

Northern Ireland Forum for Political Dialogue

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**ORGANOPHOSPHATE INSECTICIDES -  
THEIR USE BY THE FARMING COMMUNITY**

**A REPORT**

*prepared by*

**STANDING COMMITTEE D  
(AGRICULTURE AND FISHERIES ISSUES)**

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on 3 April 1998*

Adopted

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Note

DRAFT REPORTS

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ORGANOPHOSPHATE INSECTICIDES - THEIR USE BY THE FARMING COMMUNITY

A short while ago I came upon the following quotation from "A Pride of Tigers" by Sybil Marshall:

"I fell to wondering why it is that 'experts' so often get things wrong. Once they become experts they know all the answers, so they don't ask questions. They simply reach out and take the most likely ready made explanation from the peg and use it, whether it fits the case in point or not."

OP victims are tired of, and distressed by a medical profession which tells them that they should see a psychologist, or that conventional medicine can do nothing for them, simply because the medical profession is confounded by the multitude of symptoms with which their patients present, and there is no easy explanation in the medical literature and no clear lead from the Department of Health.

The Countess of Mar
House of Lords
Hansard - 24 June 1997
Column 1559

ORGANOPHOSPHATE INSECTICIDES - THEIR USE BY THE FARMING COMMUNITY

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1. INTRODUCTION

- 1.1 In August 1997, Mr Ernie Patterson, the then Press Officer of the newly formed Northern Ireland Organophosphorous Sufferers' Association (NIOPSA) contacted the Secretary of Standing Committee D to arrange a meeting with the Committee at which the problems being faced by NIOPSA members could be aired. In anticipation of this meeting, and as the Forum was then in recess until early September, Mr Patterson agreed to prepare a written submission for presentation to the Committee. A copy of this submission is attached at Annex E.
- 1.2 The Committee met with Mr Patterson and other members of NIOPSA on 30 October 1997 and a copy of the Minutes of Evidence of this meeting is attached at Annex D. Following this meeting, the Committee decided to seek evidence from the Department of Agriculture for Northern Ireland, the Chief Medical Officer of the Department of Health and Social Services, the Employment Medical Advisory Service of the Department of Economic Development and the Health and Safety Executive. Copies of the written responses received are attached at Annex E.
- 1.3 On 24 November 1997, representatives of the Committee attended a meeting of NIOPSA held in the White Gables Hotel, Hillsborough. A note of the meeting is attached at Annex E.
- 1.4 Further Oral Evidence Sessions were then arranged as follows:

27 November 1997- Ulster Farmers' Union

12 February 1998 - NIOPSA

26 February 1998 - Dr H Campbell - Chief Medical Officer, DHSS

Dr D Skan - Employment Medical Advisory Service

Mr M McAllister - Chief Environmental Health
Officer

Copies of the Minutes of Evidence for each of these Oral Evidence Sessions are attached at Annex D.

- 1.5 The Committee wishes formally to thank all those persons and bodies who assisted in the production of this report. A list of names of those concerned is attached at Annex B.

2.

ORGANOPHOSPHATE COMPOUNDS

What are they?

2.1 Organophosphate (OP) compounds, first recognised in 1854 and developed by Germany during the Second World War as a product of nerve gas development, are the most widely used group of insecticides. OP compounds are derived from phosphoric acid and are generally among the most acutely toxic of all pesticides to vertebrate animals. They come in liquid or powder form and are either diluted with water and sprayed or directly applied as granules.

2.2 Marketed by many of the world's major agrochemical companies, OPs have a wide range of pest control applications as contact, systemic and fumigant insecticides. They are widely used by the agriculture industry, but they are also used in other spheres, eg

- against household pests;
- against catering industry pests;
- against head lice in human beings;
- against pests found among domestic pets;
- against pests which attack cereals and vegetables.

How are OPs controlled?

2.3 The approval, carriage, supply of OPs and in the case of sheep-dips containing OPs, sale, are subject to Government regulation, the stated aim of which is to ensure that OP products, if used in accordance with

approval or authorisation, will not give rise to adverse health effects on humans.

- 2.4 In approving pesticides, Ministers are advised by the Advisory Committee on Pesticides, the members of which are independent of Government. This Committee considers toxicity to man and animals as well as environmental effects when laying down conditions of approval through the Veterinary Products Committee. Further information on the controls on the use of OPs are contained in the letter dated 28 November 1997 from Dr Delia Skan of the Employment Medical Advisory Service and also in the letter from the Permanent Secretary of the Department of Agriculture for Northern Ireland, Mr Peter Small, dated 3 December 1997. Both these letters are attached at Annex E.

How are they used by farmers?

- 2.5 In his evidence to the Committee on 30 October 1997, Mr Ernie Patterson of NIOPSA explained that while OPs are used in many areas of farming practice most notably as veterinary products, they are mainly used in sheep-dips. He pointed out that OPs were introduced as a sheep dip in the 1960s and under the Sheep Scab (Northern Ireland) Order 1970, sheep farmers were required to dip their sheep each year, using an approved product - the Government approved product being an OP sheep dip. In later years, he said, compulsory sheep dipping was required twice a year, the requirement to dip being withdrawn in Great Britain in 1992 and shortly afterwards in Northern Ireland. Following the withdrawal of the compulsory dipping of sheep the Government introduced a certificate of competence for those who wished to use OP sheep dips, this certificate

being awarded following attendance at a training course and the passing of a written test.

3. **ORGANOPHOSPHOROUS POISONING**

3.1 OPs inhibit enzymes of the nervous system which play a vital role in nerve impulse transmission. They can be absorbed through the skin, lungs and eyes. The typical symptoms of OP exposure in human beings can include the following:

- chronic breathing problems;
- pains in the joints and muscles;
- hand, leg and muscle tremors;
- impaired co-ordination;
- weakness, headache, giddiness;
- nausea and diarrhoea;
- blurred vision;
- excess salivation and sweating;
- heart and digestive problems;
- incontinence, vomiting;
- depression, lack of concentration and memory impairment;
- occasional uncontrollable rage.

3.2 In his paper 'Dangerous Dips - The Truth About Organophosphates' produced in October 1996 (see Annex E), the then Shadow Secretary of State for Environmental Protection Mr Michael Meacher MP, indicated that recent evidence of further risks from OPs includes studies on damage to the peripheral, central and autonomic nervous systems, damage to bone cell function and research on OPs, Affective Disorders and Suicide.

3.3 In addition, OP use during the Gulf War has also been identified with 'Gulf War Syndrome' which has affected Gulf War veterans.

3.4 OP poisoning is not a new phenomenon. As early as 1951 a Working Party under the chairmanship of the then Solly Zuckerman presented a Report 'Toxic Chemicals in Agriculture' to the Minister of Agriculture and Fisheries. This Report addressed precautionary measures against toxic chemicals used in agriculture. A copy of this Report is attached at Annex E.

3.5 At paragraph V6 of the Report, it is pointed out that illness caused by 'organo-phosphorous' compounds had caused apprehension. At paragraph V19 Zuckerman, in relation to certain OP compounds indicated that they can be absorbed through the skin and by inhalation and ingestion, that repeated absorption may result in cumulative poisoning and that death could occur as the result of a single exposure. Zuckerman took the view that the chemical compounds with which the enquiry was concerned, were fulfilling an important role in the control of weeds and pests and were thus contributing in no small measure to efficient agricultural production. However, he did recommend measures for the protection of workers who handle these chemical compounds in agriculture. These recommendations included

- the provision of "adequate protection" viz "rubber gloves, rubber boots, an eye shield, white cotton overalls with a hood and in confined spaces a respirator".

Zuckerman, in pointing out the "astonishing level of carelessness about their own safety" shown by men engaged in using chemical compounds, concluded that it was imperative for farmers, contractors etc to be thoroughly educated in the dangers attendant on their use and in the precautions to be taken.

- 3.6 The BBC Factsheet "Disaster - The Chemical Scythe", written to accompany the programme 'The Chemical Scythe' first broadcast as part of the 'Disaster' series on 30 January 1997 on BBC (see Annex E) indicates that a number of recommendations in the Zuckerman Report regarding safety warnings, notifications to doctors etc were not acted upon by Government.
- 3.7 This Factsheet also reveals that having investigated the licensing and use of OP based products, it appeared that crucial medical and safety information was not provided or was withheld, and that the system for licensing chemicals and monitoring reactions was highly inadequate.
- 3.8 The Factsheet highlights the fact that the committee which licenses OPs for use in agriculture is the same committee as that which monitors adverse reactions both in animals and humans. It is pointed out that this committee is dominated by scientists and advisers who work for or have links with the agrochemical companies - a conflict of interests "made more complicated by the fact that, by law, if the Government revokes the licence for a chemical product, the producers are able to sue. Successive Government Select Committees have pointed to these anomalies and recommended a separation of responsibilities and a change in the law. So far nothing has changed."

3.9 The Factsheet reveals that during the compulsory sheep dipping period (1976-1992) containers of OP products did state that the chemicals were potentially hazardous, but no protective clothing and equipment was recommended nor did containers carry the skull and crossbones.

3.10 With regard to the publishing in 1981 by the Health and Safety Executive of a medical guidance note on the dangers of OPs, how to detect cases of OP poisoning and methods of treatment, the Factsheet states that the document was never circulated to doctors and hospitals - and further, having been re-published in 1987 it was still not circulated. This particular point was reinforced in evidence from Mr Patterson of NIOPSA in relation to this document - MS17 "Biological Monitoring of Workers exposed to Organophosphorous Pesticides" - when he said that this information (see Annex E) was never circulated to farmers, vets or doctors. Mr Patterson also drew attention to key matters covered in MS17:

- the reference to cumulative toxicity in paragraphs 3 and 12;
- the fact that OP formulation based organic solvents are liable to penetrate protective clothing - paragraph 8;

Mr Patterson highlights "the scant information with which we have been provided over the year has been totally inadequate".

3.11 While the necessary information which could have ensured the safety of farmworkers and other users of OPs was available, it would appear that nothing had changed from the situation in 1951. It is therefore little

wonder that the conclusion to the BBC Factsheet referred to earlier is as follows:

"Now sheep-dip products are boldly labelled with safety instructions. Recommended protective clothing and equipment are now so thorough that it makes you wonder just how dangerous a chemical you are handling. Doctors have recently been circulated with a new booklet on chemical poisoning. Farmers now have to obtain a 'certificate of competence' before they are allowed to purchase sheep dip formulations effectively placing the burden for safe use on them only. Dipping is no longer compulsory and medical companies are starting to develop more non-OP alternatives. To campaigners and those suffering from OP poisoning this looks like the Government is trying to move away from the use of OPs because of the damage they cause, while simultaneously denying that they have been responsible for the widespread use and nuisance of an extremely dangerous chemical. Otherwise compensation claims could be crippling."

- 3.12 With regard to research, the Committee noted that in October 1995, the Institute of Occupational Medicine in Edinburgh was awarded £0.5m for research into the possible long-term human health effects of OP sheep dips. This exercise is scheduled for completion by April 1999. In addition in February 1996, the MAFF Minister announced two major research projects worth £1.2m over three years on a new approach to the development of a suitable vaccine for sheep scab. Copies of the relevant MAFF press releases relating to these initiatives are attached at Annex E.

3.13 In October 1996, Mr Meacher, the then Shadow Secretary of State for Environmental Protection in his paper 'Dangerous Dips - The Truth About Organophosphates' concluded that successive Governments had failed

- to provide adequate and accurate advice on the potential dangers of exposure to OP users;
- to provide adequate and accurate advice on protective equipment;
- to provide adequate education for doctors on the known chronic effects of OP poisoning;
- to ensure that licensing of OPs was not guaranteed by bodies which relied for research data only from the chemical companies.

3.14 Mr Meacher went on to make recommendations which were remarkably similar in certain aspects to those made in 1951 by Zuckerman. They are as follows:

- a moratorium on the use of OP products in sheep-dips;
- an urgent study by the Government of known cases where farmers and others have suffered from OP use;
- a public education programme on the potential dangers of OP use;
- an exercise to ensure that health professionals are fully informed about symptoms and treatment;

- an examination of the licensing system for OPs to reduce dependence on manufacturers' toxicity data and to ensure that licences can speedily be revoked where there is danger to public health;
- products containing OPs should only be sold to the general public when accompanied by clear advice about potential health risks and necessary safety precautions.

3.15 On 14 July 1997, the OP Information Network, accompanied by four medical consultants met with Dr Cunningham and Mr Rooker of MAFF. It is reported as being a warm, friendly and constructive meeting during which Dr Cunningham undertook to discuss the provision of diagnostic centres with the Department of Health, and to attempt to obtain funding for more fundamental research into the effects of exposure. Following this meeting, Dr Cunningham appeared on 'Farming Today' and is reported as saying that he could not ban OPs because of advice from Government lawyers.

3.16 The Committee is aware of a number of legal cases taken by people affected by OP poisoning. In the case of Mr John Hill, a farm hand, he recently won a partial victory in his damages action over debilitating ill-health which he claimed was caused by OP poisoning. In July 1997 in Hong Kong, an American musician won damages of £1.9 million and costs against Ciba Geigy for chronic health damage caused by exposure to a diazinon insecticide spray in 1987. More recently Mr Robert Shepherd, a former shepherd who was forced to retire in 1991 after his health was damaged from exposure to OP sheep dip, was awarded £80,000

compensation in an out-of-court settlement by Lancashire County Council. A further case in Dublin remains to be settled.

3.17 The Committee completed its evidence gathering exercise by meeting with NIOSA for the second time on 12 February 1998 prior to a meeting on 26 February 1998 with the Chief Medical Officer of the Department of Health and Social Services, Dr Henrietta Campbell, who was accompanied by Dr Skan of the Employment Medical Advisory Service, and Mr McAllister, the Chief Environmental Health Officer for Northern Ireland.

3.18 In her evidence to the Committee, Dr Campbell confirmed the setting up of a Whitehall Committee on organophosphate products. This Whitehall Committee, consisting of a high level group of officials from each Government Department, has been formed to monitor the processes by which information about OPs is shared among Government Departments and to co-ordinate action across Departments. Dr Campbell also indicated that the Government has pledged to fund further research, to examine and remedy gaps in scientific knowledge regarding OPs and to examine the procedures by which OP products are licensed. The Whitehall Committee is scheduled to report in March 1998. Dr Campbell also confirmed the creation of a Northern Ireland based diagnostic centre.

3.19 Dr Campbell went on to stress the need for more research into and more evidence on organophosphates. She indicated that a review of all the available evidence on the effects of exposure to OPs had been commenced by the Chief Medical Officer in London. Dr Campbell said:

"It will bring together a comprehensive view of all the evidence that is there and will let us know exactly what the issues are. The evidence to date has not been conclusive enough for us to know with any certainty what the real issues are. The report, first of all, will bring together the evidence and show us what is there in fuller form, but also I hope that it will show us where the gaps in the evidence are and will help us to know what research needs to be funded and how we can set up research programmes. The big problem is that the evidence to date has not been conclusive."

3.20 The Committee notes that one of the top companies in Northern Ireland, Radox Laboratories, is to join with a former GP who is now a leading alternative therapist, to set up a programme which will attempt to identify why soldiers suffering from Gulf War Syndrome are ill and to put forward a treatment programme. The Committee understands that Radox Laboratories have offered its services free, and that the company has an enzyme test which detects levels of OP poisoning in the body. Mr Peter Fitzgerald, Managing Director of Radox has indicated that the company can do tests which are not routinely done in National Health hospitals. The Committee welcomes and endorses this initiative which could have far-reaching effects if it proves possible to solve the mystery of Gulf War Syndrome. The Committee is also conscious that this research into OP poisoning will assist others who have been exposed to OP poisoning.

3.21 The most recent developments, commencing with Mr Michael Meacher's paper, and progressing through the OP Information Network's meeting with the MAFF Minister to the commitment given by Dr Campbell

regarding the creation of a diagnostic centre in Northern Ireland and the apparent structured examination of the evidence relating to OP exposure, is re-assuring - however it has taken a long time for Government to reach this position. The Committee comments further on this in its Conclusions and Recommendations.

4.

CONCLUSIONS

- 4.1 The Committee congratulates NIOPSA on its advocacy of the case for OP sufferers in Northern Ireland. The Association, formed in July 1997, has provided the Committee with a wealth of information on OPs and OP poisoning and has endeavoured to ensure that the Committee is fully briefed on these matters. The Committee was most impressed by the evidence given by those who actually suffer from the effects of exposure to OPs and thanks them for making the effort to come to the Forum to give evidence in a formal atmosphere - a journey and a stressful experience which for some involved major effort. The Committee, having seen and discussed the effects of OP poisoning with those affected, is convinced of the connection between OPs and the ailments suffered by those exposed to the chemicals.
- 4.2 The Committee regrets that it was necessary for NIOPSA to be formed, however it has proved to be an essential focus for all those affected by OP poisoning and who clearly have grounds for complaint against a system which apparently refuses to acknowledge the nature of their illness.
- 4.3 The Committee has noted the criticisms levelled at Government about the clear lack of information on OPs and their effects. In his evidence to the Committee, Mr Ernie Patterson of NIOPSA indicated that having asked the Health and Safety Inspectorate of the Department of Agriculture for Northern Ireland for information on the long term effects of exposure to OPs, he was sent three documents. The first document was produced by the Health and Safety Executive, the second by the National Office for Animal Health in conjunction with the Veterinary Medicines Directorate

and the third by MAFF. He stated that none of these documents covers long-term effects of OP poisoning, but more unfortunately, the three documents contradict each other in respect of the protection required when handling sheep. One document states that gloves must be worn, one says that gloves may be worn, and the remaining document indicates that gloves are not required!

4.4 Further to this, Mr Patterson refers to Health and Safety Document MS17 'Biological Monitoring of Workers exposed to Organophosphorous Pesticides', which was issued in 1981, revised in 1986 and 1987 and states that the information regarding protective clothing and the dangers of cumulative toxicity were never circulated to farmers, veterinarians or doctors. This statement is reiterated in the BBC Factsheet 'Disaster - The Chemical Scythe' which indicated that crucial medical and safety information had been withheld. The Committee therefore shares the view of NIOPSA and the OP Information Network that the information provided by Government over the years has been inadequate. The Committee also considers that Agrochemical Manufacturers have a duty of care to ensure that full information regarding OP products is made available to users. The Committee is therefore clear that in future free and full information on OPs and on the effects of OP poisoning must be made widely available.

4.5 The Committee is convinced that compulsory sheep dipping with OP compounds required by the Government between 1976 and 1992 placed farmers at risk. Some 500 farmers in the United Kingdom have now attributed their ill-health to the use of OP sheep dip.

- 4.6 The Committee having raised the question of a Diagnostic Centre in Northern Ireland to which doctors could refer sufferers from OP poisoning, welcomes the assurance of the Chief Medical Officer, Dr Campbell that such a Centre will be provided shortly. This news will be welcomed by all sufferers, who in the past have been required to travel to the OP Diagnostic Centre in Glasgow. However the Committee wishes to see a detoxification centre provided for the treatment of chronic OP poisoning cases and will press for such a Centre.
- 4.7 The Committee considers that the Government has dragged its feet over the various issues posed by the use of OPs and the effects of OP poisoning. The existence of the Zuckerman recommendations in 1951, the Government's failure to act on them, and the continuing lack of clear information to OP users and doctors are evidence of this.
- 4.8 The Committee has noted the recent change in approach by the Government to OPs. In particular, the move to create regional diagnostic centres, the increased activity in the research field, the creation of an inter-departmental Whitehall Committee at senior official level, the commitment to further research, the examination of the licensing procedures for OPs, the activities of the Royal Colleges in finalising up-to-date guidelines for doctors, are all actions which will be welcomed by sufferers.
- 4.9 The Committee has also noted the call made by Mr Michael Meacher MP in 1996 when Shadow Secretary of State for Environmental Protection for a moratorium on the use of OP products in sheep dips. Dr Goran Jamal, a noted neurologist who is leading expert on OP poisoning and who has

appeared in court to give scientific evidence on behalf of OP sufferers, has very recently called for a moratorium on the use of OP based pesticides when he attended a briefing at the House of Commons. Dr Jamal indicated at this meeting that OP users could be at greater risk than previously thought. It is the Committee's view that it would be foolish to ignore the opinion of such an expert.

4.10 The Committee has also noted the success which has been achieved by OP sufferers in recent legal cases. Successful cases have now been taken in Australia, Hong Kong, Lancashire and London. However, the Committee was surprised to learn that in one particular case, where a retired shepherd had been awarded £80,000 some £40,000 was recouped in respect of disability payments or sickness payments made to him by the Government whilst he was unable to work. The Committee considers this action to have been most unfair.

4.11 The Committee noted the evidence of Mrs Cherry an OP sufferer who made a plea for doctors to take patients who are OP sufferers seriously. The Committee also noted that in this case the possibility of the effects of OP poisoning being passed from mother to daughter was raised. The Committee considers that this is a topic which would be worthy of further research.

5.

RECOMMENDATIONS

- 5.1 The Committee recommends that the Government should without any delay conduct a Review of all aspects of the use of Organophosphorous Compounds and Organophosphorous Poisoning including licensing, conditions of use and the possibility of genetic transmission.
- 5.2 The Committee recommends that pending completion of this Review, and acknowledging the advice of Dr Goran Jamal that OP users could be at even greater risk than previously thought, a moratorium on the use of OP based pesticides should be introduced by the Government.
- 5.3 The Committee recommends that the Government should, as a matter of urgency, exhort chemical manufacturers to develop safer alternatives to OPs, particularly since recent anecdotal evidence relating to the use of OP based shampoos, fly sprays, domestic disinfestation products and garden pesticides has highlighted possible further dangers.
- 5.4 The Committee recommends that Government must now take action to ensure that information on OPs and on the effects of OP poisoning is made freely available to all concerned - farmers, contractors, veterinarians, doctors - and to the general public. The Committee further recommends that the Government should not levy any charges for the provision of this information.
- 5.5 The Committee recommends that the Government should initiate a public awareness campaign to draw attention to OPs and the dangers attendant on their use.

- 5.6 The Committee while welcoming the establishment of a Diagnostic Centre in Northern Ireland, recommends that Government should also ensure that a Detoxification Unit is also established as part of the Centre, and that these Units are put in place without delay.
- 5.7 The Committee recommends that the necessary resources for the proper working of the Diagnostic Centre and Detoxification Unit are provided, and that necessary training and equipment costs are met. The Committee further recommends that funding for a programme of clinical investigations by independent experts of those claiming health damage from OP exposure should be put in place.
- 5.8 The Committee recommends that the Government should through regional Chief Medical Officers institute a programme for the toxicological education of doctors, to ensure that General Practitioners can recognise OP poisoning, and that patients suffering from the symptoms of exposure to OPs are treated seriously.
- 5.9 The Committee recommends that those farmers, who in the past have shown a complete disregard for the basic rules for protecting their health during sheep dipping operations, should now cease putting themselves at risk by obeying the Health and Safety instructions given to them about the handling and use of OP compounds.
- 5.10 The Committee recommends to the Government that the following three items of required action in relation to OPs which have been identified by NIOPSA should be implemented:

- ensure that appropriate action is taken in order that no further cases of OP poisoning occur;
- ensure that those already affected by OP poisoning receive appropriate treatment and support;
- ensure that those whose lives and livelihoods have been devastated by OP poisoning receive appropriate redress.

5.11 The Committee recommends that the Department of Health and Social Services should monitor the research being conducted by Randox Laboratories in Northern Ireland into the Gulf War Syndrome - in particular the work which is being done to identify OP poisoning. The Committee further recommends that the Department should ensure that the result of this research when published is fed into the Government's work in relation to OP poisoning for the benefit of all OP sufferers.

MEMBERSHIP OF
STANDING COMMITTEE D
(AGRICULTURE AND FISHERIES ISSUES)

LIST OF
PERSONS AND BODIES WHO
HAVE PROVIDED EVIDENCE

LIST OF PERSONS AND BODIES WHO HAVE PROVIDED EVIDENCE

NORTHERN IRELAND ORGANOPHOSPHOROUS SUFFERERS' ASSOCIATION

- Mr E Patterson
- Mr J McConnell
- Mrs Cherry
- Mr A Smith
- Mr R Sloan

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

- Dr Henrietta Campbell - Chief Medical Officer
- Mr Morris McAllister - Chief Environmental Health Officer

DEPARTMENT OF ECONOMIC DEVELOPMENT

- Dr Delia Skan - Employment Medical Advisory Service

ULSTER FARMERS' UNION

- Mr Alasdair MacLaughlin - Director General
- Mr Wesley Aston

MURPHY AND O'RAWE, SOLICITORS

- Mr Peter Lynch

HEALTH AND SAFETY EXECUTIVE - FIELD OPERATIONS DIRECTIVE, SCOTLAND

- Mr A W Mitchell - Pesticide Liaison Inspector, Glasgow

DEPARTMENT OF AGRICULTURE FOR NORTHERN IRELAND

- Mr Peter Small - Permanent Secretary

MINUTES OF PROCEEDINGS

MINUTES OF EVIDENCE

- 30 October 1997 - NIOPSA**
- 27 November 1997 - Ulster Farmers' Union**
- 12 February 1998 - NIOPSA**
- 26 February 1998 - Chief Medical Officer, DHSS**
EMAS
Chief Environmental Health Officer

NORTHERN IRELAND FORUM FOR POLITICAL DIALOGUE

STANDING COMMITTEE D

Thursday 30 October 1997

MINUTES OF EVIDENCE (Mr E Patterson, Mr J McConnell and Mr L Patterson (Organophosphorus Sufferers' Association))

on

ORGANOPHOSPHATE POISONING

The Chairman: Members, on your behalf I would like to welcome to our meeting Mr Ernie Patterson, Mr Lawson Patterson and Mr Jim McConnell from the Organophosphorus Sufferers' Association. Gentlemen, you are very welcome. We are sorry that you have had to come along because you have obviously identified a very serious problem which is affecting your members.

To date the Committee has been interested in matters affecting the financial viability of farmers and the agricultural industry. You are here dealing with a subject which in many ways is much more important — a matter which affects the very health of our farmers — and therefore we are pleased to give you as much time as you need. I will ask you to make your presentation and then take questions from members.

Mr E Patterson: Thank you very much for the opportunity to bring to your attention the problems which relate to the use of the organophosphate pesticides.

Just to give you a brief history, organophosphate pesticides (OPs) were introduced over 40 years ago to replace organochlorines as OPs were, supposedly, safer. Organochlorines were found to persist in the environment and they were causing problems in the food chain. OPs were introduced to replace them because they were supposedly safer in the long term.

But in 1951 the Government had a working party report to them on the problems associated with these new chemicals, and this report, which has become known as the Zuckerman report, was entitled 'Toxic Chemicals in Agriculture'. It was a report to the Minister of Agriculture and Fisheries which recommended that precautionary measures be taken against toxic chemicals used in agriculture. A number of things were highlighted in those days — and this was in 1951 — about these new OP chemicals, and various recommendations were made. In relation to protective clothing, for example, it was recommended that operators should wear white protective clothing and that the chemical itself should contain a dye so that it was easy to identify when splashes occurred. It was also recommended that the labels on the containers should be worded "Deadly Poison".

Various other recommendations were made in this document away back in 1951 which were never implemented when these chemicals came into widespread use. To go back a little bit further, OPs were actually developed as a by-product of nerve gas. Nerve gas was produced by the Germans in the Second World War as a weapon of war but it was later realized that it could possibly be used as a pesticide. Over the subsequent years organophosphates were introduced as a pesticide, an insecticide, a herbicide and a fungicide.

OPs were introduced as a sheep dip in the 1960s, and from about the early 1970s onwards OP sheep dip was in widespread use. In fact, under the Sheep Scab (NI) Order 1970, sheep farmers were required to dip their sheep each year using an approved product — and the Ministry-approved product was an organophosphate sheep dip. The farmer was required to fill in a form and send it to the veterinary officer of the Department of Agriculture to let him know where the dipping was to take place and how many sheep would be involved so that he could send out an inspector to check the number of sheep that were treated and that an approved chemical had been used.

In later years we had compulsory dipping twice a year, but in 1992 compulsory dipping was abolished in Great Britain — shortly afterwards it was also abolished here. This was not because we were finally on top of the sheep-scab problem. Shortly after that a certificate of competence was introduced and anyone who wanted to buy sheep dip had to enroll for a course of training. He had to complete an examination based on the information contained in this booklet. It was an academic examination and there was a practical aspect to it as well. But this was only introduced after compulsory dipping was ended. While it was still Government policy for sheep to be dipped, dip was freely available and we were required to use it without any form of training and with minimal safety information. The product had not changed and the procedure had not changed. Something about this did not quite ring true: what had been acceptable under Government policy was no longer acceptable.

I began to research this over a year ago and I wrote to various organizations to see what information I could get. I was asking for information on the long-term effects of exposure to OPs and I contacted the Department of Agriculture's Health and Safety Inspectorate. I was sent three documents: one produced by the Health and Safety Executive; one produced by the National Office for Animal Health in conjunction with the Veterinary Medicines Directorate; and one produced by MAFF. None of these documents covers the long-term effects of organophosphate poisoning. The only symptoms that are referred to are those that occur within a short time — 24 hours or 48 hours after dipping.

These three documents contradict one another. In the recommendations on how to protect yourself when handling sheep which have been dipped, one of these documents says that gloves must be worn; one says that gloves may be worn; and the other says that gloves are not required at all.

I also wrote to the Health and Safety Executive in England, which produces most of this safety information, but all I received was a leaflet entitled 'Sheep Dipping', which I had already received from the Department. Fortunately, I did not leave it at that. I also wrote to various other organizations that I managed to get addresses for. The staff in the National Office for Animal Health who got exactly the same letter, requesting the same information, were more forthcoming. They sent me a copy of document MS17, which is produced by the Health and Safety Executive and is called 'Biological Monitoring of Workers Exposed to Organophosphorus Pesticides'. You should all have a copy of this in front of you.

This is a very important document; there is a lot of vital information in it. Look at the end of paragraph 3 and mark the last two words with a pen — “cumulative toxicity”. The whole document is very important, but there are three key points that I would ask you to note. The fact that it is described as “cumulative toxicity” means that you cannot regard exposure to an organophosphate as a one-off experience — it is a cumulative thing.

If you look at paragraph 8 — three quarters of the way down — you will find that OP formulations based on organic solvents are liable to penetrate protective clothing. This was news to me. There was no guarantee that OPs could not penetrate even the protective clothing that we were required to wear.

