



Northern Ireland  
Assembly

Committee for Agriculture and Rural  
Development

# OFFICIAL REPORT (Hansard)

Bovine TB Review: Veterinary Northern  
Ireland

22 May 2012

# NORTHERN IRELAND ASSEMBLY

## Committee for Agriculture and Rural Development

### Bovine TB Review: Veterinary Northern Ireland

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**Members present for all or part of the proceedings:**

Mr Joe Byrne (Deputy Chairperson)  
Ms Michaela Boyle  
Mr Thomas Buchanan  
Mr Trevor Clarke  
Mr Chris Hazzard  
Mr William Irwin  
Mr Oliver McMullan  
Mr Robin Swann

**Witnesses:**

Mr Bert Allison	Vet NI
Mr Kevin Corry	Vet NI
Mr John Johnston	Vet NI
Ms Lindsey Read	Vet NI

**The Deputy Chairperson:** I welcome Bert Allison, John Johnston, Kevin Corry and Lindsey Read. You are all very welcome.

**Mr Bert Allison (Vet NI):** We are all veterinary surgeons currently employed in general practice in Northern Ireland. We attend to the everyday veterinary needs of animals on the farms of our clients and provide advice to herd owners. We also carry out a certain amount of certification work, mostly to do with export, in our role as authorised veterinary inspectors (AVIs). It is fair to say that, nowadays, we spend less time treating sick animals and more time trying to eliminate disease on farms. We do that by initiating vaccination programmes, improving management, improving housing and so on. The kind of benefits that we hope to see from that approach include things like better welfare conditions, more efficient production, less use of antibiotics and so on. In short, we are looking for healthy animals, healthy farms and healthy food that we can all eat, with all of that leading to a healthy economy.

Moving on to TB, the North of Ireland Veterinary Association (NIVA) represents about 90 practices, currently employing around 300 private veterinary practitioners (PVPs) to carry out TB testing in conjunction with other work that we do on farms. In rural veterinary practice, the income from testing is, without doubt, an important part of our earnings, but vets see TB as another infectious disease, albeit a very complex one, which has ramifications for animal health and welfare as well as serious zoonotic potential.

Although we appreciate that there are many difficulties and unknowns in dealing with this disease, we, as a profession, are disappointed that TB is still with us after approximately 60 years of testing.

Therefore, we are grateful to the Committee for Agriculture and Rural Development for asking us to present some of the views that we, as workers at the coalface, might have on the TB eradication scheme.

The three areas that we feel best qualified to speak on are biosecurity, presented by Lindsey; the wildlife factor, presented by Kevin; and the TB test, presented by John. I will ask Lindsey to speak about biosecurity.

**Ms Lindsey Read (Vet NI):** Thanks very much. Many commercial livestock producers and governments view the health of their livestock as a means to an end. Consequently, most producers and governments apply only sufficient measures to maintain the minimal required standard to herd health to achieve the productivity and freedom to trade that their business model demands.

In 2001, the devastating foot-and-mouth disease outbreak highlighted to everyone the role of animal movements and the spread of infectious disease. Furthermore, in some cases, infection spread across farm boundaries by the movements of people and equipment. The name given to the strategy to prevent the spread of infectious disease in those ways is biosecurity. In 2001, the introduction and enforcement of strict biosecurity measures and the slaughter of infected animals and the animals at a high risk of becoming infected were grimly accepted as essential steps to eradicate the infection and regain freedom from the disease.

Those fundamental principles of infectious disease control are not new to us when we review our battle against bovine TB. Unfortunately, after 60 years of testing cattle here for bovine TB and failing to achieve disease-free status, despondency has clouded many producers to see bovine TB — both the disease and attempts at its eradication — as an unpleasant fact of life and another mark on the calendar. Currently, bovine TB has a morale problem. We must remember that, in its most basic form, bovine TB is a highly infectious disease. As margins tighten, it becomes even more important to ensure the efficiency of production through the control of infectious disease such as bovine TB. Without question, the cornerstone of effective infectious disease control is herd biosecurity. Other diseases where biosecurity is an essential part of the approach to control are bovine viral diarrhoea (BVD), infectious bovine rhinotracheitis (IBR), Johne's disease, leptospira hardjo and salmonellosis.

Those production diseases may go unrecognised as national outbreaks, but, nevertheless, quietly cause massive insidious losses, such as poor fertility and increased culling rates, costing our industry millions, and, more than that, there is the human cost of ruining the livelihoods of individual farmers and the knock-on effect that that has on our rural community as a whole.

We believe that many sectors of the cattle industry here, not least producers themselves, harbour our same passionate desire to improve the health and welfare of our cattle. Several European countries have already successfully eradicated BVD, and others are well progressed in their eradication programmes. There are growing calls from within the industry here for the creation of a Province-wide cattle health scheme, enabling our producers to unite and tackle the aforementioned infectious production diseases head on. Those calls echo our steadfast desires and are music to our ears. We are delighted to acknowledge Minister O'Neill's commitment yesterday to support this industry-led initiative.

