

ANONYMOUS

Witness Name:

GRO-B

Statement No: WITN4708001

Exhibits: 0

Dated: October 2020

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF

GRO-B

I, GRO-B will say as follows:-

Section 1. Introduction

1. My name is GRO-B (nee GRO-B former GRO-B). I was born on GRO-B and I live at GRO-B.
2. My ex husband, GRO-B: H born on GRO-B was co-infected with the Hepatitis B Virus (HBV) and/or the Hepatitis C Virus (HCV) and the Human Immunodeficiency Virus (HIV) through infected blood products. He died on having developed full blown AIDS on GRO-B aged 54.
3. This Statement has been made without the benefit of access to H medical records.

Section 2. How Affected

4. By way of a brief background, H suffered from a severe form of Haemophilia A and had spent much of his childhood in and out of the Royal

Manchester Children's Hospital and had received most of his education through the hospital school and home tuition. He was able to attend school for his sixth form education and went on to study for a degree in psychology at University College London. I met him when he was a post graduate student at Manchester University where I was an undergraduate. Having received direct transfusions from his father during bleeding episodes in his childhood, he went on to have treatment with packed cells, then cryoprecipitate and latterly self-administered Factor VIII (FVIII) concentrate under the care of the Manchester Royal Infirmary (MRI).

5. We married on **GRO-B** when I was 22 years old. **H** was then working as an educational psychologist and I was a health visitor. We decided to adopt children to avoid passing his condition on and we adopted **GRO-B** (born on **GRO-B** 1972) and **GRO-B** (born on **GRO-B** **GRO-B** 1975). Between the two adoptions, we had a baby boy placed with us for several weeks but his birth family changed their minds and took him back. We both found this time very difficult to manage. **GRO-B** adoption was also fraught because her birth mother kept changing her mind which resulted in delays in the legal process. Shortly before we received **GRO-B** my husband fell and broke a leg which resulted in him having a seriously damaged knee joint, leg shortening by several inches and ongoing pain for which he received opioid prescriptions on which he became very dependent. I maintain that this resulted in changes in his behaviour which was difficult for me but must have been even more difficult for him. Although he was a very concerned and interested parent, he was unable to participate in the physical aspects of parenting. Given that he became a more frequent visitor to the hospital both as an in- and out-patient and the fact that I had no local family support, I found that I was increasingly juggling parenting and hospital visiting. I became very depressed though I did not realise this at the time.

6. At some point during this time, **H** was told that he had contracted 'hepatitis' which seemed to be regarded as just bad luck by the medical profession at the time. I do not think that **H** was given information and/or advice to help him to understand and manage the virus. He said he had

received no special instructions as how to proceed. He was later taken off his pain relief (DF118 and Distalgesic tablets) abruptly by his GP which I later realised was because of the possible harm to his liver. He was told to take Paracetamol instead but put a lot of pressure on me to ask a friend of mine for some of the Distalgesic she was taking while waiting for a hip operation. I refused to do this.

7. In 1979 I left my husband as I felt unable to carry on with my marriage and felt that we had no future together. I took the children with me but we came to an arrangement for almost free access as I stayed nearby. This settled down to one evening a week and one day at the weekend. The children went on holiday with him two or three times during the period of our separation but never lived with him again even after he remarried. He had begun to use self-administered FVIII concentrate shortly before I left and this seemed to reduce his hospital visits. During this time GRO-B commandeered her father's attention and somewhat pushed GRO-B out of their relationship. GRO-B had a short period of reluctance to go to school and was clingy to me. She also seemed to have a low mood but she eventually recovered thanks to a good teacher and our perseverance. H and I divorced in November 1983 and he married a divorcee with two children (a girl and boy) of her own in GRO-B. I married GRO-B in GRO-B. We had a daughter, GRO-B and felt that we provided a happy and stable family life for all the children. Although we were not well off at the time the children pursued their interests GRO-B with Girl Guides and music and GRO-B with trampolining at a regional competition level.

8. GRO-B and GRO-B continued to visit their father although they were never as comfortable about it after his marriage as they had been previously and, gradually, GRO-B reduced her visits. She did not enjoy competing for her father's attention unlike GRO-B who became demanding and difficult when visiting. She admits that she was very jealous of her stepmother and her step siblings and made their lives unpleasant. GRO-B had also begun to display challenging behaviour at school either bullying other children or being bullied although she was reasonably well behaved at home at this point.

