

Witness Name: David John Hill

Statement No: WITN4079001

Exhibits: NIL

Dated: 20th August 2020

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DAVID JOHN HILL

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 9th January 2020.

I, David John Hill, will say as follows: -

Section 1. Introduction

1. My name is David John Hill. My date of birth is GRO-C 1948 and my address is known to the Inquiry.

Section 2: Involvement with the Haemophilia Community

2. Over the years I have been a member of a number of groups within the haemophilia community. I have been a long-standing member of the Haemophilia Society since the early 1960s. I was an officer of the North West Group of The Haemophilia Society from 1980 to 2005. I mainly occupied the role of Secretary, but for a few years throughout my time I was appointed as the Treasurer. I was also a Trustee of the Haemophilia Society from 1998 to 2000. From 1995 to 2000, I was a Trustee of the Macfarlane Trust.

3. The period in which it was revealed that people had been infected with HIV through contaminated blood products is what motivated me to take a more active role in the haemophilia community.
4. I feel my involvement in these various parts of the haemophilia community enables me to make some relevant comments. I should stress that what I have to say are my thoughts alone. They are my best recollection of how I thought about, and responded to, events at the time and are constrained both by the passage of time and by personal health issues. Unfortunately, it is also the case that I no longer have documents that would refresh my memory and support some of the points I make.
5. The Haemophilia Society originated as a self-help support group and was predominantly made up of people with a direct connection to haemophilia. This had many advantages, but I believe that at times it also resulted in it being somewhat insular. There were not enough people who could provide a dispassionate and constructively critical outlook. I believe this also led to a reluctance in dealing satisfactorily with conflict both within The Haemophilia Society and with those external to it, when a greater measure of firmness was called for and a clearer viewpoint needing to be articulated.
6. I also believe the personalities of some of those who were active members of The Haemophilia Society at the time were a contributory factor. The Haemophilia Society would often respond to criticism from those who wanted it to take a more active and questioning role by attempting to calm the waters. This was interpreted by many of the members as paternalism, and some suspected collusion with those who they felt The Haemophilia Society should be more openly willing to challenge. Some members felt ignored, or at least not taken sufficiently seriously, when they expressed these reservations.
7. The haemophilia community is not a large one, and the number of haemophiliacs who were active within The Haemophilia Society either nationally or via its regional groups was only a relatively small proportion of the

total. However, I believe on the whole they were good ambassadors for the less active members and generally speaking, communication between active members wasn't an obstacle. By this means it was fairly easy to judge the general climate of opinion.

8. There were members of The Haemophilia Society and members of the Birchgrove Group who, at the time, seemed to think that the Society should have only one focus, namely those matters which had a bearing on the infection crisis. However, it had other responsibilities that also required attention. This caused frustration between different sub-groups with different priorities and often made progress and decision making difficult. I believe also that this "single issue mentality" extended to some of the trustee board of The Haemophilia Society.
9. I can't be specific with regard to dates and circumstances, but there were instances when I felt that discussions during The Haemophilia Society trustee meetings were quite heated with strong views expressed. However, these were inadequately reflected in the minutes and not appropriately resolved when the minutes were questioned.
10. I believe that there was a fundamentally unsatisfactory aspect to The Haemophilia Society and The Macfarlane Trust in that both organisations shared the same chairman, the Reverend Alan Tanner. I had a great deal of respect for him and was, like many, vulnerable to his charm. However, I was critical of the way Alan allowed some things to progress and of the somewhat secretive way business was done, encouraging others to operate similarly.
11. I find it difficult to be specific about this but I think it was a consequence of The Haemophilia Society's early history. Alan had been involved with The Haemophilia Society from its inception, or if not, then certainly from its very early days. Also, The Haemophilia Society had relied historically on a few key and long-standing members who worked closely together and who had commonly-held objectives. This, I think, resulted in informality in the way they operated together.

12. I think the problem was that when some of these key members became ill and subsequently died as a result of their acquired infections, they were replaced by other trustees who were not so well acquainted with each other, who did not necessarily have the same interests, and who didn't have the same background. However, I think that largely the ethos and previous methods of working persisted. I think an opportunity was lost to take a fresh look at the decision making processes within The Haemophilia Society.
13. In his capacity as priest of a parish in the City of London, Alan moved in circles where decisions were made in a non-inclusive way. I also believe that his calling, albeit understandably, resulted in him being a little too amenable. I felt that, as a consequence, The Haemophilia Society's approach to government and to medical professionals was often too conciliatory and not sufficiently probing.
14. I don't believe that The Haemophilia Society and the Macfarlane Trust should ever have been chaired by the same person, whoever that might have been. Even if everything had been handled without any untoward influence being exercised, and I don't believe it necessarily was, it invited the conclusion that bias or vested interest would somehow play a part.
15. I don't wish for my comments about Alan to detract from the good work he did for The Haemophilia Society and its members over a very long period of time. I learned a lot from Alan, and I, and others, owe him a considerable debt of gratitude. However, if I don't make mention of my reservations then I am not acknowledging the full range of my feelings at the time.
16. I was nominated by The Haemophilia Society to become a trustee for the Macfarlane Trust. I was also recommended by the chairperson of the North West Group of The Haemophilia Society, who was also a Macfarlane Trust trustee and wished to stand down. I was frustrated by The Haemophilia Society's response to the HIV problem and I felt I could be of some practical help through the Macfarlane Trust.

