for us, and our physical relationship was never the same afterwards. It was not done in a very diplomatic or sensitive way. After this meeting, we told our daughters not to use Martin's towels or flannels and to keep their toothbrushes away from his.

Other family members and friends

24. GRO-C

GRO-C his nephews who contracted Hepatitis C died three years ago. He left a young family. Martin's brother in law never recovered from the impact of the death of his young son and died in November 2018. I have appended a diagram to this witness statement which shows how Martin's immediate family were impacted by the infected blood scandal [WITN3151003].

25. GRO-C

GRO-C

26. GRO-C

GRO-C GRO-B

GRO-B

GRO-B

GRO-B

27. Martin founded the Northampton local group of The Haemophilia Society with his friend and distant cousin Bob Emery in the 1970s. Bob was chair of the group and Martin was secretary. Bob contracted HIV and Hepatitis C and died of Hepatitis C in 1990. Bob's wife, Margaret and I, have remained friends and have supported each other through the process of providing evidence to the Inquiry. This friendship has been very supportive to me and it would have been very difficult to manage without having had Margaret there with her similar experience.

Section 3: Consent and testing for other infections

28. Martin was tested for non-A non-B Hepatitis and HIV at the OHC, which was likely to have been in 1985/1986. I do not believe Martin would have been told he was going to be tested; it would just have been part of one of his routine appointments. Martin's normal routine was to go to the OHC on his own; I seldom went with him because I was looking after the children or working.

29. As far as I am aware, Martin did not contract any other infections.

30. Non-A non B Hepatitis did not become known as Hepatitis C until the 1990's. I was unsure if I had been tested for this when it became Hepatitis C and so I asked my GP for a test for Hepatitis C, which was negative. I feel I should have been

called by or at least have had some form of communication from the NHS in relation to this.

Section 4: Impact

Psychological impact of the diagnosis

31. Martin was devastated by the diagnosis, but he also felt guilty because he did not have HIV, whereas GRO-C a close friend and a number of other people he knew in the Haemophilia community had been diagnosed with HIV. A short time after his diagnosis, he decided to sign up for a clinical trial, which involved tests on his immune system, in order to help people with HIV. I think this tells you a lot about how he was feeling at the time; he appeared to have a form of survivor's guilt. There was no emotional support available for him away from the Haemophilia centre.

32. Martin was an incredibly compassionate and sensitive man. He was also intelligent and influenced by his many visits to Japan and their philosophy on life. Martin loved his life and he was always positive; he got out of life as much as he could. To Martin, life was precious. It would have been devastating for him to have received his diagnosis but he chose to take part in the clinical trial to help others. He thought about those that were less fortunate than him and he did not realise at the time the severity of non-A non-B Hepatitis. He was mortified by the diagnosis and did not really want to talk about it.

33. Hepatitis, and what it might mean for us, hung over us. Life was never the same again for us. It introduced fear and uncertainty about the future and into our relationship through the risk of contamination or of having the physical symptoms of the disease which would inevitably bring an early death. The fact that the viruses could lay hidden and not be detected also added to the fear, and I remained fearful that I had been infected too.

Impact on Family and Social Life

34. At the time of Martin's diagnosis with Hepatitis C, whilst the children were growing up, I was working as a School Matron. Although I had received a negative test result for Hepatitis and HIV, I was concerned about working with the children, as a result of the risk of being infected by Martin. At the time, there was a shroud of secrecy and uncertainty around the Hepatitis and HIV, and it was not openly discussed, due to the negative public perception. In particular, during the social worker, Mrs GRO-D 's, visit, she confirmed that we should avoid talking to people about Martin's diagnosis, due to the stigma. We were already living in an isolated world due to Martin's Haemophilia, due to a lack of understanding about his condition, but we became more marginalised after his diagnosis with Hepatitis C and with its connection with HIV. It felt as though we were stigmatised and through no fault of our own.

