

**BOLLMEYER, Mrs Suzanne Margarette, Member, Tainted Blood Product Action Group**

**CREWS, Reverend William David, Member, Tainted Blood Product Action Group**

**JACOBSON, Ms Jacinta Mary, Member, Tainted Blood Product Action Group**

**MACKENZIE, Mr Charles, Administrator, Tainted Blood Product Action Group**

**POLLACK, Mr Michael James, Member, Tainted Blood Product Action Group**

**CHAIR**—I call the committee to order and advise all present that, due to the fog in Sydney this morning, our scheduled next witness, Dr John Rowell, from the Australian Haemophilia Centre Directors Organisation, is delayed. I thank the Tainted Blood Product Action Group for agreeing to change the order in which we take evidence this morning. When Dr Rowell arrives we will have to have a discussion with him about his commitments later this afternoon, so we will have to play it a bit by ear between now and lunch. I thank everyone for their accommodation of that.

I would also like to thank all of those present here today for your interest in this inquiry. We know the level of interest that you have and we recognise the importance of this inquiry to your future. Thank you also for your submissions. A very large number of submissions, both on the public record and confidentially, have been provided to the inquiry. All of them are valuable and we thank you very much for them. The other issue is that this room is somewhat hard to hear in. We have turned up the speaker system. If you have difficulty hearing, please raise your hand and we will try and do the best we can so that everyone can hear the evidence being presented.

I now welcome the representatives from the Tainted Blood Product Action Group. Do any of you have any comments to make on the capacity in which you appear?

**Rev. Crews**—I am a member of the Tainted Blood Product Action Group and I am also minister at Ashfield Uniting Church and Chairman of the Exodus Foundation.

**Mr Pollack**—I am a member of the Tainted Blood Product Action Group and a transfused hepatitis C victim.

**Ms Jacobson**—I am much the same as Michael and a member of the group.

**Mrs Bollmeyer**—I am a member of the group from Adelaide.

**CHAIR**—Thank you. Information on parliamentary privilege and the protection of witnesses and evidence has been provided to you all. The committee prefers evidence to be heard in public, but evidence may also be taken in camera if you consider such evidence to be of a confidential nature. The committee has before it your submission, and we thank you for that. I now invite you to make an opening presentation which will be followed by questions from the committee.

**Mr Mackenzie**—I am going to make the opening presentation. It will probably last about 10 minutes. Forgive me for being a little bit nervous today—

**CHAIR**—Don't be.

**Mr Mackenzie**—because this is quite a monumental occasion for tainted blood victims. I will get started and do my best. I would like to take this opportunity to thank you for providing the Tainted Blood Product Action Group and the victims that we represent with a forum in which the tainted blood tragedy can be addressed in an open and fair manner. We are a little group made up of little people. Groups like ours tend to end up fighting injustices often brought upon them by large organisations. It is a tough fight for groups like ours. We have no money to fly in paid American doctors like the Australian Red Cross have done for this inquiry. We do not have the capacity to commission lobbyists like the medical company CSL have done. CSL have commissioned lobbyists who are actively lobbying against the interests of victims of tainted blood as we speak. We can only defend ourselves by trying to call on the support of fair-minded and compassionate Australians.

I would like to commend the courage of three tainted blood victims who are going to give evidence today. As you have heard, their names are Sue Bollmeyer, Jacinta Jacobson and Michael Pollack. I commend them because they have sacrificed their right to privacy in order to help other victims of the tainted blood tragedy. They have received no money; they are not lobbyists; they are just ordinary Australians who want to discuss the full circumstances that surround their infections. They will be followed by the Reverend Bill Crews of the Ashfield Uniting Church. He is a supporter of tainted blood victims and will be giving a brief address.

I would like to start the main points of my address by firstly outlining the Tainted Blood Product Action Group's position on blood donation. The Tainted Blood Product Action Group believes that blood donation is extremely important. Blood donors are true lifesavers—heroes in every sense of the word. Victims wanting to discuss the full nature of the tainted blood tragedy in no way suggest that they wish to see fewer people making blood donations in Australia. Tainted blood victims have suffered enough. They do not want other Australians to suffer in the same way ever again, whether that be due to a shortage in the blood supply or from contaminated blood. It should be said that Australian blood donors are modern-day heroes who deserve Australia's applause and encouragement.

I would like to start now on the issues and the dangers of tainted blood by addressing what I consider to be a medical emergency and a danger to mothers. Evidence given to this inquiry highlights the failure of the Australian Red Cross and the health departments to warn Australians about the dangers of blood contaminated by hepatitis C. Please refer to the report submitted to this inquiry called the *Lookback* report, which highlights this failure. You can find it at the back of the Tainted Blood Product Action Group submission. Also, the committee will note that many of the submissions from victims of tainted blood show that they were unaware of their exposure to hepatitis C. In most cases, many victims found out only through failing health sometimes decades after exposure and not from notification from the relevant health bodies. Sadly, for some their terrible discoveries came too late to save them.

Through my research into tainted blood and via my role as Administrator of the Tainted Blood Product Action Group, I have been horrified by the number of mothers who have acquired

hepatitis C from contaminated blood. The Australian Red Cross and relevant health departments have neglected to adequately warn the public. Letters have not been sent to all those who received blood transfusions in the high-risk blood transfusion years prior to the 1990s. It is imperative that this situation be rectified. Those letters must be sent. The federal government must step in and end the silence on this matter. They must inform the public. Hundreds, perhaps thousands, of Australians have still not been traced. This is a medical emergency. Mothers given blood for pregnancy and childbirth complications prior to 1990 must be warned.

No screening was used by the Red Cross for hepatitis C in the decades before the 1990s even though it knew the dangers were there and that people were being infected. This means that it is a statistical reality that there are mothers out there who still do not know that they are infected. With each day that passes their condition will deteriorate, their lives are at risk and they need to be warned. Those infected need to seek medical treatment and advice before it is too late. The Australian Red Cross distributed hundreds of thousands of blood transfusions in the years preceding 1990. If that organisation believes that the risk of hepatitis C being transmitted to recipients was one or two per cent per unit of blood back then, we have a real crisis on our hands. Given the huge number of transfusions distributed in these earlier decades, it is alarmingly certain that there are thousands of patients, such as women who needed blood during childbirth, who have been exposed to the deadly virus hepatitis C but still do not know it.

The Australian Red Cross Blood Service and the health departments must act on this danger. They have a legal and moral duty to do so. Their first priority must be to warn people like this. To date they have failed in this duty, as can be ascertained from reading the submissions made to this inquiry from victims of tainted blood. I urge all mothers who received blood transfusions for pregnancy and childbirth complications prior to 1990 to go to their GPs and request that they be tested for hepatitis C. Mothers who have received blood prior to 1990 are not the only people who need to be warned. All Australians who have been given blood transfusions prior to 1990 need to be warned. They need to be warned in a responsible fashion. They need to be told the full facts. This is necessary as it will potentially save lives. This is an urgent necessity as the Red Cross cannot, by their own admission, guarantee that all those infected with the deadly virus hepatitis C have been traced.

I would like to quickly move on to the blood system and its unsafe sources. The Australian Red Cross collected blood from prisoners. This is a frighteningly dark chapter in Australia's history. The Australian Red Cross Blood Service harvested blood from prisons, where a high percentage of IV drug users exist, where a high rate of those infected with HIV and viral hepatitis exist, where the practice of unprotected homosexual intercourse exists and where substandard health care also exists. The Australian Red Cross collected blood from jails a full 12 years after other countries ceased this dangerous practice. In fact, the Australian Red Cross maintained this dangerous practice until well into the 1980s. The Canadian Red Cross stopped collecting blood from prisons in 1971 as it was deemed too dangerous. In the 1990s, the Canadian Red Cross were forced out from managing the Canadian blood supply because of negligence relating to hepatitis C. What does this tell us about our own Red Cross in Australia? Prison environments are bug incubators; they are places where, in order to survive, some inmates find it beneficial to lie. What could be worse than collecting blood from prisons? It is little wonder that over 80 per cent of Australians with the blood disorder haemophilia are contaminated with hepatitis C as a result of having received blood sourced from places such as

this—80 per cent of Australia's haemophilia population. Can Australia really claim to have one of the safest blood supplies in the world?

Australians have been lied to; we have been misled. We were lied to when the Red Cross and CSL said that only blood from safe sources was used in its products. Evidence has been submitted to this inquiry which shows that the Australian Red Cross deliberately collected blood from individuals with hepatitis C, they deliberately collected blood from individuals who they knew to be liars and criminals and they deliberately collected blood from people who they knew to be IV drug users. We were lied to when we were told that Australia's blood system was self-sufficient. Now we know that was not the case. The medical company CSL has in recent times brought in blood plasma from foreign countries which they mixed into our blood supply. Australians have been betrayed by this company.

Australia has also purchased blood and blood products from US companies that are known to have harvested blood from the US inmate population on a massive scale and to have shipped it around the world. Senators, please refer to section 7.3 of the submission of the Tainted Blood Product Action Group for more information about our stance on this. The worst such operation where this took place in the United States was at the Cummins prison farm in Arkansas. We know that blood collected from Cummins prison was used throughout North America, Europe and Asia, and we believe possibly in Australia. Right now questions are being asked in Canada, England, Ireland, Scotland and Japan about the Cummins blood program and the international use of US prison blood. Australia should be asking questions too. I urge the committee to send a letter to the American Food and Drug Administration and to the US Department of Justice requesting final clarification on whether any plasma sourced from US prison facilities ever arrived in Australia. The lives of haemophiliacs and other hospital patients deserve this clarification.