17. I was often in a difficult position within the Macfarlane Trust because of my long involvement with The Haemophilia Society. Although applications to the Macfarlane Trust for financial support were considered anonymously at trustee meetings, I sometimes recognised the applicant due to their content. While the correct thing to do would be to excuse myself from consideration of such applications, which I did whenever I felt I could, there were times when I knew enough about the applicant's personal circumstances to be aware of the extent of their need, and knew that they hadn't stated their case in a sufficiently convincing way for it to succeed. It was always very difficult to find ways of supporting them without revealing they were known to me, but quite wrongly I did try, and I succeeded and failed in equal measure.
18. Sometimes decisions were made behind the scenes within the Macfarlane Trust by its Chairman Alan Tanner, Treasurer Clifford Grinstead and the then CEO, whose name I cannot recall. This also persisted to some degree in the time of Ann Hithersay when she was CEO.
19. Those decisions were then sometimes brought to meetings for apparent rubber stamping. There were, for example, instances in which decisions had effectively already been made about an individual registrant's application for support. I didn't have a problem with some of the applications being reviewed prior to a trustee's meeting and a recommendation being brought to the meeting for trustees to consider, but I objected to not being sufficiently involved in how that apparent decision had been reached. Dissenting voices such as mine were in the minority and readily outvoted by the Officers and the Department of Health nominated trustees.
20. The staff of the Macfarlane Trust did have discretion to make awards directly by reference to a set of guidelines previously agreed by the trustees. The example I quote above relates to applications which were more unusual, perhaps involving the prospect of a substantial payment or, as sometimes occurred, repeated applications for financial assistance from the same registrant for essentially the same thing they had received an award, or awards, for already. These types of claims were ones that I thought required proper

scrutiny by the full trustee board and so I wasn't always confident that I was getting a true picture of how the Macfarlane Trust was operating.

21. If I have one overarching comment to make about the Macfarlane Trust it is that, in my time as a trustee, I felt there was too much emphasis on preserving its financial resources and too little on distributing them. Equally, I felt there wasn't enough effort put into ensuring that funds were topped up adequately and in a timely manner.
22. As trustees, we seemed to spend far too much time talking about how the assets of the Macfarlane Trust were standing up and, it seemed to me, that too little time was spent looking forward and making assessments of future needs. While I suspect very little of this future assessment occurred, if it did happen, then it must have taken place later between the Officers and staff of the Trust; very little of it ever took place in my presence at trustee meetings or in my presence outside of meetings. I got the impression that the Officers didn't attach sufficient importance to this, but to me it was central to the Trust's role.
23. The whole operation process and the basis for its existence began to sit uncomfortably with me. I felt like I was expected to function as a "front man" for the government, there to distribute its largesse as frugally as possible. The government was making payments that were very much on its own terms and it felt like I was a party to the handing out of hush money.
24. I began to think that the whole basis for the Macfarlane Trust's existence was a false one and it was not so much there for providing for the needs of a deserving and suffering group of people. Instead, I felt it existed to keep a lid on any future financial demands, and, through its financial support to its registrants, to calm down the prospect of on-going attempts to challenge government about its role in the causes of the blood contamination crisis. From time to time the Macfarlane Trust would approach the government for more money, but I do not believe the requests were made as forcibly as they could and should have been.

25. During my time as a trustee of the Macfarlane Trust it wasn't all conflict and frustration, there were some positives. It was certainly possible to provide many people with what they needed and had requested. I was aware from my activities within the Haemophilia Society that some registrants were happy with how the Trust had dealt with them and with the financial support they had received. Of course, there were others who felt the opposite, that the trust had been insensitive to their situation and had made the whole process of obtaining support an unpleasant and difficult process. I resigned from the Macfarlane Trust in 2000, in part for the reasons I have previously mentioned. My resignations from the Macfarlane Trust and The Haemophilia Society were also related to my health and personal life.

26. My time as a Haemophilia Society trustee and a Macfarlane Trust trustee partly coincided with a period when, for personal reasons, I was not at my best. Consequently, I was not as effective as I would have hoped to be. I am glad that I was able to make a contribution at the national level to the work of both of these organisations, albeit with a lot less input than I should have had, given my personal circumstances at the time.

27. I have never divorced myself from The Haemophilia Society, and I was, and still am, supportive of what it aims to achieve. Much good work was done in spite of the problems it faced. I am not critical of what The Haemophilia Society was trying to achieve for those of its members who were infected or affected by exposure to contaminated blood products, but I was not always happy about the way it went about it. When I refer to The Haemophilia Society as 'it', I really mean 'we'. I was an active member at the time; I was one of the 'we'.

Statement of Truth

I believe that the facts stated in this witness statement are true.

Signed _____

GRO-C

Dated 20th Aug 2020.