Currently, most cattle farmers here take few health precautions when introducing purchased animals to their herds or at farm boundaries. At the heart of the concept of herd biosecurity is the process of risk identification and risk management, which ultimately leads to good protection for the herd from infectious disease. Attention to detail and vigilance at all times are vital for improved biosecurity to be a success. We believe that herd biosecurity is an essential, basic element of preventative veterinary medicine, and we as veterinary practitioners are ideally placed to provide education, advice and guidance to farmers on how to best apply those measures to their individual situation and livestock enterprise.

**Mr Kevin Corry (Vet NI):** Thank you, Lindsey and Chairman. We at the Association of Veterinary Surgeons Practising in Northern Ireland (AVSPNI) and the NIVA cannot ignore the fact that the levels of TB in Northern Ireland's cattle population are not solely down to that specific group. Wildlife has a significant role in the propagation of the disease. Primarily, the focus of attention is on badgers, but also of concern is the contribution of deer. We feel that in dealing with bovine TB, as well as continuing with the ongoing cattle test and surveillance programmes, we should be actively researching the effects of wildlife on the spread of bovine TB. The factors that drive badger-to-cattle and cattle-to-badger spread need further investigation so that more effective protocols can be put in place to eradicate bovine TB. We support any movements by the Department of Agriculture and Rural

Development (DARD) to push the research forward, and we look forward to hearing its plan in the future.

The amount and spatial extent of contact from infected badgers in our ecosystem and the effect that has on farming business models need to be examined so that the impact of differing strategies can be assessed. A lot of attention is given to the different views on whether to catch, test, cull or vaccinate the badger population. When veterinary surgeons qualify, we take an oath to protect and maintain the health of animals and to always put their welfare first. Therefore, we, in partnership with people who have expertise in badger husbandry and welfare, need to formulate a systematic and scientific programme that takes into account all the variables concerning wildlife. Whatever approach we take, it must be for the long-lasting benefit of the cattle and wildlife populations of Northern Ireland.

New Zealand appears to have had success in dealing with bovine TB and has similar wildlife reservoir issues, namely possums. We, therefore, feel that there would be considerable merit in studying its methods for handling the situation.

Finally, our associations agree that it is important that we do not just do something that might look good on paper. Cattle TB and wildlife are connected. I remind you that vets do not want to go out and just cull badgers; we took an oath to protect all animals. That said, we need to work alongside others to research and test whether culling and vaccination are viable and effective in reducing bovine TB, while increasing welfare in badgers by reducing bovine TB incidence in their population. All stakeholders need to be on board in bringing that forward if the cattle and wildlife populations are to have a bright future.

**Mr John Johnston (Vet NI):** Thank you, Kevin and Mr Chairman. As private veterinary practitioners, we carry out approximately 90% of the annual herd tests in Northern Ireland, as well as a percentage of the risk and reactor tests. What that basically involves is our receiving monthly allocations of work from DARD. Since testing tends to be seasonal and mostly during the shorter days of winter, we regularly work six days a week to complete those allocations and to ensure that farmers are not penalised by restrictions on their herd for the test not being completed in time. We feel that farmers rely very much on us to deliver that essential service. Lay staff in our practices are also involved in TB testing, in that they organise the tests on a weekly basis and, as far as possible, facilitate the synchronisation of brucellosis testing on the same herd. On completion of the tests, the results are uploaded via the animal and public health information system (APHIS) to the local divisional veterinary office. We are an essential conduit of information between DARD and farmers, and vice versa.

We firmly believe that bovine TB testing in Northern Ireland is of the highest standard and certainly the most intensively controlled and audited in the British Isles, if not Europe. AVSPNI and NIVA members remain very proud of that fact. We remain committed to the detection and removal of infected cattle from the country's herds. We must also recognise the very important contribution of the farming industry in complying with the requirement to muster cattle for testing in respect of the cost around farmers' labour and time and also the possible loss in livestock thrive or milk production or the possible injury to animals during the testing process. We seek to minimise that as far as possible. To that end, we recently approached government with offers to take on such work as further brucellosis sampling to give efficiencies of scale for both parties and increased synchronisation of tests on farm. We were disappointed when that proposal was not taken up. We felt that our proposals made sense for the animals, the farmers and DARD in savings through economies of scale.

We fully recognise the impact of a TB breakdown to a farmer on a personal level and the devastating effect that that can have on a farmer and his family. Another approach that we made to DARD recently was an offer to apply DNA tissue tags to reactor animals at the time of detection on farm. That is an attempt to reduce fraudulent activity. It is something that our members are currently willing to do free of charge.