I would like to now address the Australian Red Cross Blood Service and their inconsistencies on surrogate testing. I have heard in the last couple of days many suggestions that, really, surrogate testing would have been of no use. I do not think that this fully explains the stance of the Red Cross in Australia on surrogate testing, and I will explain why. When responding to issues regarding hepatitis C, the Australian Red Cross Blood Service will often state that they began testing for hepatitis C in the blood supply in Australia in 1990. They will make proud declarations that they were one of the first blood banks in the world to do so. But there was another test known to blood bankers around the world before 1990 that could reduce the prevalence of hepatitis C in a blood supply. It was known as the ALT test, said by many experts around the world to reduce the incidence of hepatitis C in a blood supply by as much as 50 per cent. Blood banks in the United States and in Europe utilised this test to great effect.

The Australian Red Cross Blood Service have defended their decision not to use ALT testing prior to 1990. Criticisms that they should have done as much as possible to reduce the incidence of hepatitis C prior to 1990 are usually described by the blood service as nothing more than hindsight. The Australian Red Cross Blood Service have stated that they acted appropriately when electing not to introduce ALT testing in a bid to reduce the prevalence of hepatitis C in the blood supply when that testing was available decades before the advent of specific testing in 1990. Does this mean that the Queensland Red Cross blood service acted outside the best interests of Queenslanders when they decided to implement ALT testing to reduce hepatitis C in their state's blood supply in 1988? The Queensland Red Cross were the only blood authority in

Australia to do something about hepatitis C prior to 1990 in terms of donor screening. They introduced a form of blood donor screening but, according to the Australian Red Cross, nothing could be done about hepatitis C before 1990. Either the Queensland Red Cross are lying about their introduction of ALT testing in 1988 or the Australian Red Cross are misleading the public when they say nothing could be done.

The Australian Red Cross Blood Service are supposedly a humanitarian organisation. They claim to have done no wrong when it comes to the management of Australia's blood supply. Yet they do in fact compensate certain victims of transfused hepatitis C. What is not clear to the general public is why they do it. Do they compensate because of legal liability or do they compensate on humanitarian grounds? Why have they secretly compensated some people who have acquired hepatitis C from blood transfusions? Why have certain tainted blood victims been compensated and others not? Why have people who were transfused with contaminated blood in particular years in the 1980s been compensated and people similarly adversely affected but transfused in the 1970s not been? If the Red Cross have done nothing wrong, why do they demand that victims they choose to compensate sign secrecy agreements in exchange for cash? Why would a humanitarian organisation do something like this if they felt they have done no wrong? Have the Australian Red Cross been compensating certain tainted blood victims on humanitarian grounds? If they have, why do they not offer compensation to all victims of tainted blood? Surely this would be a humanitarian response.

There are many victims in this audience today who have not been offered compensation by the Red Cross. They have asked, but the Red Cross have shut the door in their faces. If it is the case that the Red Cross compensate on legal grounds then this Senate inquiry needs to shine light on this. We must know the full terms. It would be unreasonable and irresponsible to expect thousands of uncompensated tainted blood victims to all get lawyers and inadvertently clog up the court system. So let us have this Senate inquiry make recommendations to compensate all victims. If it is the case that the Australian Red Cross Blood Service compensate on humanitarian grounds then let us have them open this up to all victims without discrimination about what years people were transfused. The Australian Red Cross Blood Service should compensate all victims of transfused hepatitis C.

I turn to the way forward. This Senate inquiry into hepatitis C and the Australian blood supply has an opportunity to assist victims. Much of the secrecy that has surrounded and frustrated victims of tainted blood will be lifted post this inquiry. In the last three decades, thousands of Australians hospital patients have been infected with the deadly virus hepatitis C from contaminated blood transfusions and blood products. Victims of this tragedy include adults, children, accident victims, the sick, the anaemic, pregnant women and those who have had elective surgery. They are not isolated to the acutely ill who would have died without an urgent transfusion. While this is a medical disaster it is, in essence, first and foremost a human tragedy that has destroyed the lives of many men, women and children. These are people who went into hospital, received transfusions and ended up with this life-changing disease. Many of them now face a lifetime of disability. The disease increases the pressure on them of everyday responsibilities like being a parent, paying a mortgage and putting food on the table for their families. It is time to provide victims like these with answers. It is time to provide victims with long overdue humanitarian assistance. That concludes my address. I would like to hand over to Suzanne Bollmeyer, who will briefly outline her experiences with her hepatitis C infection from blood.

**Mrs Bollmeyer**—I am one of the people that Charles was referring to. I am 45 and I married Patrick in 1978. At 10.30 p.m. on 11 February 1983 I gave birth to our son, Benjamin, by emergency caesarean section at Flinders Medical Centre in South Australia. My labour was induced and after 13 hours they attempted an unsuccessful high forceps rotation and then did an emergency caesarean section as the baby was in foetal distress and I had lost a lot of blood. I was given several packs of plasma. I was quite ill for many months after the birth. But it had been a difficult time for us and we had a demanding baby and we just assumed that my ill health was due to the trauma and stress of the birth. In 1988 I gave birth to Kathryn by caesarean section, with no blood or blood products given. By the mid-nineties I was starting to be quite ill and there were times when I could hardly get out of bed. I had blood tests and cardiograms and was being treated by a skin specialist.

I changed my GP as my life was becoming more frustrating. In 1997-98 these symptoms were more acute and were joined by night sweats, joint pain and skin problems. In December 1998 my GP, Dr Ian Tattersall, decided to test for HIV, hepatitis B and C and chronic fatigue syndrome. My doctor's partner, Dr Karl Shapel, called our home on 14 December 1998 and asked my husband and me to see him immediately. I was told that I had tested positive for hepatitis C. I was asked if I had had any blood transfusions or products, had used IV drugs or knew anyone with the disease. All I could tell him was that I had been given plasma in 1983.

My husband and children—Ben, 16, and Kathryn, 10—had to be tested as there was a possibility I may have infected them. I cannot put into words how it felt waiting for the results. All were negative. We now had the task of informing family members. My mother is a trained nurse who had also worked at the Red Cross Blood Service and had attended many lectures on blood safety concerns. My sisters took the news differently. One was very supportive but we now have no contact with the other sister and her family. I also had to explain to my children not to mention at school or to their friends or classmates that I had hepatitis C. The stigma of this disease stays with you always.

Dr Shapel contacted the Red Cross Blood Service in January 1999 to report a case of post-transfusion hepatitis C. We received a letter from the Red Cross dated 11 February 1999 stating that a look-back on my behalf had been started. My husband and I went to the Red Cross Blood Service on 23 June 2000 to inquire why we had not received any communication from them since February 1999. We were interviewed by Dr Margaret Frewin, and I was informed by her that I had not been transfused with any blood or blood products. She stated, 'You were only given plasma light.' She also said that I must have done something in my past and that I had no right to question them. The Red Cross Blood Service then sent a letter to Dr Shapel dated 23 July 2000. It said:

There is no evidence in her case notes to support the fact that Mrs Bollmeyer received any blood or blood products during her admission to Flinders Medical Centre.

On 23 August 2003 my mother and I went to the blood service again and saw Dr Helen Ingram. She had copies of my medical notes from Flinders Medical Centre stating that I was given plasma on 11 February 1983. I said that I knew that plasma definitely is a blood product and that I was given two packs. Why have they lied to me and my doctor? Why hadn't they contacted me? I cannot put into words how I now feel about the Red Cross. I was a blood donor before then, before 1983.

Our family suffers greatly, both emotionally and financially. I also have difficulty in doing many tasks around the house, and our social life is affected. I now have severe arthritis and joint pain as well as very high blood pressure and other symptoms of HCV infection. I can now no longer work. My monthly prescriptions are over \$120. We have had private health insurance continually since 1981, but this still does not cover costs. I have no superannuation. I cannot get a life insurance policy. Nor would I pass an employment medical. My husband works 70 to 90 hours a week to provide for us. He also bears the enormous strain of this disease. Our personal life is also affected as I am afraid of infecting him.

Our son's 21st birthday was on 11 February 2004. He did not want a party. I asked him why, and he said: 'It is not only my birthday but also the anniversary of you being sick. I do not feel like celebrating that.'

**CHAIR**—Thank you very much, Mrs Bollmeyer.

**Mr Mackenzie**—I would like to now ask Michael Pollack to give a brief address about his circumstances to the Senate committee.

**Mr Pollack**—My story appeared in the *Sydney Morning Herald* on 1 July 2002, the *Sunday* program on 10 November 2002 and the *Today Tonight* program on 12 June 2003. I am a transfused hepatitis C victim. My story in the *Sydney Morning Herald* on 1 July 2002 resulted in the then Minister for Health and Ageing, Kay Patterson, ordering a federal inquiry on 2 July 2002. This inquiry was the federal report into plasma in 1990 by the expert advisory group. This inquiry was chaired by Professor Bruce Barraclough, the head of the Australian Council for Safety and Quality in Health Care.

Although my letter caused this inquiry, I was not called to convey any information about that letter, my meeting with staff from the blood service or my blood donations. It is the perception of many that had I spoken about these events at that inquiry it would have had a detrimental effect on the way the inquiry was being deliberately steered. The terms of reference for that inquiry were too narrow, only relating to 1990, even though Australians were infected by their own blood service for a decade before 1990. In short, this inquiry was a snow job or a whitewash. I urge the committee to take the time to read my submission in its entirety.

