Witness Name: Gillian Currie
Statement No.: WITN0810001
Exhibits: Nil
Dated: 09.05.19

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF GILLIAN CURRIE

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 6 March 2019.

I, Gillian Currie, will say as follows: -

Section 1. Introduction

1. My name is Gillian Currie. My date of birth is GRO-C 1959 and my address is known to the Inquiry. I am the widow of Barry Currie ("Barry"), born GRO-C 1948, and mother of our four grown-up sons. I have recently sold my general grocer business and intend to take a break from work for a period.

2. I intend to speak about my late husband Barry's infection with Hepatitis C ("HCV"), which he contracted from a transfusion of contaminated blood following a wisdom teeth extraction in 1976. I will speak about the nature of Barry's illness, how it affected him, the treatment received and the impact it had on him and our lives together.

3. I confirm that I have chosen not to be legally represented and that I am happy for the Inquiry team to assist me with my statement. The Inquiry

team has explained anonymity to me and I do not require any information to be kept private.

Section 2. How Affected

4. Barry had been feeling unwell and out of sorts for the 10 years leading up to his HCV diagnosis. From 1994 Barry suffered from constant headaches, a stiff neck and pain around his kidneys. Doctors would simply say he was stressed.

5. Barry and I ran a general grocer and newsagent. In 2004 Barry began to go back to bed in the day after doing the paper route and opening the store. Barry felt very ill and tired all the time. Barry's GP, Dr Jones, suggested that he was suffering from depression.

6. That same year Barry had tonsillitis but was not getting better so he saw a new doctor, Dr Webb, who took a blood test which came back showing signs of HCV infection.

7. In November 2004 Barry was referred to the Norfolk and Norwich University Hospital ("NNUH") where he underwent further blood tests and liver scans and was formally diagnosed as HCV positive. We were completely shocked by the diagnosis. The doctor who told Barry of his diagnosis, Dr Phillips, had a particularly bad bedside manner telling Barry, "well you're going to die".

8. In November 2004, Barry also attended a specialist liver nurse at NNUH who pulled up Barry's medical file and deduced that he must have received the contaminated blood when he had his wisdom teeth removed in 1976. He had 4 units of blood transfused during the course of that operation. The nurse said one of these units was contaminated. We were both completely shocked at learning this information; it's just not something you would ever expect. You don't question or assume that blood might be infected.

9. The nurse provided Barry with basic advice on how to live with HCV, such as not to drink and other general health advice, but we found out most information through conducting our own research. There was a lady GRO-C who had also been infected with HCV around the same time as Barry; she was a great help to us and shared the information she had found, including telling us about the Skipton Fund. Sadly, she has now passed away. I do not believe adequate or timely information was provided to Barry or myself to understand and manage the infection. Nor was there any information disclosed as to how to prevent the spread of infection.

10. Under the instruction of Dr Phillips at NNUH I was tested immediately for HCV following Barry's was diagnosis. Fortunately my results came back clear. Dr Phillips informed us that there was no need for our sons tested for HCV; I am unaware if they have since been tested.

Section 3. Other Infections

11. To the best of my knowledge, Barry did not contract any other infection as a result of being given blood transfusions.

Section 4. Consent

12. To the best of my knowledge I believe that Barry had always been treated or tested with his knowledge and consent, and had been given adequate or full information. As far as I am aware, Barry was never tested or treated for the purposes of research.

Section 5. Impact

Treatment and Physical Impact

13. Following further tests at NNUH, in June 2005 Barry was diagnosed with cirrhosis of the liver.

14. At the end of 2005 Barry started Interferon treatment for HCV. Barry was already ill but this greatly exacerbated it. This treatment lasted approximately 5 months before he was deemed too ill to continue with it.

15. Following the unsuccessful Interferon treatment, Barry was referred to Addenbrooke's Hospital ("Addenbrooke's"). By this stage, the cirrhosis of Barry's liver had turned to cancer and Barry was deemed suitable for a liver transplant.

16. On 26 August 2006 Barry had his first liver transplant. They lost him for a time on the operating table; this led to kidney failure and compromised breathing. The operation lasted 11 hours. Following the operation, Barry was placed in the high dependency ward and connected to a dialysis machine. Barry remained in hospital for approximately 5 months and I travelled 62 miles every day to see him.

17. Following his first transplant operation, Barry was placed in intensive care, then the high dependency ward. Frequently when I went to visit Barry he would be in a coma and was completely out of it. During this time Barry was also connected to a nasal feed, which I learnt to insert and remove. When he was well enough I would take him outside in a wheelchair for some fresh air, which he enjoyed.

18. On 29 September 2006, Barry was transferred to Papworth Hospital to have fluid drained from his heart. He went into cardiac arrest on the

way there and had 4 litres of fluid drained in 16 minutes upon arrival. Barry went into shock and had to be put on an IV drip. On 6 October 2006 Barry was transferred back to the care of Addenbrooke's.

19. On 15 October 2006 Barry was released from hospital. In January 2007 he was re-admitted to Addenbrooke's for a few weeks for peritonitis. At this stage Barry's health was severely compromised.

20. Within 6 weeks of the liver transplant the HCV infection had returned.

21. On 13 November 2008 Barry was re-admitted to Addenbrooke's for dehydration, pain and confusion. He was placed in the general ward before being transferred to the liver ward on 27 November 2008 with clostridium difficile ('c. diff', a stomach bug) and bronchitis. I had hoped Barry would be able to come home for Christmas but he was too poorly. He actually nearly passed away on Christmas Day 2008 but was given 2 units of blood and his health subsequently improved.

22. Barry's consultant at Addenbrooke's, Dr Graham Alexander, fought for him to have a second transplant. Dr Alexander thought that Barry was deserving of a second chance at life as he'd had so many near misses.