35. I decided to inform the Senior Matron at school about Martin's diagnosis. At the time I disclosed this to the Senior Matron, I felt ridiculed and was told not to talk about it again. I felt that the Senior Matron was prejudiced about both of the infections, Hepatitis and HIV, because at the time both were associated with the gay community and were highly infectious.

36. There was definitely a stigma attached to Hepatitis and HIV. A lot of our friends did not understand Martin's Haemophilia because he presented as a "normal" person and we did not talk about it. One or two close people knew about both the Haemophilia and the Hepatitis. I cannot recollect whether we chose to tell Martin's mother and father about his diagnosis with Hepatitis although I believe we did,

GRO-C

Physical impact of the diagnosis

37. Martin became more cautious with his medical treatment after his Hepatitis diagnosis. For example, in around 1985/1986, Martin was offered an operation to

have his ankles fused, to reduce the pain in his ankles. However, to have this operation, he would have needed a lot of Factor VIII. Due to the risk of receiving contaminated blood during the operation, as the doctors could not guarantee its safety, he decided not to have the operation.

38. As set out above, Martin agreed to participate in the clinical trials at the OHC almost immediately after his diagnosis. I cannot recall how often the tests were undertaken, possibly monthly, but he came home from the tests with numerous scars on his arms. I understand the tests were to examine his immune system and to help develop a treatment for HIV. I do not recollect the length of the clinical trial, but Martin regularly went to OHC for tests. He also underwent blood tests at the same time. Martin always went for these appointments on his own and he was participating in them right up until his cancer was found.

39. During the clinical trial, Martin's headaches worsened and he developed visual problems. Martin visited the optician and the GP, both of whom were aware Martin had Haemophilia. His GP would have known that he had been diagnosed with Hepatitis C but I am unsure about the optician. Martin had a good relationship with his GP. The optician confirmed that there were no issues with Martin's eyesight, apart from the common short sightedness associated with degeneration. Martin's cluster headaches became more severe, and changed into migraine-like headaches with visual disturbance in the late spring of 1987. I became conscious that Martin was doing things that were out of character, for example, he would drive to his mother's house a different way than he had done for many years. He became less predictable and I suppose we lost our connection. In particular, I became concerned after one incident where Martin drove into a row of cars because he could not see down one side. He had also obviously been concerned too.

40. After this incident, I rang the OHC and asked for an appointment to investigate Martin's complications. We both went to the OHC on 2 November 1987 and he

had chest X-Rays. We were informed we would have to stay overnight. The next day, as there was still no answer, I went to see Dr GRO-D and said they could not leave my husband sitting on the fence, not knowing what was wrong. Dr GRO-D then took Martin and me to see the two x-rays that had been taken of Martin. Dr GRO-D displayed Martin's two X-Rays on the wall and I could see there was evidence of lung cancer on the X-Rays. It had spread to his brain where he had multiple tumours. With Dr GRO-D there, the radiologist explained this and then said to Martin, *"what do you expect, you smoke".* It was said very quickly and very callously, as if to say "*it's your fault.*"

41. Martin did not blame Dr GRO-D or anyone for his cancer diagnosis and he never felt any malice towards the doctors for being given the infected blood, but we were in a total state of shock following yet another diagnosis of a fatal disease, However, I consider that the length of time Dr GRO-D took to tell us, in particular asking us to stay overnight in hospital, was unusual. The terminology used when the radiologist informed us of Martin's diagnosis was not appropriate. I always wondered whether Martin got cancer due to the immune system tests / trials he was under or had a connection with the contaminated blood and whether this impacted on the way in which we were told of Martin's diagnosis. I have also wondered why the team did not pick up the cancer diagnosis from the blood tests he was undergoing as part of the clinical trial as they were looking at his immune system. This is partly why we were both so stunned by the advanced state of his cancer. He had been under their medical care. In relation to this my GP has said, "*they were looking for the wrong thing*". I do often wonder if Martin could have had treatment for the cancer had it not taken so long for them to diagnose it.