9. H phoned me about six months before he died to say that he had been diagnosed with HIV and that he had been advised to prepare the children for what was then the inevitable outcome. He was told that they would cope better if prepared in advance. I offered to tell them myself but he said he would do it and I waited with bated breath for this to happen. A few weeks later I asked why he had not done so and he said he could not bear to do it but did not want me to do so either. Shortly after GRO-B asked me directly if her father had HIV and I confirmed this but asked her to respect her father's wishes and not say anything to GRO-B. It was therefore a huge shock to GRO-B shortly after when he died. I realise in hindsight that I should have prepared her as it has had a devastating effect on her life.

Section 3. Other Infections

10. I am not aware of any other infection. I was also tested for hepatitis after mentioning that my ex-husband had hepatitis whilst I was in labour with GRO-B but with a negative result.

Section 4. Consent

11. I am unable to comment on the issue of consent.

Section 5. Impact of the Infection

12. Both children were devastated but reacted in different ways. I knew that they would benefit from counselling but nothing seemed to be available for children at that time. GRO-B became quiet, subdued and depressed. She spent more time with her friends who were supportive and left home at 18 to escape GRO-B bad behaviour. She moved into a local house share. My father, of whom she was particularly fond, died a few weeks before her father. Her GCSE exams took place a few weeks later and she was unable to revise. I notified the girls' school about what had happened but am not sure if there was any mitigation in GRO-B results. She did reasonably well, though could

have done much better. She went on to take three years to achieve two poor A levels but scraped into university and came out with a very good degree in Education. At this time she seemed to have overcome her depression and anxiety and become quite adventurous. She went to Germany to teach in an international school for four years and taught in the south of England for a year before returning home and changing career, starting at the bottom in television production. She now has a successful career, is independent and had an interesting circle of friends. However, I feel that she has had periods of depression which she has never talked to me about and has become very anxious particularly on my behalf. Although she has a wide circle of friends she is very cautious about having any intimate relationships. She has had several unsuccessful relationships and is now very selective. She seems reconciled to living alone. She is feisty and has strong principles and is prepared to challenge people over perceived injustices when necessary. How much of this is a result of her father's death is difficult to say but certainly her tendency to depression and anxiety are linked. She also has alopecia (hair loss) which is very sad because she used to have a beautiful thick head of hair.

- 13 **GRO-B** is an extrovert and a forceful character and, immediately after her father's death, began to display some very challenging behaviours. She became disobedient and unpleasant at home and rude to myself, her sisters and step-father. She was unable to control her behaviour at school and was in constant trouble. I was called into school to discuss her behaviour. She was lying and blaming other children and the school did not seem to know what to do and neither did we. It was very embarrassing as I was a governor at the school. I got a referral to the Child and Family Guidance clinic but the wait for an appointment and the assessment process was so prolonged and she was so unwilling to attend that we gave up; she kept running away with me having to chase her down the street. I despaired of getting any help or meaningful advice. The educational psychologist at her school suggested changing school to one with greater understanding which seemed to be a good option at the time because I thought she was not far off being expelled. This seemed better for a time though she says now that she spent her time

expecting her father to walk through the classroom door and, in effect, her education finished at the age of 12 as she left school with no qualifications. She started playing truant, stealing from us, staying out late and mixing with other troubled children. I spent many hours driving around [GRO-B] late at night looking for her at this time. She then started disappearing for several days at a time, received a caution for shoplifting and stole our very small television. We had to fit locks on all our internal doors and keep the keys on string round our necks to prevent her pilfering. It was an awful time which put huge strain on our family life. My husband and I had both had a very normal happy childhood and found this incredibly difficult. Whilst we understood why she was behaving this way, she later said that she felt worthless and was punishing herself for the loss of her father. Some of these behaviours have continued throughout her life. She has dabbled with alcohol abuse and soft drugs, some minor criminal behaviour, been involved in fights and had numerous jobs. At 16 she left home and we supported her to live in a flat nearby. This was followed by numerous changes of address, ever constant debts, unsuitable friendships and relationships, self-destructive behaviours and two attempted suicides. Eventually she was slowed down by the birth of her daughter [GRO-B] when she was 24. [GRO-B] father disappeared after her birth and has only reappeared on a couple of occasions. He has only ever contributed £2,000 to her care.

