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## **Isle of Man Government**

*Reilley Ellan Vannin*

# **Manx Veterans Exposed to Nuclear Testing in the 1950s and 1960s**

**Report by the Council of Ministers**

June 2008

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## **CHIEF SECRETARY'S OFFICE**

### **Manx Veterans Exposed to Nuclear Testing in the 1950s and 1960s**

To: **The Hon. N.Q. Cringle, President of Tynwald and the Honourable the Council and Keys in Tynwald assembled.**

1. The following Motion was moved by Mr Eddie Lowey, MLC in Tynwald on 15 January 2008;

"That Tynwald Court requests the Council of Ministers –

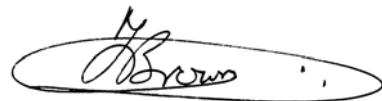
*to make available all appropriate medical tests immediately available to all Manx Servicemen and Servicewomen who were subjected to radiation exposure in the 1950's and 1960's in Atom/Hydrogen bomb tests (as provided for under EU Directive); and*

*to consider a method of providing an ex gratia sum to those surviving members;*

*and to report back no later than the March 2008 sitting of this Court.*

2. A subsequent amendment moved by Hon. E. Teare MHK deleted "March" and substituted "July" for the report back to Tynwald by the Council of Ministers.
3. This Report sets out the views and the recommendations of the Council of Ministers on these matters.
4. The Council of Ministers recommends to Tynwald that this Report on Manx Veterans Exposed to Nuclear Testing in the 1950s and 1960s be accepted and its recommendations approved.

Signed on behalf of the Council of Ministers



Chief Minister

## **Manx Veterans Exposed to Nuclear Testing in the 1950s and 1960s**

### **1. Introduction**

- 1.1 On 15 January 2008 Mr Eddie Lowey, MLC moved the following Motion in Tynwald;

That Tynwald Court requests the Council of Ministers –

*to make available all appropriate medical tests immediately available to all Manx Servicemen and Servicewomen who were subjected to radiation exposure in the 1950's and 1960's in Atom/Hydrogen bomb tests (as provided for under EU Directive); and*

*to consider a method of providing an ex gratia sum to those surviving members;*

*and to report back no later than the March 2008 sitting of this Court.*

- 1.2 In his capacity as Minister for Health and Social Security, Hon. E. Teare MHK, advised that he would ask the Director of Public Health (DoPH) to prepare a full report for submission to the Council of Ministers and to Tynwald. He also moved an amendment to the motion to report back to Tynwald no later than July and this was approved.
- 1.3 The Tynwald debate was strongly in favour of medical tests being offered with immediate effect and, bearing in mind the advanced ages of those subject to this exposure, that a formulae for an *ex gratia* sum was also arrived at speedily; the example of *ex- gratia* payments made to former World War II Prisoners of War held by Japan was highlighted by a number of Members.

### **2.0 Report from the Director of Public Health**

- 2.1 The report from the DoPH at Appendix 1 has two main conclusions:-

- (a) There is no single physical condition or groups of conditions which are particularly common in those exposed to nuclear tests.
- (b) The issue of the impact of the tests on the mental health of those exposed to such tests has not been studied.....The concern [of veterans] that they were used as 'guinea pigs' for a nuclear experiment and that there has been no official recognition for their suffering considerably adds to their mental distress. This needs addressing as a matter of urgency.

- 2.2 Although the Tynwald Motion requests that the Council of Ministers "*make all appropriate medical tests immediately available*" the conclusion of the DoPH is that it is difficult to recommend specific screening tests, since there are no particular groups of conditions which are particularly common to screen for. He does however recommend closer work between Public Health and the GPs of nuclear veterans, to closely monitor the health of those individuals, to assist with early identification of radiation related illness.
- 2.3 Notwithstanding issues over identifying suitable medical tests for these veterans, the report from the Director of Public Health emphasises the mental health issues of those individuals exposed to these tests and recommended that recognition be provided from the Government for their efforts.

