OPINION: The seeds of another bloody scandal

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Allowing paid plasma collection is trouble waiting to happen

Nova Scotia is considering allowing paid plasma collection centres. (CP)

The current controversy in Nova Scotia about paying donors for blood has been fraught with misinformation. The public deserves to know the truth about what is happening in our country.

I am a hemophiliac who has depended on safe blood products and was infected with hepatitis C from medicine manufactured with contaminated blood in 1984 (from plasma collected at an Arkansas prison). My two uncles were also exposed and have since perished from bad blood.

That makes this personal. I’ve dedicated three decades of my life to advocating for a safe and transparent blood system. Recent decisions by Health Canada, Canadian Blood Services and some of the provinces to support a for-profit, private plasma scheme has me worried that we are dangerously close to remaking the mistakes of the past.

After a four-year exhaustive public inquiry, in 1997 the landmark Krever Commission detailed gross mismanagement of the blood system, including the risks inherent in Canada relying on paid donor clinics from the U.S.

Many of those clinics collected from skid row, the Mexican border, and yes, prisons. Decisions like that led to the greatest public health-care disaster in the history of Canada.

More than 30,000 Canadians who trusted the blood system became infected with HIV and hepatitis C. Many of those infections could have been prevented. That is why it was a scandal.

The outcome was a critical loss of confidence of donors in the blood system. Governments were forced to fire the Canadian Red Cross and spend millions to revamp the blood system and create Canadian Blood Services (CBS) as the operator of the blood system.

Along with Health Canada, the CBS was charged with ensuring the mistakes of the past would not re-occur and protecting the integrity of our voluntary blood system. Safety was to be paramount.

Quietly, three years ago, with the knowledge of Health Canada and the Canadian Blood Services (CBS), an international drug company set up three collection centres in Toronto and Hamilton. This company sited collection centres beside homeless shelters and a methadone clinic.
Their goal was to pay donors to collect their plasma. This blood component would then be frozen, shipped out of the country and sold on the world market for a lucrative profit.

Ontario expressed concerns with the appearance of these clinics in that province. The concerns were that it would erode the integrity of the public blood system (which provinces pay CBS more than $1 billion annually to operate). Ontario held extensive consultations (unlike Health Canada), to hear from blood experts and the public.

Ontario decided it is critical to public safety that blood and plasma be exclusively collected by the CBS. In the best interest of the public, Ontario legislated a ban on paid plasma. In a rare show of solidarity, this was unanimously passed by all parties.

Believing that Health Canada and the CBS would follow the lead of Ontario (Quebec has banned paid donations for many years), and uphold the principles surrounding the integrity of the public system, blood experts and activists thought the issue was laid to rest.

Surely no other province would consider supporting an unproven, private, paid-donor system that would compete with the public system after such a clear decision to ban it in Ontario.

Unfortunately, some other provinces have been seduced by the false promises of jobs and investment if they support implementing the paid plasma model.

Nothing is further from the truth. If Nova Scotia decides to allow paid plasma collection centres to set up shop, legislators will need to be honest with their constituents.

There is no shortage of plasma for domestic use in Canada. None of the paid plasma will go to Canadians. It will be exported to the world market for sale to the highest bidder.

However, Canadians will accept all the risk of having private interests as our first line of defence for donor-screening while at the same time introducing a competitive model for donors.

There will be few new jobs. In fact, overall there could be layoffs from Canadian Blood Services in Nova Scotia, as they may consider closing volunteer donor centres (as they have already done), contracting out current collection to the private sector.

One private company has publicly stated they expect to operate more than 10 collection centres within four years. Health Canada and the CBS have not demonstrated an effort to provide any plan or metrics to protect the public system from aggressive private interests.

How will the CBS and Health Canada act to protect the public system from certain erosion of the volunteer donor base? Who knows?

All we’ve been told by Health Canada is don’t worry, the science is better this time. The CBS states it would passively monitor the paid model.

These are disconcerting words to a tainted-blood survivor who has heard this all before.

It looks like it’s the same plan as the last one that ended in such pain, grief, and loss.

If Nova Scotia allows paid plasma collection centres to open, it will be adding to the deterioration of our public system.

Your tax dollars will be competing against private interests. The result will be the loss of confidence of those donors, who may choose not to donate unless paid.

Health Minister Leo Glavine states that the introduction of paid plasma collection centres is up to Health Canada to approve. This is not true. As in Ontario, despite Health Canada supporting the concept of paid plasma, that province had the right to refuse, and to ban them. And it did so.

Nova Scotia can also refuse to certify these clinics under existing legislation. It can show further leadership by introducing similar legislation to Ontario’s. This would support the public system and ensure blood and plasma remain a public resource for the benefit of all Canadians.

Nova Scotians and Canadians have already paid with their lives for a safe blood system.
Mike McCarthy is a former vice-president of the Canadian Hemophilia Society and lead plaintiff for victims of tainted blood in Canada.

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