

29 March 2007

Vested interests: Hooper, Hyde, Invest in ME and the Gibson Inquiry

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Part One: The new “Gibson Inquiry” Nightingale Definition

A constant thread running through our commentaries on the progress of Dr Gibson’s “inquiry” has been the lack of consultation by the GSRME with the ME patient community. From the setting up without prior discussion of Dr Gibson’s own informal group to carry out this unofficial inquiry as a poor substitute for the “full and proper” high level inquiry he had initially set out to secure, to the drawing up of the inquiry’s highly restrictive and amorphous Terms of Reference; from the debacle over the selection process for presenters at the Oral Hearings to the submission of the report to NICE and its release to the press before the ME community had had an opportunity to review the document, the GSRME has repeatedly failed to properly consult with and involve the ME patient community, despite frequent declarations from Dr Gibson that he wants to hear our views and that we must tell him where he has got things wrong. The development of the EDM has been a good example of this.

On 23 March, we sent a paper letter to Dr Gibson as Chair of the GSRME committee in which we asked that the committee clarifies whether it intends to make amendments, corrections and re-writes to the Report in accordance with calls made by the charities, ME advocates and others; we also raised a number of questions in connection with the development of the EDM [parliamentary [Early Day Motion](#)]. We called on the GSRME to issue a public statement on the official “Gibson Inquiry” website addressing all the issues we had raised in this letter. A paper copy of this letter was also sent to Dr Richard Taylor, Vice-Chair, with electronic copies to all members of the GSRME, to the national charities and patient organisations and to Prof Hooper, Margaret Williams, Doris Jones, Kevin Short and Dr Nigel Speight.

We received a response from Dr Gibson on 28 March. In response to our representations, Dr Gibson has informed us that at present any plans

for an EDM relating to the GSRME report have now been suspended because, he says, he is not prepared to submit an EDM that will lead to a counter campaign asking MPs not to sign it; he also states that he will need to consult his committee members before providing responses to the various points we have raised within our letter. [See copy of Dr Gibson’s response in Appendix 2]

A few days ago, the organisation Invest in ME wrote in their March newsletter:

“Plans are afoot for an EDM to be created by Dr. Ian Gibson’s office. This would call on the government to support funding for biomedical research into ME. IIME will be adjusting our ME and My MP campaign and hope to be able to support this EDM when it is ready and when the contents are known. More details soon.”

Well, the EDM has now, in case, been suspended.

One reason why the contents of this EDM weren't known (or at least known only to a select few) was because Dr Gibson was encouraged not to put the development of this EDM out for consultation on the advice of Dr Charles Shepherd of the MEA [Myalgic 'Encephalopathy' Association charity].

According to our sources, Dr Shepherd had maintained that it was not necessary to put the wording and content of this EDM out for discussion - that the charities could thrash it out amongst themselves and Dr Gibson. It was also Dr Shepherd who had effectively shut down discussion on the content and wording of the EDM after it had been handed round at the meeting of the APPG on ME, in February. This meant that APPG Chair, and GSRME committee member, Dr Des Turner's reasons for quashing Ms Diane Newman's suggestion that the EDM should include the specific term "ICD-10 G93.3" [the World Health Organisation neurological classification of ME/CFS] could not be properly explored by those present at the meeting nor could it be established on whose authority Dr Turner was objecting so strongly to this suggestion. Neither could the issue of the proposed EDM's failure to specify the Canadian Guidelines, per se, be discussed - for no sooner had Dr Shepherd raised the issue of the EDM, himself, he deftly shifted focus of attention onto an entirely different topic and so the issue of the content and wording of this EDM received only minimal attention and was left hanging.

The GSRME has abandoned all pretence of using its dedicated website as a means of more effectively communicating with the ME community and has put no information about any consultation over the development of any EDM on its website, at all. The charities have published no information, either, about how any consultation process over the content of this EDM might be entered into - the MEA being the only organisation to have published any draft of the proposed wording and that, as we know, has since undergone revision.

The first version of the EDM called for (amongst other things) "the implementation of internationally recognised clinical and research criteria which reflect the Department of Health classification, similar to the guidelines used in Canada". The most recent version, which we had had sight of (but which may have subsequently undergone further revision), called for "the implementation of international [sic] recognised clinical and research criteria, consistent with the Canadian Guidelines, which reflect the WHO classification". At that point, we were told by the Gibson Office that they considered that a satisfactory consultation period had now taken place and that the ME charities wanted to publish the EDM and start campaigning with it as soon as possible.