### **3.0 Position of the United Kingdom Government**

- 3.1 The Chief Secretary's Office, External Relations Division contacted the UK as part of the overall review of this matter for Council of Ministers. In response the Ministry of Defence acknowledged its gratitude to all the Servicemen who participated in the nuclear testing programme and stated that it takes their health concerns extremely seriously.
- 3.2 The Ministry of Defence advised that since 1983, three reports have been commissioned from the Independent National Radiological Protection Board on possible adverse health effects of participation in these tests and that no general effect on life expectation or on risk of developing most cancers was found, though there was a small increase in risk of some leukaemia, which a recent report finds likely to have been a chance finding.
- 3.3 The MoD has not been persuaded therefore that there is a case for *ex gratia* payments in the absence of evidence that the health of veterans or their offspring has been damaged by participation in these tests.
- 3.4 In respect of the EU Council Directive 96/29/Euratom referred to in the Motion of the 15 January 2008. This Directive concerns "*laying down basic safety standards for the protection of the health of workers and the general public against the dangers arising from ionizing radiation*".
- 3.5 However this Directive is not applicable in the matter of nuclear test veterans, since the European Court of Justice has made it clear in two separate judgements that Euratom does not apply to defence activities (and nuclear testing would fall under the category of a defence activity).
- 3.6 A resolution of the European Parliament of 10 May 2007 called on all Member States to implement and apply European Council Directive 96/29/Euratom on safety standards relating to ionising radiation. Against the background of the judgements by the European Court of Justice the UK is satisfied that it has met its Euratom legal obligations.

**4.0 Ex- Gratia Payments made to former World War II Prisoners of War held by Japan: February 2000**

- 4.1 Bearing in mind the small numbers and advanced ages of those subject nuclear tests in the 1950s and 1960s, the Tynwald debate was strongly in favour of identifying criteria for *ex gratia* payments promptly, with the precedent of compensation for former World War II Prisoners of War held by Japan being highlighted by a number of Members as an appropriate example.
- 4.2 The decision to make one off tax free ex-gratia payments to former World War II Prisoners of War held by Japan was approved by Tynwald at the February 2000. At the time of the debate there were only 11 known ex-World War II Prisoners of War held by Japan then living on the Island. After the resolution was approved by Tynwald and subsequent enquiries were carried out the final number of ex- World War II Prisoners of War held by Japan, living on the Island, including internees, who received an ex-gratia payment, was 26. This culminated in significantly increasing the estimated cost of the payments.
- 4.3 In order to qualify for the ex-gratia payments, recipients had to be resident in the Isle of Man at the date of the February Tynwald Resolution. No assessment was made of their circumstances or need but simply referred to current residents whether or not they were Manx service personnel and did not apply to those who were Manx or resident of the Isle of Man at enlistment but went elsewhere to live after the war or who had recently gone off Island to live with, or be looked after by family.
- 4.4 The names of those who applied for the payment were submitted to the Chief Internal Auditor who undertook an assurance process prior to payments being made.
- 4.5 As there was no financial provision for their payment, a motion was submitted to June 2000 Tynwald authorising Treasury to apply from the General Revenue for the year ending 31 March 2001 a sum not exceeding £260,000, being the amount the required for the purpose of making 26 ex-gratia payments of £10,000 each to the individuals concerned.

**5.0 Summary of the Review into Compensation for Veterans exposed to Nuclear Tests in the 1950s and 1960s**

- 5.1 Whilst the medical evidence regarding the effects on nuclear test veterans of exposure to ionising radiation remains disputed, the view of Tynwald Court was clear when the Motion that "*Council consider a method of providing an ex gratia sum to nuclear test veterans*" was approved. Furthermore the view of the Director of Public Health is that there is undoubtedly evidence of mental anxiety in these veterans, which should be recognised by Government.
- 5.2 The Tynwald debate was strongly in favour of medical tests being offered with immediate effect. The DHSS has expressed a willingness to progress this matter and has been undertaking investigations as to an appropriate way

forward. This includes establishing a framework for liaison with veterans who wish to receive tests and the ongoing review of their medical condition using such methods as may be deemed appropriate for each individual case.