We, as a profession, remain committed to working with farmers and DARD to do everything that we can to eradicate bovine TB. As part of that commitment, AVSPNI held a TB forum on 1 February this year, at which over 120 vets heard from various speakers of the highest calibre on topics relating to this very complex disease. More recently, we have also entered discussions with DARD officials with a view to forming a partnership with DARD and private vets involving what would be a risk-sharing and, ultimately, cost-sharing approach to the eradication of TB.

We note the Public Accounts Committee's suggestion that DARD investigates lay testing and the subsequent pilot scheme that DARD carried out last year. We are still awaiting DARD's analysis of that pilot with interest, but we firmly believe that the premise of the Public Accounts Committee's

suggestion is flawed. Indeed, we wonder whether any of the individuals ever set foot on a farm in Northern Ireland when a TB test is being carried out on that farm. Certainly, to the inexperienced eye, lay staff ought to be less costly than qualified vets, but experience demonstrates to us that the presence of vets on farms and in the rural community in Northern Ireland certainly offers much more than an opportunity just to inject tuberculin and complete a TB test. We are convinced that any move by DARD to employ lay testers at the expense of veterinary practices will bring many significant disadvantages in farm health, animal welfare and surveillance for disease such as epizootic outbreaks, Schmallenberg or even the production diseases that Lindsey spoke about earlier. Removing that work from private practices also seems to be directly at odds with the Executive's strategy of enhancing the capacity of the private sector and the capability of Northern Ireland small businesses, which is what we are. It also risks the export-led growth from the agrifood sector that the Executive are so keen to promote. If there is no veterinary involvement in the TB testing process, lay-tested animals will not be eligible for European trade.

More clarity is needed around the way in which some of the terms that are involved with TB are used. The term that we picked up on was "no visible lesions" and the way in which it is used in communication with farmers. Unfortunately, many of our farmers believe that to mean "no disease present". Such miscommunication is particularly serious in the event of a herd being broken down with one reactor that does not show lesions; that herd and that animal is then categorised by DARD as "TB not confirmed". We strongly recommend that such animals and herds should be categorised as "early-stage infection". Some education of the wider agricultural industry is needed to increase its understanding of the true nature of what is a very complex disease. To summarise and be very clear, we, as vets, want to eradicate TB, not just control it. We are practical people and have been used to solving problems on farms, so we share the frustrations of farmers and DARD that it has taken so long to do this. We welcome any measures that may ultimately take us closer to the complete eradication of TB and welcome the opportunity to move on to other diseases where we feel that we are falling behind other member states, such as BVD, IBR and Johne's disease. Thank you once again for the opportunity to share some of our knowledge of our normal day job, which is disease eradication.

**Mr Allison:** I will just summarise things. The veterinary associations believe that, given the complexities and the unknowns of this disease, DARD is, in general, doing a good job in its handling of the eradication scheme. However, looking forward, there are a few things that we would like to see. First, we would like to see further development of the partnership that has already been forged between PVPs and DARD. That partnership provides a forum for discussing matters such as supervision of skin testing, the physical difficulties that arise when carrying out the skin test on farms to the required standard, and so on. Secondly, we encourage the Minister and DARD to develop a full strategy for the eradication of TB. We want to be key stakeholders in the design and implementation of that strategy. We see ourselves as being useful mediators between DARD and the herd owners, hopefully having the trust of both.

We would like to see veterinary associations and their members being fully utilised in testing and teaching and advising on biosecurity. We would also like to see that type of advice extended to other diseases, not just the notifiable diseases such as brucellosis, but some of the episodic diseases such as foot-and-mouth disease and production diseases such as BVD and Johne's, which have already been mentioned.

It is worth having a closer look at what is being done in New Zealand, where the conditions are pretty similar to ours. They have had a particular problem with TB in cattle and in wildlife, mostly in possums. They appear to have had reasonable success in its eradication. They used a three-pronged approach, which is sometimes referred to as a three-legged stool approach. PJ Rodgers produced a paper in 2009, and the three legs of the stool were, first, testing and removal of infected cattle and deer; secondly, control and movement from infected herds and areas into clean areas; and, thirdly, the control of vector population, in other words, control of wildlife.

In Northern Ireland, we feel that we have progressed quite well in the first two stages, but the third leg of the stool is still missing. While we appreciate that there is no magic wand that we can offer, in an ideal world, we feel that an effective badger vaccine that would lock up the disease in the animal and increase resistance to the disease in clean animals, which could be given orally in bait, for example, would be of immense value.

**Mr Byrne:** Thank you for your opening submissions. We will take some questions from members in a moment, but, at the outset, I will ask one or two questions. It is fair to say that this has been a 60-year programme. The question is this: has it been successful? Secondly, why has Scotland been more successful in the eradication of disease, with it enjoying disease-free status, while we do not?

