

CONTAMINATED BLOOD

It's still a bloody scandal

PPRIVATE EYE has for years chronicled the struggle of haemophiliacs to secure a public inquiry into arguably the worst treatment scandal in the history of the NHS. Given contaminated blood products in the 1970s and 1980s, they have been sentenced to death or debilitating illness such as liver cancer and cirrhosis.

Some of those whose stories we recounted have since died: people like Peter Longstaff, who was infected with both HIV and hepatitis C and learned when he was in late-stage liver failure that he had also – more recently – received blood contaminated with variant CJD.

Mr Longstaff was one of around 4,800 haemophiliacs who received blood products imported from the United States which had come from high risk prisoners, drug addicts and others on “skid row” who sold their blood. Long after warnings first sounded about the dangers, the British government continued to buy from the US, having failed to fund safe production in the UK. Fatally the contaminated blood clotting factor was even given to those with only mild haemophilia (who arguably did not need it), as well as to those at greater risk. Of the 1,200 who contracted HIV from the blood, only about 370 survive today. Aids and hepatitis C have killed around 1,800 in total, children as well as adults, and the numbers are rising.

So what a disappointment that when, finally, there is a public inquiry, it pulls all its punches.

The Archer report, published last week, finds no one to blame for ignoring warnings back in the early 70s about high risk blood.

No one is held accountable for carrying out secret tests for infection on the haemophiliac guinea pigs – or, worse, not telling them the catastrophic results, thus putting families at risk. No one was apparently at fault for cynically drawing up contracts for haemophiliacs to receive a “compassion” payment for HIV infection, which included a “waiver” of rights to any more funds should they contract any other infection, when health officials already knew they may have contracted hepatitis C, but haemophiliacs themselves did not.

But the fault does not lie with the “independent” inquiry team, led by Lord Archer of Sandwell, the former solicitor-general. The inquiry was set up despite the government, not because of it. Funded by charity and donations, without any legal status and with no power to subpoena witnesses or demand disclosure of evidence, it was handicapped from the start. The panel members gave their time for free; they had no counsel; the hemophiliacs had no representation and there was only one solicitor to do the inquiry's admin.

Thus it is that no health minister, official or medic from those who ignored warnings about contaminated imports, or those who sanctioned secret testing or derisory payments, gave evidence. The government did hand over some documents, but as *Eye* readers will know, much has already been shredded. Even now, despite the deaths and devastated lives, the government still argues that some documents remain “commercially confidential”. By contrast, Ireland, Canada, France and Germany held genuine public inquiries and set up generous compensation schemes. Some even launched criminal prosecutions.

What the Archer report does make clear is that contaminated blood and clotting factors continued to be given to thousands of people up to and beyond 1985, when heat treatment introduced to combat HIV was also by chance found to eradicate hepatitis C. But the medical journal, the *Lancet*, had reported as long ago as 1974 that a new hepatitis virus (then called non A non B and later to become Hep C) had been isolated and was responsible for 90 percent of transfusion-associated illness in the US. In the same

year one of America's leading blood specialists warned the UK against American imports: “It does not take much commercial blood to bring up an astounding infection rate from one that is relatively unnoticed.”

Despite then health secretary Dr David Owen promising Britain would be self-sufficient in safer blood products by 1977, resources were never forthcoming. Not only were our main blood laboratories incapable of meeting largescale demand, but they were starved of funds and the Blood Products Laboratory at Elstree was deemed so unsafe that, had it been a private concern, it would have been closed. Thus dodgy blood continued to be brought in from abroad.

In 1983 alarm bells were rung again, when Spence Galbraith of the Public Health Laboratory Service said US plasma should be withdrawn from hospital shelves because of the risk of AIDS to haemophiliacs, after cases had been documented in both the US and Spain. Again nothing was done and no-one held to account.

Instead, in 1990 those known to have subsequently contracted HIV were offered “sympathy payments” of between £20,000 and £60,000 to settle their claim for damages, with no admission of liability. As many of them then believed they had little time to live, they accepted.

But under threat of having the offer withdrawn, they also had to sign a waiver saying they would not sue for hepatitis C. As that is a “slow burn” disease, none of them knew they might be developing the disease at that stage. Evidently those responsible for advising and drawing up the document must have known. Subsequently a separate fund was also established for those suffering ill health, liver failure and cancer from Hep C.