## **6.0 Recommendations of Council of Ministers**

6.1 Following the outcome of the review into compensation for veterans exposed to nuclear testing in the 1950s and 1960s, Council of Ministers has agreed;

- (a) That the Department of Health and Social Security take action to identify those nuclear test veterans who wish to receive support.
- (b) To make one off tax free *ex-gratia* payments of £8,000 to each of those veterans exposed to nuclear tests in the 1950s and 1960s, who are resident in the Isle of Man and in respect of whom sufficient evidence is produced to verify their claim. Such *ex-gratia* payment is in recognition of their contribution and the consequent mental anxiety they experienced.
- (c) That no further assessment is to be made of circumstances or need to qualify for the *ex gratia* payment and that the *ex gratia* payment will be disregarded for the purposes of any benefit entitlements.
- (d) That as there is no financial provision for these payments, a motion should be submitted to July 2008 Tynwald authorising Treasury to apply from the General Revenue for the year ending 31 March 2009, a sum not exceeding £96,000, being the amount required for the purpose of making *ex gratia* payments of £8,000 per person to the individuals already identified and to cover other applications if additional individuals become known as a consequence of enquiries to identify individuals who qualify under the terms of the *ex gratia* payment award.

## **APPENDIX I**

### **Department of Health and Social Security**

Medical Tests for Veterans  
Exposed to Nuclear Tests in 1950's and 1960's

Dr P Kishore  
Director of Public Health  
June 2008

**1. Background:**

- (i) The following Resolution (25) was moved by Mr Eddie Lowey, MLC in Tynwald on 15 January 2008.

"That Tynwald Court requests the Council of Ministers:

- a) to make all appropriate medical tests immediately available to all Manx Servicemen and Servicewomen who were subjected to radiation exposure in the 1950's and 1960's in Atom/Hydrogen Bomb Tests (as provided for under EU Directive); and
- b) to consider a method of provide an ex-gratia sum to those surviving members;

and to report back no later than March 2008 setting of this Court".

- (ii) In response Mr E Teare, Minister for the DHSS stated that;

"I will ask my Director of Public Health to prepare a full report for submission to the council of Ministers and, of course, Tynwald, Sir".

Mr Teare also moved that the date be put back to July 2008 and this was accepted.

The attached report is on Section (a) of the resolution.

**2. How was the task undertaken?**

- (i) The work involved in compiling this report was jointly undertaken by Dr P Kishore, Director of Public Health and Ms Angela Howland, Senior Health Promotion Office. We were assisted by Ms Anita Gould from Keyll Darree who searched the scientific literature and provided us with reports, papers etc on the topic.

- (ii) The report is based on:

- Review of the scientific literature
- Discussions with experts: one of who is still to be contacted

A meeting was held with some of the veterans to obtain a first hand account of the events and we are grateful to Mr Lowey, MLC for facilitating this meeting.

### **3. Key Findings from Scientific Literature**

- (i) There is a large volume of scientific literature on this topic. Papers have been published from different parts of the world and particular attention was paid to the papers published from the UK, Australia and New Zealand. One paper specifically mentioned the Isle of Man Veterans as being included in the study.
- (ii) Limitations of the studies:
  - a. Lack of complete information: One recurring theme in most studies is the lack of reliable information on almost every aspect of exposure; issues such as the location of the veterans in relation to the nuclear device, to the size of the nuclear device, any protection or lack of protection etc are not recorded. This makes quantifying the risk almost impossible.
  - b. The long interval which has elapsed between the exposure and the studies means that factors other than the radiation may be involved in causing ill health and it is often difficult to disentangle the effects of different factors.
  - c. Healthy worker effect: This is a factor which is well known to introduce distortions in epidemiological studies. It is well established that in any population the incidence of most diseases is considerably less in those who are fit and healthy caution needs to be exercised in comparing the health effects of any factor on fit people against the general population. In the context of the nuclear veterans, it is known that the fittest members were selected by MOD. It would be expected that the incidence of most disease would be less in this group compared to the general population. Some studies do not recognise this factor.
  - d. Many studies were complicated by the issue of financial compensation. While financial compensation for any adverse effect on health is a relevant issue, it is important to separate the ill effect from the implication of the ill effects in terms of compensation.
  - e. Most studies have focused on effects on the physical health of the veterans (e.g. cancer) and not enough attention has been paid to the effect on mental health. Examples may include anxiety about long term risks and re living the experience.

