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Contaminated Blood

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Motion made, and Question proposed, That this House do now adjourn.—(Christopher Pincher.)

🕒 4.14pm

Andy Burnham >

(Leigh) (Lab)

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Through you, Madam Deputy Speaker, may I thank Mr Speaker for giving me this opportunity to make what will be my last speech in this House? I make it on the subject of contaminated blood for a simple reason: knowing what I know, and what I believe to be true, I would not be able to live with myself if I left here without putting it on the official record. I will be honest: this is a speech made with a sense of guilt in that all of us here are collectively culpable of failing to act on evidence that is there before us if only we cared to look and, by extent, failing thousands of our fellow citizens who are the victims of perhaps the greatest untold injustice in the history of this country.

First, let me explain the genesis of my speech. Last year, the chair of the all-party group on contaminated blood, my hon. Friend the Member for Kingston upon Hull North (Diana Johnson), who has done absolutely outstanding work on behalf of those who have continued to struggle for truth and justice, invited me to a meeting to discuss where next for the campaign. There was a raising of expectations in the last Parliament—I am talking about a lot of goodwill on both sides of the House and a sense that people wanted to do something to help. That continued in the early part of this Parliament, with a sense building that something was going to be done. However, following those expectations, victims now feel that they have been led up to the top of the hill only to be let down once again.

Although I do not doubt the sincerity of the former Prime Minister's apology at his last PMQs, the Government's failure to back it with substantial action has left people feeling in the wilderness all over again. To try to find a way forward for them, my hon. Friend asked me to speak to the all-party group about whether my experience on the Hillsborough campaign might provide some insights that would help those still campaigning today, after all these years, for justice for those who have suffered from contaminated blood.

When I focused on that question, I had something of a penny-drop moment—this was when I was preparing to speak to the group. The more I thought about it, the more the parallels between the contaminated blood scandal and Hillsborough became clear. Obviously, both relate to the 1980s and both resulted from appalling negligence by public bodies, but there is also the fact that both have been subject to an orchestrated campaign to prevent the truth being told. It is that failure to give the victims the truth that compounds the injustice and the suffering.

Here is what I think is the crux of the problem. Contaminated blood has always been viewed through a financial prism. That suits the Government. It keeps the victims in a position of subservience, forced to beg for scraps of help from the various funds that have been set up. By the way, let me make it clear that I am talking about not just this particular Government—although I am talking about this Government—but all Governments. To the extent that the public know anything much about this scandal, there is a vague sense that it is an argument about money. In my view, it is in the Government's interests to keep it there; they want to keep it there. Why is that? Just as with Hillsborough, if the great British public knew the real story here, there would be such a wave of public support for the victims that demands for full and fair compensation simply would not be able to be resisted by the Government. That is the experience of Hillsborough. When the truth was told, such was the huge groundswell of popular support that there had to be action. Perhaps that is why the Government do not want the truth to be told—they know that there would be little place for them to go in

answering those calls.

I have brought this debate to the House today to try to break through that impasse. I want to refocus everybody on giving victims what they have never had—the truth. From what I know, this scandal amounts to a criminal cover-up on an industrial scale. I will present direct evidence to support that claim. There are hundreds of victims of this scandal who can point to evidence of crucial pages missing from their medical notes. Of course, the authorities have an excuse in these cases. They can always say, “Human error

—they were lost. When we moved offices, the box got misplaced.” As implausible as that excuse is, they get away with it because how can we prove otherwise? But I want to focus on a small number of specific cases that reveal deliberate, provable acts of cover-up.

Diana Johnson >

(Kingston upon Hull North) (Lab)

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I pay tribute to my right hon. Friend’s outstanding work on the Hillsborough inquiry and what he achieved there. Obviously there is still more to do. On behalf of the all-party group, I am so grateful that my right hon. Friend was willing to share his experiences with us in relation to contaminated blood.

I want to raise a point about Lord Owen’s request for documents, when he was the Health Minister in the 1970s. He was told then by officials that those documents had all been destroyed. The Archer inquiry, which I am sure my right hon. Friend will refer to, found no reason why that should have happened. I know he is going to talk about specific cases of documents being lost or doctored in some way. From what happened to a Government Minister, and given this idea of an industrial scale cover-up, does my right hon. Friend think that what happened with the individuals he is about to describe and with Lord Owen just shows how deep-seated this cover-up is?

Andy Burnham >

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My hon. Friend has put her finger on the point. With Hillsborough, when we finally got to match up documents held at a local level with those held at the national level, the full picture began to emerge. It is my contention that exactly the same would emerge here. The direct examples of a cover-up that I am about to give, relating to individual cases, would then be put together with what we know about documents held—or, indeed, not held, which itself implies wrongdoing—at a national level. In the end, it is the putting together of that picture that gives people the truth and allows them to understand how this happened. I will come directly to that point later.

I will focus on three cases. I highlight them not because they are the only ones I have seen or been sent, but because I have met or spoken directly to the individuals concerned, have a high degree of confidence in the facts and believe that these cases are representative of many more. The first case is of a gentleman who does not want to be named. I will call him Stuart, but I do have his full details.

Sir Peter Bottomley >

(Worthing West) (Con)

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One of the reasons why this has not taken off widely as a real campaign is that victims understandably do not want to advertise their condition to those around them. I pay tribute to those who have talked to Members of Parliament, even on a confidential basis, so that some of us have some ammunition.

