Witness Name: Mrs. Rita SHAW
Statement No.: WITN01440001
Exhibits: WITN01440002 to WITN01440018
Dated: 1st May, 2019

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF RITA SHAW

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 19th February, 2019.

I, RITA SHAW, will say as follows: -

Section 1. Introduction

1. My name is **Rita SHAW**. I was born on GRO-C **1940** and I currently live with my husband at an address that is known to the inquiry, in Cornwall.

2. I was born in GRO-C in the Midlands, and grew up in the Black Country. I had a difficult childhood. On just my second birthday, my mother died of tuberculosis. My father also died of tuberculous but was additionally a drunk.

3. When my mother died I was sent to live in an orphanage with some of my siblings. When I was only ten years old, my twin sister, a brother and

I were taken from the orphanage and went to live with an aunt. She was abusive towards us and we had a very difficult time with her and our uncle.

4. Despite our age, we were made to work. Initially on farmland as pickers of fruit and crops, with our aunt and uncle being paid for both our work, and by the social services, for looking after us – we were just a means of them securing money. I ran away when I was just sixteen, leaving an unloving, abusive environment, with my boyfriend. My boyfriend had seen what had been happening to me, my exploitation, physical and emotional abuse, and we ran off together.

5. My then boyfriend, Will and I married in 1957 and have been together ever since – over sixty years. When I was a mere seventeen years of age, I had our first child, a daughter. It should have been a happy time for us, but just six weeks after she was born, my husband GRO-C GRO-C

6. Will's GRO-C ever since. At that time, I had been living in London where I had been placed by 'the welfare' people because of my age and condition with child; whilst my husband was living and working in GRO-C but after GRO-C I moved up to GRO-C to re-join him.

7. Although we had been temporarily apart, we had never separated and he used to visit me each and every weekend. We had a very loving relationship, and went on to have three more daughters and two sons – I loved children and being a mother to them.

8. However, as someone who contracted Hepatitis C, I feel that I have lost a great deal of the 'mother-child' relationship, and all that this brings, and that having this disease served to destroy my family and I.

9. I now intend to speak of my infection with Hepatitis C (also known as Hep C and / or HcV), and in particular the nature of my illness, how it has affected me, the treatment I have received and the impact which it has had.

Section 2. Infection and Treatment

10. I didn't have any serious problems with pregnancy or giving birth to our first four children. Although I had needed to spend some time in hospital around the late 1960s into the early 1970s, following mental health issues and an occasion when I was treated for tuberculosis - I was otherwise fit and healthy. I always worked, despite having young children, and undertook hard manual labouring jobs in factories and I even worked in a foundry.

11. I had never had occasion to be given any form of blood transfusion, or to have been treated with any form of blood product. I was not sexually promiscuous or someone who engaged in risky sexual activity and did not otherwise have a lifestyle that placed me at risk of contracting any diseases – I have never had my ears pierced, never taken drugs (intravenously or otherwise), have no tattoos and don't, and never have, drunk.

12. Our fifth child, a daughter, was born in 1971. While I had been carrying her, I found that I kept fainting. My husband was worried about this, as it was not in my nature, so he called our General Practitioner, a Dr Shaw who by then knew me and our family quite well. Dr Shaw was a straight talking person, whom I both understood and liked.

13. Some blood was taken for testing, and when the results came back Dr Shaw told me that I had a blood deficiency, something he called Pernicious Anaemia, and that I needed to go into hospital. He explained that the reason I had been passing out so much, was that I didn't have enough iron in my blood, or blood in my body to carry it, and that being

pregnant, if I went into labour, I would most probably die and could also lose the child.

14. At the time, I was almost full term, eight and a half months pregnant, and hearing this, of course I went into hospital. I was admitted to the Hallom Hospital in West Bromwich. When I went in, I had been under the impression that I was going to have a transfusion or an injection of iron, as Dr Shaw had said I would probably have iron injections or be put onto an iron drip.

