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19 November 2011

THE PETITIONS COMMITTEE
National Assembly for Wales
Cardiff Bay, CARDIFF CF99 1NA

Dear Committee

FURTHER TO MY SUBMISSION OF 18 November 2011, I OMITTED TO WRITE A RESPONSE TO YOUR ADVICE NOTE. I WOULD BE DELIGHTED TO SUPPLEMENT MY WRITTEN SUBMISSION WITH ORAL EVIDENCE IN PERSON, WHICH WILL ALLOW EXPLANATION OF MAPPED ONS & PCT DATA AND RESPOND TO ANY QUESTIONS FROM THE COMMITTEE. I AM PREPARED FOR THE COMMITTEE TO PUBLISH MY REPORT IN FULL.

Yours sincerely



Dr. Dick van Steenis MBBS

BELOW IS MY COVERING LETTER OF 18 NOVEMBER 2011 SENT BY RECORDED DELIVERY.

Regarding your letter of 16 November 2011 requesting response to the petition concerning waste management in Wales, I wish to professionally reply with my findings on this matter. I lectured in the Assembly in 2011 at the request of Mark Isherwood AM and my own AM Mr Ramsay and dealt there with the science, public health and financial costings of the dire foolhardy current program. I am published in the current recent Environment Audit Committee Report (published Nov 2011).

I attach my 4 page summarised report on the Llanwern incinerator proposal with 360 scientific references. I explained how installation of plasma arc units around Wales of smaller size would keep waste management fairly local and produce effectively free some 240 megawatts of electricity. See the new Teeside plasma unit passed which will produce 49 megawatts of electricity some two and a half times more electricity from the same waste as an UK-style energy from waste incinerator. Siting these at a fraction of the cost of incinerators would mean the windfarm proposals & 106 miles of new grid etc for Powys & Pontardawe could be scrapped and savings to NHS & DSS in removal of incinerator illness & deaths costs would save the National Assembly for Wales £5 BILLION. The current Prosiect Gwyrdd is economic and health suicide and breaches 6 UK laws including EC/98 of Dec 2010, Human Rights laws, EC/50 of June 2010 re PM2.5 limits etc.

Answers to your questions.

1. The best method of disposal of non-recyclable waste is plasma arc gasification which produces gravel, electricity, and also if required—hydrogen & bio-kerosene at a fraction (about a sixth) of the total cost of EFW UK incinerators. THERE IS NO COMPARISON. In Finland & Sweden high quality incinerators have been built but these still produce lots of flyash and bottom ash and some emissions. Typical emissions of UK incinerators are 120 times higher meaning 120 times the illnesses and deaths as proven by ONS and NHS PCT data my colleague and I possess. Other options like MBT cost far more and produce a toxic end product, which needs landfill or incineration or plasma gasification.
- 2 Incineration in the UK. A typical medium size plant would cost the NHS c.£280 million over the contract, would poison people & soil & animals for 15 miles downwind, would increase infant mortality by 8 per 1000 births for 15 miles downwind, cause 750 deaths pa needlessly after some years, cause heart attack and cancer deaths to roughly double for 15 miles downwind, cause depression rates to rise 9 times, suicides to rise, lower IQ causing worse education results meaning poor job prospects downwind, cause chronic illnesses leading to lower productivity & DSS bills etc etc The total effect is 11 years off lifespan as stated by PCT in Essington (Wolverhampton). There are few local jobs. THERE ARE NO ADVANTAGES WHATSOEVER of UK incinerators only expensive disadvantages.
3. I consider local authorities must force health boards to produce disease maps by electoral ward to first assess the current situation as has been done by Michael Ryan using ONS data. The WHO ordered this in 1997 but Wales has not complied at all. The WHO said it is impossible to form public health judgments & policies without this form of data. Local authorities can then be taught about plasma gasification by people like myself, not as at present totally misled by spin and misinformation by lobbyists & HPA heeding vested interests like Broomfield & Enviro. After mapping, local authorities must instal BAM type PM2.5 monitors in wards with worst health, siting them not on roads but at primary schools. They will then learn the true current situation. In coming months they will be fined if PM2.5s exceed the EC current law here. In Wales at present there are only six PM2.5 monitors, all TEOMs which are typically fiddled downwards, all sited on busy roads instead of in the affected communities—4 are on M4, 1 on A48 Chepstow & 1 in Wrexham. These must be resited. At present Public Health Wales, HPA, EA & Health Boards are ignorant of the facts above and should be banned from seeing incinerator industry lobbyists.