Andy Burnham >

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The hon. Gentleman is absolutely correct. There is a stigma related to HIV and hepatitis. People do not want to talk about it openly. Although I have drawn a parallel with Hillsborough—the hon. Gentleman was outstanding in his support for me on that issue—there are many differences, and one major difference is that, with Hillsborough, the event happened on one day, and everybody was

watching it and can remember where they were when the pictures came through. This scandal was a silent one, which affected people in all parts of the country and all walks of life—not people from a similar place. These people were spread about and unable to organise in the same way the Hillsborough campaigners were. That is another reason why they have not been able to move things forward, and the reason the hon. Gentleman gave is true, too.

When Stuart was six years old, he was sent by Maidstone hospital to the Lewisham and Oxford haemophilia centres to have tests to see whether he had haemophilia. When he was seven, they wrote back and said that all the tests were normal and that he did not have a bleeding problem. When he was eight, he attended Maidstone hospital with a swollen knee—nothing more. It was not life threatening, and he had no bleeding problem associated with it.

Then, with no warning to Stuart or his parents, Maidstone hospital treated him with 12 transfusions of contaminated blood products over three days. According to his medical records later, that should not have happened. Then, in 1986, the hospital, unbeknownst to Stuart, carried out an HIV and a hepatitis B test on him. He was never tested for hepatitis C, even though his records show that a test was available at the time. He was not tested in 1989 or called back as other tests became available. He has all his medical records, but one thing is missing: the batch numbers for the contaminated blood products.

Stuart was eventually told he had a hepatitis C infection in—listen to this, Madam Deputy Speaker—January 2013. He was also told that it was too late for him to pursue a court case, despite the fact that legal experts said that what had happened to him was negligent and he firmly believes there has been a cover-up.

Let me move on to the case of a woman called Nicola Enstone-Jones. She wrote:

“As a female with haemophilia diagnosed in the ‘70s. From the age of 9 my parents spent years trying to find out what happened to me after receiving Factor VIII, this was in 1980...Dr’s denying anything was wrong with me, referring to me as having psychological problems, as there was nothing wrong with the treatment they gave.”

She says that that was not unusual for haemophiliacs growing up then. She goes on:

“It was when I was 24”—

24!—

“in 1995 that I asked a nurse if I’d ever been tested for Hepatitis C, as my mum had seen on the news about Haemophiliacs being diagnosed and dying from this new strain of Hepatitis, and all the signs and symptoms listed was me.

The nurse laughed at me and said ‘you won’t have that’; then came back with my medical notes and informed me I was positive to Hepatitis C from a test...done in 1991. A test I knew nothing about... like a true haemophiliac and after spending years of searching for answers I had suddenly found out why I had suffered health problems since childhood.”

However, it was only later, when Nicola was able to access her medical notes, that she found an entry for 1990, which she has drawn to my attention, and I have it in my hand. The notes say: “Discussed hepatitis C”. Nicola has told me directly that that never happened—it was never discussed with her in 1990. She found out for the first time in 1995.

This story actually gets quite a lot worse. Let me read out what Nicola goes on to say:

“Little did I know almost 19 years later I would be at a police station reporting what I”

believe

“to be a criminal act and a form of abuse on my own child, once again...Dr’s performing tests”

without consent,

“another well-known”

practice

“which Haemophiliacs are sadly used to.

I had found out in 2013 that my 9 year old haemophilic son had been tested for HIV and hepatitis’s and no doubt a whole host of other

viruses and pathogens, just like I had been when I was younger. Given my daughter has a bleeding disorder too, there is no doubt in my mind she will have been tested...I found this out third hand, by chance in a letter which was another professional"

asking

"if my son needed treatment abroad. The letter stated 'This 9 year old haemophilic has a factor VIII level of 10% and...has been tested for HIV and hepatitis...which he is negative to.'"

She had never been told about this or given consent for her son to be tested. She says:

"Surely this isn't right, in this day and age".

In my view, it is a criminal act to test a child without a parent's knowledge.

Let me come on to the third case, which, in my view, is the most troubling of them all. It relates to a gentleman called Kenneth David Bullock—Ken Bullock. Ken was a very high-ranking civil engineer who worked around the world. In his later career, he spent time advising what was then called the Overseas Development Agency. He was a haemophiliac. Sadly, Ken died in 1998—a very traumatic death, unfortunately. Let me read from the letter that his widow, Hazel Bullock, sent to me a few weeks ago:

"I am so relieved to hear you are still committed to an active"

inquiry into

"the contaminated blood tragedy...Between the 15th November, 1983 and the 3rd December, 1983, my husband stopped being a Haemophiliac patient who had been infected with NonA-NonB type Hepatitis to being a clinical alcoholic...This accusation continued and escalated during the next fifteen years completely unknown to him, he was refused a liver transplant in 1998 and left to die still unaware of these appalling accusations. He did not drink alcohol."

Mrs Bullock has examined her late husband's medical notes in detail. Again, I have them here in my possession today. An entry in his notes from February 1983 says, "Acute Hepatitis". Another from March says:

"NonA NonB Hepatitis which he probably obtained from Cryo-precipitate"—

the recognised treatment at the time. Again in 1983, the notes say:

"In view of his exposure to blood products a diagnosis of NonA NonB was made."

However, it would seem at that point that all mention of blood products was to be stopped, very suddenly. Mrs Bullock says:

"They were never again to be found anywhere in my husband's notes. From the 15th December, 1983 all the hospital records refer only to alcoholic damage to the liver. I have in my possession full copies of all the following notes."

In December 1983, the notes say, "alcohol could be considered"; in 1994,

"likes a few beers at week-ends";

in 1995, "alcohol related hepatic dysfunction"; in 1995 again, "clinical alcoholism"; and in 1996, "chronic high alcohol consumption." In 1998, the year that Mr Bullock died, they say, "alcoholic cirrhosis."

