

NORTHERN REGIONAL HAEMOPHILIA SERVICE

NEWCASTLE AREA HEALTH AUTHORITY (TEACHING)

THE ROYAL VICTORIA INFIRMARY

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HAEMOPHILIA CENTRE

DEPARTMENT OF HAEMATOLOGY.

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Ref: PJ/LM

10th June, 1983

Mr. G. Woodhouse,
Managing Editor,
The Mail on Sunday,
Carmelite House,
LONDON.
EC4Y OJA

Dear Mr. Woodhouse,

Thank you for your reply to my letter of 6th May. You have gone to a lot of trouble to try and justify your article. However, I remain dissatisfied with your explanations for the following reasons:

1. The fact that the word "virus" was used "only in a strap-line" is no excuse. Indeed its use in such a way emphasised the connotation. You say that the most recent evidence from France and America shows conclusively that AIDS is linked to a cancer virus. This is not true. The articles you cite show that a particular virus has been found in a few cases with AIDS but a link has not been established and if you read the articles carefully you will see that the authors are very careful to say this. At least Reuters, in their communication of 17th May, were careful to say only that the virus could be linked with AIDS.
2. How nice of Sue Douglas to concede that "there is no proof of AIDS being transmitted in anything because the AIDS agent has not yet been isolated". She did not say this in her article, the second paragraph of which reads: "A sexually transmitted killer disease . . . is being imported in contaminated blood used for transfusions and operations".

You say that "it cannot be disputed that American blood products are a source of transmission" and you give as evidence "more than 10 cases of AIDS in the UK and the USA in haemophiliacs where no sexual contact with homosexuals or infected partners has taken place". I am afraid that it can be disputed, and still is being, particularly as we still have only one possible, and only possible, case of AIDS amongst the haemophilic population in the United Kingdom. The information about the American patients is very incomplete. The disease could be transmitted in many different ways. You say that "all the patients have in common is factor VIII - a blood product derived from American blood supplies". I might just as well say that all they have in common is the fact that they are all male, or that they all speak English. Even your explanation is falacious; factor VIII is a blood product derived from blood per se and not just from "American blood supplies".

You then say that "blood donations in the US are made by people who need the £5 to £7 they get per donation", implying that there is no altruism

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in blood donation in the States. This is far from true, although of course there are exceptions. The majority of plasmapheresis centres within the States used by commercial companies are of a high standard and not, as stated in your article, run with less stringent screening than in the UK. All are controlled by the Food and Drug Administration and donations are not wholly governed by financial need. I have inspected plasmapheresis centres in several parts of the United States so my experience is practical and not simply theoretical. Although the use of shared needles in drug addicts is "an obvious route of transmission" for disease, particularly hepatitis B, the links between this, homosexuality and blood remain tenuous and until a marker for AIDS becomes available they cannot be substantiated.

Finally under point 2 you fall back on the old chestnut of "leading experts in the UK were prepared to admit the very real threat" etc. I repeat that there is no hard evidence whatsoever that AIDS is transmitted through the importation of American blood. There may be many arguments against having to import blood from other countries to the United Kingdom and I have had a personal involvement with these arguments in the medical and lay literature in the past, but in the context of this complaint your ground is very infirm, to say the least.

3. I stated that the use of the words "killer blood" was indefensible and you reply that the word "killer" (used in your major headline, remember) refers to the fact that "haemophiliacs and possibly other people receiving blood products infected with AIDS are at risk of dying". Once again you are working on theory and not fact and it is no use bolstering your argument by citing the high fatality rate amongst people with AIDS. The fact that AIDS can kill does not link it with blood products. Furthermore, you say there is no treatment, but the very few (7 out of 12,000) American haemophiliacs who have died have all appeared to have one thing in common, and that is a form of pneumonia which is responsive to the right treatment. What treatment was given and how early is one of the things that we still do not know from our American colleagues, and nor did you when you published your article.
4. You say that Sue Douglas says that "two cases of suspected AIDS which we reported were in fact confirmed a week later by doctors we had previously spoken to". To date only one case of possible AIDS has been reported in this country. Even now he cannot be considered as a confirmed case. Information as of 6th June from the Surveillance Centre for the UK is that they can find "no evidence for the existence of a second case of AIDS as recently reported in the press".

You attempt to cover Sue Douglas by saying that the doctors she questioned "understandably asked for anonymity both for themselves and their patients. It is our belief that they felt obliged to notify the Centre after our story. The statement was definitely true at the time of printing". If Sue Douglas is not lying, then she certainly did not check her facts properly and the use of the word "confirmed" by you is objectionable.

5. I complained that within the article it was stated that contaminated blood is being imported, and pointed out that this is unproven. Your

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reply is completely irrelevant and not even factual. The figures you give are wrong and blather about how blood products are imported and how they are made up for transfusion has nothing to do with the complaint.

6. I complained that "millions of people requiring major surgery after road accidents and severe burns are given treatment with blood imported from America" was untrue and you defend yourselves by quoting Mr. Norman Pettet of the Blood Products Laboratory in Elstree. You do not have to quote anybody, just use a little commonsense. There are only 56 million people in this country and thankfully only a minority are involved in road accidents and burns severe enough to require treatment with plasma protein fraction (albumin). Patients requiring immunoglobulins are even rarer so the use of the word "millions" in your article is hyperbole. You try to slip out of my criticism by saying whether other blood fractions from the US could be contaminated with AIDS "was not mentioned in our article", but the inference was certainly there.
7. It is untrue that the Haemophilia Centre Directors had called an emergency meeting when the article was written. As one of the Directors involved I would have thought that I was in a reasonable position to know about the calling of such a meeting. The fact that such a meeting took place after your article was printed does not excuse you. (Incidentally, Mr. Watters spells his name with two 't's and it is the Haemophilia Society, not the Haemophilia Association).
8. Once again commonsense should dictate to you the appalling ineptitude of Sue Douglas as a medical reporter. In my complaint about "clean" plasma being obtained from Switzerland I said that this constituted gross over-simplification. There are $3\frac{1}{2}$ million people between the ages of 20 and 59 in Switzerland. Assuming that 5% are regular blood donors, then only 175,000 are available to supply all blood components needed for modern medicine. Are you seriously suggesting that these altruistic people could supply their own country and ours? You counter my complaint about the "cleanliness" of Swiss blood by saying that not one case of AIDS has been reported in Switzerland and that the country further has extremely strict screening methods to assess their blood donors. What is "clean"? In the light of the low incidence of AIDS in populations other than minority groups in New York and California, the absence to date of a single case in Switzerland is not surprising. I have already said in this letter that the Food and Drug Administration in the United States have very strict screening methods to assess their blood donors. The fact that Switzerland does too in no way refutes my criticism.

You will see that I have sent a copy of this letter, together with a photostat of your original reply to my complaint, to the Press Council. I am as dissatisfied with your original article as I was originally and dissatisfied with your replies to my criticism.

I do not accept that reporting things before they happen constitutes responsible journalism, continue to stress that the whole article was built

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on tenuous evidence, and continue to charge you with sensational, disturbing and dishonest journalism which has caused unnecessary misery to many people.

GRO-C

PETER JONES, MD, FRCP, DCH
Director

cc. The Press Council
Mr. D. G. Watters, Haemophilia Society