I refer to terms of reference (n) and (o) of this inquiry relating to the impact of the disease and what services could be provided for victims and their families. I would like to point out to the committee the huge impact this disease has had on my life and the lives of my family. I was disabled already and had no use for a potentially fatal liver disease to go with my disability. I was coldly informed of my infected status by mail in a very unethical letter. This letter was to compound the problem by asking for repeat blood donations. At this point in my life, 1990, I had just put my life back together. I had met my future wife, Anne, and we wanted to start a family. My wife was five months pregnant with our first child and this revelation by the blood service caused immeasurable stress and worry.

The blood service have stated that no contaminated blood went back into the supply after 1990 but 85 per cent—Charles said 80 per cent; I will go out on a limb and say 85 per cent—of haemophiliacs now have hepatitis C as a result of contaminated blood products. That is disgusting. My family know I was asked to repeat contaminated donations for fractionation into

these products. My family know that, in addition to this fact, compensation payments totalling \$10.8 million have been paid in return for secrecy agreements. It is obviously stressful for my family to watch as crimes against innocent Australians are still deliberately and continually covered up.

My family watch me get sicker through illness or through trying treatments. My family suffer daily because of this virus. There are times when I cannot have a meal with my family because I am too ill. Sometimes it is impossible to play with my children or attend school related functions. My wife works because I am disabled, and I look after the children. Sometimes I am too sick to mind my children or I become ill trying to prepare food for them.

I do not sleep well, and when I do, I sweat profusely, to the point where I sleep on a towel. I also have to deal with chronic pain, sciatic nerve palsy and a prosthetic limb. I was transfused as a minor and have spent my whole adult life infected with hepatitis C. I doorknocked for the Red Cross for five consecutive years whilst I was at school. When I donated my blood back, it was to pay back what I borrowed. Now I cannot do that.

The blood service has poisoned me and used my blood to infect others. I chose to stop donating my infected blood whilst the Red Cross Blood Service encouraged repeat donations from me—they encouraged them. My family have to listen to the Blood Service executive's repeated rhetoric about patient and donor care always being their top priority. The blood service have never apologised for Australia's biggest medical disaster. Blood service executives maintain that victims are referred to specialists and counsellors, but I have not been referred, nor has my family been offered any assistance. I was not even given any information in the form of a pamphlet, and I was transfused in 1983. The stigma my family have suffered by being grouped in with IV drug users is immeasurable, and that will continue. The blood service could have commenced helping transfused victims and their families years ago, but preferred to cover up what they had done.

My young family are continually made to feel dirty or inferior through no fault of their own. On 13 September 2003 there was herpes in Australia's blood supply. When the TGA investigated, they found five breaches in three months. This was in September last year. This disgusts my family, and considering that my children are the next generation of Australians they will know that the blood system is still broken. My family realise that blood is big business and that the Australian Red Cross Blood Service is just a shopfront for CSL. We know that blood was sought continually from high-risk donors. The blood service wants us as a family to believe the defence of the blood service executives when they tell us that the blood service was fragmented. This sends a clear message that it was mismanaged. My family and other victims know for a fact that if surrogate testing for hepatitis C has been introduced in a timely fashion the incidence of post-transfusion infection would have been greatly reduced—not eliminated, but greatly reduced. If the smallest percentage of infected material was kept from the blood supply it would have helped reduce the rate of infection.

Australians have a right to the best possible product available. Australians are not a second-rate people deserving of a second-rate treatment. We are a proud people, whose very nature consists of carrying on regardless of adversity. The blood service and CSL took advantage of this fact and failed to notify recipients of infected blood and blood products, hoping that the victims would pass without fuss. This practice was about as bloody un-Australian as possible.



It is the opinion of my family that mammoth fines should be imposed on CSL and blood service executives for their negligence. There is easily enough evidence for a royal commission and/or criminal investigation. These companies should be liable for modest amounts of compensation and health care for victims. This should be made available sooner rather than later. This disaster and the treatment of victims are shameful and in no way reflect the moral fabric of this great country. Please read my submission. It is No. 12. I urge you to read it. Thanks for listening.

**CHAIR**—Thank you, Mr Pollack. You can be assured we have your submission in front of us.

**Mr Mackenzie**—I would like to ask Jacinta to briefly outline her experiences.

**Ms Jacobson**—I had a motorcycle accident in November 1987. I got taken to hospital. I had extensive injuries. I had no idea what they did to me, because I was under anaesthetic. It was not until February 2002 that I started getting very sick—I had two young children then; I am a single mother with two kids—and I went to the doctor. She gave me a blood test and it came back with hepatitis C antibodies, which means that my body was making antibodies to fight this infection. I thought it was a death sentence and I was asking how I could have got that. I do not have tattoos. I have never been an IV drug user, which is automatically the first thing that you think of when you get this thing—that you have AIDS, or something like that; that you have done something awful to your body. One of the questions was: ‘Have you ever had a blood transfusion?’ I said, ‘Well, I think I might have because of the accident that I had.’

I did not know what to do. It was just around that time, coincidentally, that I read an article in the paper saying that Charles was starting this Tainted Blood Product Action Group. So I contacted him and I went along to the forum out at Ashfield, and that was the first I had heard about the Lookback program. The doctor did not say anything; nobody had told me anything about it. It was only through this that I had heard about it. This was a good three or four months after I had found out.

So I contacted the Hobart Lookback program—I had the accident in Hobart—and asked them whether they could check it out for me, and they said that they would. Six weeks later I still had not heard anything so I called them again to try to hurry them along a bit. Then I got a letter to say that I had never been transfused with blood during my operation. I thought that that was wrong, because I had a friend who was working in the blood section of the hospital and I remember her saying something about it. So I looked into it further. I went through my doctor and got the records from the hospital myself. The fluid charts clearly state that I was transfused with a pack of blood as well as a pack cell, which is like a plasma and is also a blood product.

I got back to the Lookback program and said: ‘What’s all this about? You’re saying that I haven’t been transfused when I have evidence here that I have.’ They said, ‘We’ll have another look into it.’ About six weeks after that I called them again and said, ‘What’s going on?’ They said, ‘We’ll get in contact with you again.’ I was just about to go in for a liver biopsy, which is one of the most horrendous things that can happen to you, when a bloke called and questioned whether I had hep C. He said: ‘Do you really have hep C? Are you sure?’ I thought, ‘I’m going in for a liver biopsy, mate; why would I be doing that if I didn’t have hep C?’ He was very offhand and blase about it and he said: ‘We’ve checked out a couple of the donors and they’ve come back negative. There’s one that we can’t track down; he hasn’t donated for a few years and

we have no way of contacting him. I couldn't stand up in a court of law and say that he was free of hep C. There's nothing really that I can do about this.' So, what can you do?

I went and had the biopsy. I have just come out of a year of hell. I have been on the drug pegulated Interferon and my hair has fallen out and I am so tired. I am on antidepressants and on constant painkillers. I have no idea whether or not I have been cleared. I have another six months to wait before they give me an all clear, if at all. I have a life sentence here. I have two children and I do not know what is going to happen to them—if anything happens to me, who is going to look after my children? But I have not heard from these people since. The only way I heard from them was by my calling them and writing to them. They lied to me about this—and it was a blatant lie. If they cannot find this evidence and I can, what kind of a program are they running? What is it all about? It is just total deception and lies that they are handing out to us. I am just a normal everyday Australian and it is just not fair that this should happen to me. I am normally healthy and I do not do terrible things, but my life has just totally turned around now.

**Rev. Crews**—I have spent almost all my life fighting for social justice for people. One of the things that drive me nuts about this thing is that people will argue and say: 'There should be no discrimination. People who get hepatitis C in any way should be treated in exactly the same way; whether they get it through self-injecting, using illegal drugs or whatever, it should not matter at all.' In a way I believe that that is really true; I agree with the concept of no discrimination. But there are thousands of these people. One day we advertised with one little note that we were going to have a meeting at the church. It was a cold, wet, windy day and we thought we had better have it about lunchtime because most people with hep C do not get up really early. We had 100 people. Then we had another meeting, and we had another 100 people. There are thousands of people, and the stories are always the same. I think it is really sad that the organisations, like the Red Cross, can put in confidential submissions and these people have to bare their souls—they have to bare their souls yet the perpetrators can say, 'Let's keep it all hidden.'

One of the things I found out—and when you go a bit deeper you find out these things—was that in the 1980s and the 1970s, or particularly after the HIV scare, lots of drug addicts would go to the Red Cross to donate blood because it was a quick and cheap way to find out if they had HIV. The Red Cross knew this and they knew that there would be more chance of getting hep C than AIDS, yet they did not have the tests, they did not do anything. Typically, a woman would go in and have a blood transfusion, come out and feel a bit sick or whatever and then have children. Maybe they would have one child after another, get sicker and sicker, be unable to cope and their relationship would break down. I have found that most women who went into hospital to get blood transfusions or to have children do not have a relationship at all now. Sue is lucky to have hers, because most relationships just break down. You can end up having a woman with children who is sick, unable to care for the children and on her own as well. So the pressures just build up. There are herbal remedies and things that people can have.

One of the questions I began to think about when it became obvious that there were so many people with hep C in the community was: why did the Red Cross set up a Lookback service which is kind of secretive, careful and all of that when in the height of the HIV epidemic they asked people who had had blood transfusions in the 1980s to go forward and have a simple test? As soon as a test was available in 1990, why didn't they ask all those people who had had blood transfusions in the years beforehand to go to their doctor and find out whether they had hep C? These people have lived debilitating lives for an extra 14 years, they have had children and their

relationships have broken down—all of that. How many lives and how many relationships have been affected? How many people would be living a better life now if years ago they had said, 'Let's do a test for hep C like we did with AIDS?' The only thing I can come up with is that there were probably so many people out there that it would have been really scary.

