

DRAFT 3

| Item | Discussion and Decisions | Actions (Action date) |
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| 1. | <p><u>Introduction</u></p> <p>a) The Chairman stated that the main aims of this meeting were to:</p> <ul style="list-style-type: none"> • Provide an update on the DUOB contracts • Decide how the main contract bids are to be assessed • Revise the Screening Programme questionnaire • Discuss DUOB working methods <p>b) The Secretary informed the DUOB that Major General RP Craig would be replacing Beverley Green as the Royal British Legion representative but he was unable to attend this meeting.</p> <p>c) The Chairman informed the DUOB that this would be the last meeting which would be supported by the current Secretary. The Secretary explained that he had been in GVIU for 2 years and was moving on to another MOD position. He explained that the project management of the DUOB contracts would be taken on by Charles Williams who would be joining GVIU in July. The secretariat would be provided by GVIU, probably Rosie Wane, in the interim. The Chairman thanked the Secretary for his work over the last two years.</p> <p>d) Charles Williams introduced himself, stating that he currently had a project management role in the Defence Clothing Integrated Project Team.</p> | |
| 2. | <p><u>Minutes of Last Meeting</u></p> <p>a) Minor changes to the minutes of the last meeting were agreed by all Board members.</p> <p><u>Action 11.1. Secretary to amend minutes of 10th DUOB and circulate</u></p> | Secretary (11/7/03) |
| 3. | <p><u>Matters arising from last meeting</u></p> <p><u>British Legion Representative</u></p> <p>a) The Chairman confirmed that he had written to Beverley Green thanking her for her contribution to the DUOB.</p> <p><u>Military Health Research Advisory Group (MHRAG)</u></p> <p>b) The Secretary had previously circulated a paper entitled ‘MRC review of research into UK Gulf veterans’ illnesses’ which contained details of the MHRAG. The Secretary distributed copies of the MHRAG Terms of Reference.</p> <p>c) Chris Busby expressed concern about the MRC document, saying that it implied that no further research into the health effects of DU was required. The Chairman, a member of the MHRAG, stated that this was not the case, and that it was saying that at this stage there was no scientific need to initiate further research on DU beyond that which was already planned. He quoted the following from the MRC document: ‘The nature and extent of DU exposure in UK troops is not known. The MOD is conducting a DU research programme and has funded the development of a urine test for the presence of DU. Work on the test has been overseen by an independent board which includes leading UK scientists. If the</p> | |

DRAFT 3

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| <p>overseen by an independent board which includes leading UK scientists. If the pilot study shows that the test is sensitive enough to verify DU exposures that may have occurred in the Gulf conflicts, GVs will be offered retrospective screening to assess their DU exposure. Epidemiological studies to investigate the relationship between ill health and DU levels in urine are also planned'. Malcolm Hooper had written a response to the MRC document which was circulated to Board members.</p> <p>d) Malcolm Hooper expressed concern that he had not yet seen any documentation regarding the proposed epidemiological studies. The Chairman responded that the proposed research had not yet been planned in detail, but that the DUOB had been kept fully informed about progress towards the studies. In fact, Malcolm Hooper had contributed to the debate by asking that a specific organisation to invited to submit a proposal for one or more epidemiological studies.</p> <p>e) The Chairman stated that overseeing the epidemiological studies had always been part of the remit of the DUOB and the MOD had committed to fund these studies. He quoted from the Terms of Reference: 'If satisfactory methods of being tested 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 biological and health effects'. The Chairman reiterated that through the MRC, he had contacted three research organisations to give advanced notice that proposals would be sought for epidemiological studies. The proposals would be sought by the MRC when the testing programme was up and running.</p> <p><u>Discrepancy in Pilot Study Reports</u></p> <p>f) The Secretary reported that he had not yet checked up on a possible discrepancy in one of the pilot study reports.</p> <p><u>Committee Examining Radiation Risks from Internal Emitters (CERRIE)</u></p> <p>g) The Chairman said that he had written to the Secretary of CERRIE with regard to the interpretation of DU test results. The CERRIE Secretary had advised that DU would not be on the CERRIE agenda in the near future but that the CERRIE Chairman would happily comment on draft advice produced by the DUOB. Chris Busby said that he believed that DU was going to be discussed by CERRIE later in the year.</p> <p><u>Action 11.2. Chris Busby to clarify that DU will be discussed by CERRIE</u></p> <p><u>DUOB Working Practices</u></p> <p>h) At and since the last DUOB meeting, several members had expressed concern that the MOD had been unforthcoming with information regarding the biological monitoring programme, leading to a considerable discussion and email debate. The Chairman stated that he wished to have a structured discussion covering the following:</p> <ul style="list-style-type: none">• The Terms of Reference of the DUOB• The background behind the establishment of the DUOB• The concerns of members about the last meeting• The MOD response• The way ahead <p>i) The Chairman reminded members that the function of a committee as a group is determined by its Terms of Reference (TOR) and everyone in the committee has an obligation to operate within the TOR. He stated that the DUOB had been set up principally to consider historical exposure to DU for Gulf (90/91) and Balkans veterans. This involved the development of a voluntary DU testing</p> | <p>Ongoing Action</p> <p>Busby (25/7/03)</p> |
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DRAFT 3

