

WORLD IN ACTION

P568/371

"BLOOD MONEY PART 2"

OPENING TITLES & MUSIC

FX

TV SET AND AUDIENCE

COMMENTARY (ON TV)

So World in Action decided to go to America where it's made to discover why the hepatitis outbreak occurred and just how big a risk to health Hemofil is.

COMMENTARY:

US MONTAGE

Last week World In Action investigated the American blood business. On the skid rows of several cities we talked to men who sell their blood plasma for money. Our investigation took us to 10 of the 24 plasma centers of the Hyland division of Baxter Laboratories, a leading American drug company.

We found that Hyland's paid donors included many alcoholics and down and outs.

Paid donors are from 6 to 13 times more of a health hazard than British volunteer blood donors.

Because of their lifestyle many carry a high risk of passing on hepatitis, a serious liver disease.

COMM: cont'd

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HEMOFIL BOTTLES

FX

GRO-A INJECTING SELF

Blood plasma from men like these is being used in Britain - in this Hyland product - Hemofil, a concentrated form of Factor 8.

Factor 8 is the clotting agent in the blood.

GRO-A suffers from haemophilia, a rare incurable blood disorder.

His blood won't clot naturally because it lacks Factor 8.

To stop internal bleeding and crippling, haemophiliacs can be treated with a British Factor 8 product called cryoprecipitate.

But this may mean a hospital visit.

More conveniently, they can treat themselves at home with a special concentrated Factor 8 product like the American Hemofil.

Many prefer this. It's easier and treats bleeding without delay.

Britain does produce some Factor 8 concentrate but most is imported and comes from paid donors.

In the last 18 months imported Hemofil has been linked with an unprecedented outbreak of hepatitis among Britain's 3000

haemophiliacs. Tonight WIA investigates why Britain has had to import high risk concentrates and how much it has cost.

TITLE

BLOOD MONEY: PART TWO

COMM:

FX

First we went back to Newcastle to the families in last week's film.

NEWCASTLE EXTERIOR

All three attend a haemophilia center at this hospital where the doctor in charge treats many of his patients with Hemofil.

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One, GRO-A caught hepatitis while using Hemofil.

GRO-A AND MOTHER MUTE

Had he been put off?

GRO-A SYNC:

GRO-A

The only time that I felt that I was wondering about whether it was worth it was when I was vomiting, really badly but two days later I had a bleeding in my elbow and I had no hesitation in going to the fridge, getting the Hemofil out and mixing it and injecting it because I knew that would stop the bleed and the pain from that bleed was going to be so much worse than any of the pain I'd suffered with hepatitis.

MRS GRO-A SYNC:

MRS GRO-A

As much as I feel that GRO-A was really ill when he had hepatitis - he suffered far more when there was nothing at all and they are progressing.

GRO-A

GRO-A SYNC:

Q: Would you prefer a National Health Service concentrate made from voluntary blood donors in Britain?

A: Obviously this would be better, obviously if it's donated freely there is less chance of people passing on hepatitis, people who are donating it are less risk value but until that is available we have to accept the risks.

FX

COMM:

GRO-A WALKING

The second family we visited last week was the GRO-A.

Their son GRO-A uses Hemofil.

GRO-A SYNC:

MR GRO-A

Q: What do you feel about the type of donors who are selling their plasma for Hemofil?

A: This is something we knew, well not exactly knew, it had been explained to us before, and they're people who are prepared to give the blood and we are people looking for those people we want the Factor 8 from them.

GRO-A LISTENING

Q: Would you prefer a National Health Service concentrate made from safer voluntary donors in Britain?

MR GRO-A

A: Who wouldn't? We think, yes, it would be much better but at the moment, well do

... think would be able to get enough

GRO-A SYNC: cont'd

blood from voluntary sources we doubt this very much at the moment. We would like to see it very much.

COMM:

Next we visited the GRO-A family.

GRO-A has been on home treatment with Hemofil for the last 2 years.

GRO-A SYNC:

We know the risks that we have to take with our children, we don't gamble with their lives, but we do take a calculated risk, Hemofil is one of the calculated risks. We know what it's done for us and only people who live with haemophilia know what it's like.

Q: What is your reaction to the type of people who are selling plasma to make Hemofil?