If you look at paragraph 12, you will see that repeated absorption of small doses — for example, from contaminated clothing, has a cumulative effect. Again, this confirms that it is not a one-off experience, and they give the example of contaminated clothing. But that can also refer to the handling of sheep in the weeks after they have been dipped. After they have been through the dip there is a residue on the fleece. And for years there was no warning about protection post-dipping.

If you turn to the back of that document and look at the date at the bottom, you will see that it was first published in 1981, revised in 1986 and revised again in 1987. Yet that information was never circulated to farmers, vets or doctors — people who were expected to come into contact with this stuff.

The first reaction when people read that is one of shock. It is a shock to find out that it is a cumulative thing and that the protective clothing that we were recommended to wear was not going to protect us. When you read through it again and come across references to progressive inhibition of nervous tissue, to its being a progressive thing, to its doing irreversible damage to the nervous system, the reaction is one of deep shock. This gives way to anger when one considers that this information existed but was never passed on to us.

The official line is that there is no problem if this stuff is used in accordance with the recommendations. But as you can see from that document, the OP formulations are liable to penetrate protective clothing. A study was carried out by the Institute of Occupational Medicine in Edinburgh to investigate this. They took samples from sheep-dippers — from those who wore full protective clothing and from those who did not. They found the same level of metabolites of OPs in the urine of both groups of people. This study confirms that the recommended protective clothing did not offer real protection and it also indicates that inhalation is a likely source of contamination.

The scant information with which we have been provided over the years has been totally inadequate. I have here a photograph of a dipping pack, bought about 10 years ago; in large letters on the front it says that it is an approved sheep-dip. The material that we were required to use was approved by MAFF and it would have been stamped “MAFF Approved”. There are large letters on the front of this to indicate that it was an approved dip. This photograph shows the end of the box, and there are two warning signs: one of them says, in large letters, that it is inflammable; the other says that it is corrosive. There are no indications on the outside of the box that it is also toxic, and there is no indication on the outside of the box that it is an organophosphorus product. You would have to read the very small print on the back of the cans inside the box to find out that it was an organophosphorus product.

Operators naturally assumed that the product had been tested and deemed to be safe because it was approved. The presumption was that as the Government had licensed the product, it would also have done all the necessary safety checks. But that is not how the system works. The product is not licensed as a pesticide, although that is what it is, but rather as a veterinary medicine. The Veterinary Medicines Directorate is a Government agency which is responsible for the licensing of this type of product. It is also dependent on licensing fees for its income. When a manufacturer submits an application for licence, it is assessed by the Veterinary Products Committee, which reports to the Veterinary Medicines Directorate. The manufacturer is required to carry out the safety tests — no independent tests are carried out. This body also assesses any suspect adverse reactions (SARs) when licensing products. The Committee, which has already approved a product, is expected to assess any reports of adverse reactions to the product. Any acceptance of cases of adverse reaction would reflect badly on its previous judgement that a product was suitable for a product licence.

This booklet that I am holding is the Veterinary Products Committee Appraisal Panel's report from 1995. It lists all the SARs to the licensed products. One of the problems with reporting a suspected adverse reaction to the likes of sheep dip is that it is very difficult to get a diagnosis. It is very easy to write the report of an adverse reaction off, if there is no medical backing.

The unacceptability of this type of system was identified in the 1960s when the Cairns Committee was set up to investigate the reporting of aircraft crashes. It was noted that the organization which issued certificates for air-worthiness for aircraft was also the organization which investigated air crashes. Any flaws in aircraft design which might have come to light during a crash investigation would have reflected badly on the authority's previous decision to issue a licence. The Cairns Report found that this type of arrangement was unacceptable and coined the phrase "intellectual corruption". The investigating authority must be independent of the licensing authority.

I want to refer to the Hansard of the House of Lords for 24 June 1997. There was a discussion on the organophosphorus situation; the document runs to 12 or 14 pages, but I want to refer you to three paragraphs from three different Members.

The first Member was the Countess of Mar, an OP sufferer. She said

"The Veterinary Medicines Directorate and the Pesticide Safety Directorate are both Government agencies, depending for much of their income on the fees that they charge the chemical companies for licensing new products. They rely on them to submit authentic data, and there is no independent cross-check of that data."

Another Member who spoke on that occasion was Baroness Park of Monmouth. She said, with regard to freedom of information on this subject

"If mistakes were made or information was not considered relevant or sufficiently substantial and was, therefore, not brought forward or was even suppressed, now is the time to remedy that. That may offer the chance to set the record straight and to ensure that there are no more time-bombs of undisclosed knowledge ticking away."

Lord Lucas, previously of MAFF, replied

“I look back at my time in MAFF and think that we set up those committees and used them in a way which led to many of the problems which we faced towards the end of our term in office and which led to the breakdown in trust between the people of this country and MAFF and what it said.”

In October 1996, Michael Meacher, who was then Shadow Secretary of State for Environmental Protection produced a document entitled ‘Dangerous Dips — the truth about organophosphates’. This is a Labour Party document, and in it he points out the problems that there have been with the distribution of information on this subject. The document makes five recommendations.

First,

“There should be a moratorium on the use of OP products in sheep dips. MAFF should begin a programme of informing farmers about and assisting them with alternative methods of protection against sheep scab, including non-OP dips.”

Secondly,

“The Government should commission an urgent study of known cases where farmers and others have suffered from OP use, using *inter alia* the data base compiled by the OP information network.”

Thirdly,

“The Health and Safety Executive and the Department of Health should co-operate in an urgent programme of public education on the potential dangers of OP use and ensure that health professionals are fully informed about symptoms and treatments.”

The fourth recommendation was

“The licensing system for OPs and related products should be examined to reduce dependence on manufacturers’ toxicity data and to ensure that licences can be speedily revoked where there is evidence of danger to public health. Consideration should be given to moving control of licensing from MAFF to the Environment Agency.”

And the fifth recommendation was

“Products containing OPs should only be sold to the general public when accompanied by clear advice about potential health risks and necessary safety precautions.”

The Labour Government came to power earlier this year, and one of their campaign messages was that there would be freedom of information. Dr Cunningham met with the Organophosphorus Information Network on 14 July 1997 and there is a report of this meeting in ‘OP News’, the network’s newsletter.

“He spoke warmly of his meeting with us — the Organophosphorus Information Network — and said that it had been useful. He reiterated his wish to keep in close touch and to try to get funding for medical research, but he said that he could not ban OPs because of advice from Government lawyers.”

The next day Dr Cunningham was also interviewed on ‘Farming Today’. So the Labour Party has been unable to do what it planned to do. It is no secret that should they introduce a moratorium, the chemical companies will sue the Government.

The risk to farmers as a result of exposure to sheep dip is only one aspect of the problem. There are also risks in repeated contact with the sheen over a period of months after dipping.

This also applies livestock-lorry drivers, drovers at sale-yards and abattoirs, sheep shearers and those involved in the skin and wool trades. Indeed, the wool trade is having difficulty with the level of OPs which are washed from the wool at wool processors. The level of OP in the wash water discharged into local waterways is above the standard set by EC Regulations.

This is a booklet produced by the British Wool Marketing Board. In a paragraph entitled “Pesticides”, they recommend that farmers reduce the use of pesticides where possible. It says

“If sheep have been dipped within two months prior to shearing, pesticide residues on the fleece are washed off in the early processing cycle which can cause serious problems.”

In one case a wool processor has installed a reed bed at a cost of £30,000 to try to filter the water leaving the factory — and bear in mind that wool is not usually shorn from sheep for at least six months after last dipping.

There are a number of advisory leaflets on sheep-dipping available now, some of which contain contradictory information. It is also interesting to note the dates when these were produced: they date from 1993 onwards; they appeared after the end of compulsory dipping. Each new edition of these leaflets contains a little more information and recommends additional protective clothing. For example, we now have a recommendation that face shields should be worn while dipping and that gloves be worn when handling sheep for some weeks post-dipping. Yet none of these leaflets which were available to farmers carry full details of the health risks, nor do they advise that the recommended protective clothing will not prevent exposure.

The Health and Safety Executive produced a video entitled ‘Sheep-Dipping’ which discusses the risks associated with OPs and includes interviews with people who have been ill after exposure to sheep dip. This video goes into some detail. It was produced in November 1993 after the end of compulsory dipping. The information included on this video was not suddenly acquired as a result of new research. This video costs £45 to buy, but the Health and Safety Agency in Ladas Drive has one copy which they will lend out to farmers.

Although it was produced in 1993, farmers in Northern Ireland are only getting the chance to see this video in 1997. The existence of this video and the lending service has not been widely advertised, and this drip-feed approach to passing on the details of the risks associated with OPs is totally unacceptable. While the Government line is that more research is needed to determine the risks — and they have funded a study, the results of which will not be known until 1999 — this is only a stalling tactic. There was sufficient information available to detail the dangers through the Health and Safety Executive video, in the Health and Safety Executive's document MS17 and even in the preparation of the Zuckerman report.

There are three aspects to the action required: the past, the present and the future. We do not want anyone else to be affected by exposure to OPs in the future. Full and complete information must be made freely available. Anyone who is likely to come in contact with OPs must be informed of the long-term risks to health as well as of the possibility of acute poisoning. The operators must be made aware that protective clothing is not guaranteed to protect against exposure and that contamination can take place by inhalation.

As for the present, there are those who are ill but who have been unable to get a diagnosis in Northern Ireland. There are two confirmed cases of OP poisoning that we are aware of, and in both cases the person had to travel to Glasgow for a diagnosis. The medical profession in Northern Ireland does not appear to have the facilities to recognize the symptoms, diagnose the illness or provide any form of treatment for sufferers. The training and the equipment needed to diagnose the effects of OP poisoning should be made available in Northern Ireland; some sufferers are not able to travel to Glasgow to have the neurological tests done. The equipment which is available in Glasgow is sufficiently sensitive to analyze the damage to the nervous system; diagnostic facilities such as these are denied to sufferers in Northern Ireland, yet the medical team in Glasgow is prepared to provide training in them.

And there is the past element: some of those who have been ill have been ill for some time. In fact, this report which came from the team in Glasgow details the problems of one individual sufferer; this particular gentleman was poisoned over 30 years ago, and he only got his diagnosis last year.

Over the years when these people have been ill their lives and livelihoods have been devastated. Some are unable to work; some are only able to work part-time; and others have had to change employment or reduce their workload. These people have had to endure the suffering brought about by exposure to OPs without adequate medical support, without diagnosis, and without some form of compensation for the lost years of their lives. Medical facilities have not been made available to recognize and diagnose OP poisoning in the chronic form, yet acute and chronic OP poisoning is referred to in the Department of Social Security document C3. It is a prescribed disease under the industrial injury provisions of the Social Security Act 1975.

Given that OPs have been in use as a pesticide for over 40 years and in widespread use for over 20 years, and given that OP poisoning has been a prescribed disease for over 20 years, the number of recorded cases of OP poisoning during that period ought to be an indicator of the size of the problem. But with cases of OP poisoning not being recognized or diagnosed, there is no accurate picture of the extent of the problem — in fact, there is no picture available at all.

I have contacted the Regional Drug and Poisons Information Service, located at the Royal Victoria Hospital, for figures relating to the incidence of both acute and chronic OP poisoning in Northern Ireland from 1960 to the present day. The Poisons Information Service were unable to

provide the information and they suggested that I contact the Statistics Department of the Regional Information Branch of the Department of Health or the Employment Medical Advisory Service. I wrote to both of these organizations. The reply from the Employment Medical Advisory Service indicated that they did not hold data on the incidents of acute and chronic OP poisoning in Northern Ireland from 1960 to the present day. I have had no reply from the Department of Health.

Over the years, any information which was generated on the subject of OPs and human health seems to have been sucked into a black hole. Right from the early warnings of the Zuckerman report of 1951, through the Department of and Social Security document C3 of 1975 and the Health and Safety Executive's MS17 document of 1981, details of the risks, symptoms, tests and diagnoses have been ignored. The organizations which should have information available are not forthcoming on this subject. With information services unable to provide information and advisory services providing little in the way of advice, the extent of the problem has not been quantified and the plight of the sufferer has not been addressed.

In conclusion, I suggest that, as some of you are farmers, you put the system to the test. Imagine that you have not seen MS17 or read its contents, or even known of its existence, and contact some of the organizations which you would expect to be able to help you and ask for information on the long-term effects of OP exposure. The response to those who have sought such information in the past has been totally inadequate. We hope that as a result of today's meeting that situation will change. Thank you very much.

The Chairman: Thank you, Mr Patterson. Do either of your colleagues want to say anything at this stage?

Mr McConnell: We were hoping that some members would ask a question or two and we would try to answer them.

The Chairman: Before I take questions I would thank you very much, Mr Patterson. That has been an extremely clear and well thought-out presentation, and I thank you very much for your clarity.

Mr Poots: Given that the MS17 form was not sent to the doctors, vets and relevant people, what was the reaction from doctors when you people suffering from OP poisoning went to see them?

Mr McConnell: I am in a good position to answer that because I have been going to the doctors for over 30 years. When my own GP saw me coming he took out his book and prescribed painkillers right away. I told him time and time again not to give me any painkillers as I would not be taking them because I knew that they were doing me no good. The only thing which the MS17 document recommends — it does not recommend Valium tablets, but it does recommend Valium or Diazepam injections — which ever did me any good was Diazepam which I have been on for 30 years.

I have a bundle of doctors' reports in front of me — you can see how thick it is; they are mostly from Northern Ireland. I was with four or maybe five neurologists; these are the top men. The first one I went to see was in the City Hospital — that was in 1992. His report was the worst you ever saw in your life. I have a copy of it here if anybody wants to see it. After the examination was over, I drew his attention to my concern that the reflexes in my ankles and feet were not working; further up my legs the reflexes were overactive. I asked him before I left what

he was going to put on my report. “Nothing” he said. “I am not going to put anything on the report because I can find nothing wrong with you.” This fellow’s name was Watt. There was another doctor along with him and between the two of them they rigged the report to show that there was nothing wrong with me. I went to the Ombudsman about this, and the Ombudsman took no action whatsoever. So that is something I want to know before we leave: what is the function of the Ombudsman?

The other neurologists that I went to based roughly half their reports on those of the previous neurologists — they seemed to have had no mind of their own. Each neurologist based his findings on the previous one’s report but they all put the emphasis on — and this is what makes me think the doctors knew what they were about — “all reflexes grossly intact, particularly ankle joints.” They all did the same thing, but an industrial tribunal was held on the strength of the reports that these doctors were writing out — and that is a serious thing. Then when the industrial tribunal was held, they looked up and said, on the basis of these doctors’ reports “There is nothing here. You do not suffer from this complaint.” This is what these doctors were putting down.

There was one particular fellow named Hopkins whom you may recall from television — he attended that fellow Callaghan who died from CJD. He examined me. And when I got his report — and he had Peter Blain’s report from Newcastle-on-Tyne, one of the boys who was researching with Dr Jamal — it showed that he had no doubt that I was suffering from organophosphate poisoning. But the tribunal sent me to Hopkins after I got Peter Blain’s report. Hopkins was sceptical and he also said that my reflexes were grossly intact, particularly my ankle joints. So I wrote to my solicitor — he is sitting behind you — before the tribunal came up, and I told him what I thought of the report: two-thirds of the report was nonsense. I knew various other remarks which he made were wrong, and I said to my solicitor “There will be doctors at the tribunal who can test the reflexes in my ankles and feet, and they can tell whether this report is right or wrong.” But that never took place; they went on his word.

We had an awful struggle to get to see Dr Jamal who was eventually to diagnose this and give me a good report. And I think the reason we got to see Dr Jamal at all was possibly that the industrial injuries boys were so convinced that these were bogus reports, whatever you like to call them. They said “This fellow has not got it; we will send him to Dr Jamal.” But when they got Dr Jamal’s report it showed that I had no less than 60% neurological damage and that the reflexes in my ankles and feet were diminished. So that shows you what you are up against.

Mr Poots: Who sent you to Dr Jamal?

Mr McConnell: The industrial tribunal.

Mr Poots: Does the NHS send suspected sufferers over to Glasgow?

Mr McConnell: No.

Mr Shannon: You were the gentleman who was on Radio Ulster this morning. Is that correct?

Mr McConnell: Yes.

Mr Shannon: You put over a very good case. Wendy Austin took your comments on board anyway.

The purpose of this meeting as far as you are concerned is to highlight the issue of OP poisoning. I presume by doing that you are hoping that the Government will recognize that there is OP poisoning. Perhaps you are also looking for compensation. Is that where you are at now — recognition and compensation?

Mr E Patterson: As I said, there are the past, present and future aspects of the required action. We want full and complete information to be freely available. That is not the situation at the moment. If you want to put it to the test you can try to locate some of these documents yourself. You will see how difficult it is. Anybody should be able to go into these advisory offices in Belfast and obtain these documents. They are not available.

There are those who are presently suffering from OP poisoning but, as we have found out, it is very difficult to get any sort of diagnosis in this country. With regard to the sophisticated neurological tests that are required to determine the damage to the nervous system, it appears that Dr Jamal and his team in Glasgow are the only people at the moment who have the expertise to be able to quantify that. We need those facilities to be available in Northern Ireland. As I mentioned, there are at least two people whom we know of who would be unable to travel to Glasgow.

There is the past aspect to it as well. People have been ill for quite a number of years. If you interview some of the people at the back there as well, you will find that they all have a disability of some sort which prevents them from carrying out the work they used to do. They may be able to work part-time. They may not be able to work at all. They may have had to change their employment. They have had to change their lifestyle entirely.

Those are three elements of the action required — the past, the present and the future.

Mr Shannon: Ultimately, if the Government accept that there is a problem, compensation will come from that. Is that what you are really about as well? For instance, do the DHSS give sufferers benefit? If the DHSS has accepted that there is a problem there with suffering, is that not in itself recognition?

Mr E Patterson: That is the case for someone who was in employment. It does not apply to farmers, who are self-employed in most cases.

Mr Shannon: May I suggest to you that a test case would be a method of bringing this matter to a head. Mr McConnell has been to Glasgow and has had the final round of tests which have indicated that there is a problem. The tests have also indicated that the problem comes from OP poisoning. If Mr McConnell were the person to take forward a test case, I am sure there would be Government assistance legally available to him, should he be unemployed. Have you thought of that?

Mr E Patterson: That may be a possibility. The funding would be a problem, I imagine. The chemical companies and the Government would pull out all the stops. The Government have to recognize and accept that there is a problem first of all.

Mr Shannon: You are looking for recognition of this problem. I know that you are hopeful that today's meeting with the Forum, the press coverage that you are going to have as a result of that and Mr McConnell's interview on the radio this morning will help to highlight all the issues. One way of highlighting the problem is for you to present a test case to the courts. I am suggesting that if a person is unemployed and has no steady income, legal aid would be available. That may not always be the case and it may only take it so far. But if you want to highlight the issue at the highest level, perhaps a court case would be the best way to do it. There is no doubt that the Government and perhaps the chemical companies will be very much opposed to it. They are going to fight their corner. But if you have a good case — and from what you have told us here today, you have a very good case — why not take it forward?

Mr E Patterson: It is certainly a possibility if someone is prepared to put his or her individual case forward.

Mr McConnell: Excuse me a minute. There are problems there. There are four bodies — the Veterinary Medicines Directorate, the Department of Agriculture, the Government and the chemical manufacturers. Whom are you going to take to court? You have to take the right one to court. Whom are you going to take?

Mr Shannon: Your legal opinion would advise you which one of those four — or maybe all four — to take to court. Listening to your presentation, I was trying to think what the next stage might be. Perhaps that is the way. It is a bit like the battle between David and Goliath. We all know our Biblical stories. David was the wee boy but he had right on his side. There is no reason for not winning if you have a justifiable case. You have a strong case. You can take it to court and prove it accordingly.

Mr McConnell: As Mr Patterson said, the reason the Government are not banning OPs is that they have issued licences to these companies to sell this product. If the Government revoked those licences, the chemical companies would take the Government to court and take big amounts of money — serious amounts of money — from them.

Mr Shannon: Surely that should not stop you as an individual taking your case forward.

Mr McConnell: It is very complicated.

Mr Shannon: I very much respect that. I understand exactly what you are saying. But what I am suggesting to you is that if you want to take a matter forward, sometimes you have to take on the big guns.

Mr McConnell: You have to be under a certain limit. You will not get legal aid now anyway. You must take out insurance now against losing your case. I have a really good medical report. I am sure they have hunted around for other doctors for there have been a few professors and fellows on the television voicing their opinions about organophosphates. I would say that a few were asked to try to rubbish this report of Dr Jamal's but nobody, so far as I know, did it, or even attempted to do it.

On the question of going up against these chemical companies, there has been one case, to date, in England. The man was brought into the court in a wheelchair. Now what his other ailments were, I do not know, but he partially won his case. The results only came out a week or two ago. It has been months since the case was held. This man won his case only partially and he

was in a wheelchair. The judge said that there was no doubt that it was this chemical that he was using that had caused some of his complaints. He did not make any comment on the other ones.

Mr Shannon: You drew the comparison between OP poisoning and Gulf War syndrome. In the cutting which you have furnished us with from 'The Guardian' of 25 October — not very long ago, in fact — the Government have accepted by and large that there is a Gulf War-syndrome problem. If you draw a comparison between Gulf War syndrome and OP poisoning and if they accept that there is a problem with Gulf War syndrome, I suggest to you that they have also got to accept the other problem. By the way, since the war, as we all know, the Government refused to accept that there was a Gulf War syndrome. The Americans refused to accept it. But there were people fighting on behalf of the soldiers and they pressurized the Government into coming round. Surely the fact that Gulf War syndrome has been proven is in your favour since there are many comparisons and many examples where one overrides the other. Does that not also help your case?

Mr E Patterson: Yes, I think that will help the case. For quite a long time, as you point out, the Government denied the use of organophosphates on a widespread scale in the Gulf. It was only about a year ago that they finally admitted that OP pesticides were in widespread use. That may have complicated the situation for the Gulf War soldiers. They were obviously injected with various other things as well, but the OPs would certainly have played an important part. In our case, we do not have that complication of the additional injections. It is a straight OP case. It ought to be more simple.

Mr Shannon: The European Court is another method, of course. I am not a legal man. I do not profess to have a legal mind or legal abilities but, nonetheless, that may be another method of taking the case forward.

Mr E Patterson: I gather that someone in England has already taken the United Kingdom Government to the European Court of Human Rights because of their failure to implement the EC Regulations on the level of OPs allowed into ground water.

Mr Shannon: What was the result of that?

Mr E Patterson: I do not know. I do not think it has been decided as yet, but that has happened.

Mr Shannon: Are you able to quantify the number of sufferers in Northern Ireland?

Mr E Patterson: It is difficult. Since the organization was formed about three months ago, we have probably been contacted by about 30 people. I have had a letter from Donegal and even an inquiry from England — people looking for information. People do not know what the symptoms are. The doctors have not been able to help, so to try to quantify the problem is impossible.

Mr Junkin: Would you elaborate a bit more on the symptoms? You mentioned ankles and reflexes, but do you have symptoms in your hands as well? How does it affect your day-to-day work as a farmer?

Mr McConnell: Well, this thing affects eyesight, hearing, blood, tissue and bone. It does not mention water — a good part of your body is made up of water. But when it affects blood,

tissue and bone there is not an awful lot left that is not affected: this thing affects every part of your body.

Mr Junkin: In the case of women, can it be passed on to children?

Mr McConnell: Well, Peter Blain's document — and I have a copy of it here — says that it can have a genetic effect.

Mr E Patterson: If I could just refer back to MS17 for a moment, under the bit about repeated absorption it says

“has cumulative effects resulting in progressive inhibition of nervous tissue cholinesterase”.

If affects the nervous system. The nervous system transmits the signals right throughout the body, and the OPs affect the transmission of these signals, so it really could affect any part of the body. It is actually the nervous system which is affected initially.

Mr Junkin: Does it have a serious effect on you as far as feeding animals, driving a tractor, or sitting down to do your book work are concerned?

Mr E Patterson: The likes of tractor fumes, diesel fumes and petrol fumes affect an OP sufferer. OP destroys the body's ability to cope with mildly toxic substances, so things that to a normal person would be mildly toxic — things like diesel fumes, paint or wood preservative on the fence post — would all affect a sufferer.

Mr Junkin: What about actual exertion? Do you have the energy to do a day's work or do you feel lethargic?

Mr E Patterson: There is quite often a feeling of tiredness but this varies from time to time. If you are exposed to something like wood preservative on the fence posts, you may not be able to work for a few days afterwards. Sometimes you are not aware of being exposed to something. It may also prevent someone from going to sheep sales, or something like that, where there are likely to be dipped sheep around.

Mr McConnell: I live with the Mourne Mountains on one side and the sea on the other and in the spring someone could be spraying in Rathfriland, which is 15 miles away, and I could get the spray in the environment, even from that distance. I never feel well in the springtime — I have not done so for years. It is ridiculous for anybody to suggest that you can do a day's work with only 40% of your neurological system working and 60% damaged. The right messages are not getting to the right place at the right time. You could have a dozen different symptoms during the day and before you get home at night you might have different ones. It does not always present itself in the same way every day.

Mr Junkin: Do you have feelings of clumsiness sometimes?

Mr McConnell: Of fear. That document mentions fear — the Michael Meacher report. Fear plays a big part in this — fear of something that is never going to happen.

Mr L Patterson: You were asking about the ability to work. I found, after a number of years, that I had excessive tiredness, I was not able even to walk at times, and then I started

sweating. I would have had to change every stitch of clothing, and that is still continuing. I would have had to change my clothes even during the night. It is impossible to work. I have listed all my symptoms and if you wish to hear them, I can read them out at any time.

Mr Junkin: I hope that you do not think that this question is insulting: what effect does this have on the sheep? The sheep are being put into this dip; their skin is meant to absorb it deep enough to kill the scab, but sheep have soft tissue on their eyes and noses and some of the dip probably gets into their mouths. What actually happens to the poor, old sheep that get dipped once or twice a year?

Mr E Patterson: That is an interesting question.

Mr L Patterson: I can help you on that one. I reported that problem to my vet in 1974. I had built a new sheep-lambing shed and initially I noticed that the sheep were getting in and out normally, but by the end of November, the sheep that were coming in were staggering and had staring eyes. They were not able to get in; I had to leave them and eventually they did get in, but they did not die. They lambed in due course and when the lambs were just about to be weaned we let them out and they were having the same symptoms; they got down and could not get up.

Shortly after that I took what I thought was a heart attack. I had collapsed and the consultant at the Belfast City Hospital eventually put it down to Q fever. In 1990, I collapsed again, and I saw the same consultant in the City Hospital. I asked him if it was Q fever and he said that it was not and that he did not know what I had. But, regarding the sheep, I have a document here that says that sheep belonging to the former Secretary of State, Mr King, who, as you know was a farmer, were similarly affected. So it is transmitted to the sheep.

Mr E Patterson: The fact is that this is a progressive thing, and it may take several years for it to show in humans. The life cycle of a sheep is only five to six years so it may not live long enough to show any long-term effects, whereas, while humans may be affected a short time after dipping, it might be 10 or even 20 years before the symptoms show. In fact, the neurological tests they do in Glasgow can determine the degree of damage to the nervous system before the symptoms appear in the person. Those are the sort of facilities that we need here.

Mr Junkin: Is organophosphorus and its compounds used for plant protection as well? I seem to remember working on a vegetable farm in Kent during the school holidays in 1967, and we had to dip broccoli plants into a chemical. I have that smell in my nose now; I think that was organophosphorus because we were told to be careful with it. I was dipping my pile of plants into the tank and another 30 or 40 chaps were splashing theirs in as well and running to get more. We came home every night reeking of it.

When looking over this, I noticed the word “phosphine”. I think I remember using phosphine for rabbits, so that is why I am asking you if this stuff is widely used in a lot of chemicals and processes.

Mr E Patterson: Yes. You will even find that the fly sprays you use in the house are also organophosphorus. Vapona fly spray contains organophosphate, which is the common ingredient in sheep-dip. Even the product which, for a number of years, was used to treat head lice in children — Malathion — is also an organophosphorus product. It was used for quite a number of years with no warnings about its long-term effects. Yet, some of those documents indicate that the long-term effects have been known about for quite some time.

There are those parallels; there is the farmers' situation; there is the treatment of head lice in children; there is the Gulf War situation; and there are the pet flea treatments as well. There was a product called Droplex on the market — the 'Watchdog' programme featured it on three occasions when it was pointed out that pets were having an adverse reaction to this product. It was reported that 25 cats and three dogs had died after this product had been used on them, and it was taken off the market straightaway. Again, that was organophosphate, the same product as the sheep-dip.

Mr Junkin: You mentioned that you had been in touch with the ombudsman and that you were not very satisfied with his first response. Did you write a simple letter to the ombudsman, or did you send the sort of details that you are furnishing us with which show the immensity of the problem, so that he had something to work on? I am assuming that the ombudsman knows nothing about phosphorous or organophosphorus.

Mr McConnell: This is it here. I wrote it out in detail and sent it to the ombudsman.

There was a clear conspiracy between Royston House, my GP and the first neurologist that I was with in Belfast — without a shadow of a doubt. I was on sickness benefit at the time. I think it was on a Wednesday that I was with the neurologist in Belfast, and when I went to see my doctor on the Friday, he said that I was off the sick. After about six months I phoned Central Benefits Branch to see what they were doing about it, and they said "Go to your GP and get a sick note from him." They said that I should know what was ailing me. I had no more notion of what was ailing me than that potted plant sitting there. I gave all that information to the ombudsman; I put various complaints to them, but they were never able to do anything.

Mr Junkin: Did you go through a Member of Parliament?

Mr McConnell: That has been done. Before you go to the ombudsman, a Member of Parliament has to sanction the thing.

The Chairman: Before we leave this point, what are sufferers commonly being diagnosed as having, if not OP poisoning?

Mr E Patterson: Some people have been diagnosed as having ME or MS as some of the symptoms are similar. And, as Mr McConnell says, Parkinson's disease, as well.

The Chairman: But these are diseases the causes of which are, largely, still undetermined. For example, when we were taking evidence on BSE, it was put to us that while BSE might have been spread through meat and bonemeal, the actual cause of it may have been organophosphate poisoning through the use of pesticides on cattle. I am throwing that out as an example. No one in Northern Ireland will give you a straight diagnosis.