15. However, upon admission, I was informed by a doctor at the hospital that I needed to have a blood transfusion, which surprised me. I wasn't given any options, any alternative forms of treatment, but had to have the blood transfusion. I was told that the blood would make me feel better, and that if I didn't have it, both the baby and I would die.

16. I did ask why I couldn't have just been given iron. I needed to be reassured as to why a transfusion was felt necessary, so I asked, and was told that as I had been taking iron tablets, there was a danger that I could overdose, and that I had no 'body to my blood' – no ability to adequately carry the iron around my system.

17. I didn't sign any consent forms myself, but agreed verbally to have the transfusion, whilst my husband signed a consent form on my behalf, and I was happy for him to do so – I didn't want to lose the baby.

18. I was told that they would give me one pint to begin with and then see if I needed more. I think at that time, that I was actually given three or four pints of blood, as a patient on a ward.

19. The blood I was given came in bottles, and Dr McLEAN was the doctor who treated me and administered the transfusion.

20. Having been given the blood transfusion by Dr McLean, I was allowed to go home, as although they wanted to keep me in for longer, I explained that I had the other children to care for. I was 'released' provided I promised that I would return to the hospital to have my baby, which I agreed to, although I had wanted a home birth as had been the case with the previous births.

21. Just under two weeks later, I returned to the hospital and gave birth to a daughter. There were no problems with this birth and I was sent home after a week.

22. From this time onwards, I had to take prescription iron tablets to treat the anaemia, and had my blood tested each week to monitor how I was getting on. Sometimes I had to be given additional iron injections, which were given dependent upon the test results.

23. I had my last child, a son, in the mid-1970's. With him, I started having the same problems in pregnancy as before, suffering both incidents of fainting and having occasional 'dizzy spells.' As a result, I was placed under the care of Dr McLean again.

24. He told me, during a pre-natal consultation, that after I had delivered this child, my *"mothering days were over."* He told me that I simply couldn't go through having any more children because of the problem presented by my blood. It was a condition that was apparently worsening with every child.

25. He suggested medical sterilisation to me, and also talked the issue through with my husband. I accepted this, albeit somewhat begrudgingly, but I'd reached a stage in my life where I didn't think that I wanted to have any more children.

26. Our son was delivered without any problems, and two or three days later I was sterilised. Dr McLean spoke to me later and asked me how I felt about it? I agreed with him that it had been the right decision, but I didn't feel like a woman after that, I'd lost something and felt less of the woman I had been before.

27. During the course of this birth, and the subsequent sterilisation operation, I had not been given any more blood or any blood products.

28. I continued taking iron tablets and having the weekly blood tests, but they stopped when my youngest child was about eight months old as apparently there had been no further need, according to the test results.

29. However, I then started having problems with my periods. At first, I didn't pay too much attention to it, and put it down to the rigmarole of everything that had happened and the number of children I had had, ageing and so on. But they became increasingly heavier, and the pain I suffered with them increased, becoming excruciating.

30. About three years after the last birth, I was prescribed Ponstan tablets to take. These helped with the pain, but only slightly, and didn't help with the bleeding at all.

31. From about September 1985 onwards, each cycle saw my losing a lot of blood, increasing month-on-month. I went back to my G.P. for help and he told me that it looked as though my blood problem had returned. I questioned this, because I wasn't pregnant and that had been when it had flared up before – I couldn't then be pregnant, as I'd been sterilised. He said that something had happened and I was losing blood.

32. My bleeding got increasingly heavier over the next few months. At the time, I had been working in a factory that made record players. One day, in February 1986, I went to work not feeling very well as I'd been continuously bleeding.

33. Whilst at my workplace, I asked a colleague for some help, and he came over to me, then looked down and looked surprised. I asked him what was wrong, only to be told that there was a puddle of blood beneath my seat. I looked down and was shocked. I was wearing three pads and had bled through everything.

34. There was a surgery onsite and my colleague got the nurse to attend to me. She came over with a wheel chair and took me to the medical room. The nurse examined me, and told me that I was haemorrhaging. She wanted me to go to the hospital, there and then, but I told her that I couldn't as I needed to make arrangements for my children.