**Mr Johnston:** As to whether it has been successful or not, we will have to say that we certainly have not eradicated the disease, but the programme seems to keep it controlled.

**The Deputy Chairperson:** Has it been moderately successful?

**Mr Johnston:** It has had some success in that the incidence has dropped significantly since the start of the programme, but we seem to have reached a plateau that we cannot get below at this stage. For eradication purposes, we need to look at all the factors involved in the complexity of the disease to try to reduce the incidence further.

With regard to your question about Scotland, we are not experts in this area, but the layout of farms here is somewhat different from the layout of farms in Scotland. We tend to have fragmented farms in Northern Ireland, with various pockets of land often separated by upwards of 10 or 15 miles, whereas Scotland seems to have larger blocks of farms. That means that animal movements within holdings are reduced in Scotland, and we feel that that may be a factor here with the transmission of TB.

**Mr Irwin:** You are very welcome. I declare an interest as a farmer, and I employ private vets.

I accept that private vets have worked very hard over the years in relation to keeping TB under control. What would you say to the Department when it tells us that departmental vets find more TB than private vets?

**Mr Johnston:** I assume you are referring to a statistic that was thrown out in recent weeks and months.

**Mr Irwin:** Yes.

**Mr Johnston:** We have watched with interest that statistic appearing over the past number of years. Certainly, it would suggest that departmental vets are more likely to detect non-negative animals than PVPs. We feel that that is a statistic in isolation. We asked the Department why it did that and got no answer. From our point of view, we feel that as a statistic in isolation it means nothing because we should be looking at other statistics around that, such as lesion rate of reactors for both groups of testers and any subsequent infection detected post-testing for both groups of testers.

Basically, there are two groups of testers testing two different populations of animals. As I said in my introduction, we perform 90% of the annual herd tests, which would be the low-risk tests. If we find reactors within those herds, they almost certainly then move to departmental staff, and that is a high-risk test at that stage. The Department often carries out the check tests around the reactor herd, which are also high-risk.

We had that statistic analysed in 2009 by Peter Cripps of the University of Liverpool. Although he found statistically that the figures were treated properly, he raised issues as to the data being used, including what I just said, which is that the allocation of the testing was biased. We are doing the low-risk testing and the Department is doing the higher-risk testing.

We went back to DARD with that, and it said that the figures had been equalised between ourselves and DARD staff. We have great difficulty in understanding how that can be done but we are not statisticians so we obviously cannot query that to any great extent. However, we feel that to equalise that you would have to take out every factor within every breakdown in Northern Ireland and analyse it, and I do not think that could be done.

The one thing that we have come to learn about those statistics is that we are not going to get hung up on the figures. We would rather accept the fact that as long as both groups are testing to a high standard, and given that we are the most audited testers in Europe, we are not overly concerned about the figure. We feel that it should be let go and forgotten about.

**Mr Irwin:** In relation to badgers and wildlife, a large number of animals recently went down on a farm where the farmer bought in animals from only one farm, and he has forestry behind him. I would like your take on this, but to me it seems odd that the Department does not go into that farm and find the cause. If the farmer has not been buying animals in and the infection is not coming from the local area, it would look highly likely that it is wildlife. I would have thought that the Department should be

doing an in-depth survey on such farms to ascertain whether or not wildlife is to blame and what the situation really is. However, that does not seem to be happening. Am I right in that?

**Mr Allison:** Yes, I agree with you. I was at a farm recently that had about 180 animals. One side is bounded by the River Bann and the other is pretty well closed off. So, it is a fairly well closed off area and nothing is brought in. I tested the 180 animals and got 35 reactors. That farm had been clear for a long time and you certainly wonder where that infection came from. I know that it is not practical to investigate all cases but there are cases where it is worth having a look.

Going back to the question about the difference between PVPs and departmental staff, one big difference must be ongoing infection. If you are testing a herd that is clear, there is probably no infection in the animals or the wildlife adjacent to or on that farm. Once that becomes a reactor herd, it is taken over by departmental staff, but you know that somewhere on that farm there has been an infection, be it from wildlife or other cattle. We do not know what the exact process of infection is between wildlife and cattle and cattle and wildlife, and I think that comes back to what you said about the need to investigate that further. However, it is must be very difficult to analyse those results properly if you do not know the mechanism of transmission between wildlife and cattle. That perhaps ties into the previous question. I agree with you that there should be a bit more investigation, particularly in those strange cases in which there was no previous infection and nothing was brought in; you have to ask where the TB comes from in those cases.

