

Government Fails to Address Asbestos Related Deaths in Schools

Parliamentary Question. Annette Brooke MP

Answer. Chris Grayling MP, Minister of State for Employment

13th December 2010

Schools: Asbestos

Annette Brooke: To ask the Secretary of State for Education what estimate he has made of the number of school (a) staff and (b) children affected by an asbestos-related illness in the latest period for which figures are available. [29601]

Chris Grayling: I have been asked to reply.

No research evidence is available on which to base such estimates for either school staff or pupils.

However, deaths from the cancer, mesothelioma, which is the main and most serious of the asbestos related diseases, can be regarded as an indicator of risk from exposure to asbestos. There is strong evidence that this disease is usually a consequence of heavy past occupational exposure to airborne asbestos fibres, although sometimes it is linked to exposure in a domestic setting. There is no evidence to say whether or not any of the remaining cases where there is no recognised cause may have been due to exposures in schools at a time when asbestos was in widespread use as a building material.

The Health and Safety Executive (HSE) tracks all deaths in Great Britain where mesothelioma has been recorded as a cause. HSE's periodical analyses of these deaths by occupation show that mesothelioma does occur among those whose last occupation is recorded as a teacher. The most recently available analyses by occupational group are for deaths during 2002-05. Among those aged 16 to 74-the ages for which occupation is reliably coded-there were 53 male deaths and 23 female deaths among those whose last occupation was recorded as a teacher. In statistical terms these numbers are broadly in line with the average for all occupations. Teachers do not stand out as a higher risk group.

Of those deaths involving teachers it is not possible to say whether any are a result of asbestos exposure during the course of their work in schools as it can take decades for the disease to develop after exposure and the cause may lie in other jobs earlier in life or in non-occupational activities.

A recent, detailed, independent epidemiological study of mesothelioma in Britain conducted by Professor Julian Peto supports the conclusion that teachers are not a higher risk group. This study showed that the risk for those who had carried out at least five years work as a teacher or school worker, and had never worked in jobs classified as higher risk, was statistically no different from that for individuals who had only ever done office work.¹

Comment Summary

The Minister of State for Employment, the Rt Hon Chris Grayling MP, answered the question in his capacity as the Minister with responsibility for the HSE. He concentrates on teachers' deaths, fails to address the mesothelioma deaths that occur amongst every other category of support staff in

¹ <http://www.publications.parliament.uk/pa/cm201011/cmhansrd/cm101213/text/101213w0005.htm#1012145000563>

schools and avoids answering the question about children. His answer attempts to put a positive gloss on the appalling number of asbestos related deaths amongst the occupants of schools, and in so doing it is irresponsibly misleading.

In principle the Minister argues that it is acceptable for school teachers to die from an asbestos related disease as it is a normal hazard of working life. He is wrong, and what is more his answer avoids addressing the serious implications of the teachers' deaths. In a profession where there should be minimal or no asbestos exposure teachers should not be dying of asbestos related disease – but they are. In occupations such as farming where they genuinely have little asbestos exposure they have well below average death rates, and teachers should also. The fact that teachers have “average” death rates shows that as a profession they have been exposed to asbestos.

The Minister quotes from a recent study into mesothelioma and implies that there is no concern because the numbers of teachers' mesotheliomas are the same as office workers. In contrast to the Minister, a joint author of the study acknowledges that the study does not imply that there is no risk to teachers. But the Minister fails to acknowledge that just because a dangerous carcinogen is killing people in other occupations it does not make it acceptable that it is also killing people in schools. Some office workers are known to have had significant levels of asbestos exposure, particularly those working in factories and engineering firms, and both their mesothelioma deaths and those of teachers occur at a significantly greater rate than those who really have had little asbestos exposure.

What in effect the study and the statistics prove is that both teachers and office workers have suffered significant asbestos exposure and as a consequence have developed mesothelioma. The relevant difference between the two, which the Minister again fails to acknowledge or address, is that as the teachers were being exposed to asbestos, then so were the children. It is known that children are more at risk from asbestos exposure. Everyone attends school and at any one time there are more than nine million children at school. That is why there is great concern about teachers' deaths, as they indicate a far greater number of subsequent deaths amongst the children.

The Minister fails to mention that the study also concludes that the incidence of mesothelioma in Britain is the greatest in the world, and that the incidence of people with mesothelioma who are unaware of where they were exposed is four times greater than elsewhere in the world – which is precisely the type of exposures that occur in schools. The study also emphasises that mesothelioma risk is determined largely by asbestos exposure before the age of 30 which has particular relevance to childhood exposure.

The Minister's implication is that the teachers' asbestos exposures occurred anywhere other than a school. That is despite a Medical Research Council report that concluded *“It is not unreasonable to assume, therefore, that the whole of the school population has been exposed to asbestos in school buildings.”* The report also stresses the extensive use of particularly amosite (brown asbestos) in schools, which is 100 times more dangerous than chrysotile (white). There is evidence of frequent asbestos incidences in schools and the exposure of staff and pupils. All asbestos exposures are cumulative and there is no threshold level below which there is no risk. It is reasonable to conclude that the exposures of the teachers and support staff contributed towards their mesotheliomas and

their deaths. The Coroners have come to this conclusion at the inquests of teachers, and yet instead of heeding the warnings the HSE and the Minister instead dismiss the mounting evidence.

The Minister's answer puts a positive spin on the teachers' deaths, ignores the support staff deaths and ignores the relevance to school children. A year and a half ago the Asbestos in Schools group asked the Prime Minister to task the Government's scientific advisory committee, WATCH, to assess the asbestos risks in schools, and particularly the risks to children. This has not been done. In another Parliamentary answer, a few days earlier than this one, the Minister of State for Schools stated that his Department had no plans to commission an assessment of the risks from asbestos in schools to children and other occupants.

They are ignoring the basic principles of risk management. If the Government are to allocate proportionate resources it is essential that they assess the scale of the asbestos problem in schools and the risks to the occupants.

Analysis of the Parliamentary Answer

Minister of State fails to address children's subsequent deaths from asbestos exposure

Annette Brooke MP (Chair of the Asbestos in Schools group (AIS). Parliamentary Question:

“To ask the Secretary of State for Education what estimate he has made of the number of school (a) staff and (b) children affected by an asbestos-related illness in the latest period for which figures are available.”

The Minister of State for Employment with responsibility for the HSE, the Rt Hon Chris Grayling MP, has answered on behalf of the Secretary of State for Education.

The Parliamentary question is specifically about the numbers of school staff and school children who are affected by asbestos related illness. However in his answer the Minister crucially fails to address the numbers of children who are affected by asbestos exposure at school and subsequently die. This is a serious omission, for everyone attends schools and there are over nine million children in our schools at any one time. As the majority of schools contain asbestos this is a problem that potentially affects almost everyone in the country.

His answer does give the numbers of teachers who have recently died from mesothelioma, but by implication he dismisses those deaths as being unremarkable as they are broadly average for all occupations. He fails to highlight or even acknowledge the relevance, for if teachers and support staff are being exposed to asbestos at school and subsequently dying, then so are the children. His answer either demonstrates a lack of understanding of the relevance of the teachers' deaths or, for whatever reasons, it intentionally avoids addressing it.

A year and a half ago the Asbestos in Schools Group asked the Prime Minister to undertake an assessment of the risks from asbestos in schools and in particular to assess the increased risks to children. They specifically asked that the Government's advisory committee on science, WATCH, be tasked with the assessment. Although there was ample opportunity his Government prevaricated and no assessment was made.