35. As an alternative, she then arranged for me to be taken home (fortunately I only lived a short distance away), but insisted that I went to hospital as soon as possible, because I would not last long, bleeding out as I was.

36. Two of the factory workers carried me home from where I phoned a friend who came to me. She told me not to go to the toilet and instead got a bucket for me. I sat over the bucket and saw just how much blood I was losing, including large clots.

37. My friend asked me why I had not gone straight to the hospital, but I replied that I could not have gone there with the children and that there was no one to care for them – my husband was at work. My friend phoned my husband's workplace and told them that I was not well and needed to go to hospital straight away. She then called for an ambulance crew to attend me and I was taken to the Wordsley Hospital, then a 'sister' hospital to the Hallom Hospital.

38. The ambulance didn't take me into the hospital through Accident & Emergency, but straight to a dedicated women's ward, whilst my husband, told by work what had been happening, came straight home.

39. Dr McLean treated me again, and was there when I arrived on the ward. He was a lovely doctor. He said that he'd *'have a look'* at me, but that he already knew what the problem was - I had massive fibroids.

40. I asked him why he hadn't told me about this previously, as I'd continued going to him for check-ups, about once every two months, since I'd had my youngest. I also asked what he was going to do to help me. He said that the first thing to do was get me sorted, and that meant he needed to stop the bleeding.

41. He told me that I needed to have an emergency operation, an hysterectomy. I had blood taken for testing, the results of which were returned within the hour, as such was the urgency of the matter.

42. By this time my husband had arrived at the hospital. With him at my bedside, Dr McLean told us why I needed an emergency hysterectomy. My husband questioned whether he was sure about it, but Dr McLean said that I had lost a lot of blood over the preceding six months which couldn't go on, and that I would also require a transfusion.

43. Dr McLean said that it was most likely that the operation would take place the following morning, but that I needed the transfusion there-and-then. I received four or five pints of blood on the ward, this time the blood being carried in plastic bags.

44. I had the hysterectomy the following morning at 10.00 am. I received further blood, by transfusion, in the operating theatre. I do not know exactly how many further pints of blood I received in theatre, but I think it may have been between four and six.

45. I was not told of any risks concerning my being given blood in general terms, or of any risk of my contracting any infection as a direct result of it.

46. I was not given any documentation, showing that I had been given a blood transfusion, afterwards. For some reason, which I don't now recall, I asked why I wasn't being given anything to show that I had had a transfusion, in the event that I had to go into hospital again, but was told that it would be 'on my record,' so not to worry about it.

47. The day after my surgery, I asked a nurse who had been helping me to use the toilet, if I would catch anything from the blood. This was not because I held any particular concerns about the blood, but because she had spoken to me rudely, talked down to me, and annoyed me by doing so.

48. My reaction had been to ask her about any problems associated with the blood, not because I knew or suspected anything, but to get my own back, as she had made me feel small and inadequate. She told me not to be silly.

49. I was ignorant as to the origins of the blood I had been given, both then and beforehand, all I ever knew was that it had come from *'the blood bank.'* I knew nothing of such matters, queried nothing in their regard, and didn't even know about donors, so I had no cause to suspect anything untoward.

50. On this occasion, I was in hospital for just over a fortnight before I returned home. I went back to work and continued looking after my children GRO-C I did not feel as though my health problems were then behind me, but I never complained. My anaemia came back a few times.

51. In around 1992 or 1993 my husband and I moved from the Black Country to Cornwall. It wasn't something that I had particularly wanted to do, but my husband, who suffered frequent health issues, believed that it would be better for us both, something one of our sons also believed, so I went along with it.

52. Over the following years I just kept feeling generally 'uncomfortable.' I suffered a lot of stomach problems, and I kept having to go to my new G.P. During this time my husband was also diagnosed with Ischemic Heart Disease and had to give up work.

