Written evidence from Mesothelioma UK (ASB0034)

Select Committee Inquiry into HSE's management of asbestos

Evidence hearing on 17/11/2021

1. Key points from Mesothelioma UK

Liz Darlison represented Mesothelioma UK on Panel 2 at the Work and Pensions Committee session on the Health and Safety Executive's approach to asbestos management.

The group "Airtight on Asbestos" [AOA] sat on Panel 1, represented by Charles Pickles. That group has submitted a set of seven key messages from both panels. Mesothelioma UK is in agreement with those messages (see section 3, below).

Liz ended her evidence on the need for a pragmatic approach, a long term multi agency, possibly 4-5 decade plan. This might be divided into three components. At the heart of the approach is removal. This will take many years. Whilst it is done, it is important to manage, monitor and to raise awareness.

Removal: what matters most here is the commitment to removal rather than the 2035 deadline, which is unlikely to be met. As AOA state, other nations already have a programme of phased removal, prioritised according to identified risk. The UK needs the same. A future committee might like to consider how prioritisation should be performed. Relevant to this is a specific point with regard to schools: the policy of in situ management is particularly hazardous as schools are subject to high levels of wear and tear, and vandalism.

Monitoring:
i) Of the presence of asbestos. In our evidence we said that current research we are undertaking in schools suggest that asbestos management plans are often inadequate – teachers talk of "a scrap of A4 paper", for example.

ii) Of the effects of asbestos in specific groups. There are several reasons to believe that ONS data underestimates mesothelioma deaths in groups outside of the known high-risk jobs, such as building work. We have clear evidence of this from a Freedom of Information request made to NHS Resolution but the same points are almost certain to be true of schools. The extent of asbestos-related disease due to exposure as a pupil in schools is completely unknown.

Raising Awareness: Liz showed the committee her mandatory training record that she has to complete to work as a nurse in the NHS. This has 27 modules – none mention asbestos and how to manage it despite its presence in almost all hospitals. This point was made by nurses and doctors with mesothelioma (or their relatives) in our research.

2. Supporting evidence

The evidence from Mesothelioma UK was based on 20 years of experience plus specific research undertaken in the areas of workers in schools (MEWS), hospitals (MAGS) and the armed forces (MIMES). Also relevant is research we undertook into gendered experience of mesothelioma (GEMS). MEWS is ongoing but the other study reports are available on the Mesothelioma UK website here.[1]

[1] https://www.mesothelioma.uk.com/past-research-projects/

The ONS data[2] on mesothelioma deaths by professions greatly underestimates the number of deaths due to asbestos exposure in NHS premises.

i) How do we know? A FOI request to NHS Resolution, which covers England only, asking for claims made against the NHS by former NHS workers who had developed mesothelioma due to (according to the claim) exposure in NHS hospitals. Between 2002-15 the ONS recorded 177 deaths; between 2004-17 NHS Resolution faced 961 claims. Just over half were successful - the rest failed to show the NHS had been negligent in its management of asbestos. This does not mean that the workers were not exposed in the NHS. In addition, many workers will not have been able to pursue a claim as their legal team could not find specific instances of negligence. Again, the workers could well have been exposed at work - just not through provable negligence.

ii) Why the difference between ONS and NHS Resolution? Because i) Under 75s only ii) Last employment only iii) Ancillary workers not covered by ONS data

MEWS - ongoing project

The ONS data probably greatly underestimates the number of deaths due to asbestos in school premises.

i) Why do we believe this? Firstly, because point ii) above applies also to schools. Secondly, in addition, schools are filled with long-term residents, the pupils, who will also be exposed to any asbestos the staff are. The ONS does not record mesothelioma deaths by exposure as a pupil at school. In addition, there are no official UK estimates of how many pupils will develop mesothelioma for each education worker that does. In the US, a report from the national Committee on Environmental Hazards estimates the ratio as nine pupils for every teacher. In evidence to an Education Committee (13/03/2013) Julian Peto estimated that about between 1/4 and 1/3 of female deaths due to mesothelioma were the result of exposure as a pupil in school.

In reports from the "grey literature" - teachers and their relatives repeatedly express concern that pupils have been and still are exposed to asbestos.

This point is backed up by the number of FOI requests parents make concerning the levels of asbestos in schools.

Schools have a level of wear and tear, including vandalism, that is higher than other public buildings. This makes management in situ difficult - pupils may damage panels covering asbestos, for example.

MIMES

The Mesothelioma UK Research Centre conducted a study exploring the Military Mesothelioma Experience (MIMES). The report highlights several findings of relevance here:

- UK veterans who developed mesothelioma were exposed to asbestos in a variety of ways. It was not just people from high risk occupations (e.g. men who had served in the navy and worked as laggers of in engine rooms). Cases were spread across the forces and included people from army, RAF and navy.
- The nature of asbestos exposure varied to. Examples include people exposed to asbestos through buildings they worked and lived in, field accommodation at home and abroad, and from damage to buildings when in active service/combat.
- Amongst the interview participants many had not been aware of the dangers of asbestos until many years after the exposure occurred.
- When asked about exposure, some veterans could not recall having handled asbestos. However, many could recall having been in buildings and vehicles that potentially contained asbestos. This

[2] https://www.hse.gov.uk/statistics/causdis/mesothelioma/mesothelioma-mortality-by-occupation.pdf

makes a distinction between workplace and environmental risk rather than occupational risk. Some veterans may underestimate the contact that they have had with asbestos throughout their working and service lives because it was environmental rather than occupational. This may also be true of people working in public buildings such as school and health workers.

- Military organisations have taken seriously the need to assess the risk from asbestos on the military estate. Conversations with Liz Darlison have indicated that steps have been made to remove asbestos from buildings, vehicles and equipment where possible. This could provide a good example of phased removal of asbestos that could be applied elsewhere. E.g. schools and hospitals.

3. AOA Key messages

- The UK is lagging European counterparts in its management of asbestos in buildings.
- Other nations have better methods and systems to identify, record, and monitor asbestos with regulations that take into account the risks of low-level environmental exposure to asbestos. The UK has no environmental limit for asbestos exposure.
- Importantly other nations, like the Netherlands, already have a programme of phased removal of asbestos while France has a target to remove all asbestos by 2040.
- The evidence given today illustrates how asbestos continues to be the UK's number one occupational killer but the demographic and occupations of those dying is changing. Teachers, nurses and younger people who have never had direct contact with asbestos are increasingly at risk of dying from an asbestos related disease.
- With every passing year people continue to be exposed to a substance, whose dangers they know very little about.
- All those giving evidence today were in accord with the view that leaving asbestos in-situ is not a sustainable policy.
- The clear recommendation to the committee is that phased removal of asbestos prioritised according to identified risks is needed.

November 2021