Mr McConnell: They will diagnose anything under the sun in Northern Ireland, as long as it is not going to cost the Government. That is about the size of it.

Mr Stewart: Have you lobbied your MPs and the MEPs? What response did you get from them?

Mr L Patterson: I tried my MP — he is an ex-MP now; he was elevated — but it was pathetic. I even had to write to tell him where to get the information in the House of Commons. I subsequently wrote to Lord Alderdice several times, but he is not interested in health matters at all. He just ignored my papers. I have all the information and all the correspondence here if you wish to check it.

Mr Stewart: Was he the only one, or were the others the same?

Mr McConnell: Mr Nicholson is the MEP, and I was in touch with him and John Taylor. Eddie McGrady was the only man who ever did anything; what he did was limited, but at least he tried.

Mr Weir: Mr Shannon made a number of points that I intended to make. It would certainly be worthwhile to look at the idea of a test case. The reluctance on the part of the Government to take any action stems from the potential financial loss and the danger of being sued by the chemical companies, but we have seen, through the Gulf War syndrome and other issues, that a Government can be embarrassed on health issues and tend to take action at that stage. That is one area that should be explored.

You are highlighting the issue in Northern Ireland and representing the sufferers, but what equivalent organizations are there in the rest of the United Kingdom? What connection do you have with them? Is there any pooling of information? You have indicated that there has been a reluctance on the part of doctors here to diagnose symptoms. There appears to have been more diagnosis in other parts of the United Kingdom and I just wondered if any groups in England have been able to unearth, for example, better medical research on the subject, or something that might be useful.

Mr E Patterson: Yes. We have been in touch with the Organophosphorus Information Network. This was originally set up as an organization to deal with the problems experienced by the farmers in the south-west of England, but it has now been extended to cover all of the United Kingdom. There is also another organization called the Pesticide Exposure Group of Sufferers which, again, has been collating information. We have been in touch with both these groups and received very useful information. There is also the Pesticides Trust which has produced useful information on the subject as well. People over there are having exactly the same difficulties. Although there are diagnostic facilities in Glasgow, it is a sort of “man on the ground”, as it were, and they are still having difficulties getting a diagnosis.

Mr Weir: You say that the groups that you mentioned have gathered information on the subject. Are any of them, like yours, acting as a lobby group for the sufferers?

Mr E Patterson: I referred to the meeting between the Organophosphorus Information Network and Dr Jack Cunningham earlier this year. The previous Government really did not want to know. At least the Labour Government have been prepared to listen and discuss the thing. As I pointed out, Michael Meacher’s statement prior to coming to power suggested that Labour were going to do something about this. However, now that they are in power, it looks as if their hands are tied.

There is also a substantial amount of information available in America. I have only referred to the documents that have accumulated here in the United Kingdom, but there are many more in America where there has been freedom of information over the years. For example, in the

case of sufferers of Gulf War Syndrome the Americans were prepared to accept that there was a problem and were prepared to provide treatment even though they could not diagnose the problem. So they have had a different attitude to the situation here over the years. There is a substantial amount of information available on organophosphate problems and multi-chemical sensitivity to things like petrol, diesel and paint. In America multi-chemical sensitivity as a result of organophosphate poisoning is accepted as a disease. So in some senses they are a bit ahead of us. But there are other organizations, and information is available.

Mr Clyde: Mr McConnell, can you point to anything that you have been doing over the years to set this condition off? Is it something you can pinpoint or is it something you have been doing over a number of years like dipping sheep?

Mr McConnell: I have had this condition since 1965. My daughter saw a 'Country File' programme in November 1992 about the effects of organophosphate sheep-dip. She thought that the symptoms described were like mine, so I rang the Pebble Mill Studios in Manchester the next morning. They gave me the number of a helpline run by a man called George Westcott. I wrote down a lot of questions on a piece of paper before I rang the man so that I would not be wasting time, and I discovered that his symptoms were exactly the same as mine. The only difference between him and me was that he had three inches of hair growing on his back. He sent me a video of the whole thing. I watched that video maybe ten times before I could get it into my head that that was my problem. Nobody would believe that the Government could be so stupid as to damage people's health by putting that stuff in sheep-dip.

Everybody knows about rubber gloves now. But in 1965 rubber gloves and oilskins were unheard of in farming. They just were not there. So, dressed in your working clothes, you got the sheep into the dipper the best way you could. And it was not like today where you stand up and push them down with a staff. Those sheep had to be held in the dipper on the broads of their backs for a full minute — and the inspector stood there to see that you did that. You did not just push them down with a crook or a stick; you had to hold them down on the broads of their backs. You were soaked with sheep-dip and that stayed on you all day. If it was a dry day — and you normally dip on a dry day to allow the sheep to dry — that stuff dried into you and your clothes. When you got home at night your youngsters would be sitting by the fire, and they would come and sit on your knee — they would all be breathing the fumes of what you were working with all day.

This is not to say that it was not highly toxic — for it was highly toxic. And I have a coroner's report which says that it was highly toxic, but there no record of anybody ever dying of it. I do not know where the coroner got his report.

Mr Clyde: I had a nephew who got covered with sheep-dip and later he developed headaches and tiredness, and they more or less said that he had ME. Luckily, he has recovered. He had difficulty with his work, but he has recovered. I know another lady whose doctor said that she had ME but that it was all in her mind; there were people in Holywell with the same symptoms. That is what the doctor said to her.

Mr L Patterson: They said that to me, and they sent me to a psychiatrist twice. The psychiatrist knew nothing either.

Mr Junkin: You were lucky that Lord Alderdice wrote you off.

Mr E Patterson: I have had several people contact me who have made that point. When the doctor has done all the tests and come up with nothing, and when he has explored all the options within his realm of knowledge, his last option is to suggest that it is a psychological problem. This has a devastating effect on the sufferers because they then realize that the doctor is not prepared to take the medical symptoms seriously any longer.

The Chairman: What are the alternatives to OPs for the control of sheep-scab?

Mr E Patterson: Fortunately some new products have come on the market recently. There are now non-OP dips available, and there are also injectable treatments. But some of the new non-OP dips, although supposedly safer to work with, are even more toxic in the environment. You have to be extremely careful about their disposal. Even one drip falling off a sheep's fleece as she walks past a river can kill all the small life in the river for 100 yards downstream. It is extremely difficult to work with.

The new injectable treatments are likely to be the way forward because you do not have the problems of disposal afterwards. They are designed for one particular animal. You do not have the problems of protective clothing and protection of the environment.

The Chairman: Has any research been done on the effects of the use of OPs on the meat?

Mr E Patterson: Apparently they do tests each year on pesticide residues in meat. I do not know what the results are. I understand that if you wait for two weeks after treatment, it is supposed to be clear, but I do not have a report on that.

The Chairman: Finally, have you approached the manufacturers of these substances and, if so, what has been their reaction?

Mr E Patterson: We have not contacted the manufacturers directly.

Mr Poots: I watched the 'World in Action' programme about three weeks ago which featured the case of a child whose house was sprayed with insecticides. He has been seriously ill for nine years and needs intensive treatment just to stay alive. They took the manufacturers to court, but the matter was settled out of court. The manufacturers did not accept liability, but they are paying money every week to that child.

Mr E Patterson: There was another recent case in Hong Kong. An American musician had been practising, and a team came in to treat the place for pests by spraying it with diazinon. As a result of that single exposure the musician became ill, and he successfully claimed against the manufacturers. That was the result of a single exposure.

Mr Poots: Have there been any cases of an individual being affected and another member of his family being affected too?

Mr L Patterson: Yes, it happened in my case. My wife is seriously affected by it, and that has been recorded by the Veterinary Medicine Directorate and the medical authorities.

The Chairman: There is a lady in the Strangers' Gallery who wanted to make a contribution. We would like to get it on the record.

An Organophosphorus Sufferer (Mrs Cherry): I have been affected for the last 10 years with organophosphate poisoning. I have been battling with my doctors and with the medical profession. It is only since 5 September and with the association's help that I have gathered enough medical evidence to persuade my doctor to refer me to Dr Jamal in Glasgow through the Belfast City Hospital.

You mentioned earlier about bringing a claim. I have been to see a solicitor, but I am not entitled to legal aid because my husband works. I have not worked for 10 years. I have collapsed three times, and on the last occasion I was taken into hospital and put on the heart machine with a heart rate of 180 over 70. My husband works, so I cannot take legal action because I do not have the money to prove that I have this illness. Furthermore, I cannot take my case because there has been no diagnosis. And you have to have your symptoms diagnosed before you can even think about taking the matter to court for compensation. I need compensation. I cannot work. I need benefits of some sort but no doctor in Northern Ireland can decide on my percentage of disablement — which is what I need. My own doctor can only say that he thinks my symptoms may be those of organophosphate poisoning. But that is all I have ever been told and I got so fed up because my doctor had not listened for 10 years. But I have battled, and it was only recently when I mentioned going to see my MP that this has all come about. Now I am being referred to Dr Jamal through the NHSS.

Mr Junkin: Has your seven-year-old child been affected with it too?

Mrs Cherry: Yes. She showed signs of weaknesses in her legs; she complained of her joints being sore; she has eye problems — what she calls a foggy eye — and she cannot see at times; she gets desperately depressed; she cries for no reason. Only recently did I find out that this can be genetic. As I have had it for the last 10 years, I honestly believe that my child is affected — but I will be taking this up when I see her specialist in the Royal Victoria Hospital.

Mr Junkin: How do you think you absorbed the organophosphates?

Mrs Cherry: I worked with insecticides for seven years in the horticultural end and then I had my overload in a tannery. I worked in a tannery for 15 months where I handled over 1200 sheepskins a day. They were raw sheepskins. I actually worked with the finished product — the finished skins, but the raw sheepskins lay outside the window where I worked before they went over to the wool house. They had obviously been dipped with sheep-dip, and I was breathing in those fumes every day. I can say that I am more than 50% disabled, but when I go to see Dr Jamal I will know just how bad my disabilities are.

Mr Shannon: Have you any other children?

Mrs Cherry: I have another child. She seems fine. She is older.

Mr Stewart: Does your husband suffer at all?

Mrs Cherry: No, my husband does not suffer. But my husband has been tremendous because the illness has turned my family life upside down. My children have only known a sick mother for 10 years. I cannot honestly say that I have enjoyed the last 10 years, because I cannot enjoy my family life with my children. I cannot go swimming or cycling or walking. I can only walk a short distance before I have to lie down because my legs become so weak that I cannot

stand; I have to carry a portable seat with me when I go out shopping or if I know that I will have to stand in shopping queues, otherwise I would actually have to sit on the floor because my legs would just not hold me. I have written evidence here on this matter from two private doctors, and you are quite welcome to have a look at it.

I would like to point out one other thing before I finish: I would like doctors to take their patients seriously. There are some members of the association who may not have made it today because of the state of their disability. I have spoken to a few of them at our meetings and they have told me that their doctors have practically thrown them out of the surgery because they really just do not want to know; if they do not know about it, they just do not seem to want to know about it. If they cannot diagnose it, they should really read up more on it.

A Solicitor (Mr Lynch): My name is Peter Lynch from Murphy and O’Rawe, solicitors, and I act on behalf of Mr McConnell.

A number of the Committee members have said that we should take a test case. But this is not just a straightforward matter on which you can safely take a test case against the Government and manufacturers. This would be litigation on the scale of asbestosis litigation or tobacco litigation. For many years the tobacco companies have fought these cases and their proud boast up until last year was that in 25 years of litigation they had never paid a penny in compensation. So it is not simply a matter of saying to Mr McConnell — and he is not a wealthy man, by the way — “Give me your life-savings and I will try to do something for you.” I have to give him something more positive than that. I need to be able to say to him, as with any client, “If you can invest money here, this is the amount of money I am asking you to invest. This is the risk. This is the possible outcome of the case.” He then has to make a balanced judgement.

This is an ongoing situation which I have discussed with Mr McConnell and Mr Patterson as well. But I am still frustrated in that I cannot simply say to them “I need between £20,000 and £30,000 to conduct my research to fight these companies.” I am quite convinced that the Government and these manufacturers have all this information at their fingertips, just as with the tobacco litigation where it was shown that the companies had all this information from the 1960s. It had all been stored away. It is all there in place. It is ready to be brought out, and they can hire as many lawyers and experts as they want.

People may simply say that Mr McConnell has obviously a clear-cut case, that we have a report from Dr Jamal which clearly diagnoses him as suffering from this exposure. However, that would be a naïve way of looking at this. For every expert we can produce, the manufacturers can produce 10 experts to say that this is nonsense and that Dr Jamal is a maverick. They will argue that there is just no way that this is the result of organophosphate poisoning.

Mr Weir: Obviously Mr McConnell does not fully qualify for legal aid because of his savings threshold, but would it be possible for the society to find somebody who, because their savings is below that level, would fully qualify for legal aid?

Mr Lynch: That creates a difficulty. The legal aid department is being squeezed by the Government.

Mr Weir: I appreciate that. That is why it might be useful to try to get an action off the ground as soon as possible.

Mr Lynch: But the legal aid department will say to me “How many possible sufferers are there out there?” As an officer of the court I have to give them all the information that I have. If there are 30, 40 or 50 potential claimants out there, they are not going to bankroll one case that 20 or 30 people are going to come in on the back of. That is a normal principle; they will not bankroll a case when they feel there are potential litigants out there who should be making a contribution on a pro-rata basis.

In recent there has been litigation and, again, they got together a sufferers’ group. That is why we are quite hopeful that something may come out of this. I cannot remember what the numbers were, but they were able to go to each individual sufferer and ask them “Will you commit £200 of your money when we eventually go with this case, which is the best one? If this case succeeds, the rest will obviously fall in behind on a liability basis, if not on a quantum basis.” That is a possible way forward, but there are certainly difficulties with legal aid.

I have submitted a legal-aid application form on behalf of Mr McConnell — I am sure Mr McConnell will not mind me saying this — but because we succeeded in getting his benefits backdated to the date from which he suffered, we became the victims of our own success in that we now have to declare the money which he claims, though it is not a considerable amount. But as it is only the poorest of people who now qualify for legal aid, Mr McConnell would certainly not qualify. Mr Patterson, likewise, would not qualify for legal aid. But he is not a wealthy man and he cannot afford to bankroll a case.

The Chairman: On behalf of the Committee, I would like to thank you, Mr Patterson and your colleagues. I am sure we all share a great deal of sympathy with you but I know it is not sympathy that you are after — you want some action and results. When you leave, the Committee will consider what is the most appropriate action to take at this stage. We will be in touch with you as soon as possible. Thank you all very much.

Mr E Patterson: Thank you all, Gentlemen, for giving us this opportunity. As you will have gathered, there is a certain amount of frustration and even anger about this subject. No doubt the information will come to light sooner or later, but we hope that as a result of today it will be sooner rather than later. Thank you very much.

NORTHERN IRELAND FORUM FOR POLITICAL DIALOGUE

STANDING COMMITTEE D

MINUTES OF EVIDENCE

**(Mr A MacLaughlin and Mr W Aston
(Ulster Farmers' Union))**

on

AGENDA 2000 (p2)

WILLOW BIOMASS (p5)

FOOD STANDARDS AGENCY (p6)

YOUNG PEOPLE IN FARMING/RETIREMENT SCHEME (p9)

APPLE INDUSTRY (p11)

NATIONAL SUPERMARKETS: SOURCING OF PRODUCTS (p12)

ORGANOPHOSPHEROUS DIPS (p15)

Thursday 27 November 1997

Mr Clyde: Does the Farmers Union have any views on supporting people that have been affected with OP poison? If they are members of the union, will they be given any support?

Mr Aston: The organophosphorous dip has been used by the industry for some considerable time. It was the only product that was good; there were various other products but these were not effective. Things have moved on to the extent that there is an increasing link between OP dip usage and health problems. The Northern Ireland Organophosphorous Sufferers Association has been formed and they are trying to prove that there is a link between the fact that they have used this product and the health problems that have subsequently arisen. To date, no such evidence has actually been put forward. The Gulf War Syndrome is a similar type of thing also involving the use of OP chemicals. We are quite happy to support these people, provided that there is evidence but to date, there has been none. The use of the organophosphorous dip was compulsory. The Department of Agriculture here and across the water forced people to dip their sheep. You could argue that a different product could have been used, but this was the only one that was of any use so, in theory, it was only because the Government demanded it that people used it. There are alternative products available now, and you do not necessarily have to use an organophosphorous dip although they do still exist. They can be used and are being used provided the right handling precautions are observed — protective clothing, and that sort of thing. If evidence is brought forward, we are quite happy to help them.

NORTHERN IRELAND FORUM FOR POLITICAL DIALOGUE

STANDING COMMITTEE D

Thursday 12 February 1998

MINUTES OF EVIDENCE (Mr E Patterson (Northern Ireland Organophosphorus Sufferers' Association))

on

ORGANOPHOSPHATE POISONING

The Vice-Chairman (Mr Stewart): First of all, Mr Patterson, may I welcome you back to the Agriculture Committee. I would ask you to give your presentation and afterwards, if you would, to take some questions from the Committee.

Before we commence, our Secretary has a letter to read from Dr Campbell.

The Committee Clerk (Mr Barnes): Mr Chairman, since the last time Mr Patterson and the Northern Ireland Organophosphorus Sufferers' Association were with us, we have been seeking information from a wide and varied circle of people and groups. One of those people is Dr Henrietta Campbell, the Chief Medical Officer. I have a letter here from Dr Campbell in which she addresses a number of points that we made to her. She says

“You referred to the Northern Ireland Organophosphorus Sufferers' Association request for the establishment of a local diagnostic centre and I am pleased to tell you that the Department is currently making arrangements to identify a consultant physician who will act as a point of referral for persons with suspected symptoms of exposure to OPs. GPs will be informed of arrangements when they are finalized.

Could I add that Ministers have recently approved the creation of a UK-wide high level group of officials from all Departments with an interest in OPs to monitor and co-ordinate information. Precise terms of reference and membership are currently being drawn up and the group should be established soon.”

Mr Chairman, for the record, may I add that Dr Campbell and Dr Skan of the Employment Medical Advisory Service are due to see the Committee on 26 March.

Mr Patterson: First, I would like to thank the Agriculture Committee very much for having us back again.

Since our last meeting the situation on the provision of information on the health risks due to organophosphates has not improved. The organizations to which a farmer might turn to obtain more detailed information are either unaware of the existence of such information or unable or unwilling to supply such information. An enquirer would naturally assume, when provided with

an advisory leaflet produced by an organization dealing with health and safety, that it would contain all the relevant information on the subject.

Obstacles are repeatedly thrown in the path of the enquirer and it takes a certain amount of perseverance, time and dogged determination to unearth crucial information. Many OP sufferers are not physically or mentally able to wage a continual battle for information. Those who suffer short-term memory loss are unable to sustain a line of enquiry. For some of the OP sufferers here today, the journey to Belfast for this meeting has been an ordeal. Others are unable to come.

The provision of information on health and safety in relation to the use of OPs has been woefully inadequate. The information supplied to farmers has fallen far short of what was known by the Health and Safety Executive, the organization which produces the advice leaflets for farmers. In recent years, we have seen a number of advice leaflets produced each of which contains a little more information than the last, but none of these leaflets provide the complete picture of existing knowledge. The Health and Safety Executive leaflet 'Sheep Dipping', AS29, has been revised several times, each time indicating that additional protective clothing will be required. The most recent edition of this leaflet was produced in December 1995. The range of protective clothing required during dipping and when handling sheep for some weeks after dipping is extensive.

However, the December 1995 edition of AS29 does not refer to the inadequacies of protective clothing as highlighted in the Health and Safety Executive document MS17 entitled 'Biological Monitoring of Workers Exposed to Organophosphorus Pesticides'. For example, leaflet AS29 does not contain the information that OPs are "liable to penetrate protective clothing". It does not refer to cumulative toxicity. It does not refer to the effects of OPs on the nervous system. It does not refer to chronic OP poisoning, and, tragically, it does not refer to MS17 where details of these aspects of OP toxicity can be found. An updated version of AS29 was due to be published in the spring of last year. With the change of Government the publishing of this advice leaflet was delayed. The question must be asked: what has a change of Government to do with the publishing of health and safety information? Surely health and safety information ought to be independent of which political party is in power. The delay confirms the political involvement in the supply of information.

In July 1997 a Ministry of Agriculture, Fisheries and Food press release stated that the revised leaflet AS29 would be sent to all sheep farmers before the end of the summer. This leaflet has not yet been delivered. These delays have meant that a further two dipping seasons has come and gone without sheep farmers having been supplied with updated information.

In 1984 the organochlorine dips were withdrawn from the market on the grounds that they did not break down quickly in the environment. This meant that the alternative for the sheep farmers was to use OP dips despite the fact that these products posed a greater risk to the operator. When the new version of the Health and Safety Executive Leaflet AS29 does finally arrive, it will contain details of extensive new regulations relating to disposal of dip and protection of the environment. If the leaflet AS29 does not also include all known Health and Safety Executive information on health and safety, this will be a repeat of the 1984 situation where environmental concerns takes precedence over operator safety.

The Northern Ireland Organophosphorus Sufferers' Association (NIOPSA) invited the chief executive of the Health and Safety Agency and the principal inspector with the Agricultural

Health and Safety Inspectorate to attend a recent meeting to speak on the role of the Health and Safety Agency in relation to educating the work-force of the dangers associated with the use of organophosphates. We put many of these points to them and pointed out that the information being presented to farmers falls far short of indicating the full extent of the hazards spelt out in MS17.

It was suggested by the Health and Safety representatives that MS17 was intended for workers exposed to high concentrations rather than the diluted application of sheep dipping. It was also suggested that MS17 was intended for workers exposed in the manufacture of OP products rather than the agricultural situation. NIOPSA pointed out that MS17 was intended to include agricultural workers as it specifically refers to “agricultural practice” and “application and use”. It also says “Any job which involves contact with OP pesticides either directly or indirectly constitutes a potential source of absorption.” This indicates that livestock mart staff, slaughterhouse staff, lorry drivers, sheep shearers, wool graders and workers in the skin trade may absorb OPs.

NIOPSA has asked the Health and Safety Agency if they will be prepared to print advice leaflets for distribution in Northern Ireland which contain full details of the risks of using OPs. NIOPSA asked why the Health and Safety offices in Ladas Drive were unable to supply copies of MS17 to those who requested them. Members were told that MS17 is a priced document and it would have to be purchased from the Stationery Office in Arthur Street. It does seem ironic that one can walk into the Health and Safety Agency in Ladas Drive and pick up all sorts of glossy brochures on a wide range of topics and various aspects of health and safety but that they cannot supply four A4 pages of information on OPs. NIOPSA members were told that the Health and Safety Agency obtains some health and safety information from the Health and Safety Executive in England and reprints it with their own logo for distribution in Northern Ireland. When they asked if MS17 could be reprinted and made available, NIOPSA members were told that this would be a breach of copyright.

As it stands at the moment, anyone wishing to obtain a copy of MS17 must contact the Stationery Office and order it — the Stationery Office does not keep it in stock. It has to be ordered at a cost of £2.50 and it will take a week to 10 days to arrive. To order it the person must know what to ask for, but, unfortunately, none of the literature available to farmers refers to the existence of MS17. So for the most part people are not aware of its existence, much less know the title or reference number by which to order it. The situation where people have to buy health and safety information as an optional extra is totally unsatisfactory.

Proposals were brought forward to the House of Commons in December last for the introduction of a freedom of information Act. America has had a Freedom of Information Act for some time under which citizens can not only demand responses from Government organizations but also demand to see actual documents. When I mentioned the proposed freedom of information Act to someone recently, the response was “Why should we need a freedom of information Act?” That response illustrates the simple trust that many people, the farming community included, place in the Government and its agencies to protect and inform them.

However, we have learnt that this is not the technique that Government has employed in relation to OPs. On the one hand, compulsory insecticidal treatment put people at risk of exposure, while on the other hand information relating to the potential dangers was not circulated. AS29 which was circulated to farmers does not include the key information contained in MS17,

though both documents were produced by the same organization, the Health and Safety Executive.

I wrote to the Health and Safety Executive again on 7 January 1998, as I had done in January of last year. My inquiry was addressed to their Agricultural Health and Safety Information Centre at Stonleigh. I asked for information on the potential health effects of exposure to sheep dip. I only received a copy of AS29, the 1995 edition, the same version I received one year ago. The information being made available to farmers does not yet include full details of the risks.

The purity of OPs in common use has been a problem in the past. Diazinon was known to have contained an impurity — another OP called Sulfotepp — which has even more toxic properties than Diazinon. The combined assault of these two toxic chemicals can have a devastating effect. The synergistic effect of two chemicals working together can enhance the toxicity to a degree 100 times greater than either of the chemicals acting individually. One particular dip that was supplied with the disinfectant Xylenol (used to prevent post-dipping lameness) is also a dangerous chemical, which was labelled “Poison”. The combination of chemicals would have enhanced toxicity, but these were not tested. Allowing for the possible contamination of Diazinon with Sulfotepp there could have been a cocktail of three chemicals in the dip bath, and these working together could have an even greater level of toxicity. One American law firm produced information which stated that combinations of two or three pesticides which are commonly found in the environment at low levels are up to 1600 times more powerful than the impact of a single pesticide on hormones.

This EC report produced in 1986 highlighted the problems associated with organophosphates, including the issue of impurities. It states

“It must be remembered that commercial formulations of OP pesticides may not contain only a single compound, but rather be a mixture of OPs. Besides deliberately added substances, commercial products may also contain production impurities, sometimes in remarkable concentrations. The biological behaviour and toxicity to humans of OP associations may be different from those of the single compounds because metabolic interactions may result in synergic effects”.

In other words, the toxic effect could be many times greater than anticipated.

The question of purity of dip chemicals was highlighted as recently as 1992. In this Ministry of Fisheries and Food (MAFF) news release No.28/92, relating to a review of sheep dip products, reference is made to the need for further evaluation of the product, in particular

“the level of purity of the active ingredient and the toxicity of other ingredients and solvents in the product formulations. The companies concerned are being asked to provide additional data by the end of 1992.”

The Environmental Protection Agency was also seeking additional data relating to chemicals on the market at that time. The American law firm, which I mentioned earlier, stated

“In 1991/1992, after the Environmental Protection Agency offered amnesty from large fines to any manufacturers who turned in unpublished scientific papers that should have been submitted earlier, the agency was flooded with more than 10,000 studies indicating the risks of using chemicals currently on the market.”

At this time the EC was also pressurizing the United Kingdom Government to carry out a review of veterinary medicines in use in the United Kingdom. It is worth noting that Great Britain and Ireland were the only countries to have compulsory dipping. In other countries, sheep were

treated as required to combat specific disease. In the United Kingdom and Ireland the vast majority of sheep were treated for disease which they did not have. The review of veterinary medicines was to be completed by the end of 1991.

After years of enforced dipping the Government suddenly dropped compulsory dipping. On 8 June 1992 Nicholas Soames, the then MAFF Minister, announced

“The Government has announced today new arrangements for dealing with sheep scab in Great Britain. Compulsory national dipping arrangements required all flocks to be dipped whether or not infected or at risk of infection. The Government has decided that responsibility for action to deal with sheep scab should rest with farmers.”

The MAFF news release No.185/92 revealed this change of policy stating

“Most approved dips contained organophosphorus compounds. There will be a reduction in their unnecessary use as a result of the revised arrangements for sheep scab control.”

It is interesting to note the timing of this statement. This sudden change of policy came after the review of veterinary medicines in the United Kingdom and the flood of literature that manufacturers had released in the USA.

The National Farmers' Union carried out a survey of farmers in the south west of England to get some indication of the extent of the problem. Initially adverts were placed in the farming press seeking information from farmers on the nature and extent of human health problems associated with use of OP sheep dips. The replies to these questionnaires indicated that farmers believed exposure to OPs had indeed affected their health. The replies naturally were from those who felt they had been affected.

In order to gain a more independent picture the National Farmers' Union senior policy adviser contacted the groups secretaries in the counties of Devon, Cornwall, Somerset and Dorset asking them to conduct a random survey. The 25 group secretaries were asked to contact 12 sheep farmers each, randomly to complete the questionnaire. The results indicated that almost two out of five sheep farmers had suffered ill-effects as a result of sheep dipping. The concluding paragraph of the report of the National Farmers' Union South West Region states

“The result of this survey, unsophisticated though it was, seems clearly to support the case for a full official investigation of a worrying and possibly worsening situation.”

At the other end of the country, in Cumbria, a health and safety inspector, who was also a sheep farmer, became concerned for his own health in relation to using OP sheep dips. During the years of compulsory dipping he had dipped his sheep using OPs, like the other sheep farmers. He now believes that the risks associated with OP dips are too great and he would not use OPs, nor would he recommend anyone else to use them. He carried out a survey of the sheep farmers in his area and discovered that two out of five believed that their health had been affected to a greater or lesser degree. Reports ranged from flu-like symptoms, possibly a day or two in bed, right up to the more serious ME-or MS-type symptoms.

Back in Devon, Dr Peter Simms, Director of Public Health in North Devon, conducted a survey of sheep farmers. He met with a number of sheep farmers who had been affected by sheep dip and then went on to set up a telephone helpline to collect detailed case histories. Dr Simms believes that the information received indicated not only the problem of acute exposure, but also

sub-acute and possibly chronic exposure with significant neurological and other illness. He says that his survey revealed only the tip of an iceberg.

There was a debate in the House of Lords on 26 November 1997 on ME. ME is sometimes linked to post-viral syndrome or chronic fatigue syndrome. Some of the members of NIOPSA have been told that they may have ME or post-viral syndrome. ME is a mystery illness. When identifying diseases anything which cannot neatly be pigeon-holed by diagnosis is called ME. Ask a doctor to define ME and what causes it, and the response will be very hazy. The pile of unidentified cases are scraped into a large bin labelled ME. In the Lord's debate on ME, Lord Blease drew attention to the problem in Northern Ireland, pointing out that there were 5,000 cases here. Some Lords called for the report on ME by the Royal Colleges No.CR54 to be withdrawn because it did not provide sufficient support for sufferers. Lord Addington commented

“My Lords, would it not be sensible to give guidance to doctors to the effect that they should examine patients to see whether there is a medical cause for the condition such as, for instance, organophosphate poisoning which has been frequently referred to in the past, as opposed to a psychological cause. If a patient is mis-diagnosed and psychological help is given to someone with a medical condition that will not only waste considerable amounts of money but will inflict problem upon problem on those who are mis-diagnosed.”