At the same time the AiS also held talks with the Shadow Schools Minister Nick Gibb MP and asked if he would assess the asbestos risks in schools and the scale of the problem. He stated *“one cannot shut one’s eyes to the problem....one cannot sweep the problem under the carpet.”*² However, as the Minister of State for Schools he has not openly addressed the facts and the issues, for in answer to a Parliamentary question on 8th December 2010, he stated his Department *“has no plans for assessing the asbestos risks in schools.”*³

An assessment of the scale of the problem and the risks is a fundamental basic principle of risk management. In October 2010 this was acknowledged by Lord Young who strongly advocated *“a proportionate response to risk,”* and in schools *“health and safety is applied in a proportionate manner.”*⁴ However the Government refuses to assess the scale of the asbestos problem in schools or the risks to the occupants, and by failing to do so they are unable to allocate proportionate resources. Indeed, in the absence of both, and contrary to his statements, Lord Young made an unsubstantiated declaration that schools are a *“low hazard...low risk environment.”* As a consequence he has singled them out for less rigorous systems of asbestos risk assessment and management.

In September 2009 at a meeting to discuss asbestos in schools the HSE Head of Services Sector was asked if HSE would treat schools as a special place, in reply she stated that they would not, as all occupations and workplaces are treated the same.⁵

In contrast in 1980 the USA estimated how many children could be expected to die of asbestos exposure at school. The report states *“The most reasonable estimate is approximately 1,000 premature deaths. About 90% of these deaths are expected to occur among persons exposed as school children.”*⁶ Subsequently a nationwide audit was carried out when every school was required by law to carry out an asbestos survey. The number of schools that actually contained asbestos was found to be four times higher than originally thought.⁷ The Federal government therefore knew the scale of the problem and the risks and was able to allocate proportionate resources.

In 1986 stringent laws were introduced in the USA specifically for schools, for it was acknowledged that because of the increased vulnerability of children, schools had to be treated as a special place. Resources were allocated, people were trained and systems introduced so that the asbestos could be rigorously managed. A policy of openness was adopted with staff and parents being kept informed of the asbestos in their schools and the system of management.⁸ The problem was addressed, and although it has not solved it, it has kept it reasonably well under control for the last twenty five years.

² Meeting Nick Gibb MP Shadow Schools Minister/ Asbestos in schools group 27th January 2010. Meeting Nick Gibb MP/ Lees 7 Jul 2009

³ PQ John Cryer MP/ Minister of State for Schools 8 Dec 2010

<http://www.asbestosexposureschools.co.uk/pdfnewslinks/PQs%20John%20Cryer%20%20Nick%20Gibb%20COMMENT%20%208%20Dec%2010.pdf>

⁴ Lord Young review of health and safety , Common Sense, Common Safety Oct 2010 http://www.number10.gov.uk/wp-content/uploads/402906_CommonSense_acc.pdf p 12, 28

⁵ HSE Asbestos in schools meeting. Contemporaneous noted Lees 3 Sep 2009

⁶ American Academy of Pediatrics Asbestos Exposure in schools Pediatrics vol 79, no 2 Feb 1987 p301- 305 Reaffirmed May 1994 .Support document for the proposed rule on friable asbestos-containing materials in school buildings EPA report 560/12-80-003

⁷ EPA Fact sheet AHERA 1986 Statement EPA Administrator 23 Oct 1986

⁸ AHERA US code: title 15,2643. EPA regulations Chapter 53. EPA Fact sheet AHERA 1986 Statement EPA Administrator 23 Oct 1986

The irony is that amosite (brown asbestos) has been used extensively in British schools and to a far lesser extent in US schools, with tests in US schools finding 98% of airborne fibres were the less dangerous chrysotile (white asbestos).⁹ In the USA the incidence of mesothelioma is far lower than in Great Britain and over the last few years has stabilised at about 14 per million,¹⁰ whereas in Britain the incidence relentlessly increases and is now 36.5 per million.¹¹

In contrast to the USA, in Britain asbestos surveys are not mandatory, and most parents and many staff are not aware the presence of asbestos in their and their children's schools. Only now is limited training taking place for many headteachers, and even then it is not mandatory. The scale of the problem is not known, and a risk assessment has been refused. Instead arbitrary statements are made about schools being low risk environments. The particular vulnerability of children has been ignored and schools in Britain are not treated as a special place. The Minister's failure to answer the question about children, and his failure to openly address the relevance of the teacher and support staff deaths appears to be a deliberate attempt to cover up the issue.

If the appalling death toll from asbestos is to be prevented, then as a basic first step it is essential that the scale of the problem is determined and the particular risks to children are assessed, for only then can proportionate action be taken.

There is no threshold dose of asbestos below which there is no risk

Minister of State for Employment PQ answer:

“However, deaths from the cancer, mesothelioma, which is the main and most serious of the asbestos related diseases, can be regarded as an indicator of risk from exposure to asbestos. There is strong evidence that this disease is usually a consequence of heavy past occupational exposure to airborne asbestos fibres, although sometimes it is linked to exposure in a domestic setting.”

This question was about schools, and therefore in that context the emphasis in the Minister of State's answer is misleading. Indisputably a large number of mesothelioma deaths are the consequence of heavy past occupational exposures, but also a large number of deaths have been caused by exposures at a far lower degree.

In 1967 the Government were warned by the Chief Medical Officer of the particular vulnerability of children to asbestos in schools and that an “*astonishing slight degree*” of asbestos exposure could cause mesothelioma.¹²

⁹ US Department of Health and Human services Toxicological profile for asbestos. 2001.P 163

¹⁰ Malignant Mesothelioma Mortality --- United States, 1999—2005. **Reported by:** KM Bang, PhD, JM Mazurek, MD, E Storey, MD, MD Attfield, PhD, PL Schleiff, MS, JM Wood, MS, Div of Respiratory Disease Studies, JT Wassell, PhD, Div of Safety Research, National Institute for Occupational Safety and Health, CDC.

¹¹ HSE MESO04 Annual mesothelioma deaths and average annual rate per million 1970-2008

<http://www.hse.gov.uk/statistics/causdis/mesothelioma/scale.htm> See comparison :

[http://www.asbestosexposureschools.co.uk/pdfnewlinks/USA%20v%20GB%20Mesothelioma%206Sep%2010%205%202 .pdf](http://www.asbestosexposureschools.co.uk/pdfnewlinks/USA%20v%20GB%20Mesothelioma%206Sep%2010%205%202.pdf)

¹² Letter Chief Medical Officer Factories Inspectorate / DES Use of Asbestos products in schools 6 Mar 1967. Annual report of HM Chief Inspector of Factories on Industrial Health 1965 P82

Dr Rudd is one of the most highly respected mesothelioma experts in the country. At a High Court hearing in 2009 he gave an expert witness statement in the case of a former pupil who had been exposed to asbestos at school and had subsequently developed mesothelioma. He stated:

“Mesothelioma can occur after low level asbestos exposure and there is no threshold dose of asbestos below which there is no risk.”¹³

...“Significant” is defined in accordance with the definition adopted in relation to mesothelioma causation by the Industrial Injuries Advisory Council in their 1996 report (CM3467) “A level above that commonly found in the air in buildings and the general outdoor environment.”¹⁴

Dr Rudd’s expert medical evidence was accepted by the Judges and was not disputed by the Defence at the High Court, or subsequent hearings at the Appeal Court and Supreme Court. The same benchmark is also advocated in the HSE Statistics Branch Hodgson and Darnton paper. The paper is generally acknowledged as being the most definitive work on the risks from asbestos exposure, with the risk model being used as a basis for the Regulatory Impact Assessments for the 2002 CAWR and the 2006 CAR and the subsequent Regulations. The paper concludes:

“Taking this evidence together we do not believe there is a good case for assuming any threshold for mesothelioma risk.”¹⁵

Expert medical opinion, expert epidemiological opinion and the Courts all agree that *“There is no known threshold exposure to asbestos below which there is no risk.”* The Industrial Injuries Advisory Council, the Courts and expert medical opinion accept the benchmark airborne asbestos fibre level capable of causing mesothelioma as *“A level above that commonly found in the air in buildings and the general outdoor environment.”*

There is ample proof that heavy occupational exposure is not a pre requisite of mesothelioma and that there are a large number of mesotheliomas from far lower levels. Amongst the evidence is the study led by Professor Peto that the Minister quotes from in his answer, although the Minister avoided mentioning certain relevant facts. Amongst which the study concludes that the incidence of mesothelioma in Britain is the greatest in the world. Also the incidence of both men and women in Britain with mesothelioma who are unaware of where they were exposed to asbestos is four times greater than elsewhere in the world:

“The lifetime risk in British men and women throughout the world who report no potential asbestos exposure is four times this background rate (1 in 1,000).”¹⁶

¹³High Court QBD Liverpool District. The Hon Mr Justice Nicol . Dianne Willmore and Knowsley Metropolitan Borough Council 24 July 2009 Para 4.

¹⁴ High Court QBD Liverpool District. The Hon Mr Justice Nicol . Dianne Willmore and Knowsley Metropolitan Borough Council 24 July 2009 Para 8, 57b

¹⁵ The Quantitative Risks of Mesothelioma and Lung Cancer in Relation to Asbestos Exposure *Ann. Occup. Hyg.*, Vol. 44, No. 8, pp. 565–601, 2000 Hodgson and Darnton Is there a threshold? P593

¹⁶ International mortality trends. Julian Peto et al. Abstract International conference of the International Mesothelioma Interest Group. 25-27 Sep 2008.

This type of exposure is typical of that experienced by many staff and children at school, where the exposures are frequently low level and normally pass unnoticed by the recipients. When questioned by the WATCH committee about his findings Professor Peto stressed the increase in mesotheliomas amongst people not exposed to asbestos at work. He stated:

“In addition to occupational causes, environmental exposure may be important, as the lifetime risk in people seemingly not exposed to asbestos at work has increased to 1 in 1000.”¹⁷

His study interviewed 110 women with mesothelioma and concluded that:

“22% mesotheliomas were attributable to occupational exposures and 16% to domestic exposures, with 62% not attributable to occupational or domestic asbestos exposures....”¹⁸

The increasing trend in female rates in Britain and a comparison between British and US female rates both suggest that a substantial proportion of mesotheliomas with no known occupational or domestic exposure were probably caused by environmental asbestos exposure.”¹⁹

The 16% of women exposed to domestic exposure confirms the Ministers statement about the cause of mesothelioma that *“sometimes it is linked to exposure in a domestic setting.”* However he does not mention the high percentage of women in the study, 62%, who were unable to attribute their exposure to occupational or domestic exposure and were probably exposed to environmental exposure. This demonstrates that their asbestos exposure was surreptitious and passed unnoticed, which once again is typical of exposures in schools. One can therefore reasonably conclude that 78% of the mesotheliomas amongst the women were not as a consequence of *“heavy past occupational exposure to airborne asbestos fibres.”*

For the sake of argument if the 62% is typical amongst the 384 women who died of mesothelioma in 2008,²⁰ then 238 women died unable to attribute their exposure to domestic or occupational exposure. The study also concluded that 1.3% of men attributed their mesotheliomas to domestic exposure and 14% were not attributable to domestic or occupational exposure. If the percentage is the same amongst the 1865 men who died of mesothelioma in 2008, then 261 died unable to attribute their exposure to occupation or domestic exposure.

It is relevant how the number of deaths are similar amongst both males and females, as indeed they would be if the mesotheliomas were as a result of environmental exposures – the kind of asbestos exposures typical of those experienced at school.

The emphasis placed on heavy industrial exposures in the Minister’s statement is therefore misleading, for there is ample evidence of a significant and increasing numbers of people in Britain dying from low level environmental asbestos exposure.

¹⁷ WATCH committee minutes. Assessing the risks arising from exposure to low level exposure to asbestos 7 Nov 2007 para 4.14
<http://www.hse.gov.uk/aboutus/meetings/iacs/acts/watch/agendas.htm>

¹⁸ HSE RR696 2009. Occupational, domestic and environmental mesothelioma risks in Britain. Executive summary page ix

¹⁹ HSE RR696 2009. Occupational, domestic and environmental mesothelioma risks in Britain. Conclusions page x

²⁰ HSE Death certificates mentioning mesothelioma table MESO01 1968 - 2008

Evidence of asbestos exposures in schools

Minister of State for Employment. PQ answer:

“There is no evidence to say whether or not any of the remaining cases where there is no recognised cause may have been due to exposures in schools at a time when asbestos was in widespread use as a building material.”

Because of government policies to manage asbestos rather than remove it, most of the asbestos that was used in the construction of schools remains in situ. There is evidence to show that a high proportion of schools contain asbestos²¹ with much of it being amosite (brown asbestos)²², which is 100 times more dangerous than chrysotile, (white asbestos) and some being crocidolite, (blue asbestos) which is 500 times more dangerous.²³ There is also evidence going back over decades of frequent incidents in schools where the asbestos is disturbed and staff and pupils exposed to the fibres. Some of the exposures are to high levels of asbestos fibres while others are low level, but often they take place over a prolonged period of time, with each exposure adding to the previous ones so that the effect is cumulative, with each exposure increasing the probability of a tumour developing.

The Institute for Environment and Health was established by the Medical Research Council (MRC). In 1997 they and the Building Research Establishment were commissioned by the Department of the Environment to research and prepare a report about fibrous materials in the environment. The report looked in depth at the extent of asbestos in buildings, including schools, and the exposures that the occupants are likely to be exposed. The MRC report is referred to on a number of occasions in Professor Peto’s recent study into mesothelioma.

Large numbers of schools were built or refurbished post war up until the early 1980s using asbestos, with considerable amounts of the amphiboles (amosite and crocidolite) being used particularly in the 1960s up until the early 1970’s. The MRC report states:

“In general, extensive use was made of sprayed coatings (amphiboles), Asbestolux ceiling panels, and asbestos board (amosite) and asbestos cement partitioning in system-built buildings constructed in the 1960s. These particular buildings might thus be considered to pose a relatively “higher risk of exposure.”

“It is not unreasonable to assume, therefore, that the entire school population has been exposed to asbestos in school buildings....”

“...Children attending schools built prior to 1975 are likely to inhale around 3,000,000 respirable asbestos fibres (roughly 10% of the higher estimate of the burden from ambient lifetime exposure or 1000% of the lower estimate). Exposure to asbestos in school may therefore constitute a significant part of total exposure.”²⁴

²¹ HSE Paper Asbestos management in schools. Asbestos in Education. LAFORUM /04 Nov 2004

²² Medical Research Council Fibrous Materials in the Environment. Schools. 1997 p72.

²³ The Quantitative Risks of Mesothelioma and Lung Cancer in Relation to Asbestos Exposure *Ann. Occup. Hyg.*, Vol. 44, No. 8, pp. 565–601, 2000 Hodgson and Darnton Is there a threshold?

²⁴ Medical Research Council Fibrous Materials in the Environment. Schools. 1997 p 71-73.

