

***World in Action* – “Blood Money”**

**Transcripts of episodes broadcast  
1 and 8 December 1975**

***World in Action* – “Blood Money” - Transcript of Programme #1  
Broadcast - 1 December 1975**

**Presenter**

Ebchester County Durham. Andrew Atkinson is nine and suffers from a rare incurable blood disease called Haemophilia. His blood won't clot naturally. It lacks a vital clotting agent known as Factor VIII.

Andrew is a severe Haemophiliac. He frequently bleeds internally into muscles and joints, particularly his ankles. The only way he can stop painful bleeds and prevent permanent crippling is to immediately inject himself with Factor VIII.

For Andrew, and an increasing number of Britain's three thousand Haemophiliacs this means a special concentrated form of American Factor VIII called Hemofil.

Hemofil is made from thousands of donations of human blood plasma, the straw coloured liquid that carries red and white cells through the veins.

Hemofil and other Factor VIII concentrates have revolutionised the lives of many Haemophiliacs. Before Hemofil, Neil Robinson used a British Factor VIII product called Cryoprecipitate but he had to be treated in hospital. In one year alone he made ninety eight visits to hospital and was off school for three months.

Hemofil is easier to handle and treats a bleed immediately.

**Mr Robinson**

We are starting to lead our lives which I think and this is what life is all about. We're starting to live. Before, it was living between hospital and home. I wouldn't call that living. But we are living as a family now and I think this is very important.

**Journalist**

What sort of things are you doing now that you have never done before?

**Mr Robinson**

We're going on holiday to start with. This is one important factor. We did try holidays in the past and I'm afraid they weren't very successful.

**Presenter**

For Andrew Atkinson and his family it has also meant a more normal life.

**Mr Atkinson**

To us it's made a terrific difference, purely and simply because if we want to go anywhere we can take it with us, it's much easier to give, we give it ourselves, he gives it himself as well now.

**Mrs Atkinson**

To watch him do it himself I think is a brave thing when you're just nine year old. I think he's doing something that I couldn't do at nine year old. I think it takes a lot of courage.

**Presenter**

But products like Hemofil, as its makers admit, also carry a high risk of transmitting hepatitis, a painful debilitating liver disease. Some Haemophiliacs are immune to this risk because they have had hepatitis due to their many transfusions. But many are not.

Even more disturbing, new evidence from three American studies links concentrates with subsequent liver damage.

Professor Ari Zuckerman of London University is a world authority on hepatitis.

**Professor Zuckerman**

Well hepatitis, or jaundice, is a particularly interesting infection because the severity of the illness ranges from a very mild form of infection, perhaps with trivial symptoms, to an attack of jaundice with quite a lot of disability which may last for some weeks or perhaps even months, and it is associated with a significant death rate.

In addition, in a number of cases it may progress to chronic liver damage and may end up in a condition such as chronic active hepatitis or cirrhosis of the liver.

So it really is potentially quite a serious disease.

**Presenter**

Hemofil was first imported two years ago because the Blood Transfusion Service couldn't meet demand for more concentrates. Now, for the first time, British Haemophiliacs have discovered this high risk.

Since April 1974, there's been an unprecedented outbreak of hepatitis among Haemophiliacs. Nearly sixty cases have been traced so far, including two which may have contributed to the deaths of those Haemophiliacs.

The man who discovered the hepatitis outbreak is Dr. John Craske, consultant virologist at a Manchester hospital.

**Dr Craske**

Checking amongst the incidence of hepatitis in the local population shows that there was no abnormal incidence of hepatitis in the local community or amongst the various patients affected and it seemed therefore that the most likely thing was the introduction of some new product or something else associated with their treatment.

We therefore checked the transfusion histories of these patients, and it became apparent that this jaundice was associated with the administration of one particular batch of a commercial concentrate of anti-Haemophilic factor called Hemofil which had been introduced for use for the first time at the end of 1973.

So far, the evidence would suggest that fifty eight cases of hepatitis in all have been found.

**Presenter**

Keith Proud is one of the worst cases reported to Dr. Craske. For the last two years, he's been treating himself at home in Gateshead with Hemofil. A year ago, he caught hepatitis.

**Keith Proud**

It started off with back ache, things like that, feeling pretty rotten and a couple of days after that I started to turn yellow, the whites of my eyes went yellow, I started vomiting and generally feeling pretty rough. I couldn't eat anything. I was only drinking fluids.

**Presenter**

Keith Proud's case, like all the others and the two deaths, has been linked with the use of this product, Hemofil. So *World in Action* decided to go to America where it's made, to discover why the hepatitis outbreak has occurred, and just how great a risk to health Hemofil is.

Unlike Britain, where blood is given voluntarily, in America plasma is bought. Much of it is bought from men who need money badly, like those down here on the Skid Rows of America's big cities.

But paid donors carry six to thirteen times the risk of having hepatitis as volunteer donors, and they can pass it on.

To discover why, a *World in Action* investigator spent four weeks visiting plasma centres, selling plasma, talking to donors and examining safeguards.

Tonight, *World in Action* investigates the health risk to Britain's Haemophiliacs from the men who sell their blood in America.

