

Confidential filing

Nuclear Test Veterans & Workers

DEFENCE

December 1990

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From J E Stainton, Assistant Private Secretary to Minister
of State for the Armed Forces



MINISTRY OF DEFENCE

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MINISTER OF STATE FOR
THE ARMED FORCES

D/MIN(AF)/JH/5/3/2

8 December 1993

Dear William,

Thank you for your letter of 7 December informing us of the Prime Minister's agreement to the Parliamentary Question on the publication of the NRPB report on the incidence of cancer and mortality amongst nuclear test veterans.

As requested I attach draft letters for the Prime Minister to send to Sir Terence Higgins, John Evans, Sir Fergus Montgomery, David Martin, Gyles Brandreth (at the suggestion of the NRPB) and Winston Churchill. Mr Hanley will be sending similar letters to interested Labour MPs. I also attach a revised copy of the PQ answer which it is suggested you attach to the letters the Prime Minister sends.

The PQ answer has been revised to reflect the points in your letter. The first paragraph mentions the successful conclusion of peer review and there is now a new second paragraph to identify the qualifications of the authors and contributors to the report. All bar one of your suggestions for textual amendments have been incorporated but I am afraid that the NRPB can not accept the proposed wording that "the most likely" possibility [of increased numbers for leukaemia and multiple myeloma] was a low incidence in the control group. I have therefore kept to the original wording which was agreed with the NRPB.

Finally I also attach a revised briefing for the Prime Minister's use during Questions tomorrow.

Yours ever
JH

William Chapman Esq
10 Downing Street



Recycled Paper

SCANNED

4 other letters on front

DRAFT LETTER TO SIR TERENCE HIGGINS (AND OTHER CONSERVATIVE MPS)

In view of your interest in the issue of nuclear test veterans I am writing to let you know that the ~~successful~~ conclusion of the follow-up study by the National Radiological Protection Board on cancer and mortality among British nuclear test veterans is being announced today. It will be published in this week's British Medical Journal, dated Saturday 11 December.

There has, as you know, been some concern among test veterans that their health may have been affected by the nuclear tests. ^{I hope} They will be ~~greatly~~ reassured by the content of the NRPB's report. It concludes that participation in the atmospheric nuclear test programme has had no detectable effect on life expectancy or on the risk of developing cancer or other fatal diseases.

The fresh data in the new study covers the seven years 1984 to 1990 inclusive. During this period, out of over twenty thousand test veterans, about 1200 died, 370 of them from cancer. These figures are lower than those for the general population and lower than those for the matched control group in the study. Of the 370 cancer deaths, three were from multiple myeloma and six from leukaemia, again lower than among the general population or the control group. Taken together with the figures of the previous study, covering the years up to 1983, the total number of test veterans who have died from leukaemia is 29 - exactly the national average. The full details in the report indicate no evidence to suggest that leukaemia or any other cancer (or indeed any other fatal disease) was caused by exposure to ionising radiation from the tests.

I enclose a copy of the Parliamentary answer to be given today by Jeremy Hanley, the Minister of State for the Armed Forces. The NRPB report itself is being placed in the House library.

QUESTION

To ask the Secretary of State for Defence if he will make a statement on the follow up report by the National Radiological Protection Board being published in the British Medical Journal on mortality and cancer amongst nuclear test veterans?

ANSWER

The joint National Radiological Protection Board/Imperial Cancer Research Fund (NRPB/ICRF) study into Mortality and Cancer Incidence amongst Nuclear Test Participants, commissioned by the Ministry of Defence, will be published on Saturday 11 December in the British Medical Journal after having successfully completed independent peer review. There will also be an accompanying NRPB report.

The NRPB is an independent statutory body which was set up to give advice on radiation protection. The ICRF is a charitable organisation which plays a leading role in cancer research. The authors of the report include eminent scientists who have published widely in the field, amongst whom is the distinguished epidemiologist Professor Sir Richard Doll, OBE, MD, DSc, FRS, FRCP, Emeritus Professor of Medicine at the University of Oxford, who is well known for his work on smoking related disease.

The Ministry of Defence accepts the findings of this independent Report. The study concludes that participation in the nuclear weapon test programme has had no detectable effect on participants' expectation of life, or on their risk of developing cancer or other fatal diseases.

A report published by the NRPB in 1988 dealt with mortality and cancer up to 31 December 1983 among former test participants, compared with a control group of Service and civilian personnel

matched for age, sex and rank who served in tropical areas at the time of the tests but were not, themselves, participants in the atmospheric nuclear weapon test programme. This study found no overall excess of death, or of cancer, among former participants compared with national rates. Out of over twenty thousand former test participants, about 1600 had died, including 400 from cancer (no more than amongst the matched control group or the general population). Of these 400, 22 had died of leukaemia and 6 from multiple myeloma, figures higher than the control group but similar to those expected from national rates. The authors considered that one possibility was that these elevated levels simply reflected an unusually low incidence of myeloma and leukaemia among the control group.

The follow-up report to be published in the BMJ includes cancer and mortality data to 31 December 1990. During the seven years between the end of 1983 and the end of 1990, about 1200 further deaths occurred among former test participants, 370 of them from cancer. Again, these figures were no higher than among either the general population or the matched control group. Of the 370 further cancer deaths among participants, 3 were from multiple myeloma and 6 from leukaemia. The 3 deaths from myeloma were fewer than among the general population and the control group. Taken together with the figures from the previous study, for all deaths up to 31 December 1990 there was no increased incidence of multiple myeloma among participants compared with either the general population or controls.

The six deaths from leukaemia amongst participants between 1 January 1984 and 31 December 1990 were fewer than expected from national rates and fewer in veterans than amongst the controls.

Furthermore, the total number of deaths for the entire period of both studies up to the end of 1990 from leukaemia was exactly the same as expected nationally. The excess of leukaemia in test participants compared with the control group found in the previous study is therefore likely to be a chance finding, although the report states that the possibility that test participation may have caused a small risk of developing leukaemia in the early years after the tests, cannot be completely ruled out. The study however, finds the evidence for a causal link to be weak for several reasons. First, the highest increase amongst participants was not among men in groups whose duties gave them the potential for exposure to ionising radiation, nor among men employed by the Atomic Weapons Research Establishment or directly involved in the minor trials at Maralinga in whom undocumented inhalation or ingestion, if any, was most likely to have occurred. Second, the recorded doses of external radiation were very small, and on the best evidence now available, would have been estimated to cause not even one extra induced case of leukaemia. Third, there was no evidence of an increasing risk with increasing dose as would be expected if caused by exposure to ionising radiation.

The Ministry of Defence has also compiled for the NRPB an environmental monitoring Report for Christmas Island. A copy is in the Library. This Report shows that measurements of radioactive fall-out taken at the time of the tests were usually below the limit of detection. On the few occasions when radioactivity was detectable the levels were low, decayed or dispersed rapidly, and did not constitute a hazard or danger to test participants, visitors or inhabitants of the Island. The dates when elevated levels were found were not associated with

the detonation date of any particular UK device, but corresponded to the world wide fall-out pattern of the time. Such global fall-out is part of background radiation to which we are all exposed.

I can also announce today that I have, in line with the Government's commitment to Open Government, and the Ministry of Defence's wish to open to public scrutiny any documents relating to the safety of test participants, declassified the yields of Christmas Island tests. The figures are contained in the environmental monitoring report for Christmas Island to which I have just referred. The corresponding figures for the Australian atmospheric nuclear weapon tests were declassified in 1985. The yield figures can be used to calculate doses from information readily available in the open literature. These calculations confirm the assertion that doses were vanishingly low at all points where participants were mustered at the instant of detonation.

I believe that this new NRPB/ICRF study confirms that there is no evidence to suggest that any cancer or other fatal disease was caused by exposure to ionising radiation from the tests.

A copy of the BMJ article and associated Report will be placed in the Library of the House.

Brief for the Prime Minister

NUCLEAR TEST VETERANS

SCANNED
PQ. WPS

Points to make

1988 National Radiological Protection Board found no overall excess of death or malignant disease among British nuclear test veterans. Updated study to be published in British Medical Journal on Saturday contains no evidence to change this position.

1988 report and this update show that participation in UK nuclear test programme had no detectable effect on life expectancy or subsequent risk of developing cancer or other fatal disease.

Other Points

Successive British Governments have given assurances that almost all those involved received little or no radiation from the nuclear tests. The fact that a test veteran may have been ill does not mean that the tests caused his illness.

If people really had been dangerously irradiated, there would be an excess of total cancer deaths among nuclear test veterans. No such overall excess has been found.

Compensation would be sympathetically considered for any British nuclear test veteran whose illness had actually been caused by radiation from the nuclear tests. No such case has yet been demonstrated, but a nuclear test veteran or his widow would have every right to take their case to court, if they thought the Government was being unreasonable in not paying compensation.

MAIN BACKGROUND POINTS

The Prime Minister will be aware that the updated study by the NRPB and the ICRF has not changed to position from the 1988 report that participation in test programme has had no detectable effect on life expectancy nor on the subsequent risk of developing cancer or other fatal disease.

DRAFT LETTER TO WINSTON CHURCHILL

I am writing to let you know that following my letter of 11 November, the National Radiological Protection Board have made excellent progress with peer review of their follow-up report on cancer and mortality among British nuclear test veterans. You will be pleased to hear that the report is being published in this week's British Medical Journal, dated Saturday 11 December.

There has, as you know, been some concern among test veterans that their health may have been affected by the nuclear tests. ^{I hope} They will be ~~greatly~~ reassured by the content of the NRPB's report. It concludes that participation in the atmospheric nuclear test programme has had no detectable effect on life expectancy or on the risk of developing cancer or other fatal diseases.

The fresh data in the new study covers the seven years 1984 to 1990 inclusive. During this period, out of over twenty thousand test veterans, about 1200 died, 370 of them from cancer. These figures are lower than those for the general population and lower than those for the matched control group in the study. Of the 370 cancer deaths, three were from multiple myeloma and six from leukaemia, again lower than among the general population or the control group. Taken together with the figures of the previous study (which covered the years up to 1983) the total number of test veterans who have died from leukaemia is 29 - exactly the national average. The full details in the report indicate no evidence to suggest that leukaemia or any other cancer (or indeed any other fatal disease) was caused by exposure to ionising radiation from the tests.

I enclose a copy of the Parliamentary answer to be given today by Jeremy Hanley, the Minister of State for the Armed Forces. The NRPB report itself is being placed in the House library.

MANAGEMENT IN CONFIDENCE

party test. SLH.
N.B. MP's letters are with
Garden Rooms



10 DOWNING STREET
LONDON SW1A 2AA

From the Private Secretary

7 December 1993

Dear John

NUCLEAR TEST VETERANS

The Prime Minister was grateful for the Minister's minute of 2 December.

The Prime Minister is glad that the NRPB are now ready to publish their report. He is content for the Minister to give a Parliamentary Answer on 9 December, to coincide with the press conference being held by the NRPB and the Imperial Cancer Research Fund.

The Prime Minister considers that an effort will be needed to get on side the main advocates of the test veterans among MPs. He would, therefore, be grateful for draft letters to send to Sir Terence Higgins, Winston Churchill, John Evans, Sir Fergus Montgomery and David Martin to go at the same time as the Answer is tabled. He would also be grateful if your Minister would write to the Labour MPs most concerned, including Mike Hall, Gordon McMaster, Peter Pike, Joyce Quin, Jeff Rooker and Keith Vaz. The Prime Minister would be grateful for a draft letter by close of business tomorrow. He also thinks that it may be necessary for Defence Ministers to offer to meet MPs and veterans.

As to the text of the PQ, the Prime Minister considers that it should be expanded to emphasise the independent status of the study; refer to the participants in order to emphasise their qualifications for producing the report; and mention the successful completion of peer review.

In addition, I have marked one or two textual amendments on the enclosed version which are intended to strengthen paragraphs 3 and 4 and to clarify a piece of scientific terminology in paragraph 5.

MANAGEMENT IN CONFIDENCE

re

MANAGEMENT IN CONFIDENCE

- 2 -

I am copying this letter to Dugald Sandeman (Lord President's Office), Murdo Maclean (Chief Whip's Office), Robert Creighton (Department of Health), Jane Rintoul (Department of Social Security), Joan Bailey (Lord Privy Seal's Office) and Matthew Baldwin (Minister of State's Office, Department of Trade and Industry).

*Yours sincerely,
William*

WILLIAM CHAPMAN

John Stainton, Esq.
Minister of State's Office
Ministry of Defence

MANAGEMENT IN CONFIDENCE

MANAGEMENT IN CONFIDENCE

From: William Chapman
Date: 6 December 1993

PRIME MINISTER

NUCLEAR TEST VETERANS

Miracle of miracles, the NRPB seems to have succumbed to pressure, pulled its finger out and produced its second report more quickly than we were told a month or so ago.

They now intend to publish a report in the British Medical Journal on 11 December. In brief, it finds that test veterans have not contracted higher rates of cancer than the general population or the control group. It also finds that the veterans have not suffered more leukaemia than the general population but says there may have been a small risk of developing leukaemia from involvement in the early tests. The report then adduces three strong reasons to dispute this latter suggestion. Nonetheless, this is the point the veterans will seize on. Details are in Mr. Hanley's note attached.

Mr. Hanley seeks your agreement to his giving a Parliamentary Answer on 9 December, to coincide with a press conference being held by the NRPB and the Imperial Cancer Research Fund. Content?

A few comments on the handling and text of the draft answer.

A bit more than the answer will be needed to sell the findings to the most critical MPs. You should write to Sir Terence Higgins and Winston Churchill. If you agree, I will commission a draft. MOD Ministers should write to Keith Vaz, Mike Hall, Gordon McMaster and other Labour MPs who have shown

MANAGEMENT IN CONFIDENCE

sustained interest. It may be also necessary for MOD Ministers to offer meetings to the MPs (and veterans). Agree that they should suggest this too?

As to the text of the PQ, this should:

- make more of the independent status of the study;
- refer to the participants to emphasise their qualifications for producing the report;
- mention the fact that peer review has now been successfully achieved;
- amend the third and fourth paragraphs of the draft answer. The end of the third paragraph is left hanging (it prompts speculation about the other "possibilities" which might account for the higher levels of leukaemia in the test veterans than in the control group). The end of the fourth paragraph is weak. I have written in suggested changes.

The above also reflects comments from Dominic Morris.

Content for me to minute out accordingly?



 **William Chapman**

p\nuclear.slh

*ce/hrs
LPU*MINISTRY OF DEFENCE
MAIN BUILDING WHITEHALL LONDON SW1A 2HBTelephone 071-218 2216 (Direct Dialling)
071-218 9000 (Switchboard)MINISTER OF STATE FOR
THE ARMED FORCES

D/MIN(AF)/5/3/2

2nd
December 1993*Dear Prime Minister,*

You will be aware that the National Radiological Protection Board (NRPB) have been conducting a follow up study to their 1988 report on the Mortality and Cancer Incidence among nuclear test participants.

There have been a number of delays in the publication of the report but it is now expected that the updated reported will be published in the British Medical Journal on Saturday 11 December. The report includes Cancer and Mortality data up to 31 December 1990 (the 1988 report covered up to 31 December 1983) and concludes that participation in the nuclear weapon test programme has had no detectable effect on participants' life expectancy, or on the risk of their developing cancer or other fatal diseases.

The 1988 study reported that out of over 20,000 former test participants about 1600 had died including 400 from cancer (which was no more than among the matched control group or the general population). Of these 400, 22 had died of leukaemia and 6 from multiple myeloma, numbers that were similar to those expected among the general population but much higher than the control group. The report considered that one possibility was that these elevated levels simply reflected an unusually low incidence of myeloma and leukaemia among the control group.

The new report now has updated data and shows that for all deaths up to 31 December 1990 (ie those in the 1988 report and those subsequently) there is no increased incidence of multiple myeloma among participants compared with either the general population or the control group. These findings support the hypothesis that the elevated level of multiple myeloma compared to the control group in the 1988 report was due to





chance.

Similarly the total number of deaths up to 31 December 1990 from leukaemia was exactly the same as expected nationally. The new report does, however, state that the possibility that test participation may have caused a small risk of developing leukaemia in the early years of the tests cannot be completely ruled out but that the evidence of a causal link is weak. The report continues that there are several reasons for this. First the highest incidence was among participants not in groups whose duties gave them the potential for exposure to ionising radiation. Secondly the recorded doses were very small and on the evidence now available are only estimated to cause much less than one extra case of leukaemia. Thirdly there was no evidence of an increased risk with increasing dose as would be expected if caused by exposure to ionising radiation. The excess of leukaemia in test participants compared with the control group (but not the general population) in the 1988 report is therefore likely to be a chance finding.

The MOD, of course, accept the findings of this independent report which fully justifies the position adopted to date in dealing with the representations from MPs and the Nuclear Test Veterans Association who are likely to be most disappointed that the research and study does not back their allegations and assumptions. The bottom line remains that as people get older so they have an increased chance of illness and the fact that a test veteran becomes ill does not mean the tests caused his illness.

The NRPB together with the Imperial Cancer Research Fund (ICRF) are planning to hold a press conference on the afternoon of Thursday 9 December to announce the publication of the report in the BMJ and to answer questions. I therefore propose to answer an inspired parliamentary question at the same time, the text of which I attach. It has been agreed with the NRPB and Sir Richard Doll of the ICRF. I will, of course, ensure you have briefing for Questions to the Prime Minister next Thursday. I do not propose any other form of publicity but material will be available from the MOD press office if necessary.



MANAGEMENT-IN-CONFIDENCE



Copies of this letter go to Tony Newton, Richard Ryder,
Virginia Bottomley, Peter Lilley, John Wakeham and Tim Eggar.

Yours etc,

Jeremy

JEREMY HANLEY MP

The Rt Hon John Major MP
Prime Minister

MANAGEMENT-IN-CONFIDENCE



Recycled Paper



QUESTION

To ask the Secretary of State for Defence if he will make a statement on the follow up report by the National Radiological Protection Board being published in the British Medical Journal on mortality and cancer amongst nuclear test veterans?

ANSWER

The joint National Radiological Protection Board/Imperial Cancer Research Fund (NRPB/ICRF) study into Mortality and Cancer Incidence amongst Nuclear Test Participants, commissioned by the Ministry of Defence, will be published on Saturday 11 December in the British Medical Journal.

The Ministry of Defence accepts the findings of this independent Report. The study concludes that participation in the nuclear weapon test programme has had no detectable effect on participants' expectation of life, or on their risk of developing cancer or other fatal diseases.

A report published by the NRPB in 1988 dealt with mortality and cancer up to 31 December 1983 among former test participants, compared with a control group of Service and civilian personnel matched for age, sex and rank who served in tropical areas at the time of the tests but were not, themselves, participants in the

atmospheric nuclear weapon test programme. This study found no overall excess of death, or of cancer, among former participants compared with national rates. Out of over twenty thousand former test participants, about 1600 had died, including 400 from cancer (no more than amongst the matched control group or the general population). Of these 400, 22 had died of leukaemia and 6 from multiple myeloma, figures ^{higher than the control group but} similar to those expected from national rates ~~but much higher than the control group~~. The authors considered that ^{the most likely} ~~one~~ possibility was that these elevated levels [simply] reflected an unusually low incidence of myeloma and leukaemia among the control group.

The follow-up report to be published in the BMJ includes cancer and mortality data to 31 December 1990. During the seven years between the end of 1983 and the end of 1990, about 1200 further deaths occurred among former test participants, 370 of them from cancer. Again, these figures were no higher than among either the general population or the matched control group. Of the 370 further cancer deaths among participants, 3 were from multiple myeloma and 6 from leukaemia. The 3 deaths from myeloma were fewer than among the general population and the control group. Taken together with the figures from the previous study, for all deaths up to 31 December 1990 there was no increased incidence of multiple myeloma among participants compared with either the general population or controls. [These findings support the hypothesis that the elevated level of multiple myeloma was due to ^{it} chance.]

MB:
omit -
weaken
the end of
this para.

The six deaths from leukaemia amongst participants

between 1 January 1984 and 31 December 1990 were fewer than expected from national rates and fewer in veterans than amongst the controls. Furthermore, the total number of deaths for the entire period of both studies up to the end of 1990 from leukaemia was exactly the same as expected nationally. The excess of leukaemia in test participants compared with the control group found in the previous study is therefore likely to be a chance finding, although the report states that the possibility that test participation may have caused a small risk of developing leukaemia in the early years after the tests, cannot be completely ruled out. The study however, finds the evidence for a causal link to be weak for several reasons. First, the highest increase amongst participants was not among men in groups whose duties gave them the potential for exposure to ionising radiation, nor among men employed by the Atomic Weapons Research Establishment or directly involved in the minor trials at Maralinga in whom undocumented inhalation or ingestion, if any, was most likely to have occurred. Second, the recorded doses of external radiation were very small and, on the best evidence now available, would have been estimated to cause ^{not even} ~~much~~ ~~less than~~ one extra induced case of leukaemia. Third, there was no evidence of an increasing risk with increasing dose as would be expected if caused by exposure to ionising radiation. X

The Ministry of Defence has also compiled for the NRPB an environmental monitoring Report for Christmas Island. A copy is in the Library. This Report shows that measurements of radioactive fall-out taken at the time of the tests were usually below the limit of detection. On the few occasions when

radioactivity was detectable the levels were low, decayed or dispersed rapidly, and did not constitute a hazard or danger to test participants, visitors or inhabitants of the Island. The dates when elevated levels were found were not associated with the detonation date of any particular UK device, but corresponded to the world wide fall-out pattern of the time. Such global fall-out is part of background radiation to which we are all exposed.

I can also announce today that I have, in line with the Government's commitment to Open Government, and the Ministry of Defence's wish to open to public scrutiny any documents relating to the safety of test participants, declassified the yields of Christmas Island tests. The figures are contained in the environmental monitoring report for Christmas Island to which I have just referred. The corresponding figures for the Australian atmospheric nuclear weapon test were declassified in 1985. The yield figures can be used to calculate doses from information readily available in the open literature. These calculations confirm the assertion that doses were vanishingly low at all points where participants were mustered at the instant of detonation.

I believe that this new report confirms that there is no evidence to suggest that any cancer or other fatal disease was caused by exposure to ionising radiation from the tests.

A copy of the Report will be placed in the Library of the House.

HIGGINS
c-Bup



MINISTRY OF DEFENCE
WHITEHALL LONDON SW1A 2HB
Telephone 071-21 82111/2/3

SECRETARY OF STATE

Prime Minister

MO 10/7/4M

I gather Sir Terence 28 June 1993

wants a general chat —
but, just in case he raises
nuclear test veterans, I attach
a reminder of the latest position.

Dear William,

WTC 286

As requested in your letter of 24 June I enclose an updated draft note on nuclear test veterans and the follow-up NRPB report for the Prime Minister's meeting with Sir Terence Higgins MP.

For the reasons explained by Guy Lester in his letter of 30 April, it would be unwise to build up expectations about the forthcoming report. (So far, it seems unlikely to over-turn the previous report's findings.)

Yours ever,

Alison

(A M BLAKE)
Private Secretary

William Chapman Esq
10 Downing Street



NUCLEAR TEST VETERANS

The Government would consider sympathetically a claim for compensation on behalf of any of our ex-Servicemen, if they suffered illness as a result of radiation from the British atmospheric nuclear test programme. But the fact that a nuclear test veteran may have been ill does not mean that the tests caused his illness. Successive British Governments have explained that almost all these Servicemen received little or no radiation from the tests. If the assurances were wrong and people really had been subjected to substantial additional radiation, medical experts would expect to find an excess of total cancer deaths. But, according to the study published in 1988 by the National Radiological Protection Board (NRPB), the total incidence of death and malignant disease among test veterans has been no greater than for people who were not involved in the tests.

The NRPB have been working on a follow-up report which they hope to send for peer review^{*} within the next few months, for subsequent publication before the end of this year. The timing of publication is, of course, entirely for them as an independent body. However, we know of no new evidence to change the position on total death and cancer rates.

** by the British Medical Journal's
panel of experts.*

eam



lie aGB

10 DOWNING STREET
LONDON SW1A 2AA

THE PRIME MINISTER

14 May 1993

Dear Keith,

Knowing your close interest in the current study being undertaken by the National Radiological Protection Board into the effects of radiation on British nuclear test veterans, I had intended to write to you this week to up-date you on the study's progress. Coincidentally, Gordon McMaster tabled a Parliamentary Question on the issue. I think the simplest thing therefore is if I enclose a copy of the answer I have given him.

I am taking a close interest in the progress of this study and I am anxious that it should be published as soon as is compatible with a proper and thorough evaluation being completed.

Yours Sincerely,
John

Keith Vaz Esq MP

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eam



lie att

10 DOWNING STREET
LONDON SW1A 2AA

THE PRIME MINISTER

14 May 1993

Dear Terry,

Knowing your close interest in the current study being undertaken by the National Radiological Protection Board into the effects of radiation on British nuclear test veterans, I had intended to write to you this week to up-date you on the study's progress. Coincidentally, Gordon McMaster tabled a Parliamentary Question on the issue. I think the simplest thing therefore is if I enclose a copy of the answer I have given him.

I am taking a close interest in the progress of this study and I am anxious that it should be published as soon as is compatible with a proper and thorough evaluation being completed.

Yours Ever,
[Signature]

I'm very frustrated @ this delay
but it seems we really can't get
an earlier report.

The Rt Hon Sir Terence Higgins, KBE, MP

[Signature]

①

PRIME MINISTER

**NATIONAL RADIOLOGICAL PROTECTION BOARD: VETERANS OF
BRITISH NUCLEAR TESTS**

Earlier this week you asked for a letter to Sir Terence Higgins telling him where we are on the second NRPB study into the effects of radiation on nuclear test veterans. Coincidentally, Mr Gordon McMaster tabled a question on the same subject the next day.

I attach at A the draft reply to Mr McMaster for your comments or approval.

I attach at B a short letter to Sir Terence Higgins.

Given Mr Vaz's close interest, you may also wish to write to him, especially as he has taken a responsible attitude over this and has not attempted to make Party political capital out of it. I attach a draft to him as well.

WCC

WILLIAM CHAPMAN

13 May 1993

p\nrbp.eam

Wednesday 13 May 1993

(Answered by the Prime Minister on Friday 14 May)

Mr Gordon McMaster: To ask the Prime Minister, when he now expects the report by the National Radiological Protection Board into the effects of radiation on veterans of British nuclear tests to be published; how this relates to the original envisaged publication date; and if he will make a statement.

THE PRIME MINISTER

The National Radiological Protection Board anticipate that a report will be sent for peer review to a recognised scientific Journal in the late summer or early autumn of 1993, with a view to publication as soon as possible thereafter later in the year.

Delays have been caused by changes in scope made by the NRPB to update their final report. These changes include the incorporation of all deaths of participants up to 1 January 1991 rather than 1 January 1989 as originally envisaged and of a detailed case study into the effects of emigration and a more complete check of mortality and cause of death.

The Government is not aware of any evidence which would change the conclusions of the NRPB report published in 1988 that the overall incidence of cancer amongst nuclear test participants is no greater than the population as a whole.

MANAGEMENT IN CONFIDENCE



10 DOWNING STREET
LONDON SW1A 2AA

From the Private Secretary

10 May 1993

Dear Alan,

NATIONAL RADIOLOGICAL PROTECTION BOARD

Thank you for your letter of 30 April and I am also grateful to Gina Wakeman for hers of 7 May.

The Prime Minister has noted the position. He would be grateful for a draft letter to Sir Terence Higgins and the text of an arranged PQ to set out that we are making progress on this, "albeit painfully slowly".