These calculations were based on fibre levels with asbestos in good condition. However tests have shown that common classroom activities can produce amosite fibre levels far higher than this. For instance, taking stationary out of a classroom cupboard at the change of each lesson produced levels 100 times greater than this.²⁵ Just slamming a door five times in a school produced levels more than 600 times greater,²⁶ and hitting a classroom wall or column produced levels more than 800 times greater.²⁷ Even displaying the children's work with drawing pins released levels 100 times greater.²⁸ All these are known to have happened in schools over the course of many years. In just an hour if a child had hit a wall they would inhale about quarter of a million fibres. If a classroom door was slammed at the change of each lesson it would take only a matter of days to exceed the estimated number of fibres inhaled for the whole of a school career. Clearly the numbers of asbestos fibres inhaled by many thousands of teachers, support staff and children has been far greater than the 3,000,000 million estimated in the report.

The MRC report stresses the use of the amphiboles in schools and in particular the extensive use of amosite. Professor Peto's recent study confirms the concerns about the extensive use of amosite in Britain and its contribution towards Britain's exceptionally high incidence of mesothelioma. He concludes that:

*"Britain was the largest importer of amosite (brown asbestos), and there is strong although indirect evidence that this was a major cause of the uniquely high mesothelioma rate...."*²⁹

The Peto study considers that the increasing trend in particular female mesotheliomas, who are unaware of where they were exposed, may be because of construction, building maintenance and industrial activities, but also it may be because of:

*"The release of asbestos from buildings due to normal occupation and weathering."*³⁰

Everyone attends school, and the MRC report considers that it is not unreasonable to assume that the entire school population has been exposed to asbestos in school buildings. Many of those exposures were over a prolonged period of time, many were to amosite and many at levels that far exceed the background levels with asbestos in good condition. As there is no known threshold to asbestos exposure below which there is no risk, it is not unreasonable to assume that teachers, support staff and pupils have developed mesothelioma and died as a direct consequence of their asbestos exposure at school.

²⁵ Strategic Consulting Report: 629-0022 4 An assessment of the past exposure and estimation of consequent risks to health of staff that may have arisen from asbestos-containing material in cupboards at Lees Brook Community Sports College, Derby April 2009 table 4.2 p 18

²⁶ ILEA report LSS/AP/52 (1987) Investigation into fibre release from low level asbestos panels - Ernest Bevin school May 1987

²⁷ HSL Summary of fibre concentrations in CLASP construction schools containing asbestos. HSL/2007/22 10 Apr 2007 para 3.3 p10 table 1 p10-11.

²⁸ WATCH committee minutes. Asbestos exposure for use of drawing pins in AIB . conclusions para 3.63 1 Feb 2006

<http://www.hse.gov.uk/aboutus/meetings/iacs/acts/watch/010206/minutes.pdf>

²⁹ HSE RR696 Occupational, domestic and environmental mesothelioma risks in Britain . Conclusions page x . 2009

³⁰ HSE RR696 Occupational, domestic and environmental mesothelioma risks in Britain . Conclusions page x . 2009

The proof is that teachers and support staff are subsequently dying from mesothelioma. On average a school teacher dies every month from mesothelioma. It is not unreasonable to assume that the numbers of children who have been exposed to asbestos and subsequently died is proportionately greater.

The Minister of State claims that:

“There is no evidence to say whether or not any of the remaining cases where there is no recognised cause may have been due to exposures in schools at a time when asbestos was in widespread use as a building material.”

His argument is flawed as there is evidence, and expert opinion to support it, that very large numbers of people have been exposed to asbestos at school over the course of many years. There is evidence that teachers and support staff have developed mesothelioma and died. It is probable that school children have subsequently developed mesothelioma and died. It is equally probable that many of the teachers, support staff and children will be unaware of their asbestos exposure at school, and therefore there will be no recognised cause amongst some of those who subsequently develop mesothelioma. The fact they were unaware of their exposure, and are unable to produce the evidence of that exposure, is not a valid basis for the Minister’s implication that their exposure did not happen in a school.

Teacher’s deaths are the tip of the iceberg. Minister fails to address the relevance.

Minister of State for Employment. PQ answer:

“The Health and Safety Executive (HSE) tracks all deaths in Great Britain where mesothelioma has been recorded as a cause. HSE’s periodical analyses of these deaths by occupation show that mesothelioma does occur among those whose last occupation is recorded as a teacher. The most recently available analyses by occupational group are for deaths during 2002-05. Among those aged 16 to 74—the ages for which occupation is reliably coded—there were 53 male deaths and 23 female deaths among those whose last occupation was recorded as a teacher. In statistical terms these numbers are broadly in line with the average for all occupations. Teachers do not stand out as a higher risk group.

Of those deaths involving teachers it is not possible to say whether any are a result of asbestos exposure during the course of their work in schools as it can take decades for the disease to develop after exposure and the cause may lie in other jobs earlier in life or in non-occupational activities.”

Teachers and support staff mesothelioma deaths

HSE statistics show that 178 school teachers died from mesothelioma in the period 1980-2005. If teachers and lecturers in higher and further education are included then a total of 272 died of mesothelioma.³¹ In the period 1980-1985 15 school teachers died, and that had increased to 64 between 2001-2005. If teachers and lecturers in higher and further education are included then 92 died in total in the latest period. But these figures are less, and perhaps significantly less, than the

³¹ HSE statistics Mesothelioma Occupational statistics 1980-2000 Table 1- 8 1991-2000. E-mail HSE Statistics Unit/Lees 15 Jul 2008. Mesothelioma deaths in the education sector for males and females 2001-2005. HSE Mesothelioma mortality in Great Britain: Analyses by Geographical area and occupation 2005 Tables 11, 13 (2002-2005)

actual number who have died. In addition there were deaths amongst teaching assistants, nursery nurses, school secretaries, caretakers, cleaners and school cooks.

The Minister is being misleading by ignoring the causal link to asbestos in schools

The important and dangerous point is that the causal link is established, for the HSE statistics show that the teaching profession has a far higher numbers of deaths from exposure to asbestos than it should have. The HSE statistics show that in a profession that should have little or no contact with asbestos the teachers are dying of asbestos disease at a rate of death far higher than they would had they had no asbestos exposure,³² or indeed in an occupation such as farming or forestry³³ where they genuinely have little or no contact with asbestos.

The Minister misleads by saying *“In statistical terms these numbers are broadly in line with the average for all occupations. Teachers do not stand out as a higher risk group.”*

High risk groups are ship building, asbestos stripping, boiler lagging and the building maintenance trades. It would be astonishing if teachers’ deaths stood out in this company. The Minister is concealing the fact that teachers do stand out as a high risk group when compared with professions that have little or no contact with asbestos. These are, of course, the professions they should be compared with.

Teacher’s deaths should not be average. The occupational statistics for mesothelioma lists the deaths amongst all occupations, and that includes the high risk ones such as ship building, asbestos stripping, boiler lagging and the building maintenance trades. Therefore if an occupation is at or near the statistical average then it shows there has been a considerable asbestos exposure.

This matters as for every teacher who is exposed many children are also exposed. Children are therefore also receiving significant exposure, at times even higher than adults in a broad cross section of occupations. But schools should be far safer than any other workplace purely because they contain children. It is therefore unacceptable to make a comparison with the high risk or even average risk occupations. Just because a dangerous carcinogen is killing people in other occupations it does not make it acceptable that it is also killing people in schools.