A: Shouldn't be allowed to.

It is very bad, we don't want it, but what other alternative have we got; for two years Neil has lived a normal life through Hemofil. We don't like the idea of these down and outs, skid row types what have you, giving this blood.

No, but Britain could cut the risks down. Britain could cut the risks down by making their own.

Britain could make all of it and then the

GRO-A MUTE

GRO-A

MRS GRO-A

MR GRO-A

GRO-A

MRS GRO-A

MR GRO-A

GRO-A

GRO-A : cont'd

Q: How strongly do you feel the National Health Service should produce a British safe product?

A: Well I feel after your last programme very, very strongly, we'd like to see this happen, we'd prefer British, we know that British is pure, or purer than the American.

There's less chance of contracting hepatitis through a British product - we only hope that the British government - National Health Service would sit up and take notice of this and do something about it.

Well, in the state of the country now, they could produce it a lot cheaper than what they can buying from America.

GRO-A

FX

TV SET & AUDIENCE

COMMENTARY (ON TV)

... and why British pioneer work did not ensure enough of a safer British made concentrate.

COMM:

World in Action asked the executive committee of the Haemophilia Society - a pressure group for haemophiliacs - to watch our report. The society has been campaigning for more commercial concentrates.

After the programme they discussed their reactions.

DISCUSSION SYNC:

If we accept and I think most of us do that we would prefer to see all the material coming from production in this country through the blood transfusion and the Health Service - if the Department of Health or whoever is responsible don't do something constructive about improving supplies in this country the logical step is going to be commercial production in this country eventually. And if the dangers in the States are repeated here we could be in trouble. Yes, but we understand don't we that there is not a shortage of donors as such, just a shortage of the facilities to make the concentrate.

Do we?

DISCUSSION SYNC: cont'd

We're always being told something different, we're being told there is a shortage of donors, there's a shortage of equipment, there's a shortage of money what is the shortage we never seem to get any nearer to the answer. We've been, for the last 10 years we've been told, there is a shortage and everything will be all right in five years time, but nothing ever changes, probably because of the increased demand but what is the shortage, nobody ever really puts their finger on it.

I think most of us would prefer deep down to be using National Health Service and Blood Transfusion products. I feel very uneasy about commercial concentrates and after seeing this programme I should think a lot of other people will be even more uneasy.

I must admit that one of the things that disturbed me rather was to see the pictures of skid row which seems a bit at variance with the actual assurances that the commercial companies have given us.

You know they're not using this sort of blood for Factor 8 - I'm wondering whether in fact the other companies are using the same sort of blood. I had a talk in August with one

DISCUSSION SYNC: cont'd

of the "certain others" as they put it in the programme who said we're not using that sort of blood at all for our Factor 8 production.

Well is that just Hyland or is that in fact representative of all the other commercial companies or is that just part of Hyland's production and is in fact Hemofil made from other blood, it's something we still have to look at. As I say it doesn't really seem to gel with what we've been told.

But one of the things that I noticed on that programme was the sort of ethical problems and social problems which it posed and that is the question of whether the less fortunate people should be used or used as donors or whether we should take blood from them or whether a commercial firm should take blood from them and I'm quite sure that the answer for the haemophiliac in this country would be he's not really too bothered about where the blood comes from as long as he's got that blood concentrate to keep him going and in some cases to keep him alive. No doubt whatsoever in my mind, of course - equally well he'd much sooner if there were a sufficient number of well-disposed people and there are thousands

DISCUSSION SYNC: cont'd

on thousands of them already in this country who would come along and regularly give blood and who weren't under-nourished, who weren't alcoholics, who weren't drug addicts. I'm sure that they would be delighted.

If there were sufficient blood donors coming along as you say would the National Health Service have the facilities to produce the concentrate from it. We don't know that they have the facilities in fact when we do enquire about this they say, yes they have, well if so, why aren't we getting the concentrate from this country. If there are sufficient donors why aren't we getting the concentrate?

COMM:

EXT. ELSTREE

To answer the questions raised by the Haemophilia Society and our three families, World in Action came here, to the Blood Products Laboratory at Elstree, north of London.

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FACTOR 8 PRODUCTION

England's small amount of home-produced Factor 8 concentrate is made here and at a smaller plant in Oxford from the plasma of volunteer blood donors.

