

Mr Sands  
Mr Armstrong  
Ms Burnett  
Ms Wright  
Dr Nicholas  
Mrs White  
Dr Abrams  
Dr Metters

Mrs Campey  
Miss Firth  
Ms Stuart  
Mr Canavan



**POLICY IN CONFIDENCE**

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Chief Secretary  
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Telephone 071 210 3000  
From the Secretary of  
State for Health

2 December 1991

*Dear Chief Secretary,*

**BLOOD TRANSFUSION ETC PATIENTS WITH HIV**

After last Thursday's Cabinet we had a word about the continuing campaign on behalf of non-haemophiliac patients infected by HIV in the course of treatment - blood transfusion, transplant or tissue transfer - in this country.

I have looked very carefully at this. While I do not think the strength of the case, or indeed its public support, is the same as for the haemophiliacs there is no doubt that there is considerable sympathy for these unfortunate people or that a concession on our part would be widely welcomed. By contrast if we continue to refuse any help there is a real prospect that the campaign will gather pace and become a damaging and running sore over the next few months.

My conclusion is that we should move now to resolve the matter by recognising the needs of these people and their families in the same way as we have recognised those of haemophiliacs. We could do this in one of two ways:-

First, by giving them the same as we gave to the haemophiliacs and their families in the out of court settlement.

Second, by also giving them the earlier help provided to haemophiliacs including if we can arrange it access to the original Macfarlane Trust. This help was in practice, though not formally, taken into account in arriving at the out of court settlement.

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If we take the first approach the estimated cost is £10 million. The second would cost an estimated £12 million and bring forward the time when the Macfarlane Trust will need topping up. But the cleanest way of resolving this is to go for the second and I recommend we do that.

A clean resolution will also mean dealing with the cases without intrusive investigation into whether the infection may have arisen in another way. We did not carry out any such investigation with the haemophiliacs. But we will need to carry out some validation of the cases falling into new categories though only as far as practicable and sensible.

Applying those criteria to existing cases would give us about 75 cases which arose in the United Kingdom.

The criteria will also mean accepting that there is likely to be a handful of cases in future years who will also be eligible for payment.

As to the financing of this, I have already topped up the haemophiliacs money by £3 million because numbers and costs were higher than expected. Nevertheless, I am prepared to pay a third of the £12m costs. I hope that the other Health Departments will be able to make a contribution in respect of cases arising in their countries and that it will be possible for the treasury to meet the balance from the Reserve.

I am copying this to Peter Brooke, David Hunt and Ian Lang.

*You send,*

GRO-C

WILLIAM WALDEGRAVE

*(approved by the Secretary of State  
& signed by the printer secretary).*

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