**The Deputy Chairperson:** Robin, you are next for a question.

**Mr Swann:** Thank you very much, Deputy Chair, and congratulations on your new appointment.

**The Deputy Chairperson:** Thank you.

**Mr Swann:** Folks, thank you very much for your presentation. You referred to the New Zealand model and said that the only leg of the stool that we are missing is to do with the prevalence of TB in the wildlife population. What was the prevalence of TB in possums in New Zealand? How did that compare with the prevalence of TB in badgers here, which DARD estimates at between 20% and 25%?

**Mr Allison:** I do not know, but it was probably pretty similar. I know that it was pretty high.

**Mr Swann:** Chair, it might be handy to get that report. Was it the 2009 report by Rodgers?

**Mr Allison:** Yes.

**The Deputy Chairperson:** The Committee Clerk will take a note of that and we will see what the comparisons were.

**Mr Swann:** I am not questioning your professionalism in any way, but from a number of previous presentations it could have been construed that it is not in vets' financial interest to eradicate bovine TB and that it is a good money-spinner that keeps people employed. How do you respond to that? Do not get me wrong, that view was not expressed by Committee members. It came from other areas, and I think that it would be worthwhile to give you the chance to reply.

**Mr Johnston:** We obviously do not feel that that is a fair comment. As I outlined, it is not just vets who are paid. We must also cover hidden costs, such as the paying of lay staff, the running of offices and IT. It is hard work. We work six days a week, often in bad conditions, there are long hours and huge variations between the time that it takes to test 20 animals on one farm and 20 on the next, depending on the facilities. We also provide another service when we are out testing for TB by monitoring animal welfare, herd health and keeping an eye out for the possibility of other diseases, such as epizootic diseases. We are more likely to detect those diseases when we are on farms testing, and that is often the only chance that we get each year to see every animal on those farms.

**Mr Swann:** You said that you made an offer to the Department to carry out another form of testing at the same time as the TB testing. What was that again?

**Mr Johnston:** It was brucellosis testing.

**Mr Swann:** Yes, and the Department rejected that offer.

**Mr Johnston:** At present, it feels that it has enough animal health and welfare inspectors to carry out that testing. We offered to do it for some of the smaller herds. If we were carrying out TB testing and there were three or four blood samples to be taken for brucellosis we would have taken those. We were able to show that that would be much cheaper than the Department sending a member of staff perhaps 10 miles out the road. The Department said that it does not need that service, but the offer is there.

**Mr Swann:** Is that more about the Department wanting to protect its staff rather than allowing you to offer a one-package service on site? I am thinking about the opportunity that that would present to farmers; it would allow them to bring cattle in for one test rather than bringing them in for two, with the hardship and difficulty that causes.

**Mr Allison:** Generally speaking, the two tests are done at the same time.

**Mr Swann:** By two different sets of people.

**Mr Allison:** Yes. We do the TB tests and the departmental staff do the blood tests. That is fine; it is a big test and it is very hard to do both. However, what John is getting at is that there are maybe 50 tests for TB, but, of those, only three may be eligible for blood tests, and it would be easy for us to do those tests while we were on site.

**Mr Swann:** Yes, and you would not have departmental staff waiting about for those three.

**Mr Allison:** Yes, and there are also savings in the associated travel costs and so on.

**Mr Clarke:** I want to follow on from that and expand on it further. I do not have a direct question for the panel, but I think that the Committee should challenge the Department on that matter. Given the climate that we are in of efficiencies in government, how can the Department explain that as a more efficient or cost-effective measure? I propose that the Committee challenges the Department on that matter. It defies logic. John said that he is not a statistician. Neither am I, but it does not take a statistician or a mathematician to work that it would be cheaper for private vets to carry out a brucellosis test while they are on site for a TB test than bringing in someone from the Department to follow up with the brucellosis test. I urge the Committee to seek something urgently from the Department on that issue.

**The Deputy Chairperson:** The Committee Clerk has advised me that we can write formally to the Department on that issue.

**Mr Clarke:** We should do that fairly soon. Having dealt with that, I formally welcome you and the others to the Committee, John. I want to ask about what you said in response to Willie Irwin. I have heard the same rumours that Robin spoke of. He was not making any inference; he just said that the rumours are there, although I do not believe that any of us would necessarily buy into them. Although I am not a statistician, I am interested in the statistics. It is interesting that the Department always puts itself on a pedestal. We continually hear about how wonderful it is, but some of us will have a different view of that. John said that he is not particularly interested in the statistics on PVPs' testing regime versus that of the Department, but, as Committee members who are supposed to be scrutinising the Department, we should be interested in them. The overall aim is to get rid of TB; I am sure that, as vets, you do not want to see TB either. However, while TB exists, we have to deal with it as effectively and as cost-effectively as we can. I fear that the Department puts itself on a pedestal by coming up with statistics to show that its success rates are higher than those of private vets, given the factors in how the Department arrives at that. The Department is not here to defend itself, and perhaps it will do that later. I would like to hear from it on that. More work should be done on that. John, you are selling yourself short because all of these different pieces of the jigsaw are on TB versus the Department as opposed to TB versus the farmers. The Department has to protect itself as well. Every time, it seems to set itself up as being better at something than everyone else. That may not necessarily be the case, and it may be part of the key to some of the science behind it.