Asbestos exposure normally takes place amongst manual occupations and trades that frequently come into contact with asbestos, one should therefore not expect the members of a white collar profession such as teaching to be dying of asbestos related disease at a rate on par with or greater than some manual occupations. And yet they are. Male teachers have a proportionately greater number of mesothelioma deaths than for instance coal miners, bakers, bus drivers/conductors, cooks, farmers and motor mechanics,³⁴ which demonstrates that they have been exposed to significantly more asbestos. If they are compared with broadly similar professions such as solicitors, doctors, the clergy, government administrators or police officers the teachers’ deaths are

³² HSE statistics Mesothelioma Occupational statistics 1980-2000 Interpretative issues p5

³³ HSE statistics Mesothelioma Occupational statistics 1980-2000 Highest and lowest risk occupations for males p7. Tables 3, 5. E-mail HSE Statistics Unit/Lees 15 Jul 2008. Mesothelioma deaths in the education sector for males and females 2001-2005. HSE Mesothelioma mortality in Great Britain: Analyses by Geographical area and occupation 2005 Tables 11, 13 (2002-2005)

³⁴ HSE statistics Mesothelioma Occupational statistics 1980-2000 Highest and lowest risk occupations for males p7 Table 5, E-mail HSE Statistics Unit/Lees 15 Jul 2008. Mesothelioma deaths in the education sector for males and females 2001-2005. HSE Mesothelioma mortality in Great Britain: Analyses by Geographical area and occupation 2005 Tables 11, 13 (2002-2005).

proportionately higher than all of them.³⁵ If the number of deaths amongst male doctors, nurses and the clergy are corrected for all causes of deaths and compared to male teachers, the deaths amongst the teachers are about sixty per cent higher.³⁶ Once again this shows that as a profession they have suffered a significantly greater extent of asbestos exposure.

If female teachers are compared with a similar profession then marked differences are also shown, in the twenty year period 1980-2000 their incidence of mesothelioma deaths was the average amongst all occupations. Statistically there are similar numbers of female teachers as there are female nurses and yet in the same period the proportion of female teachers dying of mesothelioma was precisely twice that of female nurses. One would have thought that neither profession should experience asbestos exposure, however the statistics demonstrate that both professions have experienced significant exposure, with the exposure of the teachers being twice that of the nurses.³⁷

School teachers' mesothelioma deaths have been relentlessly rising since the 1980's. In a profession where one should expect minimal or no asbestos exposure the statistics show that there has been widespread, significant and increasing exposure in the nation's schools over the course of many years.

The Minister is wrong to conceal the disturbing figures for teachers' mesothelioma death rates with a statistical trick. The trick appears designed to show that most teachers' deaths are caused by an average background exposure as a way of avoiding addressing the clear statistical message that the deaths are caused by asbestos exposure in schools.

HSE and the Minister fail to heed the verdicts of the Courts of Law.

Minister of State for Employment. PQ answer:

“Of those deaths involving teachers it is not possible to say whether any are a result of asbestos exposure during the course of their work in schools as it can take decades for the disease to develop after exposure and the cause may lie in other jobs earlier in life or in non-occupational activities.”

The Minister is wrong when he says that “*it is not possible to say whether any are a result of asbestos exposure during the course of their work in school*” because it is known that in many cases teachers who have died of mesothelioma have been exposed to asbestos at school. At the teachers' inquests the Coroners Courts have given verdicts of “Death from Industrial Disease.” That means that on the evidence the Coroner has given a verdict that their death was caused by exposure to asbestos in their profession as a teacher.

³⁵ HSE statistics Mesothelioma Occupational statistics 1980-2000 Table 1- 8 table 3 - 5 year time period.. E-mail HSE Statistics Unit/Lees 15 Jul 2008. Mesothelioma deaths in the education sector for males and females 2001-2005. HSE Mesothelioma mortality in Great Britain: Analyses by Geographical area and occupation 2005 Tables 11, 13 (2002-2005)

³⁶ Howie. From the HSE mesothelioma statistics for the period 1980-2005, excluding 1981 and 2001, there were 109 male and 59 female teacher deaths, 55 deaths in male nurses, clergy and doctors and 51 deaths in female nurses. If the number of deaths in nurses, clergy and doctors are corrected for the all causes deaths in these occupations for the period 1979-1990, excluding 1981, the mesothelioma rates in male teachers are about 60% higher than in male nurses, clergy and doctors and in female teachers are about 70% higher than in female nurses. From official statistics it can be therefore considered that schoolteachers have experienced at least 60% higher mesothelioma rates than those in comparative professions. Howie 6 Jan 2010. Drever F 1995 Occupational Health Decennial Supplement OPCS. HSE 2008 Mesothelioma mortality in Great Britain. Analyses by Geographical area and occupation 2005. HSE 2003. Mesothelioma occupational statistics. Male and female deaths aged 16-74 in Great Britain.

³⁷ HSE statistics Mesothelioma Occupational statistics 1980-2000 Table 6

The Minister is responsible for the HSE. In 2006 at an HSE meeting about the asbestos fibre release in system built schools, the asbestos exposure of staff and pupils and the increasing numbers of teachers dying from mesothelioma was discussed. A number of recent cases were quoted where the Coroners had given verdicts "Death from Industrial Disease." The HSE Head of Asbestos Policy dismissed the evidence and the Coroners' verdicts stating:

*"There is no evidence in **any** of these cases that supported the Coroners' view that exposure had occurred in a school."*³⁸

He is wrong for there is evidence that exposures occurred in a school. In the cases of the teachers the evidence was given to the court on oath and was accepted by the Coroners as proof of asbestos exposure at school and their verdicts confirm the fact.

The HSE, and in this Parliamentary answer the Minister, have failed to heed the verdicts of the Courts. Not only are the HSE and Minister wrong, but they should be actively reacting to the verdicts, rather than dismissing them. It is also cruel to the families of those teachers who have died of mesothelioma to arbitrarily dismiss the verdicts of the Courts.

In any case of mesothelioma, whether a teacher or not, no-one can tell which specific exposure caused the mesothelioma. However the consensus of both expert medical opinion and the courts is that all exposures contribute towards the likelihood of mesothelioma developing and those above the background level are causative. Therefore, whether or not there were other exposures from previous jobs or non-occupational activities, if asbestos exposure occurred at school then it contributed towards the mesothelioma.

In some cases the teachers will be unaware that they have been exposed to asbestos at school, despite the fact that it could have happened over a prolonged period of time. That is because common classroom activities can release asbestos fibres, but the release will invariably pass unnoticed. Also many staff and children have been exposed to asbestos at school but their exposure has intentionally been kept from them. This practice has been encouraged by the HSE.³⁹ The consequence is that people have been exposed to asbestos at school and died of mesothelioma, but because they or their families were unable to find the evidence the coroners have been unable to bring a verdict of death from industrial disease.

One of the purposes of an Inquest is that lessons should be learnt. When a coroner gives a verdict that identifies asbestos exposure in a school as causing a teacher's death one would expect the authorities to take action because of the profound implications. It is clear from the Minister's answer that he and the HSE continue to ignore the warning given by the growing number of teachers dying from asbestos disease, and to compound the problem they also fail to heed the verdicts of the courts. As a consequence the Minister has not taken the action that it is his duty to take. He has failed in his duty of care.

Minister misleading over HSE Mesothelioma study.

Minister of State for Employment. PQ answer:

³⁸ HSE Education sector meeting . Lees contemporaneous notes. 13 Dec 2006 paras 21-27

³⁹ HSE Lees family Note of video conference meeting 19 March 2004. Letter HSE Head of Nuclear, hazardous installations & chemicals division Coldrick/Lees 6 Sep 2004

“A recent, detailed, independent epidemiological study of mesothelioma in Britain conducted by Professor Julian Peto supports the conclusion that teachers are not a higher risk group. This study showed that the risk for those who had carried out at least five years work as a teacher or school worker, and had never worked in jobs classified as higher risk, was statistically no different from that for individuals who had only ever done office work.”

