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Our Reference:

D/GVIU/7/1/8/2

Date:

17th October 2001

MINUTES OF THE FIRST DEPLETED URANIUM SCREENING PROGRAMME OVERSIGHT BOARD ON 27th SEPTEMBER 2001

Present			
Board:	Professor David Coggon Surg Cdre Nick Baldock Mr Ron Brown Dr Chris Busby Dr Peter van Calsteren Mr Ivor Connolly Miss Frances Fry Professor Malcolm Hooper Dr David Lewis Dr Gordon Paterson Professor Brian Spratt GVIU Representative	INM DRPS LLRC OU NGV&FA NRPB GVA INM BRC RS GVIU	Chair Secretary
Observers:	Mrs Karen Davies Mr Alan Duncan Wg Cdr Roger Matthews Dr Hilary Walker Mrs Brigid Rodgers Mr Mark Newman	HSE HJA SGD DH GVIU GVIU	
Apologies	Professor Nick Day Dr Muir Gray Mr Shaun Rusling Surg Cdre Peter Tolley	IPH NSC NGV&FA SGD	

Item	Discussion and Decisions	Actions (Action date)
1.	<u>Introduction</u> a) All those present introduced themselves	

2.	<p><u>Terms of Reference</u></p> <p>a) There was a lengthy discussion regarding the TOR resulting in various changes to the original document. A revised draft of the TOR is attached to these minutes and will be discussed at the next meeting. Following this meeting the TOR will be sent to the Minister for comment.</p> <p>b) Some confusion over the definition of terms was experienced. It was agreed that an appendix should be added to the TOR containing definitions of terms such as ‘accuracy’ and ‘precision’.</p> <p><u>Action 1.1. ‘Definitions of terms’ appendix to be drafted and circulated for comment.</u></p>	Lewis/ Calsteren (16/11/01)
3.	<p><u>Membership of Board</u></p> <p>a) Concern was expressed that the OB lacked expertise in toxicology of heavy metals and radiation medicine. Various names were discussed. It was agreed that board members should pass on the names of potential board members to provide this expertise to GVIU for discussion at the next meeting.</p> <p><u>Action 1.2. Nominations for toxicologist and radiation medicine experts to be sent to GVIU</u></p> <p>b) Secretary mentioned that GVIU had contacted the British Legion with regard to representation on the board and were still awaiting a response.</p> <p>c) It was agreed that the technical experts and veterans’ representatives could send a substitute to future meetings if they are unable to attend.</p>	All (16/11/01)
4.	<p><u>OB Method of Working, Openness and Communication</u></p> <p>a) It was agreed that the process for issuing minutes will be as follows:</p> <ul style="list-style-type: none"> • GVIU to draft minutes following meeting • Draft minutes sent to Chairman for comments • Draft minutes distributed electronically to board members for comment • Provisional minutes issued to board members (hard and soft copies) and published on DUOB website. This should take place within 3 weeks of the meeting. • Minutes to be approved at following meeting. <p>b) There was discussion regarding whether comments should be attributed to individuals in the minutes or kept anonymous. The consensus was that comments should be attributed and that individuals would have the chance to amend any perceived errors at the draft stage.</p> <p>c) The Chairman asked the board members to provide a CV for use on the proposed DUOB website. The CV should be no more than a paragraph.</p> <p>d) The Chairman also asked the board members to declare any interests that may affect their role on the board e.g. involvement in a laboratory that may wish to bid for work arising for the screening programme. It was stated that any such interests would not necessarily preclude involvement in the OB but measures would have to be taken to ensure fairness and credibility.</p> <p><u>Action 1.3. CVs and Declarations of Interest to be sent to GVIU</u></p>	All (26/10/01)