53. In about February 2005, I went to see my G.P. as my stomach problems had been continuing. I was suffering frequent diarrhoea, didn't appear to be adequately digesting food, and suffered stomach cramps and other aches and pains. I took a stool sample with me. The G.P. did not know what the problem was, but referred me to a gastroenterologist at the Treliske Hospital, a Dr LEVINE.

54. Treliske is also known as the Truro General or West Cornwall County Hospital, but is more commonly known throughout Cornwall as '*Treliske*.'

55. I told Dr Levine that I felt as though I was suffering from morning sickness, which I had experienced with two of my children. Blood, urine and stool samples were taken and he then told me that he would write to me with the results. He did not tell me what they were looking for, but simply mentioned that it was 'gastric.' I was happy to give the samples, as all I I wanted to do was get better.

56. From February 2005 until the New Year of 2006 I heard nothing. Throughout this period I found that I was tired all of the time, I felt drained, and had no energy. I just wanted to lie down all the time.

57. In the New Year of 2006 I finally received a letter asking me to come into the hospital. I went in to see Dr Levine who told me that he had found my problem, but that he was going to ask me some questions first – before telling me what it was.

58. He asked me whether I had any tattoos or piercings; whether I had slept around a lot; or whether I had taken drugs or drank. I said no to everything. I wondered why he was asking me all of these bizarre questions and some of them made me feel very angry, especially the 'sleeping around' question.

59. Dr Levine said that he could see the questions were getting to me and would therefore just tell me what I had. He then asked me if I'd heard of HcV. I had never heard of it in my life and asked him what it was. He told me that it was Hepatitis C – I hadn't heard of that, ether.

60. I asked him where I had got it from. He said he would tell me. I told him to hurry up and he then asked if I could handle it? I told him to tell me, and then I'd tell him if I could handle it. He then advised me that I had become infected through the blood transfusions I had been given, but didn't specify which one – either when first treated for anaemia, or when I had to have the emergency hysterectomy

61. I was gobsmacked, my mind was a mess, but I didn't really know what it was.

62. Dr Levine asked for further information as to why I'd had the transfusions, and when. I was upset, and this upset me more, so I asked him why I had to keep going over things that should all be on my record?

63. Dr Levine said that it looked as though I had had HcV for a considerable time. I was so angry that I stood up and thumped the desk between us.

64. Dr Levine said that he thought he could treat me for HcV and get rid of it. I told him that it should happen 'the sooner the better,' as I was feeling really ill, and was under further pressure as at that time I had GRO-C GRO-C

65. He did not say how he would treat me, just that '*they*' would notify me. I asked why I couldn't start treatment right away, but he told me that there was no hurry to start and that it took time to arrange. He never told me who '*they*' were.

66. I asked as to what sort of treatment it would be. Dr Levine said he wasn't going to worry me right then, but that and he would let me know. I asked what I should do in the meantime and he told me that if things started getting worse, then I should to go to my doctor (G.P.).

67. Throughout, I got the impression that he knew what was wrong with me, and knew what the treatment for it was, but wasn't prepared to tell me – I don't know why.

68. While I was waiting to hear about the treatment, I was suffering from really bad headaches. They prescribed a drug usually used in mental health cases, which I told them I couldn't keep taking for any length of time, but in any event it didn't work very well. At one point, the pain was so great and spread so far across my head, that I believed I had a tumour. Additionally, every bone in my body ached.

69. I don't remember how long it was before I started treatment, but I think my G.P., following a consultation with me, may have chased it up.

70. I then received a letter to go to Barncoose – a cottage hospital near Redruth where various clinics operate including a Hepatology Clinic. Here I saw a hepatology nurse specialist, Liz COLE ('Ms Cole') who was in charge of my treatment.

71. She told me the drug I was going to have, Interferon, was like chemotherapy and that I would also have to take Ribavirin tablets. The treatment consisted of Interferon injections, made into my stomach once a week with Ribavirin tablets every day.

72. I asked Ms Cole what HcV was and what caused it. She told me it was nothing for me to worry about and that I should concentrate on the treatment they were going to give me. Ms Cole told me I would have treatment for a period of time. I asked how long this would be and she said she would let me know. I think that the time period over which I was to be treated was dependent upon how well I responded to the treatment.