The Minister statement about Professor Peto’s study is misleading on a number of accounts. The case-control study and report was prepared for the HSE and funded by the HSE and Cancer Research UK, two of the authors are HSE statisticians.⁴⁰

The study interviewed people with mesothelioma from a range of occupations. One of the groups, “Teachers and school workers,” comprised 11 male and 18 female mesothelioma cases. The group includes other “school workers” and therefore it was not exclusively school teachers. Consequently definitive conclusions cannot be drawn from the study about the asbestos exposures to school teachers. To clarify this anomaly a year and a half ago one of the HSE authors was asked how many of the group were school teachers and how many and what were the other “school worker” occupations. Unfortunately the data has not yet been supplied.

Although the male teachers had almost twice the risk (odds ratio) of the reference group (Office workers) 7 of them had a previous higher risk job and therefore the study group was reduced in effect to just 4. 7 Females also had previous higher risk jobs and therefore their group was reduced to 11. Also it is not known how many of them were actually school teachers. The HSE author acknowledged “*Unfortunately, from a statistical point of view this leaves rather small numbers.... Again the risk is statistically no different to that among those who only ever did office work.*”⁴¹

In this study the reference group were chosen as office workers, a group who statistically and numerically have a significant incidence and numbers of mesothelioma. 642 office workers died of mesothelioma between 1980 and 2000. The incidence of mesothelioma amongst male office workers for instance is more than twice as great as farmers, and for females the incidence among office workers is almost twice as great as nurses.⁴² The raised incidence amongst office workers is partially explained by the fact that many of them worked in offices which were part of factories where asbestos levels were known to be raised. The fact that teachers and school workers have a similar incidence of mesothelioma to office workers shows that both groups have suffered significant asbestos exposure. This was acknowledged by the HSE statistician and co-author of the report who was careful to explain that:

***“It’s important to note that these results do not imply that there is no risk to teachers. However, it really does appear that the risk to teachers is very much on a par with that in the reference category of office workers.*”**

⁴⁰<http://www.ncbi.nlm.nih.gov/pubmed/19259084> British Journal of Cancer (2009) 100, 1175 – 1183. HSE RR696 Occupational, domestic and environmental mesothelioma risks in Britain. 2009

⁴¹ E-mail HSE Statistics Branch Darnton/Lees GB Mesothelioma case control study 6 Apr 2009

⁴² HSE Mesothelioma occupational statistics Male and Female deaths aged 16-74 in Great Britain 1980-2000 tables 5 and 6

*Clearly there have been mesothelioma deaths among teachers, as there have also been among other low risk groups such as health care workers, retail workers various others - and **some of these cases will have been caused by asbestos exposure during the course of their work in these jobs.***⁴³

The study's co-author's statement is clear that the study does not imply that there is no risk to teachers and he accepts that some of the cases amongst this group will have been caused by asbestos exposures during the course of their work – which in the case of teachers is as a teacher in a school.

The Minister made no such acknowledgement of the very real risk to teachers, but instead put a “spin” on his statement. It was either designed to mislead, or else it shows a fundamental misunderstanding of the relevance of the teachers' deaths. Just because teachers are dying at a similar rate to another profession does not mean that they are not at risk. They have been exposed to asbestos, some, at the very least, have been exposed at school, and some have developed mesothelioma. It is known that children have also been exposed to asbestos at school, and it is known that they are at greater risk. It is therefore probable that they are subsequently developing mesothelioma at a greater rate than their teachers and dying. It is unacceptable that the Minister appears to dismiss the teachers' deaths and fails to address the relevance of their deaths in connection to the asbestos exposures and subsequent deaths of the children.

If the death certificate records “Teacher” statistically that is where the exposure occurred

The Minister is also being misleading when he implies that the exposure happened anywhere other than in teaching. For if a teachers' death certificate shows that they have died of mesothelioma then it is likely that is the profession that they have had for most of their working life. Any asbestos exposure in a school will have contributed to their deaths.

He is correct that the statistics are based on the last recorded occupation and therefore if it states “Teacher” then that is the occupation the person had when they retired through age⁴⁴, ill health, took early retirement or because they died in post. Until relatively recently teaching used to be considered a lifetime profession⁴⁵ and statistics confirm that to be the case, for the average length of service on retirement for a teacher is about thirty years.⁴⁶ Their deaths are therefore generally recorded under the occupation that they spent their working life – as a teacher in a school. Their death certificates and the mesothelioma statistics are therefore invariably a true reflection of the occupation in which asbestos exposure took place that contributed towards their deaths.

His supposition that the exposure occurred in a job other than the one on the death certificate might be correct for many other occupations, but invariably he is wrong about teachers.

Statistics understate actual numbers of teachers dying of mesothelioma.

⁴³ E-mail HSE Statistics Branch Darnton/Lees GB Mesothelioma case HSE control study 6 Apr 2009

⁴⁴ Normal Retirement Age for a teacher is 60. DCSF 3.7 Schools: Teaching Population a. Number of full-time teachers by age in maintained nursery, primary and secondary schools, England, March 2006 and March 2007

⁴⁵ House of Commons Education and Skills Committee Secondary Education: Teacher Retention and Recruitment Fifth Report of Session 2003–04 para 110

⁴⁶ E-mail DCSF Workforce Group /Lees 27 January 2010 15:47 Case Reference 2010/0004693 The average length of service for full-time teachers. And Scottish Parliamentary written answer S2W-15080 18 Mar 2005 <http://www.scottish.parliament.uk/Apps2/Business/PQA/Default.aspx> Death certificate is based on last occupation. Therefore occupation on retirement or death. Average length of service at retiring age, early retirement or because of ill health is about 33 years.

Rather than overstating the number of teachers who have died of mesothelioma, the statistics understate the actual numbers. For instance there are a significant number of particularly female teachers who work in the teaching profession for a number of years and then leave to bring up a family.⁴⁷ Some do not return, and therefore, although their exposure might have taken place as a teacher in a school, their subsequent death is not recorded as a teacher.

In addition statistics do not record a person's occupation above the age of 74. As the average latency for particularly low level exposure is long,⁴⁸ a significant number of people die of mesothelioma without their occupation being recorded, with about a quarter of male mesothelioma deaths being over the age of 74,⁴⁹ and 44% of females.⁵⁰ It is known that teachers have died over the age of 74, and it is probable that a significant number have.

Caretakers, teaching assistants, nursery nurses, school secretaries, cooks and school cleaners have died of mesothelioma

In addition to the teachers, other people who work in schools have died of mesothelioma including caretakers, teaching assistants, nursery nurses, school secretaries, cooks and school cleaners. HSE acknowledge that school caretakers are particularly at risk,⁵¹ this was confirmed by a study in the USA that determined that a significant proportion of school "custodians" had signs of asbestos related disease. It is relevant that about half the study group had no known asbestos exposure outside their work as custodians.⁵²

The deaths amongst the support staff add to the evidence that people in schools die of asbestos related disease.⁵³

The Minister fails to assess the number of children's deaths.

The teacher's and support staff deaths are the tip of the iceberg. For if they are being exposed to asbestos in schools and dying of mesothelioma then so are their children. It is known that children are more vulnerable to the effects of asbestos,⁵⁴ and for every teacher there are twenty to thirty children so there will be proportionately more deaths. But this is not reflected in the mesothelioma occupational statistics because the long latency means that their deaths occur long after they have left school and are not recorded as the result of asbestos exposure in a school. Amongst all other workplaces schools are unique places as the statistics only reflect the mesothelioma deaths of small percentage of the occupants who have been exposed to asbestos, as the vast majority are children.

