

Some guidance for those who wonder if incinerator emissions are harmful to health

by Michael Ryan BSc, C Eng, MICE

7 September 2017

Some questions which may not be answered

What evidence proves, beyond any reasonable doubt, that emissions from incinerators pose no risk to health?

Why has the Environment Agency continued to issue permits for incinerators despite the Health Protection Agency's failure to honour their August 2003 promise to examine relevant data around existing incinerators – thereby making their “expert” opinion worthless?

Why is the study into “adverse birth outcomes” around incinerators still unpublished despite being first reported in May 2011?

How was it that the collection of birth defect data since 1964 failed to find any link between air pollution and birth defects. The Times of 6 January 1964 included the following:

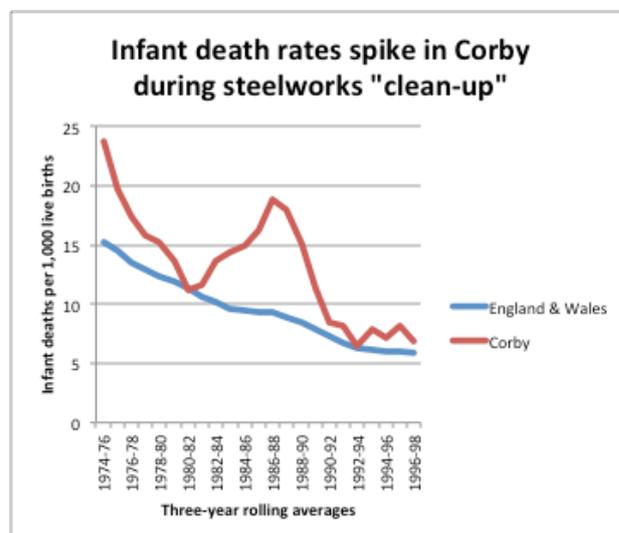
“The scheme is voluntary, but the chief medical officer expresses the hope that it will be supported by all doctors as a means of providing early information of causal factors of congenital malformation. He reminds practitioners that “following the thalidomide tragedy it was generally felt that there should be a national notification of congenital abnormalities so that any increase in these conditions might be noted as soon as possible”.

The scheme will be widely welcomed as a valuable means of helping to cope with a problem that involves a high infant mortality rate and is responsible for much ill health, disability and parental distress.”

(“Scheme to notify malformations”, The Times, 6 January 1964, page 12)

A long legal fight was necessary at Corby and yet those with access to infant mortality data must have at least suspected a link between pollution from the former steelworks site and a spike in rates that coincided with a spate of birth defects – with distraught families seeking answers and justice

<http://www.telegraph.co.uk/news/health/news/5935220/Corby-birth-defects-worst-child-poisoning-case-since-thalidomide.html>



How things used to be

When an incinerator permit was sought, an application would be made to the Environment Agency (EA), who would then ask the local Primary Care Trust (PCT) and also the Health Protection Agency (HPA) whether emissions would be likely to cause harm to health.

The PCT wouldn't bother to check data, but just repeat the "expert" advice of the HPA that there'd be no significant harm to health and the permit would be issued.

Unfortunately, the HPA who'd promised in August 2003 to examine health data around incinerators, failed to do so (I discovered via FoI request in 2008) thereby making their opinion worthless. (See Dorking Advertiser & Surrey Mirror articles, both 22 May 2008)

THE potential dangers of chemicals and poisons, such as those from landfill sites and incinerators, are to come under intense scrutiny, the Health Protection Agency (HPA) announced yesterday.

Working with the NHS, the HPA will investigate suspicious clusters of disease which could be linked to chemical exposure.

The pledge was made as the fledgling agency, which began work in April, launched its five-year plan setting out its aims and objectives across a raft of health protection concerns.

The plan pointed out that an estimated 600 new chemicals entered the marketplace each month, on top of the 11 million already known and 70,000 in regular use.

Various studies have claimed that exposure to chemicals can have serious effects on health, including the risk of birth defects and certain chronic diseases.

The HPA plan not only highlighted public concern about chemical-related accidents, but also the possible ill health consequences of long-term exposure to chemicals, such as those emitted from landfills, incinerators and industrial sites.

Pat Troop, the HPA's chief executive, said it was crucial to study the long-term effects of chemical exposure. "We are not saying there is a problem. We are saying we are looking carefully to see if there is a problem or there isn't a problem. The public is concerned about many of these issues."
(“Chemical danger testing”, Western Daily Press, 6 August 2003)

“Studies have claimed that exposure to some chemicals can have serious effects on health, including the risk of birth defects and chronic diseases.
The HPA will also investigate public concern about the possible effects of long-term exposure to chemicals, such as those emitted from landfills, incinerators and industrial sites.
Dr Troop said: "We are not saying there is a problem. We are saying we are looking carefully to see if there is a problem or there isn't a problem.
"The public is concerned about many of these issues and it is important that we don't ignore it if there is a problem."

