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Our Reference:

D/GVIU/7/1/8/2

Date:

9th January 2002

MINUTES OF THE SECOND DEPLETED URANIUM SCREENING PROGRAMME OVERSIGHT BOARD ON 30th NOVEMBER 2001

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

Item	Discussion and Decisions			Actions (Action date)
1.	<u>Introduction</u> a) New attendees were welcomed and introduced.			
2.	<u>Minutes of last meeting</u> a) These were accepted as a true record of the meeting. b) The Chairman reiterated that the minutes should be published in draft within 3 weeks of the meeting. GVIU stated that the OB website should be established by the end of December.			
3.	<u>Matters arising from last meeting</u>			
1.1	'Definitions of Terms' appendix to be drafted and circulated for comment	Lewis/ Calsteren	Appended to draft protocol paper (Action 1.12). Comment still required.	Continuing All (28 Jan 02)
1.2	Nominations for toxicologist and radiation medicine experts to be sent to GVIU	All OB Members	COMPLETE	
1.3	CVs and declarations of interest to be sent to GVIU	All OB Members	Some CVs outstanding. No declarations of interest received.	Continuing Hooper, Paterson (short version); Green, Gilmore, Lewis (20 Dec 01)
1.4	Secretary to establish if payments can be made for Board members to attend meeting where they have to take unpaid leave or are self employed	Secretary	COMPLETE – Payments will be considered on an individual basis. Written justification must be forwarded by Board member to GVIU for consideration.	
1.5	Secretary to create a claim form for expenses	Secretary	COMPLETE - Form distributed on 23/10/01.	
1.6	Secretary to distribute a copy of the press release to board members	Secretary	COMPLETE – Press release distributed on 23/10/01.	
1.7	Board members to write to GVIU with suggestions for further background reading	All OB Members	COMPLETE – Brian Spratt asked for “Depleted Uranium: A Problem of Perception rather than Reality” R L Kathren to be distributed (tabled); Chris Busby distributed his paper “Health Risks following Exposure to Aerosols produced by Depleted Uranium weapons” Nov 01 in advance of the meeting.	

	1.8	GVIU to obtain permission and distribute responses to the 2 nd consultation paper to Board Members	Secretary	COMPLETE – distributed by email on 13/11/01.	
	1.9	GVIU to distribute list of email addresses	Secretary	COMPLETE – Distributed on 23/10/01.	
	1.10	Board members to suggest suitable laboratories for pilot study to GVIU	ALL OB Members	COMPLETE - 14 labs suggested and tabled.	
	1.11	Secretary to arrange for invitation to express an interest in the pilot study to be advertised in the relevant journals	Secretary	COMPLETE - Advert in MOD Contracts Bulletin on 21/11 (tabled) and OJEC on 13/11.	
	1.12	Produce and circulate draft protocol for pilot study prior to next meeting	Lewis/ Calsteren	COMPLETE - GVIU circulated David Lewis's draft protocol shortly before the meeting.	
4.	<p><u>Terms of Reference</u></p> <p>a) There was some discussion regarding the revised TOR. Chris Busby wanted the TOR to allow for tests other than a urinary uranium test to take place if the Board felt it advisable. This was agreed though the Chairman stressed that the urine test would provide the most direct measure of exposure to DU.</p> <p>b) Some of the language in the TOR was felt to be unclear. A further revised draft of the TOR is attached to these minutes and will be sent to the Minister for comment.</p> <p><u>Action 2.1. GVIU to send TOR to Minister for comment</u></p>				GVIU (4 Jan 02)
5.	<p><u>Additional Membership of Board</u></p> <p>a) The list of new nominations to the Board was circulated for discussion. Three toxicologists were considered possible candidates. Nominating members are to arrange for CVs to be sent to Secretary who will forward these to the Minister for a decision.</p> <p><u>Action 2.2. CVs for toxicologist to be sent to GVIU; GVIU to forward to Minister</u></p> <p>b) A short list of radiation medicine experts was not agreed. Members are to supply further names to Secretary for circulation. GVIU are to consult the Royal College of Radiologists.</p> <p><u>Action 2.3 Suggestions for radiation medicine experts to be sent to GVIU</u></p> <p><u>Action 2.4 GVIU to consult Royal College of Radiologists</u></p> <p>c) The Royal British Legion had nominated Miss Beverley Green, Head of Benevolent Department, who was present, and Prof Roger Gilmore, Chief Scientific Adviser.</p> <p>d) There was a suggestion that an expert in risk communication should be included. Risk communication was agreed to be an important role once testing commenced but it was felt that it would be more appropriate to co-opt a suitable expert only when required.</p>				<p>Coggon. Hooper, HSE, GVIU (8 Jan 02)</p> <p>All (8 Jan 02) GVIU (8 Jan 02)</p>