Studies have shown that low level exposures can on average have a longer latency than the norm. Latencies for mesothelioma from first exposure to first symptoms have been recorded from less than 10 years to over 60 years, and throughout the whole population on average the latency is 30-40

⁴⁷ Survey of teachers resignations and retirements calendar year 2008 Local Government Association and National Foundation for Educational Research April 2009. Statistics of Education: Teachers England and Wales 2000 edition. National Statistics. P96-104

⁴⁸ Malignant mesothelioma due to environmental exposure to asbestos: follow up of a Turkish cohort living in a rural area. Chestp2228. Metintas. Asbestos exposures in malignant mesothelioma of pleura; a survey of 557 cases Bianchi Industrial health 2001,39, 161-167 . Mesothelioma: cases associated with non-occupational and low dose exposures Hillerdal Occup Environ Med 1999;56:505-513

⁴⁹ HSE Death certificates mentioning mesothelioma, 1968-2005 table Meso02

⁵⁰ HSE Death certificates mentioning mesothelioma, 1968-2005 table Meso03

⁵¹ HSE Asbestos An important message to schools Mar & Aug 2006. DfES Asbestos An important update for schools Jun 2006

⁵² Asbestos-related disease in public school custodians. Oliver, Sprince, Greene . American journal of Industrial medicine 19:303-316 (1991) . HEI Asbestos in public and commercial buildings. 1991 A2.3.1.5

⁵³ See [Statistics - Deaths in the Education Sector from Mesothelioma](http://www.asbestosexposureschools.co.uk) at www.asbestosexposureschools.co.uk

⁵⁴ See [The Increased vulnerability of children to asbestos](http://www.asbestosexposureschools.co.uk) at www.asbestosexposureschools.co.uk

years.⁵⁵ In comparison studies have shown that those exposed to low level exposure on average can develop the disease some 50-56 years later.⁵⁶ Consequently a child exposed to asbestos at school will die many years later and their death will be recorded under whatever occupation they had at the time.

The Minister is failing in his responsibility for the occupants of schools and in particular the children. It is known that the occupants of schools have been exposed to asbestos. It is known that teachers and support staff have died of asbestos related disease and there is a clear and direct correlation between their deaths and the exposures. But of greatest concern is that there is also a direct correlation between their deaths and those of the children. It is for these very reasons that for decades successive governments have been asked to assess the scale of the asbestos problem in schools and to carry out a risk assessment. But they have refused.⁵⁷ Despite failing to take these basic steps of risk management, and contrary to the evidence, the Minister has arbitrarily dismissed the teachers' deaths, implying that asbestos exposure in schools has not been instrumental in their deaths. This is unacceptable.

The Minister has a clear duty to assess the scale of the asbestos problem in schools and to carry out a risk assessment with particular emphasis on children.

Despite warnings a Precautionary approach has not been adopted

The Minister is fully aware of the concern that if teachers and support staff are dying of asbestos exposure, then so are the children. However he has avoided answering the question about asbestos related illness amongst the children and has avoided addressing the implications implicit in the teachers' and support staff deaths. Alarm bells should have been ringing for years at the highest level with this mounting death toll amongst every occupation that works for any period of time in a school, but instead of taking the necessary action, the Minister has dismissed the teachers' deaths and by doing so has failed to acknowledge the far wider implications.

More than forty years ago the Government were told that low levels of exposure could cause mesothelioma, and that children were particularly at risk. They were warned that because knowledge was not complete, they must take a precautionary approach and implement measures to prevent the asbestos exposure of children in schools.⁵⁸ Knowledge is still not complete, adequate measures have still not been taken and despite mounting evidence that there is a serious problem of asbestos in schools Ministers have failed to take a precautionary approach. It is irresponsible of the Minister to ignore the evidence of the teachers' and support staff deaths and to ignore the evidence of frequent asbestos exposures in schools. How much more evidence does he need before he takes the necessary action?

⁵⁵ HSE RR728 Projection of mesothelioma mortality in Great Britain p1 2009

⁵⁶ Malignant mesothelioma due to environmental exposure to asbestos: follow up of a Turkish cohort living in a rural area. Chestp2228.

Metintas. Asbestos exposures in malignant mesothelioma of pleura; a survey of 557 cases Bianchi Industrial health 2001,39, 161-167 .

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

⁵⁷ PQ John Cryer MP/ Minister of State for Schools 8 Dec 2010

<http://www.asbestosexposureschools.co.uk/pdfnewslinks/PQs%20John%20Cryer%20%20Nick%20Gibb%20COMMENT%20%208%20Dec%2010.pdf> Follow [this link](#) for other refusals to undertake an audit and risk assessment.

⁵⁸ Letter Dr Lloyd Davies Head Medical Officer Factories Inspectorate Ministry of Labour/Department of Education 6 Mar 1967
1966 Annual report of HM Chief Inspector of Factories on Industrial Health. Ministry of Labour P60 August 1967

Government fails to task WATCH to assess the risks to children

In May 2009 the AiS asked the Prime Minister if he would task the WATCH committee to assess the risks to children.⁵⁹ Since then Ministers of both Governments have prevaricated and failed to commission the assessment.

Various excuses have been given for refusing to assess the risks. The actual reason is that the Government has no wish for an assessment to be made, for if it was they would then be compelled to take action. A Department for Education Ministerial briefing that was given to the last Government at the beginning of their term in office shows that the reasons for refusal were both political and financial. It shows that they had no wish for the public to know the magnitude of the problem, for the Government were concerned that an assessment of the risks could lead to calls for the removal of asbestos, which would be very expensive at a time the schools' capital budget was already overstretched.⁶⁰

The schools capital budget is equally overstretched at the start of this Government. In answer to a Parliamentary question on 8th December 2010 the Schools Minister, Nick Gibb MP, stated that his Department *"has no plans for assessing the asbestos risks in schools."*⁶¹ This is contrary to his view in Opposition where he appeared to accept the logic of assessing the scale of the problem and the risks, for, when asked if he would he stated that *"One cannot shut one's eyes to the problem...One cannot sweep the problem under the carpet."*⁶² One must assume that the motives behind the decision are the same as they were in the previous government, for if they did assess the risks they would then be compelled to take action. The Government do not want to ask the question because they do not want to know the answer.

WATCH have been considering the risks to low level asbestos exposure since November 2007. At their first meeting the increased risks from exposure to asbestos at a young age were discussed. Professor Peto is an expert member of the committee and had briefed them on the findings of his study into mesothelioma. He stressed how childhood exposure to asbestos was likely to be an important factor in mesothelioma developing in later life. The minutes record:

"A WATCH member asked Professor Peto for further insights into the relationship between age, asbestos exposure and cancer risk. Professor Peto commented that first exposures to asbestos before the age of 30 were much more critical in terms of cancer risk than first exposures that occurred after 30. If first exposures occurred after the age of 40, the risks of developing cancer were relatively low.