73. I was told that the side effects of my treatment were that it would feel as though I was suffering a bad bout of flu. They never stressed the extent of it. I was not told about any other risks or that there was a chance it would not work. All I wanted was to get back to how I used to be, so I got on with the treatment. Telling me about flu had been a complete waste of time, I had never had flu, so I had nothing to compare it against.

74. My first months' supply of drugs to take at home came from the clinic, thereafter I had to get it from a chemist. I took all the medication I was prescribed, as directed. I think I went to the hospital for monitoring once a week to begin with, and then once a fortnight. Monitoring was by way of a quick general health check-up and blood tests.

75. Before the treatment, and before my diagnosis as having Hep' C, I used to love taking my dog for a walk. As my health deteriorated, and then whilst on the treatment, I found that I could no longer do that as I would collapse, exhausted.

76. This happened one day when I was out walking with a friend. My friend helped me, and I managed to get me home. I felt very weird, as if I was not on this earth. My husband told me to go and lie down and said I looked very rough.

77. The last time I took my dog for a walk, I collapsed and in so doing, broke my ankle. It was a very bad break. The bone had come out, but not gone through the skin. It was very painful when it was pushed back into place.

78. I can't remember how long my course of treatment with Interferon and Ribavirin was. At the end of the treatment Ms Cole said she thought the HcV had been cured, but that she could not be sure until we had done the last few tests. She said that 'it had come down a lot,' but I did not understand what she was talking about. The test results did not mean anything to me.

79. I then received a letter from my G.P. asking me to go in. She asked me about the treatment I had been receiving and what I had been told. I told her that I was waiting for the final results. She seemed surprised and then handed me a letter. She said she was very sorry, but my Hepatitis C had not been cured.

80. It was then a long period of time before I received any further treatment for the Hep' C. During this time my health went right downhill. I started to develop a rash, which came up in a mass and kept bleeding. There were a lot of watery blisters and when they burst they scabbed over. They itched terribly, as if someone had tipped a packet of itching powder over you.

81. My G.P. referred me to a dermatologist who took a biopsy. I have a letter which says that because of the presence of this rash, a new course of HcV treatment should be brought forward. This was arranged through my current hepatology nurse, Mary McKENNA ('Ms McKenna'). I was referred for that treatment approximately two years ago. I had a three-month course and then I was again told that I was 'clear' of Hepatitis C.

82. However, I still have the rash and have ongoing treatment for that. They still don't know what it is. It will disappear for a bit and then without any warning come back with a vengeance. I also have a second, separate rash which I am suffering from. In June I am seeing a panel for these and I have been referred as what the medical authorities have called a complex case. I think that I have Cryoglobulinaemia. I have been tested for it, but was found negative, but I don't think the testing was done correctly as the system was flawed – an issue I have highlighted with Treliske.

83. I may have been 'cleared' of Hep' C, but I also have chronic cirrhosis of the liver as a result of it, for which and I have to have a scan every six months. The last one was conducted in February 2019, when it was found that my liver is located high up under my ribcage so they have to press down hard to do the scan which causes further pain.

84. I can't walk very far, the furthest being to a car parked immediately outside of my home, a matter of just twenty to thirty feet. My mobility has gone, and without the help of a friend and his son in law I would be lost.

85. If a patient has HcV, even if it isn't possible to say whether you will get anything or not, I think that you should be warned of possible outcomes. The only thing I was ever told about was liver cancer. There were no other warnings about any other sicknesses I may suffer as a result.

86. Having HcV makes you feel 'dirty.' People turn away from you if they know you have it. This is not a life. My own daughter did not want to come back to our house to have a cup of tea or something to eat with me when she had been visiting GRO-C in hospital – she wouldn't come into our home, use our crockery or cutlery.

87. If my husband wasn't here now, GRO-C I would not be here myself. I have often contemplated suicide, because to me, my life is just an existence. I cannot go out and do any shopping, I cannot socialise. I have never been one for crowds, but have always been wrapped up in my family. Now I have lost that aspect of my life as my children cannot come to terms with what I have got. There are only two of them who are around me, the others are not. In other words, I've lost my family.

