

Now the Echo begins the public cry for justice. Campaign wins support and starts debate

CALL for compensation for haemophiliacs affected by AIDS has received wide support from the East, MPs and health experts.

The questions raised by the campaign have also sparked intense debate in the region.

Tory MP **Conal Gregory** has written to the Home Secretary, Mr. Douglas Hogg, calling for an early review of the compensation for haemophiliacs.

Gregory said: "It is not only the victims of the disease but also their families. If there is any way the Government can assist them it must be a high priority consideration."

Labour MP **Derek** said: "The Government has a great responsibility because it is the only agency which can act for the whole society, and it is the only way a fund for haemophiliacs can be initiated."

He said: "Haemophiliacs have enough trouble in their normal lives as it is without being hit by this terrible disease and with no fault of their own."

Westminster East Labour MP **Nick Brown** said: "Clearly something has to be done to help and care for all AIDS victims, and in particular haemophiliacs because they are so dependent on the national blood bank."

Labour MP **James Tinn** said: "I would need to see more specific proposals, but as a general principle, I would lend my support and sympathy."

Middlesbrough Labour MP **Stuart Bell** said: "The campaign has my sympathy, but I can see tremendous difficulties in trying to implement it."

Where do you draw the line? I was involved in the thalidomide campaign - that was more clear cut than the haemophilia case but it is still extremely difficult to prove one's point in some cases."

Durham North West Labour MP **Ernest Armstrong** said: "It's obviously a terrible problem and anything which can be done should be looked at."

Jarrow Labour MP **Don Dixon** said: "These people are in danger simply because they need blood transfusions and that seems unfair."

Langbaurgh Tory MP **Richard Holt** said: "I feel there should be an inquiry into the whole question of AIDS carried out by the

best brains in the country aimed at producing a complete package of proposals."

Newcastle Central Tory MP **Piers Merchant** said: "I think the most urgent need is for a great deal more money to be spent on research to stop AIDS spreading."

South Shields Labour MP **Dr David Clark**, shadow environmental spokesman, said: "I would be hesitant to commit myself to the call for compensation because as a shadow cabinet member anything I say tends to be interpreted as Labour Party policy."

"But it is obviously a terrible problem and I support the basic concept."

Tynesouth Tory MP **Neville Trotter** said: "Basically this question has my sympathy and it is worth looking into, although I can see some practical problems."

Sedgefield Labour MP **Tony Blair** said: "I wouldn't commit myself to it yet, but anything that heightens the awareness of AIDS and the problems it brings has my support."

Tyneside Bridge Labour MP **Dave Cressland** said: "If recent evidence is anything to go by, more money also needs to be spent on

screening blood supplies before people receive blood transfusions."

"I am quite sure people have suffered because of the lack of facilities for 100 per cent screening."

Winifred Smith, chairman of the Newcastle Community Health Council, said: "The ordinary compensation process can be very slow and laborious."

"There is a precedent in vaccine damaged people getting no fault compensation and I am in favour of that system."

The Rev. **John Adams**, of AIDS North, said: "I would have no objections to haemophiliacs who had been inadvertently infected receiving compensation, but I don't want to see any distinction between different categories of people who have been infected."

Bill Nelles, spokesman for the Terence Higgins Trust, said: "We can understand Dr Jones' feelings, but it implies there are guilty sick and innocent sick."

"It's important if we are going to offer compensation to haemophiliacs that we offer it to anyone who develops the disease."

Plea for donors

All urgent call has gone out for 12,000 more blood donors in the North-East in a bid to help stem the spread of AIDS.

The region needs to collect about 100,000 pints of blood this year if it is to stock up a self-sufficient blood bank.

The Government is setting up a £30m central blood processing unit at Epsom, London, where all regions will send blood for separation and the extraction of plasma.

Donor organiser **Stan Smith** said some of the blood collected from abroad had been taken from paid donors and there was often a greater risk of infection in these cases.

Mr Smith said donors should go by the existing guidelines for high-risk donors and added that the BMA announcement had created unnecessary alarm.

Scandal of schoolmates

Ordeal of GRO-A and his parents

It was never going to be for little GRO-A, a haemophiliac, he could not part of the normal rough and tuff growing up.

The ten-year-old now has a burden to bear. He is an carrier.

