

reply to George Eustice 1/6/16

Dear George,

thank you for your letter of 26/5/16 and associated documents. Thanks especially for releasing details of the advice given to the Minister prior to sheep scab being taken off the list of notifiable diseases in 1992, this is useful as it sheds new light on one of the most controversial Ministerial decisions in recent agricultural history.

This was the first response we have received from you since our meeting last November. In [your reply to EFRA](#) you say one reason for the delay was "the contribution required from various Government bodies" citing information required from the Department of Health and Department of Work and Pensions. We were not aware this was something we had requested; if we had wanted information from we would have asked them direct and in the end they told you nothing that wasn't readily available so I am surprised the process took six months.

The main thing [we specifically asked for](#) (repeatedly) was the minutes of the meeting; since you have not sent any I presume there are no official minutes so let me remind you of the content and context. As you correctly state the meeting was requested by Jessica Morden at a Westminster Hall debate on 10th June 2015.

On 19/11/15 ten members of our group met with yourself and a senior official from VMD at the DEFRA offices in Smith Square. We were accompanied by Dr Sarah Mackenzie-Ross of University College, London, Jessica Morden MP, Andy Burnham MP and representative for Jesse Norman MP.

Jessica started our presentation of evidence to you by asking her constituent Stephen Forward to explain how he had suffered long-term ill-health through exposure to organophosphates. The only definitive way to ascertain illness is caused by OPs is via a blood test taken within hours of exposure and at that time (Oct 1991) VMD had just started a testing scheme at Guys Hospital Poisons Unit whenever doctors suspected OP poisoning. In his case this was confirmed at Guys by Dr Virginia Murray and he was treated accordingly. However he later needed a copy of his results when being re-assessed for disability benefit but was not able to get them until recently after much persistence and being granted "special clearance".

Other sufferers related their experience. Margaret Percival was affected while being filmed for a training video on correct dipping technique; she never handled the concentrate, her colleague did that yet still she was made seriously ill. Her blood sample was sent for analysis at Guys in 1992, she is still trying to get those results but she was also later tested and confirmed at Birmingham.

Last year we obtained the results of all tested at Guys in 1991 (Stephen is case number 10 on page 17 [here](#)) but not for anyone tested in 1992. As MAFF had funded those tests it was hoped that a letter from yourself to Guys might grant Margaret and others "special clearance". Sorry if we did not make this sufficiently clear but **please can you write to Guys saying you wished those tested to get their results**. I think EFRA have an outstanding question to you about MAFF correspondence with Guys, VMD and HSE at that time.

Paul Wright told of how he obtained diagnosis via a fat biopsy which measured accumulation of OPs in the body, a painful procedure but one which enabled him for the first time to get correct medical treatment. Those present were just typical of many others who had wished to attend if space had allowed and I gave you contact details of a near-neighbour of yours, a former NFU livestock board chairman who hopes to meet you at the Royal Cornwall show.

During the Westminster Hall debate you had made frequent reference to the conclusions of the [Committee on Toxicity's 1999 report on organophosphates](#) which as you correctly stated relates to low level exposure to OPs, low level being defined in the first paragraph as 'doses insufficient to cause acute effects' (for reasons explained on page 7 can't be assigned an numerical value).

As it says on page 10 in preparing it the committee had met with two of the sufferers groups which preceded ours, the OP Information Network and Pesticide Exposure Group of Sufferers. They offered case studies to the committee (at that time PEGS over 2,500 specific to sheep dip) but most had experienced occupational exposure above COTs definition of low level.

I did try to explain this to you briefly at NFU's Conservative Party Conference fringe meeting in Oct 2015 but this meeting offered a better opportunity so we invited Dr Sarah Mackenzie Ross along to help to explain to you the science. In 2004 she had been commissioned by DEFRA to undertake a study of cognitive impairment of sheep farmers exposed to OPs and since go on to be a leading expert in the field producing the first [meta-analysis of the neurotoxicity of organophosphates](#). [other systematic reviews in [Canada](#), [Japan](#) and [Chile](#) have reached much the same conclusion].

She explained why COT's conclusions on the health effects of low level exposure were not applicable in many cases, it is often impossible to draw a clear demarcation line between acute and chronic effects and chronic OP poisoning could occur after episodes of undiagnosed acute toxicity. We are very grateful to her for giving up her time and we are disappointed your brief note on the meeting it does not include her as being there, **please can you correct this**.

It may be an over-simplification but in language I can understand the acute effects of too much alcohol are a sense of merriment, unsteadiness and the occasional hangover; the chronic effect is the long-term damage to the liver. It may well be the case there is no evidence that a low-level sub tipsy inducing exposure (the occasional sherry trifle) causes chronic harm but if a constituent stumbled into your surgery suffering from acute intoxication I trust you would not try to persuade him there were no long-term dangers to his health.

For decades farmers acutely affected by OPs have been stumbling into surgeries seeking help. MPs pass their concerns on to DEFRA to which they invariably receive the standard DEFRA reply (I've seen many copies) which states: "the evidence is reassuring .. the Committee on Toxicity researched organophosphates extensively and found no evidence that low-level exposure causes long-term health effects .. any effects that do occur must be minor and subtle".

Since most had clearly been describing acute effects that reply is misleading; frankly DEFRA have been misleading MPs on this issue for years [on the last clip [here](#) the COT chairman says "there have been occasions there the Committees views have been presented in a way which is not quite what they have said" which is possibly a more diplomatic way of saying the same thing].

Summing up our behalf of the group Andy Burnham MP eloquently expressed the anger felt by those of us in the room and beyond (he met dozens of sufferers at two meetings he hosted for them at Westminster in 2014). He implored you to understand why the COT report had caused so much frustration and his concluding remark directed to you was that, as Minister, it is in your gift to change things for the better.

It is therefore extremely disappointing that you say in your letter ".. it is worth noting that the Committee on Toxicity researched organophosphates extensively and found no evidence that low-level exposure causes long-term health effects". **Please can you redraft the letter to remove that sentence before I circulate it to all the group** because I know the upset and anger it will provoke.

I appreciate as a Minister you were unable to express a personal opinion or are able to give the short one-word answers the sufferers may have hoped but for the record their outstanding questions to you were:

Do you recognise that many have acutely affected by exposure to OPs?

[these are mostly, but not exclusively, prior to [April 1993](#) when new safety guidelines were introduced and phenols removed from products. Some died, some regained health but many are still somewhere in-between.]

Do you understand that without official recognition for the cause of their illness it just adds insult to injury?

Do you appreciate without correct diagnosis they cannot get healthcare they need?

Are you minded to do anything about it?

yours sincerely

Tom Rigby