In conclusion I mention how Canadian Dept of Health & Queensland ministers among others have acted upon my advice and my data and evidence. WAG needs to follow.

Yours sincerely

Dr. Dick van Steenis MBBS

Gordon - LEGAL ISSUES

LAWS RE INCINERATORS BROKEN BY WELSH ASSEMBLY GOVERNMENT

1. 19 November 2008/98/EC on WASTE put into UK law Dec. 2010. –MUST USE LATEST SAFEST TECHNOLOGY TO PROTECT PUBLIC HEALTH ie plasma gasification as used in USA, France, Japan etc & 2 passed in England 2011.
2. Same 2008/98/EC law states public must be involved in discussion/planning FROM OUTSET. This is not happening. Lobbyists & politicians determine junk quality incinerators not remotely like plasma gasification or incinerators in Finland
3. Environment Protection Act 1990 & IPPC. Environment Agency must prevent emissions from harming health. Not done. Only PM10 monitored which do not enter the lungs or affect health. Must monitor PM2.5s (35% escape through filters says EA 2010 & 2011) & PM1s (90% escape through filters agrees EA 2010 & 2011). These are the ones that damage health.
4. Human Rights Act. Regulators must not kill. Councils have duty of care.
5. Human Rights Act. Regulators must not make ill (torture) Councils have duty of care.
6. Human Rights Act article 8. Regulators & councils must not affect family life.
7. PM2.5 Air quality industrial emissions directive EC 2008 put into UK law 7 July 2010. Orders urban areas eg Cardiff to be below 25ug/m3 by 2010 & 20ug/m3 by 2015. Balance of UK to be below 25ug/m3 by 2015. Why has there not been PM2.5 beta monitors (BAM) been installed in Cardiff, Merthyr & Newport yet? Newport & Merthyr refuse as they know the readings will exceed the legal limit now. Merthyr will be very high now with Ffos-y-Fran.

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SHOULD REGULATORS ALLOW DEATHS & ILLNESS in NEWPORT & BEYOND?

An incinerator burning waste is proposed for Llanwern. Incineration of waste results in shortening of lifespan of about 11 years in Belgium & the UK, often in the prime of life, by increasing a range of diseases especially low birth weight, infant mortality, heart attacks, COPD, strokes & cancers. A university led study in Belgium detailed diseases and deaths caused during years 1 to 5, 6 to 10 and 11 to 20, ending up with a 480% rise in cancer incidence, yet that St. Niklaas incinerator was operating under the EC WID of 2000, like those in the UK. The proposed chimney will spread the damaging PM1 and PM2.5 particle emissions locally in NEWPORT and downwind to Caldicott, Magor, Chepstow etc.- Resulting in hundreds of needless deaths annually (after lead-in period) with huge NHS costs.

To properly break down incinerated items requires 1250C. This will not happen as the EA normally stipulates only 850C. The EA wrote to 2 separate individuals in 2010 and repeated in 2011 in the South London Press, that UK bag filters allow about 90% of PM1s & 35% of PM2.5s out into the air you breathe, these being the most dangerous emissions. Even a bag filter manufacturer agrees & RWDI consultants in a HIA August 2011. This plant's emissions will hence contain mostly unmonitored PM1 and PM2.5 particles, which go into the deepest part of your lungs. The PM1 & PM2.5s are not measured downwind of incinerators in the UK. In Wales the 6 PM2.5 monitors are sited as follows—4 along the M4 motorway, one on the busy A48 and the other in Wrexham. All are TEOMs, which have been admitted have their "readings" adjusted downwards hence being meaningless and totally irrelevant.

PM2.5 come under the EC directive, in UK law June 2010. PM1s & PM2.5s will add to current pollution sources eg forthcoming Splott (CARDIFF) & Severn Beach incinerators, Avonmouth & Uskmouth.