Perhaps you would also prepare a draft letter to Keith Vaz in case the Prime Minister wishes to write to him as well, given his interest.

I should be grateful for all drafts by 14 May.

I am copying this letter to Gina Wakeman (Department of Health).

*James
William*

WILLIAM E. CHAPMAN

Ms. A.M. Blake,
Ministry of Defence.

MANAGEMENT IN CONFIDENCE

Prime Minister ^①

cdh

You asked about progress on the nuclear test veterans study. I asked MoD and DoH whether we could use our position as client with the NRPB to get an early full report, or an interim report in advance of the current target of autumn.



William Chapman Esq
Private Secretary
10 Downing Street
LONDON
SW1A 2AA

I fear the DoH arguments below look fairly compelling for sticking to the original timetable. But I could ask for regular progress reports to ensure it is stuck to. Contents for me 7 May 1993 to do that? WCC

Richmond House
79 Whitehall
London SW1A 2NS
Telephone 071 210 3000
From the Secretary of
State for Health

715 - file with WCC

Dear William,

Thank you for copying to me your letter of 27 April to Ms A M Blake at the Ministry of Defence. I have enquired about the position.

The NRPB assure us that they are very willing to cooperate with any request for a report to be made on the test veterans study. The other party running the study, the Imperial Cancer Research Fund, would have to agree as well, but we have no reason to believe they would object to an appropriate request. NRPB suggest that the slippage on the original timetable has not been predominantly with their side of the work, but that there have been delays in identifying and tracing information on individuals who have been identified as having been involved in the tests. The result of all this is that the data set is not yet complete and ready for analysis.

NRPB recognise the importance of the study, and will find the resources to progress the analysis of the data as soon as it is ready. The problem is simply that, while the data are not yet all assembled, any interim analysis which could be made available might produce misleading results.

Because of this, NRPB advise against publication in advance of the report due in the autumn. We support that view. A report which would have to be presented as interim and incomplete would be likely to satisfy nobody, and might well cause more concern and criticism than

Waf. I would like a letter to Tony Higgins + an arranged PQ to set out price + show we are progressing for (albeit partially slowly) f.e.s.



publication to the autumn date. None the less, NRPB will discuss the position with the ICRF and will expedite the report as far as possible. They expect to have a draft report ready by the summer.

I am copying this letter to Ms Blake.

Tours

Gina

GINA WAKEMAN
Private Secretary

DEFENCE : New test Value
Dec 90





MANAGEMENT IN CONFIDENCE

ccp

MINISTRY OF DEFENCE
WHITEHALL LONDON SW1A 2HB

Telephone 071-21 82111/2/3

cf

NBS: Spoke to Gina

*Wakenham. She's not very
interested with the time*

scale error. Willing to do.

M BU 7/5.

*LTC
S/S*

at prop

30th April 1993

SECRETARY OF STATE

MO 10/7/4G

Dear William,

NATIONAL RADIOLOGICAL PROTECTION BOARD

I promised to let you have more details of the NRPB's current study, following the article in the Daily Telegraph on 20th April. You also asked (your letter of 27th April) whether we could do anything to speed up the report's release.

The NRPB is an independent statutory body. It undertakes research on the protection of humans from radiation hazards, and provides advice and information to Government departments and others with responsibilities for radiological protection. The NRPB is funded partly by vote from the Health Departments and partly by receipts from industry and other users of its services. These users include MOD, which commissioned the studies of mortality and cancer amongst personnel who participated in the British programme of atmospheric nuclear tests in the 1950s and early 60s ("nuclear test veterans").

The original study was published in 1988, and we understand the NRPB hope to publish their (delayed) follow-up by late summer/early autumn. We have raised with the NRPB the possibility of an interim report before the summer recess; they have in turn discussed this at senior level with the Imperial Cancer Research Fund. Their firm view is that an interim report would be inadvisable: "the preparation of an interim report would delay completion of the final report and would inevitably leave some questions incompletely answered. It might in consequence give rise to unjustified anxiety and could compromise the publication of definitive results in the independent scientific literature".

Even when the follow-up report is eventually published, it is unlikely that the nuclear test veterans' campaign will be finally resolved. The NRPB report published in 1988 found no excess of total cancer cases (or cancer deaths) among test veterans, compared with either the general population or a control group. We do not expect this overall conclusion to be changed by the follow-up

William Chapman Esq
10 Downing Street

MANAGEMENT IN CONFIDENCE



Recycled Paper

MANAGEMENT IN CONFIDENCE

study: we know of no new evidence that would change it. If test participants really had been subjected to substantial additional radiation, as the campaigners claim, we would have expected an excess of cancer among veterans to have shown up in the first study. But campaigners will probably ignore this (as they did the first time round) and continue to attribute every serious illness of any test veteran to the presumed affects of radiation from the nuclear tests.

Within the total cancer figures the NRPB did find a few additional cases of leukaemia and myeloma among test veterans compared with the control group - but the control group's incidence of these forms of cancer was much lower than among the general population. No-one knows why this was so. The anomaly may persist to some degree in the updated statistics for the follow-up study, which may or may not be able to explain it. Without a clear causal link - ie without a conclusion that actual cases of disease have been caused by radiation from the tests - there will continue to be no case for compensation (as opposed to social security benefits, including DSS war pensions where appropriate). The campaigners are therefore likely to be disappointed again.

Against this background it would be unwise to build up expectations of the forthcoming NRPB report, which is something of a red herring in resolving the nuclear test veteran issue. All the indications we have suggest that the new report will neither advance nor (decisively) discredit the campaigners' case. It is quite possible that there will be further studies in the future. In our responses to campaigners, it may therefore be best simply to emphasise the lack of evidence supporting their case against the Government, and avoid implying that any ongoing or future study might change the position.

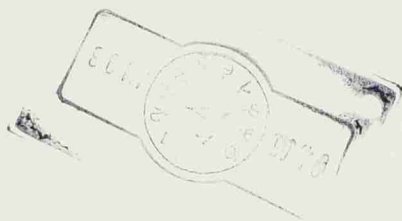
I am copying this letter to Gina Wakeman (Department of Health) and Mara Broom (DSS).

Yours ever,

G A L.

(G A LESTER)
Private Secretary

DEFENCE: Nuclea
Test Vets Dec 9



file
A Blake.mfi



10 DOWNING STREET
LONDON SW1A 2AA

From the Private Secretary

27 April 1993

Dear Alwyn

Thank you^{*} for finding out the further information about the current NRPB study into the incidence of death and illness among nuclear test veterans. I reported this to the Prime Minister today, including the fact that the NRPB on current estimates expects to produce their next report in late summer or autumn.

The Prime Minister was not entirely happy with this time scale. Given that the Government has commissioned the report we presumably have some leverage with the NRPB over their rate of progress. I should, therefore, be grateful if you or the Department of Health, to whom I am copying this, would see if there is any scope for producing a report before the summer recess. Even if the final report cannot be produced in that time scale, would an interim report be feasible and presentationally beneficial?

The Prime Minister's concern arises from the fact that a number of MPs from time to time raise the subject. The lengthy time scale for producing the report may be giving some of them the impression that the Government is dragging the affair out. In addition, of course, the lapse of time means that more of the veterans are dying and the Prime Minister is concerned that, in fairness, as many of them as possible should know the outcome of the further report, even though it may be disappointing to them.

I am copying this to Gina Wakeman (Department of Health).

James
William

WILLIAM CHAPMAN

* Say actually
I think!

Ms A.M. Blake
Ministry of Defence

File 8K

MR. HASLAM

The Prime Minister has written today in response to a letter from Keith Vaz letting us know of the death of John Hall, one of Mr. Vaz's constituents who was a nuclear test veteran suffering from cancer. I enclose a copy of the Prime Minister's letter which is issuing today and which Mr. Vaz may well make available to the media.

I also enclose a copy of a letter from the Ministry of Defence to us explaining why compensation was not paid to Mr. Hall for his illness. You may wish to draw on the sidelined section in response to media enquiries (I did not include this in the letter to Mr. Vaz as it seemed rather heavy-handed in what is essentially a letter of condolence.)

WILLIAM E CHAPMAN

5 June 1992

c:\wpdocs\parly\haslam (sr)

From: J E Stainton
Assistant Private Secretary to Minister of State for the
Armed Forces



MINISTRY OF DEFENCE
MAIN BUILDING WHITEHALL LONDON SW1A 2HB

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MINISTER OF STATE FOR
THE ARMED FORCES

D/MIN(AF)/AH/5/3/2

4 June 1992

Dear William,

Thank you for your letter of earlier today to Julian Miller enclosing one the Prime Minister has received from Keith Vaz about the death of his constituent John Hall.

You asked for draft paragraphs on the question of the revised National Radiological Protection Board study and future compensation that the Prime Minister can include in a reply. I suggest the following:

"On the question of compensation, I can assure you that the Government would be very willing to consider this for anyone whose death or illness could be shown to have resulted from Radiation received through participation in the nuclear test programme. The National Radiological Protection Board report published in 1988, however, found that the overall incidence of cancer among test veterans has been no worse than among people who were not involved in the tests. As you know, in John Hall's case I arranged for a thorough investigation, but no sustainable evidence was found of any causal link between his illness and the nuclear test programme.

A further report from the NRPB is expected later this year. I understand that their statistical analysis has not yet been completed. Once that has been done and the resultant report drawn up it will be subject to peer review by medial experts in the usual way prior to publication. The Government will, of course, take full account of its findings in considering entitlement to compensation".



Recycled Paper



The draft is fairly lengthy, but given that it will probably be passed to the media it would be useful to reiterate the general point about the lack of evidence of a causal link and the fact that there is no evidence to suggest greater incidence of cancer among participants in the nuclear test programme than among non-participants.

Finally I am not sure what is behind Mr Vaz's assertion that the Government already has a copy of the revised report. It is not with the MOD, nor we understand even with the NRPB themselves. The timing of the report is wholly outside MOD influence or control.

Yours ever
JL

William Chapman Esq
10 Downing Street





10 DOWNING STREET
LONDON SW1A 2AA

From the Private Secretary

4 June 1992

Dear Julia,

I enclose a letter from Mr Vaz to the Prime Minister reporting the death of his constituent, John Hall, a nuclear test veteran.

Mr Vaz rang me about the letter yesterday evening; he is very anxious for the Prime Minister to send a speedy reply and I am sure that, in the circumstances, the Prime Minister would be equally anxious to do so. I should therefore be grateful for a brief draft paragraph, by close of play this evening, in response to the fifth paragraph of Mr Vaz's letter. I will add the condolences as necessary.

*Yours
William*

WILLIAM E CHAPMAN

Julian Millar Esq
Ministry of Defence



SR

10 DOWNING STREET
LONDON SW1A 2AA

CC MOD
Cowbit

THE PRIME MINISTER

21 February 1991

Dear Keith,

I wrote to you on 6 February about Mr. John Hall, a nuclear test veteran.

I very much regret that my letter contains a small error. The second sentence of the third paragraph inadvertently referred to the study which the NRPB are currently undertaking, rather than the one they completed in 1988. This sentence should, in fact, have read "Neither did the earlier report which the NRPB prepared on" I do not know the outcome of the current NRPB study, which is still continuing.

I am sorry for this error and I hope it has not caused too much confusion.

*Your sincerely,
A. M.*

Keith Vaz, Esq., M.P.

V16



file
K.W.
CC MOD

10 DOWNING STREET
LONDON SW1A 2AA

THE PRIME MINISTER

6 February 1992

J. R. Keir

At our meeting on 12 March last year, and subsequently, you have raised the question of compensation for your constituent, John Hall. I agreed to have the case looked into. I am sorry that it has taken so long to send you a full response, but the MoD, with the help of independent advice, has looked at the case in considerable depth.

I have every sympathy with any one suffering from cancer, but the initial difficulty in Mr Hall's case is that we have no evidence that he was exposed to radiation during the United Kingdom's nuclear test programme in the 1950s - as is the case for most of those who took part in the programme. Given his occupation at the time, we would not have expected him to have been so exposed. Mr Hall has produced no evidence to the Ministry of Defence and the only specific claims he has made are to "The Independent", which reported on the case on 24 January 1990. In the absence of recorded levels of exposure, it can only be determined through the statistical studies of the NRPB whether a causal link exists. Because of the lack of evidence of exposure, it was necessary to postulate various situations from which hypothetical radiation doses could be deduced. These dose levels were then used to determine the likelihood of Mr Hall's cancer being caused by doses at that level. I enclose a detailed report on the findings; it is, of necessity, lengthy and fairly technical.

The report shows that we can find no sustainable evidence of a causal link between Mr Hall's illness and the nuclear test programme. (Neither does the report which the NRPB are preparing

K.W.

on cancer and mortality in nuclear test veterans show any correlation between the incidence of the cancer from which Mr Hall is suffering and participation in the nuclear test programme.) The allegation in "The Independent" - that he was exposed to ionising radiation by working on an aircraft at Christmas Island which had not been decontaminated after passing through the radioactive cloud - has been looked at very carefully; we cannot find any evidence to support this claim. The other possibility - that he contracted his cancer as a result of working on a decontaminated aircraft (which would have some extremely low residual radioactivity) - is also examined.

The report demonstrates that even making the most pessimistic and unlikely assumptions about the levels of exposure to ionising radiation that could have been experienced by Mr Hall, there is no reasonable basis for inferring a causal link between his illness and his participation in the test programme. To put the matter in context, the level of background radiation in the UK is measured at 2milliSievert per annum, so that Mr Hall (who is 51) has received about 100milliSievert from this source already in his lifetime. This compares with the very low levels estimated to result from the various scenarios postulated in the report - the maximum credible being 0.001milliSievert.

I know that the outcome of the investigation will come as a disappointment to Mr Hall; but every possible aspect of the case has been thoroughly investigated.

In view of the availability of the report I do not think that a further meeting would serve much useful purpose, but I should be very glad to clarify any points which may arise out of the report.

*Yours sincerely,
John H.*

Keith Vaz Esq MP

MR JOHN HALL

At a meeting with the Prime Minister of 12th March, Keith Vaz MP raised the question of compensation for his constituent, John Hall, who is suffering from a form of cancer which he alleges is a result of his being exposed to radiation during his participation in the UK's nuclear test programme in the 1950s. It was agreed that MOD should look into the case.

Mr Hall was an Electrical Mechanic and served with 76 Squadron of the RAF. He served at RAAF Edinburgh Field from 8th October 1957 until 19th August 1958 and during that time he was detached with the Squadron to Christmas Island - from 3rd March until 19th May 1958 - for Operation Grapple Y. He is currently being treated for "High grade B cell non-Hodgkin's lymphoma of centro-blastic type".

That exposure to radiation can cause cancers and leukaemias is not disputed. The principal difficulty is in distinguishing between those diseases caused by exposure to radiation and those arising from other natural causes. The difficulty can be overcome by using estimates of risk based on data from various epidemiological studies (this is discussed below). However, any such exercise requires evidence of dose levels of exposure to ionising radiation. Of the over twenty two thousand participants only some 1300 personnel have recorded radiation doses. These personnel were monitored and radiation records kept. Mr Hall was not among them and nor would we have expected him to have been - given his occupation. All participants were, at the time of each detonation, mustered at points at least 35km upwind of ground zero (apart from a few senior technical staff at 25km) where they would not be exposed to initial

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onising radiation or radioactive fallout. As the independent consultant, to whom we submitted Mr Hall's medical records and service history, remarks in his reply: "there can be no causal relationship if the dose of radiation was 'not sensibly above zero.'"

However, it remains the firm belief of many participants in the test programme that there is a link between their participation and the incidence of cancer and leukaemia. In the absence of recorded levels of exposure, and given that we can find no evidence of exposure where it was not recorded, it is only through the statistical studies of the NRPB that it can be determined whether a causal link exists.

It is acknowledged that such studies take time. Meanwhile, the Ministry of Defence will, of course, investigate a claim where any evidence of exposure to radiation can be adduced. Mr Hall has presented no such evidence to us, but we are aware of his claims made to The Independent

The paper quotes Mr Hall: "I worked on one of them [aircraft] immediately it came back to the airfield because there was a fault in its tail a light which needed fixing. I was given gloves and a cotton overall to wear. Normally the planes went to a decontamination centre to be washed off before we worked on them, but this had not happened in this case. But most of the aircraft that we worked on on Christmas Island and in Australia had flown through the cloud after several bomb tests".

We have thoroughly investigated the allegation made in the newspaper report and the implication it contains regarding Mr Hall's exposure to radiation.

The procedures for handling aircraft returning from cloud sampling sorties were well practised and rehearsed. An area just off the runway was barricaded off as a controlled area for aircraft decontamination with its own health control procedures. After

ending, the samples containing radioactive particles from the cloud were removed from the aircraft ducts by members of the Active Handling Flight (AHF) for immediate transit to the UK. The AHF personnel wore full protective clothing and respirators for this operation and were equipped with film badges. As soon as the filter removal operations were completed, the AHF withdrew to distances where dose rates were not significantly different from zero. It was then mandatory for the aircraft to be interned in the controlled area for 48 hours to allow decay of the radioactive material, there being no exception to this rule.

Aircraft decontamination procedures were started after at least 48 hours had elapsed. These procedures were carried out by the AHF and entailed the washing down of the aircraft using a special chemical that stripped off the protective coating that covered the whole aircraft. Some maintenance work was allowed in the controlled area once the aircraft had been decontaminated. All such personnel were issued with film badges. Allowing for the time taken to decontaminate and to carry out smear survey clearance of the aircraft, it is most unlikely that any aircraft was returned to 76 Squadron lines at the airfield until at least 4 days after landing. The aircraft decontamination carried out by the AHF was sufficient to permit clearance for accepted servicing schedules at 76 Squadron lines, but not for deviation from those schedules. Where other work, such as that described by Mr Hall, was involved, personnel were issued with gloves and protective clothing and required to visit the Health Physics area in the hangar to wash and check that they were free from contamination. This happened as soon as they ceased work. No film badge was required for this task as Health Physics would already have established that there was no gamma radiation (ie the type of ionising radiation of concern in these circumstances) at the time the task was carried out. Protective clothing was worn to protect the body from potential contamination from any radioactive particles that might have been dislodged, for example, whilst unscrewing a nut or bolt.

It seems then that it is possible that Mr Hall may indeed have worked on a Canberra at 76 Squadron lines at the airfield. It is, however, inconceivable that there was any operational imperative that required him to work on an aircraft to fix its tail light before its being decontaminated, as implied in the article - especially as the next test was 4 months away.

The possibility that he did some maintenance work on an aircraft that had been decontaminated and returned to 76 Squadron lines is consistent with his description of the clothing issued to him (but not his contention that it was immediately subsequent to the detonation). The fact that Mr Hall was not issued with a film badge, nor was he a member of the AHF, nor was he designated a radiation worker, supports this view. Assuming, pessimistically, that it would have taken an hour or so to have completed the work, the maximum dose to which Mr Hall might have been exposed would not have exceeded 0.001 milliSievert. A more likely scenario, since all aircraft were airborne at the time of detonation, is that he may have worked on a Canberra in flight during the test but which had not passed through the radioactive cloud. In this case his exposure would have been zero.

The hypothetical situation described, together with the medical documentation regarding Mr Hall obtained from Leicester Royal Infirmary, was put to an independent consultant - an expert in the biological effects of ionising radiation. The consultant emphasised that calculation of risk at the dose level put to him was a purely mathematical exercise and was reluctant to imply that the risks could be quantified at such a low level.

The method of calculating the radiation induced risk, called the Probability of Causation, is that described by the US National Academy of Sciences Committee on the Biological Effects of Ionizing Radiations (BEIR V 1990). The risk model used is that discussed under the heading "Other Cancers". On the assumed exposure of a male, aged 19 years, to 1 milliSievert over a number of hours, who

developed a B cell non-Hodgkins lymphoma 30 years later, the consultant described the causation probability as "about 1 in 1000." In the case of Mr Hall, therefore, with a postulated exposure of 0.001 milliSievert or zero as described in the scenario earlier, the causation probability would be about 1 in 1 million (ie if 1 million people were each exposed to 1 microSievert of ionising radiation, the probability is that only one extra case of B cell non-Hodgkins lymphoma would result from this exposure compared with other causes), or none if the exposure were zero.

It may continue to be asserted that Mr Hall did indeed work on a contaminated aircraft. His exposure in that case would have been comparable to that experienced by members of the AHF. The highest exposure at Grapple Y experienced by the AHF during decontamination was 1.5 milliSievert. There was one occasion when a dose of 8.5 milliSievert was recorded for one individual (not established as a member of the AHF and with no subsequent exposure). This was for a one-off task and is an example of someone not usually subject to exposure to radiation being separately recorded for the task involved. Using the methodology described by our independent consultant, the excess risk at exposures of 8.5 milliSievert and 1.5 milliSievert are calculated as being 8.5 in 1,000 at the higher level, and 1.5 in 1,000 at the lower level. We must emphasise that exposure even at the lower level is extremely unlikely.

Therefore, even making the most pessimistic and unlikely assumptions about the levels of exposure to radiation that could have been experienced by Mr Hall, there is no reasonable basis for inferring a causal link between his present illness and his participation in the test programme. On the only firm evidence we have - that of the report of the NRPB - no correlation at all is shown between participation in the nuclear test programme and the incidence of B cell non-Hodgkins lymphoma. On the maximum credible (but still hypothetical) exposure of 0.001 milliSievert experience whilst doing maintenance work on a decontaminated aircraft, the causation probability is about 1 in 1 million. Even if Mr Hall had

Worked on a contaminated aircraft (and, again, it must be emphasised that it is inconceivable that there was any operational imperative that would have justified this in the circumstances described by Mr Hall) the dose level experienced, generating a probability of causation of 1.5 in 1000, would not justify a reasonable inference of a causal link.



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PARLIAMENTARY UNDER SECRETARY OF STATE
FOR DEFENCE PROCUREMENT

USofS(DP) 24/16/1/1

18th February 1992

C J Manson

with WEC?

Thank you for your letter of 27 January raising a number of points about our proposal to introduce a compensation scheme for radiation linked diseases.

For the purposes of avoiding double compensation from public funds, the same arrangements will apply as for a payment by MOD resulting from an out of court settlement. It would be for the DSS Compensation Recovery Unit to notify MOD in the usual way of the value of social security benefits to be deducted. There are also procedures in place for the abatement of pensions, including DSS war pensions, where necessary.

We take your point about the possible misinterpretation of the scheme as a response to the campaign by nuclear test participants (with subsequent disappointment when it is realised that the change of any such participant receiving an award is remote). Careful presentation will be required, on both the test participant aspects and the implications for our radiation workers generally. We do not want to give the impression that large numbers of our workers have contracted cancer as a result of their employment and that we are now paying up. What we can say is that test participants (and radiation workers) will be treated fairly, in that where occupational radiation exposure may (as judged by the scheme) have contributed to an individual's subsequent illness, we will pay up without being taken to court.

I note what you say about delaying an announcement of our intentions until after the NRPB follow-up report has been thoroughly examined. However, an announcement on whether we have

C J Manson Esq
APS/Under Secretary of State for Social Security
Department of Social Security
Richmond House
79 Whitehall
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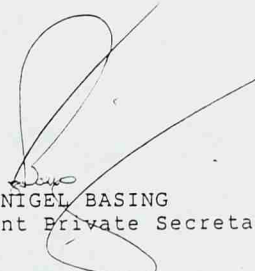




decided to introduce a compensation scheme is long overdue and there is pressure from many quarters. Our Ministers are anxious that consideration for the nuclear test participants should not delay the introduction of the scheme, which is aimed at setting in place compensation procedures for some 40,000 MOD personnel who have been occupationally exposed to radiation and for whom we have recorded dose levels.

I should perhaps add that even if the forthcoming NRPB report indicates no association between radiation-linked disease and the test participants as a group, this would not rule out an individual demonstrating a causal link between his own illness and his own radiation record if he had one. Our proposed scheme provides an equitable and non-contentious way of dealing with any such cases, should any be found.

We would, of course inform colleagues before any announcement.



NIGEL BASING
Assistant Private Secretary



SC00518.02



DEPARTMENT OF SOCIAL SECURITY

Richmond House, 79 Whitehall, London SW1A 2NS

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From the Parliamentary Under Secretary of State for Social Security

William E Chapman Esq
10 Downing Street
London
SW1A 2AA

File

178 FEB 1992

Dear William

*- file with
WEE*

Nigel Basing's letter to you of 14 February made reference to his letter to me of 2 January about a compensation scheme for civilian employees and Service personnel with a history of occupational exposure to radiation. I notice that our reply to Nigel was not copied to you and, with apologies, I now rectify that omission under cover of this note.

I am copying this to Tim Sutton (Lord President's Office), Murdo Maclean (Chief Whip's Office), and to Nigel Basing (MOD) who has kindly copied to me your letter of 3 February to Bryan Wells.

T. Low
Low

TREVOR LOWE
Private Secretary



ale R

10 DOWNING STREET

LONDON SW1A 2AA

From the Private Secretary

18 February 1992

Thank you for your letter of 17 February, incorporating briefing for the Prime Minister's meeting with Terence Higgins MP this afternoon.

In the event, Mr. Higgins did not raise the cases of nuclear test veterans. I am sorry that you were put to the trouble of providing a brief.

WILLIAM CHAPMAN

Guy Lester, Esq.,
Ministry of Defence

R



MINISTRY OF DEFENCE
 WHITEHALL LONDON SW1A 2HB
 Telephone 071-21 82111/3

SECRETARY OF STATE

MO 10/7/4D

Prime Minister

17th February 1992

We really have to

await the NRPB's report before
 deciding if further action ^{is possible} (you tacitly agreed
 last year that there was no need to hurry
 its publication up before the election).

Dear William, but we can feel any new concern of

NUCLEAR TEST VETERANS - TERENCE HIGGINS, MP:
MEETING WITH PM ON 11TH FEBRUARY

Mr Higgins
 into the MND.

In your letter of 31st January you asked for a brief for the
 Prime Minister's meeting with Terence Higgins MP on nuclear test
 veterans. I understand this has now been rearranged for tomorrow.

It may have been unintentional, but I note that you referred to
 the subject for discussion as being "nuclear test victims". Our
 preferred description would be "participants" although the word
 "veterans" is now widely used - as in The Nuclear Test Veterans
 Association. The word "victim" certainly implies a person injured
 as a result of attendance at a test, and, as you know, there is as
 yet no demonstrable causal link between participation in the test
 programme and any subsequent illness.

It is not disputed that exposure to radiation can cause cancers
 and leukaemias and we continue to investigate claims for
 compensation where any evidence of exposure to radiation can be
 adduced. The principal difficulty is in distinguishing between
 those diseases caused by a person's exposure to additional radiation
 through his work, and those arising from other causes including
 natural background radiation. Furthermore, participation in the
 nuclear programme did not necessarily involve exposure to any
 significant additional radiation - surprising as this may seem to
 the general public.

As we described in the case of John Hall (taken up by Keith Vaz
 MP) the difficulty can be overcome by using estimates of risk based
 on medical statistics and knowledge of radiation exposure, where
 available. The National Radiological Protection Board (NRPB) report
 on Nuclear Test Veterans (NTVs) published in 1988 found that their
 incidence of subsequent death and disease (including cancers

William E Chapman Esq
 No 10 Downing Street





SECRETARY OF STATE

generally) was no worse than that of the matched control group who had not participated in nuclear tests. The NRPB did, however, find a small number of additional cases of certain kinds of leukaemia, compared with the control group of ex-Servicemen. This enables the DSS to award war pensions to NTVs with these particular diseases - multiple myeloma, and leukaemia other than chronic lymphatic leukaemia - even though the NRPB specifically rejected any association with radiation exposure, and even though the NTVs as a group showed no excess of malignant disease generally. (The administration of war pensions is of course a matter for DSS rather than MOD, as in the Burnett case about which the Prime Minister wrote to Mr Higgins on 3rd February).