Story from BBC NEWS:

Published: 2003/08/05 12:49:48 GMT

<http://news.bbc.co.uk/1/hi/health/3126075.stm>

“The health protection agency (HPA), responsible for public health in England and Wales, yesterday conceded that there was public concern about the health risks from use of

mobile phones, industrial chemicals and pollution from landfill sites and incinerators. Unveiling its first five-year plan, it recognised that exposure to chemicals and poisons was greater in poor and disadvantaged areas and that children might be at greatest risk.”

(“Health watchdog to monitor risks of everyday chemicals”, Guardian, 6 August 2003)

<https://www.theguardian.com/politics/2003/aug/06/publicservices.health>

Events leading to the still-unpublished incinerator study – first reported 1 May 2011

At a North Yorkshire public meeting, the anti-incinerator group DISC showed a slide of electoral wards in Kirklees with higher infant death rates in the downwind wards than in those upwind of the incinerator. The map was one I’d prepared for a lecture at Costessey High School, Norwich in January 2007 and the map had already been printed in the Dorking Advertiser on both the 10th and 17th January 2008 and used by the Capel Action Group in their campaign against Surrey County Council’s decision to site an incinerator in Capel.

http://www.mole-valley.gov.uk/media/pdf/t/1/CAG_Infant_deaths_report.pdf

It would be interesting to know who at the DISC meeting contacted Kirklees Council as the latter sent a threatening letter to DISC in 2009 – and inadvertently helped trigger the study:

http://www.thenorthernecho.co.uk/news/4472880.Legal_threats_in_waste_dispute/

Kirklees Council were keen to bully DISC in 2009, yet failed to give comment to David Himelfield at the Huddersfield Examiner in February 2017 for his article about my research:

<http://www.examiner.co.uk/news/west-yorkshire-news/air-pollution-linked-kirklees-baby-12615235>

I’d contacted Mr Himelfield after seeing this article of 25 January 2017:

<http://www.examiner.co.uk/news/west-yorkshire-news/north-kirklees-highest-baby-death-12504619>

When Mark Metcalf’s first “incinerator” article appeared in Big Issue in the North (25 April-2 May 2010), it included the bullying attitude of Kirklees Council, the failure of the Health Protection Agency to check relevant data around incinerators and also the study by Dr Tango and others into infant deaths around 63 incinerators in Japan.

The conclusion of the Japanese study, which was published in 2004, starts as follows:

“Our study shows a peak-decline in risk with distance from the municipal solid waste incinerators for infant deaths and infant deaths with all congenital malformations combined.”

(Risk of adverse reproductive outcomes associated with proximity to municipal solid waste incinerators with high dioxin emission levels in Japan.

J Epidemiol. 2004 May;14(3):83-93.)

Mark Metcalf's articles shamed, or otherwise persuaded the Health Protection Agency to promise a study that was first reported on 1 May 2011:

<http://www.express.co.uk/news/uk/243962/Are-rubbish-incinerators-killing-our-children>

http://www.theboltonnews.co.uk/news/9079433.Waste_incinerators_inquiry_into_ink_with_infant_deaths/

http://www.enfieldindependent.co.uk/news/localnews/9077282.Hopes_incinerator_will_be_part_of_new_health_study/

http://www.guardian-series.co.uk/news/9075647.CHINGFORD__Incinerator_health_inquiry_welcomed/

<http://www.liverpoolecho.co.uk/news/incinerator-health-study-results-delayed-12102083>

The Health Protection Agency claimed in 2009 that there was almost no risk to health from Edmonton incinerator:

http://www.enfieldindependent.co.uk/news/4579486.Edmonton_incinerator_poses_almost_no_threat_to_health_according_to_pollution_experts/

The HPA sat on their hands when these articles printed on 29 April 2007 & 2 August 2007:

<http://www.express.co.uk/news/uk/5688/Incinerator-fumes-link-to-infant-deaths>

http://www.guardian-series.co.uk/news/1592749.concerns_over_infant_death_rates_in_chingford_green/

The Sunday Express article of 29 April 2007 followed the three-page about my research in the Enfield Advertiser of 25 April 2007, which had the headline "THE BABY KILLER?" across a photograph of the Edmonton incinerator on the front page.

London has 625 electoral wards (City of London counted as a single ward) and the contiguous group of four wards with the highest infant mortality rate for the twelve-year period 2002-2013, are clustered around the Edmonton incinerator.

Borough	Ward	Live births	Infant deaths 2002-2013 ONS data	Infant deaths per 1,000 live births
Enfield	Lower Edmonton	3738	36	9.6
Enfield	Upper Edmonton	3827	36	9.4
Waltham Forest	Valley	1834	16	8.7
Haringey	White Hart Lane	2710	23	8.5
	Totals	12109	111	9.2

The four Bromley wards below, which had very low infant death rates during the same 12 years, also form a single group - but are relatively free from incinerator emissions.