Your health can be put at risk for 2 days just from an hour's exposure to PM2.5s. Interaction of gasses and ultrafine particles from these other installations will form secondary PM2.5 particles, increasing the proposed unit's effects on health downwind. Wind direction, speed and temperature inversions are crucial factors. When you inhale PM1 or PM2.5 particulates the soluble fraction gets into the blood and your cells including brain, while the insoluble bits are dealt with by macrophages & T-lymphocytes, being walled off in the lungs to cause COPD. The resultant inflammatory process can cause asthma, heart attacks, higher blood pressure, strokes, clinical depression & other brain damage including lower IQ and advancing Alzheimer's dementia. Recent research has confirmed depression, drop in IQ & heart damage even in rats from these industrial PM2.5s. In the cells, mutations will occur in mitochondria & genes, caused by heavy metals, PAHs, dioxins or other POPs leading to altered function, defects & cancers. In Australia & USA schoolchildren had 20% loss of lung peak-flow from PM1 & PM2.5 emissions. Unlike USA, where PM2.5s have been monitored & heavily regulated since 1997, in the UK generally only PM10s (PM10 to PM4—none of which gets into the lungs) are measured mostly using instruments that can be adjusted to minus eg Brighton during June 2007 where PM2.5s read fraudulent minus 106ug/m3. Thus there is no effective regulation in the UK whatsoever to protect the public. The May 2008 issue of Journal of the American Medical Assoc. proved (UK) PM10s have no relevance to heart or lung disease-- only PM1s & PM2.5s count. Incinerator emissions also would contain carbon dioxide, carbon monoxide, nitrogen oxides including NO2. The source of problems is sorted by mapping out health data as demanded by the WHO 1997. In the UK fake modelling without measured data is used to allegedly claim safety, while mapping of NHS data reveals the extent of deaths & illnesses caused. The 1997 WHO (Rome) & USEPA reports, demand mapping of health data then measuring and analysing PM2.5 CONTENT to identify every individual cause of the relevant emissions.. Further verification comes from autopsy results, GP & hospital records, soil analysis & food analysis, all done at various locations. The MILAGRO study of Mexico City smog PM2.5 particulate content published 5 Sept. 2008 confirmed the smog arose from the municipal waste incinerator and PM1s were found in brains & red blood cells in autopsies of those who died downwind but not in bodies of those clear of the incinerator emissions. Analysis of the incinerator emissions included lead while blood lead levels in the children downwind were raised with no other possible cause and blood levels were not raised upwind. If data of low birth weight babies, infant mortality, childhood asthma, stroke deaths, heart attack deaths, cancer deaths or age-standardised mortality are mapped out at electoral ward level as Michael Ryan & others

have done, comparing upwind with downwind as stated in the E.A. 2001 CLARINET report, matters become very clear. PCT ward maps of Wolverhampton of infant mortality, heart attack deaths, & cancer deaths are attached. The rise in all 3 parameters is obvious. The infant mortality westwards to the Irish Sea across South Shropshire and mid Wales is ZERO in comparison. The PCT also admitted 11 years off lifespan in Essington just to the NE, reveal the scale of deaths caused by that incinerator. Michael Ryan has mapped out ONS data in 28 locations. The maps of Coventry, Kirklees and London are damning. Michael Ryan has mapped ONS data in London covering low birthweight babies, infant mortality, heart attack deaths, stroke deaths and SMRs of all causes. All reveal remarkably high zones downwind of the London incinerators, and very low zones upwind (consistent with the expected windrose) and to a distance consistent with Harvard measurements namely 7 miles per 100 ft. of chimney height. The Heathrow effect lifts the particulates causing them to land a few miles further downwind. When the Colnbrook incinerator caught fire and was closed for about a year, the infant mortality in a Harrow ward dropped from 19.1/1000 live births in 2003-2005 to 2.3/1000 in 2007-2009 with the excess presumably caused by Hillingdon & Northwick Park hospital incinerators. Very high infant mortality rates have existed in Epping Forest downwind of Edmonton, Harrow as described and Southwark which is mostly affected by SELCHP. The health parameters in Newham improved until 1994 then deteriorated consistent with SELCHP. SMRs of total deaths around SELCHP are around 160 where we also find the highest rate of birth defects in London. The deprivation map of London bears no resemblance to these ONS maps. ONS & PCT data mapped out cannot be "peer-reviewed" as they are the NHS data.

The UK-IPPC law was downgraded by Mr. Prescott in 2000 to "anything will do". Far worse, the Health Protection Agency refuse to do the required studies, even trying to stop others from doing proper studies (Hansard Nov.2009). Advisors & lobbyists have serious conflicts of interests. The DEFRA 2004 review was written by a lobbyist for incinerator companies who works with FoE. It was just delusion. Without knowledge of toxicology or use of available data & relevant measurements, the PCT, HPA & EA only heed "spin", "reviews", "diktat" & fake "modelling" without peer-reviewed journal evidence. I have 360 journal references as evidence. The public health directors, who the GMC says must know the subject, and listen to & protect the public have failed. The total NHS cost of unregulated UK industrial air pollution is c.£60 billion pa including losses to education, invalidity, productivity & crime. USEPA has recently published a report calculating £855 billion savings to the USA taxpayers from reductions of PM2.5s under the Clean Air Act mostly since 2001, some 30 times the cash cost. The UK is doing the opposite by refusing to regulate PM2.5s or PM1s with extremely serious financial consequences.