**The Deputy Chairperson:** Is there a question you want to put?



**Mr Clarke:** I will come to it shortly, Chairman.

**The Deputy Chairperson:** We do not want to let them off too lightly, with you just praising them.

**Mr Clarke:** I will see if I can get in a criticism or two for them as well. I am sure I will manage something; I will try my best. I am criticising the people who are in front of us today for letting the Department off. They have suggested that they are not particularly interested in the statistics, but we should be looking at the statistics because the Department has set itself up. I am criticising you for that, and you should never put yourselves down about that. It is a criticism, and it is probably also a statement.

**The Deputy Chairperson:** Any comment from the panel?

**Mr Allison:** No. We are not statisticians, and we have to accept what has been said. We maintain that we are very closely scrutinised and supervised. So many factors are involved in comparing non-infected herds and infected herds. My personal view is that it is well-nigh impossible to compare those accurately.

**Mr Clarke:** I will expand my question by going back to the question that Willie asked John. You gave figures on the percentage of tests that you carry out. Did you say that, although you do all of those, the Department gets involved if there are reactors?

**Mr Allison:** Yes.

**Mr Clarke:** How, then, can the Department suggest that it is better at something, given that it is getting, as you put it, the high-risk tests, while you work with the low-risk tests? It is not about statistics, but how can the Department factor in a calculation that makes it look better, if you want to put it that way?

**Mr Johnston:** That is the difficulty we have.

**Mr Allison:** That is the nub.

**Mr Clarke:** That is the nub, and that is the one that we have to explain. If private vets are there — there are many and maybe there would be fewer if we did not have some of the diseases, but that is just a consequence — and can deal with the low-incidence herds, why do they not follow on with the high-incidence herds as well? Why do we need so many departmental vets? Have we created an industry in Northern Ireland with the Department's veterinary industry? What is your view on that?

**Ms Read:** That is a very good question. However, with regard to bovine TB, we fully recognise that we need a partnership to work here. The Department needs vets in place, in line with the national disease outbreak policy, so that we are ready to attack another outbreak of foot-and-mouth disease if it were to land on these shores. We recognise our colleagues in the Department, and we want to work along with them to improve the health and welfare of our animals here. I do not think that they are all there just for TB testing. They work hard at their jobs, and we could all work together.

**Mr T Clarke:** Do you see that as a two-way?

**Ms Read:** I see us as a partnership.

**Mr T Clarke:** No. You see them in a partnership with you — sorry, you are in partnership them —

**The Deputy Chairperson:** Trevor, can you draw this to a conclusion? We want to move on to Thomas.

**Mr Clarke:** You see yourselves in a partnership with them. Do you believe —

**Ms Read:** I believe that every single person who has presented to you at the Committee and everyone involved with bovine TB is a link in a chain, from farmers through to the Agri-Food and Biosciences

Institute and its research, and everybody else. Looking backwards, we have not gone far enough; looking forward, everyone needs to pull together and move on for the betterment of our industry.

**Mr Buchanan:** I apologise for missing your presentation. Perhaps some of what I am going to ask has been covered. I believe that the Department is playing around with TB rather than taking it on and tackling the issue. What do you believe the Department should do to get rid of it, or, if we are not going to eradicate it, to help to reduce it? Does the Department engage with you in your professional capacity and seek your opinion as to what should be done to reduce TB right across Northern Ireland?

**Mr Allison:** I will answer the last part of your question first. The Department does, very much, engage with us. We have started a partnership, which will, hopefully, develop. That partnership will include discussing what happens with TB and other diseases. The whole thing ties together in many ways as there are various diseases on a farm, including TB, brucellosis, and other production diseases such as BVD, and so on, and then there is the brucellosis and the epizootic diseases. It is all very much one package really, and the biosecurity for that is maybe all one package as well. So, yes, the Department does engage with us and asks for our views. That partnership is in its early stages, but it is forming and going quite nicely.

What was the first part of your question?

**Mr Buchanan:** Do you believe that the Department should be doing more? I do not believe that it is doing anything. What do you think it should be doing to eradicate or reduce TB across Northern Ireland?

**Ms Read:** We all have a place in taking ownership of the problem and everybody need to recognise that we have not done enough. I spoke about biosecurity and, from my point of view, as someone who is farm born, bred and raised, we need a change of mindset. We need to recognise the risks. It is not a matter of ticking boxes and thinking that we will tackle TB today, brucellosis tomorrow and BVD whenever. Biosecurity brings everything together. When we step on to a farm or go to the Balmoral show, we have to think about the risks for our animals at home. Everybody can work better. Yes, the Department needs to sit at that table, and we all need to take a good look at ourselves and see how we can go forward. I do not think that it is a point of casting blame. Everyone needs to take ownership of the problem. We all want the same goal: we want a better standard of health and trade for our animals.