Hampshire schoolboy develops AIDS antibodies after receiving amantated blood clotting agent.

Parents GRO-A and GRO-A received the news with a shock. They were told their son was a carrier of the virus.

GRO-A said: "Initially we felt it wasn't our turn to have any problems. We really did feel it was two years ago. Now the have turned their minds to more practical matters such as their son will cope with this reason that they are the call for compensation."

He has to consider things like he gets a job or when, later in life, he gets a mortgage or insurance.

Practical problems in the life of GRO-A.

In news of GRO-A, the condition of the virus, the parents said out, the National Press added in droves on the GRO-A and GRO-A school.

At first 25 per cent of GRO-A schoolmates were kept away by fearful parents.

Gradually they trickled back - thanks to assurances from doctors at a specially convened parents' meeting.

Mrs GRO-A said: "People were shocked but also very sympathetic. The few people who were frightened took a while to come round. They were just worried for the safety of their children. Once they knew the danger was all right, they were all right."

Mrs GRO-A hears no grudges against the gay community.

"I try hard to understand them and I hope I don't judge them. I find it harder to understand drug users rather than the gay community. I feel it's more self-inflicted."

Surprisingly little has changed in GRO-A's way of life since the dramatic event of two years ago.

He still has his schoolmates and the degree of isolation necessary is no different from when he was just a haemophiliac.

But he still has to deal with once a week for Factor VIII clotting agent - the same agent which gave him AIDS antibodies.

Mrs GRO-A said: "We have to believe the screening is effective. We can't afford not to."



Had who kept son away Experts can't convince me'

EMANUEL GRO-A, who withdrew his 10-year-old son from school as soon as he heard his pupil was an AIDS carrier, said a pupil was GRO-A and two years later said still that the school was the segregation.

In a despite numerous parents' meetings with doctors and all day fears.

GRO-A 14, said: "I'm still very unhappy in the situation. I'm very suspicious because I body knows enough yet about AIDS."

He said the same sort of things about polio - I wasn't for ten or 15 years that they found great truth."

GRO-A's son has since moved to another school. He still fears the chances of him coming another AIDS carrier.

He said: "There could quite easily be another one in a classroom and there would be nothing I could do."

He talked to the GRO-A and I feel very for them but I think they would probably do me in my position."

GRO-D

Next another substance is added to the sample. This sticks to the HIV virus and turns dark blue - unless the HIV antibody is present.

Even the colour-change check is done with a computerised optical density meter which gives a digital read-out. Each test takes about two hours.

The samples are tested in racks of 80, including a random selection of 'control' specimens whose status is already known.

If a donor sample appears positive it is retested, and if still suspect, sent to the public health laboratory at Newcastle.

Screening staff stress throughout the entire process samples are referred only by a serial number. Confidentiality is paramount.

Regional director Dr Anne Collins said: "We are happy that it is a good test."

There are national standards and quality controls we take part in and we are satisfied we are up to standard."

"Also, most people are very responsible - if they don't think they are fit, or have read the information and feel they are at risk, they do not come forward. I am sure the publicity is getting through."

GRO-A

AIDS, at the moment, is quite rare and not very easy to catch. It is not a gay disease, almost anyone could get it. A virus attacks the blood cells, which are responsible for our protection against disease. Most people don't suffer any ill-effects, but about a quarter of infected people develop more serious problems. About 10 per cent develop full-blown AIDS. The virus is easily killed within seconds of leaving the body fluids and can be transmitted by sharing cups, cutlery, blood to blood contact, for example intravenous drug users, who share needles, or anal or vaginal sex with someone who has the virus. You can't get the virus from sharing cups, cutlery, or by kissing, hugging or touching, nor most social and sexual activities. To protect yourself against getting the virus, you should restrict your number of sex partners to one if possible, avoid anal and vaginal sex unless you are certain that neither of you could have the virus, and do not share intravenous needles, syringes, razors or toothbrushes. But there are lots and lots of other things you can do which are safe.

— message recorded on the AIDS North answering service as a guide to callers.

Scandal of the blood salesmen

HAEMOPHILIACS have become the innocent victims of the international black market in blood.

Inadequate technology has meant that Britain has had to look abroad for the bulk of its supplies of the vital blood ingredient needed by haemophiliacs.

The element lacking in haemophiliacs and needed in vast quantities is a clotting agent called Factor VIII. Without it, they bleed spontaneously or due to a slight bump.