	<p>e) The issue of payment for board members was discussed, particularly for those who are self-employed or had to take unpaid leave to attend the meetings. Brigid Rodgers said that GVIU would look into the possibility of paying board members in such situations. Board members are to write to GVIU to justify such payment, stating their work/leave arrangements.</p> <p><u>Action 1.4. Secretary to establish if payments can be made for board members to attend meeting</u></p> <p>f) The Chairman reiterated that claims for travel to the meeting (and overnight accommodation if unavoidable) would be paid by the MOD and asked if a standard MOD form was available. Secretary stated that such a form did not appear to be available for those external to the MOD and that he would create one. In the meantime board members should submit a summary of claims along with receipts to GVIU.</p> <p><u>Action 1.5. Secretary to create a claim form for expenses</u></p> <p>g) Discussion moved on to the subject of communications outside the meeting. It was agreed that discussions and comments made at the OB meetings should be communicated to persons external to the Board through the published minutes and not via other channels. Individual board members should be free to speak more generally about issues relating to DU, but in making any such communications they should make it clear that they are acting as a private individual and not representing the OB. The Chairman stressed that he hoped that any differences of opinion could be dealt with within the framework of the Oversight Board. The Chairman also stressed that any individual who was not content with any aspect of the Oversight Board would be welcome to discuss the matter with him.</p> <p>h) Mark Newman reported that the Minster's announcement regarding the formation of the Oversight Board had been made on 26th September 2001 and was published on the MOD website at www.mod.uk under Press Releases.</p> <p><u>Action 1.6. Secretary to distribute a copy of the press release to board members</u></p>	<p>Secretary (12/10/01)</p> <p>Secretary (12/10/01)</p> <p>Secretary (26/10/01)</p>
5.	<p><u>DU Background and Scientific Issues</u></p> <p>a) The Chairman had asked for a number of reports/papers to be distributed prior to the meeting to provide background to the topic. It was recognised that these documents would need to be supplemented by further documents. Secretary Emery passed around a list of potential subjects for background reading by board members. This was discussed and a number of additions were suggested. A revised copy of this list is attached to these minutes.</p> <p>b) In the course of the discussion a number of other documents were mentioned. It was agreed that board members should contact GVIU with suggestions for additional background reading. The Chairman pointed out that everyone should be aware of the need to avoid large amounts of paperwork and that summaries of papers and concise reviews would be particularly helpful. Consideration should also be given to the technical level of reports/papers as not all members of the board were technical experts.</p> <p><u>Action 1.7. Board members to write to GVIU with suggestions for further background reading.</u></p> <p>c) Malcolm Hooper suggested that the DUOB website could also contain links</p>	<p>All Secretary to distribute</p>

	<p>to relevant websites such as Chris Busby's Low Level Radiation Campaign website. This was discussed for some while and it was agreed that this would not be appropriate. Mark Newman suggested that such links could be made via individuals' CVs on the website – this was agreed.</p>	
6.	<p><u>Consideration of Responses to 2nd Consultation Paper</u></p> <p>a) Given the time constraints the Chairman suggested that this agenda item could be dealt with swiftly and there was no need to discuss this document in great detail. Ron Brown agreed based on the fact that the formation of the OB and the Terms Of Reference effectively superseded this document. This was generally agreed.</p> <p>b) Malcolm Hooper asked if all responses to this paper would be made available to board members to allow a full understanding of issues that had been raised prior to the formation of the OB. Brigid Rodgers replied that the majority of responses could be made available (the exceptions being those that were just nominations for the OB, personal correspondence and an unsolicited bid to carry out testing). Permission will be sought from the authors before their responses are circulated to board members.</p> <p><u>Action 1.8. GVIU to obtain permission and distribute responses to the 2nd consultation paper to board members.</u></p> <p>c) It was requested that a list of board members' email addresses be made available. All members of the board were happy with this.</p> <p><u>Action 1.9.GVIU to distribute list of email addresses</u></p>	<p>Secretary (26/10/01)</p> <p>Secretary (26/10/01)</p>
7.	<p><u>Programme Plan</u></p> <p>a) There was a lengthy discussion about the types of test that could be carried out and the precision and accuracy of such tests. David Lewis and Peter van Calsteren expressed the view that a sufficiently precise test for uranium isotopes in urine could be achieved. The view was also expressed that there were a number of laboratories in the UK capable of carrying out the testing, although their experience may not be in the testing of urine.</p> <p>b) The Chairman laid out the steps required to get to the testing stage. It was suggested that preliminary investigative contracts be placed with a number of laboratories (probably 3 or 4) to obtain performance data for the urine tests. This would enable a judgement to be made on the limits of detection that are achievable and an examination of the precision and accuracy of the analytical methods. Following, and informed by, this 'pilot study' a further formal tender exercise would be carried out to choose a laboratory to develop and carry out the testing programme. It would be open to organisations to tender for the testing programme whether or not they had participated in the pilot study, but the successful applicants would need to demonstrate that their testing method had the required sensitivity, precision and accuracy.</p> <p>c) It was decided that an invitation to express an interest in the 'pilot study' stage should be issued in the MOD Contract Bulletin and the European Journal. In addition to this, any member of the board could suggest laboratories they considered might be candidates to participate, so that the exercise can be drawn to their attention. Some concern was expressed about board members approaching laboratories individually. It was agreed that suggestions should be made to GVIU who will then make a standard approach to all suggested laboratories.</p>	