We have already speculated in a previous commentary why Dr Shepherd might be reluctant for an EDM to call outright for the adoption of the Canadian Guidelines and how this fudged and fuzzy call for the implementation of an unspecified "international [sic] recognised clinical and research criteria" would suit him very well indeed. We have also asked readers to consider why Dr Turner maintains that specifying "ICD-10 G93.3" within an EDM would not be "sensible" and what precisely Dr Turner meant when he said "No, there's so much argument about definitions" and that "the EDM should not lock it into any given definition which not everybody in the room will probably agree with".

If an EDM were not to call outright for the implementation of the Canadian Criteria per se, but for criteria "consistent with" the Canadian Guidelines just what criteria does Dr Gibson have in mind? The adaptation of an existing internationally recognised definition for UK use? The "updating" or revision of the "Oxford Criteria"? Or is Dr Gibson suggesting that an entirely new UK criteria might be developed which would be "consistent" with the Canadian

Guidelines and “internationally recognised” and if so, when and by whom does Dr Gibson envisage this new criteria being developed? But none of these issues could be discussed at the APPG on ME and no public debate has been entered into by the GSRME through which these issues might be fully explored before an EDM is finalised and published. Some sections of the ME community might be content to leave the important issue of campaigning for criteria in the hands of a politician but we consider that many would have expected to have actively participated in a dialogue over what this EDM should be calling for and to have been kept properly updated on its progress.

We would now like readers to consider a further issue relating to definitions which has only just come to our attention.

Included in the Invest in ME March newsletter is an item about a new research proposal and we reproduce this item in full. A copy of the Invest in ME March newsletter does not appear to be available on the Invest in ME website, but a copy can be requested at: <http://www.investinme.org/IIMENewslettersubs.htm>

Extract, Invest in ME March newsletter:

“An Opportunity for Progress. Dr. Hyde is perhaps the only physician who has been doing a total technological physical body assessment on ME and CFS patients. This has revealed an incredible amount of information on the differences between ME and CFS. Without extensive examination Dr. Hyde feels pwme will never know why they are ill and one will never get to the bottom of this group of illnesses. Employing the Nightingale M.E. Definition (see article below), some ME patients can be treated and be significantly improved and possibly be able to return to school or work.

The Gibson Inquiry has now led directly to a resolution to prepare a research proposal.

The proposal is to be prepared by Dr. Hyde, Professor Hooper and others and will involve other researchers with an aim to provide two UK centres for full body analysis of people with ME. This will involve full medical examinations being performed on people with ME using relevant equipment and techniques with the results being used to provide diagnostic evidence and techniques and further research information. The project would examine patients with myalgic encephalomyelitis and these centres would be true centres of clinical excellence. The project would not use any of the psychiatric units already set up in the UK but would be hospital/university based and would take in referrals from UK physicians. The project would involve severely affected people with ME also.

Such a proposal will not be easy to prepare; it will require consultation with many UK experts in the field; agreement of the University Hospitals to be involved and it will require defined access to highly technological tools so that patients, both adults and children, can be examined within a week. Finally such a research will require a careful cost analysis, controls in some cases, and acceptance by the appropriate health committees.

All this will take time.

Invest in ME are working with Dr. Hyde and Professor Hooper and facilitating and helping with this and we hope that the eventual proposal will lead to a significant step forward in the funding of ME, the treatment of ME and the future for people with ME and their families. This approach for making such a proposal has been evolving since the last IiME conference in 2006 and we will ask for support and participation from all ME support groups around the country and abroad.

The steps involve not just the development of the research proposal but also

raising of sufficient funds in order to set up these UK centres. It already has the amazing dedication of Dr. Hyde and Professor Hooper, individuals who have not flinched in serving and helping the ME community. As Dr. Hyde points out -

"I believe that it is well worth the effort if we can even return any M.E. patients to health and productivity and to prevent future M.E. illness in children and adults.....The UK will also potentially provide a spring board for European research clinics to set up similar research facilities"

"It has been a long battle but in reality, it has been Dr Ian Gibson who has opened the door to something positive happening for the chronically disabled M.E. children and adults in the UK."

