



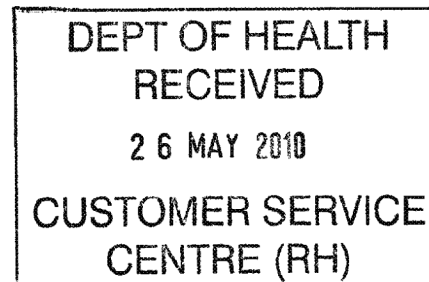
THE MACFARLANE TRUST

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Anne Milton, MP
Parliamentary Under-Secretary of State for Public Health
Department of Health
Richmond House
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24 May, 2010

Dear Under-Secretary of State

I am writing to welcome you on your appointment as Parliamentary Under-Secretary of State for Public Health.

May I wish you every success in discharging the heavy burden of responsibility you are undertaking to the whole community in respect of public health. At the same time may I draw your particular attention to one small but very special part of that whole, the community of care whose needs the Macfarlane Trust is charged to relieve.

The Macfarlane Trust was established in 1988 as the then Government's response to the entirely exceptional circumstances of those persons with haemophilia who were infected by the National Health Service with HIV by transmission of contaminated blood products. The Macfarlane Trust seeks to provide relief to those victims and their families with funding provided by HM Government through the Department of Health's budget.

Your predecessors have repeatedly made statements recognising the hardship and great distress that those victims and their families have suffered, coupled with expressions of deep regret and commitments to provide the finances which the Trustees need for the Trust Fund. Submissions for substantial increases in those finances had been effectively rejected over recent years, on the grounds of budgetary constraints and competing pressures. This was notwithstanding the Trustees' expressed conviction that it was simply unacceptable that our beneficiaries, whose lives had been shattered and would continue to be blighted by what has been described as "the worst treatment disaster in the history of the National Health Service", should be further disadvantaged by financial stringency and "competing pressures" in the NHS.

It was not until the publication of Lord Archer's Inquiry Report in February last year required a substantive response from the Government, eventually published on 20 May, that a significant increase in funds was made available for the support of the Trust's beneficiaries. This involved commitments that at least £12,800 per annum would be paid

to each infected person as of right and that further sums would be made available to the Trust to disburse on a discretionary basis.

Much as the Trustees have welcomed these new arrangements and the increased funding which makes them possible, we have continued to make representations to your Department that still more must be done if the needs of the Trust's beneficiary communities, both infected and non-infected, are to be met properly and to the full extent required by our Trust Deed. It is greatly to be hoped, therefore, by both the Trustees and all our beneficiaries that, with your new Administration taking office, further progress will be made.

Both parties in your Administration undertook among their Election campaigning commitments to give the issue of providing adequate support to those affected by the contamination of blood products with HIV the most urgent and necessary priority and to conduct a fully open review. Indeed deep disappointment was expressed in one Manifesto that the Labour Administration had failed to provide adequate support to those affected. At the same time a successful application has been made for Judicial Review of that part of the Response to Lord Archer's Inquiry Report which implicitly rejected the recommendation that no-fault compensation payments should be made of at least the equivalent of those payable to victims in Ireland. In addition, I understand that a number of your Parliamentary colleagues are having discussions about the reintroduction of Lord Morris's Bill which seeks to implement Lord Archer's Inquiry Report in full and about how the Bill might be amended to make it fully workable.

Clearly, therefore, it is right and proper for the Trust and its beneficiaries to expect some further and urgent action on the part of your new Administration. At the least I urge you to move as quickly as possible to implement the governing parties' respective commitments to conduct a review. I also urge you to involve the Macfarlane Trust from the beginning of that process so that any decision that emerges will be informed by full, up to date and accurate information.

I would welcome the opportunity to meet you and discuss these issues with you as soon as you have been able to settle in to your new office and your new responsibilities for public health.

May I again wish you every success in discharging those responsibilities.

Yours sincerely

GRO-C

Christopher FitzGerald
Chairman