

## Minutes from PFAS Islander event to launch Report 3 - 6 June 2024

Meeting attended by Dr Steve Hajioff, Chair of PFAS Scientific Advisory Panel for Jersey and Prof Peter Bradley. Support staff in attendance were Julia Head and Abi Braidley.

Attendees signed in. There were 29 Islanders who attended the meeting.

### **Opening**

The meeting opened at 5.30pm

Prof Bradley opened the meeting by indicating that the meeting will focus on health issues. Dr Hajioff will talk for approximately half an hour about the panel's plans for Report 3 and will indicate what the panel plan to do about the issues they anticipate they will discover.

### **Introductions**

The Chair introduced himself and the panel members in their absence.

Dr Steve Hajioff, Independent Panel Chair: A background as a GP for 25 years and a retired Director of Public Health from an area of London with two major international airports and a variety of other environmental hazards and challenges. Not a PFAS expert but has done lots of work with National Institute of Care Excellence and other groups about translating science into policy. Dr Hajioff has also worked a lot in the pharmaceutical industry.

Dr Tony Fletcher, PFAS and Health Panel Member: Environmental Epidemiologist at the London School of Hygiene and Tropical Medicine, working on PFAS since 2006 and member of the panel with experience of epidemiological studies on the health effects of PFAS in contaminated communities in West Virginia in the United States, in the Veneto region, in Italy, and in Ronneby, and is the health expert on the panel.

Professor Ian Cousins, PFAS and Environment Panel Member: A Professor in Environmental Chemistry at Stockholm University, an expert on PFAS, appointed as the environmental expert on this Panel and whose expertise on PFAS is on the sources, transport, fate, and exposure of PFAS.

### **Background**

Dr Hajioff presented slides, beginning with an overview of the Panel's purpose and ways of working.



Slides for June 6  
Report 3 kick off.pdf

Dr Hajioff explained that the function of the PFAS panel as a group is to coordinate the scientific response and offer advice to Government. This is happening through 5 reports.

The first was an interim report which came out in November/December time last year. It investigates taking blood to lower body burden.

The report the panel is currently working on (Report 2) is on the health effects of PFAS. There will be a final draft available for public consultation next month. This is primarily an informational

report, it will be useful to healthcare professionals and will not recommend any major actions. The knowledge gained in this report will influence the approach to Report 3.

Report 3 will be introduced in this meeting.

Report 4 investigates how to deal with PFAS in the environment.

Report 5 is an update on the science to reports the previous reports if necessary. The panel will look and see how much the science has moved on over that period and agree with Government about whether a further report is necessary.

Dr Hajioff explained the set of principles for which the panel would work. The first is being led by the evidence. The panel are not necessarily bringing their own opinions or values to what they recommend and discuss, they are instead looking at the literature and evidence as the guiding principles. They work through consensus as a panel. The third is to involve groups of experts, people whose lives have been affected so the panel can understand better what their experience has been and will help to craft interventions too. The panel also consult Subject Matter Experts – people who research in detail the specific area that the panel are investigating.

He reminded Islanders that meetings are open and in public throughout the whole process including the beginning and at the end. He offered to speak to any individual or group of people around the issues as the panel go through the process and noted that this is part of the principle of the approach. The panel maintain an option to work in private too for situations such as speaking about people's medical information, or issues which affect and are private to local businesses. This option has not been utilised so far.

Dr Hajioff presented the approach to working through a report. There should be no surprises during this process, everyone is able to see the journey that the panel is going through from the start of a report through to the final publication of the report.

The panel have drafted a structure and it is being presented to Islanders for feedback in this meeting. The panel ask for potential alterations or omissions to be raised. Islanders can then be asked to give evidence as Experts by Experience. Dr Hajioff will mention this further later in the meeting. The panel will engage with SME and the scientific literature on all aspects. The first draft report will be shared with the Public Health team to sense check the content in the Jersey context. The report then is presented to Islanders in a public meeting for consultation and feedback. This meeting will happen in July for Report 2. These changes will be noted and kept anonymous. It is all available in the open, and Islanders will have seen this process when the panel prepared Report 1. The report is then submitted to Government who makes decisions based on the information and recommendations provided.

### **Report 3: Interventions, monitoring, testing and re-testing**

Report 3 will investigate ways in which the body burden of PFAS can be reduced by medical interventions. It will also consider biomonitoring for markers other than PFAS levels. Finally, the report will investigate testing and re-testing of Islanders in order to provide recommendations for the Government.

