Witness Name: David Tonkin
Statement No: WITN1567008
Exhibits: WITN1567009- WITN1567017
Dated: April 2020

INFECTED BLOOD INQUIRY

EXHIBIT WITN1567016

MANOR HOUSE GROUP

FIGHTING FOR HAEMOPHILIACS INFECTED WITH HEPATITIS C

Please reply to:
Mrs. GRO-A

GRO-A

5th October 2006

The Rt Hon Patricia Hewitt
Secretary of State for Health
Richmond House
79 Whitehall
London
SW1A 2NS

Dear Ms Hewitt

Re: Public Inquiry into the use of contaminated blood products used in NHS treatment

You may recall being approached by one of our members at the recent Labour Party Conference in Manchester. On behalf of the Manor House Group I would like to thank you for courteously addressing his questions regarding a public inquiry into the reasons haemophiliacs became infected by viruses from contaminated blood products. I would particularly like to draw your attention to the enclosed leaflet which was handed out by our supporters, to conference delegates, highlighting the reasons why.

When asked why the Government has not agreed to a public inquiry, your reply was to the effect that there is no proof of wrong-doing. We naturally disagree. However, we are encouraged that you were aware of our plight which suggests that you have not dismissed our case outright. Maybe at this point we should stress that we will not give up.

Many of our members – and we are sure we speak on behalf of the haemophilia community in general – are grateful to the Government for the steps that have been taken to prevent further viral contamination by funding recombinant clotting factors. We also appreciate the funding for the combination therapy (Interferon and Ribavarin) in an attempt to clear the hepatitis C virus from HCV positive patients. Unfortunately the latter is not 100% successful and does nothing to repair the damage already done by the virus.

We are also grateful for the Skipton Fund. This demonstrates that the Government acknowledges that HCV has created financial and social problems as well as health issues for all haemophiliacs treated with blood products prior to viral inactivation processes introduced in or around 1986. Please remember that some of these people are still in their early 20's. There will always be an on-going debate about the level of payments as many, whose health has been compromised by HCV, will need additional support, however the Manor House Group cannot begin to understand why the partners/widows of haemophiliacs who have died, on or before 28th August 2003, as a result of their hepatitis C infection, have not been included in the Skipton Fund payments.

There is though one major issue that remains unresolved.

Why, given the increasing amount of information being available to the public and the haemophilia community in particular, will the Government not agree to a wide ranging public inquiry? Manor House Group members want to know the answers to why the haemophilia community has been devastated by contaminated blood products. Who was responsible? Was it the pharmaceutical companies supplying contaminated blood? Was it the United States administration for allowing the Arkansas prison population to donate blood? Was it the Department of Health for allowing blood collected from dubious sources to be used by the National Health Service?

May we therefore urge you to reconsider the Government's decision and hold a full, wide ranging, public inquiry into these issues in order to prevent something like this happening again. Historically there have been public inquiries into disasters where far fewer people have lost their lives.

A copy of this letter has been sent to Margaret Unwin, the Chief Executive of The Haemophilia Society, and will be available to any of our members who wish to approach their own MP.

We look forward to your reply.

Yours sincerely

Mrs. GRO-A
GRO-A

FILE COPY

From the Minister of State
Caroline Flint MP

DH Department of Health

Richmond House
79 Whitehall
London
SW1A 2NS

Tel: 020 7210 3000

PO00000146987

Mrs GRO-A
GRO-A

1 9 OCT 2006

Dear Mrs GRO-A

Thank you for your letter of 5 October to Patricia Hewitt about haemophilia patients infected with contaminated blood products following treatment on the NHS. I am replying as the Minister responsible for this policy area.

Ministers asked officials to investigate whether such infections could have been avoided had the UK achieved self-sufficiency in blood products. The results of this investigation are recorded in the report, *Self-sufficiency in blood products in England and Wales: A chronology from 1973 to 1991*. The report was published earlier this year and is available on the Department's website (www.dh.gov.uk) by searching for 'self sufficiency in blood products'.

The Government takes the issue of those people who have suffered through contaminated blood products very seriously, and has great sympathy for anyone who has suffered harm as a result of NHS treatment. We deeply regret that so many people with haemophilia were infected with hepatitis C and HIV.

We have considered the call for a public inquiry very carefully. However, the Government does not accept that any wrongful practices were employed and does not consider that a public inquiry is justified. Donor screening for hepatitis C was introduced in the UK in 1991 and the development of this test marked a major advance in microbiological technology, which could not have been implemented before this time.