The other thing is that I really and truly believe there should be people in jail over this. I think in the early days the Red Cross took a gamble that hep C was relatively benign and so they were not terribly worried about it. Every now and then some story would come up to question it, but there were ways that could have been looked at from the late 1970s onwards that would have at least lowered the rate of infection amongst people. The typical story is of a person getting sicker and sicker and not knowing why, of a person being told for years and years that they were mad, that it was a psychological disorder—or this, that or the other—until a doctor said, 'I'm not letting you out of this room until I find out what is wrong,' and then coming back later on after myriads of tests saying, 'You've got hep C.' But, by then, 14 years had passed since that person could have found that out.

From what I have seen, the onus has been on the victim to discover that they have hepatitis C and then contact the Red Cross. There has been very little the other way. I see it as an incredible injustice on some people. They deserve to live the rest of their lives in a much better way than they have lived them up to now. I get so angry. I have people coming to me crying. They do not know why they are like this or like that. Why is it that some people have been given compensation and other people in exactly the same circumstances have not? Why is that? How much money has been given out? We know that it is a lot of money because we have heard it on the grapevine. Why is it that some people have been denied and other people have not? I think the reason is that it will shut them up.

This has the same aura as the sex scandal in the Catholic Church. It has the same thing: the lawyers take over and say, 'We've got to protect the organisation.' So what they do is delay and delay and delay, because they know that these people are going to die off. So the longer they can delay it the less money they will have to pay out, and the more they put in legal complications the more difficult it becomes, because by this time most of these people are sick and on welfare so they do not have the resources. The Red Cross employs all these spin doctors who tell lies, and you begin to wonder about the integrity of the organisation itself. I think that is enough. I am sorry; I can go on and on about this.

**CHAIR**—Please do not apologise, Reverend. On behalf of the committee, I thank all of you, particularly those people who have shared their personal stories today. This issue affects lives in a very personal way, and we do appreciate the fact that you have shared your personal experience with us. I will go first to some questions about the Lookback program. It is of concern that we have had two pieces of evidence this morning that say that Lookback had to be instigated by the person who had been infected, and you had to do it in a repeated way. Is that a consistent thing? Is that something that you are hearing from other people?

**Rev. Crews**—All the time.

**CHAIR**—Do you have an understanding of why? Is it that they are not funding the program effectively? What is the reason for the delay?

**Mr Mackenzie**—I will answer that from the viewpoint of this group. I mentioned in my brief address that we have written a report on this called the *Lookback* report. I have literally spoken to so many people who have rung up and said, ‘I’ve just found out I’ve got hepatitis C.’ The classic scenario that springs to mind—I know that Bill has been there with me through all of this—is that a mother will ring up and say, ‘I was diagnosed with postnatal depression because I got really depressed after childbirth,’ which can be a symptom of something like hepatitis C. Then they have been diagnosed with chronic fatigue syndrome. Then their partners or husbands have said, ‘You’re not the same person that I married.’ Their children have said, ‘You’re not as active as other mums.’

That has led them to say to GPs and other doctors: ‘If I had chronic fatigue syndrome, I’d fight for my family more. I could do something. But it’s not working. I love my children, so if I had postnatal depression I could work on something. But there is something else. I’m feeling sick as well.’ Very often, sadly—I am willing to testify to this at any point; I will bring more people up if you want—their husbands or partners walk out. So they are left to fend for themselves alone. A member of this group needed community housing right after a split and could not get it. So they move back to their parents, and then the crescendo happens: they basically do not function. The doctors are left, sometimes 20 years after the transfusion, with a situation where they say: ‘Okay, I have carte blanche. Let’s test you for everything. Forget the costs. This is warranted. Let’s test you for everything.’

The big thing here is what happens when some of these women go along to a GP’s surgery. One of the issues with hepatitis C is a lack of education, which I am sure the Hepatitis C Council has illustrated. That has really affected tainted blood victims because a GP will look at these mothers, for example, and ask if they have used needles—if the GP suspects that something like hep C could be involved—and the mothers will say, ‘No.’ They are thinking that the key risks for hepatitis C, to their minds, are things like sharing needles, so it takes a hell of a long time, and it usually involves the person having a breakdown, before the GP will say, ‘Okay, let’s test for hepatitis C.’ Bang! The result comes back positive. The doctor will say, ‘Have you ever had a blood transfusion?’ Suspecting a blood transfusion does not spring to the minds of a lot of victims, because they were not warned about the dangers.

What happens then is that people are lost. They go to the hep C councils, and the hep C councils have community groups, which are great. But they are not the same: they are people who have got it through childbirth and the blood required for that, and they are going along to groups where people have got it through sharing needles. So there are different issues involved. Both have aspects to them that are warranted. Empathy should be afforded to people who have got hep C from sharing needles. But for the others there is a confusion about how this happened to them and why the blood service did not warn them. That is when they come to me or to Bill and we tell them they need to call up the Red Cross. I have heard that GPs are supposed to notify the Red Cross once they become aware or they suspect that a blood transfusion is involved. But there seems to be little interaction with the victims.

**Rev. Crews**—Often there is a lot of confusion. People are told two or three stories because there is a lot of confusion about which blood was given to which person and how many donors there were. Some of the records are kept by the hospitals, but there are chunks of information everywhere which have to be put together. One person went to the Red Cross and said, ‘I’ve been told that I have hepatitis C.’ The Red Cross first looked at the names of the donors on the

sheet who gave blood to that woman. But when they looked back the other way, from that woman up, they found a different list of names, one of them with hep C. So I gather that you get conflicting reports given to people. The Red Cross will say, 'No, you haven't got hep C through blood transfusions,' but then they ring you back later on and say, 'Yes, you have.' I cannot see why we cannot just say to people, 'If you had a blood transfusion between this year and this year, go and have a test.' That would get rid of the need to have a Lookback program at all. I cannot see why they do not do that.

**Mr Mackenzie**—I would like to add that there is another disturbing element to the tracing of victims. Once again, as I said in my brief outline, I honestly believe—and there is absolutely nothing but belief and concern here for other Australians—that if the Red Cross want to come back with: 'We don't want to alarm the public, because there may be a reduction in blood transfusions,' I say that it can be done more responsibly. Australians are not stupid. If Australians are told that hundreds of thousands of blood transfusions were distributed before 1990 and that there is a one to two per cent chance that each unit of blood—some people might have had five units of blood—may have contained a virus, that virus being hepatitis C, they can also be told that there is no cause for undue alarm but they should go to their general practitioner and request the test.

What is the concern here? Is it the cost for tests? This Lookback program has cost the taxpayer millions of dollars. I am really concerned by the integrity of those groups involved in this program. When the Red Cross are asked to trace people who would probably be really upset with them and would probably want to sue them unless the Red Cross offered help—which they have not done—I can see that there would be a reluctance to tell them. I will give you an example, and this is in the *Lookback* report that we have submitted. On the *Sunday* program on the Nine Network there was evidence that the Red Cross were aware that women who had acquired hepatitis C through childbirth had been exposed to hepatitis C. Yet in one woman's case they elected to take 18 months to tell her. I have evidence that in some cases they have never told them. In fact, in the *Lookback* report that we have submitted—and I can actually give you the data that this report was written from—81 per cent of a cohort that we involved in this study had never been officially contacted or offered any medical or support services by the ARCBS.

In one instance, which is incredibly disturbing and needs to be investigated, the Victorian Department of Human Services sent out a letter to a mother who had been given blood for childbirth complications. This was in 1992, by the way, so not in that 1980s period. I am trying to be extremely responsible here about the nature of risk. I have said that the high-risk periods were before 1990, but there are scores of pieces of information that have been given to the Senate as answers to questions on notice about a significant number of Australians who were infected in the late nineties and the mid-nineties as well. So that is a problem, but the main problem appears to be before 1990. The Victorian Department of Human Services sent a letter to this woman saying: 'You will recall that you received a transfusion at this hospital in Victoria. The donor who donated the blood for that transfusion has come back hepatitis C positive.' The letter was sent in 2001 or something like that. It said to the person: 'It is important to understand that no screening was available in 1992 for hepatitis C.' I believe that that is factually wrong. I would have the Victorian Department of Human Services explain that answer.

If this was a template error and they just sent this woman a mistaken letter, then that is extremely serious. But I actually reckon there is something more to it. This is what I mean. The

department explained, when the Melbourne *Age* ran that story—which was a front page story—that they had been involved in a program to send letters to people who were transfused between 1986 and 1990 and that the line that said there was no test available was meant for those people transfused between 1986 and 1990. Why were they so interested in sending letters to people transfused between 1986 and 1990? Why not send letters to people transfused in 1980 with that line ‘there was no test available’?

I will tell you why: because they wanted to put those people off from suing and run out their time. When someone has been notified of a danger to their health or an infection the clock starts ticking on legal action. In this woman’s case—the one who had been sent a letter saying there was no test available in 1992—she did sit back. Nothing could be done. She believed the Victorian Department of Human Services. Who wouldn’t? They are paid by us to help us. As a result, any legal claim from her is going to be problematic. So I think the Lookback program has another agenda. I really believe it is time for an independent body—free of the department of health, free of the Red Cross and free of CSL—to be set up by this committee and to say once and for all that their only objective is to responsibly warn the public and people like these women who have acquired hepatitis C from childbirth.

**CHAIR**—We cannot establish committees. We can only make recommendations to government. I think you are aware of that.

**Rev. Crews**—Can I make a comment?

**CHAIR**—I am a little aware of the time and that others want to ask questions. We come back to that at the end, Reverend.

**Senator LEES**—Who exactly is getting compensation, as far as you know? Does it depend on the year, or on the state or territory government? Who exactly is now getting compensated, on your information?