***CAPTION – BLOOD MONEY***

Blood and plasma products like Factor VIII are big business in America. This is Costa Mesa California, south of Los Angeles. Here is the headquarters of the Hyland division of Travenol, a subsidiary of Baxter Laboratories, a leading US drug company and the makers of Hemofil.

The company buys plasma in thirteen American states and Puerto Rico. We asked them if we could film inside one of their plasma centres. They refused. One reason? Unattractive outside situations and unattractive donors.

We therefore decided to investigate for ourselves, starting here in Baltimore on America's East Coast. This is East Baltimore Street, the city's Skid Row. This area, with its bars, sex shops and peep shows is home to many Baltimore alcoholics and down and outs. Here we found the Hyland Donor Centre.

It is six a.m. and the temperature is near freezing. The plasma centre does not open until seven thirty, but the queue of donors starts to form well before then. Many of these men are out of work. Plasma centres are booming because of the current recession. Unemployment is highest among the black population who make up a large proportion of plasma donors.

Government rules say any donor under the influence of alcohol is unsuitable, and centres tell donors not to drink twenty four hours before selling plasma. But many we saw did just that. Donors are allowed to sell half a litre of plasma twice a week. They usually get £2.50 for the first half litre, and £5 for the second.

When the donors left, none of them would agree to be filmed. We decided to continue our investigations in another part of America.

Baton Rouge, Louisiana in the Deep South. Across the road from the Salvation Army in a run down part of town we found another Hyland Plasma Centre. Once again, the queue, many of them unemployed, had formed well before the centre opened at eight a.m.

The nurse in charge refused to let us film inside. However, we were able to get some scenes of what happens in a plasma centre.

#### **Notices on the wall :**

Federal Law States :

Donors can donate plasma only two days in any seven day period. Try to donate on the same days each week if possible.

Notice!!

Starting the week of 9-8-75 10.00 will be paid on the 2<sup>nd</sup> donation of the week.

#### **Presenter – continued**

Plasma is collected by an hour long process called plasma pheresis. A litre of blood is taken from the donor. This is then spun in a centrifuge and the red cells separated out and returned to the donor. Hyland is left with about half a litre of plasma.

From two thousand to six thousand litres are then pooled and concentrated Factor VIII extracted.

Hepatitis thrives in unhygienic living conditions such as those often found in warmer southern states like Louisiana. As well as by injection, it's passed on by close personal contact and contaminated food.

To assess the health risk from US paid donors to Haemophiliacs in Britain, *World in Action* invited Professor Ari Zuckerman, a leading British hepatitis expert to join us. We took him to California where Hyland has six plasma centres. California has more cases of hepatitis than any other state.

#### **Professor Zuckerman**

Well it's been recognised for a number of years now that bought blood does carry a higher risk. And it's difficult to actually pinpoint the reason, but it seems that individuals who are willing to sell their blood are normally from a background which appears to be rather poor socio-economically.

In the past, many of them were alcoholics and indeed the well known dictum which originated in the United States was Ooze for Booze. This has recently been replaced by perhaps a more serious element, namely drug addicts.

**Presenter**

Five a.m. the next morning. Professor Zuckerman visits the Hyland Centre at San Jose, fifty miles south of San Francisco. Once again we find ourselves among men at the bottom of American society, but for the first time we find a donor who is prepared to talk to us. His name is Gary.

**Journalist**

Why do you come to Hyland?

**Gary**

I need the money

**Journalist**

Do you have a job?

**Gary**

No

**Journalist**

Why not?

**Gary**

'Cos I can't get employment. I'm on parole.

**Another donor**

How much do I get paid? Eight dollars, an eight dollar day.

**Journalist to Gary**

The questions that they ask in there before you give blood, do you always answer them truthfully?

**Gary**

Are you going to tell them? No. You know, yeah, most of the time.

**Journalist**

What sort of questions wouldn't you answer truthfully?

**Gary**

Oh they ask you stuff like, you know, if you've been drinking and stuff like that, you know. The night before. And if you've been eating *fat*, you know. I'm a big fat dude so it don't matter if I've been eating it or not. I'm healthy, you know?

**Presenter**

Questioning about a donor's medical history is important in keeping out unsuitable donors. But from talking to donors, *World in Action* found that it is not unusual for them to lie about their health.

**Donor in queue**

Pardon me while I puke.

**Presenter**

By offering to sell plasma in five Hyland centres, we established even more disturbing facts.

One – no check was made on the false addresses we gave. This can admit down-and-outs, a high hepatitis risk.

Two – Hyland doctors did not always carry out the only checks that can detect drug users. Drug users are among the highest risk for hepatitis.

Three – physical examinations were not always done fully but were certified as such.

Four – certain medical questions were not asked, but were filled in as having been answered satisfactorily.

The Bureau of Biologics, which controls plasma centres, has also criticised Hyland. Since November last year, the company has been warned thirteen times for breaking Federal regulations at its plasma centres and processing plants. Last year, the Bureau temporarily closed one centre.

We were asked to stop filming inside the San Jose centre, but we left Professor Zuckerman inside to observe the donors and what happened to them. While we waited for him, we asked another regular plasma donor, an out of work labourer, whether down-and-outs sold plasma.

**Donor**

Well mostly, sometimes, yes like if you're going straight down and you're broke and you've got no place to stay that's the first place you go to. A blood bank. Otherwise a guy doesn't know what to do. You've got to look for a blood bank.

