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Derek Holmes Editor Bicester Advertiser c/o Newsquest Oxfordshire

Osney Mead Oxford, OX2 0EJ Thursday 14th August 2008

Dear Dr Maynard,

<u>URGENT - HPA Position Statement on Municipal Waste Incineration (in light of proposed new incinerators at, inter alia, Ardley Quarry, Oxfordshire)</u>

Infant mortality is invariably and significantly higher in electoral wards situated downwind of Britain's incinerators. This is not opinion; it is fact. The research by Michael Ryan (of UK Health Research), using data from the Office of National Statistics is widely available in media articles on the internet and will not be new to you so I shall limit myself to providing two examples from his work as follows:

- Maximum infant mortality (2003-2006) in five wards downwind of **Coventry** incinerator = 8.7 per 1,000 live births vs. minimum infant mortality in six upwind wards of 0.0 per 1,000 live births
- *Maximum infant mortality* (2003-2005) *in five wards downwind of Edmonton incinerator* = 10.5 *per* 1,000 *live births vs. minimum infant mortality in eleven upwind wards of* 2.5 *per* 1,000 *live births*

[Quoted from UK Health Research website, with permission from Dr Van Steenis]

One cannot question the location of these incinerators. That is fact. One cannot question the incidence of infant mortality. That is fact. One cannot question the direction of the prevailing wind (although clearly the wind does not *always* blow from this direction any more than its power or speed is uniform). That too is fact. Should you wish to challenge the research it must therefore be on the basis that you can find no evidence to suggest a link between the high infant mortality in these wards and the incinerators themselves. More of that in a moment. In the meantime, it clearly isn't coincidence, as Michael Ryan explains:

When I looked again at the Coventry data to include the 2006 statistics, I wondered where the five electoral wards with the highest infant mortality rates [2003-6 ONS data] were located and saw that instead of being randomly scattered around Coventry, they were in a single group that "just happened to be" immediately downwind of the incinerator in Bar Road. The odds against that occurring by chance are 1 in 8,568.

I also wondered where the two wards with the lowest infant mortality rates were located and saw that they were also in a single group, but that group was immediately upwind of the Coventry incinerator & the odds against that being a chance event are 1 in 78.

The odds against the five highest wards and the two lowest wards occurring in the pattern shown on the above map is 1 in 668,304, which doesn't seem very likely to me.

Note that the two lowest infant mortality wards in Coventry had zero infant deaths in 2003-6 while there were fifty infant deaths in the five "downwind" wards.

[Michael Ryan, Comment posted on Norwich Evening News24 website, 16th Feb 2008]

On the 11th June 2008, the International Society of Doctors for the Environment, in association with various French and Italian medical societies (representing a combined total of over 33,000 doctors) wrote an open

letter to the plenary of the European Parliament, asking it to take into consideration health issues in the upcoming vote on the Waste Framework Directive. I quote from this letter here:

Moreover, we are sadly surprised that the rapporteur of the Waste Framework Directive, Ms Caroline Jackson, claims that the health effects from incinerators are negligible. Several recent studies of wide samples of population continue to reveal the threat that incinerators pose to human health in Europe and around the world. Ultrafine particles emissions are still not monitored anywhere in Europe, even though the danger these particles pose is well documented.

There is more.

In 2001 an epidemiological study of the effects on health of the Sint Niklaas incinerator in Belgium (conducted by Fred De Baere and Kristine De Leeuwe) found that incidences of pollution-related cancer were almost five times higher in streets downwind of the incinerator than among the general population. While emissions from this incinerator conformed to EU standards, it was subsequently closed by a high court judge for causing death and illness among the local population.

And so back to you, Dr Maynard.

You told me in a recent telephone call that incinerators contribute very little to overall levels of air pollution – far less, for example, than the traffic on our roads. You told me that the high levels of infant mortality downwind of Britain's incinerators could have been caused by any number of factors including traffic emissions and cigarette smoking by the parents. (The Belgian study took cigarette smoking into account and still concluded that the incinerator was to blame). Your comments dodge the issue and do not constitute an adequate or responsible refutation of the damaging health effects of incinerators. It may be your *opinion* that there is insufficient evidence to link the high infant mortality and ill health in downwind wards to the incinerators but there is mounting *evidence* to contradict you. The sources I reference here suggest that there is a probability – a risk even – of you being wrong. And, while there is a risk; while there is the merest *possibility* of a link between incineration and infant mortality, I suggest that it would be an abdication of the HPA's responsibility to: (a) <u>not</u> commission further, independent research to provide a more conclusive answer on this issue (b) <u>not</u> review the HPA position statement on incineration and (c) approve plans for the construction of any more municipal waste incinerators.