Mrs Bullock concludes her letter:

"My husband died on the 3rd October, 1998. At no time during this 15 years should alcohol have been mentioned. My husband's rare and occasional glass of wine was minimal. He never drank beer or spirits. Alcohol was never a part of our lives and he had his last glass of wine on **GRO-C** 1995, my 60th birthday. My husband died completely unaware of these accusations that have shocked family, friends and colleagues alike."

Just as the evidence of amended police statements provided the thread that we eventually pulled to unravel the Hillsborough cover-up, so I believe the evidence that I have just provided must now become the trigger for a wider inquiry into establishing the truth about contaminated blood. There is a very disturbing echo of Hillsborough—is there not?—in what I have just said. People who were the victims of negligence by the state were suddenly the victims of smears perpetrated by those working on behalf of public bodies, particularly smears related to alcohol, suggesting that the disease that afflicted Mr Bullock's liver was self-inflicted. That reminds me, of course, of the front-page newspaper stories that appeared straight after Hillsborough that alleged that Liverpool fans were drunk. It is a time-honoured tactic—is it not?—to deflect the blame from where it should be over to somewhere else.

It is of course possible that in each of the cases that I have mentioned the hospitals and clinicians concerned were acting on an individual basis to prevent their negligent practices from being known. I have to say, however, that I doubt that that was the case. My suspicion, as I said a moment ago to my hon. Friend the Member for Kingston upon Hull North, is that there are documents held at a national level, either by the Government or by regulatory or professional bodies, that point to a more systematic effort to suppress the truth.

I actually have two documents in my possession—this will save the Minister and the Government time if they want to suggest that there are no such documents—and I want to put them on the official record. The first is a letter sent in January 1975 by Stanford University’s medical centre to the Blood Products Laboratory, which was the UK Government’s wholly owned blood products operation. The letter goes to great lengths warning about the risk of the new factor VIII products that were coming on to the market. The gentleman who wrote it, Mr Allen, said of one particular product that the

“source of blood is 100 percent from Skid-Row derelicts”.

He was writing to warn the British Government about the blood products that were being used.

The second document is from the Oxford Haemophilia Centre and it was sent in January 1982 to all haemophilia centre directors in England. It says of the new products coming on to the market:

“Although initial production batches may have been tested for infectivity by injecting them into chimpanzees it is unlikely that the manufacturers will be able to guarantee this form of quality control for all future batches. It is therefore very important to find out by studies in human beings to what extent the infectivity of the various concentrates has been reduced. The most clear cut way of doing this is by administering those concentrates to patients requiring treatment who have not been previously exposed to large pool concentrates.”

In other words, it is saying: let us find out whether there is “infectivity”—to use its word—in the products by using patients as guinea pigs, without regard for the consequences. That is proof, in my view, of negligence of a very serious kind.

That brings me to the point that my hon. Friend the Member for Kingston upon Hull North raised earlier. When we read the warning from the Americans in 1975 about blood products being derived from blood that had been taken off convicts on skid row and the letter some seven years later in which the Oxford Haemophilia Centre stated that it was necessary to push on with trials—to find out whether the products were infectious by giving them to patients—we soon start to see that there was something here that needed to be hidden.

In addition, we must consider the fact that all the papers belonging to a Health Minister were, as I understand it, comprehensively destroyed under something called the 10-year rule. I have been a Minister, and I have never heard of the 10-year rule. Have you, Madam Deputy Speaker? It is a new one on me. A Minister’s papers were destroyed without his consent. To me, that sounds alarm bells and suggests that something is seriously amiss.

Diana Johnson >

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Was my right hon. Friend shocked, as I was, to learn that in November 1983, the then Health Secretary told Parliament:

“There is no conclusive evidence that acquired immune deficiency syndrome (AIDS) is transmitted by blood products”?—[*Official Report, 14 November 1983; Vol. 48, c. 328W.*]

Only months earlier, however, the Department had been preparing a document that stated that AIDS was almost certainly transmitted in such a way, and the Advisory Committee on Dangerous Pathogens had also told of strong circumstantial evidence that the disease was blood-borne. It seems as though there were real issues about what people and Parliament were being told. Ministers must never mislead Parliament, yet clearly the information that was being given to Parliament at the time was not correct.

Andy Burnham >

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I fear that my hon. Friend is right once again. I am aware that individuals received Crown immunity to protect the Government from litigation at the time. That paints a strong picture, and that is why we need to see the papers and find out what happened. I do not

want to stand here and accuse Ministers in that Government of anything—that is not my aim—but let us have a look at the papers, so that we can at least see whether any misleading statements were made.

The cases that I have brought before the House provide evidence of several things. First, people were used as guinea pigs. Secondly, people were given inappropriate treatment, as Stuart was. Thirdly, tests were done without people's knowledge or consent. Fourthly, the results of tests, even when they were positive, were withheld for years—decades, in some cases—from individuals. It has even

been suggested that those individuals, who were simply living their lives and did not know that they were HIV-positive or hepatitis C-positive, subsequently infected others who were close to them. Fifthly, as we saw in the case of Ken Bullock, medical records were falsified with slurs and smears to suggest that liver disease was self-inflicted. These are criminal acts.

Mr Jim Cunningham >

(Coventry South) (Lab)

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I pay tribute to the work that my right hon. Friend did when he was Secretary of State for Health. I was in the Department with him as a Parliamentary Private Secretary. Are we saying that the information is immune from the Data Protection Act and the Freedom of Information Act? Have they ever applied in this situation?