#### Evidence sources

Report 3 will contain expert by experience testimonies, and also evidence from Subject Matter Experts. Some experts who were utilised for Report 1 may be brought back as they are experts on phlebotomy or plasma donation or on particular medication. Some will be new subject

matter experts. The information provided by both groups will augment the review of the scientific literature and will be synthesised in a discussion.

Dr Hajioff outlined the preliminary sections of this report. He noted that there will be a section to describe the context in Jersey which will form part of every report. There will be a section summarising report 2 so that it is clear why the panel are making the recommendations present in report 3. There will be a section providing clarity on why scientists assess scientific papers in a certain manner, and why certain studies receive more weight than others in an assessment.

The panel identified several themes which are important when looking at treatments or interventions when lowering body burden, for example, do they work and how cost effective they are. An understanding of side effects is required, and the literature will be reviewed along with EBE testimonies. The practicalities and financials will be part of the assessment, as will ethical principles. There will be an open discussion.

### Structure of the report

Report 3 will be structured into two main sections:

1. Testing people and monitoring
2. Interventions to lower the PFAS body burden.

### Testing

Dr Hajioff explained there are several groups of people for which the panel will be discussing testing for PFAS.

1. Retesting those who were part of the testing programme before
2. Testing other people for PFAS levels
  - a. Plume area without symptoms
  - b. Elsewhere in Jersey, outside the plume
  - c. Occupational exposure

Islander input is considered to be helpful in this section. Evidence of recommendations from various places will be looked at to what the progress has been like in similar testing programmes

### Interventions

There are three categories:

1. Blood product removal treatments
  - a. Phlebotomy
  - b. Plasma donation
  - c. Plasma exchange
  - d. Plasmapheresis
2. Treatments targeting gastrointestinal reabsorption
  - a. Cholestyramine
    - i. Granules
    - ii. Tablets
3. Therapies targeting renal reabsorption
  - a. Probenecid
4. Other treatment approaches

#### a. Haemodialysis

Dr Hajioff expanded on the second group - treatments targeting gastrointestinal reabsorption – explaining that PFAS comes out of the liver and into the gut, however PFAS chemicals are not excreted but is actively reabsorbed. There are some medicines which are used to prevent that reabsorption in the gut which the panel will investigate.

The third intervention group is medications which prevent reuptake in the kidney.

The final group of treatments are other interventions which have been looked at elsewhere in the literature. Dr Hajioff invited as many potential options to be raised by experts by experience and confirmed that the panel will review all suggestions. This can either be through an online meeting in public, part of our normal public panel, or in private to maintain confidentiality. All inputs will be anonymised in the report to safeguard for the future. The panel can also receive testimony in written form and the deadline for receiving expressions of interest or written testimony is 5<sup>th</sup> July. Islanders will be required to consent to the panel being able to anonymously quote information shared in a report for data protection purposes. This will be the case even if the Islanders have provided information in a public meeting.

#### Next steps

The panel's next event will be on July 10 at 5.30pm at Les Ormes which will be to share the first draft of Report 2, about the health effects of PFAS. *Post meeting note – this meeting has been postponed until 12 September.*

The first panel meeting on Report 3 will be held on 11<sup>th</sup> July. In this meeting, the panel will allocate reviewing scientific literature and also hear from EBE who want to address the panel. A list of subject matter experts who the panel want to interview in the July meeting will be finalised and the beginning of report will start to be drafted.

#### **Question and answer session**

Dr Hajioff opened up the floor for questions.

1. An Islander commented that medical stories have already been shared with the panel.

Dr Hajioff reminded Islanders that they input on medical history previously, and the call for input in this report is different. The panel wish to hear about experiences with interventions to reduce body burden of PFAS and testing.

2. An Islander requested clarification about assessing drug interactions.

Dr Hajioff confirmed that it will be the duty of every prescribing doctor to look at the drug in the light of their patient's individual drugs and supplements that they take and check that it is safe.

3. An Islander pointed out that GPs are required to know about PFAS to do this check, but they believe GPs are lacking knowledge about PFAS.

Dr Hajioff noted that he met with GPs recently and they had a detailed discussion. He noted that Report 2 is designed to provide a knowledge base for doctors, other healthcare professionals, and the public. One of the recommendations in this report may be to have a specialised resource for GPs to consult with on PFAS.