If you don't believe that the research that I have referenced in this letter is valid, you should, at the very least, publically discredit it. If you are able to contradict it with evidence of your own, proving that incinerators are *not* damaging to health, then so much the better. But, be in no doubt, to ignore this evidence would be to hold public health and safety in contempt. Chris Cousins, Head of Sustainable Development at Oxfordshire County Council has already indicated his contempt by publically stating that "...there has been an element of scaremongering from some of the opponents of this technology." [Quoted on This Is Oxfordshire News, 27 Dec 2007]. What do you think, Dr Maynard? Are the concerns of over 33,000 doctors legitimate? Or do you too dismiss them as scaremongering?

County Councils often reply to opponents of incineration by referencing the Health Protection Agency's position statement. The following sort of refutation is not, I understand, uncommon: "This is one of the most heavily regulated industries in the country. They wouldn't let us do it if it wasn't safe." The trouble with this is that the HPA has not, by its own admission, undertaken conclusive research to validate the very position behind which the Councils hide. Here, I quote from a download available on the HPA website:

The Agency has considered studies examining adverse health effects around incinerators and is not aware of any consistent or convincing evidence of a link with adverse health outcomes. However it is accepted that the lack of evidence of adverse effects might be due to the limitations regarding the available data.

[HPA Position Statement on Municipal Solid Waste Incineration, Nov 2005]

In other words, (a) the studies that you have considered contain meaningless or severely limited data and (b) if you were to commission research with meaningful data, it might tell a very different story.

In 2001 the report of the Epidemiology Workshop on Human Health Tools and Techniques (organised by the Environment Agency and the Contaminated Land Rehabilitation Network for Environmental Technologies) suggested that a prospective cohort study of a representative sample size would allow for detection of changes in health of the local population around an incinerator. Here is one of the workshop's recommendations:

Use of GP records/hospital admissions and discharges records and mortality rates. Collect relevant emission data from the operator. Use these in air dispersion modelling to determine ground level concentrations. Look at trends and possible correlations between increased air concentrations and hospital admissions or mortality rates.

To the best of my knowledge this has never been done by the HPA, Environment Agency or DEFRA. If not, why not? If so, please send me a copy of the relevant data-driven research. Michael Ryan, meanwhile, has compared mortality rates among exposed (downwind) populations and control (upwind) populations and his results demonstrate that the public's concerns are legitimate.

Considering the issues I have raised, I now call upon you in your role as the senior medical officer for air pollution at the Health Protection Agency to publically answer the following six questions:

- 1. Irrespective of its cause(s), do you accept that infant mortality is *invariably* and *significantly* higher in electoral wards downwind of Britain's incinerators than in those wards situated upwind?
- 2. Do you accept that these incidences of infant mortality are sufficiently high to justify a public inquiry into their cause(s)?
- 3. Do you accept that there is mounting data-driven evidence to suggest a link between municipal waste incineration and infant mortality / ill health?
- 4. In light of overwhelming public opposition to incineration and widespread public concern over its effects on health, why has the HPA not commissioned *any* studies (be they epidemiological, prospective cohort or ecological) around Britain's incinerators, comparing the health of exposed (downwind) and control (upwind) populations in the last five years?

- 5. Do you accept that it would be irresponsible for the HPA to approve the construction of any more incinerators until it has conducted a more comprehensive study (epidemiological or other) of the long-term effects of waste incineration on the health of downwind populations?
- 6. Do you accept that if plasma gasification (or any other waste disposal technology) is proved to be safer (and cheaper) than incineration, then the construction of any more incinerators in Britain would be in contradiction of Article 5 (paragraphs 1 & 2) of Directive 2006/12 EC of the European Parliament and of the Council on waste, April 5th 2006?

I look forward to hearing from you. Since this issue is clearly in the interests of public health, I respectfully request that a copy of your reply is sent to everyone who has received a copy of this letter.

In signing off, I would like to thank you for your readiness to take my telephone call the other day, and for your helpful explanation of ultrafine particle monitoring, which I found informative.

Dr Maynard, you have a wonderful opportunity to do the right thing. *Take it!* Don't be the man who did nothing, while ignorant County Councils up and down the country gave the green light to incinerators that by all accounts (other than yours, which lacks supporting data) kill and maim our children.

Yours sincerely,		

On behalf of **Ardley Against Incinerator**, voicing the concerns of residents of: Ardley, Bicester, Bucknell, Caulcott, Caversfield, Chesterton, Cottisford, Croughton, Fritwell, Fringford, Hardwick, Hethe, Upper Heyford, Lower Heyford, Middleton Stoney, Stratton Audley, Somerton, Souldern, Stoke Lyne