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| <p>programme and epidemiological studies to examine possible links between exposure to DU and ill-health. The DUOB was also invited to comment on arrangements for biological monitoring for DU in future conflicts.</p> <p>j) Ivor Connolly asked where it was written that the DUOB was only concerned with historical events. Gordon Paterson pointed out that the original consultation had been concerned with historical exposure. He also pointed out that the current TOR could not refer to the recent Iraq conflict as they had been written before that had happened. Len Levy pointed out that, to save confusion a date should be added to the TOR.</p> <p><u>Action 11.3. Secretary to add date to TOR</u></p> <p>k) A number of members of the DUOB believed that the TOR for the DUOB needed to be extended to cover exposures in the recent war in Iraq. The Chairman stated that there were three separate activities to be considered:</p> <ul style="list-style-type: none">• Voluntary testing• Research• Biological monitoring for DU <p>He stated that, while there was possible scope to extend the board's remit with regard to the first two activities, he felt there was no case in relation to the third. Employers have a duty of care to their employees and the biological monitoring came into the category of such care. In his view, it would be inappropriate for MOD to delegate its responsibility in this area to an organisation such as the DUOB. However, the results of the biological monitoring programme would clearly be of interest to the DUOB in its work. Furthermore, there was an argument for extending the scope of the research that would be overseen by the DUOB to include exposures in the recent war. Also, there was a case for extending the voluntary testing programme to veterans of the recent conflict.</p> <p>l) Jim Glennon stated his opinion that, while it was the MOD's duty to look after their workforce, he believed they had not done it in 90/91. Chris Busby expressed the view that only encouraging DU tests in those classified as having Level 1 and 2 exposures would not fulfil their duty as employers.</p> <p>m) The Chairman suggested that all members of the DUOB write to him with their comments on the DUOB TOR. He would then put together a letter expressing the board's view to send to the Minister.</p> <p><u>Action 11.4. Members to write to Chairman to express views regarding DUOB TOR.</u></p> <p><u>Action 11.5. Chairman to write to Minister regarding DUOB TOR</u></p> <p>n) The Chairman said that Malcolm Hooper had written to him complaining about some aspects of the DUOB. A copy of Professor Hooper's letter was distributed. Malcolm Hooper was concerned that the MOD was carrying out 'secret testing' of Iraq 2003 conflict veterans, that an organisation involved in the biological monitoring programme had a conflict of interest and that the MOD personnel on the DUOB had not been open regarding the testing.</p> <p>o) The Chairman said that in his view, the biological monitoring had not been carried out in secret. The DUOB had, in fact, been provided with copies of the MOD Biological Monitoring Policy in August 2002 and the subject had been discussed in consultation documents dating back to early 2001. However, he considered it regrettable that MOD had not been more open with the board at the last meeting about progress with the biological monitoring.</p> | <p>Secretary (25/7/03)</p> <p>All (25/7/03)</p> <p>Chairman (25/7/03)</p> |
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DRAFT 3