Andy Burnham >

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I think people have applied for documents, but many of those documents have been withheld. I will come on to that in a moment.

I was a Minister in the Department of Health just after the publication of the Archer report and the Government's response to it. At the instigation of the late Paul Goggins, I sought to reopen the whole issue, and I encountered a lot of institutional resistance, if I may put it that way. I am myself standing here out of a sense of guilt—I wish that I had done more over the years—but having looked at it all and having pieced it all together, I think the documents that have been withheld would fill in some of the gaps I have described.

Chris Stephens >

(Glasgow South West) (SNP)

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I pay tribute to the right hon. Gentleman for the work he has done on this issue and many others. The third case he described is surely one of defamation. Does he not agree that all families affected must, if they have not done so already, access their medical records and those of family members who have passed away?

Andy Burnham >

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It is a case of at least defamation. A range of potential offences, such as misconduct in public office, could be considered. It remains the case that people have not had access to their full medical records. There are just so many examples of people saying that crucial pages are missing. They obviously cannot prove that, but I have put on the record things that I think are provable and are, in my view, criminal. This cannot be left there, and the Minister is going to have to answer that point directly when she responds.

Jim McMahon >

(Oldham West and Royton) (Lab)

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I pay tribute to my right hon. Friend and my hon. Friend the Member for Kingston upon Hull North (Diana Johnson) for the work they have done in exposing this issue. When Alex Smith, a constituent of mine, first came to my advice surgery to tell me the story of how he lost his wife through contamination and how he had contracted hepatitis C through a contaminated blood product, I could not help but feel aggrieved on his behalf. It now feels, however, as though this has moved on to something completely different—a very sinister cover-up—and I pay tribute to my right hon. Friend for his work in exposing it and for getting this far.

Andy Burnham >[Share](#)

I think it has such a feel. For me, the whole thing about finance—it is always about finance, and about whether we can give them a bit more—has been helpful to the Government, because it has meant that they have never focused on the issue they should really focus on. As I said at the beginning, if this had been known about, the wave of support behind the people struggling to find out the truth would have been massive—absolutely massive—and the Government would have had nowhere to go and would have had to respond. Consequently, people are still struggling, such as my hon. Friend's constituent, and I hope that they will not have to struggle for much longer.

Sir Peter Bottomley >[Share](#)

It seems to me that the right hon. Gentleman is making three major points. The first is that those still alive who are affected and their families need proper, generous help without delay. The second is that there should be an inquiry into what went wrong all the way through, especially about whether people have interfered with the preservation of evidence. Whether people are prosecuted is a separate issue, but actually knowing what happened is what matters most. The third point—this is really the one in my mind—is that there was a difference, as Richard Titmuss pointed out in 1970 in his book “The Gift Relationship”, between blood donations in Britain, where they were freely given by the healthy, and donations in the States, which came from the sources the right hon. Gentleman has mentioned. If that was stated in a book in 1970, people should have paid attention as soon as they had any warning at all, whether from Stanford or from anybody else.

Andy Burnham >[Share](#)

That was the direct content of the Stanford letter. There was a worry that the NHS was using such products in a completely different context, not understanding the difference between the two systems. That was the Stanford letter.

I am not standing here claiming to be an expert on all the papers, because I am not; I am saying what I know, from the people I have spoken to, to be wrong, and linking that to the documents in order to say what I believe to be the case. I may not be right, but we need to find out whether I am right, and that is the point that I will be putting to the Government.

Barbara Keeley >

(Worsley and Eccles South) (Lab)

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I was not going to intervene, but the hon. Member for Worthing West (Sir Peter Bottomley) made the point that generous treatment is needed. The victims of this NHS scandal are not receiving generous treatment. I have a constituent who was infected during the scandal as a child at the Royal Manchester children's hospital. When he discovered that his cirrhosis, if it remained untreated, meant that he ran a 25% chance of developing liver cancer, he was told that he would be denied treatment by the NHS. The treatment he needed to clear the virus load from his system cost £100,000, and at that point he decided to use the ex gratia payment that he had been given—such a payment is supposed to be some compensation, although it is not enough—to try to do so. That is the situation that victims such as my constituent are in at the moment, and it is a disgrace: they should not be fighting this and having to use their own money for their own treatment.

Andy Burnham >[Share](#)

It is a total disgrace. Absolutely there must be full, fair compensation now. I say to the Government, do not delay; do what Ireland and other countries have done. They should do that now. They raised expectations and they should do it. We would all support it.

Mrs Bullock, whom I mentioned, is reduced to sending begging letters. She has had to sell the family home and move away from everything. She is sending begging letters to the Skipton Fund for a stair-lift. She is not well herself now. How can that be right? We are making a woman who has lost everything send begging letters for a stair-lift, as she tries to cope on her own because her husband is no longer there. On the point about medical treatment, I understand that Mr Bullock may have been refused a liver

transplant because his notes said that he was an alcoholic. There is injustice upon injustice here. It is absolutely scandalous. I hope the House now understands why, as I said at the beginning, I could not live with myself if I left this place without telling it directly what I know to be true.

Mr George Howarth >

(Knowsley) (Lab)

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My right hon. Friend is making a powerful case that there was a systematic cover-up. By joining together the dots in the way that he has, a picture seems to emerge that needs to be examined further. Even if he is wrong and what we are confronted with is systemic administrative and medical failures, the argument for immediate compensation for all the people affected is so powerful that the Government need to look at it urgently and, if possible, say something sensible about it today.

Andy Burnham >

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Absolutely; I could not agree more. It is downright immoral to make these people carry on begging in the way they have been forced to do. The Government raised their hopes; they should deliver on the former Prime Minister's promise and do what my right hon. Friend has just described.