I hope this reply clarifies the situation.

Yours sincerely

GRO-C

CAROLINE FLINT

MANOR HOUSE GROUP
FIGHTING FOR HAEMOPHILIACS INFECTED WITH HEPATITIS C

Please reply to:
Mrs. GRO-A

29th November 2006

Your ref: PO00000146987

Ms C Flint
Minister of State
Department of Health
Richmond House
79 Whitehall
London
SW1A 2NS

Dear Ms Flint

Further to your letter dated 19th October I regret to say it does little to address our concerns. If the Government were genuinely sympathetic they would not hesitate to help the haemophilia community who have to live, and die, as a consequence of being treated with contaminated blood products. By not agreeing to a public inquiry you are, in effect, pre-judging the outcome of such an inquiry.

Please do not misunderstand our motives; there is nothing that would satisfy us more than for your department, and the UK governments past and present, to be completely exonerated. However, given the responses we have received from various ministers for over 10 years, we have absolutely no confidence at all that this is the likely outcome.

On behalf of the Manor House Group may I ask you to answer some of our grievances?

Why did it take in the region of 4 years to produce the report, 'Self-sufficiency in blood products in England and Wales: A chronology from 1973 to 1991', as referred to in your letter? In addition, how, when relevant documents had apparently been lost or destroyed, could the department have produced a complete and factual report? It would seem to be perfectly reasonable to suggest that the report does not tell the full story. Furthermore, why, when solicitors Blackett, Hart and Pratt made available copies of the 'missing' documents, have 19 been withheld?

The haemophilia community we represent would also like to know if the Government differentiates between HIV and HCV. If it does, could you please demonstrate the difference between dying from AIDS, as a result of receiving contaminated blood products, and dying from liver disease, as a result of being infected with hepatitis C in the same way?

If the Government does not differentiate between the two why have haemophiliacs who were infected with HIV received far more financial assistance than those infected with hepatitis C? For example the Macfarlane Trust provides on-going financial support to widows and dependent children of haemophiliacs infected with HIV; registrants who are still living are eligible for even larger payments. Conversely the Skipton Fund does not make any provision for these eventualities. Whilst we would never begrudge the registrants of the Macfarlane Trust any of their benefits it is our contention that every haemophiliac infected by contaminated blood products, as part of their NHS treatment, should be treated equally.

In conclusion I would ask you to, once again, review our case for a public inquiry and provide answers to our genuine concerns.

I have sent a copy of this letter to the Secretary of State for Health, and to the Haemophilia Society. It will also be made available to any of our members who wish to consult their MP.

I look forward to receiving your reply.

Yours sincerely

From the Minister of State
Caroline Flint MP

Department
of Health

Richmond House
79 Whitehall
London
SW1A 2NS

Tel: 020 7210 3000

PO00000168695

Mrs GRO-A
GRO-A

19 DEC 2006

Dear Ms GRO-A

Thank you for your further letters of 29 November to the Department of Health about haemophilia patients infected with HIV and Hepatitis C after treatment with NHS blood products.

I appreciate your concerns about the time it took to finalise the report *Self Sufficiency in Blood Products in England and Wales*. We have always stated that the report was commissioned to establish the facts around the achievement of self sufficiency in blood products, based on available papers, and were pleased to announce the report's publication in February.

In relation to documents that were returned to the Department by a firm of solicitors earlier this year, we have made these papers available in line with (but not under) the Freedom of Information Act ('the Act'). Certain documents were withheld as they are exempt from the right of access under the provisions of the Act. You may request copies of the documents by writing to the Department at the address above or by sending an email to dhmail@dh.gsi.gov.uk (please clearly mark any email 'FOI request').

I am aware that you are disappointed that the ex-gratia payment scheme for people infected with hepatitis C following treatment with NHS blood and blood products has not been extended to dependents of those who have died following infection with hepatitis C. This was not an easy decision to make. However, it is important to stress that the underlying principle of this scheme is to help alleviate the suffering of people living with the hepatitis C virus. This is a fair and reasonable approach, bearing in mind that there is limited funding available.

With regards to a public inquiry into the issue of contaminated blood products, as stated in my previous reply, the Government does not accept that any wrongful practices were employed and does not consider that a public inquiry is justified.

I hope this clarifies the Government's position on this matter.

Yours sincerely

GRO-C

CAROLINE FLINT