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| | <p>p) Brigid Rodgers read out a statement from the MOD concerning events at the last meeting (attached at Annex A) which included an apology for appearing unforthcoming. The Chairman remarked that this statement was much appreciated although it would have been preferable if information had been provided at the last meeting. Gordon Paterson noted that he felt some sympathy as MOD was very busy at that time and it was apparent that each MOD representative only had partial information about the testing and there was no agreed position on what could be said at that time.</p> <p>q) There was some concern that an organisation involved in the biological monitoring had a conflict of interests. After some discussion the general consensus of the board was that this was not the case.</p> <p>r) Jim Glennon asked why the system set up by the DUOB was not being used for the biological monitoring testing. The Secretary pointed out that no system had yet been set up. The biological monitoring testing was being done by an accredited laboratory. No protocols had yet been agreed for the DUOB testing and only one of the laboratories bidding for the work was accredited for such work. He reiterated that the pilot study was an inter-laboratory comparison and did not accredit the laboratories or provide protocols on which the testing could be done.</p> <p>s) Malcolm Hooper expressed concern that, under the biological monitoring policy, only personnel with exposures classed as Levels 1 or 2 would receive the isotope test in the first instance. The Secretary pointed out that this had been stated in the policy which Professor Hooper had received in August 2002 and reiterated at all subsequent discussions and correspondence. The Chairman said that the majority view of the board had been that in biological monitoring there would be no need to test to same level of sensitivity as the DUOB test. By prioritising Level 1 and 2 exposures, the MOD was targeting those thought most likely to have received exposure to DU.</p> <p>t) The Chairman stated that the MOD was progressing work on Brian Spratt's suggestion that a cohort of those deployed in the recent Iraq conflict should be tested to provide information about the levels and determinants of exposure when DU munitions are used in combat. Brigid Rodgers stated that, in addition to the normative value study of military personnel currently being designed by a contractor, a cohort of deployed personnel would be tested. The Secretary stated that the contract for the study should have been placed last week and that a meeting would be held shortly to discuss this additional work. Brigid Rodgers said that no decision had yet been made with regard to where this testing would be carried out. Malcolm Hooper stated that the contractor must be made aware of the problem of contamination, particularly at the sample collection stage.</p> <p>u) Chris Busby expressed the view that testing for this study should be carried out by laboratories under the auspices of the DUOB. The Chairman said that this could be part of the proposal put to the Minister with regard to the TOR of the board.</p> <p>v) Malcolm Hooper asked about follow-up studies. Brigid Rodgers stated that the Minister had recently made an announcement about a study that would follow up veterans of Iraq 03. A copy of the Minister's statement is attached at Annex B.</p> <p>w) The Chairman expressed the view that the discussion had been productive and that the positions of the board members were now better understood.</p> | |
| 4. | <p><u>Pilot Study Report</u></p> <p>a) The Chairman noted that all members should now have received the final pilot</p> | |