Section 3. Consent

88. Having been diagnosed with HcV I was monitored weekly. I didn't know until recently that I had also been tested for HIV – no one had mentioned it and I was never given any test results in that regard.

Section 4. Support

89. I was offered counselling, following my HcV diagnosis, but turned it down – it wasn't for me. However, I did ask my G.P. about whether there were

any support groups I could attend, but she did not know of anything operating within my area.

Section 5. Financial Assistance

90. My previous hepatology nurse, Ms Cole, told me about the Skipton Fund and helped me with an application. To support the application, In about August 2006, we made a request to Russell's Hall Hospital in West Bromwich for a copy of my medical records, as this is where they would all have been held from the hospitals in that area (The Dudley Group).

91. I subsequently received a reply stating that my records had been destroyed, in 2001, in accordance with trust policy. Oddly, at the same time, we requested copies of my husband's records – these had not been destroyed, but were found and sent to our G.P. I did not think anything of this at the time, but now I think my records were deliberately destroyed, as why would his have been kept yet mine disposed of, both should have gone if the trust policy had been adhered to.

92. My application was sent to the Skipton Fund without any records supporting my application. The application was refused for want of evidence supporting the fact that I had had a blood transfusion. I was certain I had documents somewhere at home so, I searched my house and found some information from when I had undergone the hysterectomy. I sent this with another application, but it did not state that I had received a blood transfusion, so I was turned down again.

93. I was ready to give up, but my husband encouraged me to keep going, so we went to see our local M.P., Julia GOLDSWORTHY, who wrote to the hospital for us, asking about my records. She received a reply which again stated that my records had been destroyed.

94. Around this time, one of my daughters, who still lived in that area, went to see my old G.P. He asked after my husband and I, and she explained the situation with my HcV and how I had been refused help by the Skipton Fund.

95. My daughter told me that he (the G.P.) could not believe the problems we were having, and said that he would take it further. He knew my health history, including my hysterectomy and transfusions. I believe that he may have then contacted the Skipton Fund, on my behalf, although I am only basing this on my daughter's conversation with him and do not know it for a fact.

96. In April 2007 the Skipton Fund told me I qualified for assistance. They stated that they *could not be certain that I had received HcV from NHS blood*, but that *they were nearly certain*. I have since received financial assistance and now receive payments from the EIBSS.

97. I have had some problems recently regarding payments for attending hospital appointments and keep having to go back to the EIBSS who query everything, which simply delays applications being processed and payments being made. I'm waiting for a letter from them at the moment as regards an outstanding claim.

Section 6. Other Matters

98. In order to assist the Infected Blood Inquiry, I would like to offer copies of or extracts taken from various items I currently hold, specifically:

99. I was given three booklets on the subject of 'Hepatitis C' following my diagnosis as having been suffering from the same. These three information booklets were –

    a) '**A Rough Guide To Hep C**,' third edition, published by How's That Publishing Limited in 2007 from which I now produce as exhibits **WITN01440002** a copy of both the outside (showing appearance and title) and inside cover (showing edition issues in 2002, 2004 and 2007, publisher, editor, author and other contributors); **WITN01440003** an extract taken from page eight, showing a 'History Of Hepatitis C,' in which it states that Hepatitis C had been a major threat to people receiving blood transfusions from the mid 1970's – that scientists had searched for the organism which caused the disease, but without success until 1989 when Michael HOUGHTON, Qui-Lim CHOO and George KUO of a company called CHIRON cloned and identified the Hepatitis C virus as the cause of transfusion related non-A, non-B hepatitis; and **WITN01440004** an extract taken from pages 9 and 10 from a section entitled 'How Is It Transmitted?' in which it states that "In the past, hepatitis C was transmitted mainly through blood transfusions or blood products. Since 1991 blood used for transfusion and making blood products is specifically tested for hepatitis C."

