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I am now able to reply more fully to your letters of 18 and 19 April and 3 May, and to your 3 May letter to John Denham. I am sorry I have not been able to do so before now.

I recognise the considerable efforts you have made, and continue to make, on behalf of people with haemophilia infected with HIV and hepatitis C.

You have provided papers forming part of a dossier presented to the Legal Services Commission. As you may know, in January this year, in response to a Parliamentary Question from Lord Lester, I placed in the Library of the House of Lords official documents relating to the Elstree Blood Products Laboratory in the late 1970s. Before doing so I sought the permission of the Secretary of State for Social Services at the time. The documents themselves indicated that the work of the laboratory had developed substantially since its establishment in 1952, that the required manufacturing standards had increased to match those of commercial firms, and that the laboratory did not meet those required standards. The papers discussed short term and longer term action, but clearly set out what was then seen as the excellent safety record of the operation, despite the growing demands of technology.

As you say, John Denham said in the debate in Westminster Hall on 7 March that in preparation for the debate and in discussion with his colleagues he had seen no evidence that would persuade him of the need for a public inquiry or further examination of the history of the matter. This remains the case. We are all extremely sorry that people with haemophilia were exposed to bloodborne viruses before it was possible to inactivate them in blood products on a large production scale. We adopt the precautionary principle in manufacturing from pooled plasma today, as experience has taught us that it is right to be cautious, and we have had stringent manufacturing standards for many years. We should expect past action to have been reasonable in the light of circumstances at the time, but I would question whether it is reasonable to expect full anticipation, twenty or thirty years ago, of what we know now.

You suggest that if there had been state of the art facilities at all times, we would have been at the same technological level as Germany, with blood products heat treated to eliminate hepatitis C from the mid to late 1970s onwards. My understanding is that due to the extreme loss of yield in pasteurisation at that time, we could not have met the demand in the UK for the newly emerging blood products. We should bear in mind the perspective of the time. These were not regarded as new products which were hazardous. The focus was on the enormously positive impact which blood products had on the lives of people with haemophilia.

You also suggest that an inquiry would be valid because the Scottish Executive has investigated the relative timing of heat treatment in Scotland and England, and that this is comparable to Germany's production of a small supply of pasteurised blood products before the effective heat treatment of hepatitis C in England. These are clearly very different issues.

You ask again about John Denham's views on financial assistance to people with haemophilia and hepatitis C, suggesting that he changed his mind on coming to office. I think he would have no objection at all to me saying that he continues to have considerable sympathy for people with haemophilia infected with hepatitis C. He signed the EDM calling for financial assistance to be considered, and this took place when we came to office. The conclusion was that hepatitis C was not comparable to HIV infection in the 1980s.

I have passed your letter of 23 May to the Lord Chancellor's Department, as you had commented on the legal aid system and ethical issues.

PHILIP HUNT