

**THE INFECTED BLOOD INQUIRY**

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**EXHIBIT WITN3647006**

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**HSOC0017272**



## The Haemophilia Society

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RAC/DGW

3 November 1990

The Rt Hon William Waldegrave MP  
Secretary of State for Health  
Richmond House  
79 Whitehall  
LONDON  
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First of all I would like to take this opportunity to congratulate you on your appointment as Secretary of State and welcome you to your new position.

I also want to take this opportunity to correct some false impressions which appear to be present within the thinking of the Department in relation to people with haemophilia and HIV who are seeking compensation. The most serious of those relates to the fact that it has been alleged from within the Department that 'The Haemophilia Society' has named an acceptable sum for an out of court settlement. This is not the case: our position is very simply this - we have not, nor do we intend to, put forward a settlement figure. Proposals of this nature are entirely for the lawyers acting for those plaintiffs who are pursuing a claim for legal compensation. It must also be pointed out that those who are pursuing this course are doing so at the behest of the Government who have, again and again, insisted that this was the only course available to those seeking compensation: those who have chosen this route have done so because of Government policy.

It has been open to the Government since 1986 to settle this matter in an open-handed manner without the need for litigation: the matter only became one of public and political interest because of the piecemeal fashion in which the Government has chosen to deal with it. Contrary to the view which has been expressed by the Department in recent weeks I would want to quietly remind you that the payments which have so far been made to the Macfarlane Trusts have only been made as a result of very hard campaigning by ourselves. This, in turn, generated widespread political and public support. It is also surprising that, in recent weeks, those 'ex-gratia' payments have suddenly become payments made from a sense of moral responsibility.

We believe that there is a great deal to be gained on both sides by an out of court settlement - not least for people with haemophilia themselves: they are currently dying at the rate of at least one a week and that, of itself, is a telling factor about the overall urgency of our unique situation. However, more importantly for you, and for the Department/

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Department/

it would mean that a settlement could be made without any admission of liability for negligence.

It is also, in our view, most unfair that the Department should continue to make direct comparisons between people with cancers, heart conditions, renal failures, etc; and people with haemophilia and HIV. None of those people acquired their condition as a result of treatment prescribed by the NHS. It is this fact which makes the position of our affected members so tragically unique.

We are deeply concerned that there now appears to be little or no negotiating taking place between yourselves and the plaintiff's lawyers. We are giving active consideration to the possible role of an intermediary to look at a constructive way out of the impasse which exists between the two sides. We would welcome your early response to this suggestion so that the matter might be progressed if you feel that it would be helpful.

R Anderson Cowe  
Vice-Chairman