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## RE INFORMATION FOR COMPLAINT TO PARLIAMENTARY OMBUDSMAN

Dear Jim.

Please find enclosed letters and supporting documents. I would be grateful if you could send all documents including this letter to the Parliamentary Ombudsman. I have enclosed a detailed letter to yourself with regard to my concerns. There are also other families making similar complaints.

In a nutshell I have provided you with a copy of the statements given by Lord Warner and Melanie Johnson. Please compare these statements against the letters addressed to me from Malcolmson Law Solictors, who act for haemophiliacs in Eire, and the Blood Policy Unit, Department of Health, Eire, detailing the Eire government's hepatitis C "ex-gratia" compensation package. These two letters serve as evidence to support the case for maladministration in the form of our Department of Health officials supplying completely false and misleading statements to fellow politicians, haemophiliacs, and the general public. The same has happened in Scotland with misleading statements from Malcolm Chisholm, as documented in the "Sunday Herald." This paper also used my letters as evidence. There would appear to have been cross border collaboration on this issue. Once again this demonstrates the need for a full and open independent public inquiry into the entire blood contamination scandal. We do not know in what other ways campaigners may have been mislead!

Haemophilia campaigners believe that we are being deliberately mislead on the facts surrounding the Eire payment as questions have been repeatedly asked in the House of Lords and Commons as to why our government are not paying out on a parity with Eire to haemophiliacs infected with hepatitis C through blood and blood products. The government propaganda has always been that the situation in Eire is different. We have been able to establish with help from Irish solicitors and the Eire government that the situation is in fact the same as ours. Ministers have also given misleading information on the Canadian settlement, (see e-mail from Canadian campaigner, Mike McCarthy). We believe haemophiliacs were deliberately mislead on the Eire settlement in order that the government could avoid recognising haemophiliacs' extraordinary suffering on a level with haemophiliacs in Eire, and only pay-out a proposed settlement at an abysmally low level, (excluding widows/widowers). This proposed settlement is a disgrace and amounts to only one tenth of the amount paid some time ago to haemophiliacs and their families in Eire, prior to any tribunal of investigation.

Haemophiliacs are outraged, and are complaining to the Ombudsman in order that the truthful facts can be established and recorded, and health officials now made to answer the same questions on Eire in relation to the correct facts of the Eire settlement. We believe we have now taken away all reasons previously given by our government for not paying out on a parity with Eire.

We hope that if this misinformation is exposed, our government will then proceed to carry out its duty to value the life of an English haemophiliac at the same level as an Irish haemophiliac in terms of a financial settlement, and to include bereaved families. We are also taking our case to Europe on the grounds of discrimination, also looking at human rights issues.

Thank-you for your support, it is in the public interest that we have an honest government, and that we can trust statements issued by our government. Recent evidence has shown that sadly this is not the case. I am aware that time is of the essence in relation to this matter as the government are very keen to rush through this grossly inadequate financial scheme, particularly now that we have legal cases in the U.S. against the plasma companies in relation to the alleged gross safety violations in the collection of plasma to manufacture factor concentrates for haemophiliacs. This will inevitably lead to questions being asked in relation to why this country imported U.S. plasma in the first place when such safety concerns were widely known for decades to the Department of Health.

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