**Journalist**

Do you know alcoholics who give their blood?

**Donor**

Mostly are alcoholics.

**Journalist**

Do you know drug addicts who give their blood?

**Donor**

No, I don't think they'd accept them.

**Journalist**

But they accept alcoholics?

**Donor**

Certainly. See the alcohol, like wine, whisky, whatever it is, it makes your blood, puts iron in your blood.

**Presenter**

Later, we asked Professor Zuckerman what he thought of the donors he'd seen.

**Professor Zuckerman**

One of the strongest impressions that I obtained is the type of donor that was presenting himself at the centre. I was somewhat surprised to see that a number of individuals were clearly malnourished and obviously these are individuals who should not donate blood and particularly should not have protein removed from their circulation.

Another type of person that was presenting himself at the centre was the vagabond type, individuals who have just come off buses, people who were ill-kempt, one or two persons who one would probably regard as drug users.

**Journalist**

How many of the people that you saw presenting themselves here today would be accepted by the Blood Transfusion Service in England?

**Professor Zuckerman**

This is my own judgement as a physician would be that most of them would have been rejected straight away.

**Presenter**

Professor Zuckerman then took us to meet America's leading campaigner against the paid donor system, Dr. J. Garrett Allen, Professor of Surgery at Stanford University.

The two men discussed Dr. Allen's work on the hepatitis risk from paid donors and the recently discovered extra risk of liver damage from using concentrates. Afterwards, we talked to Dr. Allen.

**Journalist**

What sort of evidence is there that shows the degree of risk that you run if you use blood taken from paid donors?

**Dr Allen**

There are a number of studies that have been made in the past decade or less, in which the risk runs from six to seventy times greater than were the donors all from a volunteer source. Friends and relatives and such.

**Journalist**

What is the reason for that?

**Dr Allen**

The reason for that is that the paid donor is offered so little money that no-one is willing to take time off his work to go give transfusions and therefore most of these donors are unemployed, are transients and living a life style that none of us would put up with.

**Journalist**

How effective are the tests in preventing hepatitis virus getting into these pools?

**Dr Allen**

We really don't know how many viruses are involved. There are at least two, and perhaps more. The major one, hepatitis B virus, is detected fairly well, but it appears that at least two thirds more infectious bloods, or donors, will escape detection by the use of this test because the test does not apply to their virus.

**Presenter**

We then moved to Los Angeles, where Professor Zuckerman took us to meet two other leading experts on the risks attached to Factor VIII concentrates. Dr Allan Redeker and Dr James Mosley, Professors of Medicine at the University of Southern California.

We asked Dr. Mosley about the risks of pooling thousands of donations in order to make Hemofil.

**Dr Mosley**

Well even if you have a very low carrier rate in a population, if it's one in a hundred and you pool a hundred units, that one is going to contaminate the other ninety nine. If it's one in a thousand and you pool them, it's going to contaminate the other nine hundred and ninety nine.

And particularly if there is a concentration technique which not only concentrates the factor that you're interested in, the clotting factor, but also concentrates the virus, and unfortunately that happens to be true for the clotting factors, the virus is concentrated along with them.

So even with the best donors, a large pool is a risk and the larger the pool, the higher the risk.

**Journalist**

What are the chances of someone catching hepatitis from using a product made from the plasma of these type of people?

**Dr Mosley**

If it's a blood product that cannot be sterilised, that's true for the clotting factor concentrate, the risk is probably one hundred per cent if the individual is susceptible.

**Presenter**

Dr. Moseley told us many British Haemophiliacs could be susceptible, especially those needing few injections. They've had no experience of hepatitis, or of products made from large pools of bought plasma.

The Hyland Donor Centre in downtown Los Angeles is in the heart of the Skid Row area. The drinking of alcohol is common around plasma centres. We were told many donors drink to build up the iron in their blood to pass a test before they sell. Others believe it speeds up their circulation enabling them to give blood faster.

But for many men on Skid Row, drinking is an all-day, every day, affair. Here there is no shortage of alcoholics who, because of their life style, are likely to be hepatitis carriers.

To continue our investigation into the cause of the hepatitis outbreak in Britain, Professor Zuckerman visited his second Hyland Donor Centre. While he remained inside, we toured the neighbourhood which has no less than five plasma centres and blood banks.

Hepatitis is a common disease in the over crowded poor areas of big cities like Los Angeles. But it is also a major problem throughout America.

At this plasma centre, near Hyland, which is owned by a major independent plasma supplier, we found one man who talked frankly about paid donors and who they are. The manager, Russell S Tate.

**Journalist**

What about alcoholics? Do you think that you have many people who are alcoholics that come in here?

**Mr Tate**

Yes we've probably got a proportionate number. We screen them very carefully though and try not to let them donate.

**Journalist**

But you still think that you have quite a few and they get through your screening process.

**Mr Tate**

Yes, I'm sure we do.

**Journalist**

What about drug addicts?

**Mr Tate**

There again, that's a possibility that runs fairly high. We try to screen them the best way we can, but it's very difficult to do that.

**Journalist**

When in fact you examine the donors, how much do you rely on them answering truthfully the questions that the nurses ask them?

**Mr Tate**

Probably about fifty per cent of our questioning is based on their answers.