DRAFT 3

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| | <p>study reports from the participating laboratories. He had started to put together the summary DUOB report on the pilot exercise, but had encountered problems because of the different scientific units and statistical indices of uncertainty used by the laboratories. He had created some tables for the laboratories to fill in to ensure that all information could be easily comparable and the Secretary had circulated these to the laboratories.</p> <p>b) The pilot study laboratories had all requested feedback on the overall results of the exercise. After consulting the Chairman and the three laboratories, the Secretary had provided them with the preliminary comparison tabled at the last DUOB meeting.</p> <p>c) The Secretary reported that he was having difficulty arranging a date for the three pilot study laboratories to meet to discuss the pilot exercise. It was unlikely this would happen before the end of August. Whilst it would be necessary for the technical members of the DUOB to attend this meeting, all other DUOB members would be welcome.</p> | |
| 5. | <p><u>Update on Screening Programme Contracts</u></p> <p>a) The Secretary explained that Invitations to Tender (ITT) had been issued to the seven laboratories who had expressed an interest in the main testing contract. The date set for the return of the bids, allowing for European Union timescales, was 5th August. At that point the bids would need to be examined by technical members of the DUOB and a decision made. It was decided that this assessment panel should consist of David Lewis, Gideon Henderson, David Coggon, and Malcolm Hooper or Chris Busby as available (plus secretariat from GVIU).</p> <p>b) The Secretary explained that the decision regarding the main testing contracts would have to be fully documented, particularly so that the unsuccessful laboratories could be debriefed. He would therefore be creating a marking scheme for the bids. This would be circulated for comment before the assessment date. The marking scheme would be distributed with the bids to enable the individuals to record their own markings. A meeting of the assessment panel would then be held to collate this information and produce final markings.</p> <p><u>Action 11.6. Secretary to produce and circulate marking scheme for main testing contract.</u></p> <p>c) The Secretary stated that the ITT for the health provider contract was about to be issued by the MOD contracts branch. [Post meeting note: The ITT was issued on 4/7/03 giving a tender due date of 21st August 03]. Initially, only two organisations had expressed an interest in this contract and one of those had not been suitable. MOD contracts branch had therefore contacted a number of other organisations on the recommendation of the Chairman and others and identified one further organisation who would like to bid. Two organisations would therefore be invited to tender. The Chairman pointed out that this was currently the rate-limiting component of the testing programme, and that failure to secure a contract with one of the two organisations would introduce a delay to the programme while alternative options were explored.</p> <p>d) The Secretary stated that the normative value study ITT would also be issued shortly by the contracts branch.</p> | Secretary (2/8/03) |
| 6. | <p><u>Information to Veterans/GPs</u></p> <p>a) The Secretary stated that he had recently had a meeting with Muir Gray. Muir had initially considered three organisations to help draft and test the information that would be supplied to veterans and GPs. He had now identified the best organisation to do this task and had obtained a proposal for the work. The</p> | |

DRAFT 3

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| | <p>Secretary explained that the action for getting this work going lay with the MOD contracts branch.</p> <p>b) Gordon Paterson expressed concern that he had not heard from the contractor regarding this work as he had been nominated by the DUOB as a contact point. The Secretary assured him that the contractor was aware of his role and would be contacting him shortly.</p> <p>c) Malcolm Hooper asked about the interpretation of test results. The Chairman said that he thought the paper provided for this meeting by George Etherington was very clear and provided a good starting point for formulation of advice on what test results implied. There was some discussion about the validity of the ICRP models of risk from ionising radiation. The Chairman suggested that if anyone wished to challenge the ICRP models or the contents of George Etherington's paper, they should write a paper setting out their scientific reasoning.</p> <p>d) There was some discussion about the form that the advice to those tested should take. It was generally agreed that it should state the medical consensus on the health effects but should also contain a caveat that a minority of scientists held other views. The Chairman offered first to draft advice which could be given to those with a 'negative' DU test.</p> <p><u>Action 11.7. Chairman to draft advice re 'negative' test result.</u></p> | Chairman (25/7/03) |
| 7. | <p><u>Questionnaire</u></p> <p>a) Copies of the latest version of the questionnaire produced by Malcolm Hooper were distributed. The Chairman suggested that there should be no need for two separate questionnaires, one for exposures in the Gulf and one for the Balkans. He suggested that a question was required along the lines of 'Did you serve in the Gulf? If so then complete section A'. This could be followed by 'Did you serve in the Balkans? If so then complete section B'.</p> <p>b) There was some discussion regarding the purpose of the questionnaire. The Chairman proposed that it was to collect information that was needed to interpret the results of the individual who was being tested. He was aware that some members of the board wanted to collect specific information regarding certain illnesses to address more generic issues, but he considered that this would constitute a research exercise, which would require ethical approval. As an example he said that it would be quite reasonable to ask a question such as 'Do you suffer from a health problem that you believe is or might be related to exposure to DU in the Gulf?' since this was helpful information in managing the individual. However, a question 'Do you have cancer?' could not be justified in this way.</p> <p>c) There was a considerable discussion regarding the inclusion of a question on cancer. Chris Busby expressed the opinion that the questionnaire should provide information that could lead to hypothesis generation. It could be explained that such information would be kept confidential and the purpose of asking the question could be stated upfront. The Chairman countered that it would be necessary to get informed consent for questions that were included for research purposes rather than for clinical care, and that ethical approval would be required for this. He noted, however, that much of the information that Chris Busby sought would anyway be obtained from the questions that were needed for clinical purposes. Malcolm Hooper asked why a question directly related to kidney problems had been proposed. The Chairman stated that this question was necessary as it had a direct bearing on the test result since impaired renal function could affect the creatinine measurement.</p> | |