Today, as we speak, a meeting on OPs is taking place at Westminster. An all-party group of MPs headed by Paul Tyler is bringing together specialists in the fields of neurology, cardiology, genetics and orthopaedics to present information on how OPs can affect human health. Concern regarding health problems associated with OPs extends beyond the political party boundaries, and this all-party group is endeavouring to highlight the situation by giving specialists in the medical world the opportunity to present their findings and voice their concerns.

The Department of Health sent a book entitled ‘Pesticide Poisoning’ to general practitioners (GPs) in April 1996. Sheep dip was licensed as a veterinary medicine rather than a pesticide and doctors may not immediately refer to this book. There are also a number of problems with the layout of the book. The trade names of pesticides are listed but it does not say what they are used for. A doctor would have to be extremely familiar with trade names to be aware of their particular application. The active ingredients are listed opposite each trade name, but not the chemical grouping. One would have to be familiar with the many active ingredients to know, for example, that Diazinon was an organophosphate. In order to locate the information on OP poisoning one has to cross-reference one section of the book with another, where there are three pages on OP poisoning. In this section it refers to both acute and chronic poisoning. Yet while GPs are provided with information on OP poisoning in this somewhat obscure way, the message to the general public seems to be that there is no problem with exposure to OPs. A recent article in the Farmers’ Weekly indicated that the Department of Health claims there are no long-term health problems with exposure to sheep dip.

An article appeared in the Newtownards Chronicle on 27 November 1997 on head lice treatments for children. Interestingly, it appeared opposite a press release from NIOPSA highlighting the problem of OP chemicals. The information on head lice treatments was from the Director of the National Pharmaceutical Association wishing to reassure anxious parents about insecticidal head lice solutions containing Malathion. He says

“As yet, we have no conclusive evidence that these products are harmful. If contrary evidence comes to light, pharmacists will be informed immediately by the Department of Health.”

The article refers to Malathion but it does not mention that Malathion is an OP chemical. Again there seems to be one message going out to the public while the more detailed information is not circulated or is hidden in obscure publications.

The 'Pesticides Poisoning' book, in addition to being unclear in its presentation, does not refer to the fact that further information on occupational exposure can be obtained in the Health and Safety Executive Guidance Note MS17. The reaction from some doctors when presented with a copy of MS17 has given rise for concern. In some cases the doctor has ignored the information presented in MS17. In one case the doctor refused to accept MS17. In almost every case the patient has to present the doctor with information on OPs before the patient is taken seriously. The medical profession seems to be ignoring the occupational history of patients and doctors have been dismissive when confronted with information on OPs. The patient would expect the doctor to explore all possible causes, but, instead, in some cases, the doctor has discounted the patient's suggestion that illness may be due to exposure to OPs. The lack of clear information on the subject from the Department of Health is not helping to relieve the plight of the sufferer. The Department of Health needs to reiterate the first piece of advice given to doctors in the book 'Pesticide Poisoning': when dealing with possible pesticide poisoning cases the doctor is advised to "Take the patient seriously."

In addition, the fact that doctors may have themselves in the past prescribed OP treatments for head lice in children could be a factor which would explain their reluctance to accept the potential problem. It is vital that patients' problems are recognized, as mis-diagnosis or inappropriate treatment can have devastating effects. The OP sufferer may be highly sensitive to a variety of substances, even low-dose medication. The universities of California, Michigan State, Oregon State and Cornell in America maintain a database on the toxicological effects of pesticides. Their data on OP poisoning, plus the symptoms which may be presented, point out that some of the symptoms can be confused with flu, heat prostration, alcohol intoxication, exhaustion, low blood sugar, asthma, gastro-enteritis, pneumonia and brain haemorrhage.

"This can cause problems if the symptoms of lowered cholinesterase levels are either ignored or mis-diagnosed as something more or less harmful than they really are."

In conclusion, information is not yet freely available. Users should not have to buy health and safety information. Those responsible for providing information on health and safety should ensure that all health and safety information is made freely available and not just selected documents. The repeated delays in forwarding updated information to farmers and others likely to come in contact with OP products are totally unacceptable. Doctors need to be urged to take a more responsive attitude to patients with suspected OP poisoning. They need to take into account the patients' occupational history, and particularly in the case of OP sufferers, they need to be wary of treating symptoms without investigating the cause.

The Department of Health and Social Services needs to issue clearly presented information to all GPs. The message to the public and to organizations which depend on the Department of Health and Social Services for information must reflect what is known and printed in that Department's literature and the literature from the Health and Safety Executive.

Finally, the Government must not drag their heels on this issue any longer. Before coming to power, the Labour Party was clear about what should be done, that OPs should be withdrawn until proven safe. To date, the Government have failed to act.

The Vice-Chairman: Thank you, Mr Patterson. Are these leaflets still not being issued to farmers? Should all farmers be getting them?

Mr Patterson: In the case of sheep farmers, this seems to be the only leaflet that goes out to them, but, as I pointed out, it falls far short of what is contained in this other document. For example, all of the emphasis in this and in the farming press, and so on, is that farmers should wear all the necessary protective clothing as specified in here, but this other leaflet says that OPs are liable to penetrate protective clothing. So the insistence that the protective clothing is actually going to protect a person does not hold water.

Mr Poots: I commend Mr Patterson's excellent presentation; it was well researched and well presented. The dissemination of information is obviously one of the key problems as you have mentioned today.

What steps are being taken to try to get compensation for those people who have already been affected by organophosphates? What contact have you had with the Gulf War veterans who may suffer similarly? Do you have any fruit and vegetable farmers in your association? Many of them are using organophosphorus sprays.

Mr Patterson: On the question of compensation, there was a court case in England recently. A shepherd was claiming against his employers. He worked in an agricultural college, and the claim was against the local council. There is also a case coming up shortly in the High Court in Dublin, and again, that is an employee taking a case against his employers. The case in England had a successful outcome, however, the problem is that most farmers are self-employed and they do not have that option. It appears that their only course of action is to take out a case against either the Government or the manufacturers, or both.

Mr Poots: Will the case you mentioned not help them to do that?

Mr Patterson: Well, it is a building-block in the process, but an individual claiming against an employer is in quite a different situation to the self-employed farmer who is trying to take on the big guns, as it were.

Mr Poots: Has the Farmers' Union offered any support in this matter?

Mr Patterson: We have been in touch with them, but the ball seems to have been thrown back into our court. They have written to us saying that they are glad to hear that we are in existence and that we may be able to provide support for sufferers, but that is all.

Mr Poots: Is it correct that in the case you mentioned the Government recouped £40,000 from the person in respect of claims he had already received?

Mr Patterson: So I believe, yes. The total award was £80,000, 50% of which was skimmed off again.

Some of our members are in touch with Gulf War veterans. A law firm in England is taking forward a case on behalf of around 60 of them, although their situation may be complicated by the fact that not only were they exposed to organophosphates, but prior to that, they had vaccines — in some cases, 12 in the space of 10 minutes — and the effects of those alone could have created health problems. The fact that they were then exposed to organophosphates may

well have compounded that. Their situation is likely to be more complicated than ours because of all these other factors, but in the case of farmers who have been exposed to organophosphates in the course of their working life, it should be a lot more clear-cut.

Regarding vegetable farmers, we have had telephone calls from a few of them who wanted to discuss this matter. A wide range of people are in touch with us on a regular basis; as well as sheep farmers, there is a lorry driver, an auctioneer, someone who was handling sheep skins, a cattle farmer who was treating his bull, and a person who was treating his cats with pet flea treatment. A wide range of people have contacted us and come along to the meetings, and these people believe that their ill-health has come about as a result of their contact with OPs, in whatever form.

Mr Shannon: I am curious as to why you have not pursued a legal case, in the light of all the evidence. You mentioned the case of the shepherd who took an action against Lancashire County Council and you talked about it being a building-block. The case was reported in this week's 'Farm Trader'; UNISON took the case on behalf of the shepherd, and the point that they made, and one which was obviously supported by the court when you look at the award that was given, was that they were providing "the pattern of proof" by identifying all the symptoms that you mentioned, the tiredness, lethargy, irritability, loss of concentration and damage to the nervous system. Incidentally, the shepherd said that he dipped the sheep twice a year and after four years — eight sheep-dipping sessions — he had contacted organophosphate poisoning which shows what can happen in the short term as well as the long term. Do you feel that that "pattern of proof" will strengthen your case?

Mr Patterson: Any of these cases will help to strengthen our case, but I can only describe this one as a building-block at this point in time — a very important one, of course.

Mr Shannon: The award was £80,000, and £40,000 was recouped in respect of the disability payments or sickness payments that the person had been getting whilst he was unable to work. That does not happen in the case of someone who has had compensation paid as a result of a car accident. What is the difference?

Mr Patterson: I cannot explain that. It is devastating, and I hope it is not the start of a trend. There is no obvious reason why that should have been done. I do not understand it at all.

Mr Shannon: You mentioned that the Labour Party had indicated that they were going to ban organophosphates in all spheres of life, but since they were elected, they have shown no willingness to do so. Has your organization, either here or across the water, been in touch with them to see if they are going to ban organophosphates?

Mr Patterson: The all-party group of MPs that I mentioned was in touch with Jack Cunningham last December, but his response has not really changed since he was interviewed six months ago for 'Farming Today' when he indicated that Government lawyers were tying his hands, but, as Paul Tyler pointed out in December, it is ridiculous for Government lawyers to be dictating policy.

A committee has recently been formed to look into this, but that is another stalling tactic. Their intention, prior to coming to power, was to introduce a moratorium — to take these products off the market until they were proved to be safe — but to date, they have not done so.

Mr Shannon: I saw the article you mentioned which appeared in the ‘Newtownards Chronicle’. I was not aware that the product used for the treatment of head lice in children contained organophosphates. That shows what the impact could be, not only to farmers, but to the population as a whole. Your point is a very valid and important one.

Mr Patterson: It does seem strange that they quote the information on Malathion, but ignore, or decline to disclose the fact that it is also an organophosphate. You could bring that point to the attention of the Department of Health and Social Services when you speak to them in the near future. People may well be using these products, unaware of what is in them.

Take pet flea treatments, for example, some of these are still on the market, and if you go into a pet shop to have a look to see what is available, the extent of the warning on the packet may be along the lines of “This product may depress cholinesterase.” To the ordinary man in the street, that sort of gobbledegook means nothing. What it means is that it affects the nervous system, but it is not written in plain English.

Mr Shannon: You were talking about pets. I recall dipping sheep on many occasions, and the collie dog would have been dipped along with them. We thought that doing that cleared up a lot of the skin conditions that collie dogs have. Many farmers did that.

Mr Patterson: I know they did, and I also know one whose dog died afterwards.

Mr Shannon: I am glad to say that none of ours did, but we were not aware of the problems that you have very eloquently pointed out to us today.

Mr John White: It appears to be very important that this illness is diagnosed at a very early stage, and your evidence indicates that an ordinary GP would not be *au fait* with the knowledge to do so. How do you feel about there being a specialist doctor, or a specialist diagnostic centre being set up to look at this ailment?

Mr Patterson: It is very important to have a diagnostic facility in Northern Ireland. So far anyone who has been diagnosed has had to travel to Glasgow to have the sophisticated test done; no ordinary GP has those facilities. A specialist with specialist equipment has to do this, and the equipment that is available in Glasgow is so sophisticated: the body is wired up to a computer, signals are passed in and the equipment is so sensitive that it can actually detect damage to the nervous system before the symptoms appear.

In addition, another study is currently being carried out at the Queen’s Medical Centre in Nottingham where they are investigating the effect of OPs on bone structure. I was talking to a doctor there on Monday and he showed me an X-ray of a 29 year-old man who has the bone structure of a 70 year-old woman. In other words, OPs appear to be causing thinning of the bones or osteoporosis, something that should not be happening to a younger male, something that is normally associated with post-menopausal females. The results are not yet complete, but he describes them as significant, and again those tests are so sensitive that they can measure the damage done before any symptoms appear on the body. Those are the sorts of facilities that we need in Northern Ireland.

Mr White: Given the expertise needed to diagnose this ailment, quite a number of people in Northern Ireland must be suffering whose doctors have not diagnosed them properly.

Mr Patterson: This is the worrying thing. If the studies by the Farmers' Union and the health and safety inspector are anything to go by, you could be talking about 40% of the sheep farming population, not to mention those who may have been exposed to OPs for, say the treatment of head lice or in a garden. As I say, there are several mystery illnesses on the go at the moment. As was pointed out in the House of Lords, there are 5,000 cases of ME, a disease which has no obvious cause. Some of the people here today have been told that they have ME so it is possible that some of those 5,000 are actually suffering from OP poisoning. It is potentially a huge problem, and no one knows its extent.

Mr O'Connor: Are the Government not obliged to have documents distributed to farmers throughout Northern Ireland and Great Britain without the farmers having to pay for them? If this is so, what can we do to make the Government more aware of this and send these documents out?

Mr Patterson: Well the Health and Safety Agency may have more success than we have had. In our discussions with the Health and Safety Agency, which we intend to follow up, we have asked that they print something to be made available to sheep farmers and others in Northern Ireland, but, as I explained, if you want to obtain that document at the moment, you have to contact the Stationery Office — and they do not have any in stock. They have to be ordered and that will take a week to 10 days and cost £2.50. To order it you need to know the name of the publication and its reference number. The information sent to farmers does not give that so farmers do not know what to ask for. Some of the health and safety people say that this information has been available for years, but if a farmer does not know that it exists or does not know its name or reference number, in effect it is not available to him. As I say, you may be more successful in progressing that than we have been.

The Vice-Chairman: Mr Patterson, do you want to bring the other two people down from the Gallery to speak on this?

Mr Patterson: It might be of interest to you if some of the people at the back were able to tell you about the sort of problems they have faced when being assessed and treated by their GPs.

The Vice-Chairman: We will bring in two extra chairs.

Mr Clyde: The video you sent me — and I passed it on to the secretary — showed a child a few weeks old. A council was spraying his house for cockroaches or some such thing, and the child's surrounds were sprayed and he took ill. Is there any similar instance of that in Northern Ireland?

Mr Patterson: Not that I am aware of. The particular case you referred to happened in America where in some places it is common practice to treat a house with pesticides. I do not think it is common practice here. That particular case, if I remember correctly, was a contract operation where the pesticide operator treated the house on a regular basis and the child was sprayed because the operator sprayed the room while the child was in it — he actually sprayed over the child. I am not aware of any routine pesticide treatments in buildings here, but I could be wrong.

The Vice-Chairman: Mr Patterson, would you like to introduce your colleagues.

Mr Patterson: On my left is Alan Smith and on my right is Robin Sloan. Maybe you would like to ask these gentlemen questions.

Mr Poots: Maybe the gentlemen would tell us how the symptoms have affected them.

Sufferers' Association Member (Mr Smith): I am Alan Smith from Cookstown, Co Tyrone. I broke my ankle in 1996 and got it fixed in Dundonald. I came out of hospital and a week later I was lying on my back at 4.00 am, unable to breathe. I was sent to Antrim for a lung scan which was negative. They suggested that I may have had a clot in the arteries which went through my heart and lungs and put me on Heparin and Warferin for four months. Then I had another lung scan which also showed nothing. They could find nothing wrong with me and sent me home.

I went back to my GP who referred me to Dr Baird in Dungannon, a thoracic consultant. He ran a few lung function tests and a treadmill test, said that the capacity for air in my lungs was below normal and sent me to Craigavon for a CT scan which showed a widespread abnormality in both my lungs. Then the panic started. I was sent to the Royal for a lung biopsy, and the pathologist reported an allergic reaction to something, but never said to what — a document from the health and safety people in Dallas, Texas does refer to damage to tissue in the lungs through exposure to OPs. I was then referred to a Dr McMahon in the City Hospital, a thoracic surgeon. That was in October, and I am still waiting for another appointment for more check ups. In between times I asked my GP to refer me to Dr Jamal at my own expense — £2,000. On 7 January I went to Dr Jamal for a test. I am now waiting for the results.

The Vice-Chairman: What is your employment?

Mr Smith: Sheep farmer.

The Vice-Chairman: Do you smoke, Sir?

Mr Smith: No.

Mr Poots: At no time did the hospitals ever suggest referring you to Dr Jamal?

Mr Smith: I mentioned OP poisoning to Dr Baird in Dungannon and to Dr McMahon in the City Hospital. They said it was highly unlikely that I had OP poisoning. When I asked them to refer me to a specialist to eliminate that possibility, they said it was so highly unlikely as not to be worth considering.

Mr White: Why did they think it so highly unlikely?

Mr Smith: I do not know. I do not understand it because I have been working with the chemical for 20 years. I do not think the doctors know. I asked a young doctor straight out of college about OPs and whether this could be OP poisoning in my lungs. He said that they only get 12 hours of lectures on poisons during training and that he would need to read up on it.

Mr White: So he was not really aware of the information you had.

Mr Smith: He was not even trained to diagnose it.

Mr Shannon: You mentioned breaking your ankle. Presumably they set your ankle after the break. Mr Patterson has told us about the 29-year-old man who has the bone structure of a 70-year-old lady because of osteoporosis. Was there any indication of the break's having had anything to do with the effect of OPs on you?

Mr Smith: It is possible. If I do go to Nottingham for the test it will probably confirm that I will have osteoporosis some time during my life if I have not got it already.

Mr Shannon: If you have had OP poisoning, the follow through is osteoporosis?

Mr Smith: One of the side effects is osteoporosis in young men.

Mr Shannon: I hope it is not.

Mr Smith: I hope it is not myself. I have had enough trouble, and I do not want anymore.

Sufferers' Association Member (Mr Sloan): I am Robin Sloan from a farm in Kilrea, Co Londonderry. We used to have about 300 head of sheep and we were involved in compulsory sheep dipping up until about 1992. After 1992 I started to suffer from pains in the lower back and hips, and from that I have been suffering from pain all through my body, pain everywhere. I have been to the doctor but she more or less just tells me to go home. She has given me tablets, but she does not really know what to think. I have given her an MS17 and a lot more literature on organophosphate poisoning and told her to read it. She was not too happy about it because I gave it to her, but she did read it and she told me that she can do nothing until she hears from the consultant who will send me for more computerized tomography scans. I have already had such scans on my spinal column and chest area, and I have had lumbar spine scans. I have also had nuclear medicine scans, but none of them showed up anything, yet I am still suffering pain.

Last January I suffered a quite severe attack of breathlessness and pain which originated just below my ribcage. It is hard to describe what the pain actually felt like — it was as if somebody had stuck in a knife and started twisting it. The pain was the problem rather than the gasping for air. I could not sit down, I could not lie down, and my parents phoned for an ambulance. It arrived within 20 minutes, and I was purple with trying to gasp for air. The ambulance men did an electrocardiogram and everything was perfect. They took me to hospital, but I had to stand in the ambulance for 25 miles because when I tried to sit down the pain got worse. They took me to casualty and they pumped me full of morphine. I sat in casualty for a long time, and I was the noisiest person there. They were joking that they thought I was in labour. Eventually they got round to me and sent me for X-rays. Then they started to pump morphine into me. However, the next day they told me that there was nothing wrong with me and let me go home at about three o'clock with a clean bill of health. But for a week I coughed up blood every single day, and they could find no reason for it.

And to this day, a year later, this whole area is still very tender to touch, and I still suffer chest pains which take my breath away. They literally take my breath away in rising from a chair, standing, walking or lying in bed; it is three or four o'clock in the morning before I get to sleep. It may be hard for you to imagine what sort of pain I am in. I look healthy, but I do not feel healthy. The tablets which the doctors have prescribed are the strongest you can get. When my tablets are changed the pain is so bad that I can do absolutely nothing. The only way to describe it is that I am living a life sentence of pain.

The Vice-Chairman: Are any other members of your family affected?

Mr Sloan: My father suffers from angina, which I recently found out is another side-effect of this. My mother suffers from pains across her shoulders and up into the back of her head. I suffer from sore heads three or four times a day, and sometimes the tablets just do not kill the pain. I am very susceptible to bright light; bright light can trigger off a very bad head. I have never had a migraine, and I do not know what they are like, but from what I have heard my pain is like that of a migraine.

Let us consider the doctors again. They are ignorant of the facts. The information is not there for them, but it was supposed to have been given to them. Perhaps it was given to them and they just binned it or did not read it — I cannot say. I do not want to blame the doctors because I do not know if this information was given to them. It is not fair to blame them in that way. But it is fair to blame those who are responsible for giving this information out. Why did they make it as hard as possible for you to obtain this information? They have put more and more obstacles in your way.

If I can get the £2,000 gathered up, I will be going to Dr Jamal later on this year, and we are going to Nottingham as soon as I can get the forms sent away so that they can test me for osteoporosis. Other than that there is no hope; nobody is saying that there is a cure for this. I am going to be like this for the rest of my life. It is very easy to say “Ban this stuff and stay away from organophosphate-based products”, however each time you walk outside your door you come into contact with these things.

Mr Poots: I know that there is a long waiting list for Dr Jamal. Is there any prospect of anyone else setting up another clinic?

Mr Patterson: I hope that the letter that was received by your Committee indicates that there will be facilities available in Northern Ireland.

Mr Poots: Will that not just act as a point of referral to Dr Jamal?

Mr Patterson: I do not know what their intention is. I hope that there will be something available here because some people are unable to travel to Glasgow. Indeed, some people were unable to travel here today for this meeting.

Mr Poots: Have any other organophosphorus sufferers been diagnosed as having other illnesses associated with the nervous system such as multiple sclerosis, Parkinson’s or Alzheimer’s?

Mr Patterson: It has been suggested that some people have such symptoms, but I do not think that they have been formally diagnosed. The symptoms are similar; they affect the nervous system. And some of these other diseases like multiple sclerosis and Parkinson’s do not appear to have any obvious cause either.

Mr Poots: You said that an all-party group has been set up. How many MPs are giving you backing at this stage? Has a motion been put down in Parliament about organophosphorus?

Mr Patterson: It has been discussed in both the House of Commons and the House of Lords on a number of occasions. I do not know the names of all those involved in the all-party group, but apparently their interest extends across all the parties; it is not a party-political thing. There are people of all political persuasions concerned about this, and that is why they are bringing these doctors to Westminster today. They will voice their concerns and explain how organophosphates can affect the heart, the nervous system and the bone structure. Indeed, one doctor is now investigating a genetic connection as well.

Mr Poots: I am sure you are aware that this body has no power. However, the talks process may produce an administrative Assembly. The Agriculture Committee of such an Assembly would have to take action about this matter, and you can take it that the Organophosphorus Sufferers Association has the support of this Committee. And we hope that our support will translate into something more tangible in a new administrative body.

Mr Patterson: That would be good news.

Mr O'Connor: Do the doctors have the documents that you have?

Mr Patterson: Apparently all doctors were sent this one in April 1996, but, as I pointed out, it is not an easy document to read. A farmer would have to go to the doctor with a can of something under his arm so that the doctor could get the name of it and find out what was in it. For example, if I told you the name was 'Tilt' or 'Tiguvon' or 'Tolkan', nobody would know what that was or what was in it. It gives you the active ingredient, but you have to cross-reference that with another section of the book. Page 27 lists organophosphate insecticides which have toxic effects. And appendix 6 details a suggested approach to the patient with chronic symptoms which are alleged to be due to pesticide exposure. There is a list of the various blood tests that should be done. The first point on the list is an instruction to take the patient seriously. But the reaction of doctors would suggest that they either have not read the book or have not taken it seriously. There is a blockage somewhere that needs to be sorted out.

With regard to MS17, no one seems to know the answer. It is a medical series document, but in all of these cases it is the patient who has had to take that to the doctor. The doctor has not had that information to hand. That is worrying. There is a major problem with regard to the flow of information, and this needs to be addressed.

The Vice-Chairman: Mr Patterson, thank you very much for coming here today with Mr Sloan and Mr Smith. You have put a very strong case, and this Committee will do everything possible to try and help you. Do not hesitate to get in contact with us if we can ever be of any help.

Mr Patterson: Thank you very much for your work on our behalf and for your support. It is good to know that we may get answers to some of the points that we raised in two weeks' time.

NORTHERN IRELAND FORUM FOR POLITICAL DIALOGUE

STANDING COMMITTEE D

Thursday 26 February 1998

MINUTES OF EVIDENCE
(Dr H Campbell and Mr M McAllister
(Department of Health and Social Services)
and Dr D Skan (Department of Economic Development))

on

1. **ORGANOPHOSPHORUS** (p 1)
2. **RURAL HEALTH** (p 11)

The Chairman: Thank you for coming to assist us in our deliberations today. The Committee has taken evidence from the Northern Ireland Organophosphorus Sufferers' Association, and we have been following up some issues on their behalf. In addition, we want to prepare a report to the Forum on this matter.

After you have made your presentation on organophosphorus, Dr Campbell, we would like to ask you some questions before looking at the wider aspects of rural health.

Dr Campbell: Thank you very much for your welcome; we are delighted to be here. It is a tremendous opportunity for those of us who are responsible for the health of the population to be able to talk to this Committee because we know that good health depends on the availability of good food. However, we also know that we can only have good food if we have healthy farmers and fishermen. I have a particular interest in this because I was born and brought up in a farming community, and my father was a fisherman, so I know the problems facing both communities. Indeed, I have faced them myself in my own lifetime. It is a matter of great importance to us and, with regard to the health of the people of Northern Ireland, it is an issue that has to be high on our agenda. So we are delighted to have the opportunity to talk to you.

I am not an expert; I am simply a doctor who has to know a little bit about everything, but I am delighted to have two experts with me this morning. Dr Delia Skan is probably the foremost occupational health practitioner in Northern Ireland, and I am glad that she is able to help my team. Dr Skan works for the Department of Economic Development's Employment Medical Advisory Service. She is the doctor in charge of that organization, which has particular responsibilities with regard to employment and the health of employees. I am also accompanied by Mr Morris McAllister who is the Chief Environmental Health Officer for Northern Ireland. Mr McAllister has expert knowledge of environmental health.

We recognize the importance of the issue of organophosphate compounds (OPs). Many people believe that it needs to be brought to greater attention through Government and society, so that is why we are delighted to talk about it. Of course, we see it in terms of the broader issues of the health of the agricultural and fishing community, and we are also pleased to have the opportunity of talking about those broader issues.

I will try to pick up on the particular issues that you raised in your letter with regard to OPs. As you know, it is a very broad issue, which has been around for some time. There has been a considerable amount of work done on this issue, and we cannot cover all of that this morning, but I will try to look at some of the issues which you raised in your letter. And we would be delighted to try to address any broader issues about OPs that you want to raise.

First of all, I very much welcome the setting up of the Whitehall Committee on organophosphate products. We have been recognizing more and more not only in the health of farming communities but also in the health of the population that you need to address these issues on an inter-departmental basis. There is no point in having each separate Department looking after its own particular remit in terms of health or the environment. They need to come together to address them in concert and in a co-ordinated way. That is what the Whitehall Committee is meant to do in terms of organophosphate products. A high level group of officials has been set up — civil servants from each of the Government Departments including the Ministry of Agriculture, Fisheries and Food, the Secretaries of State for Scotland, Wales and Northern Ireland, the Minister for Environment, the Minister for Public Health and the Minister for the Armed Forces. Each of those Departments has a particular interest in and responsibility for those products. This Committee has been set up to try to co-ordinate action across the Departments.

It is also there to monitor the processes by which information about OPs is shared amongst Government Departments so that everybody knows what the other person is talking about. The aim is to ensure that we have effective co-ordination, particularly in terms of policy-making. It will be looking at the policy issues around organophosphates but also advising on any gaps that are seen in terms of the scientific knowledge. The main problem for medical practitioners at the minute is that there are huge gaps in the scientific knowledge. Those need to be addressed and the Government have pledged to fund further research. The evidence that is available is not as scientifically sound as it needs to be in order to begin to give us the answers, and that is the opinion of the medical fraternity at the minute. This Committee will look at the gaps in scientific knowledge and make sure that those are remedied.

It will also, of course, be looking at the procedures by which the OP products are licensed for different purposes to identify any variations that there might be and to advise on whether those procedures need to be changed. OPs have a whole range of uses and there are already a number of committees looking at how they are licensed and how guidance on their use is issued, but that needs to be brought together in a much more co-ordinated way. I am glad that the Committee has been set up. It will have a report due, I think, by mid-March but I think there is a requirement that a Committee like that remain standing.

I would like to let you know about some of the things that we have attempted to do over the years since it became clear that OPs were a dangerous substance that needed to be used carefully. As you know, a lot of advice has been sent out to those who use the products. They are licensed in different ways to make sure that they are used properly. However, in acknowledging that sometimes things go wrong, we have sent out advice to general practitioners and other doctors to help them recognize the symptoms of OP poisoning. That advice has been

sent out, but we know that you have to keep reminding doctors about these things. We try to do that at least every couple of years, but I am willing to do that every year if necessary. We have sent out a major document and notes for the guidance of medical practitioners, but each year I also send out updates on that to make sure that they know that this is an issue, particularly in rural communities, which they need to know about and be able to recognize the symptoms of.

We are aware that some people have had to travel to Glasgow to get expert advice. I do not believe that people from Northern Ireland should have to travel all the way to Glasgow to get a service which could be established here, so over the last few months we have been in discussion with doctors who are experts in this field. We are in the process of establishing a local referral centre, which I hope we can start setting set up in the next few weeks. There are a number of doctors and other specialists who are very interested in this whole issue, who are experts in toxicology and neurology and who want to come together to provide a multi-disciplinary team approach towards this issue. We will ensure that a local centre is set up as soon as we can get all those experts together. We have one or two little bits of the unit to tease out and formalize over the next few weeks but the centre will be established. We do not want anyone to have to travel to Glasgow. We want people to know that we will have an expert service in Northern Ireland. Doctor Skan is one of the major experts on this issue in Northern Ireland in terms of occupational health and she will be meeting with the OP Association in the next few weeks. We believe in an open approach to meeting with people who have problems and concerns so that we know how we can begin to address those better. We will be actively pursuing a better service for those who believe that they have some bad outcomes from previous experience with OP products.

As I said, we need more research and more evidence, and we also need to keep on bringing up to date the information that general practitioners and other doctors need in order that they can deal properly and in a correct way with patients. We know that the Royal Colleges at the minute are trying to finalize some up-to-date guidelines for doctors so that they know how to approach this problem. We expect those to be ready in the next few months. When they come off the conveyer belt I will be sending those out to all the medical practitioners in Northern Ireland.

