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INFECTED BLOOD INQUIRY

EXHIBIT WITN2050003

Contaminated Blood
CAMPAIGN

Campaign Aims

[1]**Primarily and urgently** we shall campaign for the distinction between the so-called two stages of Hepatitis C Virus (HCV) infection to be removed. This unfounded distinction prevented around 80% of victims from claiming the small amount of financial assistance awarded in the Government review of January 2011.

At the same time, we shall continue to campaign for the following:

- [2]A full judicial public inquiry, with all the power of the law to call upon those responsible for the disaster to give evidence under oath to determine who was responsible. Without this, it is impossible for Government to gain from lessons learnt and prevent similar disasters in the future.
- Comprehensive, routine health checks and care that take into account the full range of health defects linked to HCV in addition to liver disease.
- Provision of medical permit cards, enabling access to priority medical treatment in all aspects of healthcare, with assurance of funding for the best treatment options available. This should extend to all those infected with any disease through contaminated blood and/or blood products.
- Full financial compensation for the suffering and financial hardship caused by infections contracted through blood and blood products - to be awarded to those infected, as well as any family members whose lives have been affected.

[1] It is crucial that the Government acknowledge the fact that hepatitis C is much more than liver disease – a fact confirmed in the research consulted by their own expert panel, but disregarded by the Government in the review. Most HCV sufferers are prevented from reaching their full earning potential, not necessarily because of liver damage, but because of the numerous extra-hepatic manifestations they struggle with. The two-staged criteria must be removed as a priority while we work towards our ultimate goal of full and fair compensation for all. Otherwise, future assessments will be based on that same, flawed criteria, leaving the 'stage one' group continuing to struggle with financial hardship caused by their ill-health.

[2] One of the failings of both the Archer and Penrose Inquiries was that they did not have the jurisdiction to call upon all witnesses deemed necessary to establish the full truth. Furthermore, the Archer did not, and the Penrose will not, apportion blame, where failings were identified.

Frequently Asked Questions

Does CBC support contaminated blood victims with HIV?
We certainly do. In fact, one of our campaign team has HIV.

Why is it CBC's primary aim to remove the staged criteria for HCV? Wouldn't it be better skip that and campaign solely for compensation based on individual assessment?
In the unlikely event of the Government agreeing in the foreseeable future to fund compensation based on individual assessment, the assessors would be guided by criteria based on severity of illness, estimated loss of income etc, etc. Therefore it is highly probable that severity of illness for HCV victims would be measured using the current, unsubstantiated, stages 1 and 2 of liver disease. Other HCV related illnesses would remain disregarded and 80% of people, including widows, would lose their right to fair compensation. That is why it is important that the two stage criteria is removed first.

I've heard that evidence of illness other than liver disease with HCV is weak. Is this true?
No. There is strong evidence that the virus attacks various organs other than the liver, causing debilitating and disabling illnesses. Minutes of the expert panel's consultations, obtained by CBC under the Freedom of Information Act, revealed that they discussed a research paper showing strong evidence of damage done to the brain by the virus. Omission of this paper from the reference section in the review document might indicate a deliberate cover up. The experts discussed their knowledge of illnesses other than liver disease and the unreliability of tests for cirrhosis, but most of their observations were disregarded. One of them said it would be pragmatic to assume that EVERYONE with HCV would suffer cognitive problems.

Should people who are more sick get more compensation?
Compensation as such has never been paid to anyone. If ever it should be, we strongly agree that those who've suffered most should receive most. The only help currently available is described by the Government as 'financial assistance'. This is a small amount of regular income to help with day to day living expenses for those too sick to have gained financial security. It is grossly unfair that 80% of the sick don't qualify for this.

It was reported recently that 500,000 people in the UK might have HCV, but don't know it because they don't have symptoms. If you can have HCV without symptoms, why should anyone be compensated or given financial assistance?
The estimate came from a hepatologist (liver specialist) who asserts that he has not carried out research into the affects of HCV other than liver damage. Clearly he is saying that these people don't have symptoms of *cirrhosis*. Only 20% of people with HCV progress to cirrhosis so, given that some people are symptom free, even *with* cirrhosis, the percentage showing symptoms would be even less than 20%. The remainder might not know they've got HCV, but it's highly likely they're wondering why they're in such poor physical and mental health.

Does CBC welcome campaigners who were infected via whole blood transfusions?
We feel that it would be immoral to turn our backs on people who are suffering for the same reason as us, namely, because the DoH refused to heed warnings about contaminated blood and blood products. We are here to offer friendship, information and a platform for people to campaign for justice. It was a Government decision to include both haemophilia and whole blood patients in the Skipton Fund. If people disagree and wish to put their case to the Government from another point of view that is their individual right. All those infected and affected are welcome with us.

Shouldn't haemophiliacs be a special case because each dose of their treatment is manufactured from the blood of thousands of donors, thus exposing them to numerous viruses and pathogens?

It's true that people treated with factor concentrates are exposed to more infections than those who receive one-off blood transfusions. The DoH are fully aware of this fact and their experts will decide whether haemophiliacs should be treated differently or not.

I've heard that between ten and fifty thousand people have been infected with HCV through whole blood. How could the Government afford to pay financial assistance to all of them?
CBC have researched these figures and the story seems to be a myth – perhaps invented by Government to deter campaigners? There are ????? from the whole blood community registered with the Skipton Fund. It must be remembered that only those who had treatment before 1991 can register, so it's highly unlikely that the number will rise much and, in view of the death rate, it's more likely to fall. The cost of extending financial assistance to ALL stage 1 Skipton registrants in England, in line with HIV and HCV stage 2 registrants would be in the region of £22 million per annum.

Shouldn't haemophiliacs receive more compensation because they were used as guinea pigs?
Yes. But firstly, this would have to be proved. There is strong evidence that this is the case, but while successive Governments refuse us an inquiry it is simply evidence, not proof. This is one of many reasons that CBC is campaigning for a full, public judicial inquiry.