Borough	Ward	Live births	Infant deaths 2002-2013 ONS data	Infant deaths per 1,000 live births
Bromley LB	Darwin	589	0	0
Bromley LB	Shortlands	1034	0	0
Bromley LB	Hayes and Coney Hall	1652	2	1.2
Bromley LB	Kelsey and Eden Park	1844	1	0.5
	Totals	5119	3	0.6

Don't assume that living in a wealthier Borough means lower infant death rates as Kensington & Chelsea had the highest infant death rate of all 32 London Boroughs for the 3-year period 1965-67 at 23.0 per 1,000 live births. The five Boroughs with highest rates (Kensington & Chelsea, Wandsworth, Westminster, Camden, & Lambeth) formed a single group clustered around the Battersea Power Station, which was operational in that pre-incinerator and pre-North Sea Gas period. Enfield's rate was 16.0 per 1,000, which was between Richmond-upon-Thames (16.3 per 1,000) and both Bromley and Havering (15.3 per 1,000). Hillingdon and Harrow were joint-lowest at 13.0 per 1,000 live births.

Background

The link between air pollution and elevated rates of deaths has been in the public domain for at least 160 years, and almost certainly within a few years of the start of Civil Registration of births, deaths and marriages in England & Wales in 1837 (1855 in Scotland).

"In Glasgow there died 13.08 children out of every 100 living under five years of age; in Aberdeen the mortality was only 4.83 out of 100 children. From whatever cause or causes it may arise, infantile mortality is nearly three times greater in Glasgow than in Aberdeen, and consequently Glasgow is a much more unhealthy town than Aberdeen; for it has been proved that, as a general rule, "the less the proportion of deaths among children under five years, the greater is the healthiness of a town or locality." The report, in stating the causes of death, shows that the deaths from consumption were much greater in the towns than in the country districts, and that among the towns the lowest proportion was in the more exposed, and, therefore, better ventilated towns, such as Edinburgh and Aberdeen."

Reports of the Registrar-General of Scotland for 1858
(The Vital Statistics of Scottish Towns, The Times, 28 February 1859)

Dr John Tatham, Salford's Medical Officer for Health, wrote the following in 1881:

"In Salford 598 people in every 100,000 of the population die annually of lung complaints, as compared with only 334 in Mid-Cheshire... The conditions of life in this district are not superior to those in Salford, with the one exception that the atmosphere is less contaminated by smoke... so that the extreme difference on mortality may be assumed to be mainly if not entirely due to the smoke nuisance".

(Thirteenth Annual Report on the Health of Salford, 1881)

Dr Tatham became the Superintendent of the General Register Office, which celebrates its 180th birthday this year. Dr Tatham's report on the registration year

1891 looked at the mortality rates in three industrial towns with high infant mortality and a group of three agricultural counties with low infant death rates. The following is at the bottom of page x and top of page xi of his report:

“The (infant mortality) rates differed widely in different counties; and that these differences are not merely casual is shown by their being repeated with great persistence year after year, the general rule being that the rate is lowest in the purely agricultural and highest in the mining and those with textile industries.”
(Fifty-Fourth Annual Report of the Registrar-General of Births, Deaths and Marriages in England (1891))

Sir Arthur Newsholme was aware that infant mortality rates are highest in industrial areas and he was also aware that child death rates (i.e. at ages 1-5) were also high in such areas.

“Sir Arthur Newsholme and State Medicine: 1885-1935”, by Professor John Eyler (Cambridge University Press, 1997) has a graph on page 303 showing the infant and child mortality rates into Counties in England & Wales for the year 1908.

Sir Arthur Newsholme realised the importance of the similarity as many at that time believed in “eugenics” and that high infant mortality was a way of “weeding-out” inferior stock and thereby having healthier survivors of that first year.

The table below shows that Counties with highest rates were the most industrialised, whilst the ones with lowest rates are mainly rural – and where wages have historically been lower.

Administrative Counties	Infant deaths per 1,000 live births in 1908
Glamorgan	129
Durham	126
Northumberland	123
Monmouth	117
Carmarthen	117
Stafford	110
Yorks W.R.	110
Lancashire	110
Denbigh	106
Cumberland	106
Caernarvon	101
Derby	100
Nottingham	100
Yorks N. R.	96
Cheshire	95
Leicester	94
Lincoln	89
Yorks E. R.	89
Cornwall	86
Norfolk	86
Cambridge	86
Warwick	85
Shropshire	84
Worcester	83
Middlesex	80
Northampton	79
Bedford	76
Suffolk	76
Essex	75
Devon	74
Kent	74
Hants	70
Somerset	68
Gloucester	67
Sussex	67
Surrey	66
Bucks	66
Herts	66
Wiltshire	65
Dorset	65
Berks	65
Hereford	64
Oxford	61

(Data from page 303 of “Sir Arthur Newsholme and State Medicine: 1885-1935”)

Dr William Brend, who was a barrister as well as a medically-qualified doctor, scrutinised the infant death rates for all parts of the British Isles for the year 1914 and saw that poverty couldn't possibly be blamed. The preface of his "Health and the State" (Constable, 1917) starts as follows:

"A healthy population is the finest form of national wealth, and in an industrialised country its possession depends to a large extent upon the completeness of the Public Health services and the success they achieve in securing a sound environment."