42. During his admission to Churchill Hospital in Oxford, from 8 November 1987 to 17 November 1987, Martin was kept isolated. At the time we were unaware that non-A non-B Hepatitis was as infectious as HIV, and therefore we did not understand why he was being isolated when he did not have HIV. I directly asked Dr GRO-D to confirm whether Martin had HIV, and he confirmed that Martin

had non-A, non-B Hepatitis but not HIV. Again, the seriousness of being infected with non-A non-B Hepatitis was being played down.

43. Whilst Martin was admitted to hospital, I had to come back home from Oxford to take care of our daughters, the dogs and to return to work. They discharged Martin from this hospital stay, as I was able to administer his Factor VIII at home. We were told that there was nothing they could do for him. We were also told that as he was a Haemophiliac he could not have any treatment for his cancer and that he could have a brain haemorrhage at any time. Martin was at home during Christmas in 1987, but he deteriorated quickly afterwards. He developed fits and he could not speak or walk. This was obviously an extremely distressing time for the whole family.

44. Martin was seen by a doctor Dr Kaye at the local hospice, although he did not attend the hospice as an inpatient. He was treated as a patient with cancer rather than a Haemophiliac following his cancer diagnosis. Martin was a Sidesman at a local church and it concerned him that he was not Confirmed; he wanted to take communion prior to his death. After one visit the local priest would not see him and I was unsure why. Martin saw the priest on his own and so I do not know if the priest was aware of Martin's Hepatitis diagnosis, and if this was the reason the priest did not want to attend. Eventually we found a priest that was willing to give communion to Martin. Martin did not want to die but he had to come to terms with it.

45. Towards the end of Martin's life, his GP, who was very supportive and he was a neighbour too, suggested that we take advantage of Martin's private medical insurance and allow him to be treated in the local private hospital, St Andrew's, a psychiatric hospital. I was familiar with the hospital, and it was also a slightly friendlier environment than a hospice for our teenage daughters to visit. Our GP

said the private hospital would be able to look after both Martin and me, which they did most admirably.

46. Martin's room was in Isham House and it was completely isolated. Isham House usually treats patients with alcohol problems, drug addiction and depression, which require treatment with psychotherapy. It was unusual for them to be treating a cancer patient. Martin was put in a room at the end of a corridor, away from other patients. He received very good care whilst at St Andrews Hospital but his admission caused difficulties with his mother, who could not understand why Martin was in a psychiatric hospital. She found this very upsetting. As a result of these difficulties, there was a time when Martin did not see his mother. Martin was able to see me whenever he wanted to. He was admitted for two weeks and that is where he died. I was with him with a close friend, when he died.

47. I have wondered whether he was admitted to St Andrews Hospital because he needed to be isolated because of his non-A, non-B Hepatitis and, if as a result of this, the doctors thought it would not have been appropriate for him to be admitted to a local hospice with other cancer patients because of the risk of infection to them.

48. Martin died on 1 March 1988, aged 46. My close friend recalls that when Martin died there was a question as to whether he might have to be cremated because of his Hepatitis C, when he had specifically asked to be buried. I had already arranged for a burial for him. This all added to the stress of the situation. However, we were able to bury him. Since Martin's death I have asked a medical colleague whether the tests on Martin's immune system may have exacerbated his cancer. She thought they may have done. GRO-B GRO-B GRO-B GRO-B I have also carried the stigma of my husband dying in a psychiatric hospital and I have

always felt guilty about that. I also believe that Martin's end of life care would have been very different if he had not been infected with Hepatitis C.

Impact on our family

49. Martin's death was the end of mine and our daughters' world. Martin and I grew up together, in a way, and we were very close from an early age. I was very attached to him and did not have the confidence that I could do things on my own. I learned through therapy after Martin's death that I was able to do things myself and I could stand up on my own. It was a difficult time. In particular, I found the one-year anniversary of Martin's death to be very distressing, which I understand is not unusual.

50. **GRO-B**

51. **GRO-B**

GRO-B

Ongoing impact

52. There is an ongoing impact of Martin's diagnosis and the stigma around Haemophilia and Hepatitis / HIV. For example, after Martin died, I wanted to give blood but I was informed that I was unable to because I had been married to a Haemophiliac.

