

Comment on HSE's statement that the danger of asbestos in classrooms is exaggerated

In an article in the Western Mail entitled "*The danger of asbestos in classrooms is exaggerated*" the HSE Head of the Disease Reduction Programme made various statements that are either wrong, or cannot be substantiated.

These statements from a senior HSE official are most disturbing and demonstrate not only HSE's inability to accept that schools should be treated as a special place, but also explain why over the years they have failed to take a precautionary approach to prevent the asbestos exposure of the occupants. Instead the HSE have encouraged asbestos to be left in place, with the inevitable consequence that numerous asbestos incidents have occurred in schools that have caused widespread contamination of classrooms and exposure of both staff and children.

The HSE claim that "*the doses would be too low to cause any problems*" however this runs contrary to ample evidence of significant asbestos fibre release over prolonged periods of time in schools.¹ In addition to this a fundamental flaw in their policy is their continued application of workplace asbestos exposures limits to children,² despite the fact that they are more at risk from asbestos exposure than adults.³ More than forty years ago the medical profession informed the Government of the increased risk and advised them to take preventative measures in schools,⁴ but they failed to do so as they preferred to listen to the asbestos industry who assured them that people's "*anxiety is based on an unjustifiable exaggeration of the health hazards... mainly associated with the processing of asbestos in factories, where they are being successfully controlled...there is no evidence whatsoever that the incorporation of asbestos in buildings has ever impaired the health of occupants.*"⁵ This line was strongly supported by the Government⁶ who continued to build thousands of schools using thousands of tons of asbestos in their construction, with much of the asbestos being amosite.

This legacy has now come to haunt them for a recent HSE study⁷ highlighted that:

"The British mesothelioma death-rate is now the highest in the world" which it concludes is because "Britain was the largest importer of amosite, and there is strong although indirect evidence that this was a major cause of the uniquely high mesothelioma rate."

The study also concludes that "*Mesothelioma risk is determined largely by asbestos exposure before age 30,*" which is particularly relevant to schools as exposure as a child starts the process and allows a lifetime for the disease to develop, with any later exposures being cumulative and adding to the likelihood of a tumour developing. It also emphasised that amongst men and women who are unaware of their exposure the British mesothelioma rate is *four times* greater than elsewhere in the world, "*suggesting that mesotheliomas were caused by unsuspected asbestos exposure in a wide range of occupational and non-occupational settings.*" Of course by their very nature it is difficult to be definitive where such exposures took place but the report speculates that the possible sources of exposures include building construction, maintenance and

¹ [Release of Asbestos Fibres in System built schools \(Part 1\)](#) [Release of Asbestos Fibres in System built schools \(Part 2\)](#) [Reports of incidents and media articles](#)

² <http://www.asbestosexposureschools.co.uk/npaper%20links/MP%20Question.htm>

³ HSE Paper number: LAFORUM/04 Asbestos management in schools 23 Nov 2004

⁴ Head Medical Officer Factories Inspectorate 6 Mar 1967

⁵ Times Education Supplement 13 Oct 1967

⁶ Board of Trade 4 Oct 1967

⁷ HSE Occupational, domestic and environmental mesothelioma risks in Britain. 2009 . IMIG Congress Abstract 25-27 Sep 2008

industrial activities and also a possibility of exposure from the “*release of asbestos from buildings due to normal occupation and weathering.*” Most schools contain asbestos, much is amosite, all of it is old and much is deteriorating. In some schools it is being regularly disturbed so that it releases fibres in a manner that teachers would invariably be unaware of their exposure and it is highly unlikely that children would be aware of their exposure. In other words the exposures fit precisely into the pattern of the mesotheliomas from unknown exposures that are four times more prevalent in Britain than elsewhere in the world. Certainly the school teacher’s increasing death toll is testament to this where 15 died of mesothelioma between 1980-1985, which had increased to 64 between 2001-2005, however this is the tip of the iceberg because it is not known how many children were exposed at school and have subsequently died as their deaths will be recorded under whatever occupation they had at the time.⁸ Despite the mounting evidence, forty years after they were first warned of the dangers to children, history repeats itself for rather than taking a precautionary approach the Government and HSE have ignored the increasing evidence, dismiss the risks in schools by claiming that the *dangers are exaggerated*, and as a result continue with policies that have tragically been shown to be flawed.