That is a sort of short scamper through some of the issues on OPs at the minute. I am happy to take any questions that you have, and I know that Dr Skan and Mr McAllister will help me on some of the detail.

The Chairman: Thank you very much, Dr Campbell. This Committee welcomes the commitment being given to the setting up of a local referral unit. From evidence that we have taken, one of the most frustrating aspects for those who feel they are suffering from the effects of organophosphate poisoning has been the lack of seriousness with which their complaints have been taken by their own doctors. I am sure that this local referral unit will not only help them but should perhaps help GPs as well. They will now have a point of contact and will perhaps take these problems more seriously, where they need to be taken seriously.

Mr Poots: Thank you, Dr Campbell, for your presentation. I am sure all the sufferers are delighted to hear a diagnostic centre is going to be set up. Will there be a facility at that diagnostic centre for approval of detoxification for sufferers?

Dr Campbell: Detoxification for acute episodes is certainly something that we want to look very closely at. We do have a toxicology expert in Northern Ireland who is supported by a team of specialists, and we do, as you know, have a tertiary centre for neurological and

neurosurgical problems and, indeed, some of the therapeutic issues. I would not want people to feel that Northern Ireland was third rate in terms of having that expert knowledge. What we are trying to do is to ensure that those with chronic symptoms have somewhere to go. There is not a big issue around the acute poisoning because with the Royal Victoria Hospital and the Belfast City Hospital we have centres that are as good as anywhere in the world, but some of the major issues have been around the accessibility of a referral centre for those with chronic symptoms.

Dr Skan: I would echo Dr Campbell's statement. My understanding is very much that all acute accident and emergency units are well placed to deal with detoxification and have appropriate antidotes.

Mr Poots: After long-term exposure to OPs are you aware of damage to nervous systems, enzymes, genetic disorders and carcinogenic possibilities? Also, what assistance can be given?

Dr Campbell: As I pointed out earlier, a lot of research has been done in this area. The Chief Medical Officer in London has set up a review of all the evidence to try to bring it together and to give us a better picture of the real evidence that is there. We are hoping that that review will be published in the next few months. It will bring together a comprehensive view of all the evidence that is there and will let us know exactly what the issues are. The evidence to date has not been conclusive enough for us to know with any certainty what the real issues are. This report, first of all, will bring together the evidence and show us what is there in a fuller form, but also I hope that it will show us where the gaps in the evidence are and will help us to know what research needs to be funded and how we can set up research programmes. The big problem is that the evidence to date has not been conclusive. We need a long-term follow-up. We need to bring together all the evidence from world-wide and begin to look at it in a very considered way — that has been a gap to date.

Mr Shannon: Thank you very much for your excellent presentation. The information we have would perhaps indicate that certain OP substances are put on vegetables and other types of foodstuffs — certainly we see them end up in the food chain. Obviously you are aware of that. What steps can your Department take to suggest to those people who use those particular substances that they should not be using them? Are you taking those steps?

Dr Campbell: One of the good things that have happened in recent months with the new Government in place is their view on how we should ensure food safety, and you will know that we are setting up a food standards agency which will look very closely at many of these issues. Everyone is aware that there are many problems and that the public are losing trust in the safety of food, so it is one of the issues which I would expect the agency to look at. But it is an issue which has been around — we do not need to wait for a food standards agency to do that formally. Many mechanisms are already in place to ensure food safety, and Mr McAllister may want to talk about some of them.

Mr McAllister: District councils' environmental health officers monitor foodstuffs for a whole range of reasons, including the presence of pesticides, the levels of which are set down in legislation. There are maximum residue limits against which foodstuffs are sampled and tested. Were limits to be exceeded, and I have not found any with regard to this particular problem, then it is very rigorously followed up by the relevant council. It is traced to its place of origin, and the person responsible is advised about the application and proper use of pesticides so that its use is

minimized. Of course, were we to find any major problems, then that foodstuff would be taken off the market and could not be sold for human consumption.

Mr Shannon: Farmers using these substances are not aware in many cases that there may be a danger. There has been a lack of information about OPs.

It is our opinion that people in Northern Ireland are suffering from chronic OP poisoning. What are the long-term effects? What tests are there to detect chronic poisoning?

Dr Campbell: If I had the answer I could make £1 million tomorrow. Some of the chronic symptoms differ between people and populations, and it is not even dependent on the level of exposure. So the results of the many studies have been varied. We have been trying to stimulate co-ordinated and meaningful research which will give us the answers to those questions. I know that some of our people have been going to Dr Jamal in Glasgow, who is himself conducting a more extensive and longer-term study. We need conclusive evidence about the physiological, biological and neurological effects, and, indeed, what we can do about it. Doctors like to think they know everything and can do everything, but this is one area where we have to admit that the evidence is not yet there.

Dr Skan: I would like to echo Dr Campbell's views. This is the subject of ongoing research, not just by Dr Jamal's team, but by the Institute of Occupational Medicine in Edinburgh. Furthermore, a study in Birmingham has also compared the health of farmers and quarry workers. It can be very frustrating for those people with chronic symptoms that there is this hiatus in research evidence, but that is the reality. I hope that as more evidence is gathered and subjected to rigorous scrutiny, that we will be in a better position to address your question.

Mr Shannon: Is it fair to say that at this early stage of your research you already have an idea about the levels of poison and how it affects people? Secondly, when do you hope to have this research concluded?

Dr Campbell: We can make conclusions about the consequences of major world-wide incidents, such as happened in India. We can also derive conclusions from watching people recover from attempted suicide, and in those acute episodes we can offer treatment. But the real issue is about the chronic long-term effects of exposures which took place a long time ago — indeed, in some cases it is not even known when the exposure took place. That is where we have been able to offer least information and least help of a direct healing nature to those who are suffering.

Mr Shannon: Some OP sufferers believe that this is hereditary. Do you have any evidence to suggest that that is the case?

Dr Skan: I am sorry, but I do not have any information about that.

Mr Shannon: But you are aware that it is an issue?

Dr Skan: That particular issue has not been raised with me before.

Mr Shannon: This Committee has been made aware of it, and when you meet with the OP sufferers it is probable that you will be asked that question.

Dr Campbell: We do not have a specific programme in place to look at the offspring of people who are suffering from OP, although it is something that we would want to do. However, we are notified of every single congenital abnormality, and they are monitored very closely. Together with Prof Nevin, and the other genetic experts, we look into the family history of every baby that is born with an abnormality. I do not want you to think that we are not concerned about it.

Mr Shannon: When do you hope to have Northern Ireland's diagnostic facility set up?

Dr Campbell: I hope to have a team of experts put together in the next six to eight weeks, at which time people can be referred to it. However as more evidence emerges, we will want to improve on the service provided. Having said that, the Royal and the City already have neurologists and toxicologists who are very well-placed to see anyone with those problems. Our aim will be to provide a service which is up-front, accessible and known about by general practitioners.

The Chairman: Someone who feels that they are suffering from this poisoning may have gone to one of the existing neurologists or toxicologists and to Dr Jamal in Glasgow. Have they been given different opinions?

Dr Campbell: I do not know. Patients are treated in confidence, and I would not be told about either the outcome or the treatment. But we want to ensure that Northern Ireland's facilities will be the best.

The Chairman: Presumably that would have been their first port of call before going to Glasgow?

Dr Campbell: The first port of call is always the general practitioner.

Mr Shannon: This may be an unfair question, but do you have confidence in the previous medical assessments of suspected OP poisoning?

Dr Campbell: I would give a biased view. The only people who can answer that question are the patients themselves, and that is why we welcome Dr Skan's meeting with the OP Association. We need to hear their views.

Mr Shannon: In some cases it is not even acknowledged that there is such a thing as OP poisoning. Sometimes they are told that it is all in their heads. This has meant that these people have not been able to claim the benefits which those with other maladies have been entitled to. How can your group help these people receive those benefits?

Dr Skan: You are talking about industrial disablement benefit, which is payable to employees who meet certain requirements and who have an occupational disease — this would include poisoning by phosphorus compounds. As you know, sufferers would obtain a form from their local DHSS office and make application. Each case is then seen by either one or two doctors, at which stage a decision is reached about an individual's disability.

It is only when a certain level of disability is thought to be present that benefit is payable, and while it varies according to the disease, it is set at 14% in the majority of cases. Where the

level of disability is greater than 14% then industrial disablement benefit is payable. That system is in place now, but it is hoped that further research on OPs will provide a clearer picture.

Mr Shannon: DLA (Disability Living Allowance) would come into play in this one. If the panel members do not understand all the problems of the OP sufferers, how can they give an honest opinion as regards their level of disability? Everybody must understand the problems for OP sufferers because then they will be aware of the extent of their disability. It is because this has been something of a grey area that OP sufferers have not been receiving their full benefit entitlement over the years. Perhaps the medical profession could advise the Social Security Agency of the problems so that applications for, say, DLA from OP sufferers could be more accurately and fairly determined.

Dr Skan: The Department is always very keen to keep its doctors up to speed with information on medical developments and their implications, and I anticipate that that will continue.

Dr Campbell: It is easy for me to do that because within medical branch there is a very short line of communication from the chief medical officer to the doctors working in disability benefits.

Mr Shannon: I am concerned that with the tremendous pressures nowadays on doctors they will have so much on their plate that they may not be aware of this problem. More and more people are being diagnosed with this condition and therefore I think that steps should be taken to ensure that doctors are aware of it. In this way OP sufferers will be able to claim their full entitlement to benefits.

Dr Campbell: You have my reassurance that any new evidence emerging or a guidelines indeed on the issues around OP will be immediately issued to the doctors concerned.

Mr Stewart: How many cases of OP poisoning have there been in Northern Ireland between 1960 and the present day?

Dr Campbell: Certainly more than we have ever heard about. We have formal notification systems in place whereby general practitioners are obliged to inform Dr Skan, in particular, but also a central notification system on instances of OP poisoning. But we are aware that these notification systems throughout the whole of clinical practice are underused. Therefore I could not give you an accurate figure of the actual number of OP cases.

Dr Skan: Dr Campbell's predecessor wrote to all general practitioners on this subject back in 1992 or 1993 to point up the need to notify ourselves in the employment medical advisory service about such cases. We have been contacted from time to time by doctors, and I have arranged to see some of those people. However the numbers involved have been very small.

There is also an obligation to report under the reporting of injuries, diseases and dangerous occurrences regulations (RIDDOR) which were implemented in the mid 1980s. These place duties upon both employers and the self-employed to notify the enforcing authority of a number of occupational diseases and injuries related to work. The number of diseases of which we are notified through that system, as you will see in my presentation, are indeed very few. Everybody recognizes that there is a problem with under-reporting.

Up until 1996 I, personally, was not aware of there being any RIDDOR reports in relation to OP compounds. I have not thoroughly checked my 1997 data, but it is my understanding that there may have been three in 1997.

Mr Poots: In what way does OP poisoning affect patients?

Dr Skan: The acute symptoms of OP poisoning or the chronic symptoms?

Mr Poots: Perhaps you could touch on both.

Dr Skan: As you are probably aware, the major use in Northern Ireland of organophosphate insecticides is probably in sheep-dips, and these substances can be inhaled, ingested or they can actually enter the body through the skin. It is the last one that we are particularly concerned about. This is why there is a protective clothing procedure in place. These compounds act by inhibiting an enzyme within the body, and this enzyme is contained in the blood and the brain. There are some well-recognized symptoms which can occur immediately after the acute affect.

The onset of symptoms and their severity will depend on the speed of the depression of the enzyme — for example, if somebody fell into very highly concentrated sheep-dip this would be a matter of very grave concern, and indeed acute poisoning in those circumstances could be life threatening. The early acute symptoms tend to be a sense of exhaustion, weakness and mental confusion. As time goes on, if there has been a moderate or severe exposure, the next symptoms would be generally related to the gut — for example, vomiting, crampy abdominal pain, sweating and salivation. Later you can have constriction of the pupils, tightness in the chest, muscle twitching, convulsions, cardiac effects and then, finally, death is usually caused by respiratory failure. Those are the symptoms in acute poisoning.

Mr Poots: The reason I asked you is that I have a report from the veterinary medical directorate which cited a case of a farmer who had reported having dizziness, headache, joint weakness and trembling within 30 minutes of dipping. He was also reported as developing pains in knees and ankles, stiff neck, frequent headaches and lack of concentration, symptoms which were made worse when in contact, sometimes by smell only, with dip.

There was a case taken by a musician in Hong Kong against the [*inaudible*] group who had got poisoning through organophosphorus diazinon. My concern is — and it is not with yourselves, I know that you will do what is right — that the Government do not want to take on their responsibility here. This could be a massive can of worms and could cost the Government and chemical companies a lot of money. I am concerned that reports like this are trying to brush the whole thing under the carpet and not face up to this issue. But it will have to be faced up to sooner or later.

Dr Skan: Can I reply because perhaps not all members realize the role of the veterinary medicines directorate, the report to which you referred. The veterinary medicines directorate have panels which review all of the data, and obviously it is very important that this organization has knowledge about reported health effects of these substances because then they can feed back into those people making decisions about licences. I have certainly made the individuals whom I have seen aware of their reporting arrangements with the veterinary medicines directorate, and they are located in England as you know. The directorate give a decision following close examination of all the evidence.

I cannot comment as to why they come to a particular decision. My understanding is that the reason behind this referral arrangement is that the panel want to have as much intelligence as possible about health effects of substances, both in animals and in humans. I would be very committed to openness in these matters, and I am certainly not in the business of brushing things under the carpet.

Mr Poots: I was not accusing you of doing that, and I know Dr Campbell from a number of years ago and I know that she would not do that sort of thing either.

Dr Campbell: One of the advantages that we have in this area is that there are a number of committees set up to look at animal health and people's health around the OP issue. These are set up as independent expert committees and are not run by civil servants. There is now, as you know, a proclamation from the Government to work in an open way. Therefore, with the benefit of having independent expert committees and also a drive towards open government, none of this should be hidden under the carpet. And, certainly, I think any doctor working on any committee who found out something would want to make that fairly public anyway.

Mr Junkin: May I apologize to the panel for arriving late.

We have been talking today about OP in relation to farmers, and sheep-farmers in particular. Is there any picture emerging of organophosphorus poisoning in the manufacturing industry for the various components in sheep-dips et cetera?

Dr Skan: Obviously pesticide manufacturing does not take place in Northern Ireland. I am unaware of there being a problem at the manufacturing stage, though that is just from my general knowledge. But I could further investigate that for you, should you wish. I am not aware of there being a problem there, but I have not researched it.

Mr Junkin: The reason I was asking was that obviously there will be the occasional industrial accident, and it will be unfortunate if one happens in an OP plant. Are the symptoms there similar to those found on farms?

Dr Skan: Dr Campbell referred to the paucity of information in the epidemiological studies about chronic low-level exposure, but within the literature there are many reports of acute poisoning and they are reasonably well documented. It is important to point out that if the poisoned substances are absorbed through the skin, sometimes the effects are not as dramatic as you might think. Certainly the evidence is there, and I have seen some reports from Third-World countries about these exposures. But I have not seen any reports about the manufacturing side. However, if Committee Members wish me to look that up on their behalf, I shall be happy to do so.

Mr Junkin: I am personally interested, but I will leave it to the Committee to decide whether they want to ask for that information.

Can organophosphorus stay in the tissue for a long time? Does it settle in tissue or blood, or does it stay in the brain? Can it change into something else and become undetectable?

I read in 'Farmer's Weekly' that there is evidence to suggest that the effects of organophosphorus on farmers could depend on temperature. People who are working very hard

and are hot at the time they are splashed absorb this stuff in massive amounts, whereas in cooler, colder conditions it may not have any real effect on them.

Dr Skan: I regret that I cannot tell you what these substances do when they enter the body; I do not have that information today. However, we can measure these substances in the urine about two to three days after carrying out a job such as sheep-dipping. And if there has been a significant reduction in the enzyme, we can measure that after the exposure, but in order to decide that we really need to have a measurement of the enzyme before the relevant exposure took place. That is called biological monitoring.

With regard to temperature sensitivity, I see this happening in the case of people who have been exposed to solvents. Your respiratory rate increases in hot weather and if you are breathing these substances in, it is quite likely that a higher respiratory rate will mean that you will breathe more in. However, the vast majority of people who are likely to be exposed are going to be exposed because these substances pass through the skin, so I think you are asking me if a higher skin temperature facilitates the absorption of the substances. Unfortunately, I cannot answer that; I am not a toxicologist, but I can get the answer for you.

However, I must emphasize that it is very important that farmers dip on a day when they can wear the proper protective clothing. Because this protective clothing tends to be very heavy and makes them very warm, I suggest that they do it on a cool day so that they can comfortably wear the proper clothing.

Mr Junkin: Should farmers working at sheep-dipping have some sort of overhead shower like the ones you see on the continent or at swimming pools?

Dr Skan: No farmer should allow his skin to come into any kind of contact with sheep dip. The only way to ensure that is through adherence to the guidelines regarding aprons, overalls and wellington boots. And if accidental splashing occurs, it is most important that the affected area be washed very quickly. Therefore, there should be a supply of fresh water to hand.

Mr Ford: My understanding is that the issue of temperature sensitivity was raised in a meeting in Parliament last week. It was suggested that OPs might be absorbed more readily right into the brain. I presume that since that came from Dr Jamal, you will have greater access to the scientific papers than we do.

Dr Skan: Thank you for that point.

Mr Ford: If you find anything from them that you wish to report, we would be glad to hear it.

The Chairman: Let me bring this particular issue to a conclusion. The Committee welcomes your comments and, in particular, the comments about the Government's policy of openness. I hope that extends to a Government commitment to fund this referral and diagnostic unit properly. And it has been brought to our attention that some of the health and safety leaflets are not freely available, so perhaps as part of the policy of openness the Government might consider making these freely available to those who want them.

There are some general rural health issues that members would like to ask questions about. I know that you are pressed for time, Dr Campbell.

Dr Campbell: Dr Skan will make a short presentation covering a lot of the data from some of the excellent work that she has done. A booklet has been produced called 'Staying Healthy' which we have made available for you. You really must read it.

Dr Skan: In my mission as an occupational physician I have one aim: work should not harm health. Indeed, I would go further and suggest that work should actually benefit health. That is my vision for the health of those who work in Northern Ireland; it is my vision for people in the farming community with whom I have enormous empathy. Like Dr Campbell, I come from a rural background, and I recognize the pressures on farmers and their families. I recognize that the farm as a workplace is inextricably linked to the farm as a home. Farmers have to work in all conditions, and there is no such thing as a nine to five job if you are a farmer.

I want to look briefly at those elements of farming employment which have an unnecessary negative impact on health. Because these things are preventable, we want to see improvements over time. I also want to look at the causes of death on farms as well as suicides and cancers.

The Decennial Supplement, which is produced in England and Wales, looks at mortality and causes of death related to occupation. During the most recent period which the supplement considered, accidents and injuries, respiratory diseases, hernias and suicides were the diseases which most commonly occurred in farmers. It is of interest that there are differences between farmers who are self-employed and farmers who are employees. In Northern Ireland we have health losses which are quite frightening when you look at the overall figures. These are fatalities reported under RIDDOR to what was previously the Health and Safety Inspectorate of the Department of Agriculture. Each year between six and 14 people are killed by either tractors or machinery, with electrocution and drowning also being important causes. Sadly, those statistics include children. That is an even greater tragedy and such tragedies are extremely hard for any farmer to live with.

There have also been dangerous incidents which have not resulted in death. For example, the release of slurry gas, accidents which have caused major injuries and outbreaks of diseases such as leptospirosis which may be caught from cattle. Acute cases of farmer's lung were more common when there was much more hay farming in our society than there is currently. Obviously, mental health is an integral part of one's overall health, and it is probably harder for men to go to their doctor when they are not feeling fit mentally than if they had a simple, physical problem. There are concerns about suicides in the rural community and there are increased risks for self-employed farmers. There is still a risk for employees, managers and foremen of farms, but the greatest increase is among self-employed farmers.

In Northern Ireland I looked at this in a little bit of detail some time back. I would not want this to be regarded as robust from a scientific standpoint, but again we are having evidence of some farmers being at greater risk of suicide. Firearms and hanging are the most prevalent means amongst the farming community. A number of reasons have been put forward: there is social isolation; there is the availability of the means; and there is evidence of increasing financial pressure within the farming community.

You also asked me about cancers, and again this is information from the Decennial Supplement about farmers. They have looked here at cancer registries — and we also have our own cancer registry here — and I would hope that in the future we would be able to provide such results for Northern Ireland. Again, 100 is the norm, and you can see that these are significantly

elevated. It does not come as any surprise, perhaps, that skin cancer is more common among outdoor workers, and we would see it more commonly in farmers. Prostatic cancer in farmers has been observed in other studies, though I am not aware of its basis. And, again, there is some evidence that they may be at a slightly higher risk of falling victim to leukaemias.

When we come to illnesses, as Dr Campbell says, I look back to my idyllic childhood and I think of green fields and of the countryside as being health restorative and giving health. But we are aware of the vulnerability of farmers in all of these systems, and we will look at some of these in a bit more detail. I have spoken on this subject to farmers' groups through the National Farmers' Union, and indeed I am presently speaking to farmers' wives groups about health concerns.

Certain operations in farms are obviously dusty. We had a survey carried out in the late 1980s which showed that about 4.9% of farmers had farmer's lung. Some of them had symptoms of a wheeze and 4.4% had asthma diagnosed.

I am aware that, for example, the low houses in which pigs are kept can be a potential area for exposure to dust, as is the grinding of barley et cetera. Sometimes we forget about our skin as being a very important organ and the risks in the farming community include those arising from sunlight. Farmers are now involved in giving a lot of vaccines themselves, it is not the domain of the vets alone. And many of the substances which are used for sterilizing and for cleaning of udders can be quite irritant. Certain plants and sunlight can act together to cause harm to the skin and, obviously, you can get infections. Those which farmers would probably be most familiar with are Orf and Ringworm.

Infection can enter the body through a number of routes, obviously oro-faecal, by being breathed in or through the skin. I am not going to cover these in any detail other than to share with you some of my major concerns. I have already mentioned Leptospirosis which I have seen farmers contract from time to time, usually from dairy herds, through breathing in contaminated urine or by contact through a wound.

We are all aware of Orf and Ringworm. We have become more concerned about the fact that you can contact gastro-intestinal infections from animals. There is some concern about pregnant women in relation to ewes, and I am also aware that there have been a few herds recently in which a diagnosis of brucellosis has been made.

Finally, we recognize that farming puts great pressures on the musculoskeletal symptoms, from carrying weights to perhaps travelling in tractors over rough ground. We are also aware of the tragedies arising from slurry gas, and last year, sadly, again we had some fatal tragedies on farms involving both parents and children. I am committed to ensuring that farmers know how best to manage these risks. These instances are entirely preventable if they are properly managed, and I will do all in my power to make sure that they have the best information available to protect their health.

Mr Poots: There are 288 cases of lip cancer on the register. Why are those figures so excessive in comparison with others? Is there any reason for that?

Dr Skan: I cannot tell you exactly why. I wonder whether it might be a sunlight problem as well.

Mr Poots: We have heard about the people who have died as a result of inhaling slurry gases. Are there cases of people who have inhaled slurry gasses but have not actually died? Would they show any symptoms?

Dr Skan: Sadly, the problem with slurry gas, as you know, is that the slurry is contained underneath the shed and then, on a particular day, perhaps twice or three times a year, the farmer decides to agitate the slurry. Unfortunately — I think in Canada they call it a knock-down killer — there are no early symptoms, and this is why it is highly toxic. So, in other words, somebody in a situation like that gets no warning. Indeed, some people might rely on a smell to give a warning but, sadly, as the concentration of hydrogen-sulphide rises, the smell disappears. So, in fact, you lose warning. That is why it is such a dangerous gas.

Mr Poots: The reason why I asked was that once my family were mixing slurry and the following day my father was completely confused and his doctor referred him to hospital. He was in for a day and nothing showed up. I just wondered whether there were any symptoms?

Dr Skan: That is very interesting. I went to visit a few farmers to find out exactly what had happened to them and they described to me how they had been near the door when luckily somebody had pulled them out. And they tended to recover reasonably quickly. Your father was perfectly fine at the time?

Mr Poots: Yes. After he came out of hospital he was fine again. He was just confused for one day.

Dr Skan: The symptom of temporary confusion has not been my experience, but, again, I would be very interested to hear about it.

Mr Shannon: Your figure for asthma of 4.8% seemed to be quite small in comparison with the entire population where there has been an increase in asthma. Is there any reason for that?

Dr Skan: This was diagnosed asthma. I think that it is true to say that farmers do not tend to smoke. Those figures came out in the late 1980s and there were 400 farmers; that was the figure that was found.

Mr Shannon: I think that nowadays a lot more asthma cases are diagnosed amongst children of farmers as well. I do not know whether it is directly because of farming or just due to the society that we live in.

Dr Skan: I think that in those countries which have a so-called western life-style, the whole question of what appears to be increasing rates of asthma is a matter of concern, as you quite rightly say.

Mr Shannon: Concerning pregnant women, are you aware of an increase in miscarriages at lambing time?

Dr Skan: I certainly have not had any cases reported in Northern Ireland. It is certainly a risk. Again, if the Committee wish me to find out the evidence from the whole of the British Isles I shall be happy to do some research and get that information back to you.

Mr Shannon: It is something that I only became aware of over the last few years. I have lambed many sheep in my time never realizing that there may have been any problems.

Dr Campbell: We always advise the farming community that pregnant women should not be near the fields at lambing time. I would be annoyed if the farming community were not aware of that. It is advice that a GP or an obstetrician or a midwife would give to any pregnant wife of a farmer.

Mr Shannon: Obviously Weil's disease is not as prevalent today as, perhaps, it would have been years ago. Are you aware of any recent cases?

Dr Skan: The people who tend to get it these days are probably canoeists who get abrasions and then canoe down rivers which are contaminated with rats. I have not been aware of it in my time in the occupational context.

The Chairman: Thank you, very much, Dr Campbell, Dr Skan and Mr McAllister.

WRITTEN EVIDENCE

NORTHERN IRELAND FORUM FOR POLITICAL DIALOGUE

STANDING COMMITTEE D

MINUTES OF EVIDENCE

**(Mr L o'Hagan and Mr J Laird
(Safeway))**

on

AGRICULTURE ISSUES

Thursday 11 September 1997

NORTHERN IRELAND FORUM FOR POLITICAL DIALOGUE

STANDING COMMITTEE D

Thursday 11 September 1997

MINUTES OF EVIDENCE

on

AGRICULTURE ISSUES

Witnesses:

Mr L O'Hagan and Mr J Laird
(Safeway)

The Chairman: Did you contribute to the consultation on the James Report on the Food Standards Agency?

Mr O'Hagan: No, we did not. We did not have the resources. Whilst Safeway, Tesco and Sainsbury's could do it, Wellworth's did not have the people to input to that.

The Chairman: Do you support the concept?

Mr O'Hagan: Yes, absolutely, very strongly. It is good for the retailers and it is good for the suppliers. It builds confidence in the system right the way through.

Mr White: You have 1,500 local suppliers. Have you many suppliers outside Northern Ireland?

Mr O'Hagan: In relation to produce, no. We import exotic fruit and vegetables — the stuff that is not grown in Northern Ireland. We are not currently bringing into the province products that can be grown here. When it comes to tinned food and so on there is a lot of stuff that comes in. Potatoes and things like that we do not bring in unless Wilson's are bringing them in because the timing of the harvest is wrong. If the product is available in Northern Ireland we source it here.

Mr White: Are there not pressures on you to be more competitive? I am sure that not all our local suppliers are as competitive as some of the suppliers in England, Wales or Scotland. How are you able to remain competitive if you depend so much on local suppliers?

Mr O'Hagan: One of the issues we had to address pre-Safeway, in terms of pricing, was where we were in relation to Tesco, Sainsbury's and others. In terms of the pricing issue to the consumer, we have not found a problem in that regard. We can still buy here and make a

reasonable margin. There are no real gaps. No one can say potatoes and cabbages can be bought much more cheaply in Scotland. That has not come through yet.

Mr White: It is commendable that you have so many local suppliers and that you are certainly not advertising for other suppliers outside Northern Ireland.

Mr O'Hagan: As I say, it is a developmental phase not just for the retail sector, but for the whole supplier base. If it is handled right the rewards are tremendous. But it needs assistance, and it needs to happen awfully fast.

Mr Junkin: Talking about sourcing supplies, it seems that you are trying to source as much from the British Isles as possible. Do you see yourselves at any stage using an opportunity to get cheaper supplies of, say, poultry — I know a bit about that — from South America or from Taiwan where I am told that there are some extremely modern, highly hygienic houses being built to produce poultry, probably in even better conditions than we can? Do you see yourselves using a source from there as an opportunity to make a bit of extra profit or do you think that you will stick with the local producers that you know about?

The Chairman: Mr Junkin, you are giving him ideas.

Mr O'Hagan: There are no plans to do that. I cannot see it. From a marketing point of view to be saying that we are going to be bringing in chicken from Taiwan into Northern Ireland, is something that I do not think the consumer would live with. You are into the whole issue of currencies and transport and you are into a very fickle situation. What you have is a very constant supply. You know what the cost base is. There might be some advantages here at this particular time, but you are also quite happy with the quality and supply. It would be an awfully big risk because chicken is such a big part of people's weekly shop. I do not see that happening.

Mr Junkin: What would be your feeling if O'Kane's or Moy Park or Grampian or Marshall or somebody said "Look, we can supply you with 100 tonnes of chicken. It is sourced in Taiwan but we have cooked it and it is under our label"?

Mr O'Hagan: I have not thought of that one. I do not know.

Mr Junkin: Would you insist that it be marked as originating in Taiwan?

Mr O'Hagan: It would have to be. You would have to do that. Maybe you know something that I do not know.

Mr Junkin: We do know that some stuff is brought in from other countries. It is cooked and that way you cure any salmonella problem or whatever may be in it. Then it is sold in normal company bags and you do not know what you are buying.

Mr O'Hagan: I did not know that.

Mr Junkin: I am not saying that O'Kane's or Moy Park are doing it, but I do know that it is done.