**Journalist**

Do you think it's safe to rely on a man answering a question truthfully, when if he answers the question the wrong way he won't receive any money, which is really why he's here?

**Mr Tate**

Em, it may not be fair but it's about the only way we can do it.

**Journalist**

Do you think it's ethical for a company to take blood or plasma from people who are on the lowest level of society and then sell it as quite a profitable transaction?

**Mr Tate**

*(chuckles)* American business. I don't know whether it's ethical or not, but it - up to this point in time, no-one has found an acceptable substitute for human blood and so we have to get it somehow.

**Presenter**

Back at the Hyland Centre, the donors have started to come out. One of the first was Bill, an unemployed dishwasher. He said today was the hundred and seventy sixth time he had sold plasma.

**Journalist**

Do you come down here if you've got a job?

**Bill**

No

**Journalist**

So you only come down here

**Bill**

When I'm not working

**Journalist**

Have you been working in the last three months?

**Bill**

I worked a couple of days last week but not really, not enough to keep going

**Journalist**

Where do you live?

**Bill**

Usually hotels if I haven't got enough money, if I'm not working I stay in one of the missions here in LA

**Journalist**

How much does that cost?

**Bill**

Hotels round about two and a quarter (dollars). the missions are free

**Journalist**

If you get fifteen dollars a week is that enough to keep you alive?

**Bill**

No

**Journalist**

So what do you do?

**Bill**

Well I hope I can get work, or if I don't get work I'll eat at different missions throughout the rest of the week

**Journalist**

What do you eat at the missions?

**Bill**

Beans, mostly.

**Journalist**

Nothing but beans?

**Bill**

Mostly beans, but other things, they have sometimes spaghetti, you know, it varies at different missions.

**Presenter**

Like many Skid Row donors, Bill, who is thirty three, spends most of his day hanging around the area. Most mornings and afternoons he comes here, the St Vincent Centre, known as the Misery House. This is where Skid Row down and outs spend their time until the missions open in the evening.

Hyland, like certain other companies in America making Factor VIII concentrate, relies on hundreds of Bills for plasma. But for several years, the company has also bought plasma even cheaper in developing countries. There, the hepatitis risk is often greater.

Buying plasma is an international business. Reportedly, Hyland has bought plasma in Central America and the Caribbean, South America and Africa. The World Health Organisation and the Red Cross are trying to stop the plasma traffic, but Hyland still buys plasma for Hemofil outside mainland America.

Baxter Laboratories, which owns Hyland, has become one of America's fastest growing drug companies. Thanks in part to Hemofil and other plasma products, since 1970 Baxter's net profits have grown from 7.17 million pounds to 18.14 million pounds last year.

After visiting ten of Baxter's 24 Hyland Plasma Centres, we ended our investigation here in Deerfield Illinois, near Chicago, at the Baxter headquarters.

We put the questions it had raised to Baxters senior Vice President for Medical Affairs, Dr. Richard S Wilbur.

**Journalist**

What is your reaction to the cases of hepatitis that have occurred in England amongst Haemophiliacs who have been using Hemofil?

**Dr Wilbur**

Reported cases of hepatitis, particularly by Dr. Craske which appeared in *The Lancet* last year, occurred from earlier batches which were made before we were able to use the newer techniques of screening for hepatitis B which we now have. We were very pleased to read that the cases were all mild, I believe that the most severe case, the person was sick for something like six weeks.

I wouldn't want anybody to have hepatitis, but when one compares the benefit to the patient of taking the Factor VIII concentrate as compared with this relatively mild disease, we feel that the risk-benefit ratio for that patient was a good one.

But let me emphasise, we have improved our techniques for screening our donors for hepatitis since that date. It is much less likely that future batches will cause hepatitis. We have every intention of going ahead and getting still better techniques for screening for hepatitis.

**Journalist**

What's your view of the as a doctor of the quality of the people that sell plasma to Hyland?

**Dr Wilbur**

As a doctor, I don't make any judgements on the quality of people. I accept them all as they are.

**Journalist**

Well what is your view, then, not as a doctor, of the donors?

**Dr Wilbur**

As a human being I prefer not to make that sort of value judgement on the quality of my fellow humans. I find them for what they are.

**Journalist**

Have you visited the Hyland Donor Centre?

**Dr Wilbur**

Only one.

**Journalist**

Only one?

**Dr Wilbur**

Yeah

**Journalist**

What did you think of the people that you saw there?

**Dr Wilbur**

They were human beings such as I took care of when I practised medicine.

**Journalist**

Can you explain to me how it is that you're so careful in checking the people that donate plasma or sell plasma, how it is possible that I can go to a Hyland Donor Centre and I can have a physical examination filled out in which questions are put into to which I have supposedly answered yes but were never put to me? And examinations are indicated to have been carried out that never were carried out?

**Dr Wilbur**

No I can't.

**Journalist**

But in fact can you explain to me why in fact if, if for example, people are asked whether they are alcoholics but I have been in Hyland Donor Centres where people have been there and have donated plasma who smelled of drink, who drank before they came in, and went straight out of the Donor Centre and bought a bottle of wine afterwards?

**Dr Wilbur**

If you say so, I have no reason to disagree with you.

**Journalist**

But I mean would you dispute that that would happen?

**Dr Wilbur**

No I wouldn't dispute if you say it has.