We expect a further NRPB study report to be published this year. (In confidence, we may see some results from it by about May). If it indicates some form of causal link between test participation and subsequent disease, it may be difficult to resist pressure for some form of compensation for NTVs* But on the evidence of previous reports, such an outcome seems unlikely.

Quite separately, we are as you know considering whether to join the BNFL compensation scheme for radiation workers. NTVs would not be excluded but in practice hardly any of them would be likely to benefit from it, due to their lack of proven exposure to significant additional radiation. It might therefore be unwise to raise expectations for NTVs by mentioning our proposals to Mr Higgins at this stage *(but they're public knowledge anyway)*.

* compensation
would be only
just! etc

Yours ever,

(G A LESTER)
Private Secretary





MINISTRY OF DEFENCE
WHITEHALL LONDON SW1A 2HB
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SECRETARY OF STATE

MO 10/7/4G

14th February 1992

Dear William,

NUCLEAR TEST VETERANS: KEITH VAZ MP

*-file with
WEC*

The Prime Minister wrote to Keith Vaz MP on 6th February about the case of one of his constituents, Mr John Hall. This letter was drawn from my draft forwarded on 23rd January.

The letter the Prime Minister sent contains a small but rather serious error: the second sentence of the third paragraph reads "Neither does the report which the NRPB are preparing show any correlation between the incidence of cancer". This sentence refers to the current NRPB study, and can be interpreted as prejudging the outcome of this (the report is not due for a little while). The draft I submitted referred (implicitly) to the report which the NRPB produced in 1988. We are rather concerned to ensure that we do not give the impression that we know what is in the report the NRPB is currently preparing (we don't). The NRPB have seen a copy of the letter and are similarly concerned that it might be construed as implying that the Prime Minister has an input into the Report or has given the NRPB guidance, and of course we want to protect the Prime Minister from any criticisms of this nature.

I think a short Private Secretary letter to Mr Vaz should nip this in the bud, and I attach a draft on which you may care to draw.

Yours,

(B H WELLS)
Private Secretary

William Chapman Esq
10 Downing Street



DRAFT LETTER FROM ~~PM~~/PM TO KEITH VAZ

On 6th February the Prime Minister wrote to you about the case of one of your constituents, Mr John Hall, a Nuclear Test Veteran.

I very much regret that ^{my} ^{contains a small} ~~Unfortunately,~~ ^{error.} there is a small error in the letter which the Prime Minister sent. The second sentence of the third paragraph inadvertently referred to the study which the NRPB are currently undertaking, rather than the one they completed in 1988. This sentence should, in fact, have read "Neither ^{did} ~~does~~ ^{either} the report which the NRPB ~~have~~ prepared on". ^{which is still continuing,} We do not know the outcome of the current NRPB study, ~~and I am sorry that this impression may have been given.~~

^{am sorry} I do apologise for this error. ~~and~~ ^{it} I hope that this has not caused too much confusion.

DEFENCE. Nuclear Test Veterans Dec '90





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PARLIAMENTARY UNDER-SECRETARY OF STATE
FOR DEFENCE PROCUREMENT

USofs(DP) 24/16/1/1

CF
M 17/2

LM 14 February 1992

For M. Chapman,

Alap

Thank you for your letter of 3 February to Bryan Wells about our proposal to introduce a compensation scheme for civilian employees and Service personnel with a history of occupational exposure to radiation who later develop a radiation-linked disease.

In my letter to Trevor Lowe of 2 January (copy attached) I described why we were considering such a scheme, how it would work, and the progress we had made. Since then, we have continued to work on the procedures needed to put the scheme into effect, and we are now able to put our formal proposals to the Trades Unions. We cannot yet make any firm announcement about our intentions and we expect it to be some weeks before we can. We would, of course, inform colleagues, including yourself, before any announcement.

The scheme would operate as an alternative to a normal civil action, and would offer an equitable and non-contentious way of determining legal liability. It is designed specifically to overcome the problem, common to all radiation cases, of demonstrating a causal link between the disease and any occupational exposure to radiation. For it to apply to an individual, he or she must have a record of their exposure. As required by law, such a record is kept for each MoD radiation worker, whether civilian or Service. As the scheme is an alternative to a normal civil action and would apply to former employees who may have an action against the MoD, it would apply also to those nuclear test participants who have a record of radiation exposure. However, only those participants who were considered at that time to be likely to be in a position to receive any radiation dose at all were issued with dosimeters. Out of some 28,000 participants this amounted to 1373, and of these only some 35 received doses of a size which might make them

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eligible. Furthermore, given their age, it is very unlikely that any of those 35 who develop a relevant cancer would qualify for an award under the scheme, as it would be unlikely to show that the probability of their cancer being caused by their radiation exposure was greater than the probability of it occurring naturally at their current ages; a basic principle of the scheme. Nevertheless we believe that our position would be strengthened with regard to the claims of the nuclear test participants because we could show that, where there was a record of radiation exposure, the participants and radiation workers in general were being treated equally. However, the scheme could not embrace any of those participants who did not wear dosimeters.

The forthcoming NRPB report will address the incidence of radiation-linked diseases amongst the test participants as a group. Even if it does not lend support to compensating the participants, it would be perfectly proper for an individual participant to seek to demonstrate a causal link on the basis of his own record if he had one.

We expect to see, in confidence, results from the forthcoming NRPB analysis extending the previous study by 5 years from 1984 to 1989, in about May. The first study concluded that the participants generally do not, whether taken overall or focussing on causes related to cancer, show causes of death appreciably different from the matched control group or the general population. Until May, we cannot be sure of the outcome of the extended analysis, though we are reasonably confident that it will not be different from that of the previous study. Such an outcome would not of itself illuminate the key question of establishing a causal link between participation in the nuclear test programme and subsequent illness.

I am copying this to Trevor Lowe (DSS), Tim Sutton (Lord President's Office) and Murdo Maclean (Chief Whip's Office).

Yours Sincerely

N W BASING
Private Secretary





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PARLIAMENTARY UNDER SECRETARY OF STATE
FOR DEFENCE PROCUREMENT

USofs(DP) 24/16/1/1

2 January 1992

Trevor Lowe

The Ministry of Defence has for some time been considering the introduction of a compensation scheme for civilian employees and service personnel who have a history of occupational exposure to radiation, and who subsequently develop a radiation linked disease. I am writing to let you know of the progress we have made with our plans.

We have examined a number of options and have concluded that the most practical solution would be to enter into a form of participation in a scheme currently operated by British Nuclear Fuels and the United Kingdom Atomic Energy Authority. We have sought, and obtained, Treasury agreement in principle, to the proposal. This agreement is subject to final approval being obtained from the Treasury once the detailed arrangements have been finalised with BNFL and the UKAEA. Discussions are now underway between UKAEA and BNFL management representatives and MoD officials.

The proposal originated in a recommendation by the Council of Civil Service Unions that the MoD, as the employer of a significant number of radiation workers, should follow good employer practice elsewhere in the nuclear industry by introducing a compensation scheme along the lines of the scheme operated by BNFL and the UKAEA.

The advantages of a compensation scheme arise from the acknowledged difficulties which claimants face under the normal common law process of having to prove a causal link between their illness and their occupational exposure to radiation. These difficulties over causation arise because the diseases which can

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Private Secretary to:
The Lord Henley
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be attributed to radiation can also occur naturally. It is not possible to distinguish with certainty between cancers caused by occupational exposure to radiation and those arising from other or natural causes, (except in cases of acute high level exposure). A claim pursued as a civil action therefore could only be decided on the balance of probabilities. When the disease is a relatively common form of cancer it is difficult to adduce evidence that radiation exposure is a likely cause, even though that could be the case. Even with the rarer forms of cancer where the balance of probabilities might suggest that radiation is the more likely cause, it would not be possible to demonstrate this with certainty. In view of the nature of these cases, therefore, the normal claim process is likely to be lengthy and costly for both sides.

The BNFL/UKAEA scheme overcomes the difficulties of causation by using estimates of risk based on data from the International Committee for Radiological Protection. A series of tables has been produced, each table specific to a particular cancer, which will generate for an individual claimant a degree of probability that his cancer was caused by occupational exposure, depending on the type of cancer, the claimant's age and history of radiation exposure. Cases may be referred to a panel of independent medical and scientific experts. Awards of 100%, 75%, 50%, 25% or 0% will be made, based on the degree of probability that the disease was caused by occupational exposure. Settlements will then be negotiated with the claimant in the usual way, based on the assumption of 100% liability, and the percentage award factor applied to that sum to determine the level of the settlement.

The scheme is seen as an equitable and non-contentious way of settling claims regarding radiation linked diseases. (Under the Nuclear Installations Act 1965, a radiation worker does not have to prove negligence in such claims.) Compensation under the scheme would be in full and final settlement of any claim and the claimant would sign a form of discharge to that effect. The scheme would cover anyone for whom there is a record of occupational exposure to radiation whilst in MoD employment.

None of this is to suggest that the Ministry is at risk from a large number of claims. The MoD limits exposure to radiation to well below the legal maximum. Given the very tight safety regime operated by the MoD we expect the number of awards to be very low. But we do see the introduction of a compensation scheme in the MoD as being in accordance with best employer practice.






Provided that agreement can be reached with BNFL and the UKAEA and Treasury sanction obtained, we expect to be able to present the development very positively; we would foresee an announcement being made by way of a written answer. We would also inform the Select Committee on Defence, as it has taken a great interest in radiological protection in the MoD.

I am copying this letter to William Chapman (No 10), Richard Gozney (Foreign and Commonwealth Office), Tim Sutton (Lord President's Office), John Neilson (Department of Energy), Robert Canniff (Chancellor of the Duchy of Lancaster's Office), Murdo Maclean (Chief Whip's Office), Martin Le Jeune (Minister of State's Office, Privy Council Office), Patrick Child (Minister of State's office, HM Treasury), Mike Daly (Parliamentary Under Secretary of State's Office, Department of Employment) and Yvonne Baxter (Parliamentary Under Secretary of State's Office, Department of Health) and to Sonia Phippard (Cabinet Office).

Yours Sincerely


N W BASING
Private Secretary





10 DOWNING STREET
LONDON SW1A 2AA

THE PRIME MINISTER

6 February 1992

Dear Keith,

At our meeting on 12 March last year, and subsequently, you have raised the question of compensation for your constituent, John Hall. I agreed to have the case looked into. I am sorry that it has taken so long to send you a full response, but the MoD, with the help of independent advice, has looked at the case in considerable depth.

I have every sympathy with any one suffering from cancer, but the initial difficulty in Mr Hall's case is that we have no evidence that he was exposed to radiation during the United Kingdom's nuclear test programme in the 1950s - as is the case for most of those who took part in the programme. Given his occupation at the time, we would not have expected him to have been so exposed. Mr Hall has produced no evidence to the Ministry of Defence and the only specific claims he has made are to "The Independent", which reported on the case on 24 January 1990. In the absence of recorded levels of exposure, it can only be determined through the statistical studies of the NRPB whether a causal link exists. Because of the lack of evidence of exposure, it was necessary to postulate various situations from which hypothetical radiation doses could be deduced. These dose levels were then used to determine the likelihood of Mr Hall's cancer being caused by doses at that level. I enclose a detailed report on the findings; it is, of necessity, lengthy and fairly technical.

The report shows that we can find no sustainable evidence of a causal link between Mr Hall's illness and the nuclear test programme. (Neither does the report which the NRPB are preparing

KW

on cancer and mortality in nuclear test veterans show any correlation between the incidence of the cancer from which Mr Hall is suffering and participation in the nuclear test programme.) The allegation in "The Independent" - that he was exposed to ionising radiation by working on an aircraft at Christmas Island which had not been decontaminated after passing through the radioactive cloud - has been looked at very carefully; we cannot find any evidence to support this claim. The other possibility - that he contracted his cancer as a result of working on a decontaminated aircraft (which would have some extremely low residual radioactivity) - is also examined.

The report demonstrates that even making the most pessimistic and unlikely assumptions about the levels of exposure to ionising radiation that could have been experienced by Mr Hall, there is no reasonable basis for inferring a causal link between his illness and his participation in the test programme. To put the matter in context, the level of background radiation in the UK is measured at 2milliSievert per annum, so that Mr Hall (who is 51) has received about 100milliSievert from this source already in his lifetime. This compares with the very low levels estimated to result from the various scenarios postulated in the report - the maximum credible being 0.001milliSievert.

I know that the outcome of the investigation will come as a disappointment to Mr Hall; but every possible aspect of the case has been thoroughly investigated.

In view of the availability of the report I do not think that a further meeting would serve much useful purpose, but I should be very glad to clarify any points which may arise out of the report.

Yours sincerely,
John H.

Keith Vaz Esq MP

MR JOHN HALL

At a meeting with the Prime Minister of 12th March, Keith Vaz MP raised the question of compensation for his constituent, John Hall, who is suffering from a form of cancer which he alleges is a result of his being exposed to radiation during his participation in the UK's nuclear test programme in the 1950s. It was agreed that MOD should look into the case.

Mr Hall was an Electrical Mechanic and served with 76 Squadron of the RAF. He served at RAAF Edinburgh Field from 8th October 1957 until 19th August 1958 and during that time he was detached with the Squadron to Christmas Island - from 3rd March until 19th May 1958 - for Operation Grapple Y. He is currently being treated for "High grade B cell non-Hodgkin's lymphoma of centro-blastic type".

That exposure to radiation can cause cancers and leukaemias is not disputed. The principal difficulty is in distinguishing between those diseases caused by exposure to radiation and those arising from other natural causes. The difficulty can be overcome by using estimates of risk based on data from various epidemiological studies (this is discussed below). However, any such exercise requires evidence of dose levels of exposure to ionising radiation. Of the over twenty two thousand participants only some 1300 personnel have recorded radiation doses. These personnel were monitored and radiation records kept. Mr Hall was not among them and nor would we have expected him to have been - given his occupation. All participants were, at the time of each detonation, mustered at points at least 35km upwind of ground zero (apart from a few senior technical staff at 25km) where they would not be exposed to initial

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ionising radiation or radioactive fallout. As the independent consultant, to whom we submitted Mr Hall's medical records and service history, remarks in his reply: "there can be no causal relationship if the dose of radiation was 'not sensibly above zero.'"

However, it remains the firm belief of many participants in the test programme that there is a link between their participation and the incidence of cancer and leukaemia. In the absence of recorded levels of exposure, and given that we can find no evidence of exposure where it was not recorded, it is only through the statistical studies of the NRPB that it can be determined whether a causal link exists.

It is acknowledged that such studies take time. Meanwhile, the Ministry of Defence will, of course, investigate a claim where any evidence of exposure to radiation can be adduced. Mr Hall has presented no such evidence to us, but we are aware of his claims made to The Independent

The paper quotes Mr Hall: "I worked on one of them [aircraft] immediately it came back to the airfield because there was a fault in its tail a light which needed fixing. I was given gloves and a cotton overall to wear. Normally the planes went to a decontamination centre to be washed off before we worked on them, but this had not happened in this case. But most of the aircraft that we worked on on Christmas Island and in Australia had flown through the cloud after several bomb tests".

We have thoroughly investigated the allegation made in the newspaper report and the implication it contains regarding Mr Hall's exposure to radiation.

The procedures for handling aircraft returning from cloud sampling sorties were well practised and rehearsed. An area just off the runway was barricaded off as a controlled area for aircraft decontamination with its own health control procedures. After

landing, the samples containing radioactive particles from the cloud were removed from the aircraft ducts by members of the Active Handling Flight (AHF) for immediate transit to the UK. The AHF personnel wore full protective clothing and respirators for this operation and were equipped with film badges. As soon as the filter removal operations were completed, the AHF withdrew to distances where dose rates were not significantly different from zero. It was then mandatory for the aircraft to be interned in the controlled area for 48 hours to allow decay of the radioactive material, there being no exception to this rule.

Aircraft decontamination procedures were started after at least 48 hours had elapsed. These procedures were carried out by the AHF and entailed the washing down of the aircraft using a special chemical that stripped off the protective coating that covered the whole aircraft. Some maintenance work was allowed in the controlled area once the aircraft had been decontaminated. All such personnel were issued with film badges. Allowing for the time taken to decontaminate and to carry out smear survey clearance of the aircraft, it is most unlikely that any aircraft was returned to 76 Squadron lines at the airfield until at least 4 days after landing. The aircraft decontamination carried out by the AHF was sufficient to permit clearance for accepted servicing schedules at 76 Squadron lines, but not for deviation from those schedules. Where other work, such as that described by Mr Hall, was involved, personnel were issued with gloves and protective clothing and required to visit the Health Physics area in the hangar to wash and check that they were free from contamination. This happened as soon as they ceased work. No film badge was required for this task as Health Physics would already have established that there was no gamma radiation (ie the type of ionising radiation of concern in these circumstances) at the time the task was carried out. Protective clothing was worn to protect the body from potential contamination from any radioactive particles that might have been dislodged, for example, whilst unscrewing a nut or bolt.

It seems then that it is possible that Mr Hall may indeed have worked on a Canberra at 76 Squadron lines at the airfield. It is, however, inconceivable that there was any operational imperative that required him to work on an aircraft to fix its tail light before its being decontaminated, as implied in the article - especially as the next test was 4 months away.

The possibility that he did some maintenance work on an aircraft that had been decontaminated and returned to 76 Squadron lines is consistent with his description of the clothing issued to him (but not his contention that it was immediately subsequent to the detonation). The fact that Mr Hall was not issued with a film badge, nor was he a member of the AHP, nor was he designated a radiation worker, supports this view. Assuming, pessimistically, that it would have taken an hour or so to have completed the work, the maximum dose to which Mr Hall might have been exposed would not have exceeded 0.001 milliSievert. A more likely scenario, since all aircraft were airborne at the time of detonation, is that he may have worked on a Canberra in flight during the test but which had not passed through the radioactive cloud. In this case his exposure would have been zero.

The hypothetical situation described, together with the medical documentation regarding Mr Hall obtained from Leicester Royal Infirmary, was put to an independent consultant - an expert in the biological effects of ionising radiation. The consultant emphasised that calculation of risk at the dose level put to him was a purely mathematical exercise and was reluctant to imply that the risks could be quantified at such a low level.

The method of calculating the radiation induced risk, called the Probability of Causation, is that described by the US National Academy of Sciences Committee on the Biological Effects of Ionizing Radiations (BEIR V 1990). The risk model used is that discussed under the heading "Other Cancers". On the assumed exposure of a male, aged 19 years, to 1 milliSievert over a number of hours, who

developed a B cell non-Hodgkins lymphoma 30 years later, the consultant described the causation probability as "about 1 in 1000." In the case of Mr Hall, therefore, with a postulated exposure of 0.001 milliSievert or zero as described in the scenario earlier, the causation probability would be about 1 in 1 million (ie if 1 million people were each exposed to 1 microSievert of ionising radiation, the probability is that only one extra case of B cell non-Hodgkins lymphoma would result from this exposure compared with other causes), or none if the exposure were zero.

It may continue to be asserted that Mr Hall did indeed work on a contaminated aircraft. His exposure in that case would have been comparable to that experienced by members of the AHF. The highest exposure at Grapple Y experienced by the AHF during decontamination was 1.5 milliSievert. There was one occasion when a dose of 8.5 milliSievert was recorded for one individual (not established as a member of the AHF and with no subsequent exposure). This was for a one-off task and is an example of someone not usually subject to exposure to radiation being separately recorded for the task involved. Using the methodology described by our independent consultant, the excess risk at exposures of 8.5 milliSievert and 1.5 milliSievert are calculated as being 8.5 in 1,000 at the higher level, and 1.5 in 1,000 at the lower level. We must emphasise that exposure even at the lower level is extremely unlikely.

Therefore, even making the most pessimistic and unlikely assumptions about the levels of exposure to radiation that could have been experienced by Mr Hall, there is no reasonable basis for inferring a causal link between his present illness and his participation in the test programme. On the only firm evidence we have - that of the report of the NRPB - no correlation at all is shown between participation in the nuclear test programme and the incidence of B cell non-Hodgkins lymphoma. On the maximum credible (but still hypothetical) exposure of 0.001 milliSievert experience whilst doing maintenance work on a decontaminated aircraft, the causation probability is about 1 in 1 million. Even if Mr Hall had

worked on a contaminated aircraft (and, again, it must be emphasised that it is inconceivable that there was any operational imperative that would have justified this in the circumstances described by Mr Hall) the dose level experienced, generating a probability of causation of 1.5 in 1000, would not justify a reasonable inference of a causal link.



EM7

10 DOWNING STREET
LONDON SW1A 2AA

From the Private Secretary

3 February 1992

Dear Bryan,

This is just to confirm our telephone conversation of this afternoon, when I asked for a note for the Prime Minister on the MOD's proposed participation in the compensation scheme for employees suffering from occupational radiation exposure, run by the UKAEA and BNFL. I asked that the note should also cover the current position on the forthcoming NRPB report.

As you appreciate, it could be difficult to have the announcements and the report both in the public domain at about the same time if, as I think would be the case, the NRPB report does not lend support to compensation for test veterans.

I should be grateful if any announcement on the compensation scheme could be delayed until the Prime Minister has had the opportunity to consider the implications.

I am copying this letter to Tim Sutton (Lord President's Office), Murdo Maclean (Chief Whip's Office) and Nigel Basing (Ministry of Defence).

Yours ever,
William

WILLIAM E CHAPMAN

Bryan Wells, Esq.,
Ministry of Defence.

EW

From: KEITH VAZ MP

31 JANUARY 1992

MY REF: JOHN HALL/EK



HOUSE OF COMMONS
LONDON SW1A 0AA

Rt Hon John Major MP
The Prime Minister
10 Downing Street
LONDON SW1A 0AA

1. ~~Ray~~
2. WTC

Ray M

WTC

CP file

Dear John

I refer to your answer to my Parliamentary Question last week concerning John Hall of 35 Shetland Road, Leicester.

I should be grateful if you would kindly confirm that the report by the NRPB is nearly ready.

I look forward to hearing from you.

With best wishes

Yours sincerely

KEITH VAZ

c.c. John Hall

The Prime Minister: Yes, I do welcome the reductions in interest rates and, of course, in mortgage rates that we have seen. In particular, I welcome the cuts in interest rates which three more building societies have announced this morning. The background of lower interest rates and a continuing reduction in underlying inflation provide what we most need—the opportunity for steady, sustainable, non-inflationary growth.

Mr. Kinnock: Why is the United Kingdom the only economy in the European Community that is in recession?

The Prime Minister: The right hon. Gentleman is aware that a number of European economies either have been in recession or are moving towards recession at precisely the moment when the United Kingdom economy is poised to come out of recession. The right hon. Gentleman will also know that there is a recession in many other parts of the world as a result of the general world trading conditions.

Mr. Kinnock: It is a pity that the Prime Minister did not answer the question that I asked. Perhaps he should refresh himself with the facts. Belgium, Denmark, France, Ireland and Italy all have growth rates of over 1 per cent., Spain, Portugal and Holland over 2 per cent., and Germany and Luxembourg over 3 per cent. They are all growing; our economy is shrinking by 2 per cent. Is not that because this country and its people are paying the price for having a Government of unique incompetence?

The Prime Minister: No, Sir. Almost every country of the industrial world is experiencing economic problems. French unemployment has now reached its highest level. Unemployment in the United States is at its highest level for five years. In recent months, unemployment has risen in every European Community country except the Netherlands. It is higher than a year ago in every EFTA country and in every G7 country except Japan. The right hon. Gentleman cannot live in a cocoon and overlook those facts.

Mr. Kinnock: On the subject of cocoons, the Prime Minister should acknowledge that the USA, Japan, Australia and Canada are not actually in the European Community. In this country, under his Government, unemployment is going up faster, investment is lower and production has fallen more than in any other European country. Will the right hon. Gentleman answer the question? Why is that happening only in Britain under his Government?

The Prime Minister: The fact of the matter is that it is not, as I have explained to the right hon. Gentleman on many occasions, happening only in this country. If the right hon. Gentleman is so concerned about unemployment and recession, why does he not acknowledge the impact that his minimum wage would have upon unemployment? Why does he not acknowledge what the £6 billion-worth of cuts in defence would do to employment? Why does he not acknowledge what the impact of his tax on savings would do to investment? Why does he not acknowledge what his strikers charter would do to industrial relations? Why does he not acknowledge what his party's attitude to inward investment would do to jobs in the north-east, in Wales, in Scotland and in many other parts of the country? The policies that the right hon. Gentleman follows will ensure a long-standing and deep recession in this country.

Mr. Riddick: Is my right hon. Friend aware of policy proposals which would introduce a new payroll tax on every job in this country, policy proposals which would reintroduce secondary picketing, and policy proposals which would introduce a minimum wage which would put literally hundreds of thousands of people out of work? Is my right hon. Friend aware that those policy proposals go under the somewhat misleading title of "Labour's help to the unemployed"?

Mr. Speaker: The Prime Minister should answer the first part of that question, but not the second.

The Prime Minister: We have no plans to introduce any such policies. Industry knows that such policies would be absolutely disastrous to it and knows from what source those policies would come, which is why its hostility to the Opposition's policies is so severe.

Q3. Mr. Vaz: To ask the Prime Minister if he will list his official engagements for Tuesday 21 January.

The Prime Minister: I refer the hon. Gentleman to the reply that I gave some moments ago.

Mr. Vaz: Does the Prime Minister recall that, on 26 February 1991, I met him to discuss the case of my constituent, John Hall, who is seriously ill with leukaemia, an illness contracted while he was serving on Christmas island? At the meeting, the Prime Minister told me of his personal knowledge of the suffering of cancer victims and of their families and friends. He also told the Minister of State for the Armed Forces that he hoped that the matter would be expedited as quickly as possible. Almost a year later, nothing has been done. John Hall has spent the last year receiving chemotherapy and blood transfusions in order to stay alive. Will the Prime Minister please show some compassion and award John Hall and the other nuclear test veterans the compensation that the House and the country believe they richly deserve?

The Prime Minister: I am not sure that the hon. Member for Leicester, East (Mr. Vaz) renders Mr. Hall's case particular assistance in raising it in this fashion. I cannot go into the details of Mr. Hall's case. What I can say to the hon. Gentleman is that the Government are willing to consider any claim where any evidence can be adduced of exposure to radiation. We are conducting a validating study into the background of this, and as soon as it is complete, we can reach a general policy conclusion. Until then, I simply have no evidence on which to base a response to individual cases such as Mr. Hall's.

Q4. Mr. Ian Taylor: To ask the Prime Minister if he will list his official engagements for Tuesday 21 January.

The Prime Minister: I refer my hon. Friend to the reply that I gave some moments ago.

Mr. Taylor: Has my right hon. Friend had time to consider the tax implications of an extra £35 billion of spending pledges? If any Government were to bring in these pledges, they would either have to dishonour them and thereby deceive the public, or income tax payers at all levels of income would need to cough up and pay more to fund them. Is it not true that spending pledges such as those made by Labour politicians would mean that nothing would happen?



10 DOWNING STREET

Prime Minister

A letter to Keith Vaz, about his nuclear test veteran constituent is attached.

Both Hefher and I have read the report and think that MOD really have done all they can in looking into Mr Hall's case.