The following is on page 87:

"The Effect of a Smoke- and Dust-polluted Atmosphere

We have now examined, with one exception, the main factors which might be held to account for a high rate of infant mortality, and we find that differences neither in poverty, bad housing, insufficient feeding, defective sanitation, disease, industrial occupation of women, nor malnutrition of mothers can be regarded as adequate to explain the excessive and widespread difference between urban and rural rates of infant mortality. The factor which remains to be examined is that of smoke and dust in the atmosphere. Dirtiness of the air appears to be the one constant accompaniment of a high infant mortality: purity of the atmosphere is the one great advantage which the agricultural labourer of Wiltshire, the Connaught peasant, and the poverty-stricken crofter of the Highlands enjoy over the resident in the town. In the opinion of the writer, a smoky and dusty atmosphere as a cause of infant mortality far transcends all other influences."

The entire text of "Health and the State" is online, thanks to UCLA:

http://archive.org/stream/healthstate00bren/healthstate00bren_djvu.txt

My late father-in-law had a copy of Black's Medical Dictionary and this sentence shows that the medical profession should have been aware that increased exposure to pollution from industrial and domestic sources was causally linked to infant mortality and also that "poverty" couldn't be blamed – otherwise all agricultural districts (with their historically low wages) would have had high rates. The cleaner air, which is mostly to be found in agricultural districts, meant lower rates of infant deaths:

"As a general rule it is lowest in agricultural districts, higher in thickly populated mining and manufacturing regions, and highest in large towns where textile industries are carried on and where female labour is largely employed."
(Black's Medical Dictionary, 1944 edition, page 471)

Politicians are aware of regional variations in infant mortality rates as seen in 1965:

Infant Mortality

HC Deb 08 February 1965 vol 706 cc20-1

[20](#)

12. [Mr. Shepherd](#) asked the Minister of Health why the infant mortality rate in one year is almost 20 per cent. higher in the Northern counties than in the Southern counties; and what steps are being taken to improve the situation.

§

92. [Mr. Rose](#) asked the Minister of Health, whether he will investigate further the causes of the high infant mortality rate in the Manchester area and northern counties.

§

94. [Mr. Heffer](#) asked the Minister of Health in which area the incidence of infantile mortality is highest; and what are the reasons for it.

§
Mr. K. Robinson In 1963, the highest infant mortality rate was in the four South-Eastern counties of Wales. There is no simple explanation of regional variations, but economic and social factors are thought to play some part. Research into the causes of these variations is continuing and future action must depend on the outcome.

§
Mr. Shepherd In view of the fact that we have a disparity between the eastern region rate of 16.7 deaths per thousand live births and the rate of my own region—the north-west—of 25 per thousand, will the right hon. Gentleman give serious consideration to a more detailed study of this question? Could it not be remitted to one of the universities for social study, because there is here a disparity very difficult to understand?

§
Mr. Robinson The Registrar-General is to make a special study of infant deaths in 1964 by regions, according to

21
social class, age of mothers and the number of previous children, I am afraid that the results of this study are not likely to be available until the middle of 1966.

§
Mr. Rose Is my right hon. Friend aware that there appears to be a correlation between substandard housing and high infant mortality? Is he further aware that there is an acute shortage of midwives in the Manchester Hospital area? Will he take the necessary action to deal with this legacy of 13 years of Tory rule?

§
Mr. Robinson I am sure that in so far as these factors contribute to the disparity in the figures, they will be brought out in the research studies.

§
Mr. Heffer Is my right hon. Friend aware that on Merseyside we have long held the view that the whole question of the infant mortality rate is due to a question of social class and that there is bad housing in areas in which there is a high rate of infant mortality; and that we shall very much welcome the report and a closer analysis of the factors in this question?

§
Mr. R. W. Elliott Is the right hon. Gentleman aware that an excellent research on this subject—now in its fourth year—is being undertaken by the University of Newcastle under the guidance of Professor Russell? Is he further aware that there is an associated research into crippled children being undertaken by the University of Newcastle? Will he look into the possibility of more money being allocated for this research, as the United States has recently subscribed 35,000 dollars to it?

§
Mr. Robinson I was not aware of the Newcastle study. I certainly knew that arrangements had been made for information to be collected locally from the beginning of 1964 about birth abnormalities. The question of research grants is probably one for my right hon. Friend the Secretary of State for Education and Science rather than for me.

<http://hansard.millbanksystems.com/commons/1965/feb/08/infant-mortality>

The 1966 report that followed the above debate showed higher infant death rates in Northern England and Wales (only four regions analysed), but failed to mention air pollution as a possible factor. Just a single year of data was analysed (1 April 1964 - 31 March 1965), so the report showed little that wasn't in the above Hansard debate.

The five socioeconomic groups were described as follows:

- Social Class I: Professional occupations
- Social Class II: Farmers, teachers, shopkeepers
- Social Class III: Skilled occupations – fitters, clerks
- Social Class IV: Semi-skilled occupations – farm workers, machine minders
- Social Class V: Labouring occupations – railway porters, kitchen hands

The high infant mortality rate in Wales among group III was noticed as follows:

“It is interesting that in Wales babies of mothers in Social Classes IV and V combined were as likely to survive the first four weeks of life as those in Social Class III. This is probably due to the high death rate in babies of Welsh miners who are allotted to Social Class III. In the MRC (Medical Research Council) survey of 1949-50 these babies had the same rate as infants of workers in other industries who were assigned to Social Class V.”