4. An Islander commented that it would be good if clinicians in the hospital are aware of PFAS, and another asked for support for the GPs within Health. They also believe the testing was too tight and should be available to the whole Island.

Dr Hajioff responded with several points.

- a. Report 3 will specifically investigate whether people outside the plume area should be tested.
  - b. The panel is required to discuss re-testing people who were part of the original testing
  - c. Report 2 will be very important as a resource for clinicians, and that report will be launched in a future meeting
  - d. Dr Hajioff is aware that the panel are not working as quickly as people may like, but it is important that the work is completed thoroughly and reviewing scientific literature takes time.
5. Islanders commented that they don't think the panel understand how important it is, and that it is nearly 2 years down the line and the Islanders are still asking for a point of contact to discuss PFAS with.

Peter Bradley responded by asking for help from the Islanders to find someone, as Public Health's enquiries have not been successful to date.

6. An Islander noted that they believed the panel is making up numbers, and gave an example from Report 1 regarding the levels at which Islanders are eligible for phlebotomy "*Therapeutic phlebotomy will be made available to those who would like to take it up. When tested as part of the public health programme in July 2020 [sic] and who were found to have total across eight measured PFAS compounds of at least 10ng/ml blood serum.*" The Islander indicated they thought that 10 is a made-up number and it should be 2.

Dr Hajioff explained that the panel discussed this threshold in detail and determined the appropriate threshold for phlebotomy was 10 ng/ml across those 8 PFAS. These threshold levels will be looked again in Report 3.

7. An Islander shared their belief that PFAS levels are increasing.

Dr Hajioff replied indicating that this is an area which the panel will be investigating in Report 4. He reminded the audience that the panel is required to review the evidence before making recommendations, so that each recommendation has a sound basis.

8. An Islander noted some developments in PFAS research since the last Islander meeting in November, with a particular focus on cholesterol and effects not responding to normal medication.

Dr Hajioff explained that this is what Report 2 is investigating. He noted that PFAS is a group of chemicals and it is important to concentrate on the specific types of PFAS which are of relevance in Jersey. All evidence is taken into consideration, including animal and human evidence. For example, IARC have recently determined that PFOA is a probable cancer causing chemical, meaning there is epidemiological evidence which shows an association and animal evidence which shows a pathway or series of biological pathways to confirm how the chemical causes cancer. For other PFAS, the research has not been done in the same way, and so the evidence between epidemiology and animal evidence cannot be triangulated in the same way.

9. An Islander noted that the panel should also be looking at the sea around the west coast of Jersey, as they believe their identified high levels of PFAS are due to fishing and consuming seafood in St Ouen's or St Aubin's.

Dr Hajioff explained that the panel will look at the sea in the environmental report (Report 4). He noted that the public will be able to be involved in the planning for this report, in the same way as the other reports.

10. An Islander requested clarification about what Jersey is doing on a larger scale with regards to the water and standards, as they believe the current standards are not sufficient. They noted there are new laws and recommended levels in America.

Dr Hajioff replied that this will be investigated in Report 4. The panel will look at PFAS in the environment, sea water, seafood, wider water supply, and elsewhere, and make recommendations for future action.

The pronouncement in the US last month - where the Environmental Protection Agency set a level of 0 - is an aspirational target, not an enforceable limit. The enforced levels are roughly the same as Europe. He noted that the panel will be looking at all the standards in Report 4 including stricter ones in Europe such as the Scandinavian ones.

11. An Islander asked whether open cast rubbish dumps produce the same effects of foam does. They noted there are several rubbish dumps in St Ouen's bay, St John and La Collette. They believe this contamination is the cause of green seaweed and that the area is poisonous.

Dr Hajioff answered that he can't comment on that as the panel have not reviewed the evidence yet. He noted that the panel will look at land contamination as part of Report 4, fruit and vegetables, seafood, water supplies, sea water, sea spray, sea foam.

12. An Islander noted that Professor Cousins has already looked at the sea foam, and that they believe there is a lot of PFAS in the sea, otherwise there wouldn't be PFAS in sea foam.

Dr Hajioff answered that it is true that PFAS concentrate in spray and foam, but that the implications of this are not fully understood. This will be looked at in Report 4. He noted that there is an important study of PFAS in the blood of surfers which has not yet been published, but indicates that plasma levels of surfers are the same as other people in the area. Therefore, it may be that sea spray is not a source of significant exposure to humans because surfers do not consume the sea water, and consumption is the main source of exposure.

