

Infected Blood Inquiry

[Prof Brian Edwards](#)

27th September 2021

Norman Fowler gives evidence

First witness at the resumed hearings is an 83-year-old Lord Norman Fowler who was Secretary of State for Health and Social Services [DHHS] between 1981 and 1987.

Counsel talks him through his former ministerial teams, and he acknowledges immediately

This was always an uphill challenge as the PM and most of the Cabinet wanted a smaller welfare state. The battle got quite bitter at times.

He had had no truck with private sector plans to create their own blood donor panels. He would not allow the “brilliant donor service” to be

This was, at the time, accurate but he agrees on reflection that it would have been better to have added the expert view that indicated that “this might be possible”.

He was not convinced that the addition would have made much difference in practice.

Dr Galbraith, the expert who had recommended that imports of blood products from the US be halted or paused until the risk had been fully assessed was just one voice [albeit an authoritative one] and ministers relied more on the advice of the Committee on the Safety of Drugs that such a step would be premature.

In the Committee’s view, as reported to Ministers, the risk to haemophiliacs of reducing the supply of imported F8 was far greater than the theoretical risk of contracting AIDS.

Compensation had never been seriously considered

that he is ultimately accountable for everything that happened in his Department.

Refreshingly frank and straight forward.

He had worked hard to assemble top teams and usually succeeded. His number one priority was always securing enough funds from the Treasury for the services he was responsible for.

undermined. He did not agree with Ken Clarke’s view that the NHS was a shambolic bureaucracy.

He thought that the NHS had some good managers.

We spend time examining again the early Departmental line to take which was “there is no conclusive evidence that Aids was transmitted by blood or blood products”.

This was a risk assessment for experts rather than ministers, Lord Fowler explained.

Counsel keeps pushing this point and eventually explains that some people think that the Committee on the Safety of Drugs may have been unreasonably swayed by Prof Bloom from Cardiff.

Fowler had worked closely with Donald Acheson CMO

Once his team got involved it was too late to hit the earlier targets.

The new BPL was now a major capital scheme [eventually £60m]. It had taken some time to agree that a Special Health Authority would be appointed to manage the BPL.

The Prime Minister had been persuaded not to open the new unit and

If haemophiliacs who had contacted the disease through no fault of their own were upset at the public information campaign, then that was regrettable but inevitable as the first priority had to be to catch the public attention and warn them about the dangers and how to avoid them.

Fowler thought that the UK response had been amongst the best in the world.

We spend a disproportionate amount of time examining a spat with the Welsh office about testing for Aids. It was just day to day politics said Fowler.

The government had largely accepted the advice of the Council of Europe in this field but had not been able to ban imports immediately as they represented 50% of UK supply.

But you could, challenged Counsel, have found ways of safely reducing demand by for example suspending cold surgery for haemophiliac patients.

Such measures might well have been discussed within the Department but had

The Chairman thanked our witness for the vigour and clarity of his evidence.

but his predecessor [Yellowlees] had little experience of public health and should have had a tighter grip on events.

Counsel explores the development of public health during Fowler's time which had been positive.

Public health moved much higher up the policy pecking order.

The failure to achieve self-sufficiency in blood products was serious but largely down to his predecessors.

The delay was almost certainly down to cash.

leave it to Fowler.

Counsel then explores the early years of Aids a subject in which Fowler would take a strong personal interest from about 1983 when the first hard evidence was beginning to emerge incrementally.

Cabinet committees were reorganised to create a clearer government focus although Mrs Thatcher was very sceptical about the public information scheme and particularly the references to risky sexual practices.

never been put to ministers said Fowler.

Compensation had never been seriously considered in his time as the Treasury, the PM and most of the Cabinet stuck to the line that as neither the NHS nor the clinicians had been negligent compensation was inappropriate.

Government believed [probably mistakenly] that all the clinicians involved would have explained any risks to patients.

Any scheme for the Haemophiliac group would they feared open the flood gates for many other patients.

He knew he would never win an argument in Cabinet on this issue so there was no point in pursuing it.

His successor did manage to secure some ex-gratia awards, but the sums involved were in his view inadequate.

Much of the Treasury arguments on this subject were just “high class flam”.

The Department had provided some support for expanding counselling services at Reference Centres not for the other centres.

There was only so much money available and the reference centres had priority.

The Chairman thanked our witness for the vigour and clarity of his evidence.

His sympathy for the people whose lives had been affected appeared genuine.

Evidence from the pharma companies is to follow and will no doubt focus on their sales and research links with individual clinicians.

Some tough questioning can be anticipated.