23. On 25 May 2009 Barry underwent a second liver transplant operation. The operation lasted 13 hours and it took a severe toll on Barry. Barry's kidney's and heart were not strong enough so the surgeons couldn't close his liver until the next day. Barry's lungs were damaged in the operation, leaving only a quarter of his lungs remaining, and he deteriorated to the point where he required a ventilator. An attempt was also made to insert a voice box into Barry's ventilation tube; but to be fitted, the airflow level has to be below 5%, and they could not get Barry's air support that low. Unfortunately this meant that Barry lost his ability to speak. In Barry's final three months we had to lip read to understand each other.

24. Following the second transplant operation, Barry never left the intensive care ward.

25. At the start of August 2009 Barry decided that he'd had enough and asked for the life support machines to be turned off. Barry underwent 3 weeks of psychological assessment before his request was granted. On 27 August 2009 the machines were turned off and Barry passed away, his death certificate stating the cause being from pneumonia and cirrhosis.

Mental, Family and Social Impact

26. Initially Barry was angry about the diagnosis, and his mental health deteriorated over the years and he became very depressed about constantly being in hospital. Barry never cried around me but the nurses said he would frequently cry and get upset. Dealing with the fact that people died to allow for him to receive the transplanted organs was very difficult for him to cope with.

27. I found it very isolating going to visit Barry every day when he was in hospital. The only time I saw close friends or family was when they came to visit him. My way of coping was to throw myself into my work and keep a daily diary.

28. It only dawned on me recently how much of an impact Barry's illness and death had on our sons growing up. They were all in their teenage years as this was happening and it is very lucky that none of them went off the rails. They have all grown to be well adjusted and fine young men. They all looked out for each other and supported each other emotionally. We have recently become a lot more open about discussing the emotional and mental impact Barry's illness and passing had on us. It has taken many years for us all to get to this point. It was really hard on them visiting their father and see him

looking progressively worse each time. My youngest son even fainted when he visited Barry following the first transplant operation. Ultimately though our sons have bonded over these events and I believe it has helped them grow really close.

Career and Educational Impact

29. In 2004 Barry had to stop working because he was too ill. Barry was also forced to retire from his role as a magistrate, a position which he loved, due to brain fog and confusion. Barry also loved to sail but he could no longer do this. Instead he tried to fish, but he became too weak and could barely pull the fish he caught out of the water.

30. Fortunately I was able to keep our business running, but during the long periods Barry was in hospital, I would visit him every day. I would go to the store in the morning to open up, be at hospital during the day, then go back late to the store in the evening to prepare for the next day. It was a gruelling routine to maintain.

31. Our sons helped every day in the shop when I was going to visit Barry. They would get up early, help open the shop, do the paper run and even bake croissants before school.

32. Our sons continued to do well academically and those who wanted to go to university have done so, but it is always hard to measure the impact of this. Who knows what their school experience could have been like had Barry been well. Our second son, who was the first to go to university, chose to go to the University of Cambridge so that he could be closer to his dad.

Stigma

33. Medical staff at NNUH assumed Barry was an alcoholic or addict when he was first diagnosed there which was difficult and humiliating

for him. Once he explained that his infection with HCV was from contaminated blood they treated him differently.

34. I told people freely that Barry had HCV. Neither Barry nor I ever encountered any stigma once we explained that his infection was caused by contaminated blood. I would firmly correct someone whenever they made an assumption about Barry, however, it was taxing having to have the same conversation every time.

Section 6. Treatment/Care/Support

35. Barry did not face any difficulties or obstacles in receiving treatment, care or support due to his HCV status.

36. Barry was offered some psychological support prior to his passing away. I was not offered any counselling, but was offered grief support when Barry passed away.

Section 7. Financial Assistance

37. The lady GRO-C who had also been diagnosed with HCV and helped us learn to live with the infection, made us first aware of the Skipton Fund.

38. We applied for the Skipton Fund ourselves and received an initial Stage 1 payment of £20,000 in December 2004 and a Stage 2 payment of £25,000 in May 2011.

39. Barry also received £56 per week from the Incapacity Benefit. At first Barry tore up the form to apply for benefits and threw it in the bin, as it made him feel angry and ashamed to have to ask for a handout. I convinced Barry we should apply because he had worked his entire life and deserved assistance.

40. I wouldn't say that I am lucky, because I lost Barry, but I managed to keep a roof over my sons' heads. Many other families have been far less fortunate. I believe the amount provided from the Skipton Fund is totally inadequate for people to survive on. To pay £25,000, which is barely a year's minimum wage, as compensation for the loss of a loved one's life is cruel and insulting.

Section 8. Other Issues

41. I spent a significant part of my life travelling long distances to visit Barry every day and many other family members do the same to visit their sick loved ones. The travelling expenses, fuel and parking tickets add up over the years. I joined with a group of people who I met at Addenbrooke's to help fundraise for money to go towards travel costs. I was able to help raise £7,000 for families to visit their loved ones who were on the same liver ward Barry was on. I feel commuting to visit sick loved ones is an overlooked issue. It is a tax in terms of cost, time and emotions. Hospitals are doing great work in treating the patients, but people really need assistance from the government.

42. I also find it concerning that there are people still out there who have not been informed that they may have HCV. I know that it is possible to trace the contaminated blood through look-back exercises, and I can't understand why this is not happening. The government should conduct a look-back exercise and inform those potentially infected right away. I believe if Barry had been alerted and tested much earlier there could have been a stronger chance he could have had successful treatment, or would have been more likely to have survived the transplant if he had been a younger and fitter man.

43. It makes me feel so angry that those responsible have not been held accountable, and there has never been any apology.

Statement of Truth

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

Signed GRO-C

Dated 09.05.19.