13. An Islander noted that they have been asking Environmental Health to test the foam for PFAS compounds for several years.

Dr Hajioff reminded Islanders that they will be looking at sea foam in Report 4, and working with Infrastructure and Environment team to agree what will be included in Report 4.

Peter Bradley reminded Islanders that all questions are being noted down and will be used during the preparation of Report 4 as they are very helpful.

14. An Islander noted that many of the questions being raised should be answered by politicians. They asked whether politicians would be present at the next meeting for Report 2 in July?

Dr Hajioff noted that the purpose of the July meeting is to launch the Islander consultation of the draft report and that the politicians should not be present. It is a panel meeting, not a Government meeting.

15. An Islander asked for a meeting with the Health Minister and the Chief Minister so that they can understand what is being learnt, the experiences and the mood of the room.

Peter Bradley agreed to arrange this.

16. An Islander commented that conducting water testing in the Island requires full support from the politicians in Government.

Peter Bradley noted that we have been briefing people all the way through this, politicians and also officers. As this work moves into the environmental part, it will be run by a different department. He confirmed that discussions have already been started. Steve will be talking to the officers which would be implementing the recommendations

17. An Islander noted that there was a disaster where an amount of concentrate was released into the soil, which was before the use of firefighting foam in the plume area. They requested that the panel consider the half life of PFOS as 5 years and consider the levels which were there at the time. They requested that their liver, which was removed in 1999 due to full liver failure of unknown cause and donated to medical science, is tested for PFAS. They believe that this will give indications of the levels of PFAS at the time and that this would be useful information for the panel.

Dr Hajioff noted that the primary exposure ceased in the plume area when people were switched on to mains water supplies, and that this time is known. We also know that time that people were tested, and so the panel will look at the number of half lives within those times to estimate the levels people had at the time. These levels will then be compared with serum levels in Ronneby in Sweden and Australia where there was similar AFFF exposure.

Dr Hajioff explained that he does not currently know whether an investigation of PFAS levels in a single liver would be either possible or usefully generalisable to the wider population. PFAS are primarily found in serum, not the liver. This idea would require a discussion with the panel about whether such information would be useful.

On the question of looking back, he noted that the panel's remit is to look forward from the time that they were appointed, to gather the best possible evidence and advise on how to make things better. It is not to look back at how Jersey ended up in its current position. He noted that when discussing wider testing in Report 3, this aspect of other incidents and exposures may be explored when thinking about people outside of the plume area. An Islander noted that information has been shared about how much PFAS is stored in target organs throughout the body, and that liver is a storage organ of PFAS and that PFAS causes liver toxicity.

Dr Hajioff explained that we don't know that PFAS causes liver toxicity yet.

18. An Islander noted that a previous Medical Officer of Health believed that the level in water should be zero, and that the States of Jersey have known this for 40 years and still done nothing. They believe that this is an absolute disgrace. It is unfortunate that there is no official from Government here to direct the comment to.

Dr Hajioff explained that the purpose of this meeting is to discuss what should be included in Report 3 and that politicians were not invited.

19. An Islander asked whether the panel have any understanding about the effectiveness of those two medicines specifically against PFAS because these are quite broad medicines and they do also come with side effects which might be unsavoury for some people.

Dr Hajioff agreed, and noted that the panel will investigate this in Report 3. They will look at the evidence at how effective they are in reducing the body burden of PFAS and will investigate how acceptable each intervention is. He also mentioned that towards the end of the process once the panel have the evidence about what works and what doesn't, they may wish to have a small focus group of Islanders to ask them what they think about a particular sort of treatment which they haven't yet tried, in order to understand how acceptable it is to people. For example, tablet vs donating blood vs dialysis. This information will be included in the report so that the panel can make recommendations not only on the basis of the science, but also in a context of what people might prefer.

20. An Islander requested to return to a previous question (18 and 19) regarding effects of PFAS on liver. They said that Dr Hajioff replied to this question stating it wasn't in the liver, and the Islander told the room about a recent study which has been published which has found that PFOS alters the enzymes in the liver causing lots of syndromes, one of which is Gilbert's Syndrome. The Islander concluded that therefore, PFAS does affect the liver.

Dr Hajioff replied to reiterate that he did not say that the liver was not affected by PFAS, but that the panel have not yet completed their review of the information for Report 2 in which they will conclude what health impacts the panel believes PFAS to have.