DRAFT 3

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| | <p>d) No consensus of opinion was reached on this subject. Chris Busby asked for it to be minuted that the Chairman was strongly opposed to including a question on cancer in the questionnaire. The Chairman stated that, as a medical doctor, he was only opposed to asking questions that were not relevant to the care of the individual. The other medics present agreed with his position.</p> <p>e) Chris Busby asked for a vote to be called on whether a specific question on cancer should be included in the questionnaire. A vote was held with 4 in favour, 6 (including Chairman) against, and 2 abstentions</p> <p>f) Gordon Paterson summed up by stating that the question was dubious and could be thrown out by an ethics committee even if the DUOB wished to leave it in. He reiterated that epidemiological studies were planned that would examine the link between exposure to DU and ill health. These studies would be far more likely to answer the question properly as there would be an appropriate control group and the subjects would not be self-selected as in the voluntary screening programme</p> | |
| 8. | <p><u>Timescales</u></p> <p>a) Ivor Connolly pointed out that the programme was now 6 weeks behind that set out in the last schedule. The Chairman pointed out that this delay had occurred because of the need to search for further contractors to bid for the Health Provider contract.</p> | |
| 9. | <p><u>DU Background and Scientific Issues</u></p> <p>a) Chris Busby talked briefly regarding a paper on the scattering effects of DU which was distributed to board members.</p> <p>b) Ron Brown briefly mentioned an IAEA report on Kuwait which concluded that DU used in munitions in the 90/91 Gulf War did not pose a radiological hazard to the Kuwaiti population.</p> <p>c) Chris Busby and Margaret Spittle asked if it was possible to obtain useful information from the Kuwaiti cancer registry. The Chairman undertook to find out what was available.</p> <p><u>Action 11.8. Chairman to find out what information is available from the Kuwaiti cancer registry.</u></p> | Chairman (2/8/03) |
| 10. | <p><u>Date of next meeting</u></p> <p>a) The date for the next meeting was set for 22nd September 2003.</p> <p>b) The Secretary was asked to canvass the board members for a date in November.</p> <p><u>Action 11.9. Secretary to canvass DUOB for dates for November meeting.</u></p> | Secretary (2/8/03) |
| 13. | <p><u>A.O.B.</u></p> <p>a) Brigid Rodgers said that the DUOB had been sent a copy of the full MOD DU research programme in March 2002. She stated that there was to be a meeting on 23rd October to review progress with this programme and that members of the DUOB would be receiving an invitation.</p> <p>b) Ivor Connolly asked for an update on the biological monitoring programme. Brigid Rodgers stated that 6 samples had been analysed at a laboratory and 4 more would be done in the week 30th June to 4th July. No results would be released at the moment due to the small number tested.</p> | |

DRAFT 3

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| | c) Chris Busby stated that he had previously asked GVIU for a 5 year breakdown of the ages of Gulf veterans. The Secretary stated that he had supplied figures up to the age of 40 and now had figures up to age 50 which he would release when authorised by the Defence Analytical Services Agency and GVIU. | |
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Distribution:

All members

All observers

Devolved Health Administrations

DRAFT 3

Annex A – MOD Statement to DUOB 1 July 2003

It has been indicated to GVIU that several DUOB members believe that MOD was unforthcoming at the last DUOB regarding the implementation of the biological monitoring policy for DU on operations. We apologise for giving this impression.

At that time, shortly after the end of hostilities, the situation was confused and the MOD members of the Board, who attend as independent experts not spokesmen for MOD policy, and the Secretariat did not have a common understanding of the full position. Full information on the tests carried out had not been released by the Approved Dosimetry Service for reasons of medical confidentiality, common in small-scale medical studies, and because commercial arrangements with Harwell Scientifics were incomplete. A further factor, which only emerged after the last meeting, was that none of the subjects tested at that time had given permission for even their anonymised results to be used in any way.