Mr O'Hagan: Produce of Northern Ireland is something that you want and something that we will have in Safeway stores. All things being equal, the consumer will want to buy

Northern Ireland products. If they are not equal then the consumer will pay a small premium, but not much of a premium. We see it as a marketing advantage to say that an item is the produce of Northern Ireland. We see it as a selling point.

Mr McCarthy: We are all delighted that you prefer to use local suppliers. What happens if the people are not able to come up with what you want? You have told us you are going to give the producers the first opportunity but what happens if they do not come up with what you want? You are obviously going to go ahead. Have you a contingency plan whereby you go elsewhere?

Mr O'Hagan: No. I have every confidence in our suppliers. Having had this sort of discussion with Northern Ireland Growth Challenge and CBI I have no doubt that they will come up with our requirements. Why shouldn't they? It has been good enough for us so far. What has suddenly changed that might make it go down? I do not foresee that at all.

Mr McCarthy: That is certainly confidence. But if they should fail somewhere you are not going to simply disappear; you are going to go somewhere else.

Mr O'Hagan: Every day you get in from your store what is selling and what is not selling and what is on the shelves. The consumer will say "We are not buying this." The consumer will drive it. We have the raw materials to do it in this country. There is no reason why they cannot do it. We are really just talking about stepping up.

Mr Stewart: The one that interests me is the Coleraine store. How many extra jobs are you hoping to put into Coleraine?

Mr O'Hagan: About 60.

Mr Stewart: There is a company there which supplies chickens — Farm Fed Chickens.

Mr O'Hagan: A very good company.

Mr Stewart: They do a wonderful job.

Mr Clyde: We were told that tethering and stalling of sows is going to be phased out very soon in Northern Ireland and Britain. Some supermarkets said they would not take pork or bacon from herds using this system. In the South of Ireland the tethering and stalling will not be phased out for a number of years yet. Would you buy pork from the South, when you would not buy it from pigs in the North when it was using the stalling system?

Mr O'Hagan: I do not know. I did not even know that that was happening. I would have to talk to our buyer. I will have to come back to you on that.

Mr Laird: I have brought along some background information about the Safeway chain throughout the United Kingdom. It also contains a press release which we issued at the end of August about the whole area of sourcing. Also if the Committee or individual members would like any more information and are not too sure where to go, my telephone number is at the bottom of that press release. I will sort it out if anyone wants any information or wants to know something or wants to go somewhere. We have no problem about this. We only get to find out what people are thinking by listening.

Mr McCarthy: Have you any plans for building a new store in the Ards area?

Mr O'Hagan: We anchor Ards Shopping Centre with a 40,000 sq ft store, so our plans at the moment are to refurbish that. As you know, we have a site for a new store in the centre of Bangor.

To come back to Mr Clyde's point, the problem is that this is such a vast area that it is hard to cover it all and to know what changes are taking place.

Mr Clyde: It would be very unfair to Northern Ireland farmers if they were being penalized and the ones from Southern Ireland were getting away with it.

Mr O'Hagan: I agree totally with that.

Mr Clyde: That is what we were told some time ago when they were talking about phasing out the stalling and tethering of sows.

Mr O'Hagan: I will find out for you.

The Chairman: Thank you, Gentlemen. You have been extremely helpful and frank with us and we appreciate your taking the time to come here today.

NORTHERN IRELAND FORUM FOR POLITICAL DIALOGUE

STANDING COMMITTEE D

MINUTES OF EVIDENCE

**(Mr M Bell and Mr F Hewitt
(Northern Ireland Growth Challenge))**

on

THE AGRI-FOOD INDUSTRY IN NORTHERN IRELAND

Thursday 25 September 1997

NORTHERN IRELAND FORUM FOR POLITICAL DIALOGUE

STANDING COMMITTEE D

Thursday 25 September 1997

MINUTES OF EVIDENCE (Mr M Bell and Mr F Hewitt (Northern Ireland Growth Challenge))

on

THE AGRI-FOOD INDUSTRY IN NORTHERN IRELAND

The Chairman: What has been NIFDA's response to the James Report?

Mr Bell: We have welcomed it. If you remember the slide that I put up it showed that consumers do not trust food manufacturers, and they trust the Government even less. Those are the last two groups that consumers will listen to telling you that this food is safe. That is the sad truth. So we need to create a new body that has some public credibility.

We have a very good food industry, particularly in Northern Ireland. We produce really good food, yet we are being undermined in the public's eyes because we do not have a good governing hygiene body. So we welcome the James Report, and we welcome the mirroring in Northern Ireland of what happens nationally. That will undoubtedly mean a big shakeup in DANI.

I understand that the debate has indicated that the meat inspectorate should obviously go into the new body, as should the milk inspectorate, and the debating point at the minute is whether the vets should move. I imagine that that is going to be a fairly major debate. Does that answer your question?

The Chairman: Thank you both very much. You have been extremely interesting and helpful.

NORTHERN IRELAND FORUM FOR POLITICAL DIALOGUE

STANDING COMMITTEE D

MINUTES OF EVIDENCE

**(Mr I Coull and Mr M Attwood (Sainsbury's)
and Mr W T Pinkerton (Cherton Enterprise Ltd))**

on

SOURCING OF PRODUCE WITHIN NORTHERN IRELAND

Tuesday 14 October 1997

The Chairman: That raises an interesting point. You must, therefore, be in a position to give advice to farmers on how you see production techniques changing. I am wondering what general advice you give to producers as we look towards the implications of Agenda 2000 and the setting up of the Food Standards Agency. What general advice do you give to primary producers in Northern Ireland?

Mr Attwood: That is a very good question. Certainly, customer research tells us what the customers' concerns are. We feed those through to the supplier base to ensure that these areas are being looked at, but, obviously, legislation and other things have a big bearing on what is coming down the track. Again, as we have that close relationship, we can share these concerns and discuss them. We are not the world experts on some of these issues. We listen to the customers, we know the Government position and pass that information through. It is a huge topic really to try to answer in one statement.

Mr Coull: It is a big subject. You have touched on a few issues that are coming down the regulation track. Environmental issues are now becoming ethical issues — they are going to be regulated in the next three or four years without any question. The Food Safety Agency is going to have a big impact and what we have discovered with our supplier base in a number of areas is that one thing we can do very well is translate what is coming down the line in two or three years' — we are reasonably close to the Government on some of these issues — into something that they can take away and do something about. We do have supplier confidences, we do talk to them about all sorts of environmental and ethical issues, and, of course, the Food Safety Agency, as you say, is just around the corner.

The Chairman: That is where we would welcome help from organizations like yours. We see our role as one of trying to point farmers in the right direction. We would very much support the adoption of quality assurance schemes for almost the entire range of agricultural products. Should we be advising farmers, for example, who want to invest in new cattle housing that it should not be slatted housing, that it should be bedded housing? These are the type of issues which are contentious, but they are also necessary so that farmers can see, come the year 2000 or whatever, where they need to be in order to be able to supply organizations like yourself.

Mr Attwood: Certainly, our technical colleagues are more than happy to share their knowledge and information with the supplier base. There is no problem with that at all.

The Chairman: If you were agreeable perhaps, as we develop our reports, we could communicate with you.

Mr Attwood: We would be more than happy to do that.

NORTHERN IRELAND FORUM FOR POLITICAL DIALOGUE

STANDING COMMITTEE D

MINUTES OF EVIDENCE

**(Mr C Mathers, Mr R Watson and Mr A Waugh
(Northern Ireland Meat Exporters Association))**

on

EFFECTS OF A NORTHERN IRELAND FOOD STANDARDS AGENCY ON FARMERS AND THE DEPARTMENT OF AGRICULTURE

Thursday 6 November 1997

The first item was the **effects of a food standards agency in Northern Ireland on farmers and on the Department of Agriculture**, and you have indicated your views quite well on that. What do you see as being the main implications for farmers here of such an agency being established that will exercise control over the whole food chain, from producer to processor and retailing?

Mr Mathers: It is difficult to make any comment because in spite of all of this talk about a food standards agency which came from a paper that was prepared for the Labour Party prior to the election there was no evidence of any consultation being carried out in Northern Ireland when putting that paper together. It related purely to Great Britain on the basis of the Pennington Report and what happened over there. It is being driven very strongly over there, and we are basically falling in behind it somewhere. But the one thing that must be ensured in Northern Ireland is that our systems stay ahead, if you like, of what is happening in Great Britain.

When a third-country trader came to negotiate veterinary certification in Great Britain he had to negotiate with the Health Department and then the Agriculture Department. However, when he came to Northern Ireland he had a one-stop shop, and we must ensure that that sort of service remains in place here where there is a good relationship between the Department of Health and the Department of Agriculture. We must not allow the thing to be carved up. The system is entirely different in Great Britain, but we do not want their system foisted on us for our own has been years ahead of theirs for so long.

The Chairman: Would you be concerned that the agency would be health-led rather than agriculture-led?

Mr Mathers: That has to be assumed simply because of the emphasis that the present Government are putting on food. There is nothing wrong with putting that emphasis on quality, safe and healthy food as well, but we would see that as the way in which the agency is being driven.

Mr Watson: I would like to reinforce that. One thing we should all work very hard for is a separate food safety agency in Northern Ireland. That is something that will become very important to us if we can achieve it.

A food standards agency would have a lot of benefits, but it must be a balanced agency and not be driven by the consumer side or a side that does not understand the nature of the processing sector. It has been proven how well the whole industry in Northern Ireland works across the board. Though MAFF in Great Britain sometimes came under much criticism for the way that they handled food safety issues, the Department of Agriculture in Northern Ireland continually get commended for the way they handle them. If you look at every disease that has hit Northern Ireland you find that the Department have always been on top of the situation and have worked very well. For example, we have only had a small instance of BSE in Northern Ireland.

Another concern which is really driving the food safety agency is that of E Coli, though it is a very small problem in Northern Ireland. In relation to E Coli, if we were under a food safety agency a major issue for farmers now would be how clean they could present their animals for slaughter.

Great Britain has five categories from clean right down to intolerably dirty at five and they took the decision to slaughter those cattle in categories one and two. Here it was decided that in

addition to categories one and two cattle in categories three and four could also be processed after a little bit of drying and a little bit of work. Now if we were only allowed to process ones and twos this winter, particularly given the fattening systems we use and the reasons for using them, our industry would be in crisis. Most of our animals in the winter come off a slatted-housing system which is not the case in Great Britain. We do not have much access to cheap bedding material as in Great Britain, and if the policy had been driven from Great Britain and we did not have a Department here to stand up for us, we would be in an intolerable situation and the farmers would be in real crisis; they would be unable to market much of their stock through winter. That is just one example of the reasons we should push to have our own safety agency here where we could reason our arguments instead of getting into the broader debate across the United Kingdom.

The Chairman: Would you be concerned that such an agency might attempt to influence what people eat as opposed to involving itself in standards of food production? In other words, as meat processors, would you be concerned that the health-food lobby might try to use such an agency to say “You should not be eating so much red meat, you should be eating a balanced diet and more vegetables”?

Mr Watson: It will be important to have a balanced agency which will look at foods across the board and just assess the risk, because there is a perception among people that there should be zero tolerance with food risk. That is not the case on our roads or in many other aspects of our life. So I think it would be important for the agency to assess all foods equally, look at the risks and agree an acceptable risk during the processing. But to do that you must have an agency that has representation from across the whole industry right from the primary producer to the consumer; it must be balanced, and it must understand the regional variations which is why we would like to see such an agency based in Northern Ireland.

The Chairman: Any other questions on this?

Mr Speers: The emphasis on all of this seems to be placed on the agricultural industry; you get the impression from the mainland, and from some of the press, that it has sole responsibility for all this and for food hygiene instead of shared responsibility right across the board. Have you any views in relation to that in terms of public health, for example, the way that people cook meat? The incident of E Coli in Scotland had nothing to do with the farmer or the meat plant — there were totally unrelated.

Mr Mathers: I read an article just last week which stated that eight out of 10 food poisoning cases are as a result of what happens to food after it leaves the retail establishment and not as a result of what happens to it from the farm through to the end of the retail chain. So there is more to consider than just what happens in the food process.

Mr Speers: Do you not think the debate at the moment is tending to home in on yourselves or the farmer rather than taking a broader view?

Mr Mathers: Yes.

NORTHERN IRELAND FORUM FOR POLITICAL DIALOGUE

STANDING COMMITTEE D

Thursday 13 November 1997

MINUTES OF EVIDENCE
(Mr L Craig, Mr J Carmichael and Mr N McLaughlin
Northern Ireland Agricultural Producers' Association))

on

EFFECTS OF A NORTHERN IRELAND FOOD STANDARDS AGENCY
ON FARMERS AND THE DEPARTMENT OF AGRICULTURE
YOUNG PEOPLE IN FARMING/RETIREMENT SCHEME FOR FARMERS
WILLOW BIOMASS
POTATO INDUSTRY
SOURCING POLICY OF MAJOR NATIONAL SUPERMARKETS IN NORTHERN
IRELAND
AGENDA 2000
BSE

The Chairman: Members, may I welcome Mr Craig, Mr Carmichael and Mr McLaughlin. Thank you very much, Gentlemen, for coming back to assist us further. We are dealing, as you are aware, with a number of issues in this current session and rather than ask organizations to come on a number of occasions, we felt it better to have one session dealing with various matters.

The first item is the **food standards agency**, the proposals for which were publicized in the form of the James Report shortly after the election. We as a Committee gave an initial response, and we are looking forward to contributing to the White Paper when it comes out. Do you wish to comment on that or do you wish to make a presentation first?

Mr Craig: We will not be making a presentation today. We intend to give you a paper on each issue. The agenda is fairly wide.

A food standards agency will, I suppose, be an inevitable result of the beef crisis and BSE. Certainly we need a Northern Ireland stance on that and perhaps even a specific food standards agency for Northern Ireland — I note that NIMEA were of the same opinion. There should be an agency for the regions and Northern Ireland.

There is an overkill of consumer influence in all this. We recognize that that is very important and that it may be the basis of Pennington's Report, but it has to be realized that farms

are not clinically clean, never will be and, indeed, never should be. Farmers have mud on their boots. That is the way of the world and that is the way we would like to see it remain. So we have some reservations about it — we feel it is over the top. Consumer influence needs to be related to practical agriculture, practical farming and what happens on the ground. I would welcome the Committee's thoughts on that.

The Chairman: Our initial response to recognize the need for an agency in the light of the various scares that have probably reduced consumer confidence to an all-time low, not only in beef but in other agricultural commodities.

We expressed initial concern over the fact that it was to be driven by the Department of Health; we felt that equal standing should be given to the Department of Agriculture's representation on any such agency. That is as far as we went initially because, as you know, it was just a preliminary report. But I think the Committee would share the view — Members can speak if they differ from me — in common with most groups that have given evidence to us, that there is a need for a Northern Ireland agency. We will be forming our opinion based on that.

We also share their concerns that such an agency should not try to influence people's diets or what people eat, rather it should restrict itself to ensuring that what people eat is safe and produced by the best possible practice.

Mr Craig: There have been some very unfortunate statements from the Government. If you think of the cancer scare and such like, it really went beyond the headlines — it was ridiculous. At times we reflect on all this and think that it all began with a statement in the Commons which really changed the industry forever, and it will continue to change it.

Mr Poots: Mr Craig referred to consumer overkill; I feel it is more a question of supermarket overkill. They say that consumers are demanding this, that and the other, when in reality the supermarkets are presenting them with no alternatives. There are four buyers in the whole of the United Kingdom, and they are mopping up 85% of the market. Basically, the farmers have to meet their requirements otherwise they will go elsewhere. I would like to see the food standards agency setting standards for the supermarkets because many of the things the supermarkets are asking for do not result in good food — they are actually destroying good food, in my opinion. I would like to see the food standards agency addressing issues such as the supermarkets' handling of food and the kind of advice they give to consumers about the handling of food after it leaves their shelves.

Mr Carmichael: As an organization we would agree, from the producer's point of view, that what the producer is presented with as being the consumer's view is, quite often, the supermarket's view. We feel that the supermarkets, as well as setting a standard for what they want, are also telling the consumers what they need; then they come back to us and tell us that it is what consumers want. The whole issue is being controlled in a top-down fashion from the centre.

Mr Craig: On the news a couple of days ago I heard about a survey which found that housewives were buying all these anti-bacterial sprays and so on. But another survey on basic food hygiene found that the ladies were putting raw meat into the fridge just wherever there was space. Nobody seems to have the very basic knowledge which used to be taught in home economics any more.

Mr Poots: Like proper defrosting and things like that.

Mr Craig: Yes. Very simple things like that were going wrong. And yet our industry is always blamed for E Coli or any other health scares that come along.

Mr Shannon: We would like to see a fairly substantial farming input into any food agency. That is important when you think of some of the statements that have come from Parliament — for example, we were told that we eat too much red meat. The truth is that most people do not have a balanced diet. They need to have their greens and their potatoes and everything else to keep things right. There is nothing wrong with eating too much meat as long as everything else is kept in proportion. It is unfortunate that some people have used statements to the detriment of the industry. So we hope there will be a fairly substantial farming input into the food agency to keep the balance there.

Mr Craig: The reality is that we should have been eating more meat. It was the balance of vegetables that was wrong. There was no need for that statement. Equally, farmers and farmers' representatives have to recognize other people's concerns more so that, as we have done in the past we take those on board and try to work with consumer interests, rather than be seen as representing only the farmers' interests. We have to recognize that we need to explain our case better than we have done in the past.

Mr Poots: On clipping cattle, we do not have a problem with E Coli in Northern Ireland. That is a problem that has been identified in Scotland and England, yet our Department is instructing us to clip our cattle. These standards are set from one to five and they will not take cattle above three. People will probably be injured or even killed by clipping cattle. We do not have the E Coli problem yet we are having to start doing that, which is a highly dangerous operation.

Mr Craig: Mr McLaughlin and I attended several meetings in Dundonald House.

Mr McLaughlin: The worst area for the E Coli carry-over was Scotland where they are predominantly a straw-based system. This is what the supermarket buying groups and our own Department want us to aspire to, whereas with the swab techniques that were used for sampling, there were no recorded problems with E Coli in Northern Ireland. Both DANI and the supermarket buying groups seem to be putting forward a thesis that the cost of the clean-cattle campaign will be borne by the farmer. Again, there is a major health-and-safety issue which, as you say, is going to cause a lot of problems for a lot of farmers. Rather than putting any emphasis on the meat trade, it has been placed firmly on the farm. We feel that the farmer certainly has a part to play in this, but it is not the overall factor in E Coli or any other bacterial infection. Unless the emphasis is across the industry and on the handling of meat products in the retailing sector and cross-contamination, it is not going to eliminate the problem. The problem will still occur and there will be more outbreaks. Because of all the publicity the farmers have been muddled. They have got a bad reputation, and it is convenient now to blame them and kick them for everything.

Mr Craig: We would not condone extremely dirty cattle. There are the obvious dirty cattle that any of us would recognize. But it has to be related to what is practical and what is attainable. It gets ridiculous at times — you almost imagine that you have to go out there with a hairdryer.

Mr Shannon: Show cattle, nearly.

Mr Craig: Yes. And when the farmers have done all this, there is still no money for them. There is a plethora of costs now that come off when you kill cattle and that is going to be more the case. The Government are withdrawing subsidies from the renderers and talking about £17 to £20 per animal, which will inevitably come back to the farmer and be taken out of his pocket. It is difficult to see how we can really stand against that. Indeed, we have been told “My goodness, it is only £17 out of an animal worth £600”, but the profit is going to be halved. That is another difficulty we see in the rendering industry.

Mr McLaughlin: We see also, going back to the cleanliness thing, what the costs are going to be for the farming industry to implement long-term measures — safer handling and health and safety. It is going to set a tier which a lot of smaller farmers are not going to be able to support financially. Basically, the farmers are getting more and more centralized in a number of large lots with the smaller producers not being able to have a realistic margin. As well as that, the costs associated with meeting the requirements set out by DANI and whoever are going to prohibit the continuation of medium and small farms in the province, which the majority are.

Mr Craig: You are quite correct about the supermarkets and consumers being interwoven. We tend to think the supermarkets tell the consumer what to think and what to expect because they are perhaps ignorant of farming and food matters. You see these producer clubs now coming on board. We are on the standing committee of the Farm Quality Assurance Scheme (FQAS) and are supportive of that. We would like to see a central body, independent of supermarkets — and independent of farmers, almost — on which we would have representatives who could oversee all that and not have individual representatives from each supermarket coming out to examine farms. We would be able to refer them to the central body.

NORTHERN IRELAND FORUM FOR POLITICAL DIALOGUE

STANDING COMMITTEE D

Thursday 27 November 1997

MINUTES OF EVIDENCE
(Mr A MacLaughlin and Mr W Aston
(Ulster Farmers' Union))

on

AGENDA 2000
WILLOW BIOMASS
FOOD STANDARDS AGENCY
YOUNG PEOPLE IN FARMING/RETIREMENT SCHEME
APPLE INDUSTRY
NATIONAL SUPERMARKETS: SOURCING OF PRODUCTS
ORGANOPHOSPHEROUS DIPS

The Vice-Chairman: The next item is the creation of a **Foods Standards Agency**.

Mr Shannon: The Foods Standards Agency is obviously something that I think we would all welcome because we are trying to achieve consumer confidence for which there is an obvious need. Everybody from the farmer right through to the shop-keeper realizes that we need some sort of a body to oversee this whole area. What sort of body would you envisage for this role? This Committee has deliberated this point with various deputations and we are of the opinion that for such a body to have credibility it should have significant representation from both the Department of Health and also from the agriculture industry. What method would you use to take this body forward so that we can ensure fair pay for the farmer for his produce that everybody can stand over and the consumer will have every faith in.

Mr MacLaughlin: The Ulster Farmers' Union is quite clearly and unequivocally of the view that we are now in a period where the consumer is, quite rightly, dictating what he or she eats. Therefore we have no difficulty in accepting that it is right and proper that farmers produce food to a standard and to a specification that the consumer demands. And if, in fact, the guardian of that is to be a food standards agency, then so be it. We would support that. And as a central principle, it must be a powerful body. It must be an independent and strong body, which is what the Government are suggesting. We would have no difficulty with such an agency providing that it has the right knowledge and input, and that, of course, includes those who know about food production at both primary and processing level. This extraordinary notion that some people have that a body can only be independent when it is made of people who do not know anything about its very subject is a lot of nonsense, quite frankly. We do not take that view at all. It is crucial to collect the right group of experts who have an in-depth knowledge of the subject and know all

about the practicalities of putting their objectives into effect. So that is a very important first qualification that we would make.

Our second concern about this whole business is how you regionalize this thing, and certainly our own view is quite clear. Our understanding is that there is already very good co-ordination here in relation to food safety, albeit at an informal level. There are a number of committees between health and agriculture where groups of individuals with the relevant knowledge bring their expertise to bear on any problems arising. We would not like to lose these groups but rather retain them and have their work overseen by a food standards agency. We would like an agency which would provide a proper local oversight, and not some vague body in Whitehall or elsewhere. Having said that, if you are going to have a food standards agency of course the standards must be the same: there must be an agreed set of standards for the United Kingdom, given the importance which we attach to our external market as well as the domestic one. So we want to ensure that we are all singing off the same hymn sheet by way of standards.

There is not a great deal more to say on that, except to say that we are waiting with bated breath for the White Paper which, we understand, is now due in the New Year. Mr Jeff Rooker MP was discussing it at length on the media at the weekend, and we got a summation of all the points that he covered. The whole question of diets is being brought out and we would be concerned if this proposed agency were to become involved in the whole question of what we should eat. There is a difference between providing guidelines and nannying, so this is an area that causes farmers a lot of concern. If we want to talk about food safety, let us talk about food safety. Nutrition is another thing altogether and involves a whole set of political philosophies which we do not want to see the agency getting into. We want an agency that deals with the standards that affect food safety — full stop.

Mr Aston: As opposed to looking at nutrition, the role of the agency should be to look at how food is actually produced, something that farmers, the Department of Agriculture and veterinary services have been involved in for many years. Provided that the consumers can be assured of buying goods which reach an acceptable quality standard, the proposed agency should not get involved in the step beyond that, to examine, for example, whether the stock rates are too dense, because people are already looking at those sorts of things. Farmers are only going to enjoy the best production if they keep their animals healthy and happy, so we feel that the agency should start from the farm gate and cover food safety, and not get involved in things like nutrition. This all came about because of BSE and the perceived problem with food safety. Therefore this agency should concentrate, in the main, on food safety, freedom from pesticides, because if it concentrates on broadening its remit it could lose the focus on why it exists in the first place.

Mr Shannon: We are concerned that while Northern Ireland — and indeed the entire United Kingdom — are working very hard to ensure that our own food standards reach levels which inspire consumer confidence, the rest of Europe are, quite simply, doing their own thing. Therefore, we would like to see a food standards agency here having the power to ensure that any imported foods which do not meet our stringent standards are labelled accordingly.

Mr MacLaughlin: This is a most serious issue in terms of food safety and the production of food. That is not our matter because there are ways of producing food that are being imposed upon us — and they are probably right and proper — which are not being imposed on other people, and that is a separate issue altogether. You are absolutely right: those are the two matters that are really concerning us, and we have to be very vigilant. I would rather the food

agency was worrying about that than telling us whether we should be eating our porridge in the morning or not.

Mr Speers: To be able to compete, the playing field must be level. No Northern Ireland producer or farmer or processor or whatever can possibly compete in a market which is grossly unfair, unfair to the extent of having food coming from other parts of the world, and probably mostly from other parts of the EU, that is not of the same standard. If the agency is to mean anything, if it is to have any worthwhile remit or any worthwhile role, it will have to be able to impose sanctions, in some way, on food that comes from elsewhere. It could be labelled to say that it is not acceptable to our people, that in the United Kingdom we produce food that is of a much higher standard. What are your views on that?

Mr MacLaughlin: This is the difficulty we have with something like the World Trade Organisation. That is talking about importing food from America, and the question of whether it is produced in the same way or to alternative standards does not come into it. Here we have a situation where the European Union does not wish to have artificial hormones. Hormones are in beef — for goodness sake you cannot tell the difference, but there are natural hormones and artificial ones. Europe is not in favour of feeding artificial hormones to animals, but the Americans are, and the same sort of thing happens with milk, yet the world trade agreement enables increasing amounts, and the reductions of barriers is going to enable such produce to come in, and there is nothing in the World Trade Organisation to stop that. Now, if that is the case, you have a very serious problem. Can the food agency actually step in there?

This is the sort of thing that is very worrying, because you could argue that in international law it probably cannot, and you would be absolutely right. We are very concerned about this, and we have very good reason to be. I hate to bring this in but given the present attempts to get out of the crisis, the fact of the matter is that if we can get our toe back into the beef export market, we will be producing beef here to a standard that no other country comes anywhere near, but, and this is more important, it does not even have to. Now we have not even begun. All we are hoping for at the moment is to get back into the export markets.

When you look at the economics of this, it is very frightening, and the difficulty for us is to meet competitive costings with this requirement that is way beyond what anybody else is required to meet, and in Northern Ireland we are already almost there. It will take the rest of the United Kingdom a number of years' work to get there, and other countries are not even required to do this, so there is a very real danger here, and the Committee is quite right to highlight it.

Mr Speers: Just leading on from that, anyone from Northern Ireland who has been in Europe will have seen behaviour in processing food or factories, abattoirs or whatever that viewed from our local perspective would be unacceptable. The EC Directives on animal slaughter and other things are probably policed in Northern Ireland and the United Kingdom to a degree that is lacking in other parts of Europe. As you have rightly said, we are in a free market where, under EC or international law or whatever, we would have great difficulty stopping food coming in, yet it is processed in a totally different environment, an environment that is nearly foreign to us, and to standards that are different from those that we have to attain, and those are issues that have to be addressed. The Government have to address them when they think about setting up a food agency within the context of an open Europe.

Mr Aston: Obviously the vast majority of our products go to Great Britain. Given that, the standards elsewhere are not necessarily a big problem provided that the supermarkets which

are the main buyers of our products in Britain actually demand the same standards for their customers as we are producing the goods at. Now it has been highlighted of late that with a wide range of commodities this is not happening. On the one hand the supermarkets are dictating to us how they want things done, and very quickly, but they are not doing the same to other member states, and if we were to get that problem resolved, that would go a large way towards solving this particular issue. It would not solve it entirely, but it would certainly help us.

Mr White: Are you are saying that supermarkets in Great Britain are asking for higher standards for produce from Northern Ireland than they do for produce from other countries?

Mr Aston: From the UK as a whole, yes. I will give you an example. We have to meet requirements in the pig industry to do with stalls and tethers and how the pigs are kept. Now some of the supermarkets have already gone out and sourced pig-meat from other members states which do not have to meet those requirements, yet all that is adding an extra cost to our producers. They are quite happy to watch us do it, but they are not prepared to force others to do it, and when the price is right, the stuff comes in. We cannot survive if that continues.

NORTHERN IRELAND FORUM FOR POLITICAL DIALOGUE

STANDING COMMITTEE D

Thursday 27 November 1997

MINUTES OF EVIDENCE (Mr A Willmott (Tesco) and Ms G Cockcroft (Davidson Cockcroft))

on

SOURCING OF NORTHERN IRELAND PRODUCE BY MAJOR NATIONAL SUPERMARKETS

Mr Speers: The prospect of a food agency has been touched on in a different sense by other members. The issues of food quality, hormones and welfare are issues that are going to have to be addressed if farming and food production in Northern Ireland, indeed, throughout United Kingdom, is going to be on a level playing field. How do you feel about being a market leader in Northern Ireland by marketing and marking products that are top quality versus those that you know nothing about. And there are such products on your shelves. There is food on your shelves that you are not selling under your own label but which comes from places that you know nothing about. If you are following the customer's demand and the customer wants top quality products, then you have a duty to tell them that these non-Tesco products do not have all the things that they want and to market them accordingly.

Mr Willmott: The performance of our brand and the performance of our products is on display to 9 million customers a week. With regard to food safety, we are not a government agency and therefore we cannot set policy for the whole of the United Kingdom. Obviously, our customers' health and safety is of paramount importance and we will respond to any concerns they may have. We work very closely with government agencies to try to determine what is the best policy. But if we are selling a branded product, it is the brand owner who has the responsibility to determine what is actually in that product.

Ms Cockcroft: Ethical issues and the welfare question that you are talking about have come more to the fore. I could give you dozens of letters from people who write to ask about labelling and who want to know about ethical standards.

