

The desirability of self-sufficiency had been recognised for over seven years by this stage. One of the most authoritative medical voices of the late 1960s in the field of haemophilia, Dr Rosemary Biggs, made a prediction in August 1967 that within the “next year or two” very large amounts of commercial product would become available in the US. “When this material comes on to the market we shall be obliged to buy it at a very high cost”.²⁷⁰ Self-sufficiency in blood supply had always been a policy objective since the Second World War. Blood products were forming an increasingly important part of this supply by 1970. The goal of self-sufficiency remained, given impetus by Professor Titmuss’ book, national pride, and the belief, which it is clear Dr Biggs shared, that purchasing supplies from abroad would be more expensive than producing blood products domestically. This was in addition to the knowledge that if self-sufficiency were achieved the risk to any recipient of blood or a blood product would be derived from the domestic population, and not from a country where there might be different viruses, or different diseases, transmissible through blood.

Dr Owen was himself convinced of the need for self-sufficiency. He made a pledge to Parliament on a number of occasions in 1975 that the Government would fund self-sufficiency in blood and blood products.²⁷¹ He intended that it should be achieved by mid 1977 if not earlier, such that the importation of the riskier commercial products into the UK need continue no longer. However, self-sufficiency did not occur for well over a decade.²⁷² In that period,²⁷³ risks from blood products eventuated which had in the main been imported. Suffering and deaths resulted in the population of the UK, as could have been (and was) both foreseeable and foreseen.

Hepatitis B often revealed itself clinically by a yellowing of the skin: it was “icteric”. NANBH was less likely to be icteric. Liver function tests showed consistently elevated enzyme levels (in particular of alanine transaminase (“ALT”)) in Hepatitis B infection, but generally levels which fluctuated and were less elevated in NANBH. Hepatitis B was often symptomatic in its acute phase (“acute” means occurring within six months of infection: it does not refer to

270 She concluded her letter by saying: “In this country we have pioneered this treatment, we have the personnel who know how to make the products, we could easily have enough plasma to serve as starting material. It would seem to me a great pity if we cannot make our own material in this country for lack of the organisation, apparatus and buildings in which to work. The purchase of the finished products in the United States will undoubtedly be very costly ... Surely it would be less costly to us to do everything to expedite the manufacture of these fractions in England and in particular to accelerate as much as possible the new fractionation buildings at Elstree and in Edinburgh. I feel that it is perhaps time to try to reassess the quantities of these products that might be needed and to try and work out an emergency plan to try and meet the need.” Letter from Dr Biggs to Dr George Godber 22 August 1967 DHSC0100025_062. Lord Owen in his evidence referred to Dr Biggs as the authoritative voice on haemophilia treatment. Lord David Owen Transcript 22 September 2020 INQY1000055

271 “Pledge” was the word he used in evidence to describe the commitment made and repeated to Parliament. Lord David Owen Transcript 22 September 2020 pp56-57, p114 INQY1000055

272 A distinction is to be drawn between Factor 9 products, in which domestic supply was close to achieving self-sufficiency, and Factor 8 products, as to which the Blood Products Laboratory and the Protein Fractionation Centre produced, in general, somewhere between one third and one half of an amount sufficient to meet demand – except in Scotland, where it rapidly became sufficient both for Scotland and Northern Ireland, though some purchasing centres in Scotland (such as Yorkhill, Glasgow, for a while) bought commercial product in preference (see the chapters on *Self-Sufficiency* and on *Haemophilia Centres: Policies and Practice* for more detail).

273 Nearly 20 years after Dr Biggs’ clarion call in 1967.

Included

Factor VIII : AHG CONCENTRATE

1. Dr Owen has commented on PQ 3474:- "Once again we are a 2-3 year time-scale. I have asked if we can improve on this. Can I have a note?"

2. This is the time-scale which Dr Owen gave in reply to a PQ from Mr John Spence on 22 April. Since then, as a result of our discussions with Regions, we have given them targets which would produce plasma from 337,000 blood donations. This is some 20% more than the total of 275,000 recommended by the Expert Group on Haemophilia but that figure must be regarded as the minimum.

3. All Regions, except two, have now indicated when they expect to achieve their share of the target of 337,000. The position may be summarised as follows:-

Date	Cumulative Totals	
	Donations	Percentage of target
31.12.1975	127,000	38%
31. 3.1976	165,000	49%
30. 9.1976	231,000	69%
31.12.1976	267,000	79%
30. 6.1977	292,000	87%

The two Regions about which we are at the moment uncertain would provide another 45,000 donations ie 13% of the target.

