Infected Blood Inquiry

Prof Brian Edwards
25th July 2022

Difficult Questions.

The case for charging the Department of Health with Corporate Manslaughter.

Rowena Jecock Head of Blood policy for six years and before that the CJD team spends a day in the witness box.

She was at the centre of the web of specialist committees and departmental groups concerned with CJD and Blood.

She briefed an ever-changing number of junior ministers who had blood in their list of ministerial responsibilities.

The civil service held the corporate memory of the Department of Health. Acres of evidence about her briefings as she explained to new ministers what the government line was.

Sympathy for the patients but as there had been no evidence of negligence no compensation.

Lot of detail about the various grants to the Macfarlane and Skipton Trusts who provided financial and other support to injured patients. In what was a tough economic climate the reserves held by these Trusts to protect long term support, had to be spent. The size of the reserves made it difficult to argue for more money!

She finishes her evidence, unusually for a civil servant, by expressing her admiration for the patient groups who never gave up in the fight to have their voices heard.

Next Alan Milburn who was a junior health minister under Frank Dobson and then Secretary of State between 1999 and 2003.

We trace again the merry-go-round of junior ministers. He found Frank Dobson's regular office meetings repetitive and boring and preferred to deal with colleagues and senior staff on a one-to-one basis.

> *Having read the papers for the Inquiry he would not describe the Department of Health as suffering from "groupthink" more a failure of nuance.*

"Looking back" was, he thought, a missing piece in public policy architecture.

Lord Hunt had briefed him about infected blood and set out the options, none of which were easy.

Scottish ministers had been contemplating taking a line of their own having been persuaded that there was a strong moral case for providing financial and practical assistance to those individuals injured by blood transfusion. In their view HEP C was comparable with HIV. The issue of their devolved powers was sent to the lawyers to sort out.

Next some fiery evidence from Andy Burnham but first the Judge asks core participants to send him their views on whether he should issue an interim report to government on the question of immediate interim payments to patients and families.

They have ten days to respond.

Burnham served as both Minister of State and Secretary of State for Health [June 2009-May 2010].

Blood was not one of his responsibilities as Minister of State. We stray at times into his period in office as Financial Secretary to the Treasury, the Mid Staffordshire Inquiry, which he established against the advice of officials and the Hillsborough Inquiry.

As Secretary of State, he had been involved in blood policy. Although he had at the time accepted the department's "line to take" he now knew that this was based on inaccuracies.

Ninety percent of the time officials get it right but on the issue of contaminated blood they got it wrong.

> *"Embedded deep with the civil service psyche over not just a few years in question, but a number of decades, I would say, the response to this particular issue was principally driven by the fear of financial exposure."*

This explains, he claimed, why "UK governments have comprehensively failed the victims of infected blood."

At the time he had made statements he now knew to be inaccurate.

Knowing what he does today he would not be confident to have asserted that "there is no evidence that individuals were knowingly infected with contaminated blood and blood products."

A duty of candour, if one had then existed might have persuaded some officials to express concern about the "lines to take."

He had been profoundly affected by a meeting with victims in January 2010 and gone back to his office to challenge officials.

Before he left office in May 2010 after the general election, he had tried to bring forward a review of the funding and boundaries of the Skipton Fund.

Officials had not been keen and had even suggested that any changes could only be funded if the Blood Products Laboratory could be sold.

Here is the crux of the problem he explained. “Contaminated blood has always been viewed through a financial prism. Thus, the government keep the patients in a position of subservience, forced to beg for scraps of help from the various funds that were set up”.

The Department of Health and the bodies for which it was responsible had been grossly negligent of the safety of the haemophilia community.

> *The Crown Prosecution Service should be asked to consider a charge of corporate manslaughter.*

This would have been unthinkable until recently, but a number of health authorities have faced this charge in recent times so why not the Department of Health?

Unthinkable I hear you say!

The stakes have suddenly got higher!