Unfortunately, there really does seem to be ~~the~~ likelihood that his cancer was due to the tests.

WTC slr.



[Handwritten flourish]

10 DOWNING STREET

LONDON SW1A 2AA

From the Private Secretary

31 January 1992

A meeting has just been arranged between Terence Higgins MP and the Prime Minister for 11 February to discuss nuclear test victims.

I should be grateful for a brief, including the latest position on the NRPB report under preparation, to reach here by close of business on Friday 7 February.

No need for brief
Mlg →
Cancelled
RL. 7/2

WILLIAM CHAPMAN

Bryan Wells, Esq.,
Ministry of Defence

AA

WILLIAM

I attach a copy of a letter that Graham has sent to Terence Higgins. He is having a meeting with the Prime Minister on Tuesday 11th February to discuss nuclear test victims.

I would be very grateful if you could supply the briefing for the meeting.

Claire

CLAIRE

31st January 1992



10 DOWNING STREET
LONDON SW1A 2AA

31st January 1992

Dear Mr Higgins

I am writing to confirm your meeting with the Prime Minister, on Tuesday 11th February at 4 pm. This will take place in the Prime Minister's room in the House behind the Speaker's Chair.

Yours sincerely

Claire Jones

pp GRAHAM BRIGHT MP
Parliamentary Private Secretary

The Rt Hon Terence Higgins MP



DEPARTMENT OF SOCIAL SECURITY

Richmond House, 79 Whitehall, London SW1A 2NS

Telephone 071 - 210 3000

From the Parliamentary Under Secretary of State for Social Security

N W Basing Esq
 Private Secretary to the
 Rt Hon Alan Clark MP
 Ministry of Defence
 Main Building
 Whitehall
 London SW1A 2HB

Your ref: USofS(DP) 24/16/1/1

Dear Mr Basing

27 JAN 1992

Thank you for your letter of 2 January in which you advised of your Department's proposal to introduce a compensation scheme for civilian employees and service personnel who have a history of occupational exposure to radiation.

We agree that the idea to introduce any such scheme along the lines of that operated by British Nuclear Fuels and the United Kingdom Atomic Energy Authority is a practical one; clearly, it would be sensible to treat all persons exposed to radiation in the same way.

The scheme, as outlined, is unlikely to have any direct implications for DSS although the problem of double provision from public funds might have to be considered. The provisions of section 22 of the Social Security Act 1989 require, in general terms, that if a claim for social security benefits because of injury or disease was made after 1 January 1989, and a compensation payment under the proposed scheme is subsequently awarded, the compensator is required to reduce the award by an amount equal to the value of benefits received for the injury or disease in question and should pay this sum to this Department's Compensation Recovery Unit. Your Department is, of course, well aware of this legislation. I should point out also that, should a war pensioner qualify, exceptionally, for compensation under the proposed scheme abatement of pension would have to be considered (section 22 does not apply to war pensions).

We are concerned, however, that the creation of such a scheme will cause many problems for your Department (with a possible knock-on for us). The Nuclear Test Veterans Association is active in trying to persuade the Government that UK Test participants were exposed to

E.R.

radiation and is likely to welcome announcement of the scheme as a long-campaigned for change in MOD's attitude towards compensation. Once the full terms of the scheme are examined, however, the Association and its supporters will be dismayed to find that only persons for whom MOD have a record of exposure to radiation will stand any chance of qualifying and that consequently, the chances of any UK Test participant being successful are remote; inevitably, we think, there will be a considerable degree of adverse publicity and Parliamentary interest and, once again, the differences between our two Departments regarding nuclear test participants will come under the microscope. I know that you are only too well aware of these risks but thought it important to place on record the DSS misgivings.

If, despite everything, it is decided that the advantages of introducing the scheme outweigh the disadvantages, we recommend that nothing is said until after the NRPB follow-up report has been examined thoroughly, and decisions taken as to whether the findings affect, in any way, our respective current policies. We understand that the report will be available early this year.

Please keep me informed of any developments on this issue.

A handwritten signature in black ink, consisting of a stylized initial 'CJ' followed by the name 'Manson' in a cursive script.

C J MANSON
Assistant Private Secretary

DEFENCE: Nuclear Test Veterans Dec 90





SM
to this date
was

MINISTRY OF DEFENCE
WHITEHALL LONDON SW1A 2HB
Telephone 071-21 82111/3

SECRETARY OF STATE

MO 10/7/4J

Stephen 23rd January 1992

Dear William,
You may (just) wish to be
aware of this imminent
reply (attached - date).
Please return with

NUCLEAR TEST VETERANS: KEITH VAZ MP

Thank you for your letter of 30th December. I attach a letter which the Prime Minister may care to send to Mr Vaz.

Yours,

Bryson

(B H WELLS)
Private Secretary

William E Chapman Esq
10 Downing Street



GR: [Wherever "casual" is mentioned
"casual" should be substituted
by "casual"]

SCANNED

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WP 015642J

DRAFT LETTER FROM PRIME MINISTER TO KEITH VAZ MP

At our meeting on 12th March last year, and again at Question Time on Tuesday, you raised the question of compensation for your constituent, John Hall, who is suffering from a form of cancer which he alleges is a result of his being exposed to radiation during his participation in the UK's nuclear test programme in the 1950s. You also wrote on 12th November about this matter. I agreed to have the case looked into and I am writing to you now to let you know how the matter has been approached.

During the UK's nuclear test programme in the 1950's

The initial difficulty in Mr Hall's case, as I indicated in my reply at Question Time, is that there is simply no evidence that he was exposed to radiation - and this is common to most of those who took part in the test programme. In the absence of recorded levels of exposure, it is only through the statistical studies of the NRPB that it can be determined whether a causal link exists. Mr Hall has produced no evidence to the Ministry of Defence, and indeed the only specific claims he has made were to "The Independent", which reported on the case on 24th January 1990. Nevertheless, the case has been looked at in considerable depth and a detailed report is attached. You will see that there has been much research involved and the report is, of necessity, lengthy and fairly technical, but I hope you will agree that the matter has been treated very fairly. Because of the absence of any evidence of exposure to radiation, it was necessary to postulate various situations from which hypothetical radiation doses could be deduced. These dose levels were then used, to determine the likelihood of Mr Hall's cancer being caused by doses at that level.

The report shows that we can find no sustainable evidence of a causal link between Mr Hall's illness and the nuclear test programme. (I must also emphasise that the NRPB report shows no any correlation between the incidence of the cancer from which Mr Hall is suffering and participation in the nuclear test programme.) The

Since his diagnosis at the time, we could not have expected him to have been so exposed.

Handwritten signature/initials

allegation (in "The Independent") ~~that~~ that he was exposed to ionising radiation by working on an aircraft at Christmas Island which had not been decontaminated after passing through the radioactive cloud - has been looked at very carefully; we cannot find any evidence to support this claim. The other possibility - that he contracted his cancer as a result of working on a decontaminated aircraft (which would have some extremely low residual radioactivity) - is also examined.

The report demonstrates that even making the most pessimistic and unlikely assumptions about the levels of exposure to ionising radiation that could have been experienced by Mr Hall, there is no reasonable basis for inferring a ^{causal} ~~casual~~ link between his illness and his participation in the test programme. To keep the matter in perspective, the level of background radiation in the UK is measured at 2milliSievert per annum, so that Mr Hall (who is 51) has received about 100milliSievert from this source. ^{already in his lifetime} This compares with the very low levels estimated to result from the various scenarios postulated in the report - the maximum credible being 0.001milliSievert.

I know that the outcome of the investigation will come as a disappointment to Mr Hall; but ~~I hope that both he and you will accept, as I do, that every possible aspect of the case has been thoroughly investigated.~~

In view of the availability of the report I do not think that a further meeting would serve much useful purpose, but I should be very glad to clarify any points which may arise out of the report.

MR JOHN HALL

At a meeting with the Prime Minister of 12th March, Keith Vaz MP raised the question of compensation for his constituent, John Hall, who is suffering from a form of cancer which he alleges is a result of his being exposed to radiation during his participation in the UK's nuclear test programme in the 1950s. It was agreed that MOD should look into the case.

Mr Hall was an Electrical Mechanic and served with 76 Squadron of the RAF. He served at RAAF Edinburgh Field from 8th October 1957 until 19th August 1958 and during that time he was detached with the Squadron to Christmas Island - from 3rd March until 19th May 1958 - for Operation Grapple Y. He is currently being treated for "High grade B cell non-Hodgkin's lymphoma of centro-blastic type".

That exposure to radiation can cause cancers and leukaemias is not disputed. The principal difficulty is in distinguishing between those diseases caused by exposure to radiation and those arising from other natural causes. The difficulty can be overcome by using estimates of risk based on data from various epidemiological studies (this is discussed below). However, any such exercise requires evidence of dose levels of exposure to ionising radiation. Of the over twenty two thousand participants only some 1300 personnel have recorded radiation doses. These personnel were monitored and radiation records kept. Mr Hall was not among them and nor would we have expected him to have been - given his occupation. All participants were, at the time of each detonation, mustered at points at least 35km upwind of ground zero (apart from a few senior technical staff at 25km) where they would not be exposed to initial

ionising radiation or radioactive fallout. As the independent consultant, to whom we submitted Mr Hall's medical records and service history, remarks in his reply: "there can be no causal relationship if the dose of radiation was 'not sensibly above zero.'"

However, it remains the firm belief of many participants in the test programme that there is a link between their participation and the incidence of cancer and leukaemia. In the absence of recorded levels of exposure, and given that we can find no evidence of exposure where it was not recorded, it is only through the statistical studies of the NRPB that it can be determined whether a causal link exists.

It is acknowledged that such studies take time. Meanwhile, the Ministry of Defence will, of course, investigate a claim where any evidence of exposure to radiation can be adduced. Mr Hall has presented no such evidence to us, but we are aware of his claims made to The Independent

The paper quotes Mr Hall: "I worked on one of them [aircraft] immediately it came back to the airfield because there was a fault in its tail a light which needed fixing. I was given gloves and a cotton overall to wear. Normally the planes went to a decontamination centre to be washed off before we worked on them, but this had not happened in this case. But most of the aircraft that we worked on on Christmas Island and in Australia had flown through the cloud after several bomb tests".

We have thoroughly investigated the allegation made in the newspaper report and the implication it contains regarding Mr Hall's exposure to radiation.

The procedures for handling aircraft returning from cloud sampling sorties were well practised and rehearsed. An area just off the runway was barricaded off as a controlled area for aircraft decontamination with its own health control procedures. After

landing, the samples containing radioactive particles from the cloud were removed from the aircraft ducts by members of the Active Handling Flight (AHF) for immediate transit to the UK. The AHF personnel wore full protective clothing and respirators for this operation and were equipped with film badges. As soon as the filter removal operations were completed, the AHF withdrew to distances where dose rates were not significantly different from zero. It was then mandatory for the aircraft to be interned in the controlled area for 48 hours to allow decay of the radioactive material, there being no exception to this rule.

Aircraft decontamination procedures were started after at least 48 hours had elapsed. These procedures were carried out by the AHF and entailed the washing down of the aircraft using a special chemical that stripped off the protective coating that covered the whole aircraft. Some maintenance work was allowed in the controlled area once the aircraft had been decontaminated. All such personnel were issued with film badges. Allowing for the time taken to decontaminate and to carry out smear survey clearance of the aircraft, it is most unlikely that any aircraft was returned to 76 Squadron lines at the airfield until at least 4 days after landing. The aircraft decontamination carried out by the AHF was sufficient to permit clearance for accepted servicing schedules at 76 Squadron lines, but not for deviation from those schedules. Where other work, such as that described by Mr Hall, was involved, personnel were issued with gloves and protective clothing and required to visit the Health Physics area in the hangar to wash and check that they were free from contamination. This happened as soon as they ceased work. No film badge was required for this task as Health Physics would already have established that there was no gamma radiation (ie the type of ionising radiation of concern in these circumstances) at the time the task was carried out. Protective clothing was worn to protect the body from potential contamination from any radioactive particles that might have been dislodged, for example, whilst unscrewing a nut or bolt.

It seems then that it is possible that Mr Hall may indeed have worked on a Canberra at 76 Squadron lines at the airfield. It is, however, inconceivable that there was any operational imperative that required him to work on an aircraft to fix its tail light before its being decontaminated, as implied in the article - especially as the next test was 4 months away.

The possibility that he did some maintenance work on an aircraft that had been decontaminated and returned to 76 Squadron lines is consistent with his description of the clothing issued to him (but not his contention that it was immediately subsequent to the detonation). The fact that Mr Hall was not issued with a film badge, nor was he a member of the AHF, nor was he designated a radiation worker, supports this view. Assuming, pessimistically, that it would have taken an hour or so to have completed the work, the maximum dose to which Mr Hall might have been exposed would not have exceeded 0.001 milliSievert. A more likely scenario, since all aircraft were airborne at the time of detonation, is that he may have worked on a Canberra in flight during the test but which had not passed through the radioactive cloud. In this case his exposure would have been zero.

The hypothetical situation described, together with the medical documentation regarding Mr Hall obtained from Leicester Royal Infirmary, was put to an independent consultant - an expert in the biological effects of ionising radiation. The consultant emphasised that calculation of risk at the dose level put to him was a purely mathematical exercise and was reluctant to imply that the risks could be quantified at such a low level.

The method of calculating the radiation induced risk, called the Probability of Causation, is that described by the US National Academy of Sciences Committee on the Biological Effects of Ionizing Radiations (BEIR V 1990). The risk model used is that discussed under the heading "Other Cancers". On the assumed exposure of a male, aged 19 years, to 1 milliSievert over a number of hours, who

developed a B cell non-Hodgkins lymphoma 30 years later, the consultant described the causation probability as "about 1 in 1000." In the case of Mr Hall, therefore, with a postulated exposure of 0.001 milliSievert or zero as described in the scenario earlier, the causation probability would be about 1 in 1 million (ie if 1 million people were each exposed to 1 microSievert of ionising radiation, the probability is that only one extra case of B cell non-Hodgkins lymphoma would result from this exposure compared with other causes), or none if the exposure were zero.

It may continue to be asserted that Mr Hall did indeed work on a contaminated aircraft. His exposure in that case would have been comparable to that experienced by members of the AHF. The highest exposure at Grapple Y experienced by the AHF during decontamination was 1.5 milliSievert. There was one occasion when a dose of 8.5 milliSievert was recorded for one individual (not established as a member of the AHF and with no subsequent exposure). This was for a one-off task (although it is not known what) and is an example of someone not usually subject to exposure to radiation being separately recorded for the task involved. Using the methodology described by our independent consultant, the excess risk at exposures of 8.5 milliSievert and 1.5 milliSievert are calculated as being 8.5 in 1,000 at the higher level, and 1.5 in 1,000 at the lower level. We must emphasise that exposure even at the lower level is extremely unlikely.

Therefore, even making the most pessimistic and unlikely assumptions about the levels of exposure to radiation that could have been experienced by Mr Hall, there is no reasonable basis for inferring a causal link between his present illness and his participation in the test programme. On the only firm evidence we have - that of the report of the NRPB - no correlation at all is shown between participation in the nuclear test programme and the incidence of B cell non-Hodgkins lymphoma. On the maximum credible (but still hypothetical) exposure of 0.001 milliSievert experience whilst doing maintenance work on a decontaminated aircraft, the causation probability is about 1 in 1 million. Even if Mr Hall had

worked on a contaminated aircraft (and, again, it must be emphasised that it is inconceivable that there was any operational imperative that would have justified this in the circumstances described by Mr Hall) the dose level experienced, generating a probability of causation of 1.5 in 1000, would not justify a reasonable inference of a causal link.

DEFENCE: NUCLEAR TEST VETERANS Dec 90



PRIME MINISTER

You will recall that Mr. Vaz asked about his constituent, Mr. Hall, a nuclear test veteran at Question Time today. I have spoken to MOD about the letter which you have promised to Mr. Vaz. A draft is with the Defence Secretary. I have said that we must have this by the weekend at the latest.

I suspect that it will not offer much comfort to Mr. Hall but we should perhaps wait and see what, if any, views Mr. King himself may have on it.

WEC

WILLIAM E. CHAPMAN

21 January 1992

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MINISTRY OF DEFENCE
MAIN BUILDING WHITEHALL LONDON SW1A 2HB
86666
Telephone 071-21.....(Direct Dialling)
071-21 89000 (Switchboard)

PARLIAMENTARY UNDER SECRETARY OF STATE
FOR DEFENCE PROCUREMENT

USofS(DP) 24/16/1/1

2 January 1992

Trevor Lowe

*The UK
govt?*

The Ministry of Defence has for some time been considering the introduction of a compensation scheme for civilian employees and service personnel who have a history of occupational exposure to radiation, and who subsequently develop a radiation linked disease. I am writing to let you know of the progress we have made with our plans.

We have examined a number of options and have concluded that the most practical solution would be to enter into a form of participation in a scheme currently operated by British Nuclear Fuels and the United Kingdom Atomic Energy Authority. We have sought, and obtained, Treasury agreement in principle, to the proposal. This agreement is subject to final approval being obtained from the Treasury once the detailed arrangements have been finalised with BNFL and the UKAEA. Discussions are now underway between UKAEA and BNFL management representatives and MoD officials.

The proposal originated in a recommendation by the Council of Civil Service Unions that the MoD, as the employer of a significant number of radiation workers, should follow good employer practice elsewhere in the nuclear industry by introducing a compensation scheme along the lines of the scheme operated by BNFL and the UKAEA.

The advantages of a compensation scheme arise from the acknowledged difficulties which claimants face under the normal common law process of having to prove a causal link between their illness and their occupational exposure to radiation. These difficulties over causation arise because the diseases which can

Trevor Lowe Esq
Private Secretary to:
The Lord Henley
Parliamentary Under Secretary
of State for Social Security
Richmond House
79 Whitehall
SW1A 2NS





be attributed to radiation can also occur naturally. It is not possible to distinguish with certainty between cancers caused by occupational exposure to radiation and those arising from other or natural causes, (except in cases of acute high level exposure). A claim pursued as a civil action therefore could only be decided on the balance of probabilities. When the disease is a relatively common form of cancer it is difficult to adduce evidence that radiation exposure is a likely cause, even though that could be the case. Even with the rarer forms of cancer where the balance of probabilities might suggest that radiation is the more likely cause, it would not be possible to demonstrate this with certainty. In view of the nature of these cases, therefore, the normal claim process is likely to be lengthy and costly for both sides.

The BNFL/UKAEA scheme overcomes the difficulties of causation by using estimates of risk based on data from the International Committee for Radiological Protection. A series of tables has been produced, each table specific to a particular cancer, which will generate for an individual claimant a degree of probability that his cancer was caused by occupational exposure, depending on the type of cancer, the claimant's age and history of radiation exposure. Cases may be referred to a panel of independent medical and scientific experts. Awards of 100%, 75%, 50%, 25% or 0% will be made, based on the degree of probability that the disease was caused by occupational exposure. Settlements will then be negotiated with the claimant in the usual way, based on the assumption of 100% liability, and the percentage award factor applied to that sum to determine the level of the settlement.

The scheme is seen as an equitable and non-contentious way of settling claims regarding radiation linked diseases. (Under the Nuclear Installations Act 1965, a radiation worker does not have to prove negligence in such claims.) Compensation under the scheme would be in full and final settlement of any claim and the claimant would sign a form of discharge to that effect. The scheme would cover anyone for whom there is a record of occupational exposure to radiation whilst in MoD employment.

None of this is to suggest that the Ministry is at risk from a large number of claims. The MoD limits exposure to radiation to well below the legal maximum. Given the very tight safety regime operated by the MoD we expect the number of awards to be very low. But we do see the introduction of a compensation scheme in the MoD as being in accordance with best employer practice.

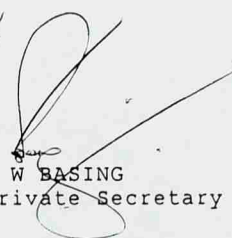




Provided that agreement can be reached with BNFL and the UKAEA and Treasury sanction obtained, we expect to be able to present the development very positively; we would foresee an announcement being made by way of a written answer. We would also inform the Select Committee on Defence, as it has taken a great interest in radiological protection in the MOD.

I am copying this letter to William Chapman (No 10), Richard Gozney (Foreign and Commonwealth Office), Tim Sutton (Lord President's Office), John Neilson (Department of Energy), Robert Canniff (Chancellor of the Duchy of Lancaster's Office), Murdo Maclean (Chief Whip's Office), Martin Le Jeune (Minister of State's Office, Privy Council Office), Patrick Child (Minister of State's office, HM Treasury), Mike Daly (Parliamentary Under Secretary of State's Office, Department of Employment) and Yvonne Baxter (Parliamentary Under Secretary of State's Office, Department of Health) and to Sonia Phippard (Cabinet Office).

Yours Sincerely


N W BASING
Private Secretary





file 215
(C1 Party Nuclear)

10 DOWNING STREET
LONDON SW1A 2AA

From the Private Secretary

30 December 1991

NUCLEAR TEST VETERANS - MR JOHN HALL

Thank you for your letter of 17 December to Dominic Morris, which the Prime Minister has now seen.

The Prime Minister doubts whether a further meeting with Mr Vaz would serve much useful purpose. He would, therefore, be grateful for a full letter to Mr Vaz, possibly with much or all of the paper attached to your letter. I should be grateful for a draft as soon as possible.

W. E. CHAPMAN

Bryan Wells, Esq.
Ministry of Defence

aa



SECRETARY OF STATE

MO 10/7/4J

SHOWN TO DM 20/12 "TOO LATE"

MINISTRY OF DEFENCE
WHITEHALL LONDON SW1A 2HB
Telephone 071-21 82111/3

WAS THE
RESPONSE
(earlier
version in
PM's Box)

19th December 1991

CF
d/cw

CF PD

Dear Janice,

- with DM?

Could I trouble you to attach the enclosed report to my letter of 17th December to Dominic on Nuclear Test Veterans - its a corrected version of the report that was forwarded on Tuesday. Sorry for the mess-up.

Yours,

(B H WELLS)
Private Secretary

Janice Richards
10 Downing Street



MR JOHN HALL

At a meeting with the Prime Minister of 12th March, Keith Vaz MP raised the question of compensation for his constituent, John Hall, who is suffering from a form of cancer which he alleges is a result of his being exposed to radiation during his participation in the UK's nuclear test programme in the 1950s. It was agreed that MOD should look into the case.

Mr Hall was an Electrical Mechanic and served with 76 Squadron of the RAF. He served at RAAF Edinburgh Field from 8th October 1957 until 19th August 1958 and during that time he was detached with the Squadron to Christmas Island - from 3rd March until 19th May 1958 - for Operation Grapple Y. He is currently being treated for "High grade B cell non-Hodgkin's lymphoma of centro-blastic type".

That exposure to radiation can cause cancers and leukaemias is not disputed. The principal difficulty is in distinguishing between those diseases caused by exposure to radiation and those arising from other natural causes. The difficulty can be overcome by using estimates of risk based on data from various epidemiological studies (this is discussed below). However, any such exercise requires evidence of dose levels of exposure to ionising radiation (very few of the test participants were actually exposed to radiation). Of the over twenty two thousand participants only some 1300 personnel have recorded radiation doses. These personnel were monitored and radiation records kept. Mr Hall was not among them and nor would we have expected him to have been - given his occupation. All participants were, at the time of each detonation, mustered at points at least 35km upwind of ground zero (apart from a few senior technical staff at 25km) where they would not be exposed to initial

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ionising radiation or radioactive fallout. As the independent consultant, to whom we submitted Mr Hall's medical records and service history, remarks in his reply: "there can be no causal relationship if the dose of radiation was 'not sensibly above zero.'"

However, it remains the firm belief of many participants in the test programme - particularly those belonging to the British Nuclear Test Veterans Association - that there is a link between their participation and the incidence of cancer and leukaemia amongst their members. In the absence of recorded levels of exposure, and given that we can find no evidence of exposure where it was not recorded, it is only through the statistical studies of the NRPB that it can be determined whether a casual link exists.

It is acknowledged that such studies take time. Meanwhile, the Ministry of Defence will, of course, investigate a claim where any evidence of exposure to radiation can be adduced. Mr Hall has presented no such evidence to us, but we are aware of his claims made to The Independent (I attach a copy).

The paper quotes Mr Hall: "I worked on one of them [aircraft] immediately it came back to the airfield because there was a fault in its tail a light which needed fixing. I was given gloves and a cotton overall to wear. Normally the planes went to a decontamination centre to be washed off before we worked on them, but this had not happened in this case. But most of the aircraft that we worked on on Christmas Island and in Australia had flown through the cloud after several bomb tests". Mr Hall does not say that he fixed the tail light of a cloud sampling aircraft after it had returned from passing through the radioactive cloud, though that implication is placed in the reader's mind.

We have thoroughly investigated the allegation made in the newspaper report and the implication it contains regarding Mr Hall's exposure to radiation.

The procedures for handling aircraft returning from cloud sampling sorties were well practised and rehearsed. An area just off the runway was barricaded off as a controlled area for aircraft decontamination with its own health control procedures. After landing, the samples containing radioactive particles from the cloud were removed from the aircraft ducts by members of the Active Handling Flight (AHF) for immediate transit to the UK. The AHF personnel wore full protective clothing and respirators for this operation and were equipped with film badges. As soon as the filter removal operations were completed, the AHF withdrew to distances where dose rates were not significantly different from zero. It was then mandatory for the aircraft to be interned in the controlled area for 48 hours to allow decay of the radioactive material, there being no exception to this rule.

Aircraft decontamination procedures were started after at least 48 hours had elapsed. These procedures were carried out by the AHF and entailed the washing down of the aircraft using a special chemical that stripped off the protective coating that covered the whole aircraft. Some maintenance work was allowed in the controlled area once the aircraft had been decontaminated. All such personnel were issued with film badges. Allowing for the time taken to decontaminate and to carry out smear survey clearance of the aircraft, it is most unlikely that any aircraft was returned to 76 Squadron lines at the airfield until at least 4 days after landing. The aircraft decontamination carried out by the AHF was sufficient to permit clearance for accepted servicing schedules at 76 Squadron lines, but not for deviation from those schedules. Where other work, such as that described by Mr Hall, was involved, personnel were issued with gloves and protective clothing and required to visit the Health Physics area in the hangar to wash and check that they were free from contamination. This happened as soon as they ceased work. No film badge was required for this task as Health Physics would already have established that there was no gamma radiation (ie the type of ionising radiation of concern in these circumstances) at the time the task was carried out. Protective clothing was worn to protect the body from potential contamination

from any radioactive particles that might have been dislodged, for example, whilst unscrewing a nut or bolt.

It seems then that it is possible that Mr Hall may indeed have worked on a Canberra at 76 Squadron lines at the airfield. It is, however, inconceivable that there was any operational imperative that required him to work on an aircraft to fix its tail light before its being decontaminated, as implied in the article - especially as the next test was 4 months away.

The possibility that he did some maintenance work on an aircraft that had been decontaminated and returned to 76 Squadron lines is consistent with his description of the clothing issued to him (but not his contention that it was immediately subsequent to the detonation). The fact that Mr Hall was not issued with a film badge, nor was he a member of the AHF, nor was he designated a radiation worker, supports this view. Assuming, pessimistically, that it would have taken an hour or so to have completed the work, the maximum dose to which Mr Hall might have been exposed would not have exceeded 0.001 milliSievert. A more likely scenario, since all aircraft were airborne at the time of detonation, is that he may have worked on a Canberra in flight during the test but which had not passed through the radioactive cloud. In this case his exposure would have been zero.

