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Scandal of the forgotten NHS Aids sufferers

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A CAMPAIGN is being launched for the 'forgotten victims' of Aids — 170 people who received infected blood from the National Health Service, but who are excluded from haemophiliacs' compensation.

The sufferers range from children to middle-aged housewives, and some are dying of Aids. They received blood transfusions in hospital, mostly during operations.

Davy, a 26-year-old Edinburgh chef, triumphed over leukaemia in 1986, only to discover that during his treatment he had been infected with the HIV virus. He condemns the Government's refusal to make amends as 'callous and illogical'.

With his solicitor, Brian Donald, who represents four of the 12 victims in Scotland, he is launching a national campaign for compensation. They are asking fellow-sufferers who want to help to contact them via *The Observer*. All letters will be forwarded in complete confidence. (Envelopes should be marked: 'Whole Blood Transfusion/Aids Campaign'.)

Last December the Government announced that £42 million was to be awarded to 1,200 haemophiliacs. But it has refused to compensate other NHS patients infected through blood transfusion.

Ms Marianne Rigge, director of the College of Health, said: 'It is a tragedy. These people deserve every bit as much help and compensation as the haemophiliacs. Anyone who goes into hospital for treatment which might be life-saving but finds it has the opposite effect and results in them facing death should be given every possible form of support.'

A spokeswoman for the Department of Health rejected pleas to relent. 'We do not feel there is a direct comparison to be made between the case of haemophiliacs and the case of these people,' she said.

There were 'special and tragic circumstances' surrounding the haemophiliacs' case, she said, adding: 'The haemophiliacs were given the blood product, Factor VIII, because of their condition, which was hereditary.' She did not explain why the hereditary nature of the illness made a difference.

Arnold Simanowitz, executive director of Action for Victims of Medical Accidents, said: 'I don't think these people can be distinguished from the haemophiliacs.

'What you have got is someone who is already ill, and already vulnerable, having treatment they have to have but which results in making them more ill. There is an obligation on the part of those responsible for giving the treatment to compensate them, whether it was negligent or not.'

Davy discovered he had leukaemia in December 1985. The following Easter, after treatment which required several transfusions, he received a bone marrow transplant. Unexpected problems kept him in hospital until September. When he left, the disease was in remission and he believed he had been cured.

He vividly recalls the day he discovered something had gone badly wrong. 'I went to the clinic every week for check-ups. I was always one of the first to be seen, but this day the doctor kept me to the end, and I knew something was wrong. Even the ward secretary, who was always a bubbly character and always spoke to me, never really looked at me.

'I was thinking I must have had a relapse. But when I went in, I was told I had received contaminated blood. I had the virus. It devastated me. At least when I thought it was a relapse, it meant I had a better chance — or a chance anyway. The doctor told me he was very sorry, and he would put me in touch with a counsellor.'

Davy and fellow-sufferers believe the Government only compensated haemophiliacs because there was a high-profile campaign. 'John Major had come in and they wanted to give this new impression of a caring government,' he said.

'The Government say we are different to the haemophiliacs. But I don't really understand how they can argue that. We all became HIV positive because we were given contaminated blood products by the NHS. I can't see the difference . . . At first they spoke about us opening the floodgates, but in fact there are only a few (cases) in Scotland, and about 170 in all.'

Davy has also had to cope with the social stigma surrounding Aids. When word of his infection got out, his mother's employer suggested she might lose her job.

Because of his leukaemia, if Davy goes on to develop full-blown Aids he cannot be given any of the treatments currently available.

Mr Donald, his solicitor, said that although they are pursuing a claim through the courts, the Government's response had convinced them a public campaign is their best hope. Mr Donald said other clients in a similar position 'cross the spectrum of age from a middle-aged housewife to a small boy.' Two have developed Aids.

'That is another reason why the legal case is not likely to be the best solution,' he said. 'We are time-limited because these people could die. They deserve compensation, and the numbers are finite. We are not talking about lots of money.'