



Cynllun Cynorthwyo Gwaed
Heintiedig Cymru

Wales Infected Blood
Support Scheme

Mrs Catherine Cody,
Healthcare Quality,
Population Healthcare Division,
Health & Social Services Group,
Welsh Government,
4th Floor,
Cathays Park,
Cardiff,
CF10 3NQ

Catherine.Cody: **GRO-C**

11th March 2021

Dear Mrs Cody,

I have been in post as Consultant Clinical Psychologist since December 2019 working clinically with beneficiaries of the Wales Infected Blood Support Scheme (WIBSS). There has been much discussion about the issues related to the lack of parity across the four devolved schemes and this has been a significant feature in many of the consultations I have had with WIBSS clients. I am therefore, bringing to your attention, and the attention of Ministers, my observations about the significant psychological, and not only financial impact this ongoing issue is having on WIBSS clients.

It is crucial that the context and impact of the decisions of a higher powered organisation are seen as relevant and need consideration. There are similarities between the decisions of the governments now, and the NHS then, which is a reminder of the harm not help that was inflicted upon the beneficiaries.

Understandably people report entrenched feelings of anger and injustice, alongside damaged identities related to feeling like 'a second-class citizen', as unworthy and undeserving due to a growing awareness that harm was knowingly inflicted on an 'unimportant' group of people. The extent of the psychological injury is unquestionable. The acceptance and normalisation of the harm caused is only more recently being exposed and challenged but the current legitimisation of the lack of parity is a highly sensitive reminder that again such people are targeted as 'less than' causing secondary psychological injury.

The inequality provokes reactivation and reliving of past traumatic experiences and can be perceived as confirmation that fairness is not required due to the 'second class citizen' status. Equality and fairness would help to interrupt the trauma cycle and the associated symptoms providing a platform for the complex journey towards adjustment and acceptance of situations of harm and injustice.

Achieving parity would demonstrate the importance of recognising the need for fairness and justice. I have been struck by the resourcefulness and resilience shown by the beneficiaries of the scheme and surprised by the desire to 'move forward' from such painful experiences. Realistically the associated traumas will never be resolved but it is psychologically damaging and limiting progress if aspects of

inequality, in particular the lack of financial parity across the four devolved schemes are not currently addressed.

Yours Sincerely,

Dr Caroline Coffey

Consultant Clinical Psychologist

Tel: **GRO-C**

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