The hypothetical situation described, together with the medical documentation regarding Mr Hall obtained from Leicester Royal Infirmary, was put to an independent consultant - an expert in the biological effects of ionising radiation. The consultant emphasised that calculation of risk at the dose level put to him was a purely mathematical exercise and was reluctant to imply that the risks could be quantified at such a low level.

The method of calculating the radiation induced risk, called the Probability of Causation, is that described by the US National Academy of Sciences Committee on the Biological Effects of Ionizing Radiations (BEIR V 1990). The risk model used is that discussed

under the heading "Other Cancers". On the assumed exposure of a male, aged 19 years, to 1 milliSievert over a number of hours, who developed a B cell non-Hodgkins lymphoma 30 years later, the consultant described the causation probability as "about 1 in 1000." In the case of Mr Hall, therefore, with a postulated exposure of 0.001 milliSievert or zero as described in the scenario earlier, the causation probability would be about 1 in 1 million (ie if 1 million people were each exposed to 1 microSievert of ionising radiation, the probability is that only one extra case of B cell non-Hodgkins lymphoma would result from this exposure compared with other causes), or none if the exposure were zero.

Mr Hall may nevertheless hold the sincere belief that he did indeed work on a contaminated aircraft. His exposure in that case would have been comparable to that experienced by members of the AHF. The highest exposure at Grapple Y experienced by the AHF during decontamination was 1.5 milliSievert. There was one occasion when a dose of 8.5 milliSievert was recorded for one individual (not established as a member of the AHF and with no subsequent exposure). This was for a one-off task (although it it not know what) and is an example of someone not usually subject to exposure to radiation being separately recorded for the task involved. Using the methodology described by our independent consultant, the excess risk at exposures of 8.5 milliSievert and 1.5 milliSievert are calculated as being 8.5 in 1,000 at the higher level, and 1.5 in 1,000 at the lower level. We must emphasise that exposure even at the lower level is extremely unlikely.

Therefore, even making the most pessimistic and unlikely assumptions about the levels of exposure to radiation that could have been experienced by Mr Hall, there is no reasonable basis for inferring a causal link between his present illness and his participation in the test programme. On the only firm evidence we have - that of the report of the NRPB - no correlation at all is shown between participation in the nuclear test programme and the incidence of B cell non-Hodgkins lymphoma. On the maximum credible (but still hypothetical) exposure of 0.001 milliSievert experience

whilst doing maintenance work on a decontaminated aircraft, the causation probability is about 1 in 1 million. Even if Mr Hall had worked on a contaminated aircraft (and, again, it must be emphasised that it is inconceivable that there was any operational imperative that would have justified this in the circumstances described by Mr Hall) the dose level experienced, generating a probability of causation of 1.5 in 1000, would not justify a reasonable inference of a causal link.

Finally, the Prime Minister might wish to know that the Department of Social Security has awarded Mr Hall a 100 per cent War Disablement pension. The main conclusions of the 1988 NRPB Report were that participation in the UK nuclear weapons test programmes has not had a detectable effect on the participants' expectation of life nor on their total risk of developing cancer, apart from a possible effect on the risk of developing multiple myeloma and leukaemia (other than chronic lymphatic leukaemia). There was no evidence to link any other forms of cancer (including solid cancers) with participation in the tests.

Under the legislation governing the DSS War Pension Scheme, proof is not essential for a claim to succeed. There only need to be reliable evidence which raises reasonable doubt whether a condition is caused or aggravated by service in the Forces. The DSS doctors were satisfied that the Report's evidence did raise sufficient doubt in the case of participants at the tests suffering from multiple myeloma or leukaemia (other than chronic lymphatic leukaemia). Any claim therefore, to a War Pension by such ex-servicemen or their widows is likely to succeed. But this does not mean that the DSS acknowledge that anyone suffered harm from exposure to ionising radiation as a result of their involvement in the UK tests.

On the evidence available to the DSS certifying doctor Mr Hall was suffering from an "acute leukaemia", the precise nature of which was not, at that time, defined. On that basis therefore, and because Mr Hall participated in the tests, he was awarded a 100 per

cent DSS War Disablement Pension from 5 October 1989.

We appreciate that the Ministry of Defence's position on his claim for compensation will come as profound disappointment to Mr Hall. But I hope that both he and Mr Vaz will accept that we have thoroughly investigated every aspect of this case.



act

SECRETARY OF STATE

Prime Minister

MO 10/7/4G

While my instincts tell me that
some of the survivors (if not the ~~have~~) 17th December 1991
may have got cancer as a result of participating
in the test programme, the evidence against

Dear Dominic, in this case does not strike.

Content

I don't ^{think} a meeting with Mr Vaz would serve much
purpose but a full letter (possibly with much of
all of the attached paper) ~~is~~ is necessary. Content
to proceed on that basis?
(It can not be draft)

NUCLEAR TEST VETERANS - MR JOHN HALL

At a meeting with the Prime Minister on 12th March, Keith Vaz
MP raised the question of compensation for his constituent, John
Hall, who is suffering from a form of cancer which he alleges is a
result of his being exposed to radiation during his participation
in the UK's nuclear test programme in the 1950s. It was agreed
that we should look into the case, and I am writing to you now to
let you know the outcome of our investigations. Separately you
wrote on 18th November forwarding a letter from Mr Vaz requesting a
further meeting to discuss the case of Mr Hall.

Dominic

Mr Hall's case is most unusual in that the only correspondence
we have had on the matter is through your office: Mr Hall has made
no allegations to us, and indeed the only specific claims he has
made were to the Independent, which reported on the case on 24th
January 1990. Nevertheless, we have looked at his case in
considerable depth and a detailed report is attached. This is, of
necessity, lengthy and fairly technical, but it shows the
seriousness with which we have treated the matter.

In sum, the report shows that we can find no sustainable
evidence of a causal link between Mr Hall's illness and the nuclear
test programme. We have looked carefully at the allegation (in the
Independent) that he was exposed to ionising radiation by working
on an aircraft at Christmas Island which had not been
decontaminated after passing through the radioactive cloud; we
cannot find any evidence to support this claim. The other
possibility - that he contracted his cancer as a result of working
on a decontaminated aircraft (which would have some extremely low
residual radioactivity) - is also examined. I must emphasise that
the NRPB report shows no correlation in the incidence of the cancer
from which Mr Hall is suffering and participation in the nuclear
test programme. We have therefore had to use conventional

Dominic Morris Esq
10 Downing Street





SECRETARY OF STATE

estimates of risk data based on various scenarios. This part of the report is highly technical, and I might take the opportunity to explain some of the background.

Our analysis concludes that Mr Hall would not have received more than 0.001milliSievert of radiation by working on a decontaminated aircraft (his actual dose is likely to have been much less). The units of radiation dosage are complicated, but in essence the Sievert is a measure of the amount of radiation absorbed, weighed according to the amount of damage it can do to the human body. To keep these doses in perspective, the level of background radiation in the UK is 2milliSievert per annum, so that Mr Hall (who is 51) has received about 100milliSievert from this source. Our calculations suggest that, at the maximum level of radiation dose (0.001milliSievert) to which Mr Hall might have received from his work on aircraft, there is a 1 in a million chance that he would have contracted his particular type of cancer from this exposure. Since we believe that Mr Hall's actual radiation dosage was much lower than this, the realistic probability of a caused link with his participation in the test programme is proportionately lower. We cannot regard probabilities at this level as being anywhere near sufficient to demonstrate that Mr Hall's cancer was caused by his work at Christmas Island.

We also considered the possibility (for which, as I said above, we can find no evidence) that Mr Hall did work on a non-decontaminated aircraft. We assess that even in this case the chance that Mr Hall's cancer was caused by this work to be no more than 8.5 in 1,000 at the extreme, with probability that it was no more than 1.5 in 1,000. Even in this case, therefore we see no reasonable basis for demonstrating a causal linking.

We see merit in the Prime Minister having a further meeting with Mr Vaz to explain the details of the case to him. However, I am well aware of the Prime Minister's very busy schedule, and it may be that time cannot be found for this, in which case the Prime Minister might care to write to Mr Vaz. Perhaps you could let me know how you would like to take this matter forward: we do, of course, stand ready to provide any necessary material.

Yours,

(B H WELLS)
Private Secretary



MR JOHN HALL

At a meeting with the Prime Minister of 12th March, Keith Vaz MP raised the question of compensation for his constituent, John Hall, who is suffering from a form of cancer which he alleges is a result of his being exposed to radiation during his participation in the UK's nuclear test programme in the 1950s. It was agreed that MOD should look into the case.

Mr Hall was an Electrical Mechanic and served with 76 Squadron of the RAF. He served at RAAF Edinburgh Field from 8th October 1957 until 19th August 1958 and during that time he was detached with the Squadron to Christmas Island - from 3rd March until 19th May 1958 - for Operation Grapple Y. He is currently being treated for "High grade B cell non-Hodgkin's lymphoma of centro-blastic type".

That exposure to radiation can cause cancers and leukaemias is not disputed. The principal difficulty is in distinguishing between those diseases caused by exposure to radiation and those arising from other natural causes. The difficulty can be overcome by using estimates of risk based on data from various epidemiological studies (this is discussed below). However, any such exercise requires evidence of dose levels of exposure to ionising radiation (very few of the test participants were actually exposed to radiation). Of the over twenty two thousand participants only some 1300 personnel have recorded radiation doses. These personnel were monitored and radiation records kept. Mr Hall was not among them and nor would we have expected him to have been - given his occupation. All participants were, at the time of each detonation, mustered at points at least 35km upwind of ground zero (apart from a few senior technical staff at 25km) where they would not be exposed to initial

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ionising radiation or radioactive fallout. As the independent consultant, to whom we submitted Mr Hall's medical records and service history, remarks in his reply: "there can be no causal relationship if the dose of radiation was 'not sensibly above zero.'"

However, it remains the firm belief of many participants in the test programme - particularly those belonging to the British Nuclear Test Veterans Association - that there is a link between their participation and the incidence of cancer and leukaemia amongst their members. In the absence of recorded levels of exposure, and given that we can find no evidence of exposure where it was not recorded, it is only through the statistical studies of the NRPB that it can be determined whether a casual link exists.

It is acknowledged that such studies take time. Meanwhile, the Ministry of Defence will, of course, investigate a claim where any evidence of exposure to radiation can be adduced. Mr Hall has presented no such evidence to us, but we are aware of his claims made to The Independent (I attach a copy).

The paper quotes Mr Hall: "I worked on one of them [aircraft] immediately it came back to the airfield because there was a fault in its tail a light which needed fixing. I was given gloves and a cotton overall to wear. Normally the planes went to a decontamination centre to be washed off before we worked on them, but this had not happened in this case. But most of the aircraft that we worked on on Christmas Island and in Australia had flown through the cloud after several bomb tests". Mr Hall does not say that he fixed the tail light of a cloud sampling aircraft after it had returned from passing through the radioactive cloud, though that implication is placed in the reader's mind.

We have thoroughly investigated the allegation made in the newspaper report and the implication it contains regarding Mr Hall's exposure to radiation.

The procedures for handling aircraft returning from cloud sampling sorties were well practised and rehearsed. An area just off the runway was barricaded off as a controlled area for aircraft decontamination with its own health control procedures. After landing, the samples containing radioactive particles from the cloud were removed from the aircraft ducts by members of the Active Handling Flight (AHF) for immediate transit to the UK. The AHF personnel wore full protective clothing and respirators for this operation and were equipped with film badges. As soon as the filter removal operations were completed, the AHF withdrew to distances where dose rates were not significantly different from zero. It was then mandatory for the aircraft to be interned in the controlled area for 48 hours to allow decay of the radioactive material, there being no exception to this rule.

Aircraft decontamination procedures were started after at least 48 hours had elapsed. These procedures were carried out by the AHF and entailed the washing down of the aircraft using a special chemical that stripped off the protective coating that covered the whole aircraft. Some maintenance work was allowed in the controlled area once the aircraft had been decontaminated. All such personnel were issued with film badges. Allowing for the time taken to decontaminate and to carry out smear survey clearance of the aircraft, it is most unlikely that any aircraft was returned to 76 Squadron lines at the airfield until at least 4 days after landing. The aircraft decontamination carried out by the AHF was sufficient to permit clearance for accepted servicing schedules at 76 Squadron lines, but not for deviation from those schedules. Where other work, such as that described by Mr Hall, was involved, personnel were issued with gloves and protective clothing and required to visit the Health Physics area in the hangar to wash and check that they were free from contamination. This happened as soon as they ceased work. No film badge was required for this task as Health Physics would already have established that there was no gamma radiation (ie the type of ionising radiation of concern in these circumstances) at the time the task was carried out. Protective clothing was worn to protect the body from potential contamination

from any radioactive particles that might have been dislodged, for example, whilst unscrewing a nut or bolt.

It seems then that it is possible that Mr Hall may indeed have worked on a Canberra at 76 Squadron lines at the airfield. It is, however, inconceivable that there was any operational imperative that required him to work on an aircraft to fix its tail light before its being decontaminated, as implied in the article - especially as the next test was 4 months away.

The possibility that he did some maintenance work on an aircraft that had been decontaminated and returned to 76 Squadron lines is consistent with his description of the clothing issued to him (but not his contention that it was immediately subsequent to the detonation). The fact that Mr Hall was not issued with a film badge, nor was he a member of the AHF, nor was he designated a radiation worker, supports this view. Assuming, pessimistically, that it would have taken an hour or so to have completed the work, the maximum dose to which Mr Hall might have been exposed would not have exceeded 0.001 milliSievert. A more likely scenario, since all aircraft were airborne at the time of detonation, is that he may have worked on a Canberra in flight during the test but which had not passed through the radioactive cloud. In this case his exposure would have been zero.

The hypothetical situation described, together with the medical documentation regarding Mr Hall obtained from Leicester Royal Infirmary, was put to an independent consultant - an expert in the biological effects of ionising radiation. The consultant emphasised that calculation of risk at the dose level put to him was a purely mathematical exercise and was reluctant to imply that the risks could be quantified at such a low level.

The method of calculating the radiation induced risk, called the Probability of Causation, is that described by the US National Academy of Sciences Committee on the Biological Effects of Ionizing Radiations (BEIR V 1990). The risk model used is that discussed

under the heading "Other Cancers". On the assumed exposure of a male, aged 19 years, to 1 milliSievert over a number of hours, who developed a B cell non-Hodgkins lymphoma 30 years later, the consultant described the causation probability as "about 1 in 1000." In the case of Mr Hall, therefore, with a postulated exposure of 0.001 milliSievert or zero as described in the scenario earlier, the causation probability would be about 1 in 1 million (ie if 1 million people were each exposed to 1 microSievert of ionising radiation, the probability is that only one extra case of B cell non-Hodgkins lymphoma would result from this exposure compared with other causes), or none if the exposure were zero.

Mr Hall may nevertheless hold the sincere belief that he did indeed work on a contaminated aircraft. His exposure in that case would have been comparable to that experienced by members of the AHF. The highest exposure at Grapple Y experienced by the AHF during decontamination was 1.5 milliSievert. There was one occasion when a dose of 8.5 milliSievert was recorded for one individual (not established as a member of the AHF and with no subsequent exposure). This was for a one-off task (although it it not know what) and is an example of someone not usually subject to exposure to radiation being separately recorded for the task involved. Using the methodology described by our independent consultant, the excess risk at exposures of 8.5 milliSievert and 1.5 milliSievert are calculated as being 8.5 in 1,000 at the higher level, and 1.5 in 1,000 at the lower level. We must emphasise that exposure even at the lower level is extremely unlikely.

Therefore, even making the most pessimistic and unlikely assumptions about the levels of exposure to radiation that could have been experienced by Mr Hall, there is no reasonable basis for inferring a causal link between his present illness and his participation in the test programme. On the only firm evidence we have - that of the report of the NRPB - no correlation at all is shown between participation in the nuclear test programme and the incidence of B cell non-Hodgkins lymphoma. On the maximum credible (but still hypothetical) exposure of 0.001 milliSievert experience

whilst doing maintenance work on a decontaminated aircraft, the causation probability is about 1 in 1 million. Even if Mr Hall had worked on a contaminated aircraft (and, again, it must be emphasised that it is inconceivable that there was any operational imperative that would have justified this in the circumstances described by Mr Hall) the dose level experienced, generating a probability of causation of 1.5 in 1000, would not justify a reasonable inference of a causal link.



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CF file

10 DOWNING STREET
LONDON SW1A 2AA

From the Private Secretary

AM

18 November 1991

Dear Jane

I attach a copy of a letter the Prime Minister has received from Keith Vaz, M.P.

I should be grateful for a draft Prime Ministerial reply, to reach me by Monday 2 December.

y
D
Dominic

Dominic Morris

Miss Jane Binstead
Ministry of Defence

5

From: KEITH VAZ MP

12 NOVEMBER 1991

MY REF: JOHN HALL/EK



HOUSE OF COMMONS
LONDON SW1A 0AA

Rt Hon John Major MP
The Prime Minister
10 Downing Street
LONDON SW1A 0AA

cc: CBV

→ CF

*File sent to CF
on 12/12*

16/11

Dear Prime Minister

slap

I refer to my letter to you of 12 September 1991 regarding my constituent John Hall the Nuclear Test Veteran.

When I attended a meeting with you in March 1991 you did indicate that you had an ongoing interest in this case, and I should be grateful, therefore for a further meeting with you.

You will realise, of course, that John Hall's illness is progressing rapidly.

I look forward to hearing from you.

With best wishes

Yours sincerely

Keith

KEITH VAZ

ll

PRIME MINISTER

As promised I attach a draft reply to Terence Higgins on nuclear test veterans. However hard we press them, the NRPB report is unlikely to issue before March - ie. shortly before the election. If it came out that there was reasonable cause for doubt that the test veterans were getting cancer as a result of their participation in the nuclear tests in the 1950s, then we are down to a straightforward decision on whether and how much to compensate them; and doing so could be a small plus point at an important time politically. My fear is that the NRPB report will not even be that clear cut: like its predecessor it will probably suggest there is no remotely provable connection whilst leaving open the smallest scintilla of doubt. If so, it becomes quite difficult to justify objectively giving compensation (or rather to justify giving it then when we had not done so a lot earlier). Thus the risk is that we would raise the profile of an issue in the immediate pre-election period when we might well not be able to have a credible answer.

If I do not stay on MOD/DOH's back virtually every week then my guess will be that the report will "slip" due to natural bureaucratic inertia until probably post-election.

For what it is worth, my own view is that, in simple justice to the test veterans, we should continue to do everything we can to get the report out at the earliest practical moment so that the Government can then decide whether a scheme for them is justified.

Content for me to continue to badger MOD and Department of Health?



DOMINIC MORRIS

11 October 1991

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MINISTRY OF DEFENCE
 WHITEHALL LONDON SW1A 2HB
 Telephone 071-21 82111/3

CF

SECRETARY OF STATE

MO 10/7/4G

8th October 1991

Dear Dominic,

GR
 Vaz I have cc'd
 Higgins reply to
 Dr

Thank you for your letter of 17th September attaching one which the Prime Minister has received from Keith Vaz MP about Nuclear Test Veterans. Mr Vaz asked about the timescale of the NRPB study, and about investigations into the case of his constituent, Mr John Hall. Jane Binstead wrote to you on 17th September explaining the efforts that have been made to accelerate the NRPB study on Nuclear Test Veterans. On the matter of Mr Hall, we have obtained experts' advice on his case and expect to be able to supply a full substantive reply for the Prime Minister to send to Mr Vaz later this month.

I attach a draft reply which the Prime Minister might care to send.

Yours,
 Bryan

(V)

(B H WELLS)
 Private Secretary

Dominic Morris Esq
 10 Downing Street



DRAFT REPLY FROM PRIME MINISTER TO KEITH VAZ

Thank you for your letter of 12th September about the National Radiological Protection Board (NRPB) report on the Nuclear Test Veterans and the case of your constituent John Hall.

As you know, the NRPB has given priority to completion of the Mortality Study on the 100,000 people occupationally exposed to ionising radiation on the UK National Register of Radiation Workers (NRRW). The NRPB are the Government's independent advisers on radiological protection matters and it would have been inappropriate for the Government to bring pressure to bear on the priorities of this body. In any event, I hope you will agree that it was right to ensure this important study was completed as quickly as possible.

However, now that the NRRW study is reaching its completion, resources within NRPB have been transferred to the test participants study. I understand that NRPB have now sent most of the names of test participants to MOD Service Records Office (SROs) and searches for details have started. In order to expedite these searches extra resources have been allocated to the SROs by MOD. The next task will be for Office of Population Consensus and Surveys to send mortality data to NRPB, and since many of the records are now on computer this should not be an unduly protracted process. War Pension data will also be required from the DSS and I am assured that every possible effort will be made to deal expeditiously with requests as they come in from NRPB.

Finally, NRPB will need to compile and analyse the data and write the report. NRPB foresee no difficulties in accomplishing this task by mid-1992, and are doing what they can to shorten the timescale.

As regards your constituent John Hall, I can confirm that the MOD's investigations are near completion and I expect to have their report very shortly. I will ^{write to you again once I have received it} ~~then be able to write to you~~ substantively on this case.

DEFENCE : Nuclear Test Veterans

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10 DOWNING STREET
LONDON SW1A 2AA

From the Private Secretary

17 September 1991

We spoke yesterday about nuclear test veterans. You are sending over a note on the current state of play with the NRPB.

I attach a letter from Keith Vaz MP about the particular case of his constituent, Mr John Hall. In that case Mr Hall had been invited to submit his medical records separately to MOD who were looking at his case on an individual basis. The draft reply which the Prime Minister will want to send will therefore need to cover progress with Mr Hall's case specifically as well as generalities about the NRPB report.

DOMINIC MORRIS

Miss Jane Binstead
Ministry of Defence

PRIME MINISTER

NUCLEAR TEST VETERANS

You wanted to know where matters stood. I have been beating up Mr. King's office on a weekly basis. At long last this is beginning to bear fruit. The organisation conducting the study (NRPB) should, within the next fortnight, have contacted all those with the information on the 2,000 test participants for the study. That is a month ahead of the original programme.

The MOD have allocated extra staff to the second phase of the study which would ensure that the raw data which the NRPB need to analyse should be to hand by the end of the year rather than Spring next year (i.e., gaining another three months on the original schedule).

Thereafter the length of time it takes for analysis and publication of the study is down to the NRPB. They are a quango who report to the Department of Health. I am therefore asking William Waldegrave's office to make sure the NRPB have all the statisticians and others that they need to do that analysis quickly (and if they are short, to recruit now rather than to sit around waiting until the raw data is all in before realising that they need some more people and wasting time).

The MOD have also set up a project management committee to monitor progress and ensure that action is taken promptly at each stage, bringing together the Services, the NRPB, the Department of Social Security (who need to be involved because of war pensions data) and the Office of Population Censuses and Surveys.

The upshot is that we can reasonably expect the study to be ready in the first quarter of next year rather than mid 1992. Tom King is well seized of your concern and the Parliamentary dimension, and I now get the impression that he is doing all he can to ensure that the exercise moves swiftly.

It is still less than we would have liked, but maybe enough progress to enable you now to write back more convincingly to Terence Higgins, and I will let you have a draft.

At the end of the day the study is unlikely to provide statistical certainty about cause and effect. I suspect that you will still be faced with a political decision on whether to give ex-gratia payments in the way that the Americans have. What we can expect the study to do is to make it easier to decide whether the Government needs to make and should make that gesture. I attach a table which illustrates the level of benefits payable under the Reagan Bill to US test veterans. On the basis that in total some 1,400 of our servicemen who took part in the test programme would qualify under the Reagan Bill terms (and by no means all of those have or necessarily will develop one of the cancers covered), the ball park cost to the Government of replicating the Reagan Bill provisions would be £5-10 million a year. If we paralleled the Reagan Bill exactly, that figure would be smaller because it does not disregard other benefits nor is it tax exempt. But I doubt it would be politically acceptable if the gesture had to be made.

DM

17 September 1991

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POLICY IN CONFIDENCE



MINISTRY OF DEFENCE
WHITEHALL LONDON SW1A 2HB
Telephone 071-21 82111/3

SECRETARY OF STATE

MO 10/7/4J

17 September 1991

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Dw Dominic,

NUCLEAR TEST VETERANS

Thank you for your letter to Bryan Wells of 20th August in which you asked for further advice on progress on the NRPB update of the Nuclear Test Participants Study.

The first phase of the study is for NRPB to send requests to MOD Service Records Offices (SROs) for information on 2000 test participants. The bulk of these requests will be sent before the end of September, thus speeding up this part of the study by a month.

The second phase is searching the SROs for information such as date of birth, Service number, details of nuclear test participation etc. Provision has now been made for extra staff to be allocated to this task and these extra staff will enable this phase to be finished in three rather than six months.

In the third phase details from MOD sufficient to identify the participants must be submitted to the National Health Service central registers (Office of Population Censuses and Surveys (OPCS)) to ascertain whether they are alive or, where appropriate, cause of death. Much of this mortality data is provided on a quarterly basis and is already held by NRPB. Any further mortality data required by NRPB from OPCS will be provided quickly and will not significantly delay the NRPB Report. The conclusions of the last NRPB study were based on this mortality data.

The last Study also did an analysis of cancer incidence, which includes both mortality and morbidity data. This analysis however, is of secondary importance since it is always incomplete. This is because it takes several years for data from Regional Cancer Registers (RCRs) to reach OPCS and not all cases of cancer incidence are registered with the RCRs. OPCS, having completed the computerisation of NHS patients records, are now extracting cancer

Dominic Morris Esq
10 Downing Street



POLICY IN CONFIDENCE



SECRETARY OF STATE

data and because of the sheer size of this undertaking and the volume of queries it is throwing up, they will not be able to provide cancer incidence data to NRPB before the end of the year. Nevertheless, this aspect of the Study - being of secondary importance - will not delay significantly the main mortality Study. War Pensions data is also required from the Department of Social Security and they have assured us that every possible effort will be made to deal quickly with requests from NRPB for information.

The final phase is compilation, analysis and publication of the Report by NRPB. The reduced time for searches at MOD will help in beating the deadline of mid-1992.

In addition, provision has been made for extra staff in MOD during all the phases of the study for liaison between NRPB, the SROs, DSS and OPCS. An MOD chaired co-ordinating committee has also been set up to monitor progress and ensure that action is taken to deal promptly with further difficulties if/as they arise.

All in all every effort is being made to beat the deadline of mid-1992, and we are determined to achieve that by the widest possible margin.

I am copying this letter to Stephen Alcock (Dept of Health) and to Nicholas Holgate (Chief Secretary's Office).

Yours,

(MISS J R BINSTEAD)
Private Secretary



From: KEITH VAZ MP

12 SEPTEMBER 1991

MY REF: JOHN HALL/EK



HOUSE OF COMMONS
LONDON SW1A 0AA

R16/9 PPS
→ JCF 12/2

Rt Hon John Major
The Prime Minister
10 Downing Street
LONDON SW1A 0AA

Dear Sir

I write further to our correspondence and meeting regarding my constituent John Hall the Nuclear Test Veteran in his desperate situation.

I am sure you will recall that at the time of our meeting you promised you would expedite the new National Radiological Protection Board report.

You are of course aware that we do not have the luxury of time in this matter, and I wonder whether this might be nearing completion now,

I look forward to hearing from you.

With best wishes

Yours sincerely

Keith Vaz

KEITH VAZ

DEFENSE: Nuclear Test Veterans, 1945-1960

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10 DOWNING STREET

Prime Minister

You asked where we were on this. I attach the latest letter from Ned (together with my record of ~~the~~ your meeting with Terence Higgins). The Ned note can (if charitable) be described as 'something on account'. Tom King's office has promised the Reagan Bill costings within the next 10 days.