Twenty five years ago the USA carried out both a national audit of asbestos in their schools and an assessment of the risk to staff and pupils and as a consequence they passed laws specifically for schools then implemented measures so that school authorities could manage their asbestos. In stark contrast in the UK successive Governments have refused to assess the scale of the problem or the risks, for their overriding fear is that if they did so it would open a Pandora’s box which once open could not be closed. They therefore make unsubstantiated and unjustified statements about risk and contrary to the evidence deny that there is a problem.

In support of their claim that the threat has been exaggerated the HSE make a further controversial statement that:

“All the statements about asbestos time bombs in Welsh classrooms ignore the truth of the last 40 years. If asbestos was really as dangerous as some people would have you believe then no one would have reached their 50s because we have all been to school. It isn’t a case of inhaling one fibre and you’re dead.”

This statement would appear to be a deliberate obscuration of the case put forward by the individuals and professional bodies who advocate that there is a very real risk from asbestos in schools. It also ignores scientific evidence and the facts. For there is plenty of evidence of cumulatively significant, low level, long term exposure of staff and pupils in schools where many thousands and at times millions of asbestos fibres have been inhaled from simple acts such as slamming a door or taking books from a stationary cupboard,⁹ and therefore it is not as HSE imply that staff and pupils are inhaling just a very few fibres. Their remark trivializes a serious situation, as does their remark about people dying before the age of fifty.

In the high risk industries only a small percentage of people die of mesothelioma,¹⁰ and the same applies to schools, the problem is that nobody knows who is susceptible to the dangers of asbestos and who is not. Therefore although we all attend school only a relatively small number will develop the disease, but it could be anyone. The average latency of mesothelioma is about 35-40 years, large exposures can have a shorter latency and there is evidence that environmental exposures can have a longer latency, with a couple of studies showing that those exposed to low

⁸ [Statistics - Deaths in the Education Sector from Mesothelioma](#)

⁹ Derby CC press release 13 Jul 09 Lees Brook school asbestos information.

<http://www.derby.gov.uk/PressReleases/LatestInfo/asbestos.htm>. Lees Brook Community College asbestos fibre release ,comment by Michael Lees 15th August 2009. [Release of Asbestos Fibres in System built schools \(Part 1\)](#) [Release of Asbestos Fibres in System built schools \(Part 2\)](#)

¹⁰ Malignant mesotheliomas diagnosed in Lower Normandy between 1980 and 1990 Letourneux et al Eur Respir Rev 1993 3:87-88. Mesothelioma: cases associated with non-occupational and low dose exposures Hillerdal Occup environ Med 1999;56:505-513

levels from birth on average develop the disease some 50-56 years later,¹¹ and another study shows the latency for domestic exposure was 52 years.¹² Consequently many of the deaths from asbestos exposure at school are likely to have the longer latencies with their deaths on average occurring more than fifty years after the first exposure, which if that started at the age of five, the mesothelioma deaths would occur from the age of fifty five. Statistics show that in Britain the mesothelioma deaths from this age and higher are inexorably rising.

HSE also stated that while asbestos *“remains a horror story, it is one of the past that does not show the risks today...it is tradesmen who received large doses in the 1960’s and 1970,s who are dying now as a result.”* Indisputably tradesmen exposed forty and fifty years ago are now dying, however the problem is not just one of the past but it still remains, and this is acknowledged by HSE in their current campaign which is designed to reduce the present exposures and future deaths of carpenters, plumbers, electricians and decorators. This is a much needed campaign but only shows part of the picture for the building and building maintenance trades account for about 25%¹³ of all mesothelioma deaths whereas the remaining 75% come from non occupational exposures and all types of occupations including school caretakers, school secretaries, nursery nurses, teaching assistants and 272 teachers and lecturers.¹⁴