21. An Islander requested to speak to the health expert on the panel.

Dr Hajioff replied to note that the function of the meeting was to get input into the approach to Report 3. The next islander meeting to launch the Islander consultation for the draft of Report 2 will have both Dr Fletcher and Prof Cousins present.

22. An Islander asked why wouldn't it have been a priority to test other Islanders for their PFAS levels and test the drinking water and get some of those things rolling whilst the panel continue with the reports?

Dr Hajioff replied to note that the panel had not yet reviewed the evidence to see if that is an appropriate thing to do or not.

23. The Islander continued and explained that they feel that the amount of time that these reports take could spread over many years, and that they have no control over any of that. They noted that this could be why the panel are faced with so much frustration. They felt that people are leaving the meeting feeling unhappy with how the meeting went, because there are still no answers, there's still no common-sense approach. There are still no recommendations from the panel to the Government to get things moving and everyone remains in limbo land.

Peter Bradley explained that he is aware that it could be seen that way and that he understands people's frustrations. He continued to note that the process was started with looking at phlebotomy because we thought that we would be able to move that on really quickly. For every report which is written, our intention is that we will implement the measures as soon as practical after each report is completed and the recommendations are accepted by



Government. We are not waiting until the end of the full series of reports is available to take action.

Peter continued to say that the frustration for him is the slowness it's taking us to get the phlebotomy service running, and that he hopes there will be a much better update shortly. It requires the Government to identify a clinician who is able to oversee that service, and this has been challenging. He noted that an Islander mentioned about the need for clinical training and noted that the Government will put that in place as quickly as possible. It is likely that some of the treatments that will be explored could be implemented more quickly than others.

He noted that the environmental recommendations may take longer to implement, because they are likely to be more complicated and involved. The way we are trying to manage that is by talking to the heads of Infrastructure and Environment now, in order to get them engaged really early.

He finished by noting that he understands that it is really frustrating for Islanders, that we are also frustrated about the pace, but that it will pick up. Please continue to be patient.

Dr Hajioff also mentioned that the panel have an agreement to complete their deliberations in 2025, and so the process is not expected to continue for many more years. He continued to note that when the panel were appointed, they committed to being only led by science. It would therefore be going against principles to make a recommendation without a scientific basis for it.

24. An Islander noted that people in Jersey don't know if they and their children are drinking clean water. The Islander group present all know that we are not because they have arranged their own private tests due to their GPs saying that they could not test for PFAS. The Islander believes that they now have evidence to prove that the drinking water is not safe, and asks what do we do next. They note that there is anyone to ask this question of, because no one knows anything about PFAS.

25. Another Islander noted that Peter is here, but there is no one in Government officially [meaning politicians]. Why do you have no Government back up?

Peter Bradley replied to say that he is very open and just tells the truth. He has spoken to the ministerial teams and there is no opposition from them to take action but they need to understand the science from the Panel. He explained that he needs the scientific report to convince clinicians, doctors, people who work in the water company, and others. This is what we do in public health, we are often trying to convince people about scientific knowledge but they don't quite believe it themselves yet.

26. An Islander notes that unfortunately, the one recommendation this panel have made so far, which was for therapeutic phlebotomy, the conclusion which was reached was that it is unclear what the health benefits might be. They interpret this to mean there is no science behind that. They stated that it is their belief that the real scandal in this is that Jersey Water continue to add PFAS to the water supply to the whole Island, and this is why it has spread across this Island. They understood that the only purpose for the plume area when it was defined was to identify how far it was spreading from the airport fire training ground, and said that we know there are other places outside of the plume area where many litres of PFAS deposited and which spread into other areas as well. They explained that they think public health are certainly taking this seriously, but that Environment could be doing more to work with Jersey Water to stop putting PFAS in the water.

Peter Bradley replied to say that he will arrange a meeting for Islanders with the Environment Minister as well as the Health Minister. It was requested the Chief Minister was invited to the meeting as well, and Peter confirmed he would.

Dr Hajioff wished to respond to the Islander's statement regarding the recommendations around phlebotomy. He noted that the panel said in Report 1 that in effect, we don't have clear evidence that reducing the body burden will improve health

27. An Islander read the exact wording out to the room. Page 30 of Report 1. *"It is unclear what the health benefits might be of phlebotomy intervention."*

Dr Hajioff clarified why that was said in that way, and noted that it was just because the panel had not yet looked at the health impacts of PFAS. The panel thought there was a plausible case which was made from the Subject Matter Expert that it might have health benefit, but that the evidence had not yet been reviewed. The evidence must be reviewed in public throughout preparation of Report 2 and 3.