**Mr Buchanan:** It just seems that this has been running for quite a few years now. Is it a fact that we are only really starting to consider what strategy needs to be put in place with everyone working together to tackle the issue and reduce it? It seems rather late in the day.

**Mr Allison:** If you go back to the talk about the three-legged-stool approach in New Zealand where they had the testing and removal of infected animals, we are doing that probably fairly well, given the confines and inadequacies of the test. As regards the control of movement from infected areas or herds into non-infected, we are probably doing quite well, with the APHIS system and so on. The third leg of the stool is the wildlife factor and that, I am afraid, we have not tackled. However, it is all very well us sitting here saying, "Do something about wildlife", but you have to do it in the right way and that is why I said that, if you have a magic wand, a proper badger vaccine would be wonderful, but we have not got it yet. Maybe we will get one in time. However — and, again, it is my personal view — we have to do something about wildlife in the right way.

**Mr Johnston:** We tend to look at models from other countries. Every model we look at is different. We need to carry out some research into badger-to-cattle transmission and cattle-to-badger transmission. We would certainly welcome some investigation into that to give us some view on the wildlife aspect. That is only one of the aspects of TB.

**Mr McMullan:** Thank you for your presentation. In my opinion, all the talk of private vets and departmental vets and all that takes away from what the problem is all about. We start an argument on who is administrating what, and we are not dealing with the subject in hand. Some of the groups have gone down that line — I will not say which — perhaps for want of a better argument on how to deal with the problem. Sometimes it is easier to beat somebody with a stick than trying to solve the problem.

If we look at New Zealand and other countries that have a good record on TB, should we be going down the line of following everything that they do? Take New Zealand as an example. Everything New Zealand does to monitor or eradicate the disease is important. Incidence of TB is low there and New Zealand is held up as a good example. However, am I right in saying that New Zealand does not offer the same levels of compensation?

**Ms Read:** What New Zealand has achieved is very good. Look at Scotland; what it has done is also very good. However, you have to remember that we are each on our own. We farm differently, and geographically we are different. I have been to TB tests with 25 animals and gone to more than five farms. You will not be able to lift another country's model and roll out the same model here. However, there are certainly things to be learned.

**Mr McMullan:** That is the point I am making. We can get too hung up on the places that are doing well, but their situations are different to ours.

**Ms Read:** That is not to say that there is not something that we can learn from looking abroad.

**Mr McMullan:** We can learn from them by asking them questions and we should be able to get that information reasonably quickly. Even if we instigate a programme in the morning, are we are talking about at least five or six years before we get a result? Is that a fair assumption of the time factor? That message needs to be sent out to the public. If we start something fresh this morning, something new, we are talking about a time factor of that scale; is that not so?

**Mr Allison:** Yes.

**Mr McMullan:** So what do we do in the meantime? Do we sit and beat the Department with a stick, or sit and beat the vets with a stick or try to get the private vets and the departmental vets fighting or what? What do we do in the five-year interim while we are waiting for it to happen? I know that you are frowning at that, Mr Swann.

**Mr Swann:** I would just like to know what is the fresh thing that we could do in the morning that could start to —

**Mr McMullan:** I am only saying —

**The Deputy Chairperson:** A wee bit of order here. One person at a time. Have you another question, Mr McMullan?

**Mr McMullan:** No. I am just putting that question to the panel. I think we need to be more focused on the disease and less on the personalities. Sometimes the consultation runs away with itself a wee bit. We have all the information before us. As I said earlier, we need a collective approach. We need to sit down and work out how to take this forward, because it is a long, drawn-out process. That is why I come back to what I said. If we put in something in the morning, the time factor will not give a result at the end of the year or at the end of the second year. As was said before, it could be anything, it could be a five-year-plus programme. We have a long time frame in front of us, if a new programme is to be instigated. We need to get our heads —

**The Deputy Chairperson:** Please answer that and then we must move on.

**Ms Read:** I acknowledged Minister O'Neill's commitment to the industry-led BVD programme. Lots of other European countries, including the Republic of Ireland, are a step ahead of us with their BVD eradication scheme. It would probably be a voluntary scheme at its outset and a compulsory scheme a year or two down the line, and we hope that our clients and farmers and the producers of Northern Ireland will be enthusiastic and buy into that programme. That buy-in will lead to increased awareness of biosecurity and disease transmission because, as you correctly pointed out, you have a lot of information about the spread of TB, but every disease-causing organism differs very slightly. It will also lead to improved biosecurity and, if farmers are educated on it and encouraged by it, will reduce the incidences of other diseases out there that are costing our industry millions.

