From: Alex Stewart [mailto:Alex.Stewart@hpa.org.uk]
Sent: 25 August 2010 16:05
To: alangorry@supanet.com
Cc: fiona.johnstone@hsthpct.nhs.uk; dympna.edwards@hsthpct.nhs.uk; Tregea, Dick - Environment & Economy; Sam Ghebrehewet
Subject: RE: Incinerator Health study: Scope Statement

## Dear Alan,

Further to our discussions on the scope of this study I would like to ask that the introduction to the study is rewritten. It is not enough to distribute the email below to the PCT and HBC since the inclusion of the Ryan work was the starting point for the discussions I had with my HPA colleague George Kowalczyk, Prof Peter Diggle of Lancaster University and yourselves from HAGATI. The introduction to your scoping statement is rather negative to the HPA, and given the support I have offered to the development of this study, I am uncomfortable with a simple email attachment.

I would like you to rewrite the introduction to focus on the upwind-downwind situation at several incinerators sites, which is where we started and which we agreed need to be addressed and which is the focus of both parts of the study. This has not been done before and will be a useful addition to the literature.

The HPA position statement "Since any possible health effects are likely to be very small, if detectable, studies of public health around modern, well managed municipal waste incinerators are not recommended" is still the HPA position ("The Impact on Health of Emissions to Air from Municipal Waste Incinerators" September 2009,

http://www.hpa.org.uk/web/HPAwebFile/HPAweb C/1251473372218) and I personally have no reason to disagree with it, as you will be aware. The HPA has not issued a position statement in which it has stated the it has confirmed that the proposed study does not conflict with the last sentence in above policy. I would be grateful if you would remove the statement that the HPA has confirmed that the proposed study does not conflict with this statement.

The reason George and I met with you and I have continued to offer support to the development of the study is to be found elsewhere in the HPA statement: paragraph 18a states "When carrying out studies which investigate health effects around point sources of pollution such as incinerators, or when mapping health effects around such sources, it is important to control for other factors which can influence the health outcomes under investigation before drawing any conclusions. So when investigating the effect of a source of PM2.5 emissions on infant mortality rates, it would be important to control for other sources of PM2.5 emissions, and for factors which are known to influence infant mortality rates, for example, socio-economic factors or ethnicity. Maps showing death rates or levels of morbidity are useful in raising hypotheses, but they do not supply evidence of cause and effect." Ryan's maps do not address these issues.

There is also the issue of looking at more than one incinerator at one time and assessing a possible gradient effect on health with increasing distance, which again has not been done.

The study Professor Diggle has outlined in your appendix responds to these points. There is still a lot of anxiety around incinerators and for this reason, the Ryan maps and the originality of the approach, Prof Diggle's study is to be welcomed as it directly addresses community issues from a scientific standpoint. As you rightly point out, the perception of risk can be a valid reason for a study. I have worked with you and Prof Diggle on this proposal to strengthen the science in the study to ensure that your study does not raise the criticisms that Ryan's maps have raised, that relevant influences have been ignored.

While you may feel that the health advice that is given by agencies is limited since the HPA is often the original source for several agencies, making this point as the main reason for the study is not wise.

I trust that you will be able to redraft the introduction to address these issues and re-circulate the document.

Thanks, Alex

Dr Alex G Stewart Consultant in Health Protection

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From: Alan Gorry [mailto:alangorry@supanet.com]Sent: 23 August 2010 18:04To: Alex StewartSubject: RE: proposed study

Thanks Alex.

My attempts to be objective have obviously failed a little but only Fiona & Halton B.C. have the document so I'll see HBC have a copy of your e-mail & will amend document before it's sent elsewhere.

Good news on the data sourcing & I've managed to find another £1,000 funding today.

Regards

Alan Gorry

Home Office: 01928 572298

From: Alex Stewart [mailto:Alex.Stewart@hpa.org.uk]
Sent: 23 August 2010 17:44
To: alangorry@supanet.com
Cc: Fiona Johnstone
Subject: proposed study

Dear Alan

I have reviewed your draft 4 of your scoping statement for the 'upwind-downwind' study around known, large, modern incinerators in England and have thought a bit more since we met last over a previous version.

I continue to agree that such a study is needed, as we have discussed a number of times and am much more comfortable with the current draft: I think that basically the study as proposed in the appendix will help answer the questions the study proposes.

However, I must take issue with the point that the HPA work is largely based on reviews from 1974-1987. In the 2009 HPA statement there are many references from 2000 to 2009, some reviews, some original papers. I also think you should refer to the internet maps of Michael Ryan and their deficiencies as part of the background to the study.

With regard to my contribution:

I have made good progress today on sourcing the health data and hope to have an answer soon.

The reference for the spatial difficulties of asthma data and the spatial robustness of COPD (chronic obstructive pulmonary disease = chronic bronchitis and emphysema et al) is: <a href="http://www.laia.ac.uk/COLLATE/respdata.htm">http://www.laia.ac.uk/COLLATE/respdata.htm</a> I quote from page 3 of the executive summary: "Asthma showed inconsistent disease patterns and weak geographical correlations across data sources, but COPD and tuberculosis were fully consistent."

Alex

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