The story is becoming clear, is it not? Warnings from the United States were ignored. There was a wish to drive on with these new products from the Oxford haemophilia centre: "We'll just push them out there to find out the results before we really know whether there is infectivity." Problems started to happen and perhaps there was the idea, "Oh no, the Government might be exposed to litigation. Let's not have it in people's notes so that a story does not build about how there has been negligence and people might have a compensation claim." That is the story I have got; I do not know what anybody else thinks. Worse, for some people, they said, "Don't just destroy their notes; falsify their notes." That is the story. We need to find out whether it is true or not. In my view, these are criminal acts. They did not just happen by chance. A major injustice has happened here.

In making this speech tonight, I think of our late, great friend Paul Goggins, who I miss every single day. He did so much to advance the cause of justice for those who suffered. I also think of his constituents, Fred and Eleanor Bates, and of the promises I made to act for them in Paul's name. In a 2013 debate like this one just before he died, Paul made an impassioned call for:

"A serious Government-backed inquiry...with access to all the remaining records and the power finally to get to the truth of what happened and why."—[*Official Report*, 29 October 2013; Vol. 569, c. 201WH.]

His demand was as undeniable then as it is now, yet it pains me that, in the four years since then, this House has not moved it forward at all. If that continues to be the case after what I have said tonight, I am afraid that this Parliament will be complicit in the cover-up.

In reply to the demand of my hon. Friend the Member for Kingston upon Hull North for an inquiry in a letter she wrote in October 2016, the Prime Minister said:

"the relevant documents have been published on the Department of Health and the National Archives websites and it is unlikely that a public inquiry would provide further information."

In my view, that is a highly debatable statement. I do not think that a Prime Minister who has a good track record in helping to secure justice for those to whom it has been denied should have put her name to such a letter, which was probably drafted by the Department of Health. I remember exactly the same thing being said to me by those who opposed the setting up of the Hillsborough independent panel. "Everything is out there, it's already known," is what they always say. If the Prime Minister is confident in her assertion—I say this to the Minister—then rather than just publishing the documents the Government have selected as relevant, why

not publish all the Government-held documents so that we can all decide whether her claim is true? On the basis of the evidence I have presented tonight, I believe it would be quite wrong for this House to resist that call.

To be clear, I am not calling for a lengthy public inquiry; I am calling for a Hillsborough-style disclosure process, overseen by an independent panel, which can review all documents held by government, NHS and private bodies. Just as with Hillsborough, the panel process should be able to view documents withheld under secrecy protections and make the necessary connections between

documents held locally and nationally. It should then produce a report on the extent to which the disclosure of those documents tells a new story about what has happened.

So tonight I issue a direct challenge not just to the Government but to all parties in this House, including to my own Labour Front Bench and the Scottish National party: do the right thing and put a commitment in your election manifestos to set up this Hillsborough-style inquiry into contaminated blood. That, in my view, would be the most effective way to get as quickly as possible to the full truth and the whole story, as it was, effectively and efficiently, with Hillsborough.

I want to be very clear tonight with the Minister and with the House. If the newly elected Government after the general election fail to set up the process I describe, I will refer my dossier of cases to the police and I will request a criminal investigation into these shameful acts of cover-up against innocent people. I say to the Minister that the choice is hers. People are asking me why I do not just go straight to the police with the evidence I have, and I owe them an explanation. It is my view that the individual crimes I have outlined tonight are part of a more systematic cover-up and can only be understood as a part of that. If we refer them piecemeal to the police, they may struggle to put together the bigger picture of what lies behind the falsified medical records. That, in turn, may delay truth and justice. If the Government will not act, however, I believe a police investigation is the correct next step and that is what I will request. I cannot keep this information in my possession and not do something with it.

As we know, time is not on the victims' side, so I will set a deadline. If the Government do not set up a Hillsborough-style inquiry by the time the House rises for the summer recess, I will refer my evidence to the police and request that investigation.

Barbara Keeley >

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My right hon. Friend is making an incredibly powerful case in his final speech in this place. The shadow Health team discussed this matter earlier and entirely support his call.

Andy Burnham >

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I am very pleased to hear that. I hope that means a commitment in the election manifesto of the kind I have just called for.

Chris Stephens >

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Does the right hon. Gentleman agree that there should be a Backbench Business debate on this issue when Parliament returns and before the summer recess, so that Back Benchers from all parties can pressure the Government to meet his demand?

Andy Burnham >

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I will not be here, but I make a plea to the hon. Gentleman, if he is returned—do not rule out Labour in Scotland, it is on the way back. I make a plea to everybody here in the Chamber today and to the candidates who may be coming here that they must act on this information. They cannot leave this where it is. Their conscience must tell them that they have to do something about it.

When the Government ruled out an inquiry into Orgreave, despite the existence of clear evidence of serious wrongdoing by the police, they did so on the basis that “nobody died”. I am afraid that that threadbare defence will not hold here. People have died—2,000 in all—and they have been the victims of both negligence and a cover-up. In its heart of hearts, this Parliament knows that to be true, and so the question is: what are we going to do about it?

I will end with a quote from an email I received from another victim, Roger Kirman, who became infected with Hepatitis C in 1978 but only found out by accident when having a hip replacement operation in 1994—this despite having raised his family in between. His brother George died from AIDS in 1991. He wrote:

“I have been fortunate to make it as far as I have but I have a real sense of anger against successive governments for their indifference to the plight of so many. Politicians should not be surprised at the loss of confidence in Parliament when candour is not forthcoming and they are seen as interested only in preserving their own position and the status quo.”