(Spicer, C. C., and Lipworth, L. (1966). "Regional and Social Factors in Infant Mortality". General Register Office. Studies on Medical and Population Subjects. No. 19. H.M.S.O., London.)

As air pollution is known to cause higher rates of deaths, it must also be obvious that a reduction in pollution must have a beneficial effect on death rates at all ages – and that’s exactly what happened after cleaner North Sea Gas replaced gas made from coal.

The switch to North Sea Gas heralded a rapid fall in infant mortality rates in England & Wales and will have also helped many more people be alive today in their 90s and above.

Health Stat Q. 2008 Winter;(40):18-29.

Geographical trends in infant mortality: England and Wales, 1970-2006.

[Norman P1](#), [Gregory I](#), [Dorling D](#), [Baker A](#).

Abstract

At national level in England and Wales, infant mortality rates fell rapidly from the early 1970s and into the 1980s. Subnational areas have also experienced a reduction in levels of infant mortality. While rates continued to fall to 2006, the rate of reduction has slowed. Although the Government Office Regions Yorkshire and The Humber, the North West and the West Midlands and the Office for National Statistics local authority types Cities and Services and London Cosmopolitan have experienced relatively large absolute reductions in infant mortality, their rates remained high compared with the national average. Within all regions and local authority types, a strong relationship was found between ward level deprivation and infant mortality rates. Nevertheless, levels of infant mortality declined over time even in the most deprived areas with a narrowing of absolute differences in rates between areas. Areas in which the level of deprivation eased have experienced greater than average reductions in levels of infant mortality.

<https://www.ncbi.nlm.nih.gov/pubmed/19093637>

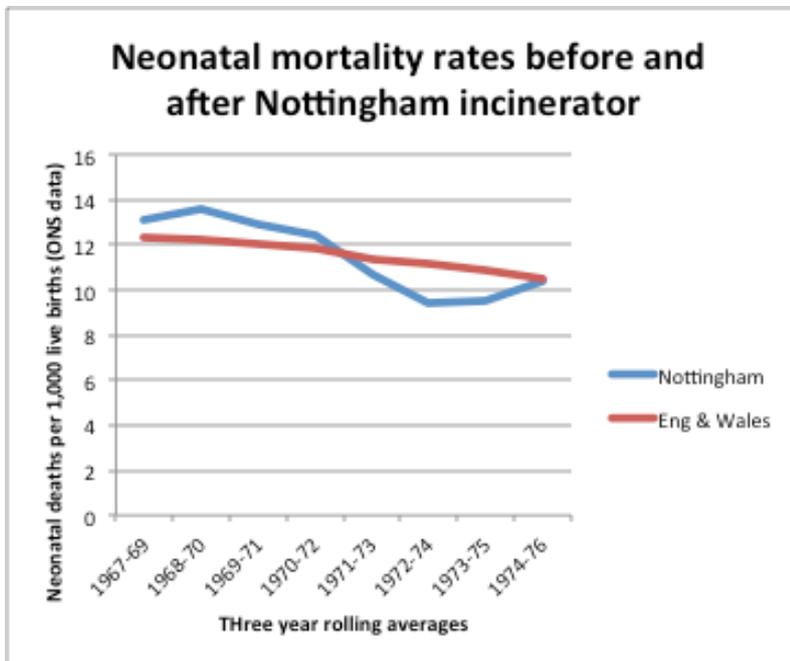
I don’t know why William Whitlock MP wanted to know the neonatal mortality rates in Nottingham, but the data released showed that the previously falling rate rose after the Eastcroft incinerator started in 1972.

[Mr. Whitlock](#) asked the Secretary of State for Social Services what have been the figures of early neo-natal and neonatal infant mortality in Nottingham in each of the last 10 years; how these figures compare with the national figures;

Infant and Perinatal Mortality

HC Deb 09 February 1978 vol 943 cc668-9W

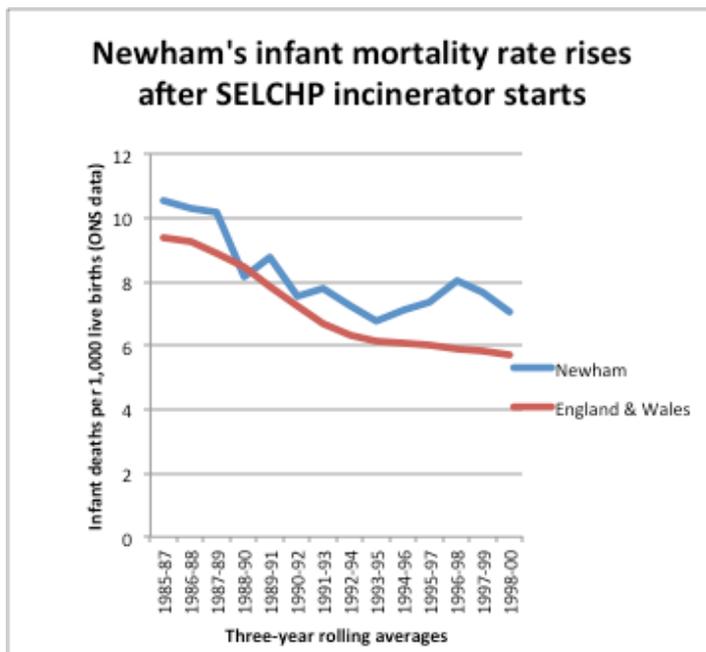
http://hansard.millbanksystems.com/written_answers/1978/feb/09/infant-and-perinatal-mortality-1