**Mr Mackenzie**—I have spoken to people who have been compensated. They are reluctant to give their names. They tend to have been transfused in the main between the years 1986 and 1990. I draw your attention once again to the submission of the Tainted Blood Product Action Group, which contains a speech made in the Legislative Assembly in the ACT that talks about the program to compensate people with transfused hepatitis C. It says that the Red Cross are aware that they may be liable between the years 1986 and 1990 for not using ALT testing or surrogate testing. The people to whom I have spoken have gone to lawyers, say—and the most renown ones in this action are Slater and Gordon, the Melbourne based class action law firm. If they meet this criterion—transfused between 1986 and 1990—and if they get the right law firm which has enough research there will be a deal done. I heard recently from one woman that they called it ‘the scheme’. It involves the federal health department and the Red Cross.

The scheme has all these categories which go something like: if you just have the infection you are offered this amount of money; if you are suffering from fibrosis or the first stages of scarring of the liver you get another amount; if you have terminal cancer you get the largest amount. I do not think that amount is more than \$120,000. We have to console a lot of the members who have been compensated—and we are talking about only a few—because they also have to sign secrecy or confidentiality agreements in exchange for the cash. It is made clear that

if they talk about the terms of the settlement or the scheme then they will be pursued by the Red Cross and other parties for that money.

The bulk of people who were transfused between the years 1986 and 1990 may be offered compensation if they get the right lawyers and if they pursue the Red Cross. But there have also been people compensated who were transfused in the 1990s. On Channel 9's *Sunday* program that played in November 2002—and a transcript of that is supplied in our submission—there was the case of a young lad who got it in the early 1990s who was compensated. There was also, I believe, the case of a girl who acquired HIV and she was compensated in 1999. There tends not to be any general rule of thumb, but I would say that the main criterion seems to be anyone transfused between 1986 and 1990.

**Senator LEES**—Would you have a rough idea of what percentage of people are actually able to access the scheme or some sort of compensation?

**Mr Mackenzie**—I do not know because I do not know how many people were transfused between 1986 and 1990. Most victims get such a rebuff from the Red Cross it is not helpful. The first response is to go to them, not an action group. The Red Cross come back with: 'You're on your own. Go to your GP and they will look after you. If you come back to us we will put lawyers on you.' That is what happens. I think about 400 people—definitely under 1,000 people—have been compensated for hepatitis C. We also believe that there are many thousands more people. As I said before, given this Lookback program, I believe there are thousands out there who still do not know. So I cannot say. There were so many people transfused in so many years.

**Rev. Crews**—We also do know that some of that compensation money has come from the Commonwealth government.

**Senator LEES**—I was just going to ask about that. You mentioned the ACT, and there is some evidence about the Commonwealth. What about Western Australia or New South Wales?

**Mr Mackenzie**—They are involved in the program as well it seems. As I said, it is called 'the scheme' and it looks like they are all involved and are all involved in the demand for secrecy clauses. I know that in legal cases confidentiality is seen as quite standard in a commercial argument but to silence somebody who has just found out they have hepatitis C, a life-changing situation, really scares the hell out of people. It scared a lot of people here. It is really frightening because the government is involved. Why?

We had to put people on TV to get this issue addressed. We had people who wanted to tell other Australians but said they could not because they would be sued. It is like going to an accident scene and saying, 'You have to shut up because the government are involved and they will sue you if you talk about it or discuss it with other Australians.' That is really scary. I think as a bare minimum the government need to withdraw the need to silence victims. I really believe that.

**Mr Pollack**—Minister Kay Patterson was asked by Senator Harradine how many people there were. We had worked out that about \$5.47 million had been paid by the Commonwealth and that this had been matched by the blood service—so that is about \$11 million—so they did not want

to give us the number of people because then we would be able to work out who got how much. Basically they were not going to give that information when Senator Harradine asked Minister Kay Patterson for that information. She was not prepared to make it available to him—or to put it on the public record, anyway.

**Senator HUTCHINS**—I think Mr Pollack that might have been my question, not Senator Harradine's.

**Mr Pollack**—Sorry.

**Senator HUTCHINS**—In the terms of reference it specifically mentions the royal commission in Canada by Mr Justice Krever. I wonder if you are in a position to comment on any comparisons that you see between an inquiry commenced as a result of decisions by the Canadian national and provincial governments and a Senate inquiry.

**Mr Mackenzie**—The first comparison that can be made with Canada—and I am aware that the Red Cross say that there can be no comparison—is we both have Red Crosses. This Krever inquiry is to be respected. It is actually the world's most extensive blood inquiry ever conducted. It cost over \$Can15 million and went for, I believe, five years. It found—and I ask senators if they have time to look at the Krever inquiry findings rather than just go from me—that the blood services in Canada and internationally, although there was some confusion because of commercial interests, knew about hepatitis C in the 1970s and 1980s and knew that it could occasion death. It found that the Red Cross in Canada were aware that there was a problem with the blood supply but, instead of joining America in the mid-1980s in introducing this ALT testing, elected to do further study. The comparison that can be made with Australia is that in 1986 our blood services in the main decided to conduct further study. So instead of introducing the testing—and there were numerous studies by 1980 that suggested ALT was a valuable way of saving lives—they decided to do further study like they did in Canada from 1986 to 1990. Justice Krever was scathing about that decision of the Red Cross because they only released the findings of the study when forced and by that time specific screening had been introduced.

The other issue is that Krever identified that the blood service, when aware of the dangers in Canada, elected to make the decision to contaminate people, rather than introduce screening, because of the cost, a few million dollars, and because of a small reduction in the stock of blood. The comparison that can be made with Australia is that that same decision was made here; that is from the Red Cross's own evidence. So there are numerous comparisons as the Red Cross is involved in both countries, and that is really what I can see.

**Senator HUTCHINS**—So when the royal commission in Canada investigated the blood supply it was not of course just investigating hepatitis C, was it?

**Mr Mackenzie**—It actually investigated the transmission of HIV in blood products as well.

**Senator HUTCHINS**—You have mentioned ALT testing in North America in the 1980s. Do you want to elaborate on that? In your opinion, did that have implications for the decisions that Mr Justice Krever made? I ask that, Mr Mackenzie, because we have had evidence over the last few days that has disputed significantly the role that surrogate testing could have had in eliminating the number of people that may have been infected with hepatitis C.



**Mr Mackenzie**—I am not surprised. The Royal Canadian Mounted Police criminally charged the Red Cross for not using surrogate testing; that was one part of their charges in November 2002. These guys are running scared. We have here a situation—and I know this is the best way to sum up the Canadian situation, particularly Krever's stamp on it—where Krever was looking from a legal standpoint; it was a legal inquiry. What do you do when you become aware of a danger to the public? What is the legal thing to do? What they decided to do was this: 'We know that we're going to contaminate so many thousands but we don't want to reduce the blood stocks by three per cent and we don't want to pay the millions that the testing would cost.' So they then make that decision, and all the while from 1986 in Canada they were aware that the American blood banks were using this ALT testing.

So the argument from the Canadian Red Cross was: 'Oh, but the Americans had a paid donation program; they had a higher incidence of hepatitis C.' The American situation was this: 'Even if we had a lower incidence, if we could prevent a few thousand people from getting this killer virus it is a better thing to do.' So all the while America is doing something but Canada is deciding to send the blood out. Similarly, in Australia we decided to conduct further study. Do not think for a moment that the Australian Red Cross in the mid-1980s were not aware of what was going on in America: they had people come out here; they are closely connected to the Red Cross in Canada. So the Canadians made the decision to send the blood out and contaminate—'We don't think it's serious'—and Krever's summary was that through the range of tests that were available—and I think this is the case—it was felt that the Canadian contamination could have been reduced by over 50 per cent.

That was a serious thing to do. You could have saved thousands of lives, and we did the same thing here. Those thousands of lives 'weren't worth it'. My quick analogy would if the fire brigade were to turn up to this parliament house right now and the place were ablaze and one of the fire chiefs said, 'There are 1,000 people in the building but we can only save 500, so let's not save anybody.' What would the response be? They would be finished, and that is what will happen to the Australian Red Cross if they continue this stance that this virus was mild and there was nothing that they could do.

**Senator HUTCHINS**—I turn to the recommendations of Mr Justice Krever. I assume that he would have had significant medical and scientific assistance in his inquiry. Is that correct?

**Mr Mackenzie**—Yes, he did. That is disputed by no-one. It is a fact that the Canadian Red Cross apologised, post the inquiry, for their conduct in trying to stifle victims. Blood bankers around the world agree that this was one of the most extensive inquiries into blood of all time. They used doctors for the inquiry and they called witnesses. I understand that there has been some confusion over ALT testing at this inquiry. Some people believe it was not much use. You senators have not heard from victims and their defence. We do not have the resources to bring over the kinds of experts that Krever did. So you are hearing from the blood service and government funded bodies, but Krever heard from both sides of the fence. That whole report had so many doctors. I know that the key people mentioned are people like Dr Harvey Alter, who is considered one of the fathers of surrogate testing. I do not know for sure if this is the case, but I have heard that he has been verballed in the last few days for some of his opinions. I have not been at all hearings of the inquiry, but I think that could be a concern. Before we start thinking about what international experts do or do not think about surrogate testing, we need to bring them over and hear from them.