Invest in ME are completely committed to this project. We believe this is an exciting opportunity which we must grasp and we will be doing whatever we have to do to try to make this opportunity a reality.

Dr. Hyde and Professor Hooper will be able to elaborate more at the Invest in ME ME/CFS Conference in London on 1st May."

The Nightingale Definition of Myalgic Encephalomyelitis

Dr. Byron Hyde has produced a new Nightingale Definition of ME for the Gibson Inquiry and for the Invest in ME ME/CFS Conference in London in May. This can be viewed here

<http://www.investinme.org/Documents/PDFdocuments/Byron%20Hyde%20Definition%20Booklet.pdf> "

[Extract ends]

A plain text version of the Nightingale Definition of ME was circulated via Co-Cure by Jan van Roijen, on behalf of US ME advocate, LaVonne Woodruff, on 1 December 2006. The version of the text, as circulated via Co-Cure, in December, did not include any dedication, but the PDF of the Nightingale Definition document, version dated 29 January 2007 (now available from both the Nightingale website and Invest in ME's website) is prefaced by a "Dedication" to Dr Gibson and his panel.

In this "Dedication" (a full copy of which can be read in Appendix 1) Dr Byron Hyde reveals that he was invited to meet with Dr Gibson on 27 October 2005, prior to presenting evidence to the Oral Hearings, the following year. As a result of these meetings, he was commissioned by Dr Gibson to produce a report, but that the resulting report and definition were finished too late and were not submitted to the GSRME until after the Gibson Report had already been published, last November.

One assumes, then, that Dr Gibson's original intention had been that this document, specifically commissioned from Dr Hyde, would be used to inform the committee's deliberations and that the Nightingale Definition resulting from Dr Hyde's report might be considered or otherwise included within the "Gibson Report" itself, alongside existing criteria or perhaps provide a benchmark against which the value of other criteria already in use might be evaluated or as a source of reference when considering future avenues of research. Or perhaps the intention had been that the Nightingale Definition might be recommended by the GSRME for use in the UK and that once the "Gibson Report" was published the GSRME would campaign on the basis of Dr Byron Hyde's Definition.

Although Dr Hyde says in his Dedication that "the Chairman of the joint committee, Dr Ian Gibson, asked him to prepare a report that might assist the committee in its further deliberations" and that "he hopes that this definition will be helpful to Dr Gibson and his committee in their deliberations", there is no

mention within the "Gibson Report" of any definition being developed specifically for the purposes of the inquiry as a work in progress.

Why has it not been disclosed in the Report that Dr Gibson had specifically commissioned material for the panel's reference and why was it not disclosed at the time? Because no list of Submissions is appended to the Report and due to the paucity of references and citations within the text of the document itself, it is impossible to tell what evidence and other material submitted has been used as sources of reference by the GSRME committee, or might have been obtained by them or what new material the committee might have procured or commissioned from other sources, since none of this has been accounted for. It is disingenuous of Dr Gibson not to have declared this commission or to explain how Dr Hyde's report was intended to relate to the overall process of the inquiry and in what ways the committee intended to make use of the document in order to inform themselves during the course of the inquiry or once their own report had been completed.

So another reason why the "Gibson Report" does not actually go as far as recommending the adoption of the Canadian Guidelines (presenting them in the Report's Conclusions only as "a useful contribution to the attempt to define the clinical condition of CFS/ME") and a reason why this EDM did not call outright for their adoption might be because Dr Gibson would prefer to rely on the Nightingale Definition, resulting from the document he commissioned Dr Hyde to provide for the inquiry but which was completed too late for inclusion in the actual report. Dr Hyde says in his Dedication that his definition has since been submitted to the GSRME.

Perhaps Dr Gibson needed little encouragement, then, from Dr Shepherd not to put this EDM out for consultation with a patient community who were likely to agitate for the inclusion in the EDM of a clear call for the adoption and implementation of the Canadian Guidelines, since it may be the case that Dr Gibson is intent on seeking to hold the door open for Dr Hyde's Nightingale Definition instead.

Dr Gibson's response to our calls for consultation over the content of the EDM has been to withdraw the EDM - not because he is prepared to acknowledge the need for consultation or that he accepts that the EDM is currently based on a flawed report in urgent need of revision before it can be considered fit for purpose as a campaigning tool, but because he says "he is not prepared to submit an EDM that will lead to a counter campaign asking MPs not to sign it". Should Dr Gibson and the GSRME wish to produce a new EDM in place of the one that they have elected to withdraw, then we hope that this time they will consult with the ME community over its content and wording.