The day long process takes place 3 times a

COMM: cont'd

week. It was decided to build this plant in the mid 1960's but the completion was delayed by administrative changes, building hold-ups and disagreements among doctors about whether concentrates were the best way to treat haemophiliacs. The plant was finally ready in the early 1970's. But by then, because of the popularity of home treatment, the amount it needed to produce had shot up to ten times the original estimate.

To fill the gap England imported commercial concentrates. The man in charge of producing Factor 8 concentrate in England is Dr William Maycock, the senior advisor to the Department of Health on blood transfusion policy.

MAYCOCK WALKING

MAYCOCK SYNC:

MAYCOCK

After the expert committee gave its advice in 1973 there was so to speak a sudden demand; well, quite clearly this couldn't be met overnight, a lot of reorganization had to be carried out which involved accommodation equipment and staff which is clearly going to take considerable time. One could have left it and said well we'll get round to this when we've made our arrangements or one

MAYCOCK SYNC: cont'd

could say we will meet the need now by importing, having decided to become self-sufficient, this in fact is what happened.

Q: Was it in your view ever possible that we could have produced Factor 8 concentrate much earlier in Britain given the work that was done on some of the processes associated with it.

A: Well it's always easy to look back and see what might have been done; I think had certain decisions and certain things been made and certain things not happened we obviously could have done this.

FX

FACTOR 8 PRODUCTION

COMM:

But was the decision to import concentrates in 1973 an acceptable risk. By then the high hepatitis risk of paid donors was well known.

Our investigations show that subsequently the Department of Health was advised against importing concentrates.

GRAPHIC

ALLEN LETTER

The warning came last January from America's leading campaigner against paid donors, Dr J Garrott Allen. He wrote to Dr Maycock. By this time the Department of Health had been alerted to the hepatitis cases linked with Hemofil. Dr Allen sent this warning.

GRAPHIC

ALLEN LETTER

VO:

Commercial blood banking perpetuates the high-risk rates for hepatitis we encounter with their products and it also tempts these same commercial firms to sell residual products.

COMM:

On February 13, Dr Allen wrote again repeating his concern.

VO:

ALLEN LETTER

It does not take much commercial blood in a mixed combination to bring up an astounding attack rate from one that is relatively unnoticed. This is the basis of my concern about Britain purchasing commercial blood products from our country.

MAYCOCK SYNC:

MAYCOCK

Q: Do you think in fact we were wise in not perhaps taking greater notice of the views of people like Dr Allen about these risks.

A: Dr Garrott Allan's views or his observations have all been published and well known to those concerned who are using this material.

Q: Do you not think in that case that perhaps we might have been somewhat complacent about these risks in the light of what has happened

MAYCOCK SYNC: cont'd

A: No, I don't think so. I think the quality of this material was controlled both here and in America.

COMM:

INT. SHOTS OF TESTING
PROCESS

Dr Maycock's view is not shared here at London University by the World Health Organisation's hepatitis expert, Professor Arie Zuckerman.

ZUCKERMAN MUTE

Professor Zuckerman tests English made Factor 8 concentrate for the hepatitis virus.

ZUCKERMAN SYNC:

ZUCKERMAN

It is well recognised that the commercial donor carries a considerably greater risk of transmitting hepatitis than the volunteer donor and indeed there are two W.H.O. recommendations now that efforts must be made to stop the commercial practice of the collection of blood and indeed if you consider all the technology that we now have at our disposal for detecting hepatitis B virus, the single most effective measure in reducing the incidence of hepatitis following transfusion has been in the United States the exclusion of the commercial donor.

COMM:

FX TESTING

British made concentrates aren't entirely free of risk either because they are made by pooling from 100 to 200 litres of plasma. No test can detect every hepatitis virus and any one virus can contaminate the whole pool.

Since last year Professor Zuckerman has detected a surprising number of infected batches of English concentrate. But more sensitive testing is on the way and Britain's volunteer donors are considerably less of a risk than paid donors.

FACTOR 8 PRODUCTION

Today the National Health Service is producing 3 times the amount of concentrate it was making in 1973.

The aim is to be self-sufficient by 1977. But is the production capacity there to do this and is there a shortage of donors?