To this day, the payments are woefully inadequate, too complex, dependent upon age and onset of infection and pay out to some dependent spouses but not others. The payments are a fraction of those paid in other countries and consign most sufferers to poverty.

Other factors affecting the more recent treatment of haemophiliacs were not addressed by the Archer inquiry. Why, for example, as recently as the beginning of this decade when safe but more expensive synthetic clotting agents were given to children, were they not also made available to adults? Thus some haemophiliacs, already given a deadly cocktail of viruses, found as recently as 2002 that they had been products containing vCJD.

One such victim at the time, 34-year-old Mick Mason, who has HIV, hepatitis B and C, learned that he has also been exposed to 40 doses of nvCJD. He told the *Eye*: “The fact that synthetic treatments are given to children, shows that there must be some risk in blood products. No doubt health ministers think that as we are already infected with so many viruses, we are not worth spending the money on – a case of go away and die and stop worrying us.”

Carol Grayson, who nursed her partner Peter Longstaff until his death, launched Haemophilia Action UK and has amassed a wealth of embarrassing documents revealing how successive governments failed Britain's haemophiliacs and is continuing a legal battle for compensation against the US blood companies on Peter's behalf.

She told the *Eye* campaigners were very grateful to the anonymous donors and to the panel for holding the inquiry and welcomed its recommendations, but added: “We regret that the Archer report does not have any legal jurisdiction, so that it is worded in such a way that no authorities or individuals are named and shamed. Where else in public life could so many deaths still be dismissed as an ‘unavoidable accident’ by government when almost all the evidence in this case points to alleged dangerous practices and systematic blood policy failures?”



Carol Grayson and Peter Longstaff

POLICE 5

Cash of interests

POLICE chiefs are set to spend more than £300,000 of taxpayers' money to help forces resist freedom of information requests – much of which will be spent paying for office space from a company run by... police chiefs!

The Central Referral Unit (CRU) was set up to “coordinate national and high profile FOI requests”. It provides staff training and support forces that are resisting releasing information through the Information Tribunal system.

The unit was initially funded by contributions from police forces but is now wholly run from the Association of Chief Police Officers (ACPO) budget and last year cost £186,000. Until last year it was provided with free office space at police sites in Hampshire, but according to documents seen by the *Eye*, “an opportunity arose which enabled the unit to move to the new ACRO [the ACPO Criminal Records Office] building situated in Whitley, Hants. Although accommodation costs have been minimal to date, there is now a requirement for the unit to share costs based on their actual usage of the premises, staff and other facilities.” As a result CRU's budget requirement for 2009-10 is now £314,600.

ACRO is a subsidiary company of ACPO whose activities include selling police certificates for visa applications. ACRO was recently revealed to be charging up to £70 for a 70p search of the Police National Computer. Although ACPO is a not-for-profit company and police chiefs get no share dividend from it, the company provides lucrative employment for ex-senior coppers.

SOUTH WALES

Dai is cast

PRESSURE is mounting on the Welsh assembly government to hold a proper investigation into Inspector Dai Knacker's spectacularly bad record on miscarriages of justice (*Eyes passim*) following the conviction in February of John Pope for the 1996 murder of Karen Skipper.

Cardiff city council has backed a motion to call for a Home Office-funded public inquiry into South Wales Police, who in the last 25 years have had 11 murder convictions overturned.

At Cardiff crown court, in the second trial of the Karen Skipper murder case, more details emerged of how South Wales Police had tried to put another innocent man behind bars a decade earlier. Pope's trial heard the prosecution allege that police had suspected him in their original investigation but discarded clues because they were convinced that Mrs Skipper's husband Phillip had murdered her, despite the lack of evidence.

In pursuing Mr Skipper, who endured a five-week trial before he was cleared by a jury, Dai Knacker ignored the fact that workmates had identified Pope from an e-fit photo on the television programme *Crimewatch*. And they also failed to make any connection between eye witness evidence of a man being seen near the site of the murder wearing a waxed coat and the fact that Pope owned such a coat. When it also emerged that Pope's wife had told the police that he had abused her and forced her to have sex with her hands tied behind her back, they still failed to make any link with Karen Skipper, whose body was found half naked with her hands tied behind her back.

It was only when DNA was taken from Pope after he committed another crime a decade later that they discovered the match with a tiny spot of blood on Karen's jeans. They had dismissed the evidence of the blood in the original investigation because the blood type had not been matched with either Karen or Phillip Skipper.