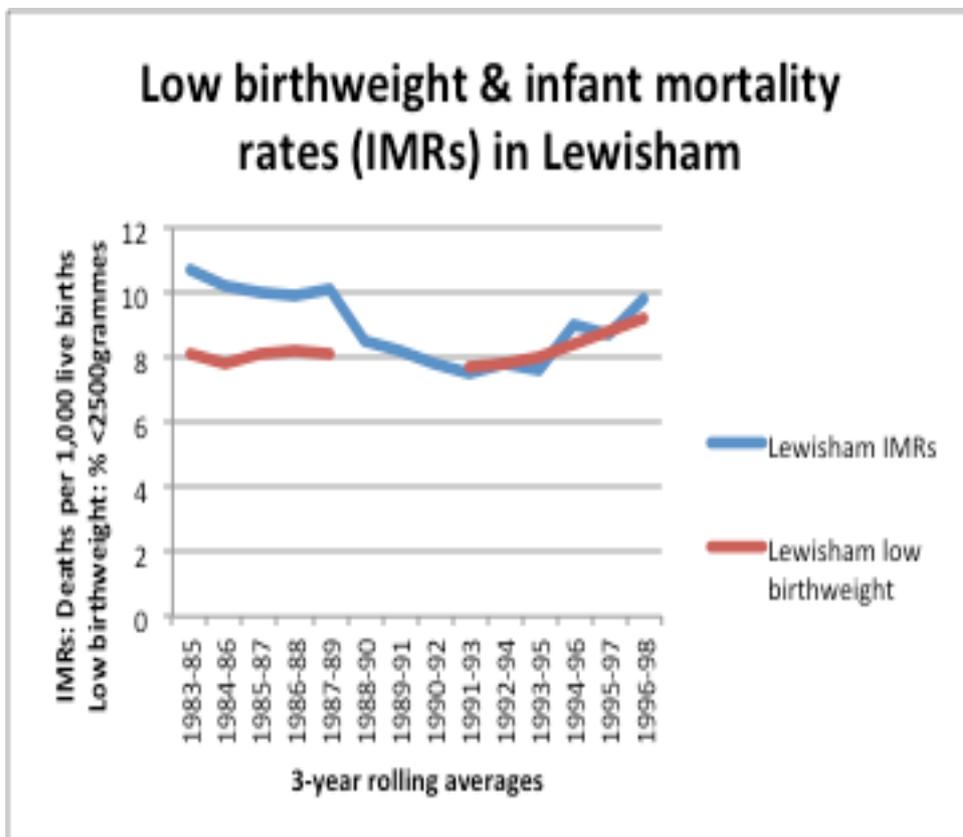
Those who claim incinerators don't harm health might blame "deprivation" for higher infant death rates near incinerators.

<http://www.tribunemagazine.org/2014/06/could-air-pollution-kill-more-than-deprivation/>

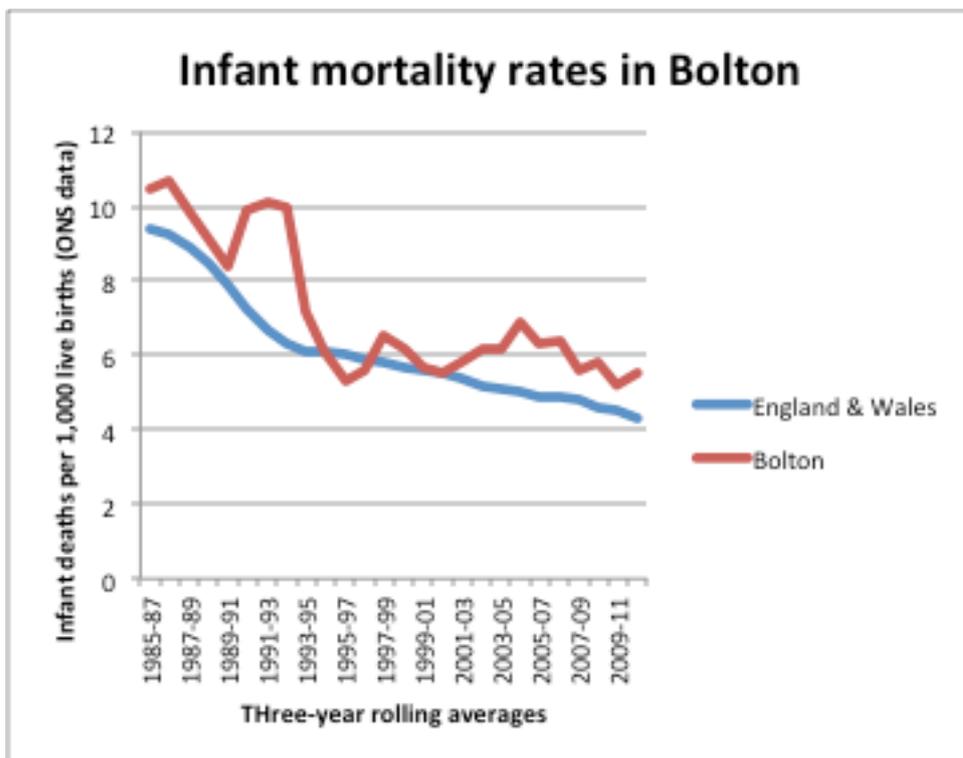
The infant death rate in Newham, which had been falling, suddenly rose after the SELCHP incinerator started in 1993.