28. An Islander shared that they have written extensively to Jersey Water and have sent them their blood test results. They reported that they have only ever drunk mains water, and that it is clear where the PFAS levels have come from. Jersey Water agreed that they have a high level of PFAS and many other people have. Jersey Water are hiding behind the EPA, they are saying they are well within the directive so we are ok and that this a matter for public health. They would like to know who do they take this to now?

Peter Bradley replied indicating that it was him, and requested that the email was forwarded to him.

29. The Islander requested clarification if it is public health's remit to set a new standard for Jersey?

Peter Bradley replied to say that the panel will do the report, the science will be taken from that and then those recommendations can be taken through to Government. Public Health is not responsible for setting environmental standards.

30. The Islander mentioned that Germany and Demark have lowered the levels, and asked why does Jersey have to wait for our own science and our own report, why can't we go with what they have gone with?

Peter Bradley replied to say that is because there is international disagreement about it. There are not the same PFAS levels everywhere.

31. An Islander provided the current guidelines that Jersey follows, which are the Drinking Water Inspectorate for England and Wales (DWI) levels which is 100 ppt. The new USA level is 4ppt, a difference of 25 times. And until 2021, the level the DWI used and the guideline that Jersey follows was 1000 ppt when the USA levels was 70ppt.

32. Another Islander noted that they had their mains tap water tested and it was 138 ppt.

Dr Hajioff replied to note that the panel will look at all of those thresholds, the science underpinning them and why different authorities have made the recommendations they have. They will make a recommendation based on the science about where the level should be, and Peter can then take that to the policy makers.

33. An Islander asked if there a Jersey law to say that we need to follow that level?

Peter Bradley replied to say they are following the standards which are set for them currently.

34. An Islander requested clarification on the science, and asked for confirmation that PFAS is not metabolised?

Dr Hajioff replied to say that it is correct. The PFAS molecules which we are concerned about in Jersey, are very, very stable in the human body and the environment, and this is why they are useful, because they do not break down easily. The half life of a PFAS compound relates to how long it takes to be eliminated from the body, not the time in which it is metabolised unlike some other chemicals or breaks down spontaneously like uranium. PFAS are eliminated from the body in two different ways, either through the kidney into urine or through the liver into bowel and out in your stool. The reason why the half-lives of PFAS compounds are as long as they are is that through both pathways they are reabsorbed back into the body really efficiently. So they go from bowel back into the body. This is via transport into the cells primarily in the gut and then into the serum (blood). Some of it is absorbed into the lymphatic system. Some PFAS goes through the kidney, and then due to active reabsorption, it is drawn back into the bloodstream.

35. The Islander continued to ask about the processes of hydrolysis or phosphorylation, and asked where in the body does this happen?

Dr Hajioff replied saying that these processes go on in every single cell, they're going on in the gut. PFAS compounds are immune to those processes by design, because they were designed for use in very harsh chemical environments where they can behave stably and stay in their form. On a chemistry point of view, they work very effectively, however it was not considered that if these chemicals don't break down in the environment, then they are likely to break down slowly in the body too.

36. The Islander replied that metabolic pathways for PFAS should be established in order to understand those half-lives. They noted that if it is metabolised, it is metabolised in human liver and therefore it is not dissipated or excreted by the kidney.

Dr Hajioff mentioned that one of the chapters in Report 2 is specifically on the pathways of PFAS in the body, and this will be released in draft later this year. If the Islander would like to look at the content in advance, it is available on the PFAS in Jersey website in the form of minutes from the meeting.

37. The Islander asked what type of clinician are you looking for? Is it someone to oversee the phlebotomy?

Peter Bradley replied stating that we want an expert in PFAS. Somebody who is able to advise on clinical management, as this is what the Islanders group have asked for, repeatedly. It is difficult because there are a number of conditions, and generally clinicians specialise in particular areas in the hospital setting. We have not yet been able to find someone who is able to advise on the management of a range of diseases.

38. The Islander noted that they are a clinician with potentially useful experience.

Peter Bradley requested to speak to the Islander at the end of the meeting to discuss further.

There were no further questions.

Peter Bradley noted that there will be minutes of this meeting available at a later date because they inform the reports for the future. He took an action to set up a meeting for Islanders with

the Health, Environment and Chief Minister and thanked Islanders for their attendance and participation.

Meeting closed at 7.20pm