Mr Speers: It leads on to the question that Mr Poots asked about the tethering of pigs. If your logic is followed right through, you should not be selling that product on your shelves. That is if the consumers are saying what you are telling us they are saying.

Ms Cockcroft: Look at our policy on eggs. Tesco has decided that Tesco-brand eggs will say whether or not they are eggs from caged hens. That is something that has been consumer driven, and that is the labelling policy that we will now follow. We cannot control the labelling on a supplier's brand, so we cannot insist that they do this, this and this. However, the consumer

could insist on that. As you know, consumers have concerns about ethics and welfare; they are the people who are going to be looking for these labels; they are the people who want to know how the animals are treated. They will be making a decision and, from our point of view, we hope that they decide to support the stance that Tesco is taking by buying our products. But we can only control the labelling on Tesco-brand produce; we cannot control the labelling on other products that we do not own, such as Tayto. We cannot lay down rules for them, and if our customers still want to buy the things we cannot say “No, sorry; we are not going to stock that”.

Mr Speers: So it is true to say that you are quite happy to have customers believe that other products are processed under the same circumstances.

Ms Cockcroft: No. I am saying that the consumer has the choice to make — we cannot make that choice for them. But we prefer them to buy our brand.

Mr Clyde: Let me turn from pig stalls to cattle slats. There is quite a lot of talk in farming circles at present about the large supermarkets from the mainland putting pressure on farmers to produce beef on straw instead of slats. Is that, or will it be, Tesco’s policy?

Mr Willmott: I will have to come back to you about that because I am aware that there is a new welfare policy with regard to straw bedding, but I am not entirely sure of what it is.

Mr Clyde: In Northern Ireland we do not grow the same amount of grain that they do on the mainland. On the mainland they actually burn straw to get rid of it, but in Northern Ireland if you have a bad year and no straw, you have nothing with which to bed the cattle. The cattle would be lying in muck and would be rejected at the abattoir because they were dirty. But if they are produced on slats they go to the abattoir clean.

Mr Willmott: I am aware that the weather conditions here mean that straw is not so readily available. I understand that a non-straw-based bedding is currently being developed, and that is why I want to come back to you after I have checked on the current state of affairs.

Mr Poots: I am sure you are aware of the E-coli outbreaks that have taken place in Scotland. Virtually all of those animals came from bedded houses rather than slatted houses. For welfare reasons it may be better to keep cattle in a properly bedded house if possible, but in health terms we have a far higher health standard. The old adage is “If it is not broken do not try to fix it”. We are producing very healthy, quality beef cattle, and it would not be a good idea to move away from this because some consumers think it would be better. The consumer does not realize that such a system could help to introduce E-coli to Northern Ireland beef.

Ms Cockcroft: There is probably a role there for the supermarkets, but there is also one for the farmers — the Ulster Farmers Union — and for the beef producers and their representative organizations because consumers need to be educated. When we are beaten over the head by consumers saying “You have to do this, and we are not going to shop in your stores unless you do” it is a very serious pressure. I got a petition this week signed by 300 teenagers, which said they were very glad to see that we were now implementing ethical policies in our stores. That was completely unsolicited.

The ready-printed leaflets just appear in the stores. All people have to do is sign their names and say they are looking for a reply, and we have to answer each and every one. We have to explain to these people what we are doing, but if people are better informed about the kinds of

issues that you are talking about, it makes life much easier. It is not always easy for us to go back and say “Well, here is the way it should be because we are told that this is the healthier way of doing it”. We need other people to back us up because we can then come to the consumer and say “You just do not want to change; it is not convenient for you”. So if other people are explaining to the consumers why these things are being done, that helps enormously. It relieves the pressure from us because, as I keep saying, we are so driven by what the consumers want that we have to respond and be seen to respond.

Mr Clyde: I am very interested to hear about your alternative type of bedding because I know of nothing other than straw.

The Vice-Chairman: Thank you very much, Ms Cockcroft and Mr Willmott, for addressing the Committee and answering questions. We wish you success.

NORTHERN IRELAND FORUM FOR POLITICAL DIALOGUE

STANDING COMMITTEE D

Thursday 27 November 1997

MINUTES OF EVIDENCE
(Mr D Cooley, Dr D Rice, Mr G Starrett and Mrs D Robinson
(Northern Ireland Grain Trade Association))

on

Food Standards Agency
Young People in Farming/Early Retirement
Sourcing of Northern Ireland Produce
Agenda 2000 — CAP Dairy Regime

The Vice-Chairman (Mr D Stewart): May I welcome to the Committee Mr Starrett, Mr Cooley, Dr Rice and Mrs Robinson from the Northern Ireland Grain Trade Association.

If you have any opening statements to make to the Committee we would be glad to hear them. For the purpose of clarity all questions related to the topic will be addressed before moving to the next topic. I will now ask you to make your presentation. Thank you very much.

Mr Cooley: Thank you. We have a written paper which covers all four subjects that we were asked to address. Not all of them relate directly to our association or to our members but, obviously, anything that concerns Northern Ireland agriculture is of interest to us in a general way. I propose to read this out. When we get it in better shape, we will send it on to you so that you may have it as a record after that.

The first topic is the establishment of a **food standards agency** for Northern Ireland and the effect on the structure of the Department of Agriculture for Northern Ireland. The Northern Ireland Grain Trade Association recognizes that there is a need for the recovery of consumer confidence in the food supply chain. This is general to the whole of the United Kingdom. However, it should be recognized that systems can and do vary from region to region. The Northern Ireland agricultural industry and the consumer have been well served by the systems and controls employed in the province.

The details for this proposed organization are still quite unclear, but we would envisage Northern Ireland having its own specific agency which would also carry out work on behalf of the United Kingdom agency. The reason for this is that Northern Ireland has many schemes and controls already in place which leave us ahead of Great Britain, and we want to maintain that position since we are so dependent on exports.

The Department of Agriculture, the Department of Health and other groups concerned with food safety have served both the industry and consumer in an excellent fashion. There is mutual trust and respect among all parties. Perhaps the will is there in the first place due to the importance of the agri-food industry in Northern Ireland and the fact that up to 80% of the end produce is exported.

Secondly, Northern Ireland is a small and easily identifiable region, not bordering any other United Kingdom region. Also, the ability to have separate legislation where necessary, and the willingness and confidence of all parties to work closely together for the greater good of this most important industry has allowed Northern Ireland to lead the way in many aspects and, indeed, to be better than other regions. The work of the veterinary department of the Department of Agriculture is a good example of this.

Northern Ireland has earned and maintained a reputation as a reliable supplier of safe and healthy food because of its controls — some of them unique — on animal health, traceability et cetera. This reputation should be jealously guarded and built upon — while others attempt to emulate it — despite the opening of our boundaries to certain imports.

Should a food standards agency be created, the Northern Ireland Grain Trade Association feels it should concentrate on assuring consumers of the safety aspects of all food. It must apply equal standards to imported products. The choice of what to eat must always rest with the consumer, therefore, the remit of such an agency need not include nutritional or production aspects. The agency must not burden the industry by carrying out work already administered by other bodies, but should be a monitoring and information vehicle. It must have power and teeth, not only to monitor both locally produced and imported food, but to halt the production or importation of any item that does not reach a minimum standard or which poses a risk to our industry — for example, our animal health status. It should also have the power to tackle any part of the food-producing chain that is not being honest with the consumer — for example, supermarkets which run public-relations campaigns about how they source locally-produced food and the standard that it meets, yet they are importing the same food which has been produced to a much lower standard. The agency must force them to identify this food and inform the consumer of its production techniques and source.

This agency should be an informative body, which has the ear of the consumer, and can analyse and report on research findings, disease implications and food safety in general. In that way the consumer will get a balanced view of any given situation, rather than the hype that is presently being created by the few who want to be in the headlines.

The industry must be adequately represented on this agency with farmers, processors and consumers all contributing to the maintenance of consumer confidence, and to ensuring that there are meaningful and realistic controls for all available foods, including imported foods.

The threat to the farmer — if the agency is restricted to a monitoring and information role then it can only help the farmer by enabling him to get his message across to the consumer in a balanced manner, thus giving the consumer confidence in locally-produced food. The only farmer who might suffer would be the one who is out to beat the grader, rather than make the grade, and is unworthy of support in any case. This benefit will only be achieved if the representation of the agency is realistic.

The effect on the Department of Agriculture — the present system of food production and processing, which enjoys a comprehensive support service from The Department of Agriculture including its veterinary division, has enabled agricultural produce to be exported to many countries throughout the world. We do not wish to see the system changed by giving any of these tasks to a new agency. We would prefer to see such an agency monitoring on behalf of the consumer, and ensuring that the consumer is fully informed of our production standards and quality controls. Such an agency could complement The Department of Agriculture as it would be a shame to dismantle the present format. The agency could co-ordinate Northern Ireland's systems within any United Kingdom legislation.

The Vice-Chairman: Thank you, very much indeed, Mr Cooley, for your presentation. I will now open it up to members to ask questions on each topic in turn: the first one is the Food Standard Agency.

Mr Poots: You have covered the Foods Standards Agency very comprehensively. You are obviously in support of it, and if it can give the consumer confidence and act as a sort of controlling body over the supermarkets as well, I also think that it would be a good thing. We are concerned that many of the supermarkets — as you indicated in your submission — have been telling people that they are sourcing local produce to a certain specification, while at other times they have actually been importing cheaper products which do not meet the same high specifications. That is something that I would like to see the Food Standards Agency cover.

Mr Speers: It concerns me that, in this free Europe, while our Government have introduced food standards and practices for our own companies, who must pay for those costs, as well as those of labelling, there does not seem to be any degree of control being imposed on foods imported from other European countries, which have free access to our markets. Have you a view as to how we can introduce rules to deal with that?

Mr Cooley: I suppose that what we are seeking is a level playing field, and, if, in fact, food produced in Northern Ireland is of a better standard, that should be pointed out, or, at the very least, imported foods which do not reach that standard should be clearly labelled accordingly.

Mr Speers: But should such food even be made available here?

Mr Cooley: I cannot see why a consumer cannot have choice. I am all for choice, and under EU law it must be allowed to be available. We cannot stop it coming in, under present legislation, but the consumer should be made fully aware of standards through the labelling. Through such a process of education, the consumer may decide to buy the higher quality Northern Ireland produce.

Mr Starrett: The Food Standards Agency should have power in respect of both the local scene and imported produce. We always stress the importance of the importation aspect. A classic example of that now is the pig industry, which, as you know, is in pretty dire straits. Although we do not use meat and bone in Northern Ireland for whatever reasons, my understanding is that the imported pig meat products from the continent could very well contain meat and bone. Also, the condition to have sow tethers and stalls in the United Kingdom is not applicable other member countries. So we are back to the level playing-field again. There is no level playing-field. It is up to the food standards agency to monitor the importation of food, but, at the end of the day, it is the housewife who makes the choice. I could not stand up and swear that there is no meat and bone in foreign pig meat — there is certainly none in Northern Ireland

produce. If the consumer does not want meat and bone, it should be pointed out that there is meat and bone in those products.

Mr Speers: Do you think they should have the power to stop such food coming in if it does not meet the required standard? Do you think they should have the power to stop it or the power to put labels on it marking it as an inferior product?

Mr Cooley: We could label the products, but I doubt that we could overturn the single-market legislation. And the labelling would have to be very clear and be the initiative of the supermarkets.

Mr Rice: We should be in no doubt that if all the agency does is ensure that locally-produced food meets a certain standard, then it will put our farming industry out of business. If we have to work to a higher standard than other European countries or Third-World countries, we would not be competitive and the result would be our farmers and our farming industry going slowly down the Swanee. So the food agency has a very important and critical role to play here. The supermarkets have, over the years, convinced the consumer that they are always acting on his behalf, and, at times, they do so in a tongue-in-cheek manner because they buy local produce of a high standard and import other stuff. The agency has to expose that and let the consumer know what the reality is. I am not saying that it is an easy role for them, but it is one that they have to take on.

Mr Starrett: Because of the strength of the pound it is even more prevalent than it was before. And with the national supermarket chains coming to Northern Ireland, my understanding is that some days they can hardly get the folk to bring the stuff across from England — at the expense of Northern Ireland.

Mrs Robinson: We must emphasize that that is how we see a food standards agency. It is not necessarily how the Government might see it. They are very vague about what this body is going to be. There are rumours that some parts of the Department of Agriculture might be absorbed into this food standards agency, and some of the other people giving evidence to you might have more inside information about that.

The Vice-Chairman: Is there any problem in the proposed agency being health-led rather than agriculture-led?

Mr Shannon: Do you think it would be wrong for the Department of Health to take the lead in this food agency rather than the Department of Agriculture?

Mr Cooley: It may report to the Department of Health, but I do not see that as a problem provided that it has people who have experience in all aspects of the production of food.

Mr Shannon: Let me come back to that point about the level playing-field. Obviously, it would be very important to have the input of the agriculture industry as a whole. But sometimes you can have 10 experts who say one thing and 10 who say the very opposite. It is important that we have some reality and a sense of what life is really like out there, and sometimes you need an input from the farmer to give that balance. I am a wee bit worried that the Department of Health could be the shaker here and that the Department of Agriculture could merely be the tail attached to the dog.

Mr Cooley: That is why we make the point that the Department of Health and the veterinary branch of the Department of Agriculture must work with producers from the point of importing the raw materials for producing animal feed, through to the production stage and also consider the animal-health aspects. They have a very good system going, and we should remember the old adage that if it is working, do not fix it. We believe it is working better than anything elsewhere in the United Kingdom.

Mrs Robinson: If the body is led by agriculture, it will not gain the confidence of the consumer, and it is consumer confidence that we are trying to achieve. However, if it is led by health, the consumer is more likely to be tuned into the information coming from that body. I reiterate what our president said about representation on the body being very important. The food producer should be well represented as should the consumer and the processor.

Mr Starrett: The food agency has to be responsible to somebody. The food agency should be very involved with the Department of Agriculture because of the good job they have done in the past. But if it has to be responsible to somebody and is consumer-led, then it must end up with the Department of Health eventually.

Mr Rice: It is essential that it goes through the Department of Health. The big danger in the rest of the United Kingdom is that because of the BSE debacle a lot of structures will be disbanded and everything will come under the control of this huge agency, which will be responsible for food. If we do that in Northern Ireland it will be a total disaster. We have excellent structures in place here. They are respected throughout the world — other countries are trying to copy them — so they need to be left in place. All the agency should do is monitor those groups to ensure that what they are doing is right and to keep a check on them. It should not take complete control of them. If you dismantle the system at this stage, you would only destroy what others are trying to create.

NORTHERN IRELAND FORUM FOR POLITICAL DIALOGUE

STANDING COMMITTEE D

Tuesday 2 December 1997

MINUTES OF EVIDENCE (Mr S Irvine and Mr H Boyd Association of Livestock Auctioneers))

on

FOOD STANDARDS AGENCY

The Chairman: Let us now look at the issue of a **Food Standards Agency**.

Mr Irvine: I believe that a Food Standard Agency is an inevitable consequence of BSE and E Coli. Farmers must become more aware of consumers' concerns — the consumer wants to know that their food is safe to eat. We are unsure what powers a Food Standards Agency will have, and whether it will be centrally or regionally based. Some problems may exist in Scotland but not in Northern Ireland, and we may be made to implement harsher controls than those being exercised in Scotland — I am basically referring to E Coli in this instance. But it is not inevitable that a Food Standards Agency will look for the highest standards and apply them across the board, although we feel that if Scotland has high standards then they will look to apply the same standards in Northern Ireland.

We are unsure what the relationship will be between a Food Standards Agency and the Department of Agriculture. Unfortunately, I feel that a Food Standards Agency will become a watchdog over the Department. In spite of what many may think, the Department has supported the Northern Ireland farmer even when such support may have been unwarranted. A Food Standards Agency needs to understand the industry and what it can achieve. For example, are we to have entirely clean farms? This, of course, would be a nonsense and impracticable.

The Chairman: Are you in favour of having a regional agency?

Mr Irvine: Yes, because Scotland may have problems which do not apply to Northern Ireland, and vice versa. But I think that it will probably be a national agency, and I suppose I can see the argument for it being so — for instance, consumers or supermarkets in Northern Ireland could say that Northern Ireland beef was not meeting the high standards being met in Scotland with regards to E Coli or whatever.

The Chairman: Do you see a Food Standards Agency having any implications for your own businesses?

Mr Irvine: Yes, I do. It appears that a Food Standards Agency will involve itself right down the chain of production, and livestock marts are part of that chain. While they have not

come to us yet, we must be due a visit from them with regards to the standards that will have to be applied. But to be truthful, I really feel as if I am talking in the dark about this. I know little about what powers they will have and how it will affect us. I can only assume that once appointed it will regulate and control our side of the business as well.

The Chairman: Were you part of the consultation process earlier this year?

Mr Irvine: No.

NORTHERN IRELAND FORUM FOR POLITICAL DIALOGUE

STANDING COMMITTEE D

Wednesday 3 December 1997

**MINUTES OF EVIDENCE
(Mr D Rutledge, Mr D Ritchie, Dr M Tempest and Mr P O'Neill
(Livestock and Meat Commission))**

on

**BSE / BEEF EXPORT BAN
FOOD STANDARDS AGENCY
RETIREMENT SCHEME FOR FARMERS/
YOUNG PEOPLE IN FARMING
SOURCING OF PRODUCE BY MAJOR
NATIONAL SUPERMARKETS**

AGENDA 2000

A White Paper was expected in November about the food standards agency, and we understand that a draft was circulated. However, the White Paper has not appeared and has been deferred, though there has been an indication that it will be with us within a matter of weeks. If the food standards agency is set up in an appropriate manner and performs well, it is likely to be beneficial in reassuring consumers. We start with the perception that there is a lack of confidence in the controls that are exercised over the food industry, and it is right and appropriate that steps should be taken to provide reassurance. We produce excellent food in Northern Ireland, and we want to support any initiative that gives consumers further reassurance.

However, simply taking responsibilities from one Department or agency and giving them to another is unlikely to achieve very much. A food standards agency needs to involve itself at a policy level and to set and audit standards, rather than becoming involved in the detail on the ground and the implementation of controls. With regard to Northern Ireland, there are unlikely to be any benefits or efficiency savings in attempting to break up the Department of Agriculture's Veterinary Service. The livestock sector depends on it, and the Department has served both the industry and consumers very well. That is why we feel that it is more appropriate for the food standards agency to become involved in setting and auditing standards. However, we are not convinced that that is what will happen.

Other than that there is little that we can say about the food standards agency. We have concerns that the Government will become too involved in giving nutritional and dietary advice. Historically, they have been apt to get this wrong and to change it as knowledge and understanding of food changes over the years. So we would not welcome that, although we understand that that may be part of the brief

Mr Speers: If this agency is to be effective in protecting the food we eat, it has to have a very broad remit. It should look not only at the food that we produce in Northern Ireland and throughout the United Kingdom but also at the food that enters the United Kingdom. Such food must be either clearly marked or prohibited from coming in. If we are asking for a standard from our producers, then what is sauce for the goose is sauce for the gander.

Mr Rutledge: It is very easy to agree with that. There are concerns from time to time, whether real or imagined. It is perceived that the standard of food from other countries and other areas is less rigidly controlled than it is here, and we agree with your comment.

Mr Speers: But do you not agree that the idea of a food standards agency has not been properly thought out? It is a cliché to have a food standards agency which will improve the quality of food. We would all agree with that, but when you look at the implications, do you think that the Government will have the nerve to do what is necessary? People like you are obviously going to have to put down clear markers about this.

Mr Rutledge: The difficulty is likely to be over whether the United Kingdom can move ahead of the rest of Europe. At the end of the day it is only on grounds of health that we can refuse to take food from Germany, France or elsewhere in the EU. We have to recognize it will be difficult for more stringent rules to be applied in the United Kingdom no matter what the wishes of the Government are.

Mr Speers: We produce beef without hormones. America produces beef with hormones. We were all told that it was wrong to produce it in that way, and it is obviously having an effect on beef production costs, yet we are going to allow beef to sit on the same shelf in Marks and Spencer or Tesco as our produce. The housewife will be able to buy wholesome food which has been properly prepared to our standards, yet on the same shelf will be something that is inferior and which may cost a few pence less.

Mr Rutledge: The jury is still out on the issue of hormone beef since the associated legal issues have still to be sorted out. Indeed, I believe that the Europeans' appeal against the original decision of the courts will be heard before Christmas.

We feel — and it is probably no more than a feeling — that, regardless of the outcome, the Commission will not allow hormone beef in. There will be very substantial fines. Mr Ritchie is best equipped to deal with this question. I do not know how well acquainted he is with it, but if we fail to abide by the decision of the World Trade Organization's court system there are massive fines. I have heard figures of hundreds of millions of ECUs being mentioned. I do not know whether those are annual fines or a one-off penalty. There continues to be a very strong position taken against the importation of hormone beef into Europe.

Mr Ritchie: Mr Fischler does not even want it on the shelves labeled as hormone beef. He wants it kept out altogether. They are taking a very strong line on it. There was a suggestion that he would allow it in provided it was stamped or labeled. Brussels wants to keep it out completely. Apart from the fines, they have to pay compensation to the Americans, and the Americans want access to the market and compensation.

Mr Speers: But I used that just as an example. There are other aspects of food production that we hear the housewife wants changed — for example, cattle reared without slats.

If those controls are to be administered by the food agency, there will have to be clear demarcation lines between food produced abroad of which they have no knowledge, and food produced here.

Mr Rutledge: There is agreement that there must be a level playing-field for food, regardless of its source.

Mr Shannon: Would you be in favour of a regional body for Northern Ireland within the United Kingdom?

Mr Rutledge: We start from the perception — we think it is also a general customer perception — that we already have an excellent structure in the Northern Ireland beef industry. I refer in particular to the livestock sector, where the Veterinary Service has given exemplary support to our industry in providing consumer assurances for many years. One is reluctant to see that removed and broken up, because we could end up with something less effective.

Mr Shannon: Would you like to comment on the news at lunch-time today that there is to be a ban on butchers selling meat-on-the-bone products — no shin, T-bone steaks, rib roast, and so on? Where is this whole method of beef regulation going to stop? It is unbelievable.

Mr Rutledge: We might have been expecting to comment on that sort of issue at the end of the meeting. We are aware of the news that is breaking today. I suppose that it is more likely to be unhelpful than helpful to the industry. It is yet another twist for us. We can now foresee that the T-bone steak, the shin, the bone will come out. That is, we understand, the recommendation of the SEAC committee. While the Government say that they are still considering that, to date they have always acted upon every piece of advice that that committee has given them. The likelihood is that this will be no different. Our immediate concern was whether this development might have a negative impact on the export ban discussions. We are hopeful that it will not have such an impact, given that the discussions have only been about boneless beef. We are therefore fairly hopeful that it will not cause any further delay in the discussions on the removal of the export ban.

Of course, it will have some impact on the local trade inasmuch as some popular items will no longer be available to the consumer — for example, the T-bone steak and the shin.

Mr Shannon: The food standards agency could have been a means of overseeing the introduction of such regulations, but I wonder whether these regulations are overtaking everything.

Mr Rutledge: One has to presume that a food standards agency would take on board the scientific advisory role and embrace the SEAC Committee reports. That would be a reasonable speculation. So they would be the ultimate authority in determining what is acceptable in the food industry and what is not.

Mr Shannon: Does your body feel that these regulations are acceptable to the butcher and the meat industry as a whole?

Mr Rutledge: However minute the risk might be, we would not want to be involved in an industry that took risks with consumers' health. Therefore, we would support scientific recommendations with regard to meat sold on the bone.

Mr Shannon: But obviously you would be concerned if regulations were to go too far. You could have 10 scientists saying one thing and 10 others arguing exactly the opposite. I sometimes wonder how much we can rely on this evidence and where the recommendations will end.

Mr Rutledge: One hopes that we will reach the day soon when research proves conclusively that the food is safe. However, at present, scientific advancements are ongoing, so it is only proper that we take the ultra-safe course and continue to win customers' support for the product. We must take every conceivable step to reassure and protect the consumer. The most important issue — and one of increasing urgency — facing the Northern Ireland agriculture industry is removal of the export ban.

The Chairman: It was the flavour of the month about 10 years ago.

Mr Ritchie: On the cost of production side there certainly was a move to bull-beef production but the problem was that there was never a real market there. There might be one if we were to get the export ban lifted for specific types, but there was never a market just to produce bulls like that and I cannot see that there ever will be, at least in the foreseeable future.

Dr Tempest: Good afternoon, Ladies and Gentlemen. It is my task to try to pull the strings together on the issues which you raised and which my colleagues have given you some detail about. First, I will deal with the problems posed for farmers in the event of establishment of a foods standards agency for Northern Ireland — and I say in the event of its establishment because it is still at the White Paper stage, and we do not know the details. However, we can draw one or two conclusions from what is likely to happen. It is increasingly important for farmers to acknowledge that farming is part of food production and therefore that food safety starts on the farm. This requires them to take all necessary action on the farm to promote the highest standards of food safety, and that, perhaps, is the overriding consideration.

The issues that need to be taken into account in order to do this and therefore the problems that they will create for farmers are identified in the Pennington Report on the E-coli outbreak in Scotland. Farmers in the future will need more education and knowledge on the existence of, the prevalence of, and on the nature of potential problems affecting food production. They will need to understand what the risk of infection is to humans and the way problems and infections are spread — for example, the risks from materials such as faeces, drugs, animal feeds and the need for personal hygiene and precautionary protection measures. Extreme care in handling material such as untreated slurry and manure, and, perhaps, even organophosphorus sheep dips is crucial in preventing contamination of the product. Farmers will need information on how to present animals for slaughter in clean condition.

The Department of Agriculture will be producing some guidelines on that this winter, and we will learn more about it next year. We need to make sure that our product is free of residues and contaminants and to pay particular attention to meeting the legal requirements of recording the use of animal medicines, compliance with withdrawal times and correct administrative procedures. We at LMC help in this regard by circulating the necessary publications to members of the farm-quality scheme — for example, the animal medicines record book, the Department of Agriculture's 'Keep Them Clean' leaflet and, in addition, the new rules on the welfare of animals during transport. However, farmers need to be aware of those additional issues which have sprung up in the last few years: the issue of bacterial food poisoning, in particular salmonella and

E-coli which have been problems; animal feed contamination, meat-and-bone meal and its relationship to BSE; biotechnological developments and the risk incurred in using genetically-modified organisms; the nutritional value of the product and its influence on human health, particularly pending changes to the saturated fat content of meat on the farm; and they need to understand the suggested link to such food scares as cancer.

These issues extend beyond animals to crops, and a consideration of something like pesticide residues is equally important. Animal welfare influences on product quality also need to be understood and, in this respect, there is clearly not a level playing-field throughout Europe in terms of the legislation, the codes of practice or their implementation throughout Europe.

NORTHERN IRELAND FORUM FOR POLITICAL DIALOGUE

STANDING COMMITTEE D

Thursday 4 December 1997

MINUTES OF EVIDENCE
(Mr G McCracken and Mr M Taylor
Marks and Spencer plc)

on

SOURCING OF PRODUCE
BY MAJOR NATIONAL SUPERMARKETS

Mr Speers: Do you see a food agency having a major role to play in setting standards for the importation of meat, be it hormones in meat or whatever? Would it be helpful to you?

Mr McCracken: We support fully a remit for a food standards agency or anything that will raise standards of food safety. We support that, and we have submitted a report on it. No doubt it will decide its priorities, but we fully support it in principle. We obviously seek to be at the leading edge of any food safety or quality issue. On the hormone area, we are not, as Marks and Spencer, interested in hormone beef irrespective of what views may be taken. So we support the food agency and will give it every assistance. It could be an important step forward.

NORTHERN IRELAND FORUM FOR POLITICAL DIALOGUE

STANDING COMMITTEE D

Thursday 26 February 1998

MINUTES OF EVIDENCE (Mr L McKibben (Department of Agriculture) and Dr B Smith (Department of Health and Social Services))

on

FOODS STANDARDS AGENCY

The Chairman: Welcome to the Forum's Agriculture and Fisheries Committee. We have been tasked with preparing a response, on behalf of the Forum, to the White Paper on the foods standards agency. Therefore, we will be very interested to hear what you have to say about it.

Mr McKibben: Thank you very much. We are very pleased to have this opportunity to give a presentation to the Committee on what is obviously a very important issue for the entire agri-food industry.

As the Department of Health and Social Services has been, and continues to be, the lead Department for food safety and food standard issues in Northern Ireland, my colleague, Dr Smith, will start by outlining how it is proposed the agency should be established and the way forward. I will then explain how the agency will impact on the Department of Agriculture and the agri-food industry.

Dr Smith: Thank you very much. I would like to begin by saying a bit about the background to the White Paper, where it came from, and why the Government feel it is important to have a food standards agency. I will then run quickly through the contents of the White Paper, look in more detail at its implications for Northern Ireland, tell you what we are doing to implement its recommendations and explain the machinery that is involved in Whitehall and Northern Ireland in preparation for the responses to the consultation process.

The background to the White Paper is this: before the election the now Prime Minister commissioned a report from Prof James. It was published for consultation in May 1997, and there was shown to be wide support for the general idea of a food standards agency that was separate from the Government. There was a widespread feeling among the public that the Government's statements in particular could not always be believed. There was also quite a lot of uncertainty about where people could go to for accurate advice and information on food safety and food standards issues. In September 1997 Whitehall brought together officials from the Ministry of Agriculture and the Department of Health to form a unified Food Safety and Standards Group. That group has been responsible for the development of policies since then, for the production of the White Paper and for the consultation process.

There are three main reasons why the Government feel it necessary to have a food standards agency: to protect public health, to restore public confidence in food safety and standards in this country, and to separate food safety issues from the Government's responsibility to promote agriculture and the food industry.

We have a great deal to be proud of in Northern Ireland. For instance, we have a good record on food safety and standards, and we have been fortunate to have largely avoided the major disasters witnessed in England and Scotland — the worst of BSE, the E.coli outbreak in Scotland, the scandals which gave rise to so much public concern. But we cannot afford to be complacent. Public confidence is at stake, both in this country and internationally, and that not only includes consumers but also food producers and people who have to export and persuade consumers to buy their products.