**Senator HUTCHINS**—Or hold a teleconference with them, I would imagine.

**Mr Mackenzie**—Yes. This is a great opportunity, by the way. I am sure that the Red Cross will join me in this. They fervently believe that they have done no wrong, so I say: ‘Why don’t we bring an end to it? Let’s have teleconferences.’ Take the Canadian situation. If the Red Cross believed that hepatitis C was mild and that nothing could be done, have them produce medical literature—their own and that of others—that existed in the 1980s that says, ‘Hepatitis C is nothing to worry about.’ Remember that I am not a doctor, which makes this worse. It is easy for me. In turn, I will—if this committee will allow me time to do so—produce material that says it was a killer virus. These are credible people. Once again, I have to say that the findings of Krever bear out our action group’s testimony. This was a serious virus. They elected not to do anything about it and they have been removed from the blood supply as a result.

**Senator HUTCHINS**—You said that criminal charges have been laid against the Canadian Red Cross. On what basis were they laid?

**Mr Mackenzie**—The Royal Canadian Mounted Police laid a number of charges. I believe one was of common nuisance to the public. There were also charges of failing to adequately warn the public and failing to introduce ALT testing in a timely fashion. That is one of charges. That is the way they described it: failing to introduce ALT testing in a timely fashion. The Royal Canadian Mounted Police are really to be respected. This was a five-year investigation. They were not quick about this. They started investigating after Krever handed down his report from the royal commission. They only charged in 2002. So the charges pertain to ALT. The similarities with Australia are, once again, that we both had a Red Cross, we are both Commonwealth countries, we both had the information and we both elected to do nothing about it.

**Senator HUTCHINS**—Would you like to elaborate on the recommendations of the inquiry in terms of compensation?

**Mr Mackenzie**—I know that Krever talked about the tragic circumstances for anyone and about the need to have a no-fault compensation scheme that recognised that all people affected, no matter what year they were transfused, had terrible outcomes. This was attested to today by some of the brave people who gave evidence. Post the inquiry the Canadian provincial governments set up a compensation fund of \$1.2 billion, which was only for people who were transfused between 1986 and 1990, because at that time the information they had was that that was when the blood service or the governments were most liable. Interestingly, since that time, new evidence has come to light. In fact, it came to light in an article in the *Kansas City Star* after a massive investigation in America. Internal documents of the Red Cross—that possibly involved us in Australia, but definitely involved the Canadians and the Americans—showed that they knew that ALT was the right thing to do in 1981. In fact, they were going to introduce it but then delayed for commercial considerations. So now many Canadian provinces are compensating, on humanitarian and legal grounds, people who were transfused in years before 1986.

**Senator HUTCHINS**—We have been advised that the United Kingdom government has made decisions to compensate in various parts of England, Scotland and Wales. Would you like to comment on that?

**Mr Mackenzie**—The United Kingdom have decided that on humanitarian grounds rather than legal grounds—they have not addressed those as yet—the right thing to do is to give former unsuspecting hospital patients who acquired a deadly virus like hepatitis C the chance to receive compensation. They have initiated that. The health departments in Great Britain have started that. I am not sure of the figure but I know that that has happened.

There are many other countries in the world that have done the same thing. The most extensive and responsible compensation programs set up exist in Ireland, which supports our action group through their groups that caused their judicial inquiries, and in Canada. I believe that in Ireland they have things like home help for mothers. They have thousands of mothers who acquired hepatitis C through blood products. They have things like home help and compensation that goes, I believe, into the several hundreds of thousands of euros.

**Senator HUTCHINS**—Mr Pollack, you said that you were still being sought by the Red Cross in—

**Mr Pollack**—That is right.

**Senator HUTCHINS**—Would you like to expand on that? What period are we talking about?

**Mr Pollack**—I was infected in 1983 through a major motorcycle accident. I went back in 1990 after I got my life back together to donate back the blood I borrowed. After I made the initial donation they sent me a letter dated 8 August 1990 which states that I was hepatitis C positive but they still could use my blood for fractionation. I had no idea what fractionation was. What would I know? I am not a blood expert. So I went off to the interview. They said that I must come alone. This troubled me greatly. I had a wife who was five months pregnant. The letter was sent to my parents. So off I go by myself to find out what it is all about. She explains fractionation—that they can break my blood up into products for haemophiliacs so that their blood can clot. I said, ‘Okay, whatever you like.’ But I said, ‘You gave me this virus—hepatitis C. If you now put my blood back into the system is it going to infect other people?’ They said, ‘No, Michael. Don’t worry.’ That is what I got told—no need to worry.

They asked me to donate at three and six months after that date of August 1990. They have claimed that no infected material went back into the system after, I think, July 1990. They asked me to donate my blood in February-March of 1991, knowing that I was hepatitis C positive and telling me, to my face as well as in writing, that my blood would be used for fractionation into other products. That told me that something was drastically wrong. I did not want to donate my contaminated blood back once I found out. I did not want to give it back. I told them that. They said, ‘No, Michael, you keep coming. There is no problem.’ After that 1991 donation there was no, ‘Don’t donate any more, you are positive.’ It was, ‘Yes, come again,’ to the point where they gave me a donor card and said, ‘Come again.’

**Senator HUTCHINS**—How often did you go again?

**Mr Pollack**—I did not. Out of conscience I chose not to donate. I could not believe them. However, I did trust them a little bit because they were the scientists and I am just a normal guy. I am not a scientist. I suspected that they were contaminating other people. Years later my mother saw Mr Mackenzie on TV and alerted me to this fact. As it turns out, they were

contaminating other people. Basically, inadvertently my blood has been used to kill people or infect people.

**Senator HUTCHINS**—Ms Jacobson, you said you had extensive surgery in 1987 and when you did your own search you found out that was when you were infected. In February 2002 you felt very sick and that was when you started going to the doctor; is that right?

**Ms Jacobson**—I had been unwell for a long time before that.

**Senator HUTCHINS**—When were you advised you had hepatitis C?

**Ms Jacobson**—In February 2002.

**Senator HUTCHINS**—When was it confirmed that you got that infection in 1987?

**Ms Jacobson**—It has never been confirmed that I got it in 1987. They have always maintained that I was never transfused. I just put it that I had a blood transfusion and ended up with hepatitis C. That must have been where I got it from. I got a letter from the Red Cross dated July 2002.

**Senator HUTCHINS**—Mr Mackenzie, you have mentioned Dr Alter. Dr Alter and Professor Cossarth are relied upon in a number of submissions to refute the value of surrogate testing. As I understand it, in January 1981 the American Association of Blood Banks met and decided to introduce ALT testing on the basis that they believed it statistically correct that they might eliminate a number of people who might be carriers.

**Mr Mackenzie**—I need to emphasise that these memos could be made available to the committee. I believe they are also published by the *Kansas City Star*. The idea that Dr Harvey Alter believed that ALT testing was of no use and also of no use to Australia will be seen as complete rubbish. He needs to answer this himself. I believe he needs to be asked: could ALT testing have prevented any infections in Australia? Another issue of major concern is integrity. Those memos talk of the seriousness of hepatitis C, and they are dated 1981. This was a meeting of the Red Cross in America with Canadian officials and blood banking officials. A memorandum from 1981 suggested that hepatitis C is a threat to the blood supply and that it is a serious health threat—not mild. So they themselves are saying it. I remind the Australian Red Cross that those memos exist.

I am not a medical doctor and would never profess to be one, but they are. My concern is for the future of the blood supply. If their American counterparts, their Canadian counterparts and Dr Harvey Alter met in 1981 and said that hepatitis C is serious, how can the medical company CSL and the Red Cross come to this inquiry and think that we can take them seriously when they say that they believed it was mild in the 1980s?

**Senator HUTCHINS**—We have been advised in questions on notice to Senator Patterson when the Red Cross stopped receiving blood from prisoners—as late as 1983 I think in Victoria and Tasmania. I think you mentioned earlier in your submission the date they ceased collecting blood from prisoners in America. Do you know roughly when that was?

**Mr Mackenzie**—In the submission that the Tainted Blood Product Action Group made we do not give a specific year. We talk of Canada and America. I believe that blood stopped being taken from American jails for use by Americans at some point in the 1980s, but until 1994 American prisoners continued giving blood which was distributed overseas. The Canadians stopped taking blood from their prisoners for use by their hospital patients in 1971 because of the risk of hepatitis. It was deemed too dangerous. We know from these answers that you speak of, Senator Hutchins, that Australia collected blood until 1983. That is really the comparison. That is extremely serious.

**Senator KNOWLES**—Mr Mackenzie, in your submission you make some very serious allegations. You say, for example, that the ARCBS chose to allow people to become infected. Do you honestly believe that individuals deliberately made a decision to say that human life and wellbeing were expendable?

**Mr Mackenzie**—Could you show me where I have said that they chose to allow people to become infected? I said that the Australian Red Cross Blood Service knew that the blood supply had a percentage of contamination. They will say that themselves. We are talking about a blood bank that has bags of blood that is going out to thousands of people and we know that, according to them, one to two per cent of that blood carries hepatitis C virus. That is what I am saying.

**Senator KNOWLES**—Hold on. I am just trying to narrow this down. Do you believe that individuals willingly made decisions to infect people? Yes or no? Or do you believe that individuals made decisions based on good faith and what they thought was the best scientific evidence available at that time?

**Mr Mackenzie**—If you are asking for a yes or no answer on whether I believe that individuals made decisions in good faith, my answer is no. I believe that some individuals did not make decisions in good faith.

**Senator KNOWLES**—Have you had legal advice that those individuals could be sued?

**Mr Mackenzie**—Yes, I have. They have been, and they have paid out compensation themselves.

**Senator KNOWLES**—Are you prepared to provide that legal advice to the committee?

**Mr Mackenzie**—I think you should ask Slater and Gordon for that. They are the lawyers, not me. They have sued them. They settled out of court. They are the people to go to.