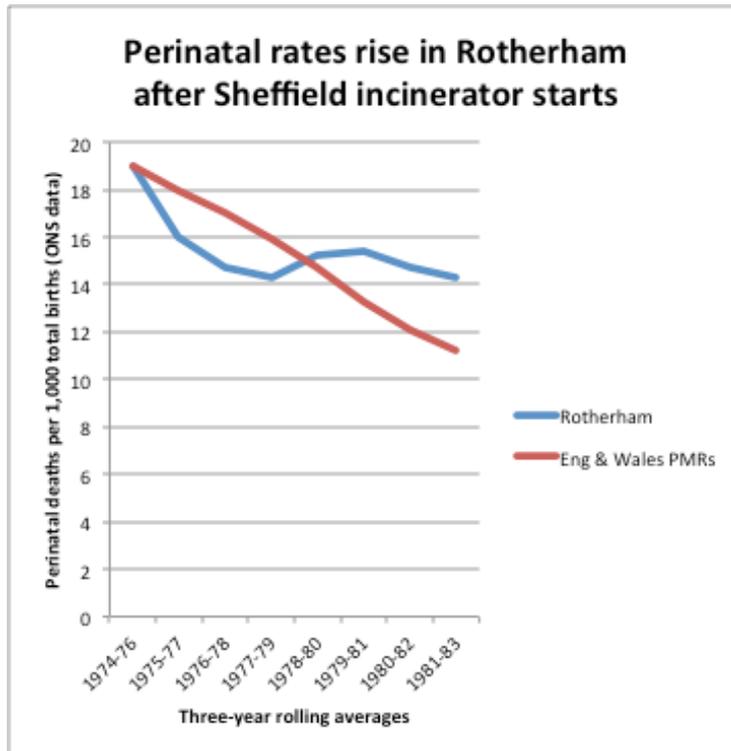
More of the same in Lewisham, both for infant deaths and the percentage of low birthweight babies.



Bolton has both a municipal incinerator (Raikes Lane) and also a hospital incinerator and both have been replaced at various times. The most recent municipal incinerator, which is included in the study, started in 2000 and ONS data shows that the infant death rate suddenly rose above the average rate for England & Wales afterwards – and the Environment Agency, Primary Care Trust, Health Protection Agency and Bolton Council did nothing – as far as I’m aware.



The Bernard Road incinerator in Sheffield, which was completed in 1977, isn't far from Rotherham, which is downwind with westerly winds. The perinatal mortality rate (stillbirths plus deaths under seven days per 1,000 total births) suddenly stopped falling.



“Incinerator fury as bosses admit to no health checks”
by Nicole Le Marie, Dorking Advertiser, 22 May 2008, page 10

The Health Protection Agency has admitted no studies have been undertaken into the health effects of particles that could be released from the potential Capel incinerator.

The Advertiser can reveal that a Freedom of Information request submitted to the Health Protection Agency (HPA) has disclosed that the effect of PM2.5 emissions from incinerators has not been studied.

PM2.5 refers to the size of particles that could escape into the atmosphere from incinerator emissions.

When asked if the HPA had examined the rates of illness and premature deaths in areas close to other incinerators to ascertain the health effects, the agency replied that it had not.

But it said it had considered peer reviewed studies when examining the adverse health effects around incinerators.

It concluded: "There is no consistent evidence for significantly elevated levels of ill-health in populations potentially affected by emissions from multiple solid waste incineration."

The revelation has angered and shocked the Capel Action Group (CAG) which is in the process of going to the High Court to stop an incinerator coming to the Clockhouse Brickworks site in Horsham Road.

It claims that high infant mortality rates, and other serious health problems such as asthma and a rise in suicide rates, all occur in towns and villages that are downwind of an incinerator.

It has come to this conclusion after examining research carried out by UK Health Research.

The independent research company has collected figures from areas close to existing incinerators in Kirklees, Coventry and London.

Dino Adriano, of Coles Lane, spoke on behalf of CAG. He said: "It is quite clear that despite the worldwide concern over the health effects of PM2.5 particles, those charged with protecting public health in the UK are failing in their duty.