**Journalist**

But doesn't that ...

**Dr Wilbur**

What you have observed, that isn't the protocol we set up, no.

**Journalist**

Doesn't that strike you as disturbing that we could actually see this?

**Dr Wilbur**

Yes, we would prefer that all of the plasma were available from better sources and we do not deliberately seek out as a source of plasma the unfortunate people in the country. As I said before, we would vastly prefer to have it from voluntary donors just as everyone would like to have blood transfusions from voluntary donors.

**Journalist**

How safe do you think paid donors are?

**Dr Wilbur**

If we could get this factor only from voluntary donors as you say from the upper levels of society, we would do that. Until we can, we must get what we may.

**Presenter**

*World in Action's* investigation has confirmed that Hemofil carries a high risk, for three reasons. The use of paid donors, its production from large plasma pools, and the inadequacy of hepatitis tests.

Next week we investigate why Britain is importing Hemofil, its cost to the National Health Service, and why British pioneer work did not ensure enough of a safer British made concentrate.

END OF PROGRAMME #1

***World in Action* – “Blood Money” - Transcript of Programme #2  
Broadcast - 8 December 1975**

**Television**

“*World in Action* decided to go to America where it’s made, to discover why the hepatitis outbreak has occurred and just how great a risk to health Hemofil is.”

**Presenter**

Last week, *World in Action* investigated the American blood business. On the Skid Rows of several cities we talked to men who sell their blood plasma for money. Our investigation took us to ten of the 24 Plasma Centres of the Hyland Division of Baxter Laboratories, a leading American drug company.

We found that Hyland’s paid donors included many alcoholics and down and outs. Paid donors are from six to thirteen times more of a health hazard than British volunteer blood donors. Because of their lifestyle, many carry a high risk of passing on hepatitis, a serious liver disease.

Blood plasma, for men like these, is being used in Britain, in this Hyland product Hemofil, a concentrated form of Factor VIII. Factor VIII is the clotting agent in the blood.

Neil Robinson suffers from Haemophilia, a rare incurable blood disorder. His blood won’t clot naturally because it lacks Factor VIII. To stop internal bleeding and crippling, Haemophiliacs can be treated with a British Factor VIII product called Cryoprecipitate but this may mean a hospital visit.

More conveniently, they can treat themselves at home with a special concentrated Factor VIII product like the American Hemofil. Many prefer this, it’s easier and treats bleeding without delay.

Britain does produce some Factor VIII concentrate but most is imported and comes from paid donors.

In the last 18 months, imported Hemofil has been linked with an unprecedented outbreak of hepatitis among Britain’s three thousand Haemophiliacs.

Tonight, *World in Action* investigates why Britain has had to import high risk concentrate and how much it has cost.

***CAPTION – BLOOD MONEY PART TWO***

First, we went back to Newcastle to the families in last week’s film. All three attend the Haemophilia Centre at this hospital where the doctor in charge treats many of his patients with Hemofil.

One, Keith Proud, caught hepatitis while using Hemofil. Had he been put off?

**Keith Proud**

The only time that I felt that I was wondering about whether it was worth it was when I was vomiting really badly. But two days later I had a bleeding in my elbow and I had no hesitation in going to the fridge, getting my Hemofil out, mixing it and injecting it, because I knew that would stop the bleed and the pain from that bleed was going to be so much worse than any of the pain I'd suffered with hepatitis.

**Mrs Proud**

As much as I fear that Keith was really ill when he had hepatitis, he suffered far more when there was nothing at all, and they are progressing.

**Journalist**

Would you prefer a National Health Service concentrate made from voluntary blood donors in Britain?

**Keith Proud**

Obviously this would be better. Obviously if it's donated freely, there is less chance of people passing on hepatitis. People who are donating it are less risk value but until that is available, we have to accept the risks.

**Presenter**

The second family we visited last week was the Atkinsons. Their son Andrew uses Hemofil.

**Journalist**

What do you feel about the type of donors who are selling their plasma for Hemofil?

**Mr Atkinson**

This is something we knew. Well, not exactly knew, it had been explained to us before and they are people who are prepared to give their blood and we are people looking for those people. We want the Factor VIII from them.

**Journalist**

Would you prefer a National Health Service concentrate made from safer, voluntary donors in Britain?

**Mr Atkinson**

Who wouldn't? We think, yes, it would be much better but at the moment, well, do you think they would be able to get enough blood from voluntary sources? We doubt this very much at the moment but we would like to see it very much.

**Presenter**

Next, we visited the Robinson family. Neil has been on home treatment with Hemofil for the last two years.

**Mrs Robinson**

We know the risks that we have to take with our children. We don't gamble with their lives. But we do take a calculated risk. Hemofil is one of the calculated risks.

**Mr Robinson**

We know what it's done for us. And only people who live with Haemophilia know what it's like.

**Journalist**

What is your reaction to the type of people who are selling plasma to make Hemofil?

**Neil Robinson**

They shouldn't be allowed to.

**Mrs Robinson**

It is very bad. We don't want it but what other alternative have we got? For two years Neil has lived a normal life, through Hemofil.

**Mr Robinson**

We don't like the idea of these down-and-outs, Skid Row types, what have you, giving this blood.