The purpose of the agency will be to promote high standards throughout the food chain, from the point of production to the point of consumption, and that will include the hygiene practices of people in their own homes. The agency will take over substantial areas of responsibility from the Agriculture and Health Departments throughout the United Kingdom; it will be kept at arm's length from the Government; and it will have considerable influence — for example, it will be able to publish its advice to Ministers, which is unusual for a Government agency.

The White Paper sets out a set of guiding principles, to be built into the legislation in due course, which will guide the work of the agency. Its overriding aim will be to protect public health in relation to food. It will produce assessments of food safety and standards, which will be based on the best independent, scientific advice that it can get, and it will be free to commission its own research; it will be charged with making decisions that are proportionate to the assessed risk and which have regard to the costs and benefits to the agency, the enforcement system and to industry; it will be charged with avoiding over-regulation — it will not be able to engage in an orgy of red tape; it will be independent of all sectoral interests; it will enable the public to make informed choices about food safety matters; it will have transparent decision-making processes, and it will be required to publish the basis for its decisions; it will be required to consult widely with all those who are likely to be affected by its decisions before it makes them; it will be required to recognize the United Kingdom's domestic and international legal obligations — as you know, a lot of food safety direction is now coming from Europe; and it will be required to observe the principles of efficiency and economy in the exercise of its functions.

The next chapter in the White Paper talks about the functions of the agency: advising Ministers on policy including preparing draft legislation; public information and education; representing the United Kingdom in European debates on food safety, and internationally; commissioning research and surveillance on food safety and the issues that might be associated with food products; and setting monitoring standards for the enforcement of food law. It will not itself take over the current responsibilities of the agencies that are responsible for meat hygiene, dairy hygiene and in district councils the responsibilities of environmental health officers for food safety matters.

In a minute Mr McKibben is going to cover the on-farm responsibilities of the agency and its responsibilities for the agri-food industry, which is the next section in the White Paper. I will skip that section and move on to the section on other aspects of food safety.

The agency's responsibilities, going beyond farms, will include issues such as radioactivity in foods, questions of food tolerance and allergies. It will have an overriding role in relation to food emergencies. It will be responsible for aspects of water quality. On food standards it will aim to give people clear information so that they can make informed choices about what they eat. I am thinking of things like compositional standards, food labelling and the authenticity of food.

One of the areas about which there has been a great deal of debate has been the agency's responsibilities in the field of nutrition — advising the public on what constitutes a healthy diet. The White Paper essentially tries to divide that responsibility between Health Departments and the agency. The broad principle is that the agency is in the lead where it is the composition of the foodstuffs themselves that is at issue. The health departments will take the lead where it is the implications of that for human health that is at issue, and the sort of grey area in between where the two come together where health departments, the new agency and also health education agencies, like our own Health Promotion Agency, will have to come together and work in partnership in defining the message that is given to the public and in putting it across.

What sort of a body will the agency be? Its precise legal status has yet to be defined, but it will be a public body accountable to Parliament and to devolved parliaments and assemblies through their Health Ministers. At the United Kingdom level it will be run by a commission which will be appointed under Nolan principles consisting of a chairman and up to 12 members. These members will be appointed, not as representatives of particular sectors or territories, but for their personal qualities, and at least one of them will have a particular interest in the Northern Ireland perspective. Its headquarters will be in London.

It will be accountable to Ministers and specifically to Health Ministers, and it will exercise that accountability through an annual report and by producing corporate and business plans. As a last resort Health Ministers will have a power of direction over the agency.

We had, when we were working on the White Paper with colleagues in Great Britain, considerable discussion on the merits, or otherwise, of having separate agencies and commissions in the four countries — and I will be happy to talk more about that in response to your questions — but our conclusion was that we needed to strike the correct balance between a consistent United Kingdom-wide approach and flexibility to enable things to be done differently in Northern Ireland, Scotland and Wales to fit in with existing local arrangements and particular local circumstances. We tried to strike the right balance and section 7.7 of the White Paper summarizes what we propose.

In summary, the commission itself will include a member with special responsibility for Northern Ireland. We will have a Northern Ireland advisory committee whose precise remit has yet to be established, but which will have a role in advising the agency on its operations in Northern Ireland and Northern Ireland Ministers on food-safety issues in Northern Ireland and also the national commission on issues that are of particular interest to Northern Ireland. There will be an agency director for Northern Ireland who is responsible for operations in Northern Ireland, from a unit which we envisage will be largely autonomous and will be called something like the Northern Ireland Food Standards Agency Executive. The Executive will be responsible for operational issues in Northern Ireland and will be accountable to a Northern Ireland Minister.

Looking ahead, the consultation process ends on 16 March. We will then be working with our colleagues in Whitehall Departments to produce draft legislation to carry forward the agreed recommendations which the Government will introduce as soon as its rather busy legislative

programme permits. I hope it will be within the next session of Parliament, by next spring. The intention is that the agency should come into operation before the end of 1999.

Both Northern Ireland Departments are represented on the official group in Whitehall that is carrying forward work on the implementation of the White Paper, and also on a special project group that is looking at arrangements in Scotland, Wales and Northern Ireland.

Mr Speers: You mentioned the two issues that were primarily responsible for bringing about the thinking in relation to the creation of a health and safety agency, namely BSE and the E.coli incident in Scotland. I do not believe that the agency will be worth a penny candle if it does not have the power to clearly identify produce from outside the United Kingdom. The produce that is grown by our farmers is, in my opinion, second to none. Any inferior stuff on the shelves is more likely to come from outside the United Kingdom. Can regulations be put in place to stop produce produced under totally foreign, and I used the word advisedly, conditions from coming into the United Kingdom?

Dr Smith: Yes. The agency will have a responsibility for all food that is processed and sold in Northern Ireland. If raw materials are being introduced to the United Kingdom for processing here, it will have the responsibility for ensuring that they are safe and of a high quality. They will also have a responsibility for the labelling of foods so that, equally, foreign and domestic foodstuffs are properly labelled and people know what is in them. It will also have a responsibility for food as it is being sold, so that inferior food, if it is a risk to public health, should not be able to be sold coming in from overseas.

You have hit on an important point there, which is the role of the agency in European and international negotiations — the kind of thing that is going on at the moment to make sure that other countries in the European Union comply with our rigorous standards as regards meat hygiene, for example. The agency will have a role in advising Ministers on the line that they should take in those international negotiations to make sure that there is a level, competitive playing-field and with respect to food that is coming into the European Union and the current regulations that there are at European level, to make sure that, again, there is a level playing-field.

Mr Speers: There is evidence that some foodstuffs are processed in the United Kingdom but not produced here. I refer specifically to the production of meat. The United Kingdom cannot produce it by using meat and bonemeal, but the Irish Republic, to name but one, can still produce meat in that way and have it processed in the United Kingdom. I am quite sure the same happens in other European countries. Will the agency's remit stretch that far?

Dr Smith: Yes, it will stretch to all aspects of food safety including the processing of meat imported from other countries. It is important to ensure that the same standards apply and that Northern Ireland does not suffer as a result of lower standards being applied in other parts of Europe, including the Republic.

Mr Poots: This is a very important area. We have to bear in mind that meat imports rose by 17% last year. On the meat counters you can have meat produced in the United Kingdom which is under 30 months of age and has not been fed meat and bonemeal, yet meat from the Irish Republic can be from old cows, can be imported and can also have been fed meat and bonemeal. Certainly, the incidence of BSE is lower here than it is in the Irish Republic at present. That is the ridiculous situation that we are in now. Is the food standards agency going to be able to ensure that that can no longer happen? Is it going to be able to ensure that all meat is of the same

quality, that the pork we import has not been fed meat and bonemeal? Are the standards that apply to farmers in the United Kingdom going to apply to all the food that is imported?

Dr Smith: That is an important point and one that it is worth making in the consultation in response to the White Paper, but I will pass to Mr McKibben to address the specific issue of quality of meat coming in from other countries.

Mr McKibben: There is understandable and legitimate concern on the part of virtually everybody connected with the agri-food industry to ensure that there is a level playing-field, and that is something which Ministers are well seized of. Whether or not there is a food standards agency, and no matter what shape it takes, United Kingdom Ministers will want to ensure that, as far as is possible, there is this level playing-field. I am sure the Committee is aware that Dr Cunningham has been active at European level in pressing for controls to be adopted throughout the European Union which, to a large extent, mirror the controls under which beef in particular is produced in the United Kingdom, including Northern Ireland. Within the policy framework that Ministers will set, the agency will, I am sure, be pushing to pursue that particular objective.

Mr Poots: My concern is that in the context of the single market it will not be allowed to and that what will result from the food standards agency is that the United Kingdom industry will be stifled and come under pressure because of targets that have been set for it, yet people from outside the United Kingdom will be able to export their produce to the United Kingdom, sell it on the United Kingdom's supermarket shelves and be able to undercut the producers in the United Kingdom. That is my concern, and I do not think that this document adequately addresses it. Legally the United Kingdom Government may not even be able to do it because of the single market, so that is my major concern at the minute.

Mr McKibben: I entirely understand that concern. That concern exists irrespective of whether there is a food standards agency or not. The food standards agency will not unilaterally be able to impose controls on produce coming in from member states unless there is an identifiable health reason as to why emergency action should be taken. Member states do have the right to take emergency action where it is warranted, but Ministers are committed to working at European level to ensure that there are as broadly common standards as possible, and the food standards agency will back Ministers in that process. However, I entirely recognize and understand the concerns expressed.

Mr Poots: You said that the agency's response would be proportionate to the assessed risks. Beef on the bone was debated in Parliament last month, and the assessed risk of contracting CJD by eating meat on the bone was given as 1 in 10 billion. The Minister who brought this before Parliament was actually smoking cigars in the lobby — a much greater health risk. That does not give the agriculture industry any confidence in what the Government are doing, and bringing these proposals forward does not inspire confidence. However, I know that you cannot really criticize your masters, so I am not going to ask you to do so.

With regard to water quality, do your comments apply to just bottled water or to all water?

Mr McKibben: Just bottled water.

Dr Smith: I would like to endorse Mr Poots's remarks about the dangers of smoking.

Mr Junkin: What is the position with regard to imports from the Far East or South America? Will the foods standards agency be able to advise exporters from those countries of the quality of food that we desire?

Mr McKibben: The same rules apply that apply to European Union member states. There is a body of European Union law which deals with the circumstances under which various foodstuffs can be imported from specified member states. And there are European-level inspections of third countries. The status of their animals and their processing establishments is assessed, and they are put on a list permitting their imports to the European Union, if appropriate, and detailing any conditions that are attached to them. The food standards agency would be involved in that process at European level, but where European law allows imports from certain member states, the agency would not be able to impose arbitrary controls. However, we cannot do that at present anyway.

Mr Junkin: Does this leave this country, as you already suggested, in a weaker position?

Mr McKibben: It does not leave us in a weaker position. The whole thrust of the development of controls at European level has meant that the ability of individual member states to take action has gradually been eroded. That has been one effect of the single market. But that consequence was foreseen and was weighed in the balance when signing up to this policy.

Mr Shannon: Some of us are concerned that the Health Minister is taking the lead over the proposed food standards agency. We feel that his wearing a hat for one Department may outweigh the very real concerns of the agricultural industry. What do you think?

Dr Smith: The Health Minister is already taking the lead in Northern Ireland — a different situation from that in England and Wales. The advantage of that from the producers' point of view is that the public can have confidence in the produce because decisions about food safety are made by doctors and others whose primary concern is for public health rather than for the producers.

In practice, the two Departments work very closely together, and we have joint responsibility for the preparation of regulations and legislation and for enforcement functions. The Department of Agriculture takes the lead on meat hygiene and dairy products, and we take the lead with regard to our responsibility for environmental health officers working for district councils. We have not had any major rows. We have not had any rows since we started work on the White Paper; we are working very closely together. We have established a food standards agency implementation group which mirrors the two Departments that have come together in Whitehall. I am giving away no secrets when I say that our relationship is probably better than the relationship between the two Whitehall Departments.

Mr Shannon: I welcome your comment that there have been no disagreements. But I am concerned that sometimes the very fair and sensible concerns of the farming industry may be overruled by someone with a set of statistics. Mr Poots mentioned the T-bone steaks as one example. In fact, you have a better chance of winning the lottery two weeks running than you have of getting a disease from a T-bone steak. I have no hope of winning the lottery, so I probably have no chance whatsoever of catching anything from a T-bone steak. That is, of course, if I was able to buy one.

Dr Smith: Of course, that decision was made by the Agriculture Minister, not the Health Minister.

Mr McKibben: It is important to remember that the agency will be required to act proportionately with due regard to the public interest. It will also be required to publish its reasons for taking decisions. There should, therefore, be no danger of the agency meeting in secret to take decisions in isolation from the broader interests of the people who will be affected by such decisions.

Going by the discussions that we have had with it to date, the industry here recognizes the reality that this is something that the Government are committed to doing. The industry also believes that it does not have anything to fear from the agency. There is always considerable emphasis on quality and producing safe and wholesome food here, indeed, that has been the basis on which our reputation has been established. That is why we have been able to export so successfully. People within the industry here feel that the agency does not pose a threat provided that it acts responsibly.

Mr Shannon: I agree with your comment about openness. It is very important that nothing should be done behind backs and everything is out in the open. That would also address some concerns.

Let me go back to your point about local authorities. Most of us sit on local councils. Councils are going to be asked to carry an extra work-load with regard to their powers of enforcement and other matters. Is the Government going to provide extra funding? It should because the work-load that has been falling on the shoulders of environmental health departments is becoming larger and larger. There are more rules and regulations, and we need more officers. Where is the funding for these extra positions within local authorities coming from? Is it coming from the Government?

Dr Smith: That is a fair point. We were recently able to give an extra £1.4 million to local authorities in Northern Ireland for the implementation of the Pennington recommendations on strengthening enforcement and training, advice and support for butchers' premises in particular. We accept that the implementation of the White Paper recommendations is going to cost money, and we are currently working on two aspects of that. First, our own bid to the Treasury for additional funding and, secondly, although it is not within our direct responsibility, the Whitehall Departments are looking at different mechanisms for financing the agency.

Mr Shannon: I am concerned that every time new regulations are brought out they say "The councils will look after it. Put it on their shoulders and let them worry about it." That is very unfair.

Probably everyone could sit easy with the guiding principles, but one thing has been omitted. There should be an appeals procedure. If somebody should feel aggrieved with a decision that has been taken, he would at least be in a position to appeal. Your White Paper says that you will consult widely, including with the representatives of those who would be affected. That is fair enough, but a producer may have a grievance that he feels has not been looked at fairly, and what I do not see in the guiding principles is an appeals process. Should you not consider this to keep everything above board?

Dr Smith: With regard to individual cases, there are different appeal processes in place depending on the legislation that is being applied. For example, there is the standard appeal process against the decisions of environmental health officers about the closure of premises. Wider policy decisions — for example, the banning of beef on the bone — are dealt with by the political process.

Mr Shannon: I was thinking of the higher level rather than the lower one. I know that you can go directly to your environmental health officer; you can speak to him about the matter, and there is a method in that. But I am talking about higher decisions that may be taken and which we may feel are unfair and discriminate directly against certain producers.

Dr Smith: The intention is that their decisions should be made on the basis of the best scientific research that is currently available. Therefore, it would be a scientific, technical decision rather than a judicial one. It may be that there is a case for a structured discussion about the kinds of decisions that the agency will make.

The Chairman: Are there similar agencies operating in any other European countries?

Mr McKibben: The agency that most resembles the proposed food standards agency is the United States Food and Drug Administration. And the Irish Republic is in the process of establishing a food safety authority headed by Dr Patrick Wall. It will largely have the same type of functions as the United Kingdom agency except that the Dublin proposals envisage directly employing a greater number of staff. It is not envisaged that the United Kingdom food standards agency will be a major employer of staff. Rather it will work with and through other agencies and bodies. I do not know about countries like France and Germany, but if it would be helpful, we could find out.

The Chairman: Are there any direct comparisons about how it operates in practice? If so, do you have any knowledge of them?

Mr McKibben: We can try and establish that for you.

The Chairman: I have some questions about the desirability of a separate agency for Northern Ireland, but it might be appropriate to hear from Mr McKibben first.

Mr McKibben: The White Paper envisages that the main responsibility for regulation of on-farm activities will continue to rest with the agriculture departments. This means, for example, that activities such as testing animals for disease and animal welfare checks will remain with agriculture departments. In Northern Ireland, as you all know, the veterinary service carries out those for us.

The agency, however, will be able to intervene where it sees farming practices impacting on food safety or public health. It is envisaged that this responsibility will be exercised by means of consultation with the agriculture departments, but the agency will be given powers to take action where it considers it necessary. These will be reserved powers, possibly exercised under the Food Safety Order in Northern Ireland. The agency will obviously be represented on a new interdepartmental committee which is being established to co-ordinate a programme of surveillance and control of pathogens in live animals. The programme would be operated and implemented by agriculture departments, but the agency would be involved in developing the programme and in oversight of the way in which it is carried out.

The White Paper, if I recall correctly, tends to use BSE as the example of the way in which the agency and agriculture departments would relate in terms of control of a disease with potential public health and consumer implications. It basically says that, as far as BSE is concerned, agriculture departments would remain responsible for the control of feeding stuffs, and for eradicating the disease within the national herd, but the oversight of the practices from slaughterhouses on down would be the responsibility of the agency, since these are the areas which would have close impact with the human food chain.

It is proposed to establish a new animal feeding stuffs advisory committee. This would be a back-up to the existing network of advisory committees — for example, the advisory committee on the microbiological safety of food. Another committee is responsible for advising the Government on novel foods. This is a recommendation that was initially made by Prof Lamming to the previous Administration back in 1992, but which that Administration decided not to act on. The Government has decided to establish this new committee which will be a joint committee between the proposed agency and the agriculture departments.

Like many other areas, there will be divided responsibilities in feeding stuffs. The agency will deal with those issues which link most closely with human food: the labelling and composition of feeding stuffs. Agriculture departments will continue to have responsibility in relation to things like the control of waste food, and the use of animal by-products in animal food.

I will now move on to pesticides and veterinary medicines. I think Prof James in his initial report, had recommended that the agency would take over responsibility for the food safety aspects of the testing of both pesticides and veterinary medicines. Essentially that has not been taken up in the White Paper because it was considered that it would be inappropriate to separate out that particular part of the testing arrangements from those to do with efficacy and safety. Instead the food standards agency will have the power to nominate members to sit on both the veterinary products committee and the advisory committee on pesticides. It will send assessors to meetings, and it will work closely with the two Ministry of Agriculture, Fisheries and Food (MAFF) executive agencies which have responsibility for assessment of pesticides and veterinary medicines. It means that as far as Northern Ireland is concerned, we will continue to look to the ACP and the veterinary product committee for professional, scientific assessment.

The area which is the most significant to the agri-food industry, and indeed to the department, is the question of meat and milk hygiene. At national level the agency will take over responsibility from the agriculture departments for both policy and implementation on meat and milk hygiene. This means that agriculture departments will no longer be responsible for issues such as the licensing of meat plants and the licensing of milk plants. In Great Britain this work will continue to be carried out by the meat hygiene service, which in future will report to the food standards agency rather than to MAFF.

In England and Wales (because there are different arrangements in Scotland) hygiene checks on dairy farms are carried out currently by the staff who used to be in MAFF but are now part of the Farm and Rural Conservation Agency. The White Paper envisages that those staff will continue to carry out dairy hygiene work, but instead of doing it for MAFF they will do it for the food standards agency under some sort of contractual arrangement.

For Northern Ireland, the White Paper says that meat and dairy hygiene responsibilities will be exercised on behalf of the agency by the Department of Agriculture, and that there is to be

an agreement drawn up which sets out in detail what these arrangements are to be. One specific aspect that must be covered is the ability and the extent of auditing by the agency of the way in which the Department carries out this work.

Just to help clarify what that means in practice, the committee might recall some 18 months ago when the Department announced that it was carrying out a prior options study of the veterinary service. That was then put on hold at a stage when it was virtually close to being completed, precisely because of the Agency; we needed to sit back and assess what the implications were. We are now, in the light of what the White Paper proposes, returning to look at this to establish just what sort of structure we need in Northern Ireland to best deliver both the meat and milk hygiene. It is clear that retention of the *status quo* is not an option, ie the Veterinary Service doing this work within the Department of Agriculture. Equally it is clear that it would not be either practical or feasible for all meat hygiene and inspection staff to be taken over into the agency. So having ruled out those extremes we are looking at some sort of medium arrangement.

As far as milk hygiene is concerned, in the same way as it is proposed in Great Britain, we envisage that the small number of staff in our agri-food development service who currently carry out this work, backed up by a small admin team, will continue to do the work under some sort of contract or service level agreement with the agency.

The other main area that impacts more directly perhaps on the Department than it does on the industry, but which is of significant importance to the industry also, is the whole question of research and development. As you will be aware, the Department does carry out a significant amount of research, diagnostic and surveillance work which links in some way with food safety and standards. We currently devote over £500,000 to this within the Department's science service. The exercise is mainly carried out in two divisions: the veterinary science division deals with work on residue testing, both on the research side and the diagnostic testing; and the other main area that would be affected is the food division at Newforge Lane.

Prof James recommended that the agency should have responsibility for co-ordinating all research in the area of food safety and that it should take over all the Government spend in this area. The White Paper agrees that the agency should be responsible for co-ordination in this area. It also sets out, as Dr Smith referred to earlier, the principle of the agency's work being underpinned by good scientific research and advice. While the White Paper says that the agency will be able to carry out research and surveillance work, the precise nature of what programmes and resources associated with those programmes are to be taken over by the agency is not determined yet. Within the system of groups to take forward various aspects of implementation, there is a special group set up to look at this whole area and work out detailed proposals. The main area of work for this will undoubtedly be sorting out which programmes the agency should take over and which programmes should remain with agriculture Departments. The whole relationship between the agency and the existing funders and providers of research, including the Department of Agriculture, will have to be considered by that group.

Mr Cecil McMurray, our chief scientific officer, I am sure you all know, will represent us on that particular group. I cannot certainly be precise about the implications for existing Northern Ireland structures as far as research and development and our surveillance programme is concerned, but those of you who know the way in which we operate will appreciate that we tend to have one laboratory which covers research and development, teaching diagnostic work with the same people using the same facilities. Therefore it would just not make sense to try to separate

out the food safety aspects of individual laboratories or individual parts of people's time. We would hope that we would move into a situation whereby, while the agency would have responsibility and there may be programmes that it would take over, the work would continue to be done by the staff who are currently doing it. But that is something that remains to be determined. That in very broad terms — and I am conscious that it is in very broad terms — is as much as I want to say about the implications for the farm and food industry.

Mr Poots: I believe that the Belfast City Hospital laboratory services are currently operating at near capacity, if not over capacity. Has this been taken into account? Have any plans been made to upgrade or extend that facility to cope with the new demands of the proposed food standards agency?

Dr Smith: As a result of a recent review, which the Chief Medical Officer has conducted on arrangements for the control of communicable diseases, we are looking at the need to expand and develop our laboratory services, including the development of a public health laboratory service in Northern Ireland which would significantly strengthen that provided at the City Hospital.

Mr Poots: As regards financing of the food standards agency, I believe they intend to impose a tax on the industry. Do you not envisage that there might be problems in that you are asking the industry to pay for the policing of themselves and there could be a conflict of interests?

Dr Smith: It is still under discussion between Departments in Whitehall. There are plenty of precedents where agencies pay for the regulation that they are subjected to. I do not see that there is a problem with conflict of interest in that they are not offering donations to a political party. There is a tax, license fee, or whatever it is, that applies to all the businesses in the field. I do not think there would be a perception that just because the industry is paying that that would mean the industry would expect to get preferential treatment.

Mr Poots: As regards the issue of labelling, how do you see this in the context of differentiating between local and imported produce. You have admitted that the law cannot prevent food stuffs being imported, but if such food does not meet with the new food standards will it be labelled accordingly?

Dr Smith: It is something that has yet to be determined. We are getting down to the details of what should be included on food labelling. The White Paper just says that the agency has the responsibility for stipulating what should be on food labels, but it does not spell out the detail.

Mr Poots: It would be of great comfort to the agricultural community here if the quality of food stuffs was clearly labelled. Thus people could make up their own mind in choosing between the local produce, which met the food safety standards and the cheaper imported produce, which would be labelled as not meeting those same standards.

Mr McKibben: It might be helpful to look at what way that the new rules coming out on beef labelling will work. That will allow the area in which the animal was born and the area in which it was reared to be identified clearly on the packet, and that is including down to the individual cut of meat level. Therefore if the consumer sees that something does not bear a label

saying it was produced in the United Kingdom, he will be able to balance the price advantage that there might be with imported meat with its potential risk.

I will just come back to the point that you raised about charging. It is important to remember that a considerable portion of the industry already pays charges. I am thinking of particular things like meat inspection fees where we currently recover something like 70% of the cost of the meat inspection service as a charge on the industry's plants. It is 70%, and rising as well under pressure from our financial colleagues. So it is not an entirely new concept.

Mr Poots: If, for example, milk from America has been treated with BST, will that be put on the package?

Mr McKibben: That is something that has been dealt with at European level. I am not directly involved in it at the present time, but, if I recall it rightly, all the member states, with the exception of the United Kingdom, were trying to keep out American milk that had BST. One of the fall-back positions for negotiation was that the product be clearly labelled as containing BST. I suspect that there are European Union rules already in place on that.

Dr Smith: There is a commitment in the White Paper to consultation with the industry, so when they are carrying forward that policy, they will be required to do so in consultation with the industry.

The Chairman: One of the concerns that the Committee expressed in its submission on the James Report was that it felt the need for a separate agency for Northern Ireland. This is partly because of the much greater emphasis on agriculture as part of our overall economy in the province, but also because it is the only region of the United Kingdom to share a land frontier with another country. What are the Department's views on this? Should there be separate advisory committees, as foreseen in the White Paper, but one overall agency?

Dr Smith: That is one of the issues on which we have spent a great deal of time in our discussions with colleagues in Whitehall on the contents of the White Paper. On the one hand, we wanted an arrangement which would allow us to reflect Northern Ireland interests and circumstances, in particular the predominance of agriculture here and the existence of the land border, to give a greater sense of local ownership and input into the work of the agency, and also because the constitutional position is that this is a devolved area. We have our own food-safety legislation and if a devolved administration were established here it would have a responsibility for food-safety issues. On the other hand, there is so much traffic between Northern Ireland and Great Britain in food, and it is expensive to conduct scientific and technical research everywhere, and we wanted to ensure consistency in the scientific research and the application of that research.

The arguments against having a completely separate agency are: the requirement for consistency and the importance of consistency in this area; the cost of having to commission a whole panoply of separate advisory committees; the risk that scientific advisory committees might reach different conclusions, or that different conclusions might be developed out of the scientific advice that they gave, and therefore you might have a different regime operating here from Great Britain, which would make life difficult both for producers here who were trying to sell their goods in Great Britain and for companies that are trying to operate throughout the United Kingdom, like the large retailers; the cost of perhaps doing things twice, and the fact that if we did not do that we would have to rely heavily on advice from the United Kingdom level; the need for

rapid response to emergencies throughout the country — if a food safety alert arises it is important that action should be well co-ordinated throughout the United Kingdom to deal with it.

What we have tried to put into the White Paper proposals is a balance between the requirements of consistency and economy on the one hand and flexibility and responsiveness to local conditions on the other by providing a single United Kingdom agency and policy framework. At the same time there are arrangements whereby Northern Ireland will have its own executive staff, its own advisory committee and its own separate identity. It will operate under devolved food-safety legislation and be accountable to Northern Ireland Ministers, currently Northern Ireland Office Ministers, but under a devolved arrangement to Ministers of a Northern Ireland Assembly or Parliament. So it is a compromise which tries to strike the right balance between those two sets of arguments.

Mr McKibben: These arrangements in the White Paper were very closely worked out and endorsed by the Ministers responsible for both Departments, so from the agriculture point of view Lord Dubs is satisfied that the arrangements will allow for the protection of the Northern Ireland consumer and take account of the interests of the Northern Ireland industry. It is important to emphasize that there will be an agency presence in Northern Ireland. It will in part be made up of existing people who deal with these functions in the Department of Health and Social Services and the Department of Agriculture.

We will continue to have our separate legislation, and, as Dr Smith said, it will come within the ambit of any future local administration. There is a clear determination on the part of both officials and Ministers to have a Northern Ireland representative on the overall United Kingdom commission. That person, it is envisaged, would chair the Northern Ireland advisory committee. There would be input at executive level from the Northern Ireland executive to the United Kingdom executive, so you can be assured that there will be structures in place which should allow the Northern Ireland interest to have an effective input into developments at national level.

On the international front, all the territorial executives I am sure will be putting forward the territorial viewpoints in relation to formulating negotiating lines which will have to be cleared with Ministers including the Minister with responsibility in Northern Ireland at that time.

The Chairman: Would it not be an idea to have two commissioners from each region, one drawn from the agriculture industry and one from health, so that both sectors were represented?

Mr McKibben: The White Paper does not make any determination in relation to the numbers that would be assigned to all or any of the regions — that is something that is still there to be fought for. When we talked about one commissioner it reflected our experience in terms of getting regional input into national bodies and what we could realistically expect to get. These people will be appointed on the basis of their expertise rather than because they come from a particular region. The trick is to find somebody from Northern Ireland with the appropriate expertise.

Mr Speers: Will that be a full-time post, and will it be an executive position rather than an appointed position?

Mr McKibben: It will be from the advisory committee that we envisage that the Northern Ireland representation at national level will be concerned, and while we have not got that far in terms of our thinking as to either the nature of people to serve on the advisory committee and the time commitment, I would be surprised if it warranted a full-time appointment.

Mr Speers: It could be a part-time specialist in some scientific field or whatever.

Mr McKibben: Almost certainly it would be somebody who is doing another job in some part of the industry, be it on the production, processing, consumer or public-health side.

Mr Speers: You talked about the agency giving public advice to Ministers. Could you explain that a little further?

Dr Smith: It will have a responsibility to publish the advice that it gives to Ministers.

Mr Speers: I thought it was going to be in the public domain right from the word go.

Mr McKibben: The Government are putting more and more information into the public domain. In the White Paper there is a very clear commitment that there will be a very high emphasis on openness and ensuring that people have the right to see the basis on which the agency makes decisions or makes recommendations to Ministers.

The Chairman: On behalf of the Committee, Dr Smith and Mr McKibben, may I thank you both very much. It has been most useful.