There will be cumulative impacts in the body from the proposed incinerator. PAHs from the proposal within PM1s will interact with your blood fatty acids to increase risk of a heart attack plus causing mutations leading to asthma & cancers. PAHs also lower IQ. (Perera & Fonken articles). Experiments on rats recently repeated the drop in IQ and depression caused by these PM2.5s. Rats exposed to PM2.5s developed heart damage only with a NE wind carrying incinerator emissions, and note USA incinerators that remain after most had been closed, are of higher standard than those in the UK. With PM2.5s, it only requires 8.5 ug/m³ to reduce FEV1 by 60ml or 25ug/m³ for 2 hours to increase heart attack incidence by 46%. Remember the incinerator proposed will emit around 21 ug/m³ at ground level, not 0.05ug/m³ as foolishly claimed, plus existing levels over the downwind zone.. Measurements in Sweden in 2006/7 revealed incinerator emissions were 32% of total PM2.5s, the oil refinery 33%, traffic 17%, domestic heating 14% & others 4%. This shows up UK "modelling" by RPS & advocated by Bridges as a complete fantasy not based on reality. Health services cannot afford the consequences so are forced to ration treatments due to disregard for public health in signing consent for these installations in breach of the EC directive & UK laws. The ONLY safe way to handle this waste is PLASMA GASIFICATION, which is BAT, operates on electricity, produces vitrified gravel, (hydrogen) & electricity & ethanol or bio-kerosene—all for sale- and has very low emissions at less than one sixth the total incinerator 25 year cost, when health damage is factored in. The EC directive on waste 2008/98/EC of 19 Nov.2008, (in UK law Dec.2010) insist member states use best available technology (Plasma gasification). The EC BREF law limits emissions to max. 1-5mg/m³ but UK EA allows 10 to 30 mg/m³. Why let the regulators break EC PM2.5 law in the EC Industrial Emissions Directive passed into UK law on 7 July 2010? Read Popular Science, March 2007. Other plasma gasification plants are built or passed in China, Wales,

Peterborough, Teeside, Belgium, France, Florida, Michigan, New York, 11 others in USA, Puerto Rico etc. Veolia are running the Michigan plant while fobbing off the UK with inferior incinerators. Even DEFRA admit in their July 2007 report that PM2.5s CAUSE illnesses and CAUSE premature deaths but so far have not acted on their new-found discovery which has been law in USA since 1997 & also Canada & Japan. Rates of the main diseases in USA (compare with list below) dropped 6% in 2005/5. The Infant Mortality in New York is now at an all time low. The Harvard long-term follow-up found just 1ug/m³ PM2.5s represented 3% of deaths of all causes. That will indicate needless premature deaths if the proposal is passed of hundreds pa after a lead-in period. Exposure is what counts, not passive smoking or socio-economic alleged excuses. The EC urban air directive demands maximum 25ug/m³ annual average by 2010, dropping to 20ug/m³ by 2015. The USA already knew about PM1 dangers in 1943. The WHO & USEPA insist on mapping health data to determine policy. This proposal could damage farmland, crops & animals in addition to maiming and killing innocent victims, in breach of the Human Rights Act. The dioxin contamination of food in Newcastle UK is an example.

The range of illnesses caused by inhaling PM1 & 2.5 particulates from waste burning include----
Birth defects, low birth weight babies (in direct proportion to PM2.5 levels) and stillbirths.
Premature deaths of babies, infants and adults. eg. London's infant mortality in zones downwind of the incinerators is 7 times higher than in wards upwind. (9.0 cf 1.3/1000 - ONS data 2003/5--M.Ryan) Four wards downwind of the Wolverhampton incinerator including Essington had average infant mortality of 15.3 per 1000 births. Average infant mortality downwind of UK incinerators is raised by some 8 per 1000 births based on ONS data downwind of 28 installations whether old or newer.
T-lymphocyte diversion to lungs hence with depletion, affects ability to handle vaccines or infections causing SIDS, cot deaths, autism, MS, GBS, frequent childhood infections, worse ability to handle hospital bugs. Nitrogen dioxide damages T-lymphocytes in the lungs aggravating the problem.