**Neil Robinson**

No but Britain would cut the risks down

**Mr Robinson**

Britain could cut the risks down

**Neil Robinson**

By making their own

(crosstalk)

They could make their own, they could make all of it, and then the risks would be considerably less.

**Journalist**

How strongly do you feel that the National Health Service should produce a British, safer product?

**Mrs Robinson**

Well, after your last programme very, very strongly. I would like to see this happen. We'd prefer British. We know that British is pure. Or purer than the American.

**Mr Robinson**

There's less chance of contracting hepatitis through the British product. We only hope that the British government and the National Health Service will sit up and take notice of this and do something about it.

**Neil Robinson**

With the state of the country now they can produce it a lot cheaper and they can't buy it from America.

**Television**

"Why British pioneer work did not ensure enough of a safer, British made concentrate."

**Presenter**

*World in Action* asked the Executive Committee of the Haemophilia Society, a pressure group for Haemophiliacs, to watch our report. The Society has been campaigning for more commercial concentrate. After the programme they discussed their reactions.

**Committee Member #1**

If we accept, and I think most of us do, that we would prefer to see all the material coming from production in this country, through the Blood Transfusion and the Health Service, if the Department of Health or whoever's responsible, don't do something constructive about improving supplies in this country, the logical step is going to be commercial production in this country eventually.

And if the dangers in the States are repeated here, we could be in trouble.

**Committee Member #2**

We understand, don't we, that there's not a shortage of donors as such, it's just a shortage of the facilities to make the concentrate.

**Committee Member #1**

Do we? We're always being told something different. We're being told there's a shortage of donors, there's a shortage of equipment, there's a shortage of money, what is the shortage? We never seem to get any nearer to the answer. For the last ten years we've been told there's a shortage and everything will be all right in five years' time. But nothing ever changes. Probably because of the increased demand, but what is the shortage? Nobody ever really puts their finger on it.

I think most of us would prefer deep down to be using National Health Service and Blood Transfusion products, but I feel very uneasy about commercial concentrates, and after seeing this programme I should think a lot of other people are even more uneasy.

**Committee Member #3**

I must admit that one of the things that disturbed me rather was to see the pictures of Skid Row which seems a bit at variance with the assurances that the commercial companies have given us. They're not using the sort of blood for Factor VIII. I'm wondering whether in fact the other companies are using the same sort of blood.

I mean, I had a talk in August with one of the certain others, as they put it in the programme, who said we're not using that sort of blood at all for our Factor VIII production. Well, is that just Hyland, is that in fact representative of all the other commercial companies or is that just part of Hyland's production and is in fact Hemofil made from other blood. It's something we'll still have to look at. So as I say, it doesn't really seem to gel with what we've been told.

**Committee Member #4**

One of the things I noticed on that programme was the sort of ethical problems and social problems which it posed, and that is the question of whether the less fortunate people should be used, or, used as donors, or whether we should take blood from them, whether commercial firms should take blood from them.

And I'm quite sure that the answer for the Haemophiliac in this country would be he's not really too bothered about where the blood comes from as long as he's got that blood concentrate to keep him going, and in some cases to keep him alive. No doubt whatsoever in my mind.

Of course, equally well he'd much sooner if there were a sufficient number of well-disposed people and there are thousands upon thousands of them already in this country, who would come along and regularly give blood and who weren't undernourished, who weren't alcoholics, who weren't drug addicts. I'm sure that they would be delighted.

**Committee Member #2**

If there were sufficient blood donors coming along, as you say, would the National Health Service have the facilities to be able to produce the concentrate from it? We don't know that they have the facilities, in fact we, you know, when we do enquire about this, they say yes they have. Well if so, why aren't we getting the concentrate from this country? If there's sufficient donors, why aren't we getting the concentrate?

**Presenter**

To answer the questions raised by the Haemophilia Society, and our three families, *World in Action* came here, to the Blood Products Laboratory at Elstree, north of London.

England's small amount of home produced Factor VIII concentrate is made here, and at a smaller plant in Oxford, from the plasma of volunteer blood donors. The day long process takes place three times a week.

It was decided to build this plant in the mid-1960s but the completion was delayed by administrative changes, building hold-ups and disagreement among doctors about whether concentrates were the best way to treat Haemophiliacs. The plant was finally ready in the early 1970s.

But by then, because of the popularity of home treatment, the amount it needed to produce had shot up to ten times the original estimate. To fill the gap, England imported commercial concentrate.

The man in charge of producing Factor VIII concentrate in England is Dr. William Maycock, the senior adviser to the Department of Health on blood transfusion policy.

**Dr Maycock**

After the expert committee gave its advice in 1973 there was, so to speak, a sudden demand. Well quite clearly, this couldn't be met overnight. A lot of reorganisation had to be carried out which involved accommodation, equipment and staff. It was clearly going to take considerable time.

One could have left it and said well we'll get round to this when we have made our arrangements, or one could say we will meet the need now by importing, having decided to become self-sufficient. This in fact is what happened.

**Journalist**

Was it in your view ever possible that we could have produced Factor VIII concentrate much earlier in Britain given the work that was done on some of the processes associated with it?

**Dr Maycock**

Well it's always easy to look back and see what might have been done. I think, had certain decisions and certain things been made and certain things not happened, we obviously could have done this.