	<p><u>Action 2.7 David Lewis to contact the preferred supplier (and other suppliers if required) to assess interest and costs</u></p> <p>g) A subgroup of the OB (Chairman, Lewis, van Calsteran, Hooper, Secretary) would visit the nominated supplier, preferably before Christmas, to agree details of the sample preparation and testing. Nick Day would then need to review the proposed experimental design and method of statistical analysis in the same timeframe.</p> <p><u>Action 2.8 D Lewis to arrange meeting with supplier</u></p> <p><u>Action 2.9 Subgroup to visit supplier</u></p> <p><u>Action 2.10 Nick Day to review protocol and proposed statistical methods</u></p> <p>h) Other issues raised during review of the draft protocol were as follows:</p> <ul style="list-style-type: none"> • The protocol should clarify that the laboratory (ies) who produced a successful test might not necessarily win the contract for the main programme of urine testing • Assurance of performance in the main programme of urine testing should be considered at a later date, not within the protocol for the pilot study • The source of the urine for the samples should be specified by the supplier • Methods for measuring creatinine in urine need not be considered at this stage – it is a standard test. <p>i) David Lewis was tasked to redraft the protocol, taking into account the points that had been discussed.</p> <p><u>Action 2.11 David Lewis to redraft protocol for pilot study of analytical methods</u></p> <p><u>[Post meeting actions:</u></p> <p><u>Action 2.12 David Lewis is to draft the Statement of Requirement for the urine testing in the pilot study, to be distributed to the OB by 21 Dec 01</u></p> <p><u>Action 2.13 OB to comment to David Lewis on the SOR for the urine testing by 1200, 10 Jan 02]</u></p>	<p>Lewis (10 Dec 01)</p> <p>Lewis (13 Dec 01)</p> <p>Coggon, Lewis, Van C, Hooper, GVIU (20 Dec 01)</p> <p>Day (28 Jan 02)</p> <p>Lewis (21 Dec 01)</p> <p>Lewis (21 Dec 01)</p> <p>All (10 Jan 02)</p>
7.	<p><u>Design of epidemiological studies</u></p> <p>a) The Chairman said it was too early to consider this topic in detail – next summer would be about right, when the pilot study was complete and the testing technique was proven. However, it would be a good idea to appraise those conducting epidemiological studies of veterans of the planned timetable for development of the testing method so that timings could be co-ordinated.</p> <p><u>Action 2.14 Chairman to appraise Medical Research Council of the planned timetable for development of the testing method</u></p> <p>b) The Chairman gave a brief résumé of the various epidemiological designs that might be appropriate. He undertook to produce a paper for the next meeting</p>	<p>Coggon (28 Jan 02)</p>