We consider that the charities have displayed characteristic weakness in failing to bring pressure on the GSRME to make revisions to the document before agreeing that they would campaign on the basis of this Report and its attendant EDM. How can the charities expect their members to assist them in campaigning on the basis of a document for which they, themselves, have requested that revisions are made in order to address errors, misconceptions and ambiguities which they have told the GSRME are damaging to the welfare of a vulnerable patient community? We consider that this is another instance of the lions of the ME patient community being misled by the donkeys of the ME charities.

In taking the initiative which the charities have failed to take and in pointing out the pitfalls to the GSRME of failing to revise this document before the patient community is called upon to approach their MPs for their support for an EDM, we are being vilified by Dr Gibson as potential instigators of a "counter campaign" detrimental to "the ME cause" - whereas the problem lies entirely with

Dr Gibson, his committee and its flawed report. Furthermore, there have been no threats of a "counter campaign" on our part, merely the pointing out to Dr Gibson and his panel that those approaching their MPs to sign up to an EDM will be obliged to point out to their MPs the errors and ambiguities contained within this document. So although we are very pleased that Dr Gibson has withdrawn imminent plans to launch this EDM we remain very concerned for the way in which he has handled these issues and for his stated reasons for having suspending his plans. We await with interest further developments and the receipt of responses to the rest of our questions.

Part Two: Vested interests

Many of us have been puzzled by the lack of critical analysis from certain ME advocates following the Report's publication, especially from those on whom we can usually rely to deliver thorough political and scientific deconstructions whenever important ME related documents are published.

It is now evident that Dr Hyde, Professor Hooper, Dr Gibson and Invest in ME have been negotiating for some time towards a research proposal, the development of which Professor Malcolm Hooper and Dr Byron Hyde are said to be playing a major part. We need look no further, then, for the vested interests behind Professor Hooper, Margaret Williams and Invest in ME's sexing up and spinning of this flawed report. Dr Hyde has placed Dr Gibson in the role of a major facilitator in the conception of this project and perhaps Dr Hyde also envisages Dr Gibson and his "inquiry" playing a major part in its realisation.

With Dr Gibson and the "Gibson Inquiry" being hailed by Dr Hyde and Invest in ME as having provided the impetus for spawning this new research concept, it might be considered advantageous by some of those closely associated with the project's development if the inquiry and report were rebranded to the status and kudos of a "Parliamentary Inquiry" when marketing this research proposal in the UK and abroad and for attracting sources of funding. Perhaps Dr Hyde is under the impression that it was a "Parliamentary Inquiry". Perhaps Ms Waddle and her colleagues at Invest in ME believe that if one repeats something often enough then that will make it true.

It isn't within the scope of this commentary to comment on this research proposal in any depth - but one or two brief points:

The "Gibson Report" does not call on the government for any new money specifically for the setting up of specialist testing and research "centres of excellence" outside the existing framework of CFS service provision which many patients are finding offer little in the way of testing or treatments. In fact, despite the concerns of many patients about the services offered by these CFS clinics and in particular, the psychosocial model on which many of them are based, the "Gibson Report" states that "The Group is extremely pleased with the advent of these centres" and that "The existing treatment centres would be ideal places to undertake or initiate large-scale epidemiological research studies of the type the Group feel are vital in this field. Providing they were conducted according to an acceptable criteria."

There is a contradiction, here, because, if the current centres were as fit for purpose as the GSRME and the APPG claim, then there would not be any need for the proposed new "super centres", unless of course those concerned have been determined to defend the status quo as their primary political objective. This slavish adherence to the status quo on their part has prevented and militated against any discussion of the issues of the set up and operation of the current centres and the referral and diagnostic criteria used within them, as well as the kinds of treatment, which is mostly psychological rehabilitation, to be obtained

from them. In order that these new proposed "super centres" are discussed, at all, by these committees so that they consult the ME community there will need to be a considerable shift in the political climate and environment of the committees concerned. Unless of course, they plan to settle these issues behind closed doors with the ME community excluded.