**Presenter**

But was the decision to import concentrates in 1973 an acceptable risk? By then the high hepatitis risk of paid donors was well-known. Our investigations show that subsequently, the Department of Health was advised against importing concentrates.

The warning came last January from America's leading campaigner against paid donors, Dr. J. Garrett Allen. He wrote to Dr. Maycock. By this time the Department of Health had been alerted to the hepatitis cases linked with Hemofil.

Dr. Allen sent this warning:

“Commercial blood banking perpetuates the high risk rates for hepatitis we encounter with their products and it also tempts these same commercial firms to sell residual products.”

On February 13<sup>th</sup>, Dr. Allen wrote again, repeating his concern :

“It does not take much commercial blood in a mixed combination to bring up an astounding attack rate from one that is relatively unnoticed. This is the basis of my concern about Britain purchasing commercial blood products from our country.”

**Journalist**

Do you think that in fact we were wise in not perhaps taking greater notice of the views of people like Dr. Allen about these risks?

**Dr Maycock**

Dr. Allen's views are more his observations that had all been published and were well known to those concerned who were using this material.

**Journalist**

Do you not think in that case perhaps we might have been somewhat complacent about these risks in the light of what has happened?

**Dr Maycock**

No, I don't think so. I think the quality of this material was controlled, both here and in America.

**Presenter**

Dr. Maycock's view is not shared here at London University by the World Health Organisation's hepatitis expert, Professor Ari Zuckerman. Professor Zuckerman tests English made Factor VIII concentrate for the hepatitis virus.

**Professor Zuckerman**

It is well recognised that the commercial donor carries a considerably greater risk of transmitting hepatitis than the volunteer donor. And indeed there are two WHO recommendations now, that efforts must be made to stop the commercial practice of collection of blood.

And indeed, if you consider all the technology that we now have at our disposal for detecting hepatitis B virus, the single most effective measure in reducing the incidence of hepatitis following a transfusion has been in the United States, the exclusion of the commercial donor.

**Presenter**

British made concentrates aren't entirely free of risk either, because they are made by pooling from a hundred to two hundred litres of plasma. No test can detect every hepatitis virus and any one virus can contaminate the whole pool.

Since last year, Professor Zuckerman has detected a surprising number of infected batches of English concentrate. But more sensitive testing is on the way and Britain's volunteer donors are considerably less of a risk than paid donors.

Today the National Health Service is producing three times the amount of concentrate it was making in 1973. The aim is to be self sufficient by 1977. But is the production capacity there to do this, and is there a shortage of donors?

**Dr Maycock**

No, in the sense that once the organisation has been made to prepare the plasma, sufficient will be available. But as I said a little earlier, this is a concerted plan which is now being fulfilled and we hope to reach our target in mid 1977.

**Journalist**

In other words there is no lack of capacity, or lack of donors, to give plasma for making these products?

**Dr Maycock**

Oh no, I don't think so at all. There's certainly no lack of donors.

**Presenter**

Factor VIII concentrate is also made here in Edinburgh in this new £2 million plant. Scotland has never needed to import concentrates. This plant is designed to produce Factor VIII concentrate for England as well as Scotland, but so far no plasma has been sent here for processing from England.

The scientific director of the Scottish Blood Transfusion Association, John Watt.

**Mr Watt**

We should be able at capacity to more than produce the need of all plasma *fractions* for Scotland certainly by the Spring of next year. After that it will depend on the policy arrangement which have to be made between the Scottish Health Service and the National Health Service, the Department of Health and Social Security.

**Journalist**

But if plasma was made available from England and Wales now, could you actually produce more Factor VIII concentrate than you are doing?

**Mr Watt**

Yes

**Journalist**

How much more would you be able to produce?

**Mr Watt**

We could go to our capacity of a thousand litres per week.

**Journalist**

And would that in fact supply the demands of all of the Haemophiliacs in Britain?

**Mr Watt**

No

**Journalist**

What sort of proportion would it supply?

**Mr Watt**

It's a difficult question to answer. It would probably be around half or a little more than half perhaps.

**Presenter**

English plasma could be processed in Scotland now, but only if present policy is reversed. This rules that Edinburgh will not be used until Elstree reaches maximum output in 1977. More Factor VIII concentrate could be made in Britain immediately if plasma could be provided faster.

But because it was not considered a priority, English Health Authorities failed to plan for this. So the Blood Transfusion Service had no money to provide sufficient equipment or staff to collect the extra plasma required.

To overcome the problem, last January Government Minister Dr. David Owen allocated £500,000 to speed up plasma collection. We asked him how long it would take before Britain could stop being dependent on imported concentrate.

**Dr Owen**

It can only be as fast as buildings can be set up and equipment purchased. When I made the decision now, some time ago, it was thought that it would take us three years. We've brought it down to two years and maybe we can improve even on that.

We've already got thirty per cent of supply now coming from the National Blood Transfusion Service.

**Journalist**

Do you yourself accept that paid donors, either in America or other countries, are a greater health risk than volunteer British donors?

**Dr Owen**

Yes, I think all the evidence shows that this is the case, because they have a commercial interest in not disqualifying themselves and some of the questions that they're asked, have you had jaundice, things like this, will in fact disqualify you from having a transfusion, and therefore you don't get paid. That's one of the reasons why the donor source is an unreliable one under the commercial system.