I suspect that Roger speaks for every single family affected by this scandal.

It has been an enormous privilege to serve my constituents in the House, and it is with real sadness that I prepare to leave, but in my 16 years here I have also had my eyes opened to its shortcomings. The simple fact that since Hillsborough I have been approached by so many justice campaigns—many of them from the 1970s and 1980s—tells me that this place has not been doing its job properly. Westminster will only begin to solve the political crisis we are living through when, in the face of evidence, it learns to act fearlessly and swiftly in pursuit of the truth and gives a voice to those of our fellow citizens who through no fault of their own have been left in the wilderness.

Collectively, we have failed the victims of contaminated blood. I do not exempt myself from this, and I wish to apologise to all those affected for coming so late to this issue in my speech tonight. I also apologise to you, Madam Deputy Speaker, for the length of my comments—but in a way I do not actually: the House should be delayed tonight on this matter. Truth and justice have been delayed for people, so the House should be delayed tonight, as it hears directly what they have been through. I hope that we have given a flavour of that tonight. I say to Members here and those who might follow: it is never too late to do the right thing. *[Interruption.]*

Madam Deputy Speaker >

(Mrs Eleanor Laing)

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Order. I do not want any clapping; “Hear, hear” will be fine.

As the right hon. Gentleman concludes his valedictory speech in the House, I am sure that the whole House will join me in wishing him well.

🕒 5.02pm

The Parliamentary Under-Secretary of State for Health >

(Nicola Blackwood)

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I thank the right hon. Member for Leigh (Andy Burnham) for securing this debate, his last in the House, on what is a very important issue, not just for him and his constituents, but for many other Members and their constituents. I would like, in particular, to pay tribute to the courage of all the victims who have allowed their stories to be told today. The value of this, in reminding us why we are all here and in driving us to find the best solutions to this very difficult issue, cannot be overestimated. We should all take a moment to remember that.

That is exactly why the Government have introduced the infected blood payment scheme, alongside the commitment of up to £150 million up to 2020-21 for all those affected. It will more than double the annual spending during that time. I am sure, though, that the whole House will share my view that nothing can make up for the suffering and the loss that families have experienced, and no financial support can change what has happened to them, as the right hon. Gentleman said. I hope, however, that all those here today will recognise that the support provided is hugely important for those facing such significant medical challenges and is materially more than any previous Administration have provided, and recognise that it is a measure of how seriously the Government take the issue.

I would also like to take a moment to clarify some issues to do with the consultation, because there has been confusion about it in recent weeks. The consultation response announced on 13 July 2016 introduced for the first time an annual payment for all individuals affected with HIV or chronic hepatitis C through NHS-supplied blood or blood products. The recent consultation, which closed on 17 April 2017, asked for comments on the special category mechanism. This mechanism will allow those with hepatitis C stage 1 who consider their infection or its treatment to have a substantial or long-term adverse impact on their ability to carry out routine daily activities to apply for the higher annual payment, which is equivalent to the annual payment received by beneficiaries with hepatitis

activities to apply for the higher annual payment, which is equivalent to the annual payment received by beneficiaries with hepatitis C stage 2 disease, such as those with cirrhotic liver and its complications, or those infected with HIV. We anticipate that a significant proportion of stage 1 beneficiaries will benefit from the new process and the higher annual payment it will offer.

Those co-infected with HIV and hepatitis C stage 1 will also be eligible to apply through the SCM. Those co-infected with HIV and hepatitis C stage 2 already receive the higher annual payments for both infections. The consultation proposes, however, that those payments will not increase in 2018, as originally set out in the 2016 consultation response. The recent consultation also included a

question on the type of discretionary support that beneficiaries would find most useful. We remain keen to ensure fairness of support between all beneficiaries, based on need and individual circumstances. We have had consultation submissions, but we have to consider them over the purdah period. We cannot make decisions until after that.

I wanted to make those points before turning to the right hon. Gentleman's point about a further inquiry. As he will know from a number of previous debates on the issue, the Government have been clear that we do not at this point believe that a further inquiry would be beneficial, because there have been previous inquiries. I would like to say a little about why those inquiries were quite useful. Lord Archer of Sandwell and Lord Penrose have already separately undertaken independent inquiries in the last decade. Neither inquiry found the Governments of the day to have been at fault and they did not apportion blame.

The Penrose inquiry began in 2009, when the right hon. Gentleman was himself the Health Secretary. In the course of the inquiry, evidence was taken over nearly 90 days of oral hearings, resulting in more than 13,000 pages of transcript, in addition to 200 witness statements and more than 120,000 other documents.

Andy Burnham >

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I accept that there have been two inquiries—Penrose was commissioned by the Scottish Government—but it is not acceptable for the Government to point to Archer. That was not a Government-backed inquiry. It did not have access to all the Government papers. The Minister cannot use that as an excuse or say, “We don’t need an inquiry because of Archer.”

Nicola Blackwood >

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That is why I was speaking about Penrose. The final report from the inquiry was published as recently as March 2015 and includes an appendix that lists witnesses and many of the most significant statements and reports that the inquiry considered. Although the Department of Health was not called to provide witnesses to the Penrose inquiry, it co-operated fully with Lord Penrose's requests for documentary evidence, and the departmental evidence that Lord Penrose used is referenced in his final report. Lord Penrose published the report of his public inquiry into infections acquired in Scotland on 25 March 2015. Nothing was withheld. Any redacted documents provided to the inquiry were redacted in line with both standard practice to protect personal information and current freedom of information requirements.