As to Mr Vaz's constituent, Mr Hall, the Ned has passed his medical records and papers to an independent medical adviser for an opinion.

Jim

18/6.

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MINISTRY OF DEFENCE
WHITEHALL LONDON SW1A 2HB
Telephone 071-21 82111/3

SECRETARY OF STATE

MO 10/7/4J

17th June 1991

Dear Dominic,

NUCLEAR TEST VETERANS

Thank you for your letter of 14th May, ^{11:45p} recording the Prime Minister's meeting with Terence Higgins MP about Nuclear Test veterans. There were a number of points on which you asked for further advice. I shall take each point in turn.

You asked about MOD's practice when medical advisers believe they have medical evidence in individual cases. Any evidence (medical or otherwise) that may be produced by the claimant would be considered along with data held by the MOD. The evidence produced by a claimant would normally amount to medical evidence that he was suffering from a particular illness. If it were discovered that a claimant had received a significant exposure, his case would be submitted to outside independent expert medical opinion for a view on whether the exposure was likely to have caused the cancer. I should say that no claimant has been able to demonstrate on a balance of probabilities as required by Civil Law that his illness was likely to have been caused by his test participation or by his exposure to radiation.

You asked about research on the effects of nuclear detonation on those exposed at a greater range than that defined as causing "irreversible issue damage". A considerable number of studies worldwide have been conducted on the effects of radiation on human tissue, both at high and low levels of exposure. The latest detailed study on low level radiation was published in 1990 by the Committee on Biological Effects of Ionising Radiation entitled "The Health Effects of Exposure to low levels of Ionising Radiation". This was drawn upon extensively by the International Commission on Radiological Protection (ICRP) in their recent review

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No 10 Downing Street



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SECRETARY OF STATE

on the effects of radiation. The chief reason for examining the effects of low level radiation is to set acceptable dose limits on the use of such radiation in areas such as industry and medicine. ICRP considered that the estimated risk from exposure to ionising radiation should be increased by a factor of 3 compared to earlier figures. Even with this increase in risk estimates, it is still not expected that a single induced cancer will be shown to arise from exposure to ionising radiation as a result of UK test participation.

You also asked about the way in which the Reagan Bill defined "on site" in the context of nuclear detonations. There is no simple definition of "on site" (such as a specified distance away from the detonation, for example). Instead, the term "on-site" has been defined in such a way that, to qualify, a claimant must demonstrate he was present at a test in one, or more, of four categories namely:

- a. he was present during an atmospheric test or employed on official duties on a ship, aircraft or other equipment used in direct support of test;
- b. if, during any 6 month period following the test, he was present at the site staging area employed on duties connected with the test or decontamination of equipment used in direct support of the tests;
- c. he was a member of the garrison or maintenance force at Enewetok (where tests were conducted) during the periods officially laid down as January 21st 1951 to July 1st 1952; August 7th 1956 to August 7th 1957; November 1st 1958 to April 30th 1959;
- d. he was assigned to official military duties at naval shipyards involving the decontamination of ships that participated in the tests.

A Reagan Bill analogy would, therefore, apply to those UK servicemen who were present during an actual test (at Christmas Island or the Australian sites), or during a 6 month period following, or were members of an equivalent to the USA "garrison or maintenance force". No examination of the 30,000 individual records of the servicemen and civilians who participated in the programme between 1952 and 1958 has been undertaken to see the dates they were in the relevant areas and also precisely where they were located. Even if this were done, there would still be ambiguity: the sites were visited by a large number of personnel who stayed for only a few days; ships and aircraft were constantly delivering equipment, fresh food and water to the area and the crews might also qualify



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under the Reagan Bill. It is doubtful if the records of personnel on all the ships or planes would actually record their visiting the sites but simply the fact that they were either a crew member or had been posted to a squadron who might have flown to the areas concerned.

Finally, you asked about the level of compensation provided in the Reagan Bill. We are still extracting details on this from the very reticent US authorities, and I will let you have these as soon as they are available.

Yours,

(B H WELLS)
Private Secretary



DEFENCE: mky5 ~ vas Dec'90



MINISTRY OF DEFENCE
WHITEHALL LONDON SW1A 2HB
Telephone 071-21 82111/3

SECRETARY OF STATE

MO 10/7/4J

14th June 1991

Dear Dominic, 

^{14th}
Thank you for your letter of 20th May which enclosed one from Keith Vaz MP about the case of John Hall. I have passed the papers to those dealing with this case.

Officials are now putting all the documents on this case to an independent medical adviser for his opinion. In view of the volume of documents involved, we do not expect an early response. Nonetheless, we will keep you informed of developments.

Yours age,

(B H WELLS)
Private Secretary

Dominic Morris Esq
10 Downing Street



DEFENCE: VAR DEC '90.





KW
c/wells
RE

10 DOWNING STREET
LONDON SW1A 2AA

From the Private Secretary

7 June 1991

I wrote to you on 14 May following the Prime Minister's meeting with Terence Higgins MP about nuclear test veterans. The Written Question which the Prime Minister answered earlier this week from Gordon McMaster on the same subject prompted the Prime Minister to ask where we had got to on this and what Defence Ministers were doing in the follow up to the meeting to Mr Higgins. I should be grateful therefore to have a note responding to the points raised in my letter of 14 May which I could put into the Prime Minister's Box next Friday at the latest.

I am copying this letter to Julian Miller (Minister of State for the Armed Forces).

DOMINIC MORRIS

Bryan Wells Esq
Ministry of Defence

KW



10 DOWNING STREET
LONDON SW1A 2AA

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From the Private Secretary

20 May 1991

I attach a further letter to the Prime Minister from Keith Vaz M.P., enclosing one from Dr. Chapman which will be relevant for those who are looking into Mr. Hall's case. I should be grateful if you could pass it on to them, and if you would also keep me in touch with progress on the MOD's consideration of this case.

Dominic Morris

Bryan Wells, Esq.,
Ministry of Defence.

KW



10 DOWNING STREET
LONDON SW1A 2AA

From the Private Secretary

20 May 1991

Thank you very much for your letter of 14 May to the Prime Minister enclosing further information about your constituent, Mr. John Hall. It was good of you to send this, and I shall ensure that it is passed on to the right quarters in the Ministry of Defence.

Dominic Morris

Keith Vaz, Esq., M.P.

From: KEITH VAZ MP



14th May 1991

Ref: Xmas Island/LCC

HOUSE OF COMMONS

LONDON SW1A 0AA

Rt Hon John Major MP
The Prime Minister
10 Downing Street
London SW1A 2AA

F.A.O. DOMINIC HARRIS

Dear Sir

Further to your letter of 10th April to my constituent Mr John Hall of 35 Shetland Road, Leicester. I am pleased to enclose a letter that I have received from John's Consultant at the Leicester Royal Infirmary.

I hope that you will be able to forward this to the correct department at the Ministry of Defence. Unfortunately, at the time you wrote to John, he was in hospital undergoing further treatment and therefore the delay in relaying this information was unavoidable.

I understand that all the information that the Ministry's experts need would be found in John's medical file which they already have. I should like to draw your attention to the final comment in Dr Chapman's letter, that she feels the matter should be investigated by independent experts.

I hope that there is a speedy conclusion to the investigation into John's test case.

Thank you for your help in this matter.

With best wishes,

Yours sincerely,

Keith

KEITH VAZ



THE LEICESTER ROYAL INFIRMARY

LEICESTER LE1 5WW

Leicestershire Health Authority

Department of Haematology

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CSC/LW

23 April 1991

Mr Keith Vaz, MP
144 Uppingham Road
Leicester

Dear Mr Vaz

Re: John HALL
35 Shetland Road
Leicester

UN: 466259

DOB: 19.6.1938

DIRECT DIALLING NUMBERS

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Senior Registrars 586601
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As you know Mr Hall's notes have recently been released for review by the Ministry of Defence. However, I would like to clarify one point: I have never been asked to and have never given an opinion on a possible connection between Mr Hall's experiences in the Christmas Island and his present clinical condition. Obviously this is a matter which should be subjected to review by an independent expert.

Yours sincerely

Dr C S Chapman
Locum Consultant Haematologist

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SUBJECT cc MASTER



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10 DOWNING STREET
LONDON SW1A 2AA

From the Private Secretary

14 May 1991

Dear Bryan

Thank you for your letter of 10 May enclosing briefing for the Prime Minister's meeting with Terence Higgins MP about nuclear test veterans.

If I say that Mr. Higgins made many of the usual points, that is not to diminish the force or effectiveness with which Mr. Higgins put them. There was the concern that many MPs had expressed that the methodology used by NRPB was flawed. Whatever the argument in respect of the Americans about "your tests were unsafer than our tests" there was real concern about how effective the safeguards had been for our test veterans.

Mr. Higgins specifically asserted that the MOD were resting exclusively on the NRPB's statistical approach to the veterans' case and were not willing to consider medical evidence advanced in response of individual veterans. (In the light of the approach taken on Mr. John Hall, this seemed to me at variance with the MOD's practice but I should be grateful for a fuller response on what the MOD's practice is where medical advisers believe they have firm medical evidence in individual cases.)

Mr Higgins also referred to the 1953 Chiefs of Staff paper on the need to know the effects of an atomic detonation on men and equipment. Your background brief says the paper concludes that it would be impractical to "expose men ... at least within the range of irreversable tissue damage". Thus far thus good but I think the Prime Minister would find it helpful to know what research has been done elsewhere on the effects of nuclear detonations on those exposed at rather greater range than that of "irreversable tissue damage".

In the background brief that you provided it refers to the Reagan Bill giving compensation where a claimant was present on site at the time of detonation. It would be helpful to know what "on site" means and, on the same definition, how many British test veterans in Australia and the Christmas Islands fall within that category.

Finally, I note the brief refers to a cost of £5 million but this is based on the assumption that claimants were awarded the maximum war disablement pension and excludes provision for widows. Our original question had been what level of compensation is provided in the Reagan Bill for their veterans (and provision for widows if appropriate). Are these one and the same?

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- 2 -

I am copying this letter to Julian Millar (Minister of State's Office, Armed Forces).

Yours ever

Dominic

(DOMINIC MORRIS)

Bryan Wells, Esq.,
Ministry of Defence.

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PRIME MINISTER

You are seeing Mr. Higgins at his request to discuss nuclear test veterans. You will recall that he raised this with you in the House on 18 April (Hansard extract at Flag B). Detailed briefing from MoD is attached at Flag A.

You will recall that Terence Higgins' main interest is whether we should introduce a "no fault" compensation scheme on the lines that the USA introduced in the Reagan Bill.

I have checked again the figures given by MoD and they have confirmed with American experts that the cost of their system is £5 million a year for the servicemen affected (rather more when provision for widows is taken into account). That works out at about £100 per week for each serviceman. That is pretty close to the maximum amount which we already pay in the UK for those who qualify for a war disablement pension. (John Hall, Keith Vaz's constituent gets £76 a week).

There are two key points to remember:

- the US does not have an effective social security system (the Reagan Bill therefore does little more than bring them up to a par with what already exists in this country);
- second, the test for qualifying for a war disablement pension in the UK is simply that, on a balance of probability, the disability could be regarded as attributable to service factors.

The other point which you can make clear to Terence Higgins privately, which you cannot say in public, is that the US tests deliberately exposed servicemen to nuclear fallout in battlefield conditions. In the case of the UK test programme, all but a very few (eg those flying the monitoring planes) were kept at a distance of at least 30km from the test blast.

You will see that the MoD brief refers to the possibility of a compensation scheme for radiation workers suffering from radiation-linked diseases. This has not yet been decided and is unlikely to provide much practical help to nuclear test veterans: the scheme is based on the premise that if the cancer is contracted at an age before it can be expected to occur naturally, then the claimant may well be eligible for an award. Nuclear test veterans will nearly all be too old.

Beyond that I am afraid it is the standard line: willing to pay compensation if cause and effect is shown. The first report by the National Radiological Protection Board did not show evidence of cause and effect. An updated study is being conducted and this is due to report next year.

DOMINIC MORRIS

13 MAY 1991

c:\wpdocs\parly\Higgins (MRM)



cc backup
MINISTRY OF DEFENCE
MAIN BUILDING WHITEHALL LONDON SW1A 2HB
Telephone 071-21 82111/3

6/6 13/5

MO 10/7/4J

10th May 1991

Dear Dominic,

PRIME MINISTER'S MEETING WITH TERENCE HIGGINS MP - 14TH MAY

In your letter of 30th April you asked for briefing for the Prime Minister's meeting with Terence Higgins MP on discuss nuclear test veterans.

Lines to take and background notes are attached. I have consolidated the rather disparate briefing we have provided on previous occasions into what is (I hope) a coherent whole. You will see that I have put in more detail on the Reagan Bill, and have included details which can be disclosed in confidence to Mr Higgins. The cost of following the Reagan Bill precedent is also covered.

Do let me know if there are any points on which you require clarification.

Yours aye,

Bryan

(B H WELLS)
Private Secretary

Dominic Morris Esq
10 Downing Street

NUCLEAR TEST VETERANS

PM Meeting with Terence Higgins MP: 14 May 1991

Lines to Take

The policy of the Government is to pay appropriate compensation whenever the Crown's legal liability is established. Since there is no firm evidence to show that the health of British test veterans has been effected by exposure to radiation during the Nuclear test programme, the Government has taken the view, upon legal advice, that the Crown cannot be held liable for any ill-health suffered by those who participated and that it is not appropriate to pay compensation.

It is acknowledged that the crux of the matter lies in establishing a causal link between participation in the test programme and any subsequent illness - the best means of doing this lies through the statistical studies of the NRPB - the second NRPB report is due in 1992 - not possible to bring this date forward without prejudicing other studies.

IF ASKED

MOD is looking at possibility of introducing a compensation scheme for radiation workers suffering from radiation-linked diseases. May be possible to include nuclear test veterans in this scheme. But the extent to which this is practicable is limited. The scheme requires a record of radiation exposure and since some 1400 of the 30,000 veterans were exposed to radiation, only this group could be considered.

IF ASKED

Not appropriate to introduce American style compensation scheme. Comprehensive range of benefits available in UK has no comparison in US. NRPB study included consideration of 23 types of cancer - including the 15 for which the US will compensate - and the new study will follow similar lines.

[In Confidence]

Considerable differences between UK and US tests. All UK tests - without exception - were for nuclear weapons R & D - some US tests were used to examine weapon effects including the response of troops in battlefield conditions. In others, unexpected circumstances arose and higher levels of radiation exposure than expected were experienced. Direct comparisons cannot, therefore, be drawn.

NUCLEAR TEST VETERANS - BACKGROUND NOTE

1. Compensation has not been paid to ex-servicemen who took part in nuclear weapons tests between 1952 and 1958 because there is no evidence to show that they suffered any ill effects from their participation in the trials. The dangers of exposure to radiation were fully appreciated by those who organised the tests and adequate and effective safety precautions were applied. These precautions were of so high a standard that they bear favourable comparison with standards set today. The effectiveness of these precautions has been confirmed by the only authoritative and independent survey of the participants' mortality rates conducted by the National Radiological Protection Board (NRPB). A study conducted by them revealed no differences in cancer deaths between the participants and the general public. These findings have never been seriously challenged by medical opinion. A strong campaign has nevertheless been mounted over the years claiming that cancer is greater amongst the test participants and that the sole cause of this was exposure to radiation during the tests. The campaign has sought either the payment of immediate compensation to cancer sufferers or the adoption of the American style compensation scheme which would cover many different forms of cancer.
2. Roughly 30,000 British servicemen participated in the nuclear weapon tests that took place in Australia and the Christmas Islands between 1952 and 1958. Very stringent safety precautions were adopted throughout the tests. Weapons were detonated only when weather forecasts showed that all wind borne irradiated materials would be carried away from the servicemen and, apart from a few personnel, all participants were kept well away from the blast; at a distance of at least 30km or more. All those exposed to radiation were given specialist training and had their doses monitored and records of that exposure have been retained. In all a total of 1373 people received measurable doses of radiation, full details of which are attached at Annex A. All other people present received a dose no higher than background level.
3. Cancer is a common cause of death in the developed world; tragically some 150,000 cancer related deaths a year occur in this country. It is a disease that shows increased incidence with age. Given that most test participants were young national servicemen at the time of the trials they are now in their late 50's or 60's and cancer can, as a consequence, be expected to occur quite naturally amongst them. The repeated doubts expressed in public, however, together with a wish by the Government to allay quite natural fears amongst the participants led to a report being commissioned from the NRPB to undertake an independent study. The study compared mortality and cancer incidence of 22,347 men who took part in the tests with a similar sized and matched group of servicemen and civilians who were not involved as well as National mortality and cancer incidence in England and Wales. In their Report published in January 1988 the NRPB concluded that test participation had no detectable effect on the participants life expectancy. Nor did the study establish a causal relationship between mortality and incidence of cancer and participation in the nuclear test programme. The study did, however, indicate a small increase in the relative mortality from leukaemia (excluding chronic lymphatic) and multiple myeloma in test participants when compared to the control group. The control group in turn exhibited an unexpected and inexplicable low mortality for these two types of cancer compared with the averages for England and Wales. Furthermore, the majority of individuals whose deaths were from leukaemia and myeloma were amongst participants who were not actually present at the time of a test detonation.

4. Current DSS legislation allows for the consideration of the award of a war pension if there is evidence that, on the balance of probabilities, harm may be regarded as attributable to Service factors. The DSS medical advisers concluded that the possibility of such doubt was raised by the findings of the NRPB study and DSS have made awards to any veteran, or their widows, who can show they have contracted either of the two cancers identified in the report. To date a total of 9 war disablement pensions have been awarded to participants and 10 war widows pensions are in issue. To put this into context the DSS currently (as at 31 December 1990) pay 191,870 war disablement pensions and 54,124 war widows pensions. A disablement pension, which is tax free and uprated annually, varies between £16.98 and £84.90 per week dependent upon the level of incapacity and a war widows pension, which is also tax free and uprated, stands at £67.60 per week.

5. The 1988 NRPB report included data upto 1 January 1984. Since that time the NRPB has continued to accumulate data on mortality and cancer incidence amongst both veterans and the control group and they have advised that, in order to provide a reliable assessment of the further data for the period 1 January 1984 to 1 January 1989, it will be necessary to conduct a full scale validation and analysis exercise. The Government has commissioned this further study which will be based, as proposed by the NRPB, in conjunction with the Imperial Cancer Research Fund (ICRF), on the same methodology used for the earlier study. The NRPB follow-up study report is expected to be published in 1992. Pressure has been applied both in the House of Commons and elsewhere to bring forward the publication of the follow up study. The NRPB, however, are currently putting substantial effort into the compilation of a national register of radiation workers which requires the collation of some 500,000 separate dose records. Additional staff would have to be engaged if the NRPB follow up study were to be accelerated and they could only be trained by diverting staff working on the radiation register which would be delayed. There is little possibility, therefore, of bringing forward the publication of the study up-date.

6. The chief vehicle of the campaign for compensation is the British Nuclear Test Veterans Association which is supported by several MP's but not by the British Legion - which is the chief body representing ex-servicemen's interests. The BNTV has sought to discredit the NRPB report but it has no scientific, technical or expert opinion to support their allegation. The chief claim made by the BNTV, however, is that they were used as guinea pigs and this allegation has gained considerable ground in public opinion. They lay great emphasis on a May 1953 Chiefs of Staff paper which refers to the need to know the effects of atomic detonation on men and equipment and imply that this demonstrates the intention to expose men deliberately. What the BNTV omit to mention, however, is that the Chiefs of Staff concluded "it is impractical to expose men to atomic weapons at least within the range of irreversible tissue damage ..." and alternative methods, such as extensive use of calibrated dummies, were adopted to obtain the required information. These allegations were refuted by the then Minister for Defence Procurement in March 1984 during a debate on test veterans but this has not prevented these scurrilous allegations being repeated; most recently in a "Dispatches" TV Programme. All allegations that the MOD was negligent, did not properly measure radiation levels, did not provide suitable protection or monitor levels of radiation in fish or sea water etc have been repeatedly disproved. This seems to make no difference, however, to many who support the test participants.

[Restricted]

7. A demand frequently put forward by the test participants in that the UK should institute a compensation scheme rather on the lines of the Reagan Bill adopted in the USA. In fact the US decision on compensation was a political one, fulfilling a

promise made on a pre-election run-up. However, there were considerable differences between UK and US tests, particularly in that all UK tests were, without exception, for Nuclear Weapons R&D, whilst some US tests were used to examine weapon effects including assessing the response of troops in battlefield conditions. There were also other differences; in a few US tests unexpected circumstances arose and some personnel were exposed to much higher levels of radiation than anticipated. In public answers we have tried to avoid direct reference to US shortcomings. However, the previous NRPB study included consideration of 23 types of cancer, including the 15 for which the US are offering to compensate and the present study will follow similar lines. Unfavourable parallels have also been drawn with the way in which those suffering from asbestosis, and haemophiliacs who have contracted HIV through contaminated blood, have been compensated. The critical difference here is in establishing a causal link. There is undisputed causation between exposure to asbestos dust and asbestosis, and equally no doubt that contaminated blood was the source of the haemophiliacs' HIV. As is clear from the foregoing paragraphs, no such causal link has been established between participation in the nuclear test programme and subsequent contraction of cancer. This is the crux of the matter.

8. Comparing the American and British methods of awarding compensation is therefore a largely fruitless exercise. The USA does not have a social security system and the only method of awarding compensation is, therefore, by way of a lump sum award. In the UK the War Disability and War Widows Pensions are available together with a number of additional benefits such as mobility or constant attendance allowances which are paid to eligible claimants. The American procedure requires that a claimant was present on-site at a time of detonation. The DSS simply demands that a claimant was present during the period of the trials, (no presence during a live firing is necessary, nor is exposure to radiation a qualification) and that the claimant is suffering from one of the cancers identified by the NRPB. The American scheme recognises no less than 15 cancers as eligible for compensation but given their method of conducting weapon tests this is not unreasonable. If the UK were to adopt a "Reagan" type of compensation policy it would limit consideration only to those participants who could be considered to be "on-site" and at a time of detonation.

9. So far as estimates of costs are concerned, it would depend on the terms on which the American scheme was transposed to the UK. If the numbers qualifying were, indeed, restricted to those "on-site" at a time of detonation, then the costs are likely to be comparatively low - but difficult to quantify. But to give an order of the maximum costs, the NRPB reported (on data up to 1988) that approximately 1000 of the 22,350 identified participants had a cancerous disease or showed signs of having such a disease. If all of these were to be awarded the maximum war disablement pension (for a Private) then the maximum annual cost has been estimated at £5M (excluding provision for widows).

10. The MOD, however, recognises the difficulties in all radiation linked claims of proving causation. The problem has always been that cancer, whilst it can be caused by exposure to radiation also occurs naturally and in all except a few cases, it is impossible to differentiate between the induced and natural or "spontaneous" cancer. British Nuclear Fuels Ltd, however, operate a radiation workers compensation scheme which does permit people who contract cancer to claim compensation. The scheme is based on the premise that if a cancer is contracted at an age before it could be expected to occur naturally then, provided the claimant has received a radiation dose in excess of low, but specified limits, on the balance of probability radiation

is a likely cause of the cancer. A total of 27 cancers are covered by the scheme

[Restricted]

which is retrospective. The sole qualifying condition is that the claimant must have a radiation record. The MOD hopes to join the BNFL scheme, subject to their agreement, and proposals are with the Treasury. The exact position of progress is a delicate issue both with Trades Unions and BNFL and the current stage of progress should therefore be treated as in confidence. In particular the timing of any public announcement is yet to be considered by Ministers. The scheme, were it to be implemented, would cover the test veterans who had been exposed to radiation. They could qualify for compensation provided they had received a sufficient radiation dose and were suffering from one of the 27 permitted cancers. Given the age of the claimants, however, an award is not likely.

TABLE 1

Number of individual Participants (and collective exposures) in different gamma exposure categories by Service or employer

| Exposure category (mSv) | Service or employer | | | | | | | | | |
|-------------------------|---------------------|--------------------|------|--------------------|-----|--------------------|------|--------------------|-------|--------------------|
| | RN, etc | | Army | | RAF | | AWRE | | Total | |
| | No | Exposure (man-mSv) | No | Exposure (man-mSv) | No | Exposure (man-mSv) | No | Exposure (man-mSv) | No | Exposure (man-mSv) |
| 0.01-0.99 | 88 | (30) | 191 | (92) | 160 | (68) | 151 | (71) | 590 | (261) |
| 1.00-4.99 | 45 | (126) | 68 | (177) | 81 | (176) | 106 | (250) | 300 | (730) |
| 5.00-9.99 | 25 | (184) | 49 | (297) | 33 | (233) | 53 | (378) | 160 | (1092) |
| 10.00-49.99 | 36 | (668) | 49 | (1296) | 69 | (1589) | 89 | (2014) | 243 | (5567) |
| 50.00-99.99 | 0 | | 4 | (275) | 32 | (2349) | 8 | (627) | 44 | (3251) |
| >100.00 | 0 | | 0 | | 34 | (5358) | 2 | (384) | 36 | (5742) |
| Total | 194 | (1008) | 361 | (2137) | 409 | (9773) | 409 | (3723) | 1373 | (16641) |

Note:

Exposures have been rounded to the nearest man-mSv and individuals have been assigned to exposure classes based on their total exposure in the whole test programme (this accounts for some apparent minor discrepancies in the totals).

Sir Peter Blaker: Is not it significant that the first group that my right hon. Friend was able to persuade of the merits of his bold initiative for safe havens in Iraq was the Heads of Government of the European Community? Did not that strengthen his hand a great deal in persuading President Bush, who was initially reluctant to agree to that initiative? Does not that show the potential and importance of European political co-operation?

The Prime Minister: We have worked very closely throughout this matter with the European Community, the United Nations and the President of the United States. I believe that that coalition of forces has now provided the right answer to deal with the immense tragedy that we are currently seeing in Iraq.

Q2. Mr. Norman Hogg: To ask the Prime Minister if he will list his official engagements for Thursday 18 April.

The Prime Minister: I refer the hon. Gentleman to the reply that I gave some moments ago.

Mr. Hogg: Is the Prime Minister proud of today's unemployment figures? Do they represent what he calls the bottoming out of the economy or the bottom falling out of the economy? Which is it? Does he have any bold and heroic initiatives to help the growing army of unemployment?

The Prime Minister: The policies that the hon. Gentleman and his party support would create a level of unemployment never previously seen in this country. The way to ensure secure employment is to bring inflation down and keep it down, and that battle we are winning.

Mr. Bill Walker: Is my right hon. Friend aware that the people of Scotland realise that there are more people in work today in Scotland than at any time and that they are earning much more money, their take-home pay in real terms being 30 per cent. above what it was in 1979? There is no point in hon. Members shaking their heads; these are facts.

Is my right hon. Friend further aware that the British people respect the leadership that he has provided during the Gulf war and in proposing policies which have resulted in troops being assembled to provide safe havens for the Kurds?

The Prime Minister: The people of Scotland also know that across the United Kingdom there are substantially more jobs now than there were in 1979, that the rate of unemployment in this country is below the European average and that in the past year we have had more jobs than we have had for many years—[*Interruption.*—]—and far more than we ever had under the last Labour Government.

Q3. Mr. Martyn Jones: To ask the Prime Minister if he will list his official engagements for Thursday 18 April 1991.

The Prime Minister: I refer the hon. Gentleman to the reply that I gave some moments ago.