**Journalist**

Do you think that it is acceptable, given that most experts agree that you can't detect more than a third of the virus that's present, that you should use a product of this nature?

**Dr Owen**

Well you can, we'll never be absolutely certain even when we produce it ourselves, so there is always some risk. There's a risk from any form of using blood from donors. But you have to balance the risk.

At the moment, in this country, we have not got full production facilities of our own. I would much prefer it, and the sooner we've got our own the better. As soon as we've got our own, and we're self sufficient, then comes the question of whether it is reasonable to any longer rely on provision from other countries, and I think that raises some profoundly important moral issues as well as the whole question of whether you're satisfied with their standards of safety.

**Presenter**

Imported concentrates are expensive, each unit costs the British tax payer 12p. One dose, like this, costs about £32. We buy from two American manufacturers, Baxter and Abbott. Both companies sell Factor VIII concentrate much cheaper in America. Three leading American hospitals told us they paid only 4p to 6.5p per unit compared with 12p in Britain.

Baxter said the difference was because the only plasma product it sold in Britain was Factor VIII.

Abbott denied the prices we quoted were correct. The hospitals, however, confirmed them.

*World in Action* revealed this large price difference to the Minister of State, Dr. David Owen.

**Dr Owen**

Well, I think that's quite a disturbing fact that we're paying more than we (*sic*) pay in the United States and I would like to look into this. This is one of the things that has emerged. There are of course extra costs, it's not unusual. Our own drugs in this country are sold abroad in foreign countries at higher cost, transport cost and everything like that, but double the cost does seem rather a lot. We'll have to look at that.

**Presenter**

We then put the same information to Dr. William Maycock, the Department of Health's Advisor on Blood Transfusion policy.

**Dr Maycock**

Well of this I wasn't aware until you'd spoken, until you put this question. I don't know. I don't think I want to express any view on that.

**Presenter**

Making concentrates ourselves could save half a million pounds a year. The exact cost is uncertain, but one estimate is as low as 3p per unit. John Watt confirms the saving.

**Mr. Watt**

Yes it should be. It should be very much cheaper. The, when all three centres are working to capacity we should have at least twice the production needs for the UK and because of the conditions under which we have to work, it should be very much cheaper. It would be difficult to ascribe finite costs at the moment, but I would have thought that we should get, be able to produce, at about a third to a half of the commercial cost.

If we're not producing at less than half, I would suggest it's time we looked very closely at our methodology.

**Journalist**

In the last two years that we've been importing these concentrates, it's probably cost the National Health Service something close to a million pounds. Do you not think that this money might not have been better spent in actually speeding up the availability of the plasma so that we could make the product ourselves?

**Dr Owen**

Well I agree with you. I wouldn't have invested in self sufficiency in this country if I disagreed with you. I don't think that it was a question of providing more money. I was told, and I think this is right, that the limitation on our build up is one of buildings, equipment, and to some extent getting clinicians used to using packed-cell blood and having a larger volume.

But I've tried to make this switch to self-sufficiency as quickly as possible and I share some of your feeling. I wish it had been made in 1971, 72, or even earlier than that.

**Presenter**

But the cost to Britain of importing Factor VIII concentrates isn't just a matter of money. The blood collecting business began in the poor countries of Central America in the 1960s. It spread through the impoverished Caribbean and South America. But in many countries, government opposition to this exploitation forced the plasma firms, mainly American, to look elsewhere for the millions of pounds worth of plasma they bought each year.

They've been trying to gain footholds in West and Southern Africa, India, Indonesia and the Philippines. America was the biggest plasma buyer, but now Europe and Israel are the major customers due to tougher US health laws. Plasma from developing countries may be a hepatitis risk but it's cheap and the products it makes are highly profitable.

From Canada and Switzerland too, plasma brokers supplied these and other countries. The World Health Organisation and the Red Cross say the plasma traffic is all one way, the wrong way, from the poor countries to the rich countries. This is why they want it banned.

**Mr Watt**

I know of one Middle Eastern country where a Haemophiliac patient may travel three hundred miles and wait for several days outside the clinic looking for treatment and it's not because the clinic doesn't want to take them in, it's because they don't have enough beds and they don't have enough material.

The Factor VIII isn't there. It's all gone to the more affluent parts of the world. There's at least one country in Africa where they have no Haemophilia problem at all in the sense that Haemophilia is not a medical problem in that country, presumably because the patients don't live long enough to constitute a medical problem.

**Dr Owen**

I think there's a very strong moral case for once you are self-sufficient, ensuring that you only use your own national sources and freeing up those resources in other nations for their needs. Yes, I think there's a strong moral case and I think there's a strong commercial case.

**Journalist**

What is your view of this particular business, of the world trade in plasma?

**Mr Watt**

I don't think I can discuss that on television, it would be cut out anyway.

**Journalist**

What do you think therefore of a country like Britain becoming involved in this business, by importing Factor VIII concentrate?

**Mr Watt**

To put it mildly, I don't approve.

**Presenter**

As a direct result of our investigation, the British Government is asking the US Health Authority to re-examine their controls on plasma centres. The Department of Health is looking into whether Britain is paying too much for imported concentrates.

And in Washington, a Senate committee is pressuring Baxter to disclose how much its concentrates cost to make and where the plasma comes from.

END OF PROGRAMME #2