However, limited insights could be gained from age alone; time since first exposure was a more critical determinant of risk than the actual age at which exposures took place. This implied that

⁵⁹ Meeting Prime Minister/AiS 13 May 2009

⁶⁰ Ministerial background brief. Parliamentary question 4210 Michael Clapham MP/ Minister of State for Schools Stephen Byers MP 17 Jun 1997

⁶¹ Parliamentary question John Cryer MP/ Minister of State for Schools Nick Gibb MP 27283 . 8 Dec 2010

<http://www.asbestosexposureschools.co.uk/pdfnewslinks/PQs%20John%20Cryer%20%20Nick%20Gibb%20COMMENT%20%208%20Dec%2010.pdf>

⁶² Meeting Nick Gibb MP Shadow Schools Minister/ Asbestos in schools group 27th January 2010. Meeting Nick Gibb MP/ Lees 7 Jul 2009

exposure to asbestos in childhood would be an important factor in determining the appearance of cancer in later adult life."⁶³

In an earlier paper Professor Peto outlined the increase in risk from childhood exposure due to time since first exposure, but explained that in addition there is likely to be an added risk because of a child's stem cell expansion. He stated:

*"... this prediction takes no account of the possibility that children are particularly susceptible to carcinogenesis by virtue of factors such as stem cell expansion during growth and development. The risks caused by exposure in childhood may therefore be substantially greater than those predicted for both mesothelioma and lung cancer."*⁶⁴

At the WATCH meeting another member of the committee suggested that:

*"Since the focus of interest was low-level exposure to asbestos, a possible exposure situation to explore could be that of teachers potentially exposed to asbestos in school buildings."*⁶⁵

Robin Howie is a senior occupational hygienist and is also an expert member of the WATCH committee. He has stressed to the chairman and the committee the need to assess the increased risks to children. Despite his and Professor Peto's concerns about the increased risks to children, WATCH have not assessed the risks to children and have not examined the critical relevance of the teacher's asbestos exposure and subsequent deaths. Despite their concerns and those of the Asbestos in Schools group, it is now more than two years after the start of the committee's deliberations and a year and a half after the Prime Minister was asked if he would task WATCH. Despite the scientific logic and moral obligation of assessing the risks to children, WATCH have not been tasked and this Government now states that they have no plans to task them.

In the PQ Annette Brooke MP asked the Secretary of State for Education what estimate he has made of the number of school children affected by an asbestos related disease, he referred the question to the Minister of State for Employment with responsibility for the HSE to answer. He is fully aware of the implications of that part of the question, and instead of answering it, he has chosen to ignore it.

That is not acceptable, for it is in the public interest that a full and honest answer is given. It is also in the public interest that a risk assessment is carried out to assess the risks to children from asbestos. Until it is senior politicians and civil servants will feel able to continue publicly denying that there is a serious risk from asbestos in schools. Until a risk assessment is carried out they will continue to avoid properly addressing the problem of asbestos in schools.

⁶³ WATCH committee minutes. Assessing the risks arising from exposure to low level exposure to asbestos 7 Nov 2007 para 4.24 <http://www.hse.gov.uk/aboutus/meetings/iacs/acts/watch/agendas.htm>

⁶⁴ Fibre Carcinogenesis and Environmental Hazards, J Peto IARC 90 1989 p463)

⁶⁵ WATCH committee minutes. Assessing the risks arising from exposure to low level exposure to asbestos 7 Nov 2007 para 4.39 <http://www.hse.gov.uk/aboutus/meetings/iacs/acts/watch/agendas.htm>

DfE and HSE have failed to assess the risk to children. Should the Department for Health take on the responsibility?

HSE are the sponsoring department for the WATCH committee. A non Executive Director of the HSE and more recently DfE officials have argued that it is not within the remit of the WATCH committee to consider the risks to school children as their remit only allows them to consider the risks in the workplace.⁶⁶ They are incorrect as school children come under section 3 of the 1974 Health and Safety at Work Act that covers all occupants of workplaces – including children. The health of children at school is therefore within the remit of the HSE and assessing the risks to children from asbestos exposure at school is within the remit of WATCH.

There is an anomaly though as the asbestos risk to children in their own homes does not come under the remit of the HSE or the WATCH committee. It would appear that no Government Department actively takes responsibility for the safety of adults or children from asbestos in their own homes. Asbestos exposure is cumulative and therefore asbestos exposure at home adds to exposures at school and the workplace and the likelihood of cancer developing. But instead of looking at asbestos exposures as a whole, HSE only addresses part of the problem by just focussing on workers in the workplace.

It is a serious omission that the asbestos risks to children have not been assessed, for this is a critical gap in knowledge that, if known, would increase the understanding of why Britain has the greatest incidence of mesothelioma in the world. If such an assessment was carried out it would also allow targeted measures to be taken to reduce the ever rising deaths.

This is a major health problem that the Government, HSE and DfE have failed to adequately address. No Government Department has taken responsibility for reducing asbestos exposures in the many thousands of homes that contain asbestos, DfE do not have enough money to make schools safe and the Government have severely cut the HSE budget so that they have insufficient funds to even target the high risk occupations, let alone schools.

It is a health problem that has a parallel in the risks from radon gas which can also cause cancer (although the estimated cancers are considerably less than that caused by asbestos). In some areas of the country because of the presence of granite, radon is given off from the ground and can reach dangerous levels in buildings. In the at risk areas there is a programme to sample the air in all schools, so that remedial measures can be taken if the gas reaches a certain level. The national programme to identify schools and other premises is managed by the Health Protection Agency, and is part of a national initiative promoted by the Department of Health and developed in conjunction with the HSE. All schools in at risk areas will have air sampling carried out and the results are to be held in a central data bank.⁶⁷

⁶⁶ DfE Asbestos Steering Group. Lees contemporaneous notes 29 Nov 2010

⁶⁷ Letter Health Risk from Radon in Schools. HPA Centre for Radiation, Chemical and Environmental Hazards. NE, EM, YH Schools/LEA Oct 2010. Pamphlet HPA Radon in Schools. (Not available on web?) http://www.ukradon.org/rms_search.php?type=workplace

The measures to protect the occupants of schools from radon are precisely the measures that AiS has advocated should take place for asbestos. Despite the greater number of deaths from asbestos and the greater numbers of at risk schools, no such measures have been taken with asbestos. The Government has refused to sponsor trials for air sampling in schools, they have refused to determine how many schools are at risk and have refused to undertake a risk assessment. The principles are the same, but one of the main differences is that the radon programme is sponsored by Department of Health. One must therefore ask if the Department of Health sponsor a programme in schools for radon, should they, rather than HSE and DfE, sponsor a similar programme in schools for asbestos? Also should it be their responsibility to commission an assessment of the risks from asbestos to children?

Minister shuts his eyes to the problem

The Minister's Parliamentary answer is not only misleading and wrong, but it also underlines the fact that until Ministers acknowledge that there is a serious problem of asbestos in schools, they will never properly address the problem. There is mounting evidence that many schools have not, and are not managing their asbestos safely, this has resulted in frequent asbestos incidents and the exposure of teachers, support staff and children. The inevitable result is the ever rising death toll, but instead of accepting these deaths as a warning that something very serious has been happening, he has attempted to dismiss the deaths as being the result of exposure anywhere other than in a school.

Teachers, teaching unions, support unions, solicitors, doctors, asbestos consultants, coroners and others have been, and are, telling the Government that there is a serious asbestos problem in schools. Unfortunately this Minister's parliamentary reply shows that he is prepared to 'spin' statistical evidence in order to avoid addressing that problem.

More than forty years ago the Government were warned of the particular risk to children and told that they must implement measures to prevent the asbestos exposure of children in schools. They have failed to do that, and even now when faced with the growing evidence the Minister has failed to take the precautionary approach.

The teachers' and support staff deaths are the tip of the iceberg. They are the dreadful proof that significant asbestos exposure has taken place over the course of the last sixty years in the nation's schools that has exposed not only the teachers but also the support staff and the children. They are the evidence of a far greater number of people who have developed, and will develop, mesothelioma from their asbestos exposure as a child at school. The evidence is there, it is dangerously irresponsible of the Minister if he chooses to ignore it.

The Government has a clear duty to determine the scale of the asbestos problem in schools and to carry out a risk assessment to determine how many staff and pupils have died and how many more will die. Only once the Government have established the facts will they be able to allocate proportionate resources so that schools are made safe for future generations.

*Michael Lees
10th January 2011*