Farmers may not even recognise it themselves, but they are aware of it and are working very hard in a situation in which money is tight. The price of lamb is £1.50 a kilo back on what it was last year, and the price of beef is in free fall. The price of milk is coming down too, and farmers are conscious that

they want to farm better. We make them aware of issues when we are on the farm, but they need encouragement to try to push further. If one farmer has eradicated BVD and is maintaining a Johne's-free status but his neighbour is not, he is at risk all the time if he does not have good fences. We — when I say "we", I mean everybody involved in the consultation — are doing our producers and farmers a disservice; we need to educate them, encourage them and push on.

**Mr McMullan:** That is the most sensible thing that I have heard for a while in the consultation process.

**The Deputy Chairperson:** There is nothing wrong with that. I will let your colleague in now as she wants to ask a question.

**Ms Boyle:** That is exactly what I wanted to say. I am a newer member of the Committee, and this has been on the agenda for quite a number of months. I thank everybody for their presentations today. Lindsey's presentation was excellent, and I suggest, Chair, that we get a copy of it. If a vaccination programme is to be rolled out, would it be the tuberculin one or another one?

**Ms Read:** I think that they are working on an oral BCG vaccine.

**Mr Allison:** Probably a BCG vaccine.

**Ms Read:** Vaccination of cattle is not really an option because of trade embargos and the fact that cattle are testable, and so on.

**Mr Allison:** The other problem is that TB is quite difficult to vaccinate against. A vaccine can work in two ways: it can either lock up infection or, if things are already infected, some vaccines will stop an animal spreading disease to other animals or humans. The other property it has is that it sometimes increases resistance. If you have a healthy animal or healthy person vaccinated, it increases resistance to disease. It can work both ways, so we would like a vaccine that works both ways, can be given orally in some sort of bait so that you do not have to catch an animal to inject it, and is cost-effective. That is asking a lot. We do not have it, but it would be very useful if we had.

**Mr Irwin:** I have mentioned this to the departmental vets. As a lay person, I notice that there seem to be different strains of TB, because, in one herd, a couple of animals can go down and it is then cleared up whereas, in the next herd, 100 animals may go down. I am not so sure whether it is a different strain of TB or whether one herd has better immunity than the other herd. Trials probably need to be done on that because something underlying is causing massive outbreaks in a certain herd and, a mile or two down the road in another herd, only a couple of animals go down.

**Mr Johnston:** We are particularly interested in the fact that concurrent disease may have a role to play in TB. We are talking about various diseases such as BVD, which lowers the immunity of animals and can open the door for TB to come in, and the possible effect of Johne's. More recently, there has been a suggestion that liver fluke infestation may reduce the immunity of animals and increase the possibility of TB. However, I take on board the fact that there are different strains. There are recognised strains in Northern Ireland. I am not familiar with the possible variations in each strain but concurrent disease on a farm could be a factor with the spread of TB on that farm.

**Mr Irwin:** It seems strange.

**Ms Read:** A lot of concurrent disease can cause a reaction to the TB test.

**Mr Allison:** There is such variation that, as you say, on testing you will find one reactor among 500 animals and you will never see any more; of the 20 animals in the next test that you do, half of them may be reactors. It is very variable, and I do not know why.

**The Deputy Chairperson:** There was to have been a review in 2010 of the contractual arrangement between private vets and the Department, but no conclusions have come out. Why is that?

**Ms Read:** Colin Harte is still interested in a review of the current contract between PVPs and the Department, and that may happen in the short term.

**The Deputy Chairperson:** Given that private vets enjoy a fairly lucrative public sector contract from DARD for testing, could private vets live with a radical approach that involved, say, a 20% cut in the cost of testing? How would that go down with private vets? Would they live with that?

**Mr Allison:** Do you mean a 20% cut in what we are paid?

**The Deputy Chairperson:** Yes.

**Mr Allison:** Well, that would not go down very well.

**The Deputy Chairperson:** Obviously there has to be a shake up.

**Ms Read:** You must remember that, as John and Bert reiterated, our ultimate aim is to eradicate TB. If the Department decides to cut the payment by 20%, that is fine, our aim will not change. However, the same number of tests will need to be carried out and the Department will probably not be able to cope with that. We have put ourselves in a partnership with the Department and our farmers to move forward in striving for eradication.

**The Deputy Chairperson:** We have the farmers, the marts, the Department and the private vets: where must the lead come from to tackle this head on?

**Mr Allison:** I think that you have to say the Department.

**The Deputy Chairperson:** OK. There are no other questions, so I thank you for your submission and for answering our questions.

**Mr Allison:** Thank you very much, Chairman.

**Ms Read:** Thank you.