We can now clarify the facts. At the time of the last DUOB, no formal arrangements were in place for analysing urine samples for uranium. Harwell Scientifics had agreed to carry out some work without a contract so testing could begin as soon as possible. It is the case that INM has received aliquots of some samples from the biological monitoring programme, which they have used/ are using for inter-comparison purposes. At the time of the last meeting only two members of the Board, both from MOD, were aware of this. The Secretariat was also aware. These samples are also being tested at the accredited laboratory and it is the results from the accredited lab that will be communicated to the patients and taken forward for any risk assessment.

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DRAFT 3

Annex B – US of S Statement re Post Gulf Conflict Health Measures

DEFENCE

Post-Gulf Conflict Health Measures

The Parliamentary Under-Secretary of State for Defence (Dr. Lewis Moonie):

Building on the extensive measures put in place to protect the health of our personnel deployed to the Gulf, the Ministry of Defence has decided to conduct research into the physical and psychological health of those who have been involved in the conflict. It is too soon to know whether health concerns will emerge, but we are of course conscious of the range of physical and psychological health concerns reported by veterans of the 1990–91 Gulf conflict. If health concerns arise out of the current operations, we will want to identify and investigate them as soon as possible.

We therefore propose to put in place the following measures once the units currently deployed have returned from theatre, as I promised in my answer to the Member for North Cornwall (Mr Tyler) of 14 April 2003 (*Official Report*, column 570W).

As soon as possible after personnel have returned from post-operational leave, researchers will hold face-to-face interviews with up to 50 individuals. This will produce qualitative data on any emerging concerns. This work will be carried out by King's College London.

Once personnel have returned to duty and resumed their normal lives, researchers will issue questionnaires to a large representative cohort of those who were deployed seeking data on health status and exposures. As well as regular and reservist Service personnel and MOD civilians, other groups who deployed with them such as representatives of voluntary aid societies, contractors' personnel and embedded journalists will be invited to form part of the

7 May 2003 : Column 35WS

cohort. The same questionnaire will be distributed to a cohort of those who did not deploy, to provide a comparison, or control, group. This, work will also be carried out by King's. We propose to set up an oversight board to monitor the work chaired by an independent scientist with members drawn from MOD and outside bodies. The research will be published in the peer reviewed scientific literature.

This will be a longitudinal study. Having identified the members of the cohorts we will aim to keep in touch with them wherever possible, so as to be able to carry out further surveys in future and monitor any changes.

Depending on the outcome of this work, clinical investigations within the cohorts will be carried out as necessary to provide objective assessments of self-reported ill health. This work too will be carried out by King's.

All regular and reservist Service personnel and MOD civilians who deployed and have concerns about their health, will be able to attend a Medical Assessment

DRAFT 3

Programme (MAP) run by MOD at St Thomas's Hospital, on referral by their doctor. The MAP will not provide treatment; it will assess patients and recommend treatment

7 May 2003 : Column 36WS

as appropriate. This facility will be made available to attached voluntary aid society personnel, contractors and embedded journalists on a repayment basis.

All regular and reservist Service personnel and MOD civilians who deployed are already entitled to receive a urine test for uranium if they are concerned. Those who have received high exposures are positively encouraged to do so and in addition to have an isotope test for depleted uranium. Voluntary aid society and contractors' personnel and embedded journalists will be able to receive the test on a repayment basis. To provide a baseline for comparison, we will be asking the Institute of Occupational Medicine in Edinburgh to carry out a study to establish normative values in a military population who did not deploy. (This exercise is separate from the test currently being devised for veterans of the 1990–91 Gulf conflict, where any concentrations will be much lower 12 years on and very much harder to detect).

We currently monitor the mortality of veterans of the 1990–91 Gulf conflict compared with a control group and publish figures every six months. The same will be carried out for those who have taken part in the current operation.

Detailed arrangements are now being made and will be announced when they are available.