	<p>d) Measurements other than in urine: Malcolm Hooper suggested that analysis of tissue samples from autopsies of those who were suspected of exposure to DU could be another useful approach. The Chairman said it was procedurally difficult to get autopsies these days, but that this might be facilitated if veterans had indicated in advance that they wished to be tested in this way. Veterans and their families would need to be informed about the scope for any such testing and pathologists would need information about what tissue samples to collect, and how they should be stored. Malcolm Hooper believed that veterans would be in favour. The Chairman suggested that, at the appropriate time, a consent and information form would need to be designed. First, however, it was necessary to establish whether the testing of autopsy samples was technically feasible, and if so, what samples would be needed. NRPB were actioned to obtain advice on this.</p> <p><u>Action 2.18 NRPB to obtain advice on the feasibility of testing for DU in tissue samples obtained at autopsy.</u></p>	<p>NRPB (28/01/02)</p>
<p>10.</p>	<p><u>DU Background and Scientific Issues</u></p> <p>a) The Chairman drew the attention of the Board to several issues that were covered in the background papers that had been circulated.</p> <ul style="list-style-type: none"> • Sources of exposure to DU – there was agreement on these. • Quantities of DU used in Kosovo– there was general agreement that some 10 – 30 tonnes had been used, although Chris Busby felt there were uncertainties as to whether the UNEP report gave a complete picture. He also asked whether Cruise missiles contained DU, but Ron Brown reported that they did not. • Percentage of particulate released into the atmosphere following impact, and the distance travelled – there was some disagreement on this with claims of 30% (Ron Brown) to 80% (Chris Busby) being made. Chris Busby believed that a more contentious question was how far the particulate travelled. Ron Brown believed this was well covered in the literature. Gordon Paterson questioned whether these matters were critical to the proposed testing programme. The Chairman said they could be relevant to who was targeted for testing. Gordon Paterson felt that perhaps it would be easier to identify who should be excluded. Ron Brown suggested that this would be people many miles away from strike sites. • Routes by which DU enters the body - it was agreed that inhalation of insoluble compounds would be the main route of entry. • Distribution and excretion of absorbed uranium – there was agreement on the main tissues to which uranium would be distributed (lungs, lymph nodes, kidneys, bone) and on the main route of excretion. The Chairman asked for the relevant Annexes from the Royal Society Report to be circulated. <p><u>Action 2.19 GVIU to circulate Annexes A & D (on the current ICRP models and Organ Doses from intakes) from the Royal Society Report</u></p>	<p>GVIU 14/01/02</p>
<p>11.</p>	<p>Dates of 3rd and 4th Meeting</p> <p>a) The dates of the third and fourth meetings were set for 28 January and 28 March 2002 at 0945.</p> <p>Post meeting note: The January and March meetings will be held in London in the Marble Hall, Northumberland House and the Kensington Room, Chadwick Street respectively. Directions will be sent to new attendees.</p>	

12.	<p><u>AOB</u></p> <p>a) The Chairman listed a number of events which should have occurred by the next meeting:</p> <ul style="list-style-type: none"> • Contract in place for the preparation of spiked samples for the pilot study • Expressions of interest in undertaking the testing in the pilot study received • Invitation to Tender (ITT) and draft protocol for the pilot study prepared. <p>b) The Chairman said that the draft protocol should be provided to laboratories together with the ITT to enable them to comment on it.</p> <p><u>Action 2.20 GVIU to provide Contracts Branch with the draft protocol in time for ITT issue on 31 Jan 02</u></p> <p>c) The Chairman asked for a paper to be prepared for the next meeting on the background science to laboratory methods and their reliability, including, for example, the issue of repeatability versus accuracy.</p> <p><u>Action 2.21 David Lewis/Peter van Calsteran to prepare a paper on laboratory methods</u></p> <p>d) The Chairman asked GVIU to arrange a briefing meeting with US of S Dr Lewis Moonie, preferably within the next few weeks.</p> <p><u>Action 2.22 GVIU to arrange a meeting between Chairman and US of S</u></p> <p>e) Chris Busby asked the Chairman to raise the issue of numbers of Balkans veterans who had died from leukaemia with Dr Moonie. MEP Dr Caroline Lucas had written to Dr Moonie on this topic. Chris Busby was advised that the Minister would be replying to Dr Lucas shortly. Chris Busby also asked the Chairman to ask Dr Moonie whether DU had been used in Afghanistan. Brigid Rodgers said that this question had been addressed in a number of recent Parliamentary Questions which could be found in Hansard; DU had not so far been used but its use was not ruled out should the operational requirement exist.</p> <p>f) Malcolm Hooper said that it was believed that DU was in some fireworks which could therefore be a source of exposure. The Chairman stated that fireworks were outside the TOR of the OB.</p> <p>g) Ron Brown had prepared a paper on the health effects of DU, based on the Royal Society Report and other open literature. This was distributed after the meeting.</p> <p>h) Brian Spratt said that the Royal Society Part II paper on DU was going to referees that day and should be published by the end of January 2002.</p>	<p>GVIU (21 Jan 02)</p> <p>Lewis/van Calsteran (21 Jan 02)</p> <p>GVIU (7 Dec 01)</p>
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Distribution:

Members

Observers

Devolved Health Authorities:

Dr Arthur Johnston, Scotland

Dr Owen Crawley, Wales

Dr Glenda Mock, Northern Ireland

DU OVERSIGHT BOARD – TERMS OF REFERENCE – DRAFT VERSION 4

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 biological and 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. These will include the arrangements for 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.