MAYCOCK SYNC:

MAYCOCK

No, in the sense that once the organisation has been made to prepare the plasma sufficient will be available but as I said a little earlier, this is a concerted plan which is now being fulfilled and we hope to reach our target in mid 1977.

MAYCOCK SYNC: cont'd

Q: In other words there is no lack of capacity or lack of donors to give plasma for making these products.

A: Oh no, I don't think so at all, there is certainly no lack of donors.

COMM:

EDINBURGH EXTERIOR

Factor 8 concentrate is also made here in Edinburgh at this new £2 million plant. Scotland has never needed to import concentrates.

This plant is designed to produce Factor 8 concentrate for England as well as Scotland but so far no plasma has been sent here for processing from England.

FX

The scientific director of the Scottish Blood Transfusion Association, John Watt.

WATT MUTE

WATT SYNC:

WATT

We should be able at our capacity to more than produce the need of all plasma fractions for Scotland certainly by spring of next year. After that it will depend on the policy arrangements which have to be made between the Scottish Health Service and the National Health Service, the Department of Health and Social Security.

Q: But if plasma was made available from England & Wales now, could you actually

WATT SYNC: cont'd

produce more Factor 8 concentrate than you are doing.

A: Yes

Q: How much more would you be able to produce?

A: We could go to a capacity of a thousand litres a week

Q: And would that in fact supply the demand of all of the haemophiliacs in Britain

A: No

Q: What sort of proportion would it supply

A: A difficult question to answer - it would probably be around half, a little more than half perhaps.

FX

FACTOR 8 PRODUCTION

COMM:

English plasma could be processed in Scotland now, but only if present policy is reversed. This rules that Edinburgh will not be used until Elstree reaches maximum output in 1977.

More Factor 8 concentrate could be made in Britain immediately if plasma could be provided faster.

But because it was not considered a priority, English health authorities failed to plan for this. So the Blood Transfusion Service had no money to provide sufficient

COMM: cont'd

equipment or staff to collect the extra plasma required.

FX

OWEN INTERIOR

To overcome the problem, last January, Government Minister, Dr David Owen allocated £500,000 to speed up plasma collection.

We asked him how long it would take before Britain could stop being dependent on imported concentrates.

OWEN SYNC:

OWEN

Well it can only be as fast as buildings can be set up and equipment purchased. When I made the decision now some time ago, it was thought that it would take us three years and we brought it down to 2 years and maybe we can improve even on that. We've already got 30% of the supply now coming from the National Blood Transfusion Service.

Q: Do you yourself accept that paid donors either in America or in other countries are a greater health risk than volunteer British donors.

A: Yes, I think all the evidence shows this is the case because they have a commercial interest in not disqualifying themselves. Some of the questions they're asked - have you had jaundice? -

OWEN SYNC: cont'd

things like this will in fact disqualify you from having a transfusion and therefore you don't get paid and that's one of the reasons why the donor's source is an unre liable one under a commercial system.

Q: But do you think that it's acceptable, given that most experts agree that you can't detect more than a third of the virus that's present, that you should use a product of this nature.

A: Well you can, we'll never be absolutely certain even when we produce it ourselves so there's always some risk, there's a risk from any form of using blood from donors, but you have to balance the risk at the moment in this country, we have not got full production facilities for our own, I would much prefer it and the sooner we've got our own the better, as soon as we've got our own and we're self-sufficient, then comes the question of whether it is reasonable to any longer rely on provision from other countries and I think that raises some profoundly important moral issues as well as the whole question of whether you're satisfied with their standards of safety.

FX

HEMOFIL BEING PREPARED

COMM:

Imported concentrates are expensive. Each unit costs the British taxpayer 12p. One dose like this costs about £32.

We buy from two American manufacturers - Baxter and Abbott.

Both companies sell Factor 8 concentrate much cheaper in America.

Three leading American hospitals told us they paid only 4p to 6½p per unit compared with 12p in Britain.

FX

BAXTER EXTERIOR

Baxter said the difference was because the only plasma product it sold in Britain was Factor 8. Abbott denied that the prices we quoted were correct. The hospitals however confirmed them.

FX

OWEN MUTE

World in Action revealed this large price difference to the Minister of State, Dr David Owen.