Patients are treated by being injected with Factor VIII taken from the processed plasma of blood donors.

In the early 1980s, British technology could not cope with demand and Factor VIII, along with other blood products, had to be imported. The bulk of it came from America, which even now provides 60 per cent of our Factor VIII requirements.

What medical experts did not know was that some of the imported supplies were contaminated with the AIDS virus, already spreading rapidly in America.

As demand for blood soared, the

blood for sale trade emerged, and Americans were offered payment for donations. Those in need of easy cash, including drug addicts - one of the AIDS high risk groups - were quick to take advantage.

Doctors had known for many years that diseases such as hepatitis were passed on through blood transfusions and the same happened with the AIDS virus.

Once the problem was discovered, careful screening tests were introduced throughout the country. All Factor VIII in the Northern region has been heat treated to remove the AIDS virus.

Dr Peter Jones said: "If we had been self-sufficient in Factor VIII in this country from our own voluntary blood donors, we would still have a problem with AIDS in some patients, but it would be nowhere near as bad as it is."

Six years ago, the British blood donor system was described in an international report as "a disgrace to be included in the fourth world."

The Government claims we will finally become self-sufficient when a new processing plant capable of producing Factor VIII goes into operation next year. But that will be too late for the significant number of haemophiliacs already carrying the AIDS virus.

Meanwhile, the international blood market continues to generate an estimated billion pounds a year, with underground dealers controlling at least 10 per cent.

All Britain's official blood imports come from America and controls are strict, but the international blood brokers remain active, secretive and highly profitable despite attempts to eliminate them.

According to Dr Jones, they are rich, powerful and have come out of the shadows.

There is one theory in eminent circles that the AIDS virus arrived in Britain through plasma supplies being bought cheaply and without supervision in Central Africa.

The sale of plasma, which can be easily extracted from the bloodstream, is highly lucrative to poor Third World peasants who can make a dollar for each unit they sell. In New York, the same unit becomes worth 20 dollars.

Safe but not fool proof say medics

PHISTICATED new procedures have effectively stamped out the threat more people contracting the disease through blood transfusions.

The National Blood Transfusion Service wants to hammer home the message both giving and receiving blood transfusions.

A task was hardly made easier by a week's BMA statement none who had casual sex in the last four years should give blood.

He BMA thought again. But fears were on.

The regional blood transfusion centre Newcastle collected 128,131 blood donations last year. And every single was tested for AIDS.

Since October 1985 centre staff have tested about 160,000 samples. Only has proved positive. But staff know they need constant vigilance. A single seroconvert could prove fatal.

Last week the Government's chief medical officer Sir Donald Acheson said the odds of a patient getting AIDS from a blood transfusion were less than in a million.

That confidence is based on a two safety strategy.

He NBS has mounted a strong

publicity campaign to persuade anyone who might possibly carry the virus not to give blood.

The second line of defence is the sophisticated blood-screening operation.

Newcastle staff are confident their system is as watertight as it can be. But the very nature of viruses makes absolute guarantees impossible.

The test does not identify the presence of HIV virus which causes AIDS, rather it shows if the donor's disease-fighting immune system has made antibodies to tackle the virus.

The HIV virus can take up to three months, and perhaps even longer, to develop in the body. The test cannot detect the virus during this period.

Whenever a person gives blood a small amount is retained for analysis. Both samples are carefully tagged with the same bar coding.

The sample is then put into a centrifuge which separates the serum from the red and white cells.

The serum is then tested for Hepatitis B, syphilis - a legal requirement - and for HIV virus.

A tiny amount of serum is placed in a container coated with the HIV virus. If the serum contains HIV antibodies they will attach themselves to the

virus.

Next another substance is added to the sample. This sticks to the HIV virus and turns dark blue - unless the HIV antibody is present.

Even the colour-change check is done with a computerised optical density meter which gives a digital read-out. Each test takes about two hours.

The samples are tested in racks of 80, including a random selection of 'control' specimens whose status is already known.

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TOMORROW

- How AIDS spread in the North.
- Inside the diary of world AIDS expert Dr Peter Jones.
- First interview in the North-East with a gay man infected by the AIDS virus.

Echo reporting team: Peter Barron, Phil Young, Ted Young and Rachael Campey.