

Mrs Maureen Murphy,

Liverpool,

Tel. 0151

George Howarth MP,
House of Commons,

December 4th 2013

Dear Mr Howarth,

Re. Campaign for Justice, Hepatitis C (HCV) infected haemophiliacs and their bereaved families, NHS Contaminated Blood/Blood Products

I wish to update you on important new developments concerning the above. This is a crucial, and potentially historic, time in which a resolution to our 30 year campaign for justice and financial independence may be possible. I request your support in pursuit of this.

Alistair Burt MP met with the Prime Minister on November 12th to review unresolved issues and hear from some of those affected. Feedback was provided to MPs at a meeting of the APPG for Haemophilia & Contaminated Blood on November 20th.

Although my evidence was not part of the above submission, I am amongst those who have been most devastatingly affected by an entirely avoidable tragedy which finally claimed the life of my husband at the Royal Liverpool University Hospital (RLUH) in September 1994 after a prolonged deterioration - directly resulting from contaminated NHS blood products administered both at RLUH and Broad Green Hospital - stretching back to December 1978.

The APPG heard there are indications of significant developments taking place in a bid to bring about judicial and financial closure for all affected. Described as a positive meeting, Mr Cameron committed to look at the issue and accepted that there are matters to be resolved. Two senior officials have been appointed by Mr Cameron to work with Mr Burt and other MPs on identifying a way forward.

This matter is of vital importance to myself, to my family and the thousands affected. The opportunity is unique and so I must request in the strongest terms that you represent my interests in Parliament/APPG on Haemophilia and contaminated blood at this important time.

For the bereaved families of HCV haemophiliacs were until 2011 the forgotten group. To a great extent we still are. The 2003 (Skipton Fund) settlement - between £20,000 up to £45,000 - was paid to all HCV infected haemophiliacs

who were still alive at that point. As my husband had died in 1994, I received no payment.

That was a significant blow for me, coming almost a decade after my husband's death, for it re-compounded a financial struggle that my husband and I had endured, because of his condition, for most of our 35 years of married life. Due to my husband being a haemophiliac we were never able to obtain life insurance or mortgage protection. Therefore, subsequent to his death, I was left to survive only on our savings, and a very meagre small firms pension for my husband (less than £200 a year). I was only 56. I was in receipt of invalidity pension until I was 60, which then became my State Pension, and an equally nominal firms pension of my own (given that I had been forced to retire early). I still had four years left to pay on our mortgage. Frustratingly, I was above the limit for pension credit but did receive council tax benefit.

By 2005, then aged 67, having been bereaved for 11 years, I had exhausted most of my savings. I had no choice but to remortgage my house for £20,000, on an interest only mortgage at Bank of England rate. At one stage the payment was £113 per month.

Unlike the widows of HIV infected haemophiliacs (such as my two sisters-in-law, more later), I was not entitled to receive a special (nine months) widows benefit or be helped with funeral costs - simply because those like my husband were deemed by the Government to be second-class haemophiliacs - even in death. The distinction between the two groups of dead men was most unfair. HCV widows received no help whatsoever.

That changed somewhat in January 2011, when the Government at last decided to acknowledge HCV widows. Of course this was welcome. I received a lump sum of £70,000 (ironically because, 17 years after his death, my husband's death certificate was then suddenly deemed to possess the requirements for qualification for financial assistance after all).

Although his death certificate citation read: *1a. Retroperineal bleed; b. Hepatocellular carcinoma; c. Hepatic cirrhosis due to hepatitis C; Haemophilia A*, I should stress that my husband's medical records also show that between 1978 and 1981 he was equally infected with both Hepatitis A and B (the latter providing a deadly corrosive base of liver disfunction on which the effects of the later acquired Hepatitis C infection flourished).

From that 2011 lump sum, I have set aside £20,000 to settle my outstanding mortgage upon my death, and £20,000 for possible care home costs, and funeral expenses.

But really the amounts I have received have hardly even begun to start rebalancing the financial inequities I have endured for decades. For leaving aside the above mentioned aspects of life assurance and mortgage protection

that my husband and I were denied, it should also be remembered that had my husband lived [he would have been 80 next November] he would have received by now some £120,000 in state pension [he worked and contributed to the state system from well before his 20th birthday until his enforced retirement - which naturally decimated his works pension - in 1991]).

In addition to the lump sum of 2011, most of which, as I say, has already been allocated, I have been grateful to receive limited assistance from the Caxton Fund towards essential household maintenance, given that my home had fallen into disrepair in the 17 years following my husband's death. I have finally been able to have new windows fitted and urgent roof/guttering repairs undertaken; but even these benefits were hard fought for, given that they had to be approved after my time consuming submissions of trade quotes to the (Caxton) welfare committee which meets to approve grants. Indeed, had I not implored the Caxton Fund for this further vital living assistance, I would simply have received, by now, a one off payment for council tax, and two fuel payments, totalling just £1400.

As referred to above, my husband was among three haemophiliac brothers all of whom died between GRO-B 1989 and September 1994 as a direct result of the NHS blood scandal. However, as my husband's other haemophiliac brothers died from HIV/AIDS their widows have not had to endure a near two decade campaign for financial justice. I am sure you can appreciate how this has made my suffering and grief doubly hard all these years.

At the very least now, I would like to see widows of HCV haemophiliacs receive a monthly pension of no less than £500. But our campaign is two-pronged: financial independence and public justice.

I am conscious that nothing can bring back those who have lost their lives to the infections, or reverse the long-term health damage for those who survive. However, I believe that if the government were to establish a full and fair financial settlement, along with an acknowledgement of the extent of the scandal and what happened, with a fulsome apology (similar to those afforded to campaigners concerning the Bloody Sunday and Hillsborough tragedies - and remember that my husband and his brothers were among some 2,000 victims which puts the scale of our campaign into perspective), then at least we could all find the kind of closure that those measures would bring. The only way this campaign will end, thus enabling people to get on with their lives, will be if this is successfully sorted - once and for all.

In order for this initiative to work, I believe it is of vital importance that the affected community is directly involved, consulted and represented fully at every step.

We all need resolution. We do not need it to be dragged out for any longer than absolutely necessary, but whatever process is employed it must reflect the impact on all the affected community and the resultant need that has been created whether

from Hepatitis (A, B, C, D, E, G, etc.), HIV, vCJD or other infection.

The time has passed for commissioning endless medical reports and studies, or for politicians – however well motivated – to be deciding what happens to our lives. This hasn't worked for the last 30 years. It won't work now.

A wide consultation is proposed but I need involvement and true representation this time, to ensure any exercise that informs a settlement is suitable. Currently, only the victims themselves and campaign representatives, such as Taintedblood, Manor House Group and CBC collectively, have the knowledge to inform this process.

Could I therefore ask you to do everything within your power to represent me and the wider community at this crucial stage in the process?

Thank you – I look forward to your reply.

Best Wishes,

Mrs Maureen Murphy.

Further information: Taintedblood.info

(contact co-chair, Joseph Peaty: )