Mr. Jones: Will the Prime Minister find time today to consider the problems of the upland hill farmers in my constituency and elsewhere who, on top of crippling interest rates and pitifully low livestock prices, are now having to face paying for the disposal of the carcasses of

their dead animals? What does he intend to do for family farms to keep employment in the countryside in my area and elsewhere?

The Prime Minister: As the hon. Gentleman will be aware, some time ago my right hon. Friend the Minister of Agriculture, Fisheries and Food announced substantial increases in hill livestock compensatory allowances. They were well received by the agricultural community and should specifically help farmers similar to those in the hon. Gentleman's constituency.

Mr. Michael Brown: Does my right hon. Friend agree that it was this Government who gave the opportunity to trade unionists to vote in secret ballots, this Government who gave the opportunity to council house tenants to buy their homes, this Government who gave people the opportunity to opt out of local education authority control and this Government who gave people the chance of better opportunities generally?

The Prime Minister: My hon. Friend is entirely right. The only opportunities that people will get from the Opposition is the opportunity yet again to do what their trade union leaders tell them to do, what their council leaders tell them to do and what any future Labour Government might tell them to do.

Q4. Mr. Grocott: To ask the Prime Minister if he will list his official engagements for Thursday 18 April 1991.

The Prime Minister: I refer the hon. Gentleman to the reply that I gave some moments ago.

Mr. Grocott: Will the Prime Minister take this opportunity finally to dispel allegations of dithering by announcing decisively what the country wants to hear, which is that there will be a June general election? If, as I suspect, he is still not clear in his own mind on that subject, will he be issuing a consultation document?

The Prime Minister: I can tell the hon. Gentleman crisply that when we hold the election we shall win it.

Nuclear Test Veterans

Q5. Mr. Higgins: To ask the Prime Minister, further to his answer to the right hon. Member for Worthing on 4 December 1990, *Official Report*, column 170, when he intends to complete his consideration of the case for compensation for British nuclear tests veterans and their widows; and if he will make a statement.

The Prime Minister: An independent study is currently being conducted. The Government's position is that they are ready to pay compensation if there is firm evidence that participation in the United Kingdom's nuclear test programme caused the cancer.

Mr. Higgins: The Prime Minister will recall that in answer to a previous question he gave a sympathetic and urgent reply in response to the plight of haemophiliacs. This case is clearly more complex, although in many respects it is even more deserving. Hon. Members who, at their surgeries and interview evenings, see constituents suffering from appalling cancers who were given no protection from the atomic tests in the south Pacific, believe that action is long overdue and that compensation should be paid urgently. Will my right hon. Friend proceed with his inquiry with the greatest possible speed?

Prime Minister: I assure my right hon. Friend that we shall proceed in that fashion and try to ensure minimum delay. The practical problem is the limited number of appropriate medical experts. Nevertheless, I shall do what I can to ensure that the report is produced as speedily as possible.

Mr. Orme: If the Cabinet agreed this morning on the poll tax provision—

Mr. Speaker: Order. I am afraid that this is a definitive question.

Mr. Orme: But, Mr. Speaker—

Mr. Speaker: I do not think that it would be right to have a second bite at it. The question before the House is about nuclear tests. Perhaps we had better move on.

Q6. **Mr. MacLennan:** To ask the Prime Minister if he will list his official engagements for Thursday 18 April.

The Prime Minister: I refer the hon. Gentleman to the reply that I gave some moments ago.

Mr. MacLennan: Can the Prime Minister explain, in the light of the discussion that he had this morning, how any local tax which combined the poll tax and the rates could possibly be related to ability to pay?

The Prime Minister: The hon. Gentleman may be interested to know that we propose to publish early next week, with exemplifications, the way in which we think that we should proceed in terms of local government taxation. He will find no difficulty in seeing the answer to his question then.

Mr. Gerald Howarth: Does my right hon. Friend agree that with the Soviet Union still in turmoil it would be folly for the United Kingdom unilaterally to dispose of its independent nuclear deterrent so long as other potential aggressors possess theirs? Does he agree that those who in the past have been passionate supporters of unilateral nuclear disarmament should not be trusted by the British people with the defence of our country?

The Prime Minister: I agree entirely. The maintenance of an independent nuclear deterrent is absolutely vital to the future security of our country. I am surprised that some others are less consistent in their principles on this point.



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10 DOWNING STREET
LONDON SW1A 2AA

From the Private Secretary

30 April 1991

Dear Bryan

The Prime Minister has agreed to see Julian Brazier MP at 1600 on Thursday 9 May. Mr Brazier wants to raise with him (surprise, surprise) housing for ex-servicemen. This is fairly well trodden ground but I should be grateful if you could provide a short brief.

On 14 May at 1540 Terence Higgins is coming to see the Prime Minister on the subject of nuclear test veterans. I suspect that the briefing the Prime Minister got (eventually) for Terence Higgins' Question will, for the most part, suffice, but I would like a short additional brief on reasons why we are not following the Reagan Bill precedent, where we can be more open in a bilateral meeting than one could in answering in the House; and a better estimate of the cost of doing something here equivalent to the Reagan Bill - the rough and ready calculations that you were able to extract at the time suggested that the total bill might be of the order of \$5 million a year. (I am not of course suggesting that we should contemplate making such provision, simply that it is wise to know the ball park figures that we are talking about).

Could the briefing for the Julian Brazier meeting be with me by lunchtime Wednesday 8 May and for the Terrence Higgins meeting by lunchtime Monday 13 May.

Yours ever

Dominic

DOMINIC MORRIS

Bryan Wells Esq
Ministry of Defence

6

PRIME MINISTER

The attached note from MOD on nuclear test veterans is relevant background for oral question 5 tomorrow from Terence Higgins.

You asked whether we ought to fund John Hall's case as a legal test case. As the note makes clear, there is already a case before the courts which is being funded through Legal Aid. As far as I have been able to establish, it is an independently brought case not one sponsored by the British Nuclear Test Veterans Association. The MOD lawyers' view is that it is as likely as John Hall's case to provide any precedent value for the other test veterans (that may not be a great deal since much will depend on the proof of cause and effect in that particular case - which may not have automatic wider validity - and the terms of the judgement). MOD are fairly confident that they will win the case.

The second point was whether we could speed up the conclusion of the NRPB study. Not surprisingly, the answer is no, partly I suspect this is MOD not wanting to take life at a rapid pace but the more respectable reason is that epidemiological experts and technicians in this field are thin on the ground and cannot readily be recruited.

The examination of John Hall's medical records by MOD is going ahead. In the circumstances, and given that you will be answering the Terence Higgins question tomorrow, I do not think there is any further action you need to take with Keith Vaz MP.

Agree?



DOMINIC MORRIS

17 April 1991

C:\PARLY\HIGGINS (DAS)



10 DOWNING STREET
LONDON SW1A 2AA

From the Private Secretary

10 April 1991

The Prime Minister has asked me to thank you for your letter dated 25 February about compensation for those who participated in the UK's nuclear test programme.

He appreciates that the nuclear test programme conducted in the 1950s has given rise to considerable concern; in particular regarding the suggestion that some who took part in the tests have developed illness as a result.

It was in recognition of these quite understandable concerns that the Government commissioned the NRPB Study. The report of the NRPB, as you know, concluded that participation in the test programme has had no detectable effect on the participants' life expectancy. The study did, however, indicate a small increase in the incidence of certain leukaemias and multiple myeloma. The NRPB were unable to explain this increased incidence and concluded that it may have been largely due to chance. It was therefore decided to carry out a follow-up study and this is being done. In the meantime, the Department of Social Security are able to make awards of war pension (where the standard of proof is less strict than that of common law) for the two types of cancer, and it was under these provisions that your own award was allowed.

As regards the methodology of the NRPB study, the Government felt that it must accept the advice of its independent experts. The NRPB themselves advised against any attempt to examine the health of individual nuclear test participants. It was simply not feasible to obtain adequate information to produce a meaningful and unbiased database for this type of study. The advice was that the methodology chosen was widely accepted in the medical community as the best available general indicators of the health of a community.

The Government believes that the best means of determining whether a causal link exists between participation in the test programme and any subsequent illness remains with the statistical studies of the NRPB.

However, the Prime Minister is anxious that this should not delay consideration of any claims if other evidence can be adduced in support of establishing a causal link. At the Prime Minister's meeting with your constituency MP, Keith Vaz, on 12 March Mr Vaz said that your current medical adviser believes that there is evidence of cause and effect in your case. It is therefore important that the Ministry of Defence should have this evidence available at the earliest opportunity. I understand that the Ministry's medical officers already have in hand a request for your medical records.

The Prime Minister has asked me, in the meantime, to pass on his best wishes to you and your wife.

Dominic Morris

John Hall, Esq.



R/L

MINISTRY OF DEFENCE WHITEHALL LONDON SW1A 2HB

MO 10/7/4J

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28th March 1991

Dear Stephen, *DM*

Charles Powell wrote to me on 12th March enclosing a letter from John Hall, a 'Nuclear Test Veteran'. I attach a draft reply which you may care to send; it would not be appropriate for the Prime Minister himself to reply.

The letter is largely self-explanatory. John Hall is a constituent of Keith Vaz MP and his case was discussed by Mr Vaz with the Prime Minister on 12th March. There was some follow-up action to this meeting and I wrote to Dominic Morris yesterday on this.

Yours sincerely,

Bryan Wells

(B H WELLS)
Private Secretary



MINISTRY OF DEFENCE WHITEHALL LONDON SW1A 2HB

TELEPHONE 071-21 89000

MO 10/7/4J

DIRECT DIALLING 071-21 82111/3

27th March 1991

Dear Dominic,

Thank you for your letter dated 12th March recording the meeting that the Prime Minister had with Keith Vaz MP, concerning his constituent Mr John Hall.

The Prime Minister asked whether it would be right for the Government to fund a test case through the courts. Such a course of action might be appropriate if there was a point of law or element of doubt on causation that could be properly tested in the courts. The Government is already funding a study by the NRPB to establish if there is indeed a link between participation and cancers; such statistical studies remain, in our view, the best means of establishing whether there is a causal link.

The Prime Minister should also be aware that the MOD is currently defending a claim by the dependant of a nuclear test participant who died from Leukaemia. Legal proceedings have been issued, expert medical opinions have been obtained by both parties, and our Defence is shortly to be served. We are therefore already some way on with a case which bears some resemblance to that of John Hall. The claimants in this case are supported by legal aid.

The NRPB study is now well underway. No firm date was given for completion of the study because it is difficult to predict just how long it would take to complete each individual component. The speed with which some of the tasks can be completed is dependent on manpower available at the Office of Population and Census and DSS, as well as at the NRPB and the Imperial Cancer Research Fund.

It was expected that the analysis might be completed by the end of 1991 or early 1992. Provided unexpected delays do not occur in obtaining information this is still the position, and it is hoped to

Dominic Morris Esq
10 Downing Street



complete the study not later than the first half of 1992. It is difficult to identify temporarily available additional staff with appropriate expertise to assist in such a study. If inexperienced temporary staff are taken on the time necessarily spent by experienced staff in training them may actually mean that little additional effort is available for progressing the study. The NRPB's first analysis of the national Register of Radiation Workers (their priority study) is nearing completion and additional resources within NRPB will then be available for work on the nuclear participants study.

None of this however, should delay consideration of John Hall's claim. In his discussions with the Prime Minister, Mr Vaz said Mr Hall's medical adviser had said that there was evidence of cause and effect in his case. It is important that this evidence should be made available to the Ministry of Defence as soon as possible. This can then be taken into account together with Mr Hall's general medical history. MOD has, at the request of Mr Vaz's office, already requested Mr Hall's medical records from Leicester Royal Infirmary. Mr Hall wrote to the Prime Minister on 25th February and I will be writing separately to Stephen Wall.

Yours sincerely,

Bryan Wells

(B H WELLS)
Private Secretary



10 DOWNING STREET
LONDON SW1A 2AA

THE PRIME MINISTER

22 March 1991

From Keith,

Thank you for coming to see me on Tuesday, 12 March about the case of your constituent, Mr. John Hall.

I am just writing to confirm that if Mr. Hall is content to forward his medical records, together with medical evidence from his doctors, we will of course ensure that they are carefully considered by the Ministry of Defence.

We will look to see whether there is any possibility of the NRPB Report coming out earlier, though I would not wish to hold out false hopes.

*Your Sincerely,
Keith*

Keith Vaz, Esq., M.P.

K

HALL
21/3



6

10 DOWNING STREET
LONDON SW1A 2AA

From the Private Secretary

AM

12 March 1991

Dominic Williams

To note:

(Keith Vaz MP)

1) 26/3

OK

done - I actually

commissioned

law + would

like to see

the draft

a way through it

D

I attach a copy of a letter the Prime Minister has received from Mr John Hall.

I should be grateful for a draft Prime Ministerial reply, to reach me by Tuesday 21 March.

DM

Charles Powell

Bryan Wells Esq
Ministry of Defence

5



*Copy Record
cc HASREP*

10 DOWNING STREET

LONDON SW1A 2AA

From the Private Secretary

12 March 1991

Dear Bryan

BRITISH NUCLEAR TEST VETERANS:
MEETING WITH KEITH VAZ, MP

Mr. Vaz came to see the Prime Minister this afternoon about the case of his constituent, Mr. John Hall. The Minister of State, Armed Forces, was also present.

Mr. Vaz expressed gratitude to the Prime Minister for seeing him about Mr. Hall's case and explained the background. Mr. Hall was, he continued, responsible for maintaining air craft which had flown through atomic blast clouds during the 1950s test programme. He had been diagnosed in 1989 as having hairy-cell leukemia. Mr. Vaz said that he recognised the difficulties for the Government in meeting claims for compensation when liability had not been established. He added that there had been criticism of the earlier NPRB report's methodology. The Board had not consulted veterans nor sought the views of the veterans' medical advisers. He urged that in the up-dated study the Board should send a proforma to veterans enabling them to return their medical advisers' views. In the particular case of Mr. Hall his current medical adviser said they had evidence establishing cause and effect. His other request concerned the length of time it was taking for the Board to produce its up-dated report. He had hoped it would be ready by the turn of the year and had been disappointed to learn that it was likely to be mid 1992 before it was ready.

He also raised the US system of compensation for veterans and asked whether we could establish the same system here. The Minister of State, Armed Forces said that, on his understanding, the US system applied only for servicemen who were at the site at the time of a nuclear explosion and who were within a certain distance of the explosion.

Mr. Vaz continued that Mr. Hall had considered legal action to establish liability but had initially been refused legal aid. He had subsequently been granted legal aid for a Counsel's opinion, but had been advised that a full case would cost some £200,000 which was beyond his means, and also probably that of the BNTVA. Mr. Vaz continued that he would be grateful if the MoD would examine Mr. Hall's medical records. An earlier arrangement for them to do so had not materialised, since for whatever reason the records had not been forwarded.

RESTRICTED

The Prime Minister in responding said that the MoD would of course ensure that Mr. Hall's medical records were examined carefully and invited Mr. Vaz to forward them. It would be important for Mr. Hall's medical advisers to explain why, in their medical judgement, there was cause and effect between his participating in the test programme and his current illness. Concluding the meeting the Prime Minister said that he was of course sympathetic to Mr. Hall's situation, as he would be to anyone seriously affected with cancer. He could not comment on the basis of the facts presented in Mr. Hall's case and hoped Mr. Vaz would understand that. He was grateful to Mr. Vaz for bringing Mr. Hall's case to his attention. Together with the Minister of State, Armed Forces, he would be pleased to ensure that Mr. Hall's medical records, and such evidence as his medical advisers could provide, were carefully looked at; he would look again at whether there was any possibility of the NRPB updated report coming out earlier than mid 1992, though he did not hold out any commitment that would be possible.

After Mr. Vaz had left the Prime Minister raised with Mr. Hamilton the question whether it would be right for the Government to fund a test case through the courts, and if so, whether Mr. Hall's case was the right one. If such a case were fought and cause and effect was not shown, then the Government would be in a much stronger position. Equally, there were downside risks to be considered, as well as the propriety and practicality of funding an individual case. The Prime Minister said he would be grateful if Mr. Hamilton would arrange for MoD officials to consider this possibility and report back to him.

I am copying this letter to Julian Millar (Ministry of Defence).

Yours ever
Dominic

DOMINIC MORRIS

Bryan Wells, Esq.,
Ministry of Defence

RESTRICTED

MLM



10 DOWNING STREET
LONDON SW1A 2AA

From the Private Secretary

12 March 1991

Dear Julian

MEETING WITH KEITH VAZ, MP:
MR. JOHN HALL

We agreed at the end of the meeting that the Prime Minister would write to Mr. Vaz to confirm that we were looking to him to forward John Hall's medical records etc (to prevent any repeat of last time's "misunderstanding"). I attach a copy of the letter I will put in to the Prime Minister. I promised your Minister that he would have a chance to see it and comment before it went off (though it is pretty innocuous).

Yours

Dominic

DOMINIC MORRIS

Julian Millar, Esq.,
Ministry of Defence

2

GR 11
type final
for Pru's sig
DM



cl party/Vaz (mhm)

10 DOWNING STREET
LONDON SW1A 2AA

CMOD

THE PRIME MINISTER

Thank you for coming to see me on Tuesday, 12 March about the case of your constituent, Mr. John Hall.

I am just writing to confirm that if Mr. Hall is content to forward his medical records, together with medical evidence from his doctors, we will of course ensure that they are carefully considered by the Ministry of Defence.

We will look to see whether there is any possibility of the NRPB Report coming out earlier, though I would not wish to hold out false hopes.

Keith Vaz, Esq., M.P.



MINISTRY OF DEFENCE
MAIN BUILDING WHITEHALL LONDON SW1A 2HB
Telephone 071-21 82111/3

*ccB' at
CF?*

MO 6/17/15/1J

11th March 1991

Dear Dominic

NUCLEAR TEST VETERANS: PRIME MINISTER'S MEETING WITH KEITH VAZ MP

Thank you for your letter of 27th February about the Prime Minister's meeting tomorrow with Keith Vaz MP on the subject of Nuclear Test Veterans. As we discussed this morning, Mr Hamilton has kindly agreed to be present at this meeting.

You asked for further advice on the timescale of the BNTV Study; this is included in the attachment, which should replace the page of supplementary briefing forwarded under my letter of 26th February.

Yours aye,

Bryan

(B H WELLS)
Private Secretary

Dominic Morris Esq
10 Downing Street

Nuclear Test Veterans - Supplementary Briefing

Q. When will the NRPB Study be complete?

A. The NRPB are hopeful that it will be complete by mid-1991.

Q. Why is the NRPB Study taking so long?

A. The NRPB is currently giving priority to the completion of the National Register of Radiation Workers (NNRW) - a compilation of occupational exposure to radiation for the UK. This will enable study of incidence of leukaemia and other diseases in children of exposed parents [an issue which NRPB perceive to have a higher political profile.]

Q. Why can't the NRPB hire one or two extra experts to speed up the study?

A. The NRPB is very unlikely to be able to recruit additional staff with the necessary expertise to assist with the study. Some untrained staff would need extensive training, they would not be able to help significantly with the progress of the study.

Q. How much is Mr Hall's war pension?

A. £76.60 per week.

Q. Keith Vaz involvement in "Dispatches" Programme?

A. Not mentioned in programme. We are not aware of any involvement.

Q. How many nuclear test veterans are there?

A. Some 30,000 participated (including Australians and New Zealanders and a few untraced UK participants). 22,364 are included in the NRPB report.

LINE TO TAKE - GENERAL

The Government would be ready to pay compensation wherever the Crown's legal liability is established and were there is firm evidence to show that, on a balance of probabilities, ill-health is being suffered as a result of participation in the UK's nuclear test programme. In the absence of any such evidence special compensation arrangements for the test veterans could not be justified.

6. Government will *only* consider whether any changes to its policy on compensation for NTV's might be justified once the NRPB follow-up report has been published next year.

7. No evidence to show that Mr Hall was exposed to radiation during the test programme.

8. His duties did not involve him in contact with contaminated aircraft or equipment.

SPECIFIC POINTS TO MAKE

1. No information received from Mr Vaz following meeting with Min(AF) - 18.12.89.

2. No claim received by MOD from Mr Hall, despite claim by Independent newspaper - 26.1.90 - test case.

3. All information on Mr Hall has been forwarded to DSS and BNTVA solicitors.

4. 100% War Pension awarded by DSS.

5. The Government have every confidence in the findings of the NRPB report and in its authors.

Q and A's - Nuclear Test Veterans

Q1. When will Government compensate NTV's?

A1. If in common law negligence and a causal link can be proved.

Q2. How can the NTV's be expected to do this?

A2. By commissioning the follow-up study the Government has demonstrated its determination to do all it can to investigate any possibility of a causal link.

Q3. Why don't the Government believe what the NTV's saw with their own eyes?

A3. Because this is not proof of negligence or a causal link that would stand the test in a court of law.

Q4. Do you accept that the NTV's were used as "guinea pigs"?

A4. No I do not accept that assertion.

Q5. How can the Government say the tests were safe and did not put men at risk?

A5. I can assure you that the very strict safety measures in force for the whole test programme ensured on-one should have suffered harm as a result. These nuclear Safety Standard measures, which were consistent with the recommendations of the International Commission on Radiological Protection (ICRP) and with advice from the Medical Research Council, were rigorously enforced and bear favourable comparison to the standards in force today.

Q6. Why is the Government so confident in the authors of the NRPB report and their findings?

A6. The Report was compiled by some of the most respected epidemiologists in the country, who went to great lengths to ensure that the methodology used would provide a sound basis for and stand the test of analysis.

Q7. Why commission a further study?

A7. The NRPB continued to accumulate data after the cut-off date of the previous study (1.1.84) and this information will provide the basis for the further assessment analysis and full-scale validation exercise. This further analysis will provide a more comprehensive study.

Q8. Why are the studies on mortality and not health?

A8. On such matters, we must rely on the advice of our experts. However, death is unequivocal, its recording is compulsory and unbiased and information can be readily obtained from national records. This is not the case with a health study which would involve contacting a large number of GP's and searching a mountain of hospital records, some of which would undoubtedly have been destroyed.

Q9. Why can the DSS pay a War Pension and the MOD not pay compensation?

A9. Under DSS legislation the benefit of any reasonable doubt based on reliable evidence that a condition is attributable to or aggravated by service must be given to ex-servicemen and therefore allows an award to be made where appropriate. MOD can only deal with claims in common law where negligence and a causal link must be proved.

Q10. But why if the US Government pay doesn't the UK Government?

A10. I can only reiterate that the US legislative and benefit systems are not the same as ours and I cannot answer for them.

Q11. Will the Government consider setting up a Trust or special compensation scheme for NTV's?

A11. As there is no reliable evidence to show that the health of NTV's was affected by participation in the test programme, it would not be appropriate to establish such a scheme.

Q12. Will NTV's be included in any "no-fault" compensation scheme?

A12. A compensation scheme is currently under consideration, by MOD; No decisions have yet been taken about the scope and terms of any scheme which might be introduced.

Q13. When will it be?

A13. Too early to say.

JOHN HALL - BACKGROUND

1. Ex SAC Hall served with 76 Squadron of the RAF and his service record shows that he was posted to RAAF Edinburgh Field from 8 October 1957 until 19 August 1958 and during this time was detached with the Squadron to Christmas Island from 3 March until 19 May 1958 for Operation Grapple. He was posted back to "76 Squadron Australia" on 19 May 1958. On 19 August 1958 he is shown as on Home Establishment, although this does not necessarily indicate a move back to the UK. He was posted to 76 Squadron at RAF Upwood on 22 September 1958. SAC Hall was mustered as an Electrical Mechanic (Air) and as such he would not have been involved with aircraft decontamination or work on the specialised sampling equipment carried by cloud sampling aircraft.

2. There are no records of film badges being issued to SAC Hall and there is no record of him being exposed to ionising radiation. Those members of 76 Squadron serving as aircrew or the active handling flight were issued with film badges but SAC Hall was not listed as being involved in those duties.

3. Mr Hall was first mentioned to the MOD during a briefing by Minister(AF) on nuclear test veterans for a number of interested MPs, on 18 December 1989. At that meeting Mr Vaz indicated that he would be supporting a bid by Mr Hall (whose name was previously unknown to the MOD, but who is apparently the father of one of the MP's local party workers) to gain compensation for

his disability. Mr Vaz undertook to provide the MOD with further details of Mr Hall's case. This he has so far failed to do.

4. In an article in the Independent newspaper on 24 January 1990 it was stated that, "John Hall, a former RAF electrician is to be the standard bearer in a test case in the High Court". No claim has yet been made against the MOD either by Mr Hall or by solicitors on his behalf.

5. Mr Hall was awarded a War Pension of 100% from 5 October 1989 in respect of leukaemia by the DSS under their existing legislation. It is not necessary to prove negligence to be successful in claiming an award of a War Pension under the DSS scheme, only that there is reliable evidence of reasonable doubt that an injury may have been caused or aggravated by service. This doubt was raised in the NRPB report published in January 1988.

6. In the case of Mr Hall, MOD have provided full and detailed information to DSS investigators concerning his participation in the nuclear test programme. Similarly the Treasury Solicitor wrote to Messrs Pannone Napier, the solicitors acting on behalf of the BNTVA summarising the circumstances concerning Mr Hall's movements and duties. There is little else we can do.

BACKGROUND NOTE - NUCLEAR TEST VETERANS

Veterans of the UK's nuclear weapons test programme in the 1950s and 1960s in the South Pacific are campaigning, through the British Nuclear Test Veterans Association and one or two splinter groups, for compensation for the various cancers and other diseases which a number of veterans have suffered. Jack Ashley MP is the patron of the BNTVA and is very active on their behalf, but a number of other MPs have taken interest in the subject.

The Government's policy is based on a report published in January 1988 by its independent and expert advisers on radiological matters, the National Radiological Protection Board (NRPB). In their report, the NRPB did not establish any causal relationship between any increased incidence of cancer and participation in the programme; neither was there any increased incidence of cancer with increased exposure to radiation, as might be expected if such diseases were radiation induced.

The policy of the Ministry of Defence is to pay appropriate compensation whenever the Crown's legal liability is established. Since there is no firm evidence to show that the health of British test veterans was affected by exposure to radiation during the UK's nuclear test programme (a view supported by the NRPB's findings) the Government has taken the view, upon legal

advice, that the Crown cannot be held liable for any ill-health suffered by those who participated, and that it would not be appropriate to pay compensation.

The NRPB report did, however, find among the veterans a small number of additional cases of leukaemia (excluding chronic lymphatic) and multiple myeloma compared with the control group, which in turn exhibited a very low incidence of these two cancers compared with the average for England and Wales. Current legislation allows for the consideration of award of a War Pension if there is reliable evidence of reasonable doubt that harm may be regarded as attributable to Service factors. The Department of Social Security medical advisers concluded that the possibility of such doubt was raised by these findings, and consequently the DSS were able to consider making awards where appropriate.

The 1988 NRPB report included data up to 1 January 1984. Since that time the NRPB has continued to accumulate data on mortality and cancer incidence amongst both veterans and the control group and they have now advised that, in order to provide a reliable assessment of the further data for the period 1 January 1984 to 1 January 1989, it will be necessary to conduct a full scale validation and analysis exercise. The Government has commissioned this further study which will be based, as proposed by the NRPB, in conjunction with the Imperial Cancer Research

Fund (ICRF), on the same methodology used for the earlier study. The NRPB follow-up study report is expected to be published in 1992.