	<p><u>Action 1.10. Board members to suggest suitable laboratories to GVIU</u></p> <p><u>Action 1.11. GVIU to arrange for invitation to express an interest in the ‘pilot study’ to be advertised in the relevant journals.</u></p> <p>Post Meeting Note: Contracts with an estimated value of over £104,435 have to be advertised in the European Journal. Contracts with an estimated value of £500,000 have to be advertised in the MOD Contract Bulletin. As the value of the ‘pilot study’ contracts are expected to be much lower than this (approx. £5k) it is not necessary to advertise in either, although it would be sensible to do to demonstrate openness and to enable a wide range of possible laboratories to be considered. Advertisements for expressions of interest have to be published for 37 days. After this period, when expressions of interest have been assessed tenders can be issued which must remain out for 40 days. (SE)</p> <p>d) It was agreed that a testing protocol should be drafted for the ‘pilot study’. David Lewis had already done some work on this and will consult with Peter van Calsteren to provide a draft protocol for circulation before the next meeting.</p> <p><u>Action 1.12. Produce and circulate draft protocol prior to next meeting.</u></p> <p>e) There was discussion about the samples to be provided for the ‘pilot study’ contracts. The Chairman suggested that some veterans’ urine samples could be included. Ron Brown suggested that veterans be invited to contribute to a pooled sample. On balance, however, it was decided that veterans’ samples should not be used in the initial ‘pilot study’. The important thing at this stage was to establish what detection could be achieved.</p> <p>f) Secretary explained that he would be the Project Manager for the contracts placed as a result of the Oversight Board decisions. He stated that this did not imply any degree of MOD control and that he would effectively be a conduit by which the Board would place and monitor contracts.</p>	<p>All (26/10/01) Secretary (26/10/01)</p> <p>Lewis/ Calsteren (16/11/01)</p>
8.	<p><u>Timescales</u></p> <p>a) By the next meeting the following are required:</p> <ul style="list-style-type: none"> • A list of possible laboratories. • A draft validation protocol. <p>b) It is the intention to place contracts for the ‘pilot study’ in the early part of 2002.</p>	
9.	<p><u>Longer Term Issues</u></p> <p>Due to time constraints there was no discussion under this agenda item.</p>	
10.	<p><u>MOD Role and Requirements</u></p> <p>a) Brigid Rodgers stated that the Oversight Board is accountable to Ministers. MOD is funding the work to be carried out and needs to be satisfied that the processes are auditable and transparent and that the project aspects are carried out to quality, time and cost.</p>	

11.	<p><u>Frequency of Meetings and Date of Next Meeting</u></p> <p>a) It is the intention that meetings be held, initially, on a bi-monthly basis.</p> <p>b) The date of the next meeting was set for 30th November 2001 at 09.45.</p> <p>Post meeting note: The next meeting will be held in Northumberland House, Northumberland Avenue, London.</p>	
12.	<p><u>A.O.B.</u></p> <p>None</p>	

Distribution:

Members

Observers

Devolved Health Authorities:

Dr Arthur Johnston, Scotland

Dr Owen Crawley, Wales

Dr Glenda Mock, Northern Ireland

DEPLETED URANIUM OVERSIGHT BOARD

Subjects for background reading

1. Summary of the potential sources, routes and timing of veterans' exposure to DU.
2. The absorption, distribution, metabolism and excretion of uranium, including the half-life for excretion and any variation in this according to the type of exposure.
3. The distribution and determinants of urinary excretion of uranium and of isotope ratios in the urine in the general population and in occupational groups that have been studied epidemiologically.
4. The established health effects of uranium, both from radiation and chemical toxicity, and their relation to dose.
5. Other possible health effects of most concern, and the pathogenic mechanisms by which these might arise.
6. Any suggestions of possible mechanisms by which DU might be more toxic than uranium.
7. Basic principles of analytical methods.
8. An understanding of how laboratory performance is assessed e.g. Quality Assurance.
9. Advantages/Disadvantages of biological monitoring.

DU OVERSIGHT BOARD – TERMS OF REFERENCE – DRAFT VERSION 3

1. The purpose of the Depleted Uranium Oversight Board is to:
 - a. Oversee and co-ordinate the process of letting the contracts, and undertaking testing, for uranium isotopes in urine to assess historical exposure to DU.
 - b. Act as a Project Board, to direct, endorse and oversee the work of the MOD Project Manager who will:
 - (1) Develop a draft Statement of Requirement for a DU sampling protocol, a chain of custody for samples and a quality control protocol for endorsement by the Board.
 - (2) Invite proposals for testing.
 - (3) Prepare an assessment of proposals received.
 - (4) Manage a pilot study to demonstrate the performance, precision, accuracy and validity of the method, including the techniques for collecting, splitting, storing, transporting and analysing samples.
 - c. If satisfactory methods of testing can be established, agree proposals for one or more epidemiological studies using those methods, to determine the distribution and determinants of excretion of uranium isotopes in urine, and to explore the relation of historical exposure to DU to possible health effects.
 - d. If satisfactory methods of testing can be established, agree arrangements for testing additional individuals who are not part of the epidemiological studies (including the involvement and briefing of GPs, and procedures for any accompanying medical assessment).
 - e. Monitor progress of the testing, including auditing and quality assurance of the data.
 - f. Ensure that the findings of the testing and research are appropriately promulgated.
 - g. Report to the Under-Secretary of State for Defence and Minister for Veterans' Affairs, on progress issues and concerns.
2. The Oversight Board will explore and advise on other possible methods of historical exposure assessment.
3. The Oversight Board will be invited to comment on:
 - a. The development of biological monitoring tests to be used by MOD for future operations where DU is used.
 - b. Proposed epidemiological studies to examine possible ill-health effects of service in the Balkans.
 - c. Possible arrangements for a Veterans' Assessment Centre