

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



CALL for compensation for haemophiliacs affected by AIDS receives wide support from 14 East MPs and health experts.

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

Mr Tony MP **Conal Gregory** has asked to write to Health Minister Tony Blair, calling for an early review of the existing haemophiliacs.

Gregory said: "It is not only testing for the victims but also for families. If there is any way the region can assist then it must be a first priority consideration."

Opposition 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."

Haemophiliacs have enough trouble in their normal lives as it is without being hit from this terrible disease as well as with no fault of their own."

Newcastle East Labour MP **Nick Brown**

said: "Clearly something has to be done to protect the care for all AIDS victims, and in particular haemophiliacs because they are so dependent on the national blood banks."

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

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 national campaign - that was more clear cut than the haemophilia case but it is still extremely difficult to prove our 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."

Langbath 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 complete packages 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 terrific problem and I support the basic concept."

Tynemouth 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."

Tyne Bridge Labour MP **Dave Clelland** 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."

Pea 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 Elstree, 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 also 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 bloodmates

Ordeal of GRO-A for 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 amated blood clotting agent.

Parents GRO-A and GRO-A received the news with a shock and disbelief.

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."

For this reason that they are the call for compensation.

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

Practical problems in the s."

in news of GRO-A's condition id out, the NATIONAL PRESS aded in droves on the GRO-A and GRO-A school.

At first 25 per cent of GRO-A's 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 facts they were all right."

Mrs GRO-A bears 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 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 go about 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."



Dad who kept son away

Experts can't convince me'

EMANUEL GRO-A withdrew his 10-year-old son from school as soon as he heard his pupil was an AIDS carrier.

His pupil was GRO-A and two years later school staff advised there should be segregation.

It is despite numerous parents' meetings with doctors and all day fees.

GRO-A, 46, said: "I'm still very unhappy about the situation. I'm very suspicious of anybody coming near my son."

He said the same sorts of things about polio - I want it for ten or 15 years that they found it was a truth."

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

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

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

GRO-A Advice over the phone

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 direct 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

Safe but not fool proof say medics

SOPHISTICATED 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 of disease.

The task was hardly made easier by a week's BMA statement no-one 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 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.

But 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 sample is then 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



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."

- **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.