**Senator KNOWLES**—What individuals?

**Mr Mackenzie**—What individuals in the Red Cross?

**Senator KNOWLES**—Yes.

**Mr Mackenzie**—If you will give me time, I need to seek legal advice myself, again, because you have put more specific questions to me on this. But I will say this to you: I believe there is enough material—perhaps not for this inquiry, with its limited investigative powers and limited

time—to warrant a criminal line of investigation, particularly through the courts, on the basis of that decision to send out tainted material and not warn the public.

**Senator KNOWLES**—But you are telling the committee that individuals—individuals; not the Red Cross—have been sued successfully.

**Mr Mackenzie**—No, I am saying that the organisation has been sued. Do not get me wrong there. The organisation has been sued, not the individuals.

**Senator KNOWLES**—I am asking about what you believe to be the role of individuals who make these decisions.

**Mr Mackenzie**—If you are asking me whether I believe that they engaged in criminal conduct, my answer is yes—guaranteed.

**Senator KNOWLES**—Why do you direct your attack to the Red Cross when in fact the National Blood Transfusion Committee, made up of a whole range of people, actually made the recommendations on which the Red Cross acted?

**Mr Mackenzie**—Because they were spoon-fed by the Red Cross. Were people on the committee associated with the Red Cross? They were all funded by the one thing. Let us not put down the Red Cross and their responsibility here. They are the managers of the blood supply. They are the people who collect. That committee can say that they made decisions. I am sure that the committee did not agree with some of the things the Red Cross did day to day. There is evidence in this submission of things that they have done.

**Senator KNOWLES**—Do you have scientific evidence that the National Blood Transfusion Committee made contrary recommendations to the ultimate decision the Red Cross made?

**Mr Mackenzie**—This is basically a battle of countries. I believe they are too closely linked. I believe that that committee you refer to are linked to the Red Cross. They were going to do what the Red Cross wanted them to do. I believe there was an undue and unhealthy influence. If you are asking me whether I have scientific evidence to go against that committee, my answer is yes, I do. I believe that there were people in France and in blood systems of other countries around the world who disagreed with that committee's decision. An example could be the decision to take blood from hepatitis C donors in 1990. It was not world's best practice. Many countries disagreed with it.

**Senator KNOWLES**—What we need, as a committee, is your specific scientific evidence to back up your claims.

**Mr Mackenzie**—Will you allow me resources? I need more time.

**Senator KNOWLES**—I presume when you make a claim that you have the scientific evidence to support your claim.

**Mr Mackenzie**—Yes, I do.

**Senator KNOWLES**—That is all I am asking. I want you to inform the committee of the basis on which you made certain claims. You must have the scientific evidence on hand on which you made those claims. It would be very helpful for the committee in its considerations if it could refer to the evidence that you believe was overlooked.

**Mr Mackenzie**—Can I do it by this afternoon?

**CHAIR**—Mr Mackenzie, you can have a couple of days.

**Mr Mackenzie**—I will just submit the Krever report because that is where the evidence is.

**CHAIR**—We have that report.

**Mr Mackenzie**—Well look at that because that is good enough.

**Senator KNOWLES**—We are talking about the National Blood Transfusion Committee making certain recommendations. I am trying to get from you, for the committee's deliberations, the precise areas you believe the National Blood Transfusion Committee, and subsequently the Red Cross, overlooked in their decision making processes. The Krever report will not answer that question. You have made the claim and I am looking for assistance so that the committee can consider your claim in a specific fashion instead of a general, Krever fashion.

**Mr Mackenzie**—I have done that in the submission. You are saying to me, 'I want you to come back to me, Senator Sue Knowles, with specifics.' You are talking about the committee and their policies. I am saying that that committee is in bed with the Red Cross and always was. I want you to give me your specific questions and ask me to back those up with science. For example, the Tainted Blood Product Action Group submission talks of an IV drug user that was known to the blood service yet they continued to collect blood from that donor. Are you asking me to give the committee a scientific view on that? Are you asking me to get scientific opinion on why they did that? The National Blood Transfusion Committee did not approve that. They did not have a policy to do that. The Red Cross broke the law by doing that. What can I do without more resources? Can I have the police come and help me? What can I do? I have given you this in my submission. We are a small group. I can only say that I have given specifics in the submission. Did they break the committee's policies? I do not care. I just care about the result it had for victims and the fact that they may well have broken the law. Not alerting the victims to the danger to their health is one example.

**Senator KNOWLES**—Why do you have a view different from that of the Hepatitis C Council—

**Mr Mackenzie**—Because I am not paid by the government.

**Senator KNOWLES**—Can you just allow me to finish the question.

**CHAIR**—Let us just finish the process of questions and answers. Applause is not usually allowed.

**Senator KNOWLES**—The Hepatitis C Council have made a submission that is well considered. I do not think it serves the committee's purpose to start denigrating others' evidence, because we have to consider all the evidence. The Hepatitis C Council have said in their evidence that the decision might have been wrong in hindsight but on the evidence that was available at the time it was a justifiable decision. Is the reason for your differing viewpoint simply, 'We're not paid by the government and they are so they are going to be subservient'? Surely there is something more substantial that you have to offer that would counteract the Hepatitis C Council viewpoint.

**Ms Jacobson**—Can I ask what their justification was in making these decisions? On what basis did they do this?

**Senator KNOWLES**—I am asking what justification you have?

**Mr Mackenzie**—It is broader than that; I agree with you. It is not just that they are paid by the government and that they are too close to the government and to the blood service. Let me emphasise: I am not a medical doctor. The Hepatitis C Council say that, given the evidence they had at the time—what doctors did they use? What doctors did they cite in their submission? I am saying that, if you give me more time, if you will allow me some kind of access—because this can be very difficult for me in terms of resources; I spend everything I have on this—I can pull in the scientists. You are asking for that scientific evidence; ask the Hepatitis C Council to call in theirs. I am giving you the best that I can do. I believe that the Hepatitis C Council submission is wrong because Krever believes that something could have been done. The Australian Red Cross believe that something could have been done. They started ALT testing for hepatitis C in 1988 in Queensland. They paid compensation to people who acquired hepatitis C in the 1980s. That is all I can do. Give me the resources, give me the time and give me the chance to get these scientists. I believe the Hepatitis C Council submission is wrong.

**Senator KNOWLES**—There are number of different views, as you know. You cite Krever as your authority, but there are number of other authorities that hold a different view. Therefore, I ask your organisation why—if you like, I am playing the devil's advocate here—the committee should take Krever's line instead of the evidence of all the other people who are, quite frankly, saying that the ALT testing would have thrown up a lot of false positives and false negatives and, therefore, would not have benefited those people?

**Mr Mackenzie**—Out of respect for another Commonwealth country, the Krever royal commission was not conducted lightly. The Canadians have a sophisticated and advanced legal system. They are a Commonwealth country. When they decided to conduct a royal commission, they did not take that decision lightly. I maintain that it is one of the most extensive legal inquiries into blood in the history of mankind. I understand that you are saying there are witnesses, perhaps expert witnesses, who hold a different view. The benefit of the Krever royal commission into blood in Canada is that it was a legal inquiry. Will those doctors say the same things in such a setting? I believe not. I believe that the difference between Krever, and I cite that because it was a legal inquiry and it was a well-funded legal inquiry—Justice Horace Krever is a High Court judge in Canada; he is well respected. The Royal Canadian Mounted Police decided to launch a criminal investigation after that inquiry, and you are asking me why we should take the evidence of Krever, the Canadian government and the Canadian legal system over the other expert witnesses who have given what I consider to be sometimes offhand opinions on ALT. I



say to you that until we have an Australian royal commission, if that is what you are asking, where there are experts who will say those things in that forum, I will be using the Krever inquiry above offhand advice from certain doctors. You can get a doctor to say almost anything when they are paid. Will they do the same in a legal inquiry?

**Senator KNOWLES**—Do you honestly believe there would be that many professional scientists who would collaborate to create a false impression, bearing in mind their own professional integrity and reputations?

**Mr Mackenzie**—I honestly believe that some of the advice given to a legal inquiry in Canada which suggested that ALT testing was of value was given as good advice. I do not believe there are loads of doctors who are experts in their fields—gastroenterologists and liver specialists—who believe that ALT testing is of no value. I draw your attention once again to the *Sunday* program. If you will allow I will go to the words of a well-respected Australian doctor in the *Sunday* program transcript. I will have to look for this person's name but he was involved with Professor Barraclough in the expert inquiry into hepatitis C.

**Senator KNOWLES**—We have read the transcript of the *Sunday* program.

**Mr Mackenzie**—So you know who I am referring to. When asked whether he thought ALT testing should have been introduced in the 1980s—and he is an Australian expert—he said, ‘At the time, I wish they had.’

**Senator KNOWLES**—Hindsight?

**Mr Mackenzie**—Call it hindsight, call it what you will.

**Senator KNOWLES**—I am asking a question. That was not a statement.

**Mr Mackenzie**—Are you asking me whether that was hindsight?

**Senator KNOWLES**—Yes.

**Mr Mackenzie**—He said, ‘At the time,’ which was in the 1980s. He is saying that that was his view at the time. That is not hindsight; that was at the time.

**Senator KNOWLES**—But, once again, there is a diversity of views, and I do not think we are going to come to that—

**Mr Mackenzie**—I agree with that.

**Senator KNOWLES**—Something that really does concern me is the welfare of the many people whose lives rely on blood and blood products. Are you concerned at all about such a public pursuit of the Australian Red Cross blood service for what happened some time ago and the impact that very public pursuit will have on the donations in the future?