### **4. Key Conclusions from Scientific Studies**

Bearing in mind the above limitations, the key conclusions from scientific papers are:

- a. There is no increase in the occurrence of cancer overall among those exposed to nuclear tests compared to the general population. Some studies found that the occurrence of cancer is less in this group

compared to the general population – it is likely that this is a reflection of the 'healthy worker effect' outlined previously.

- b. Some studies have found a slight increase in the incidence of leukaemia and multiple myeloma but;
  - i) this has not been confirmed in all studies
  - ii) they are not always fatal
- c. One study from New Zealand found chromosomal abnormalities in nuclear veterans; the implications of these changes were not clear. Genetic changes have also been noticed in other situations where subjects have been exposed to nuclear radiation.
- d. there is no single condition or group of conditions which seem to be more prevalent among nuclear veterans.

## 5. **Consultation with Experts:**

***Dr Jill Meara:*** Director Radiation Protection Division of the Health Protection Agency.

Key comments:

- The longitudinal study by the Health Protection Agency (HPA) [and its predecessor National Radiological Protection Board] did not find any excess cancer in those exposed to nuclear tests; in fact the incidence of cancer is less which may be explained by the healthy worker effect.
- There is no single condition or groups of conditions which is shown to be particularly prevalent in nuclear veterans.
- When asked about the New Zealand study. Dr Meara confirmed that the study did find chromosomal abnormalities but the significance of this is not clear. HPA have applied for funding to undertake a similar study in British Nuclear Veterans.

### ***Professor Julian Peto***

Professor Julian Peto is an eminent scientist in field of cancer (it was Professor Peto along with Sir Richard Doll who established the link between smoking and lung cancer). Professor Peto is cited as having recommended cytogenetic tests for nuclear veterans.

Professor Peto was contacted by email and he provided some published reports. Professor Peto's initial view is that we are unclear about the significance of the genetic changes observed in New Zealand and he is attempting to set up a study on British Nuclear veterans. Professor Peto agreed to meet with Dr Kishore for a more detailed discussion.

## **6. Summary and Conclusions**

- (i) There is no single physical condition or groups of conditions which are particularly common in those exposed to nuclear tests; in view of this it is difficult to recommend any specific screening test.
- (ii) The issue of the impact of the nuclear exposure on the mental health of those exposed has not been studied – it is clear from our discussion with the veterans that there is considerable anxiety about the likely impact of the tests on their own health as well as that of their families. The concern that they were used as 'guinea pigs' for a nuclear experiment and that there has been no official recognition for their suffering considerably adds to their mental distress. The needs addressing as a matter of urgency.
- (iii) Professor Peto's initial view is that the significance of genetic changes unclear and that a similar study needs to be set up in the UK.

## **7. Recommendations**

- (i) It is recommended that the nuclear veterans who are considered eligible, inform their GPs about their past exposure and with their consent Public Health working with GPs will ensure that their case notes are 'flagged' so that GPs can detect any radiation related illness rapidly. Public Health will also supply a summary of the medical literature to GPs and be ready to deal with any queries from GPs.
- (ii) That Isle of Man Government gives serious consideration to afford recognition to nuclear veterans for their efforts.
- (iii) That DHSS agrees in principle to offering cytogenetic tests if Professor Julian Peto recommends these tests, if the nuclear veteran chooses to have such tests. It is best practice to ensure that individuals are appropriately counselled before testing to ensure they are aware of the practicalities of the test process and the implication of the results on them and their families. When Professor Peto sets up a study in the UK, the DHSS will ensure that Manx Nuclear Veterans are invited to participate in the study.

**Dr P Kishore – Director of Public Health  
A Howland – Senior Health Promotion Officer  
Public Health Directorate**

June 2008