4. The main reason why the programme cannot be completed earlier is that in four Regions extensive alterations have to be made to the Transfusion Centres before they are in a position to provide more plasma. In one case the work will take six months, in two cases one year, and in the fourth 21 months. There is no scope for reducing these periods. Arrangements are in hand to purchase centrally those items of additional laboratory equipment requested by RTCs. First deliveries are expected within 2-3 months and the programme is unlikely to be held up on this score. We are having difficulties about the date of delivery of three Sharples centrifuges for the Blood Products Laboratory but we are pursuing this and hope to resolve the matter soon.

5. We are taking steps to clarify the position of the two Regions whose ability to contribute to the programme is at present uncertain. From the point of view of the NHS it is desirable, if it is at all possible, that all Regions should take part. If the two Regions in question can be brought in we hope that they will be able to achieve their target by about the end of 1976. However, if they cannot participate we will have to consider allocating the funds provisionally earmarked for them to other Regions able to provide more plasma than they have at present undertaken to do.

6. It is difficult to be precise in estimating a date for achieving self-sufficiency, not least because not all are agreed as to what constitutes self-sufficiency; some Haemophilia Centre Directors envisage prophylactic treatment whereas the Department's programme is based upon home treatment of those patients

/for

50 years
74-2024

Sir Brian Langstaff

for whom treatment at home can be recommended. It remains to be seen whether RTDs will be successful in persuading clinicians to accept a steadily increasing proportion of blood in the form of concentrated red cells; this may be a possible limiting factor. AHG concentrate has not previously been prepared in the NHS on the scale envisaged and this in itself will almost certainly give rise to some problems.

7. However, accepting these qualifications, the figures in paragraph 3 suggest that we can improve on the previous estimate of achieving self-sufficiency within two to three years. We can now say that we expect to be self-sufficient within two years or, alternatively, that within about a year we will be able to meet some 2/3rds of present requirements and become self-sufficient in 1977.

8. has seen this minute.

HS2B

11 July 1975

oo

I went to the Foreign Office
as Minister for Europe. a letter
over a year later. in September
1976.

LK



Day of Shame

The Infected Blood Inquiry's final report exposes decades of mistreatment, lies and official cover-up. Compensation and restorative justice must be swiftly delivered

The final verdict of Sir Brian Langstaff's inquiry into the use of contaminated blood products by the National Health Service between 1970 and 1998 will inspire many thousands of words of commentary, few of them complimentary of the British state. But let us begin with the three that expose the culture of impunity, callousness and elite disdain that ultimately led to 3,000 deaths and the ruin of countless more lives by sickness and bereavement: "incredibly bad luck."

That was how Sir John Major, the former prime minister, described to the inquiry the infection of at least 30,000 people by experimental treatments which those in power knew to be dangerous at the time they were administered. Now the dwindling band of survivors and the blameless families left grieving for the dead know they were not the unlucky victims of some unavoidable injustice. They were negligently failed and intentionally deceived, again and again, by a medical establishment unwilling to face the truth and a political class determined to conceal it. To call this scandal a calamity, as Sir Brian does, almost risks underplaying the sheer scale of the human misery and indifference to suffering his inquiry has revealed.

When the Right Reverend James Jones, the Bishop of Liverpool, published his review of the ignorance, disrespect and condescension suffered by the families of those killed in the Hillsborough disaster, he titled it "The Patronising Disposition of Unaccountable Power". Britain's recent history has been grimly punctuated by catastrophes that follow this template. Almost all have been the consequence of state incompetence, followed by obfuscation by the powerful and delayed disclosure to the powerless.

In some of the most egregious cases victims have died before receiving the moral, legal and financial redress to which they have been entitled. The loved ones of the 97 Liverpool fans killed at Hillsborough in 1989 knew it. The hundreds of upstart masters driven to financial ruin, shame and suicide knew it. The mothers and babies killed and maimed in failing NHS maternity units knew it. And so, with grotesque inevitability, did the victims of contaminated blood. If we are to call these people unlucky, it should not be to describe the original wrong done to them. Their bad luck was to be born in a country so temperamentally prone to that Sir Brian rightly describes as "subtle, pervasive and chilling" abuses of trust in authority.

In cases such as this, the truth, however belated, is a powerful thing. But for those who contracted HIV, hepatitis C and other deadly blood-borne medical conditions it is no final moment of catharsis. Nor will it be so for their families, for whom the scandal remains an ever-present source of anguish. For each day the inquiry ran another four victims died. As Sir Brian concluded: "The grief and trauma which all of those who lost loved ones experienced continues to this day... Every aspect of their lives has been defined by their infections – childhood; education; career; leisure; relationships; marriages; home ownership; travel; finances; dreams and ambitions have been lost and relationships broken." The trauma inflicted on both the infected and affected whose cases were examined by the inquiry, established shamefully late by the government of Theresa May in 2017, is incalculable. Through their arrogance and self-interest, NHS leaders, Whitehall officials and ministers repeatedly compounded the pain.

