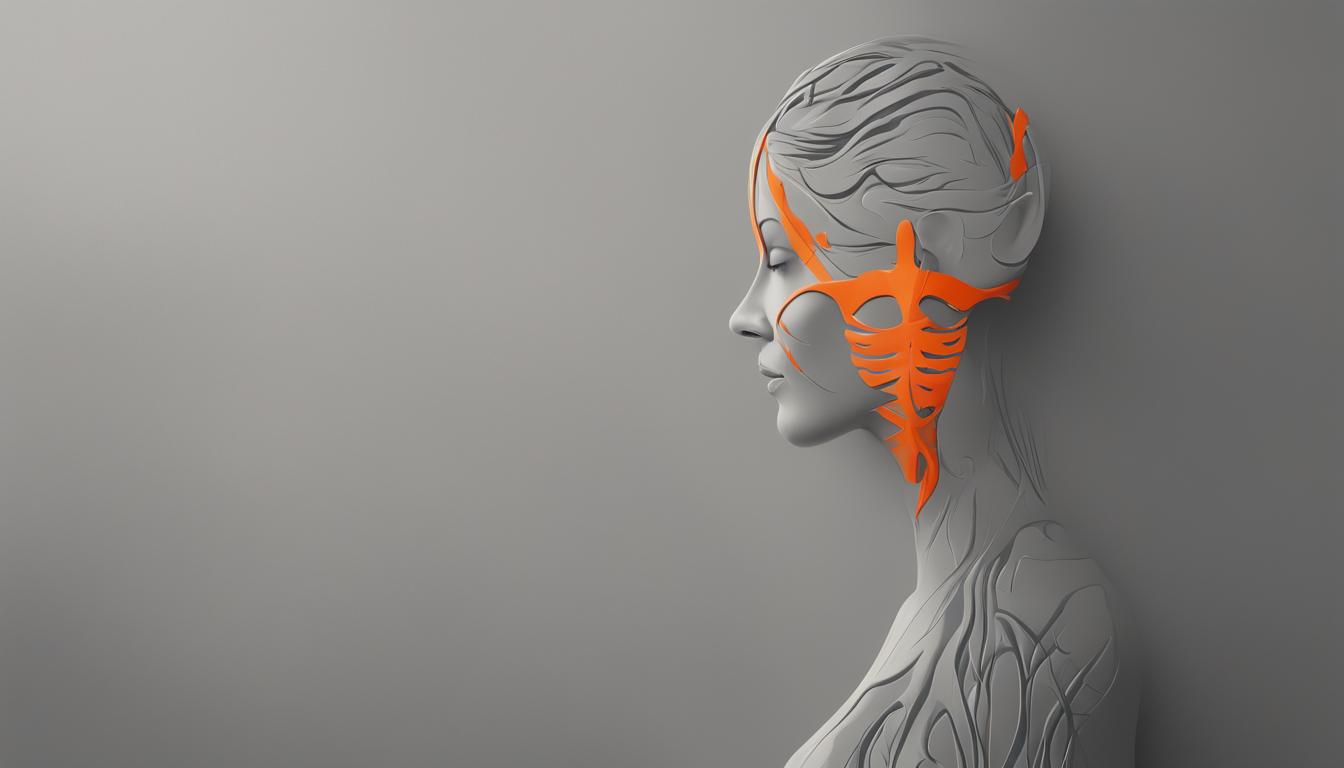
# Infected Blood Inquiry Concludes, Exposing NHS's Worst Treatment Disaster



The Infected Blood Inquiry, a comprehensive public inquiry into the NHS's worst treatment disaster, has concluded. From the 1970s to early 1990s, over 30,000 people in the UK were infected with HIV and hepatitis C due to contaminated blood products. More than 3,000 have died, with many survivors continuing to suffer.

The disaster stemmed from the use of Factor VIII blood products imported from the US, often sourced from high-risk donors, including prisoners and drug addicts. Despite knowing the risks, these products were used extensively without adequate safety measures. Sir Brian Langstaff’s final report highlights multiple systemic failures and a pervasive cover-up involving successive governments, the NHS, and the medical profession.

Key findings include:  
1. The disaster was not accidental but largely avoidable.  
2. More than 3,000 deaths resulted from the scandal, with tens of thousands affected.  
3. Risks were known as far back as the mid-1970s, yet authorities did not act to prevent them.  
4. Government and NHS responses compounded suffering by delaying action and providing false reassurances.  
5. Patients were not promptly informed of their infections, and some were unknowingly used for research without proper consent.  
6. There was a deliberate destruction of relevant documents, evading accountability.

The inquiry has called for immediate compensation for victims, proposing a significant cultural and systemic overhaul within the NHS and the government to prevent similar tragedies. Compensation costs are projected to exceed £10 billion. The findings underscore the necessity for transparency, patient safety, and accountability in the healthcare system.