OWEN SYNC:

OWEN

Well, I think that's quite a disturbing fact that we are paying more than we pay in the United States and I'd like to look into this - this is one of the things that has emerged, there are of course extra costs, it's not unusual our own drugs in this country are sold abroad in foreign countries at a higher cost, transport costs and everything

OWEN SYNC: cont'd

like that but double the cost does seem rather a lot. We'll have to look at that.

COMM:

MAYCOCK MUTE

We then put the same information to Dr William Maycock, the Department of Health's advisor on blood transfusion policy.

MAYCOCK SYNC:

MAYCOCK

Well, of this I wasn't aware until you had spoken - until you had put this question - I don't know, I don't think I want to express any view on that.

FX

COMM:

FACTOR 8 PRODUCTION

Making concentrates ourselves could save half a million pounds a year. The exact cost is uncertain but one estimate is as low as 3p per unit.

WATT MUTE

John Watt confirms this saving.

WATT SYNC:

WATT

Yes, it should be, it should be very much cheaper when all three centres are working to capacity. We should have at least twice the production needs for the UK and because of the conditions under which we have to work it should be very much cheaper. It would be difficult to ascribe finite costs at the moment but I would have thought that we should be able to produce at about a third to a half of the commercial cost. If

WATT SYNC: cont'd

we're not producing at less than half I would suggest this time that we look very closely at our methodology.

OWEN SYNC:

OWEN

Q: In the last two years that we have been importing these concentrates it's probably cost the NHS something close to 1 million pounds.

A: Right.

Q: Do you not think that this money might not have been better spent in actually speeding up the availability of the plasma so we could make the products ourselves.

A: Well I agree with you I wouldn't have invested in self-sufficiency in this country if I disagreed with you. I don't think that it was a question of providing more money, I was told and I think this is right that the limitation on our build-up is one of buildings, equipment, and to some extent getting patients used to using blood and having a larger volume but I've tried to make this switch to self-sufficiency as quickly as possible and I share some of your feelings - I wish it had been made in 1971/2 or even earlier than that.

COMM:

GRAPHIC

But the cost to Britain of importing

COMM: cont'd

Factor 8 concentrates is not just a matter of money.

The blood collecting business began in the poor countries of Central America in the 1960's. It spread through the impoverished Caribbean and South America.

But in many countries, Government opposition to this exploitation forced the plasma firms, mainly American, to look elsewhere for the millions of pounds worth of plasma they bought each year. They have been trying to gain footholds in West and Southern Africa, India, Indonesia and the Phillipines.

America was the biggest plasma buyer. But now Europe and Israel are the major customers due to tougher US health laws. Plasma from developing countries may be a hepatitis risk but it's cheap and the products it makes are highly profitable.

From Canada and Switzerland too, plasma brokers supply these and other countries. The World Health Organisation and the Red Cross say the plasma traffic is all one way, the wrong way, from the poor countries to the rich countries.

This is why they want it banned.

WATT SYNC:

WATT

I know of one Middle Eastern country where a haemophiliac patient travelled 300 miles and waited for several days outside the clinic looking for treatment and it's not because the clinic doesn't want to take him in, because they don't have enough beds and they don't have enough material, the Factor 8 isn't there, it's all gone to the more affluent parts of the world, there's at least one country in Africa where they have no haemophilia problem at all, in the sense that haemophilia is not a medical problem in that country, presumably because the patients don't live long enough to constitute a medical problem.

OWEN SYNC:

OWEN

I think there is a very strong moral case for once you are self-sufficient in ensuring that you only use your own national sources and freeing up those resources in other nations for their needs. Yes, I think there is a strong moral case and it's a strong commercial case.

WATT SYNC:

WATT MUTE

Q: What is your view of this particular business of the world trade in plasma.

A: I don't think I can discuss that on television, it would be cut out anyway.

WATT SYNC: cont'd

Q: What do you think therefore of a country like Britain becoming involved in this business by importing Factor 8 concentrate.

A: To put it mildly I don't approve.

COMM:

CLOSING CREDITS
& MUSIC

As a direct result of our investigation the British government is asking US health authorities to re-examine its controls on plasma centers. The Department of Health is examining whether Britain is paying too much for imported concentrates. And in Washington a Senate committee is pressuring Baxter to disclose how much its concentrates cost to make and where the plasma comes from.