b) '**Hepatitis C: patients' guide**,' prepared for issue in February, 2004 from which I now produce a copy of the outer cover as exhibit **WITN01440005**, and the remaining printed pages as **WITN01440006**. I also produce as my exhibit **WITN01440007**, a copy of the rear page showing the document preparation date. Amongst other HcV related information, this leaflet contained sections detailing what Hepatitis C was, how I may have contracted it, its main transmission routes and manner in which it may be passed on to others.

c) A Pegassist Patient Support / ROCHE publication entitled **Hepatitis C and Treatment Options**' which included contributions from specialists based in Italy, Spain, France, Germany and the United Kingdom frim which I now produce a copy of the front cover as my exhibit **WITN01440008**, together with an inside page showing its various contributors,**WITN01440009**. This booklet covered much the same ground as the others, but specifically addressed treatment for Hepatitis C using Interferon (conventional / pegylated) and ribavirin including their effect on the disease and side effects on the patient taking them.

100. I have mentioned that I raised the issue of the difficulties I experienced securing assistance from The Skipton Fund, in the absence of any supportive medical notes, with my Member of Parliament, **Julia GOLDSWORTHY** (Liberal Democrat, Falmouth & Camborne Constituency). I now produce a letter, dated 12.02.2007 in which she offers her support, and outlines a course of action she was intent on pursuing on my behalf, including raising parliamentary questions on the issue. She clearly wrote to the trust on my behalf, and a letter dated 22.02.2007 shows that a **Mr. Paul FARENDEN**, Chief Executive, Dudley Group of Hospitals NHS Trust had replied to her.

101. She indicated that she then still awaited a reply from 'Skipton,' but in a handwritten footnote stated that she hoped that information now provided by the trust would encourage the Skipton Fund to reconsider my case. These two letters I now produce together as my exhibit **WITN01440010**.

102. Exhibit **WITN01440011**, a copy of a letter dated 16.08.2006 from **Liz COLE**, a hepatology nurse practitioner of the Royal Cornwall Hospital (also known as Truro General and / or 'Treliske') to Sandwell & West Birmingham Hospital (Blood Transfusion Records) requesting copies of records held of the various blood transfusions I had undergone whilst under their care, to assist me with an application to The Skipton Fund.

103. Exhibit **WITN01440012**, a copy of the application form, submitted for access to my medical records, as returned to me marked *"414484*

casenotes destroyed 25.1.01" with the cheque I had submitted returned, stapled to the document.

104. There is no exhibit WITN01440013.

105. Exhibit **WITN01440014**, a copy of a letter dated 16.02.2007 to my M.P. Julia Goldsworthy in response to her request for assistance regarding my casenotes being made available to me. The letter shows that my notes were destroyed in January 2001 in accordance with an NHS Code of Practise for records management after eight years retention. Furthermore, it showed that enquiries made of the trust's blood bank manager revealed that their records had been similarly destroyed after a period of twelve years.

106. Exhibit **WITN01440015**, a copy of a note my husband received from the Dudley Group of Hospitals upon their return of our cheque, stating that my records had been destroyed.

107. Exhibit **WITN01440016**, copies of documents held on my General Practitioner's case notes file, forwarded to the same by The Wordsley Hospital detailing treatment received (total hysterectomy and bilateral salpingo-oopherectomy) on 25th February 1986 but including no reference to any blood transfusion procedure(s).

108. Exhibit **WITN01440017**, notes I caused to be made, with the assistance of a friend, when considering the issues placed before me by a Rule Nine Notice of the Infected Blood Inquiry, now fully addressed within the content of this statement, but retained as my 'original notes,' (9 pages).

109. Exhibit **WITN01440018**, a copy of a letter dated 25.10.2005 from Mr. D. F. LEVINE, Consultant of the Royal Cornwall Hospitals NHS Trust, re. my Hepatitis C infection stating that it had '*probably been there*

for a very long time,' and that there was '*no desperate urgency to do anything*.'

Statement of Truth

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

Signed GRO-C

Dated 1st May, 2019