Should the MRC be approached for funding, it is likely to say that "centres of excellence" in the form of established CFS services like those of Barts or Liverpool/Manchester or the National ME Centre set-up, for example, already exist, so who would the new lead clinicians be for the "super centres"? Alternatively, in practice, these proposals might be to enhance the actual and potential research capability and capacity of a couple of the largest, existing centres, for example, Barts. This kind of approach might indeed find favour with the GSRME and the APPG since it would be extending the scope and operation of certain selected centres in line with the status quo, that is their current political view.

Invest in ME writes: "Dr. Byron Hyde has produced a new Nightingale Definition of ME for the Gibson Inquiry and for the Invest in ME ME/CFS Conference in London in May". Will part of the deal for this research proposal be that Dr Byron Hyde's Nightingale Definition will be put forward for use in research, rather than the Canadian Guidelines? We consider that it would be appropriate for Professor Hooper and Dr Hyde to issue a position statement on this issue prior to the Conference in May and we call for a position statement from Invest in ME who are now promoting this new definition.

This new Nightingale Definition has been published for only a few months and we have seen little debate so far. Some readers may not yet have had an opportunity to study this document. In practice, the recommendations for thorough whole body testing are to be welcomed but the emphasis on in-depth testing is likely to be considered unrealistic by a cash-strapped NHS for implementation in the UK and given our system of primary care and GP referral - a system which many UK patients have no choice but to remain within, since few will be able to afford to access privately the level of specialist testing that the Nightingale Definition recommends.

What do the main charities think of the new Nightingale Definition? Jane Colby, who has actively called for the adoption of the Canadian Guidelines in the past, has been involved in its development. If Dr Gibson is keen to support Dr Byron Hyde then it doesn't really matter what AfME and the MEA might think since Dr Gibson, Dr Hyde and Professor Hooper now have Invest in ME firmly behind them to do the PR for this research proposal and to promote the Nightingale Definition for them, if that is the route these three are now going down.

The vision of Professor Hooper and Dr Hyde for the setting up of UK research and treatment "centres of excellence" is a highly ambitious proposal that would take many years to come to fruition, if indeed it could be realised, but in the meantime, the desperate need for the implementation of a gold standard definition for clinical and research purposes remains. We predict that at the ME/CFS Conference 2007, Invest in ME will launch a dedicated fund towards this concept, which they will manage. We would not wish to see the UK patient community lose the impetus for pushing for the adoption of the Canadian Guidelines if the focus of attention is drawn entirely towards fundraising for the setting up of "centres of excellence" which may call for the use of an entirely different set of criteria to the Canadian Criteria, for which the ME community has been campaigning hard since 2003. This is just one of the issues which will need raising with Professor Hooper and Dr Hyde.

Finally, we find it most interesting that Invest in ME are expressing uncharacteristic caution over this (currently suspended) EDM and have said “[Invest in ME] hope to be able to support this EDM when it is ready and when the contents are known”. If pressure were put on the GSRME to call for the Canadian Guidelines per se in any future EDM, and to campaign on the basis of the Canadian Guidelines, would Invest in ME still feel able to support such an EDM, given how enthusiastically they appear to be embracing the new Nightingale Definition?

We hope that the ME community will give very careful consideration to all the issues we have raised above and particularly for the potential for a future schism amongst the ME community over the issue of criteria.

Appendix 1: Copy of “Dedication” from Page 3, The Nightingale Definition of ME

[As a non UK resident, Dr Hyde might be excused for his misperception in referring to the publication of the unofficial “Gibson Report” by this informal group as the “tabling of the parliamentary report”. There can be no excuse, however, for Invest in ME’s persistent misrepresentation on the internet, to the press and to potential conference delegates of the actual status of this committee and the report it has produced.]

The Nightingale Myalgic Encephalomyelitis (M.E.) Definition

<http://www.investinme.org/Documents/PDFdocuments/Byron%20Hyde%20Definition%20Booklet.pdf>

The Nightingale Research Foundation Ottawa, Canada

<http://www.nightingale.ca>

January 29, 2007

Dedication

The following definition of Myalgic Encephalomyelitis (M.E.) was prepared as a result of an invitation to attend two meetings at the British House of Commons with the Honourable Dr. Ian Gibson, Member of Parliament for Norwich North. The first meeting was with Dr. Gibson and his parliamentary assistant Huyen Le on 27 October 2005.