Attention deficit and other behaviour problems, some leading to crime (majority of teenage killing 2008 was within 2 miles of the London incinerators. Recent riots also occurred near incinerators. The process begins with lower IQ in direct proportion to PAH levels as proved by Perera, , bad handling of vaccines, clinical depression by age 4 years, more days off ill, child obesity, truancy, poorer educational achievement, worse GCSE grades, choosing bad company then lastly crime or difficulty getting a job. The reports by Perera, Michigan & Fonken reveal the mechanisms. The social cost becomes vast. Even obesity rates in 2011 are markedly higher downwind of the UK incinerators.
Asthma, COPD, respiratory & other infections (especially boys) and infant bronchiolitis.
Coronary heart disease, heart attacks, arteriosclerosis, hypertension, strokes, SADS.
Diabetes-- Dioxins, arsenic, cadmium, lead & mercury are implicated- all emitted by incinerators.
Contents of PM2.5s cause mutations & gene function changes in mitochondria.
Endometriosis & gastroschisis can arise from dioxin exposure, as seen in Wales.
Allergies, eczema & arthritis can arise from nickel, cobalt etc. (eg Bacton)

ME, CFS, Hypothyroidism with low T3 level (adding to obesity). ME results from retrovirus exposure (from vaccine contamination or community spread) when immune system is compromised.
Clinical depression & suicides. The Bridgend suicides coincided with emissions of the East Swansea incinerator, occurring at the same time as a dioxin induced gastroschisis outbreak. When the incinerator was closed in 2010 the suicides dropped to one from 33 in 2007

CANCERS—non-Hodgkins lymphoma, brain, breast, colon, lung, prostate, kidney, liver etc.
Breast cancer for example can be caused by faulty genes (2%), HRT (5%) radiation, OP pesticides & herbicides, and from incinerator emissions—cadmium, dioxins (& similar POPs), & PAHs
Journal reports of incinerator health damage and analysis of dioxins (including blood tests showing downwind populations had levels over WHO limit), heavy metals, PAHs reveal none were safe.
Analysis of 9 health outcomes in Telford by ward in 2005 revealed increases in illnesses, SMR (64 in ward upwind & 149 in a ward downwind). You can check www.ukhr.eu for maps & details.

Politicians, Lobbyists, Drug Companies, Quangos & False Propaganda. DEFRA has twice allowed

lobbyists to write major fictitious reports for them to publicize. The RPS report falsely alleges emissions cease at 3km while DEFRA alleged 1km in 2004 based on the Enviro report which consisted of estimates from the wicked fairy instead of hard measurements. RPS has no idea of PM2.5 emissions in their HIA report. Glaxo paid Southampton University £1 million to wrongfully promote house dust mites which were not the real cause of asthma, hence keeping asthmatic patients ill by hiding the truth. Most COMEAP members about 10 years ago admitted receiving annual money from Glaxo. The BMJ editor has just admitted receiving money from Glaxo & Merck, then published matter to protect their products. The owner of the Lancet was made a director of Glaxo, then removed a key report. The government in 1955 ordered the MRC to cover up deaths from pollution in London. The MRC controls research grants so is now politically controlled. In mid November 2005 the HPA held a secret meeting with Eon, EA, PCT & Council just to cover up excess deaths & illnesses from emissions from Eon's coal fired co-incinerator. The DEFRA lobbyist's fictitious misinformation is being passed around to HPA, PCT, EA and incinerator companies just to promote incinerators by deceiving the decision makers & public, like "pass a parcel" with a claim rather similar to allegations years ago that the earth was flat. The Belgian government were in possession of 2 proper studies of public health being damaged by their incinerators, so stopped allowing any more, instead awarding a large contract for plasma gasification. USA has only allowed one permit for an incinerator since 2006, instead building many plasma gasification plants. The UK is years out of date due to the above conflicts of interest. The current Llanwern proposal is extremely unsafe and hence disobeys the EC/UK directive on waste and other laws, so refusal of permission must be essential. It is best to instal a plasma gasification plant, which can produce hydrogen, electricity & bio-kerosene.

The other damaging effect of PM1 emissions is to cause "dimming" by the fraction rising in the atmosphere. This cuts ultraviolet light, so reduces vitamin D production in the body by some 48% leading to rickets in the worst areas such as Southampton. Bottom ash disposal is often unsafe also, so it should go to landfill.

—Compiled 7 November 2011 & Copyright by Dr. Dick van Steenis MBBS, who has reports in 4 peer reviewed medical publications and has lectured at 5 international medical conferences plus public inquiries and winning a USA personal injury (pollution) court case.

GLOSSARY— COPD = Chronic Obstructive Pulmonary Disease PAH- Polycyclic-Aromatic Hydrocarbons
CFS= Chronic Fatigue Syndrome IPPC = Integrated Pollution & Prevention Control USEPA = USA Environmental Protection Agency SADS = Sudden Adult Death Syndrome

FINE PARTICULATES (PM2.5s).

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