

# ANONYMOUS

Witness Name: **GRO-B**

Statement No: WITN3565001

Exhibits: None

Dated: October 2019

## Infected Blood Inquiry

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WRITTEN STATEMENT OF **GRO-B**

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

### Section 1: Introduction

1. My name is **GRO-B** and my date of birth and address are known to the Inquiry.
2. I married my current husband in 2007, following the death of my first husband, **GRO-B: H**. I do not have any biological children as my daughter from an earlier relationship sadly died at a young age. When I married my current husband, I became a full time stay at home parent and have looked after my husband's son since the age of four years old. He is now 16 years of age and he continues to live with us. My husband supports the family financially so I do not have to work.
3. The content of this statement is based on my knowledge and experience during my marriage to **H**. I have not had the benefit of reviewing my late husband's medical records. A request for medical records has been made.

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## Section 2: How Affected

4. I first met [H] when I was a teenager. He moved away from the Leeds area where I was living at the time and got married. He later divorced and moved back to the Leeds area. I cannot recall [H] explaining the reason for his divorce.
5. In or around 1992/93, [H] got back in touch by sending a letter to the address where I had lived when we first met. I had moved house so did not receive the letter immediately but it was eventually forwarded to my new address. [H] asked to meet and we did so. After a year of dating [H] he proposed. I was 22 when we got married, [H] was 26.
6. Before we got married, [H] was open about his health and explained that he had haemophilia. He told me that on one occasion, when he was a teenager, he had a bleeding episode and was taken to hospital where he received a blood transfusion. He told me that the blood was contaminated and he had contracted HIV and Hepatitis C as a result. I assume that he received the blood transfusion from a hospital in Leeds as this is where he had lived at the time. It was possibly St James' Hospital however I cannot be sure.
7. I was shocked by [H] disclosure at first but we got married and tried to live a normal life. Whilst we were married, we met with a doctor who explained more about the condition and the risk of cross-infection. The doctor told me to have safe sex with [H] and to always use a condom. He also gave us leaflets telling us about the consequences of infection, and the hospital supplied condoms as a precaution. St James' Hospital was very supportive, and in my view gave us as much information as possible.
8. Soon after we married, I left my job at a local pub and stayed at home to look after [H] I became his sole carer and I stood by him as his condition deteriorated and until he eventually died.
9. [H] would go for frequent check-ups throughout the time we were together. These were with Dr McVerry at the Haematology department at St James'

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Hospital, Leeds. The check-ups were weekly or monthly depending on his bleeding episodes. I was present during all consultations.

10. [H] received Factor VIII at hospital during the consultations and also self-administered this treatment at home. He was a severe haemophiliac and so often had factor VIII injections more than once a day.
11. By 1992/93, [H] and I were married and lived in a two bedroom flat in Leeds. We were happy. I cannot recall the exact date but at some stage, the local community became aware of [H] condition. It was incredibly upsetting. We did not discuss [H] condition outside the family because of the stigma associated with HIV and Hepatitis C, so it is not clear how and when people became aware that he had become infected.
12. Some people in the local community were unkind. They vandalised our home by writing graffiti on the walls and smashing the windows. We endured this for many months and finally felt that we had no other option than to move from the area.
13. Due to [H] condition, he was not able to get a full mortgage. This was because of the conditions he was diagnosed with and because he was not working at the time. Nationwide offered a 99% mortgage and in 1996, we moved to [H] in [H]. We were very happy at that house and lived there until [H] died in 2006.
14. From 1993 onwards, [H] struggled with his physical mobility, and his physical and mental health also deteriorated over the years. He did not use walking aids as he did not want people to think he was unwell and suffering. This would have led to questions he was not comfortable in answering.
15. Around 1996, I remember he was suffering badly from arthritis. He was unable to walk down the stairs and instead came downstairs on his bottom. He also had to position his feet in a certain way so that he was able to walk. [H] did not lose weight. He refused to have a wheelchair or adaptations to the house (such as rails in the bathroom) to improve living conditions. [H] declined all offers



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of outside help from his doctor at the hospital, such as advice or counselling from medical professionals, and instead solely relied on the care that I offered him.