The second meeting was with The United Kingdom Parliament Group on Scientific Research into Myalgic Encephalomyelitis (ME), composed of Members of the House of Commons and House of Lords.

It was held at Portcullis House on 10 May 2006.

The committee members included:

The House of Commons Committee on M.E. *

Dr Ian Gibson (Labour MP for Norwich North)

Dr Richard Taylor (Independent MP for Wyre Forest)

Rt Honourable Michael Meacher (Labour MP for Oldham West and Royton)

David Taylor (Labour MP for North West Leicestershire)

Dr Des Turner (Labour MP for Brighton Kemptown)

The House of Lords Committee on M.E.

Lord Leslie Arnold Turnberg (Labour) Royal College of Physicians

Baroness Julia Frances Cumberlege (Conservative)

The Countess of Mar

The Chairman of the joint committee, Dr. Ian Gibson, asked me to prepare a report that might assist the committee in its further deliberations. Here is what I recommended.

The Report

It became obvious to me that too much importance is being placed upon the definitions of Chronic Fatigue Syndrome, and not enough upon the actual disease, Myalgic Encephalomyelitis. These two illness spectrums are not the same and should not be considered to be the same. Nor is there any doubt in my mind that the various definitions of CFS actively impede physicians' ability to make a rapid diagnosis and a scientific confirmation of the illness, thus preventing a possible immediate treatment of some of these significantly disabled M.E. patients.

The following definition and discussion, although completed after the tabling of the parliamentary report**, has been nevertheless respectfully submitted to the Honourable Dr Ian Gibson M.P. and his committee members of the House of Lords and Commons.

I hope that this definition will be helpful to Dr Gibson and his committee in their deliberations and will give comfort to M.E. patients everywhere. It is a definition that allows physicians to diagnose and treat successfully some of these patients immediately. Many underlying pathologies of M.E. are already known, particularly the primary physiological vascular dysfunctions, but effective treatment is simply not available. This definition also suggests the direction that future research into these vascular pathophysologies might take.

[End of Dedication prefacing 32 pp document]

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- The name of Ms Ann Cryer (Labour MP for Keighley) has been omitted from the list of members of the GSRME committee which produced the report. Ms Cryer, who had held the office of Secretary to the GSRME, resigned immediately following publication of the group's report.

** The "Gibson Inquiry" was not a parliamentary inquiry. The "Gibson Report" is an unofficial document published by an informal group of parliamentarians. The report is not a "parliamentary report" and does not have the authority of either of the Houses of Parliament. The report was published, in electronic format only, by the GSRME group not by Her Majesty's Stationery Office or by, or on behalf of, any government office or department, nor was it a commissioned report.

Appendix 2: Response from Dr Ian Gibson to paper letter dated 22 March:

From: Ian Gibson

To: Suzy Chapman; Ciaran Farrell

CC: BRAME; The ONE CLICK Group; Kevin Short; Heather Walker (AfME); Prof Malcolm Hooper; Sue Waddle (Invest in ME); Richard Simpson (Invest in ME); Kathleen McCall (Invest in ME); Trish Taylor (AfME); Neil Riley; Charles Shepherd; Tony Britton; Jill Moss (AYME); Mary Jane Willows; Simon Lawrence (25% ME Group); RiME; Dr Nigel Speight

Sent: Wednesday, March 28, 2007 12:26 PM

Subject: RE: Paper letter to Dr Ian Gibson, Chair, GSRME, 22 March 2007

Dear Suzy and Ciaran

Thank you for your letter and emails.

Concerning the Report of the GSRME

What you are asking is something fundamental to the report which requires a considered response from each group member. I will forward your letter onto each group member asking them to consider your points. Recently it has been taking some time to get responses from some of the Members offices. You will be aware that Sarah has had difficulty gathering information for some of your previous requests which were of a similar nature to this letter. It may take some time to gather responses from all group members again in this case especially given that Easter recess begins next week and the MPs will be back in their constituencies dealing primarily with constituency matters. I will only be able to respond to this section once I have received the opinions of the entire group.

Concerning the laying down of an EDM

At present any plans for an EDM relating to the GSRME report have been suspended. I am not prepared to submit an EDM that will lead to a counter campaign asking MPs not to sign it. Such a situation would not be in anyone's interest and would inevitably serve only to damage the reputation of the ME cause.

Regards

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