**Mr Mackenzie**—I am concerned that the managers of the blood supply have done the wrong thing in the past, and I am concerned that they will not do the right thing in the future. I believe

that Australians who donate blood are heroes. Australians are smart enough to know that blood transfusions when safely managed are a great asset. I am not concerned that Australians will donate less because victims of a terrible tragedy would like to see some answers. If you believe that I am concerned that there is a threat to speculative Australians' lives in the future because of less blood, I believe that will not happen.

**Senator KNOWLES**—Why?

**Mr Mackenzie**—Is this an argument that the Red Cross feels? I think it is.

**Senator KNOWLES**—No, it is quite a legitimate question based on those who have approached me and said, 'Please don't risk at any cost the future blood supply of this country, because my family members rely on it.'

**Mr Mackenzie**—I agree with you in the sense that people who rely on blood products deserve to be given a supply of clean blood products. Do I believe that this media attention or this attack on the Red Cross could endanger their lives? The answer is no. I may need more time, but I will give an example now. The biggest media coverage on tainted blood ever in Australia occurred in 2002 and for part of 2003. The Red Cross, by their own admission, have experienced more donations over that period—in fact, record levels. I need to make it clear on the *Hansard* that they, the Red Cross, issued a press release saying that there have been record levels of donations. This year, in 2004, there has been very little media but in 2002 and 2003 it was heightened and there were record donations. I believe it is because of responsible organisations like ours which say that Australian donors are real heroes and that Australian blood products need to be of plentiful supply and of the safest possible quality.

**Mr Pollack**—Let us put it into perspective. There are people who are affected by the AIDS crisis, along with their families and their distant relatives. Now we have people affected by the hepatitis C crisis, along with their families and their distant relatives. If there is no proper judicial investigation, there will not be any faith in the blood supply. There has to be that judicial investigation to give the Australian people the faith in the blood supply. My kids know that the Red Cross poisoned them, and they are the next generation of Australians. They are waiting for me to come home with news that the senators are going to help us make it right, so they will know that their future blood supply is safe. It is that simple. It has to be done to restore faith in the blood supply. The view at the time was volume, volume, volume for the blood services. I would have thought that a safe, strained blood supply would have to be better than a free-flowing contaminated one. Wouldn't Australians be much happier if the blood supply was strained but it was safe? If we have plenty of blood, that is okay, but there is a risk you can catch something. People do not want that.

**Mrs Bollmeyer**—In reply to Senator Sue Knowles's question: I know personally that my mother, who worked for the blood bank, still donates blood despite all that has happened, and so does my sister. The Red Cross are trying to keep the blood safe so that this does not happen again. In other words, it has gone full circle: they are trying to keep the blood clean so that this does not happen again.

**Senator MOORE**—I have a question to do with the relationship between your group and the Red Cross, which seems interesting from previous discussion that we have had. In terms of the

process, I do not think that in any of the evidence that we have had is there any denial that there are people who have contracted hepatitis C from blood. Your group is working really hard for the people who have identified to you that that is the case. The Red Cross are also working hard. We have a significant submission from them about what they are doing to work with the people affected. What communication is there between your group and the Red Cross on a regular basis?

**Mr Mackenzie**—None; I would like it to be more. In fact, I will say for the record, for *Hansard*—and this will be borne out by witnesses—that no matter how damning I am or this organisation is of the Red Cross, if people come to us saying they have been infected and ask, ‘What should I do?’ I tell them to go to the Red Cross. We have done that. There are people here today who have done that, and they have got no joy. They have been told, ‘Look, there’s nothing we’re going to do for you; you’re on your own,’ or words to that effect.

I would love there to be more communication; I have tried. We have had meetings and we have asked the Red Cross to come. We will hold another meeting—I think it will be in a month—and I would like the leadership of the Red Cross to come. It does not have to be adversarial—that is the thing. We would love more communication with them and to work with them. They are a humanitarian organisation that, in my view and in this organisation’s view, have lost their way, but it does not have to be that way forever. Certainly those in Canada apologised to the victims, after the judicial inquiry, about not using ALT testing. Regardless of what some experts chosen by them failed to win over in the Canadian inquiry, they apologised. I believe that it could be a really good feature here if they were to give an apology and join us at the next meeting and communicate and work with us because we have so many people who do not know what to do or where to go. So the communication is zero but, honestly, that is not because of us. I have led a protest outside the Red Cross in Clarence Street because of this issue. No-one came out to talk to us then. We would like that talk.

**Senator MOORE**—What have you specifically asked the Red Cross for?

**Mr Mackenzie**—I remember sending an invitation—and Bill might remember me showing him this—to them. I would still have that, I believe. I know that they probably would. I sent them an invitation in early 2002 to join us at a meeting. I asked them, ‘Will you sit down with victims and discuss ways to help them?’ They responded with, ‘No, we will not,’ and the communication from that point on was really limited because they refused to meet with us. It was like beating your head against a brick wall in the end; that has been the extent of it. It has not been through a lack of attempts by us. In fact, I will give you an example. We have asked them to meet with us; they have not asked us to meet with them.

**Senator MOORE**—Have you got a copy of that exchange? Was that a written exchange between you and them?

**Mr Mackenzie**—I do not have it here but I can provide that to you.

**Senator MOORE**—Do you have a copy of the Red Cross response? Was that in writing as well?

**Mr Mackenzie**—Yes, I believe I do.

**CHAIR**—Reverend Crews, do you have something to say?

**Rev. Crews**—Yes. I would just like to say my overall impression of all of this is that in lots of ways up until the time of the awareness of AIDS and for a bit of the momentum afterwards the blood supply was not really managed by the brightest sparks in the firmament in a sense because these sorts of things were not envisaged. So in lots of ways, from what I can gather, it was looked upon as being like managing water.

**Senator MOORE**—We have had the same assessment of that management too.

**Rev. Crews**—They were not the brightest sparks in the firmament. They took a collective view that hepatitis C was relatively benign. As time went on it was proved that that was not so, and the Red Cross and these blood organisations have been faced with a dilemma of how to get over a monstrous stuff-up. So what they have done is delay and whatever and, in a way, they have magnified the whole problem and have brought this huge calamity on themselves. So many people have said to me: ‘If, when I had rung, they had just said, “Sorry, we made a mistake,” I would feel so much better.’ Instead they did not do that. They put up a brick wall and created this huge problem of their own making. So somewhere, some time somebody has to say: ‘Yes, we stuffed up. We will fix that up as best we can and then we will move on.’ It seems to me the Red Cross is nowhere at that point. They get spin doctor after spin doctor to try and cover up stuff-up after stuff-up—and that is where I honestly think they are at.

**Senator HUTCHINS**—Queensland have been mentioned on and off in relation to their introduction of the ALT testing in 1987-88. Do you have any information that you would like to comment on about the Queensland blood service breaking ranks with the rest of the country with the introduction of that testing?

**Mr Mackenzie**—Yes, I believe that a paper was written and submitted to the *Medical Journal of Australia*. This might be of interest to Senator Knowles. She asked me before about specific scientific evidence, and I will use this opportunity to mention it. I refer to Australian Red Cross or Queensland Red Cross staff. Catherine Hyland and the late Dr Ian Young of the Queensland Red Cross wrote a paper—I am not sure whether the committee has a copy of it—that talked about the benefits of ALT testing and that they believed they had a legal responsibility to do it. I am not exactly sure from memory, but I think the paper mentions the severity of hepatitis C being part of their decision to introduce ALT at that time in the late eighties. When I am asked by someone like Senator Knowles about evidence, it is hard for me to come forward with all this information on the spot. But I would like to draw Senator Knowles’s attention to that *Medical Journal of Australia*. I believe that that document from the Queensland Red Cross stated that in their scientific opinion, as workers of the Queensland Red Cross, ALT was of value.

**Senator HUTCHINS**—So it was the Queensland Red Cross?

**Mr Mackenzie**—Yes, the Queensland Red Cross Blood Transfusion Service. I think it needs to be mentioned, in case there is any confusion, that prior to 1996, although the Red Cross had a federal umbrella situation, each state had their own leadership in the blood services. That changed in 1996 when it became a federally managed body. But at that time Queensland and the late Dr Ian Young decided to break ranks; they could hold off no longer. I guess that was because

they were well aware of the infections and their severity. This is what they said in that journal letter.

**Senator HUTCHINS**—This may not be a fair question to ask you, but do you know of any studies that have been conducted subsequently to see whether or not that reduced the amount of hepatitis C in Queensland? There have been other studies conducted retrospectively to prove that, if they had introduced ALT testing, it would have been almost next to useless in reducing the amount of infection.

**Mr Mackenzie**—In relation to those studies that say it is next to useless, I would question the sample survey of people that they used. Queensland has a marvellous opportunity, but what I am concerned about is a fear in the former workers of the Queensland Red Cross Blood Transfusion Service who are now with the Australian Red Cross Blood Service. I do not know of any study about whether it reduced the hepatitis C prevalence in the Queensland blood supply. I am sure it did. I do not know of any study; I would love to see such a study. I would like to see records from the time. But I am very concerned about any workers from that period who were involved in that study, because it is my understanding—and I will say that this tainted blood thing is the sort of stuff that goes around—that there are people in Queensland, and Dr Ian Young was one of them, who were dealt with unjustly by the Red Cross because of their decision to introduce surrogate testing.

**Senator HUTCHINS**—We might have to call Dr Hyland. If he is still about, he might make himself available. Undoubtedly we would know how many tests were conducted in the period between 1988 and 1990.

**CHAIR**—There being no further questions, I thank your group for your presentation today, and for the openness with which we have had the discussion. We look forward to a report that progresses this matter.