Diana Johnson >

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I really do not think it is acceptable to rely on Penrose. The inquiry could not compel witnesses to give evidence if they were outside Scotland, because of the jurisdictional issues, so it seems that there was not a complete picture in Penrose either, despite the picture of full disclosure that the Minister is trying to paint.

Nicola Blackwood >

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Of course, that was only part of the picture, because further documents have been disclosed. The Department has published all relevant information that it holds on blood safety, in line with the Freedom of Information Act 2000. All papers that are available for the period between 1970 and 1985, amounting to more than 5,500 documents, have been published on the Department of Health website, as the Prime Minister said in her letter to the right hon. Gentleman. In addition, more than 200 files of documents covering the period between 1986 and 1995 are available to the public through the National Archives. Of course, papers from more than 30 years ago are already a matter of public record.

years ago are already a matter of public record.

We are also aware of six documents among those published on the Department's website that are currently being withheld under the Freedom of Information Act, either on the grounds that they contain only personal information and nothing relevant to the issue of blood safety, or on the grounds that they hold legally privileged material that still has the potential for future litigation. A further 206 files containing documents covering the period between 1986 and 1995 have been published on the National Archives website and

are available to the public. We cannot provide a figure for the number of individual documents that have been withheld from those files, but if documents have been withheld, the files will hold an indication of that which will be visible to the public. Files that contain only some information that is unsuitable for publication will have been redacted.

Mr George Howarth >

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My right hon. Friend the Member for Leigh (Andy Burnham) made a direct comparison between this case and the Hillsborough scandal. Following Hillsborough, there was the Taylor report, which was produced hurriedly but was actually useful. There was then the Stuart-Smith inquiry. Between the two, there were all the coroner's inquests. It was not until the process that my right hon. Friend described, involving an independent panel that was able to look at all the documents—as an independent panel would be able to do in this case—that the truth finally emerged. The Minister ought to accept that that process is the best way to get at the truth. She cannot guarantee that everything that has gone on so far has got at the truth.

Nicola Blackwood >

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The right hon. Gentleman has made a good point. However, given the release of Government papers that has already taken place and the numerous statements made about the issue by Ministers in both Houses, it is hard to understand how an independent panel would add to current knowledge about how infections happened, or the steps taken to deal with the problem. As with a public inquiry, the Government believe at this point that setting up such a panel would detract from the work that we are doing to support sufferers and their families without providing any tangible benefit.

Andy Burnham >

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rose—

Nicola Blackwood >

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Will the right hon. Gentleman allow me to proceed to the next paragraph, which I think he will want to hear?

Let me now turn to the evidence that the right hon. Gentleman has presented today, with a great deal of passion. He will appreciate that I have not seen that evidence; this is the first that I have heard of it, so I have had no chance to give it proper consideration. He will also be aware that we are now entering the pre-election period, and that we are therefore in purdah. I ask him please to submit his dossier to the Secretary of State for Health, and also to Lord O'Shaughnessy, who is the Minister responsible for this area of policy. Of course, if the right hon. Gentleman does indeed have evidence of criminality, he should contact the police, but I want him to be aware that the Health Secretary has made patient safety, learning from mistakes and transparency key personal priorities, and I am sure that if the papers hold the concerning matters to which the right hon. Gentleman has referred, he will give them the highest priority.

I do not doubt the right hon. Gentleman's sincerity. He knows a great deal about this issue, because it was live when he was Health Secretary, and I appreciate the apology that he has made to victims today. I must, however, ask him to recognise that we are taking action on what is an undeniably difficult and complex issue, and trying to get things right for the victims who have waited far too long for action. I also ask him to recognise that we are acting with the best of intentions, even if he disagrees with the way in which we are doing so.

Let me end by offering the right hon. Gentleman my very best wishes for his future. He has left an indelible mark on British politics, and I am sure that he will experience great success in that future, wherever it may be.

🕒 5.14pm

Sir Peter Bottomley >

(Worthing West) (Con)

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May I speak briefly in this debate? The right hon. Member for Leigh (Andy Burnham) has helped, and the Minister has rightly said that she will consider what he has said and the papers he might be able to provide. May I add that there are still victims who have unmet costs; I have one in my constituency whom I am concerned about? May I suggest that over the election period ministerial advisers pay attention to the comparisons with Hillsborough, and say that it is not just the Government-held papers that matter, but also the ones held in the health service? So, for example, if someone who has died had been told he drank too much when he did not drink seriously at all, that could be part of the evidence that comes into an inquiry.

Mark Tami >

(Alyn and Deeside) (Lab)

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There people are dying, yet this goes on and on. People want closure; they know they are coming to the end of their lives, and that they will not get that closure.

Sir Peter Bottomley >

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That is one of the reasons why I believe that over the election period the advisers to Ministers—not just to Health Ministers, but perhaps also to Home Office Ministers—should consider what could be obtained by the kind of call for evidence and inquiry that the right hon. Member for Leigh has rightly proposed.

Andy Burnham >

🔗 [Share](#)

rose—

Sir Peter Bottomley >

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If the right hon. Gentleman has any other points he wants to make through me, he is welcome to do so.

Andy Burnham >

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I am grateful for the opportunity. The Minister was very kind in her remarks, but the point that perhaps was missed when referencing Archer and Penrose is that I am calling for a different process that takes documents at a very local level and matches them with documents higher up the chain. It is only then that we can put the jigsaw together and start to understand why someone was acting in a certain way in a particular hospital. That is what we are looking for, and that was the strength of the Hillsborough independent panel: it was able to paint that canvas and put all the pieces of the jigsaw together.