53. GRO-C

54. I tried to obtain all of Martin's medical records a few years ago. I wrote to the OHC as I wanted all of Martin's medical records and I had some questions about the immune system tests in the clinical trial. The person I spoke to at the OHC was very helpful but eventually I gave up on obtaining the records. I was told I could ask questions and they would be responded to but at the time I did not trust the responses I would have received and the whole process was too much for me to deal with unsupported. I believed the doctors would only tell you what they wanted you to know. There was definitely mistrust there. I have never completely regained trust in authority figures following Martin's death. I have also felt that because Martin died from cancer that I didn't have the same priority to be part of any complaint as those who had died from the infections. I have felt different to those who have lost husband through HIV or Hepatitis C.

Section 5: Treatment/Care/Support

55. In terms of psychological assistance or counselling, I took Martin with me to a private therapy session because I was concerned about him. However, Martin was always more concerned about others. We only ever received private counselling which we arranged ourselves, we were never offered any by the NHS at any time.

Section 6: Financial assistance

56. Martin had a good job and we were fortunate that his employers were a good company. They would even take me to visit Martin at the OHC because I did not drive at the time. Martin's company would have known about his Haemophilia because he wrote a letter to them. I suspect that they also knew about his non A-non B Hepatitis, but I cannot say for sure.

57. In the 1990's, I asked the school whether I could reduce my hours to help look after my new granddaughter, but this was not possible, so I left my job as a School Matron. I became a lay member on a Disability Allowance Tribunal following Martin's death, which was permitted because I had treated Martin for his Haemophilia and had been his carer. I was on the panel from around 1992 to 2000.

58. I do not recall how I found out about the Skipton fund but I think it was through the Haemophilia Society and a mail shot. As stated above, Martin and his distant cousin, Bob Emery, founded the local Northampton group of The Haemophilia Society in the 1970's and both travelled around the country attending conferences. Martin was secretary and when he died I became secretary and also attended conferences and meetings in various parts of the country.

59. The application process for the Skipton Fund was very difficult as it felt like I had to relive Martin's death in order to answer the questions. I received a £20,000 payment in 2011 but did not receive further sums as Martin did not die from his Hepatitis. I had to instruct a solicitor to assist me, as the £20,000 formed part of Martin's estate. The solicitor's firm completed the forms and I would have paid them for this assistance. I did not have any difficulties in obtaining medical records to go with the Skipton Fund application but I was surprised that I did not receive all of Martin's medical notes for this request only those relating to his

diagnosis of Hepatitis C. I only received the records the OHC considered I needed in order to apply.

60. In terms of Skipton Fund process, I did not have to chase them, nor did I have any difficulties with it. I think the disparity between those who have been infected or died from HIV, those who died from Hepatitis and those who died from something else, despite being infected, is unfair. They were all contaminated by blood products and I think that everybody should be treated the same for this huge wrong-doing. However, I do not begrudge anybody their payment as each case has to be taken individually. I appreciate those who have lost their husbands as a direct result of the infections should automatically be entitled to the larger payment, but other cases should be judged on a case by case basis. My husband undertook tests on his immune system, and it is not known if this contributed to his cancer

61. I also received a £500 winter fuel allowance from the English Infected Blood Support Scheme ("EIBSS") in winter 2017 and winter 2018. I did question this additional payment at the time as I was not certain that I was eligible for it. The EIBSS confirmed that I was eligible to receive it and I have recently received notification that I will receive a further payment in 2019.

62. As I have grown older, due to inflation and bringing up my family, I am no longer as financially secure as I used to be. I have no personal occupational pension. I am 76 now and I still work as a counsellor. This helps me to feel more secure as I am still earning a wage but obviously I cannot continue doing this for much longer.

