09/04/2000.

C. A. Grayson,

GRO-C

Re-Haemophiliacs Infected With Hepatitis C Through NHS Blood Products.

Dear Mr Milburn,

I am the long term partner of an haemophiliac infected with HIV , hepatitis B and hepatitis C through NHS blood products. My partner also had an haemophiliac brother who died from Aids through contaminated blood. I watched with dismay a televised debate on 30th March in the House Of Lords as the Government once again turned down the demand for a public inquiry. How can the Government justify this decision on what was described in the Lords as "the worst treatment disaster in the history of the NHS", with more deaths than the "Marchioness," Southall and Paddington disasters combined, and set to go on claiming lives for many years to come?

The Government is fond of saying that there is no evidence of negligence and no evidence to suggest a public inquiry. We would like an independent view on this. May I remind you that other countries took this stance until public opinion became so great that these countries were forced to hold public inquiries or risk the consequences at the ballot box, (study the Krever report in Canada and Italy's public inquiry). This Government has escaped lightly so far, however there is so much evidence available now on an international level (which we have access to) which shows incompetence, violation of safety laws, unscreened plasma, unscreened donors, relabelled plasma, relabelled shipping records, (I could go on for a very long time) that surely the Government should ask itself, how can we not have a public inquiry.

The Government incriminates itself by throwing in a red herring and saying that nothing could be done to minimise risk of viral infection prior to heat treating in 1985 as if technology is the only means of harm reduction. Attitudes like this make the need for a public inquiry essential.

Does this Government not understand that the majority of viral infections suffered by haemophiliacs are as a direct result of inadequate policies and safety procedures in the 1970s.

I would remind the Government that in the 1970s the majority of plasma (factor concentrates) were imported from the USA. Perhaps the Government has forgotten that in 1975 the media alerted this country to the dangerous practices employed by the major blood companies in the USA. The notorious blood collecting centres of Central America were highlighted, as were the collecting centres in prisons and other dubious centres known in the trade as "hotspots." There were demands in this and other European countries to become self-sufficient in plasma as it was known that much of the imported plasma was high risk for hepatitis and other viruses.

The Government of the day promised self -sufficiency, set and missed several deadlines for Elstree and in fact imports from the USA were greatly INCREASED instead of being greatly reduced. There should have been an immediate development program geared towards self-sufficiency as the demand for factor VIII had increased. Although alarm bells were ringing in the mid 1970s incredibly Elstree failed to open until

until 1987! Over the border in Scotland a clean modern plant with excess capacity stood idle for a portion of the day. To run it full time would have meant putting the facility on round the clock shifts and overtime pay- "out of the question under the Conservative Thatcher Government." If the plant had been functioning at full capacity, blood from well-screened English donors could have been sent there for processing. It is interesting to note that countries such as Belgium that adopted a self-sufficiency program early on only have a 7% overall viral infection rate, compare this to Britain! This country chose to focus only on quantity (importing from America) and ignoring quality.

Staff still working in the haemophilia field remember talking to representatives of blood companies who were turned down for funding to develop the heat treating of products in 1979.

I will remind this Government that in 1975 a hepatitis expert Dr.Arie Zuckerman and journalists visited several plasmapharesis centres owned by Hyland (a major exporter to Europe) after a hepatitis outbreak among British haemophiliacs was traced back to the American source of the product. Zuckerman described the Hyland facility in Los Angeles as "an offense to human dignity" with donors whom any British physician would have "rejected straightaway."

Two research articles published in1975 and 1978 in the Lancet and J Hyg (Lond) linked outbreaks of hepatitis to imported factor concentrates. There was also evidence of non-A non -B hepatitis in the 1970s.

There was emerging evidence of plasma recipients experiencing immunity illnesses although AIDs had yet to be called by that name. In the early 80s eminent Dutch haematologists warned the World Federation to curtail severely the use of imported factor VIII and for clotting factor to be used only for life threatening bleeds. They asked as a temporary measure for countries to revert back to cryoprecipitate, although inconvenient these measures would save lives. This country did not inform patients of these concerns and give patients the option of going back to cryoprecipitate until safety of factor concentrates could be improved. This country along with many others did not adopt these damage limitation measures and encouraged home treatment at any cost.

I ask the Government to answer the following questions.

1. What measures did the Government take in the 1970s and 1980S to ensure imported plasma products DID NOT come from unscreened donors in Central America, South Africa, the Caribbean and the USA "hotspots"?
2. What measures did the Government take to ensure that imported plasma in the 1970s and 1980s DID NOT come from prison donors where the hepatitis risk is around 12 times higher than the general population?
3. What measures did the Government take in the 1970s and 1980s to ensure that the plasma came from LIVE donors and not cadavers? (as documented in other countries.)
4. What measures did the Government take in the 1970s and 1980s to ensure shipping documents attached to imported plasma were not relabelled?
5. What quality control measures did the Government put in place in the 1970s and 1980s with regard to imported American plasma.
6. Why did the Government take such a hypocritical stance with regard to donor payment? Why did this country have such a strict screening policy for donors in

Britain accepting blood only from voluntary unpaid donors yet imported from the USA in the 1970S and 1980s where plasma was often collected from paid, unscreened donors?

7. Why did the Government contribute to the exploitation of the sick and poor of Central America and the Caribbean by buying American plasma in the 1970s and 1980s obtained from inferior donors paid at a pitifully low price and sold on for vast profits?
8. Why were haemophiliacs made to sign an hepatitis legal waiver in an HIV settlement in order to receive an ex-gratia payment?
9. Why were most haemophiliacs not tested for hepatitis C until 1994 onwards although an accurate HCV test was available from 1991.
10. Why wasn't there a look-back study? (Mild haemophiliacs may visit their centres infrequently so the Governments previous answer to this question that all haemophiliacs are regularly in touch with their Haemophilia Centre is insufficient.)
11. If the Government took all the necessary damage limitation measures described above why were 1200 haemophiliacs infected with HIV? (95% of the surviving 420 out of 1200 also now infected for a second time with hepatitis C.) Why are a further 4,400 haemophiliacs (Haemophilia Society figures) now infected with hepatitis C.
12. What quality control measures does this Government have in place now with regard to imported American plasma products, baring in mind recent F.D.A. (American Food And Drug Administration) documented concerns related to unscreened donors donating plasma for Alpha products.

May I remind the Government that this Governments failure to address the infection of haemophiliacs through contaminated blood products when all over Europe other countries are holding public inquiries and compensating haemophiliacs leaves us with no option but to seek justice through the European courts. I leave you with a statement applied to Italy's health ministry after it failed to supply satisfactory answers to the questions stated above.

"Rome's civil court ruled that the health ministry had "violated duties of prudence, diligence, impartiality and legality…by not controlling blood products and then not impounding them," said Mario Lana, Forensic Union For The Safeguarding Of Human Rights.

Italy was forced to compensate.

I look forward to your reply.

Yours sincerely

Carol Grayson (on behalf of the 2/2 Campaign, A Second Campaign For A Second Injustice.)

c.c. Tony Blair.
J. Denham.
Lord Hunt.