Although the repeal of Section 10 is not retrospective, Mr Melvyn Pearce, a nuclear test veteran, succeeded in 1988 in persuading the Courts to allow him to pursue his claim for compensation for personal injury allegedly due to exposure to radiation. Mr Pearce and other participants in the test programme who wish to pursue a claim, now have the opportunity to seek damages from the Ministry of Defence through the Courts. To do this, they must show that they have been exposed to radiation due to MOD's negligence and that such exposure caused harm. The Government has confirmed its intention to defend the legal action being brought by Mr Pearce. This is the test case.

PRIME MINISTER

① Say to them - pl. contact Vets / factors.
② length of time for report.

Mr Vaz is coming in about his constituent, Mr John Hall, who served on Christmas Island in 1958 when the British Nuclear Test Programme was going on. There is nothing in Mr Hall's service record to suggest that he was directly involved in decontamination work or radiation sampling, but he none the less now has leukaemia.

No claim has yet been made by Mr Hall or his solicitors against the MoD. Their policy is to give compensation where liability for negligence is established. The Government is resting on the advice of independent experts in the National Radiological Protection Board (NRPB). They looked at mortality data on veterans of the programme in 1988 and concluded there was no causal link. They identified a small number of additional cases of leukaemia compared with the control group (though there is some doubt about how representative the control group was: the group had an incidence of leukaemia and myeloma which was much lower than the national average).

On the strength of this, however, Mr Hall was awarded a full DSS war pension in 1989. In awarding these, DSS give claimants the benefit of any reasonable doubt where the injury or sickness may have been attributable to service in the forces. This contrasts with a claim against the MoD for compensation where a claimant must show on a balance of probability that a) the illness was caused by service factors and b) the MoD were negligent.

The NRPB are working with the Imperial Cancer Research Fund on a follow-up to their 1988 report which is expected at about the turn of the year.

It is possible that Mr Vaz may try to raise an analogy with the ex gratia payment to haemophiliacs with AIDS. The simple point here is that in the latter case there was no reasonable doubt about cause and effect. That simply does not apply in the case of the nuclear test veterans.

Voluminous briefing from the MoD is attached. Archie Hamilton will sit in.



DOMINIC MORRIS

11 March 1991

C:\PARLY\VAZ (DAS)

* As is a recent letter to you from Mr Hall.

From: KEITH VAZ MP



KA

4 March 1991
MY REF: KV/BP

HOUSE OF COMMONS
LONDON SW1A 0AA

The Rt Hon John Major MP
Prime Minister
10 Downing Street
Leicester

Dear John

I do understand the reasons why you had to postpone our meeting on the 26 February 1991.

I understand that we are meeting again on the 12 March 1991 at 3.40pm in your room in the House of Commons.

John Hall was disappointed that the meeting did not take place but we fully understand your very heavy commitments.

With best wishes

Yours sincerely

Keith

KEITH VAZ



me Pm

10 DOWNING STREET
LONDON SW1A 2AA

From the Private Secretary

27 February 1991

Because the Prime Minister sat in on the PNQ to your Secretary of State yesterday, he postponed the meeting with Keith Vaz MP about the nuclear test veterans. The Prime Minister was very grateful to Mr. Carlisle for being prepared to sit in on that meeting at short notice.

BT //

The meeting has provisionally be rescheduled for 1540 hours on Tuesday 12 March. Again I am sure the Prime Minister would appreciate it if Lord Arran or one of his colleagues would sit in.

In the supplementary briefing which you kindly provided, you said that the NRPB were preoccupied with the study into the radiological effects on children of nuclear power station workers; hence the long timescale for the BNTV study. I appreciate the importance of the study into children, as I am sure does the Prime Minister. But the obvious further supplementary question is:

"Well why can't the NRPB hire one or two extra experts to speed up the BNTV study?"

DOMINIC MORRIS

Bryan Wells, Esq.,
Ministry of Defence.

aw



cc 13/10/91
MINISTRY OF DEFENCE
WHITEHALL LONDON SW1A 2HB
Telephone 071-21 82111/3

SECRETARY OF STATE

MO 10/7/4S

26th February 1991

Dear Dominic

PRIME MINISTER'S MEETING WITH KEITH VAZ MP

You asked four specific questions on Nuclear Test Veterans in preparation for the Prime Minister's meeting with Keith Vaz MP this afternoon. I attach briefing on these points.

Yours sincerely,

Bryan Wells

(B H WELLS)
Private Secretary

Dominic Morris Esq
10 Downing Street



Nuclear Test Veterans - Supplementary Briefing

Q. Why is the NRPB Study taking so long?

A. The NRPB is currently giving priority to the completion of the National Register of Radiation Workers (NRRW) - a compilation of occupational exposure to radiation for the UK. This will enable study of incidence of leukaemia and other diseases in children of exposed parents [an issue which NRPB perceive to have a higher political profile.]

Q. How much is Mr Hall's war pension?

A. £76.60 per week.

Q. Keith Vaz involvement in "Dispatches" Programme?

A. Not mentioned in programme. We are not aware of any involvement.

Q. How many nuclear test veterans are there?

A. Some 30,000 participated (including Australians and New Zealanders and a few untraced UK participants). 22,364 are included in the NRPB report.



a: / nuclear. dsq

10 DOWNING STREET
LONDON SW1A 2AA

From the Private Secretary

25 February 1991

NUCLEAR TEST VETERANS

Keith Vaz M.P. is coming in to see the Prime Minister tomorrow about the case of his constituent John Hall. Other MPs who have a more general interest in the question of nuclear test veterans have been alerted (no doubt by Mr. Vaz!) to this meeting and have themselves been pressing to join in. The Prime Minister has decided to keep it as an individual meeting on a particular constituency case, but has agreed in principle to see a delegation of interested MPs some time before the Summer Recess. I should be grateful for your advice on when the best time would be. I appreciate that the NRPB revised report will not be available until the turn of the year. But are there other decision points/new bits of information that we are expecting between now and the summer which would make a natural point at which such a meeting with MPs would be sensible?

Dominic Morris

v6

Bryan Wells, Esq.,
Ministry of Defence.

PRIME MINISTER
10 DOWNING ST.

Marilyn & John Hall
35, Shetland Road
LEICESTER
LE4 6RS
Tel: (0533) 662743

Dear Mr Major

25/2/91.

I write to you concerning the plight of British Nuclear Test Veterans in general and myself in particular.

We in the B.N.T.V.A. honestly believe we have been very shabbily treated by successive Governments. We have been asking for an investigation into the health problems of those servicemen (and their families) who took part in these tests in the 1950's. Many of the servicemen who took part in the atomic tests have since died and families have been left without bread winners earlier than they should have. Some of these could have been saved if monitoring had been carried out. The N.R.P.B. report appears to be too general and specific cases not identified properly. There also members who have been unable to work because of illnesses we would attribute to the tests.

In describing my own case I wish to show we are not unreasonable

2

people asking for compensation which is undeserved.

I joined the R.A.F. in 1956 and was posted to 76 Squadron in Australia in 1957. This squadron was responsible for flying through the Bomb clouds picking up samples of radiated particles. I was employed as an aircraft electrician servicing the Canberra Bombers used in this process.

In March 1958 I went with some of the squadron to Christmas Island for the "H" Bomb test which took place on 28th April. I left 76 Squadron in August 1958 and the R.A.F. in 1961.

In 1984 my wife read in the local paper that there was to be a meeting of servicemen who had taken part in the nuclear tests in the 1950's. We decided to go as we thought an investigation into the health problems should be supported, although we were sceptical of some of the claims. Mr John Farr M.P. (now Sir) was at the meeting and we joined the B.N.T.V.A.

In 1989 I found I was losing weight and suffering from shortage of energy. I went to my doctor who said

I was very anaemic and she sent me to Leicester Royal Infirmary. After giving me blood transfusions, taking blood tests and a bone marrow sample they diagnosed I had "Hairy Cell Leukemia." The consultant asked me if I had ever had contact with radiations as he had had a previous patient in a similar condition who had served on nuclear submarines. I was put on interferon injections every day for the first six months then every other day and now three times a week.

I continued to work until November 1989 but found I didn't have the energy to do any physical work, also I needed to take pain killing pills which caused me some problems. So I found I could not carry on working. I have to say my employers have been very supportive and have continued to pay me. After applying for a war pension I was given a 100% Pension in June 1990.

I am only 52 years old and could have expected to work until I was 65. As an Instrument Technician my earnings were £13,000 a year. This is only part of the story as I can no longer dig the garden or do repairs in the house or on

the car. It also restricts me when on holiday for example I am unable to walk very far without getting tired. These are only some of the difficulties I have.

Obviously it is impossible to compensate financially for these effects but I would submit we should have some considerations.

Finally should I say although I am asking you to consider our case. We are all thinking of those serving in the gulf and their families

Yours Sincerely.

J Hall.

JOHN HALL



cc: bap/imp
MINISTRY OF DEFENCE
WHITEHALL LONDON SW1A 2HB
Telephone 071-21 82111/3

SECRETARY OF STATE
MO 10/7/4D

25th February 1991

Dear Dominic,

Thank you for your letter of 13th February asking for briefing for the Prime Minister's meeting with Keith Vaz MP about his constituent, John Hall, who took part in the nuclear test programme on Christmas Island in the 1950s and who now has leukemia. I attach briefing in the form of lines to take and background notes. As we discussed, Lord Arran will be present for this meeting, at 1540 on 26th February in the Prime Minister's room in the House.

Yours age,

(B H WELLS)
Private Secretary

Dominic Morris Esq
No 10 Downing Street



PRIME MINISTER

Mr Vaz is coming in about his constituent, Mr John Hall, who served on Christmas Island in 1958 when the British Nuclear Test Programme was going on. There is nothing in Mr Hall's service record to suggest that he was directly involved in decontamination work or radiation sampling, but he none the less now has leukaemia.

No claim has yet been made by Mr Hall or his solicitors against the MoD. Their policy is to give compensation where liability for negligence is established. The Government is resting on the advice of independent experts in the National Radiological Protection Board (NRPB). They looked at mortality data on veterans of the programme in 1988 and concluded there was no causal link. They identified a small number of additional cases of leukaemia compared with the control group (though there is some doubt about how representative the control group was: the group had an incidence of leukaemia and myeloma which was much lower than the national average).

On the strength of this, however, Mr Hall was awarded a full DSS war pension in 1989. In awarding these, DSS give claimants the benefit of any reasonable doubt where the injury or sickness may have been attributable to service in the forces. This contrasts with a claim against the MoD for compensation where a claimant must show on a balance of probability that a) the illness was caused by service factors and b) the MoD were negligent.

The NRPB are working with the Imperial Cancer Research Fund on a follow up to their 1988 report which is expected at about the turn of the year.

It is possible that Mr Vaz may try to raise an analogy with the ex gratia payment to haemophiliacs with AIDS. The simple point here is that in the latter case there was no reasonable doubt about cause and effect. That simply does not apply in the case of the nuclear test veterans.

Voluminous briefing from the MoD is attached.

DOMINIC MORRIS
25 February 1991

PRIME MINISTER

NUCLEAR TEST VETERANS

Keith Vaz has clearly been blabbing in the House about his forthcoming meeting with you over the case of his constituent John Hall. Other MPs who have campaigned on this issue are now also trying to get in to see you. (In view of the number of nuclear test veterans there are likely to be several MPs who have such constituency cases, though John Hall's is the best known.) I have so far fended off additions but Bob Clay and Joe Ashton may press further. That being so do you want me

- Yes. - to stick firmly to your seeing Mr. Vaz only?
- Yes. - to offer a group of such MPs a meeting at a later (unspecified) date, whenever the Government has the fresh clinical evidence from our independent advisers (that is probably not for several months)?
- NO. - include one or two more in Tuesday's meeting with Mr. Vaz?

DM

DOMINIC MORRIS

22 February 1991

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CFPP

K15/2

MINISTRY OF DEFENCE
MAIN BUILDING WHITEHALL LONDON SW1A 2HB
Telephone 071- 21 8211/3

MO 10/7/4J

14th February 1991

RA

Dear Dominic,

Thank you for your letter of 13th February to Simon Webb about the meeting between the Prime Minister and Keith Vaz MP on 26th February about the latter's constituent, Mr John Hall.

We will let you have the required briefing by 25th February. Meanwhile, I can confirm that Lord Arran will be at the meeting with Mr Vaz.

Yours sincerely,

W C Clark

(W C CLARK)
Private Secretary

Dominic Morris Esq
10 Downing Street

PM: PM's mtgs with
Keith Vaymp



kw
c/vaz

10 DOWNING STREET
LONDON SW1A 2AA

From the Private Secretary

13 February 1991

You will recall that the Prime Minister has been in correspondence with Keith Vaz MP about his constituent, John Hall, who took part in the nuclear test programme on Christmas Island in the 1950s, and who now has leukaemia. Following a further request, the Prime Minister has agreed to see Mr Vaz briefly at 1540 hours on Tuesday 26 February. I should be grateful for briefing by midday on Monday 25 February. The Prime Minister would also be grateful if Archie Hamilton or Lord Arran, as appropriate, could join him for that meeting.

DOMINIC MORRIS

Simon Webb Esq
Ministry of Defence

K

PRIME MINISTER

You will recall that Keith Vaz wrote to you recently about the case of his constituent, Mr. John Hall, a veteran of the nuclear test on Christmas Island. Mr. Hall has leukaemia. Your letter to Mr. Vaz sought to decline the meeting as the position had not changed since he last saw Archie Hamilton. He has now come back again pressing for a meeting but without giving further reasons.

It is a considerable chore but both Graham Bright and I think you ought to give Mr. Vaz five minutes on a suitable Tuesday or Thursday after Questions. If you are content we will set this up. Would you like Archie Hamilton to sit in?

DM

Yes

Yes

f52

(DOMINIC MORRIS)

5 February 1991

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|---------------|------|------------|
| 21/2 | 1540 | } 15 mins. |
| ⁰¹ | | |
| 26/2 | 1540 | |
| 12/3 | 1540 | |

From: KEITH VAZ MP



29th January 1991

Ref: Xmas Island/LCC

HOUSE OF COMMONS
LONDON SW1A 0AA

Rt Hon John Major MP
The Prime Minister
10 Downing Street
London SW1

Dear Prime Minister,

Further to our recent communications by letter and in the House regarding the case of my constituent John Hall of 35 Shetland Road Leicester, who is trying to win compensation for himself and other Christmas Island Nuclear Test Veterans.

I should be grateful if you would agree to meet with me to discuss this matter in detail at your earliest convenience.

I look forward to hearing from you in the near future.

With best wishes,

Yours sincerely,

Keith Vaz

KEITH VAZ



10 DOWNING STREET
LONDON SW1A 2AA

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THE PRIME MINISTER

28 January 1991

Dear Keith,

Thank you for your letter of 10 December about your constituent, John Hall.

I have had an opportunity to examine the case of John Hall who, as you say, took part in this country's nuclear test programme on Christmas Island in the 1950s. I have the greatest sympathy for John Hall and other nuclear test veterans who genuinely believe that they have suffered illness as a result of their participation in the test programme. The Government's independent and expert advisers on the National Radiological Protection Board (NRPB) concluded, however, in January 1988, following a study into the health of participants in the UK's nuclear test programme, that those who took part did not suffer harm from radiation.

As you are no doubt aware, the NRPB report published in January 1988 included data up to 1 January 1984. Since then, the NRPB has continued to accumulate data on mortality and cancer incidence, and advised that, in order to provide a reliable assessment of these further data, it would be necessary to conduct a new full-scale validation and analysis exercise. The further study has been commissioned, with the same methodology as that adopted for the original study; and I am afraid it will be necessary to await the conclusions of this study before considering what changes, if any, might be appropriate to the Government's policy on compensation for nuclear test veterans.

The Government's position remains that it is prepared to pay compensation where it has a legal liability to do so. The NRPB will conduct the study as quickly as possible, consistent with the need for thoroughness and accuracy. We hope that its results will be available by the end of the year.

In the circumstances I believe there would be no point in having a meeting, as you suggest, particularly as the position has not changed since you met with Archie Hamilton in December 1989.

I am sorry to send what I know will be a disappointing reply.

*Your Sincerely,
John H.*

Keith Vaz, Esq., M.P.

pgm

R151



MINISTRY OF DEFENCE
MAIN BUILDING WHITEHALL LONDON SW1A 2HB
Telephone 071- 21 82111/3

MO 10/7/4D

14th January 1991

ef

Dear Dominic

We've with similar
Landed Mr security?

Dr

Thank you for your letter of 14th December, enclosing one from Keith Vaz MP about a constituent of his who had "contracted [leukaemia] while working on Christmas Island". I attach a draft reply that the Prime Minister might care to send to Mr Vaz.

Yours sincerely,

Bryan Wells

(B H WELLS)
Private Secretary

Dominic Morris Esq
No 10 Downing Street

SCANNED

DRAFT LETTER FROM PRIME MINISTER TO KEITH VAZ MP

Thank you for your letter of 10 December about your constituent, John Hall.

I have had an opportunity to examine the case of John Hall who, as you say, took part in this country's nuclear test programme on Christmas Island in the 1950s. Whilst I have the greatest sympathy for John Hall and other nuclear test veterans who genuinely believe that they have suffered illness as a result of their participation in the test programme, I have to say that there is no evidence to support this view. The Government remains confident that the rigorous safety precautions adopted throughout the UK's nuclear weapons test programme were such that no-one should have suffered harm as a result of exposure to ionising radiation.

Indeed, the Government's independent and expert advisers on the National Radiological Protection Board (NRPB) concluded in January 1988, following a study into the health of participants in the UK's nuclear test programme, that those who took part did not suffer harm from radiation.

As you are no doubt aware, the NRPB report published in January 1988 included data up to 1 January 1984. Since then, the NRPB has continued to accumulate data on morality and cancer

incidence, and advised that, in order to provide a reliable assessment of these further data, it would be necessary to conduct a new full-scale validation and analysis exercise. The further study has been commissioned, with the same methodology as that adopted for the original study; and I am afraid it will be necessary to await the conclusions of this study before considering what changes, if any, might be appropriate to the Government's policy on compensation for nuclear test veterans. The Government's position remains that it is prepared to pay compensation where it has a legal liability to do so.

In the circumstances I believe there would be no point in having a meeting, as you suggest, particularly as the position has not changed since you met with Archie Hamilton in December 1989.

I am sorry to send what I know will be a disappointing reply.

V.A.Z mlp

3/1

1) 8/1

2) 15/1



mlp

10 DOWNING STREET

LONDON SW1A 2AA

From the Private Secretary

AJ

14 December 1990

I attach a copy of a letter which the Prime Minister has received from Keith Vaz MP.

I should be grateful for your advice on this please.

DOMINIC MORRIS

Miss Jane Binstead,
Ministry of Defence

1067

R12/12

From: KEITH VAZ MP



cc GB

10 December 1990

Our Ref: L/pq
/am

HOUSE OF COMMONS
LONDON SW1A 0AA

Your Ref:

The Rt Hon John Major MP
The Prime Minister
10 Downing Street
London SW1

Dear John

I refer to your recent reply to my question in the House of Commons on Tuesday 4 December, concerning John Hall, my constituent.

I was most grateful for the very positive response you gave, and I am writing to ask whether you would be prepared to meet myself and other Members of Parliament interested in this matter to discuss the matter further.

I look forward to hearing from you.

With best wishes,

Yours sincerely,

Keith

KEITH VAZ

It was so nice to see you in the lavatory last week where we discussed this.

Henley-on-Thames

Q3. Mr. Skinner: To ask the Prime Minister if he will pay an official visit to Henley-on-Thames.

The Prime Minister: I have no present plans to do so.

Mr. Skinner: When the Prime Minister finally gets round to going to Henley and perhaps having a rubber chicken dinner with his right hon. Friend the Secretary of State for the Environment, will he tell the voters of Henley why he has managed to offend the Welsh, the blacks and others—[*Interruption.*] including women, in his first seven days in office? Is that how he intends to start building his classless society?

The Prime Minister: I think that the hon. Member for Bradford, South (Mr. Cryer) was writing down the question that he intended his hon. Friend to ask and not the one that his hon. Friend did ask. In so far as the question presumably relates to Mr. Taylor, the prospective Conservative candidate in Cheltenham, the reported remarks—which I understand have been denied—are not sentiments that have any place in our party.

Mr. Adley: Is my right hon. Friend aware that the branch line to Henley-on-Thames remains intact? Does he recognise that if more decisions of that nature had been taken by British Rail in the past few years, and fewer decisions of the kind taken following the disastrous Beeching report, many more of our fellow citizens would today have the opportunity to travel by train which has been denied them by the closures of recent years?

The Prime Minister: I was aware of the excellent service from Henley. My right hon. Friend the Secretary of State for the Environment reports to me regularly on it.

Q4. Mr. Illsley: To ask the Prime Minister if he will list his official engagements for Tuesday 4 December.

The Prime Minister: I refer the hon. Gentleman to the reply that I gave some moments ago.

Mr. Illsley: Is the Prime Minister aware that in some areas, particularly Sheffield, general practitioners have been prevented from prescribing certain drugs to patients, in particular young children? Without rattling out the old figures about how many patients are being treated under the NHS, will the Prime Minister tell the House whether under his Government patients, and in particular young children, will be denied the medication and treatment that they need?

The Prime Minister: I will tell the hon. Gentleman that the district health authority in his area has substantially more cash than in previous years, that the treatment of in-patients and out-patients has risen and that the quantum and quality of health treatment rises yearly.

Mr. John Browne: Does my right hon. Friend accept that one group of our citizens who should not be subjected to the community charge are British hostages in the Gulf?

Will he agree to issue an advice to that effect, or even a directive under primary legislation, so that uncertainty, anxiety and anger can be removed?

The Prime Minister: I think that my hon. Friend will find that we have already sent such advice to local authorities.

Q6. Mr. Vaz: To ask the Prime Minister if he will list his official engagements for Tuesday 4 December.

The Prime Minister: I refer the hon. Gentleman to the reply that I gave some moments ago.

Mr. Vaz: Will the Prime Minister reflect on the case of my constituent, John Hall, who is dying of leukaemia, a disease that he contracted while working on Christmas Island? Will the right hon. Gentleman, as one of the first acts of his new Administration, reverse the Government's policy and in compassion, humanity and justice, provide John Hall and the other nuclear test veterans with the compensation that the House and the country believe that they so richly deserve?

The Prime Minister: I will examine the particular case to which the hon. Gentleman refers. I am not familiar with the details of his constituent. I will discuss it and examine it.

Mrs. Edwina Currie: Does my right hon. Friend the Prime Minister agree that today's performance has demonstrated that the two main parties have both the leaders and the policies for the next general election—for us to win, and for them to lose?

The Prime Minister: I am grateful to my hon. Friend it is not for me to reply for the right hon. Member for Islwyn (Mr. Kinnock), but if he ever needs a campaign team, I will lend him mine.

Mr. Rees: The Prime Minister will recall that the Queen's Speech promised that a Bill would be introduced to give our courts jurisdiction to try alleged war criminals. Does that promise still stand?

The Prime Minister: That Bill is in the Government's programme and it will be presented to the House. There will be suggested amendments that the House will want to examine.

Mr. Rhodes James: Those of us of a particular generation well remember when the Russian and British people were together, when Mrs. Churchill led the campaign to support the Russian people. In the present circumstances, will not only the British Government but the British people respond as they did during the last war?

The Prime Minister: There is considerable concern in this country about the difficulties faced by the Russian people and by President Gorbachev. There is also great warmth in this country for the changes brought about in the Soviet Union under Mr. Gorbachev's presidency. That feeling exists not only in the House but throughout the European Community, and I have no doubt that the situation in Russia will be one of many matters discussed at forthcoming Community meetings.

Commonhold

Mr. Soley: To ask the Secretary of State for the Environment if he has made any assessment of the number of properties that would be eligible for inclusion in a new tenure of commonhold.

Sir George Young [holding answer 5 December 1990]: No. The Building Societies Association estimates that there are up to 3,000,000 owners of leasehold flats who could be affected by commonhold legislation. We are unable to confirm that estimate, but comparison with the 1981 census count of leasehold householders suggests that it is on the high side.

Departmental Appointees

Mr. Fisher: To ask the Secretary of State for the Environment what is the annual cost of fees and reimbursements to people appointed to (a) public, (b) non-governmental and (c) other bodies by his Department.

Mr. Heseltine [holding answer 5 December 1990]: Information about the number, and levels of remuneration, of people appointed to public bodies by my Department is given in the annual HMSO publication "Public Bodies". A copy of the current issue is held at the House of Commons Library and "Public Bodies 1990" will be published shortly. Information about reimbursements, such as travel and subsistence expenses, is not collected centrally and could be obtained only at disproportionate cost.

PRIME MINISTER

The Gulf

Mr. Wray: To ask the Prime Minister what urgent steps he has taken in order to assess the (a) economic, (b) financial and (c) humane costs of an armed conflict of Arab, British and American troops with Iraq; and what information Her Majesty's Government are gathering about the economic, social and political impact of such conflict upon non-oil producer countries in the third world and those in the middle east in particular.

The Prime Minister: We are doing everything in our power to contribute to a peaceful solution to the Gulf crisis based on the full implementation of the resolutions adopted by the United Nations Security Council. It is not possible to make exact predictions of the effects of hostilities in the manner suggested, should it be necessary to use force to eject Saddam Hussein.

Latin America

Mr. Wray: To ask the Prime Minister what support her Majesty's Government are giving to the call of Finance and Economy Ministers of Latin America to start negotiations with the European Community for a free trade accord.

The Prime Minister: No formal request for this purpose has been received by the Community. If one were, it would be carefully considered. The Government would play a full part in that process.

Nuclear Test Veterans

Mr. Vaz: To ask the Prime Minister how many representations he has received concerning compensation for nuclear test veterans.

The Prime Minister: I have not, as far as I am aware, received any representations from nuclear test veterans. The Ministry of Defence has, however, received about 120 claims from individuals seeking compensation for damage to health allegedly due to participation in the United Kingdom's nuclear weapon test programme. In addition, a number of representations have been made by test veterans' organisations concerning compensation for their members.

India

Mr. Vaz: To ask the Prime Minister if he has any plans to visit India.

The Prime Minister: I have no plans at present to visit India.

Mr. John Hall

Mr. Vaz: To ask the Prime Minister, further to his answer on 4 December concerning the case of Mr. John Hall, *Official Report*, column 172 if he will agree to meet Mr. Hall to discuss compensation.

The Prime Minister: I understand that Mr. Hall is in receipt of a war pension. He has made no claim for compensation other than this. Should Mr. Hall pursue a claim for compensation, Government officials would be happy to discuss the matter with him.

TRADE AND INDUSTRY

Strategic Mineral Stockpile

Mr. Redmond: To ask the Secretary of State for Trade and Industry if he will make a statement as to what makes up the constituents, and what is the purpose, of the strategic mineral stockpile.

Mr. Leigh: I refer the hon. Member to the answer that I gave to his question about the contents of the strategic mineral stockpile on 16 November, at column 236. The stockpile was established originally as a contingency against short-term disruptions to certain industrial supplies.

Environment Newsletter

Mr. Flynn: To ask the Secretary of State for Trade and Industry if his departmental library subscribes to the fortnightly newsletter, "Environment Business".

Mr. Leigh: Yes: The library and information service of the Department of Trade and Industry does subscribe to "Environment Business".

Legal Proceedings

Mr. Campbell-Savours: To ask the Secretary of State for Trade and Industry whether he will state the nature of any legal proceedings under way, outstanding or stayed by a judge in the High Court which have been brought by his Department against either British Aerospace or Rover.