When a good citizen comes to harm through no fault of their own, or hears of the kind of systemic injustice so forensically exposed by Sir Brian and the tireless campaigners who ensured his inquiry was commissioned, the cry goes up: something must be done. That cry is similarly heard in the corridors of power when its inhabitants are confronted with their own failure, and their answer is to cover up. Doctors who administered blood-clotting drugs to their patients had known for decades of the risk of viral infection. In many cases they proceeded with indifference, falsely reassuring those whose lives were changed for ever, experimenting on vulnerable patients and children without proper consent being secured, concealing their patients' diagnoses of HIV and hepatitis, and deleting the medical records which held the key to treatment and closure.

Ministers such as Ken Clarke, who was then a health minister under Margaret Thatcher, knew as early as 1982 that HIV could be transmitted through blood products. They told the public otherwise, and destroyed records which might have exposed just how many people might have been saved from infection. Successive prime ministers accepted briefings that told them, in spite of mounting evidence and increasingly desperate demands for justice, that the NHS had merely prescribed the best treatment available.

Yet nothing of the sort was true. NHS blood

products imported from donors in the United States routinely included plasma harvested from drug addicts and prisoners, often paid a pittance for the deadly donation. It has taken decades, under duress and under oath, for British ministers to acknowledge this fatal error. Yet, all along they knew. Doctors, officials and ministers alike were moved to action in pursuit of self-preservation.

It was as early as 1975 that David Owen, then a health minister under James Callaghan, sought to make Britain self-sufficient in blood products, so as to minimise the danger of importing infection. Instead of continuing this sound policy, his successors recklessly embraced risk. Sir Brian concludes that the 1973 licensing of the factor VIII blood products responsible for spreading disease ought never to have been allowed.

Rishi Sunak cannot erase the mistakes of his predecessors. He cannot raise the dead who have been denied the truth by the condescending paternalism of their doctors and the delaying tactics of successive governments. He cannot cure the sick or prevent those who have lived just long enough to read the report's 2,572 pages, cataloguing the pointlessness of their pain, from dying in the coming days and weeks. That dozens of ministers were appointed, reshuffled and sacked before government finally made itself answerable to victims in 2017 is not Mr Sunak's fault. But it is now his responsibility to ensure justice without delay.

Two years have passed since Sir Brian first recommended significant financial compensation to the infected and affected. In that period Tory administrations have dragged their feet, perhaps hoping that a straitened Labour government will be left to foot the bill. This, as Sir Brian warns, merely "compounds the harm which has already been inflicted". To their credit, both the prime minister and Jeremy Hunt, the chancellor, now say they recognise that justice cannot wait. It will come at a cost, and it is theirs to pay at once.

For those damned to suffer by unaccountable power, money will not be enough. But it must come. So too must prosecutions for those whose silence, denial and obfuscation prolonged the infected blood scandal. In the future, those in public service must be obliged by law to act with full candour when failure is exposed. It is too late for those left dead and dying by contaminated blood. If their suffering is to mean something, it must be accountability.

Lost in the Fog

The death of the Butcher of Tehran will send ripples across the Middle East

The helicopter crash that killed Iran's president, Ebrahim Raisi, bore all the hallmarks of a chaotic, mismanaged state. The president's patched-up aircraft was a relic from 1979; it should not have been allowed to fly through the dense fog that hung over the craggy hills of northwest Iran. The rescue operation was slow and bungled, the wreckage found only with the help of a Turkish plane. What happens next is likely to deepen the sense that Iran is a country slipping out of control.

He ordered their execution, often at the rate of one every 15 minutes. Hence his nickname: the Butcher of Tehran.

Later, after winning a rigged presidential election with a narrow margin, he tightened a hijab and chastity law that authorised the morality police to lock up and sometimes beat up young women who dared expose their hair or dance in public. Abroad, his aim was to isolate Israel. The use of a network

kind of dowry he nurtured Iran's booming drone business and the weapons have gone to have a devastating effect on Russia's campaign against Ukraine.

The first regime response to his death might be to seek out scapegoats. That could take the form of a renewed purge of separatists and reformers. Or to concoct an Israeli-backed conspiracy. But ultimately Iran has to find out what to do next.