14 [GRO-B] was involved in a very abusive relationship when [GRO-B] was 3 and had to move away to stay in a Women's Refuge in [GRO-B]. After this she changed her name by deed poll to [GRO-B] though we continue to call her [GRO-B] in the family. Subsequently she was evicted from the refuge in [GRO-B] and from another in [GRO-B] due to her behaviour and [GRO-B] had two short periods in council care at this time. [GRO-B] had lived at 11 different addresses and been to 7 different schools by the time she was 12 but my husband and I, plus [GRO-B] and [GRO-B] have shared her care and interests throughout her life. At 21 she is a delightful, dynamic and confident young woman who has a job that she is passionate about. She recognises that her mother has not always put her interests first and they sometimes have a volatile relationship. [GRO-B] receives ongoing counselling to help her make sense of her past. She

definitely has good principles and common sense and avoids the mistakes made by her mother.

15. Eventually GRO-B was forced to reflect on the past and consider her future. She returned to her love of trampolining and qualified as a coach and won a grant to run a club which integrated children with additional needs into normal coaching sessions. This provided much needed stability for several years for both herself and GRO-B and a more settled family home. Eventually the grant ran out and GRO-B went into working in social care. She was diagnosed years ago with anxiety and depression, also borderline personality disorder and borderline bi-polar, though she never seemed to stay anywhere long enough to receive treatment. My own belief was that she was suffering from Post-Traumatic Stress Disorder and this was confirmed in the last year as her latest diagnosis. In 2018 she had a major physical health problem and did not work for two and a half years but recently returned to her job. She had a prolonged period of medical investigations which were inconclusive but eventually was listed for abdominal surgery. She had numerous visits to A+E departments in acute pain and was prescribed increasing amounts of opioid pain relief. Eventually she had surgery and, once the pain had gone, sought help to come off this medication but it was not forthcoming so she reduced it and came off it totally herself. She has shown great strength of character in giving up alcohol, smoking and illegal drugs in recent years and is now much more able to function normally. Following the trauma of waiting for a diagnosis, struggling to get the medical profession to believe her symptoms were real and waiting for surgery she developed a very acute state of anxiety which has been treated by a psychiatrist and she is now waiting for the psychological therapy that she has need for so long. She has been a poor judge of character and has many unsuitable friendships and is ruthless in her relationships which fail frequently. Her manner can be confrontational and she has difficulty controlling her emotions. She is very impulsive and opinionated and I still live in dread of what she may do next. For example, she refused to come to GRO-B wedding even though GRO-B was a bridesmaid. She refused to speak to GRO-B and her husband for a year because he told her a few home truths and she would not speak to GRO-B for months over some

perceived grievance but then went back to normal as though nothing had happened. She has made many family occasions uncomfortable and we have been on edge when we get together. Having said that, she has had plenty of time to reflect on her life; she wants to make amends and feels very guilty about what she has done. Her life is now much more stable. She can be very kind, unnecessarily generous and lots of fun when it suits her. She has a remarkable insight into her behaviours of the past but still needs to control the present less impulsively. I hope that the long awaited therapy that she needs will help resolve her ongoing grief and resultant behaviours when she finally gets it.

16. As a family she has worn us out. My wonderful husband has had to endure more than anyone should. We have continued to bail GRO-B out of debt until GRO-B left home though we continue to pay most of the expense of her car which she needs for work as she does not earn much. She is finally accepting her responsibilities.

17. Although I had a very responsible and demanding job, since retirement I have become anxious over the slightest thing that I would have taken in my stride years ago. I suffer from irritable bowel syndrome, insomnia and have a chronic blood cancer. Although I never considered giving up on my parenting role it has been far more challenging and exhausting than I ever envisaged. I love my children dearly and am aware of their kindness and generosity. All of them volunteer in some way and contribute positively to society and work hard. I believe that the events and impacts I have described are related to the death of my former husband as a result of him receiving infected blood products.

Section 6. Treatment/care/support

18. No counselling or psychological support was offered to the girls in relation to what happened to their father except for the long awaited psychological support GRO-B only relatively recently had (as mentioned at paragraph 15 above).

Section 7. Financial Assistance

19. The girls received a one off modest payment through the Macfarlane Trust at aged 18. Their stepmother filled out the forms.

Anonymity, disclosure and redaction

20. I confirm that I wish to apply for anonymity and that I understand this statement will be published and disclosed as part of the Inquiry.

21. I do not want to give oral evidence to the Inquiry.

Statement of Truth

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

Signed.

GRO-B

Dated.....

11th November 2020