Section 7: Other Issues

The Haemophilia Society

63. As set out above, Martin was the Secretary of the Northampton group of The Haemophilia Society, and when he died, I took on the role. When Bob died

Margaret took on the role of chair and we continued the group until three years ago. Unfortunately, it has not been possible for the group to continue since. During my involvement with the group we arranged numerous fundraising and awareness events for members. I feel like I was doing this for Martin and the rest of the Haemophilia community.

64. I started training as a counsellor in 1998 after Martin died. In 2003 I was involved in preparing a counselling factsheet for The Haemophilia Society. This fact sheet was prepared specifically for those with Hepatitis C and Haemophilia or Von Willebrand's disease. A draft copy of the counselling factsheet dated July 2003 is appended as Exhibit WITN3151004. I was never given a final copy of the counselling factsheet and I do not know whether it was made available to members. I assumed there were changes at the Haemophilia Society at the time and the project may have dried up.

65. In June 2007, I was approached by The Haemophilia Society to assist with supporting people affected by contaminated blood products with counselling sessions. I understand this was discussed at The Haemophilia Society's Trustee Board meeting in May 2007 and the Trustees believed one or two counselling sessions could be offered which could include signposting to other services. I was put in contact with Rosamund Riley at the Macfarlane Trust in respect of the payment for the counselling services I could provide.

66. I was fully supportive of the decision to make counselling available through The Haemophilia Society and the Macfarlane Trust to those infected by contaminated blood. I believed it would add to the prestige of The Society as I was aware that other charities connected to medical issues had counselling available.

67. There was no cost to members for my counselling services; the costs were covered by the Macfarlane Trust, only where they had funding for such services. I was also willing to provide my services free of charge where there was no

funding in place. The service was arranged by The Haemophilia Society. I was not contacted to counsel anybody until 2011. I counselled a few individuals infected or affected by HIV and Hepatitis C by telephone, beginning in 2011, before this dried up by the end of 2011. I am not sure what caused this to stop.

In practice, I agree that two or three counselling sessions per individual may not have been sufficient but this is not uncommon with sessions paid for through contracted out counselling. However, I have recorded counselling one person for six sessions so it may be that the number of sessions was not set in stone. Generally, in my experience each case needs to be assessed individually, at the beginning of their counselling, for their specific need. If I had felt a person needed more sessions, I would have applied for extra sessions. Of course, it would have depended on the Macfarlane Trust whether those additional counselling sessions were granted.

Concluding remarks

68. If Martin had just been a Haemophiliac then we would have been able to manage. It was my choice to marry a Haemophiliac and my choice to have children with him. But then he received contaminated blood, through no fault of his own, and was diagnosed with non-A, non-B Hepatitis. It blew our world apart. It impacted on every part of our life and tapped into our fears. Even now, I have often thought, *"is it lurking somewhere inside me?"*. The virus is difficult to detect and it could still be there. Hepatitis has interfered with normal relationships with other people because it has meant people have become closed off.

69. It is 31 years since my beloved husband died. Due to the Archer Inquiry and now the Infected Blood Inquiry, as well as the application to the Skipton Fund, it has meant that time and time again I have had to revisit the trauma that both he and I went through. It all means that I have not been able to leave my husband to rest in peace and neither have his family because of the impact the contaminated blood has had on them. This may well be why I have never sought to remarry.

We did not ask for any of this. We trusted the Government, the NHS and the doctors that they were doing their best with the treatment they were giving to those with Haemophilia. In return we were treated in an unprofessional and insensitive way, it was clumsy, obscure and contributed to the overall suffering and confusion to those infected and affected and all through no fault of their own.

70. Personally, giving evidence to the Inquiry is about justice, recognition of what happened and holding people to account. I want to know who decided to buy contaminated blood in the first place when they knew where the blood had been sourced from and why it was bought. Why did they use it if they knew it was infected? My view is that in a way the government/NHS seemed to be using the Haemophiliacs as guinea pigs. It should never have happened. In particular, for my husband's case, I would like to know whether the immune system trials Martin participated in, caused or exacerbated his cancer.

Statement of Truth

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

Signed **GRO-C** ....

Dated.....7/09/19...................................