"The HPA demonstrates disdain, incompetence or worse.

"Given the prospect of a large number of incinerators being built over the coming years this situation needs exposing now at local and national level."

He added: "When we heard there was no research I was very surprised. We know these particles are dangerous and there is great concern among Capel residents."

CAG claim that not only could the 3,600 population of Capel face health risks, but up to 260,000 people could be affected by emissions from the plant in a 16-mile radius reaching as far as Caterham, Horely and Oxted.

Sean Trotter, general manager of Surrey Waste Management, issued the following statement when told of the health fears: "Energy from waste plants is among the most strictly regulated industrial processes in the UK and Europe.

"The UK's independent regulator, the Environment Agency, will be examining Surrey Waste Management's Environmental Statement in considerable detail."

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"Chill wind over fumes risk from incinerator"
Surrey Mirror, 22 May 2008

Thousands of residents are potentially at risk from poisonous fumes after a privately-funded investigation revealed safety surveys have been neglected, a campaigner has claimed.

Residents in towns downwind of the proposed Capel incinerator in neighbouring Mole Valley, such as Redhill, Reigate, Banstead and Caterham, will be most at risk says Michael Ryan, who contacted the Mirror after claiming he received confirmation from the Health Protection Agency (HPA) that it had not checked whether communities downwind from incinerators suffer more than those upwind.

Mr Ryan said: "I think people in Surrey will be surprised and very angry to find out that the agency has been giving advice without bothering to check any data."

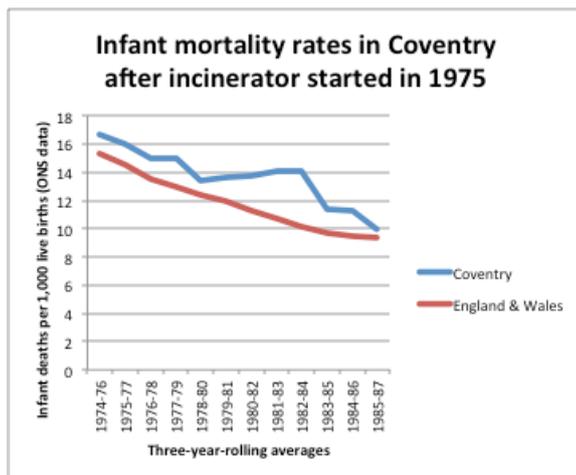
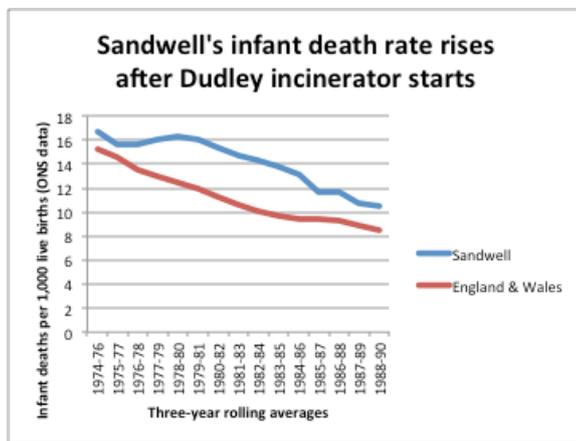
Retired GP, Dr Dick van Steenis, said: "The information that has been revealed is really damning.

"The HPA knows as much about this sort of study as it does about Japanese grammar."

The HPA was unavailable for comment as the Mirror went to press.

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The Dudley incinerator is in St Thomas' ward, which shares a boundary with Sandwell Council. Sandwell is downwind of the Dudley incinerator with all westerly winds.



The increases in infant death rates after incinerators started aren't a series of chance events – just as the high infant death rates in electoral wards exposed to incinerator emissions in recent years aren't chance events either.

I'm particularly grateful to Henry Ellis (Enfield Advertiser, 25 April 2007), Dhruti Shah (Harrow Observer, 3 May 2007), Julia Lewis (South London Press, 4 May 2007) and Jonathan Bunn (Waltham Forest Guardian, 2 August 2007) as their articles encouraged me to continue the research for a further decade.

The dismissive comments about my research written to third parties by Dr Harry Burns, Chief Medical Officer for Scotland (17 January 2008), and Dr Robert Maynard CBE, FRCP Health Protection Agency Air and Noise Pollution Unit (21 August 2008), have also encouraged me to continue, whilst also wondering why such eminent doctors didn't bother to examine further data and speak out, or look back at what other doctors, such as Dr William Brend, Sir Arthur Newsholme, Dr John Tatham, and Dr William Farr had observed.

“The recording of cause of death began in 1629. But by the 1820s such records were unreliable and so were abandoned with the creation of the General Register Office for England and Wales in 1837. The study of mortality now came into its own. William Farr (1807–83), pioneer analyst of the new statistics, revealed the differences in mortality between, for example, town and country, and between north and south. Such statistics were vital to proponents of public health whose analysis of death and disease enabled them to pressure politicians and civic authorities to implement reform.”

(Mortality, Anne Hardy, The Lancet, 15 January 2005)

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