16. In or around 2000, in the last 18 to 24 months before he died, his behaviour changed and intensified. I do not know why this happened or if anything specifically triggered it, but at the time I assumed it was to do with his having HIV and Hepatitis C, and the deterioration of those conditions. He became increasingly angry and bitter, and because I lived with him, I was at the receiving end of all of his anger and frustration.
17. [H] was possessive and did not like being left on his own. We had a mobility car which I would use to drive to the shops or to visit my Mum, when I needed a break. Within an hour of leaving the house he would telephone to say that if I did not return home, he would report the car stolen to the Police. On my return he would become argumentative.
18. I used to regularly ask him why he behaved in such a way. I think he wanted to lash out and I was the most obvious target. There was no-one I could turn to for help. I did not mention [H] behaviour to Dr McVerry at the hospital during appointments, as he was also present and if I had, it would have caused another argument.
19. I used to walk the dog up to three times a day for respite. During this time, I would ring my Mum. Since moving to [GRO-B] I no longer had a close network of family and friends so would frequently feel lonely and isolated.
20. In the year prior to his death, [H] became increasingly abusive. He would kick and punch doors in anger and there were frequent outbursts of violence. I was able to identify a pattern to his behaviour, which was worse when he needed Factor VIII. His mood would often improve after being treated but not always. [H] moods were often unpredictable and he did not communicate his feelings at all.

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21. As a carer I carried out all household tasks including cleaning and gardening. [H] did not want any assistance from medical professionals and charities, such as hand rails in the bathroom and on the stairs, which meant that I had to assist him with his personal care and prepared all of his food and drink. I often mixed his Factor VIII treatment and he would self-administer the product.
22. I had no control over our marital finances. [H] always said that he would be dead before he reached 40 years of age but that I would be financially looked after. He did not go into detail but I do recall him mentioning that I would receive 50% of his pension. A few days before he died, we had an argument. He was angry and rang an organisation, which may have been The Haemophilia Society or the Macfarlane Trust. He told them that we were estranged. I do not know why he did this but believe it was in the heat of the moment. We were not estranged as we were married, lived in the same house and I continued to be his primary carer. This concept that we had become estranged however led to difficulties after his death when I encountered problems trying to access my entitlement under his pension.
23. [H] could on occasion be loving and kind but this did not make up for his nasty behaviour, which became more common as the years passed and his health deteriorated. Deep down I knew that he did not mean it and that it was due to his illness but it was nonetheless hurtful and had an increasingly detrimental impact on my physical and mental health as the years went on.
24. [H] and I wanted children, and on two occasions we tried to conceive via IVF by using a sperm donor. The reason for using a sperm donor was explained to us by the doctors as the limiting risk of cross-infection to both mother and child. Unfortunately, on both occasions we were unsuccessful and we decided not to continue. I cannot say for sure but I think this had an impact on [H] but he would not talk about his feelings. We had always wanted children and this was another thing that his illness had stopped him from doing. I also felt that he did not want to have much interaction with his sister because she had two boys. He wanted to live a normal, family life and was unable to.

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25. Prior to marrying [H] I had a daughter who sadly died from pneumonia when she was 18 months old. I wanted to display pictures of her in our home but [H] refused. This is just one example of the hurtful behaviour I had to endure. He did not give a reason but I would guess it was because we could not have our own children.
26. The night before [H] died, I asked whether I could stay at my Mum's for some respite. He said that he was feeling unwell, with flu like symptoms. He did not want me to go. I did not think this was unusual. I pacified him by saying I would contact him when I arrived at Mum's and then before I went to bed. That night, I received a telephone call from the Police and was told that Officers had to break into the house. I think a neighbour had made a complaint about loud noise coming from the house and they assumed the house was being burgled.
27. The Police Officer told me they had found [H] inside the house and he had died. A doctor response car and ambulance later arrived and confirmed that [H] had passed away. The house looked like it had been ransacked and I was not allowed to enter until items such as clinical waste had been removed. When I was allowed back into the house I was shocked at the condition it was in and I cleaned up. The heating was on the highest setting; I assumed that [H] had done this either because he had a fever or perhaps by accident.
28. Shortly after [H] death, the Coroner David Hinchliff contacted me and explained how [H] came about his death. I was told it was likely that [H] had gone blind not long before he died, which explained why the house was in such a mess, and the noise that neighbours would have heard. In addition, part of his brain would have started to breakdown and organs failing. The death certificate recorded the death as "purulent meningitis" not HIV. I think this is because [H] had flu like symptoms. I did not question the cause of death.
29. The flu like symptoms had appeared overnight. There was no prior indication that he was unwell. If there had been, I would not have left to go to my Mum's. I feel



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terribly guilty about the way [H] died, which I believe has had a lasting impact on my mental health.