I will send the evidence to the Department. The amended police statements only came to light properly just before the 20th anniversary of Hillsborough. What I have presented to the House tonight is altered medical records—that is a fact; that has been given to me. In my view, that is the same trigger and it should be looked into so that the facts can be established. That is new evidence that the Government now need to consider, to take a new decision on this.

Sir Peter Bottomley >[Share](#)

The right hon. Gentleman has taken the words out of my mouth, and has said it better than I could have. We are all grateful to him. The point is that this scandal should never have happened, when it was started it should have been stopped, and when it had been stopped people should have known why it had gone on for as long as it did. The right hon. Gentleman has done a service.

Mark Durkan >

(Foyle) (SDLP)

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The House should not forget that there was a tribunal of inquiry in Ireland. The Lindsay inquiry found that the state knew of the risks and continued nevertheless, because that was what other states such as the UK were doing. So is it credible that an inquiry in Ireland could find that the risks were known but the practice carried on anyway, and that a further investigation through a panel such as that mentioned by the right hon. Member for Leigh (Andy Burnham) would not come to that same conclusion?

Sir Peter Bottomley >[Share](#)

That is one of the questions to be asked.

I conclude by thanking the right hon. Member for Leigh and the hon. Member for Kingston upon Hull North (Diana Johnson) who leads the all-party group on haemophilia and contaminated blood, and my right hon. Friend the Member for North East Bedfordshire (Alistair Burt), sitting in front of me, who has done so much, both as a Back Bencher and a Minister, to make sure that these issues are dealt with.

Dr Philippa Whitford >

(Central Ayrshire) (SNP)

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Will the hon. Gentleman give way?

Sir Peter Bottomley >[Share](#)

Of course.

Dr Whitford >[Share](#)

I know that the Penrose inquiry is always cast up as having dealt with this issue, but that was a Scottish inquiry and it was not able to summon people from the rest of the UK who did not want to attend. Therefore, the idea that Penrose has dealt with this is fallacious. We must have a system where we can summon people to give evidence right across the United Kingdom.

Several hon. Members rose—[Share](#)**Madam Deputy Speaker >**

(Mrs Eleanor Laing)

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Order. We have an unusual procedural situation here. Of course there is plenty of time for our Adjournment debate, given that it started as early as this and we are discussing a very serious matter but Members who are now rising to speak gave no indication

started as early as this, and he is discussing a very serious matter, but Members who are now going to speak gave no indication before the Minister spoke that they wished to do so. That does not mean that they will not be permitted to speak, but just because this happens to be the end of a Parliament, and there is time available to discuss this important issue, does not mean that I will ignore the—*[Interruption.]* Order. Mr Durkan! I am addressing the House. This does not mean that I will ignore the normal courtesies of this Chamber. Two people have indicated that they wish to speak. They must know that they ought to have done so before the Minister spoke. It was quite obvious when I was going to call the Minister. In these unusual circumstances, I will allow those two Members to speak very briefly now, and I do not expect further interventions.

🕒 5.20pm

Barbara Keeley >

(Worsley and Eccles South) (Lab)

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I thank you on behalf of my constituent, Madam Deputy Speaker. I want to speak further, briefly, about that case. The Minister has made certain assertions and I want to give the House some more information. The main part of the debate has been about the excellent revelations from my right hon. Friend the Member for Leigh (Andy Burnham), but we have also referred briefly to the situation of people who were in many cases infected as children as a result of this scandal in the NHS. We need to keep reflecting on the fact that many people were children when this happened. My constituent was a child receiving the treatment that he needed from the NHS. I have already talked about him having to pay for his own treatment, and for the drug that he needed to clear the hepatitis C virus from his body.

The Minister referred to the consultation recently conducted by Health Ministers on reforming the system. I would like this Minister to know how that has gone down with my constituent. He tells me that he received a letter summarising the proposals. He says:

“For me personally, as someone who has progressed to stage 2, I would be significantly worse off. In real terms, the proposals mean that financial support will decrease over time as the annual payment will no longer be index linked. I will even lose the £500 winter fuel payment, and I will no longer receive a pre-payment prescription certificate which I use for painkillers and anti-inflammatory medication.”

It is disgraceful that people who were infected as children by the NHS are being treated in this way. My constituent goes on:

“I believe the Government is being deliberately punitive and exceedingly cruel in using the affected community’s request to reform the various support schemes to actually make cuts to those people who were infected by contaminated blood given to them by the NHS through no fault of their own.”

I just wanted to add those observations to what has been a powerful debate. It has already been stated by other Members that our constituents have no time left. This is the situation that they find themselves in, and this miserly treatment beggars belief. It is time we did something better.

🕒 5.23pm

Jim McMahon >

(Oldham West and Royton) (Lab)

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Thank you for your courtesy in allowing us to speak, Madam Deputy Speaker. I fully accept that we ought to have spoken before the Minister responded. I have to say that I expected her response to go on for longer, and that I would have had an opportunity to make a short intervention on her.

I feel compelled to speak because one of my constituents, **GRO-A**, has been so badly affected by this. It is not just me who is affected when I see the Government refusing, time after time, to do the right thing. It genuinely haunts me. None of us comes into politics to do the wrong thing. We come here to try to make the country a better place and to give a voice to people who have been ignored. These people have been ignored for such a long time, and it just feels as though the abuse is going on and on. Fear went through my body when the Minister stood to read from her folder and it became clear that she was determined to go down the cul de sac of denial and deferral. Mark my words, while there is breath in my body and in those of the people on this side of the Chamber, this issue will not go away. More than that, if this issue is not resolved, it will haunt the Minister.

Question put and agreed to.

🕒 5.25pm

House adjourned.