The present HSE campaign is at the expense of a similar campaign they had instigated for schools which was scrapped before the first meeting took place. It had been established in 2004 as at that time they openly acknowledged that school staff and children were being exposed to asbestos, for in their words it was *“designed to promote the effective management of asbestos in schools... aiming to reduce exposures dramatically over the next few years.”*¹⁵ The need for the campaign was brought about because the Government failed to heed the warnings of forty years ago so that most public buildings, including schools contain large amounts of asbestos in a building stock that had gradually deteriorated over the years through underfunding. This situation being exacerbated because the Government’s policy of asbestos management has never been backed up with the necessary resources, so that in many cases inadequately trained school officials were, and still are, running inadequate systems of asbestos management with the consequence that frequent asbestos incidents have occurred that cause contamination and exposure of the occupants. Successive Governments have been so wrong over the last forty years, for despite the warnings they have failed to take the precautionary approach, and yet they continue to make statements and implement policies that show they have learnt nothing.

All the teaching unions and the school support staff unions are united on this issue as they have ample evidence that the Government’s policy of asbestos management has failed resulting in their members and the pupils being exposed to asbestos. Their concerns are supported by asbestos consultants whose professional assessment is that the asbestos is in a worse condition than claimed by the Government and that many schools have inadequate systems of asbestos management. The Chief Executive of the British Safety Council has also called for an audit of asbestos in schools, a risk assessment to be carried out and the eventual removal of asbestos.¹⁶ HSE’s statement that the teaching unions have been *“whipped into a frenzy”* is demeaning and dismissive of the widespread, genuine and measured concerns of every teaching and support union, the asbestos consultants

¹¹ Asbestos exposures in malignant mesothelioma of pleura; a survey of 557 cases Bianchi Industrial health 2001,39, 161-167 . Malignant mesothelioma due to environmental exposure to asbestos: follow up of a Turkish cohort living in a rural area. Chestp2228. Metintas

¹² Mesothelioma: cases associated with non-occupational and low dose exposures Hillerdal Occup Environ Med 1999;56:505-513

¹³ HSE Press Release E010:02 - 5 February 2002 <http://www.hse.gov.uk/press/2002/e02010.htm>

¹⁴ Mesothelioma Mortality in Great Britain: analyses by Geographical area and occupation 2005. National Statistics. [Statistics - Deaths in the Education Sector from Mesothelioma](#)

¹⁵ HSE Paper number: LAFORUM/04 Asbestos management in schools 23 Nov 2004 . HSE asbestos campaign-Education sector “Exit strategy” 23 Aug 2005

¹⁶ [Government Failing to Tackle Asbestos in Schools.](#)

association, the British Safety Council, medical consultants, solicitors, coroners and many others. It is suggested that rather than making such remarks the HSE heed the concerns of these professional organisations and carry out the audit and risk assessments then implement effective policies, that over the years they have singularly failed to do.

In comparison to Britain the USA recognises that children are particularly vulnerable to the affects of asbestos and consequently for the last thirty years has treated schools as a special place, and implemented stringent asbestos laws specifically for schools. The Chairman of the US Committee on Environmental Hazards highlighted why we must not repeat the errors of the past:

"Children constitute a population at potentially high risk of exposure to asbestos in place. We need to remember our children's future as we consider the hazards of the large amounts of asbestos in place in buildings in this country...."

Why is there so much asbestos in buildings today? How was it allowed to get there? What failure of preventive medicine, what failure of public policy, allowed this to happen?...

We are the inheritors of history and our children are the inheritors of our mistakes and our failures. We have failed in the past. The result of our collective failure is reflected in the fact that asbestos is widespread in schools and other buildings today.

Our task now is to do what we can to blunt the third wave of asbestos disease, which already is beginning and which inevitably will be much worse if exposure to asbestos in schools and other buildings is not reduced."¹⁷

Terrible mistakes were made that allowed British schools to be filled with asbestos despite the risks being known. On their watch, the HSE have had a third of a century to make schools safe and have failed. It is clear from the statements made by the HSE Head of Disease Reduction that they have failed to learn the lessons of the past for they refuse to recognise that children are particularly at risk and that schools should be treated as a special place. Unless the Government heed the warnings and radically change their policies, the mistakes and failures of the past will continue long into the future so that future generations of staff and children will continue to be exposed to asbestos in our schools, and will continue to die.

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30th August 2009*

¹⁷ Landrigan A population of Children at Risk of Exposure to Asbestos in Place. Annals of New York Academy of Sciences 1991 p283 - 286