30. When [H] died in 2006, I had no money to pay for funeral expenses or day to day living expenses such as the mortgage. I subsequently found out that [H] had not paid the mortgage for some time prior to his death, so there were outstanding payments to be made. I was left with a lot of [H] debt. Eventually I had to move out of the house to live with my Mum.
31. [H] Mum arranged the funeral, with very limited input from myself. She arranged the music, flowers and undertakers. I cannot recall being told that the coffin had to be closed or that [H] was not allowed to wear clothes that she had chosen for him. After the funeral, [H] Mum asked for £2,500 for the head stone, which I paid.
32. I recall not long after [H] death that his sister sent a text message to me telling me that I was to blame for his death. She knew I was his full time carer and seemed to say I had not done a good enough job. There was no basis for this accusation and I have not spoken to her since.
33. [H] did not leave a will and so I had to apply for a grant of letters of administration. The house was subsequently sold but unfortunately this was at the time during the Northern Rock financial crash, and once the debts were paid, there was no surplus for me to use to get back on my feet. I lost my home and car, and was left without any money or source of income.
34. I lived with my Mum for some time whilst I waited for a Council house to become available, which was not until 2007. I did not move back to Leeds and stayed in [GRO-B]
35. I met my husband, [GRO-B] at the end of 2006 and we married in 2007. We are happily married and he financially supports us both, as well as our grandson.

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### Section 3: Consent and testing for other infections

36. I am not aware whether [H] consented to testing for HIV or Hepatitis C as he did not talk about his condition. I cannot recall if there were any discussions about tests when I went with [H] to his consultations.
37. I do not know whether [H] had any other infections aside from the two he told me about. As I have explained, he did not talk about his condition or treatments and would take no help from any professionals at all.

### Section 4: Impact

38. [H] hated what the contaminated blood did to him. He had always been unwell and he was angry and bitter about what these illnesses had done to his life. When we first met he was kind and loving and if he had not contracted HIV and Hepatitis C our lives and marriage may have been different.
39. When I met [H] worked as a cleaner in a pub but he needed a full time carer so I left my job. When I moved to live with him in 1996, I no longer lived close to my family. We were happy living at [GRO-B] but I would often feel lonely and isolated. The only daily interaction I had was with [H] but he would spend most of his time on his computer. He rarely left the house, except to go to medical appointments.
40. I often wondered whether he bought the house so that I would be isolated from my family. Looking back, his behaviour was controlling. He was unable to live the life that he had wanted and planned so I was punished because at the time, I was fit and well. I had no friends, rarely saw my family and did not feel able to leave the house for long periods of time, without an argument ensuing. I had to hide telephone calls to my Mum.



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41. I eventually had the courage to tell my Mum about the way I was treated. [H] was liked by my family and they were shocked at what I had disclosed to them about his behaviour and our life together.
42. I have since been diagnosed with anxiety and depression and the trigger of this was the experiences I had to endure whilst being married to [H]. I have had counselling from my GP but have declined a referral to a therapist. I continue to take medication to control my symptoms.

### Section 5: Treatment/Care/Support

43. [H] was offered treatment for Hepatitis C and HIV, in addition to counselling. As far as I am aware he refused all of this. He was not forthcoming with information and I did not question his choices.
44. The only treatment that [H] had was continued injections of Factor VIII and ibuprofen. As far as I am aware, [H] did not experience side effects associated with administering Factor VIII.
45. [H] was not refused treatment from doctors or dentists as far as I am aware.

### Section 6: Financial Assistance

46. Due to [H] condition, he was in receipt of "high rate" mobility benefits and had been for most of his life. He was unable to work. I also received carer's allowance but this was paid directly to [H] as he controlled the finances.
47. I was not aware of [H] seeking financial assistance from the Skipton Fund or Macfarlane Trust. He certainly did not mention this to me. I do recall that he said I would be looked after when he died but as set out above, this did not happen. As a result, I had nothing with which to pay off his debts, leaving me helpless and destitute.

**Section 7: Conclusion**

48. The contaminated blood and the illnesses it gave him turned H into someone that was so different to the man I married. It changed his personality and ruined his life, and mine too. I want the Inquiry to explain how this could happen.

**Statement of Truth**

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

Signed

GRO-B

Dated

29-10-19