

## **Response to**

**‘Health Risks from Contamination of the Rutherford Buildings,  
University of Manchester’  
by Professor David Coggon, September 2009**

## **From**

**University of Manchester University and College Union (UMUCU)**  
11 January 2010

## **Introduction**

UMUCU wish to acknowledge the work which Professor Coggon has undertaken in compiling this report. In particular we appreciate Professor Coggon’s efforts to estimate risk in the difficult circumstances of a paucity of certain key data. We also recognise the considerable lengths to which Professor Coggon and his team have gone in order to gather a wide variety of data, including anecdotal evidence from previous occupants and users of the Rutherford Buildings.

We fully support and endorse Professor Coggon’s recommendations that there be further exploration of the mercury contamination of 2004-2006, and additional monitoring of mercury levels in the air; and of a need for comprehensive risk assessments in the case of any further building work.

In addition we wish to make the following comments:

## **Data Gathering**

While considerable efforts were made to gather data from a range of people who had worked in, or who were otherwise involved in, the Rutherford Building, there is little explicit reference to, and use of, these data in the report. These data may be extremely important given the loss by the University of some of the health and safety-related records for the Rutherford Buildings. These more anecdotal data may give insight into the actual working practices in the buildings, in contrast to official processes, which may, or may not, have been followed at all times.

While we note that many additional reports and data pertaining to the Rutherford Buildings are now available on the website <http://www.manchester.ac.uk/rutherfordreview/>, we ask that the more anecdotal data are also archived and preserved in case of opportunity, or need, for further analysis in the future. As a Union we would also be interested to see any other documentation used in the preparation of the report which may not be posted on the website.

## **Input from Stakeholders**

While we recognise that Professor Coggon was responding directly to the Terms of Reference (p.7), we do think it extremely important to highlight that one of the challenges

in producing the report was the loss of certain key data by the University. Hence we think that, as well as calling for further examination of mercury etc, it is equally important that the University introduce mechanisms which would prevent such a loss of data, or failure to maintain appropriate records, from happening again.

In addition the University needs to develop more substantive communication processes around Health and Safety with the trade unions. Although the University does consult with the Unions through the various Health and Safety Advisory groups and the Health and Safety Committee we believe that the University should learn wider lessons about the role of Unions in the management of Health and Safety issues. Specifically Union representatives should be fully involved in accident investigations and the preparation of reports pertaining to these investigations. They should also be involved in Health and Safety inspections around the University, particularly in those schools where Safety Reps have been identified to the Heads of School since this only serves to enhance the University's image as an employer which values the input of its employees in Health and Safety matters.

### **'Chance Coincidence' and the Question of Epidemiology**

1. The report states that 'epidemiological research to clarify further risks is not a scientific priority' (p.5; see also p.9; p.33 for example). While we are prepared to accept that epidemiological research may not be seen as a *scientific* priority, and may be of limited use in clarifying risks, there may nonetheless be other benefits of an epidemiological study (or other study of morbidity and mortality) of previous and current occupants of the building. Should there be any further fatalities from brain or pancreatic cancers, or even other deaths or serious illnesses among occupants of the building, there would be considerable concern among members of the University as well as the wider public. Tracking the health of those who have used the building could be seen as an important part of the University's duty of care to its employees.

2. Professor Coggon has suggested that the emergence of any future cases of cancers would not alter his risk calculations, and the conclusions of 'chance coincidence' as the explanation for the cluster of cancers in the building. However, while recognising that it may never be possible to draw firm conclusions (given the statistical limitations imposed by the relatively small number of people who have worked in the building), we suggest that some indication needs to be given of approximately what number of additional cancer cases could occur and still reasonably be considered to lie within the realms of 'chance coincidence', i.e. without triggering the need for further risk evaluation – as this question would inevitably be asked, in the event that any further cancers cases emerge.

3. The report suggests that the findings of an epidemiological study would be subject to 'substantial statistical uncertainty' (p.9). However we suggest that this is also the case for the findings of the risk assessment, given the necessary reliance at times on hypothetical estimates of spillages of radionuclides and mercury. For example, how would the risk estimation differ if, say 5-10% of radionuclides were spilled during the early years of the buildings use, rather than the 1% figure cited in the report?

### **Section 6 Conclusions**

Following an extensive discussion of the 'sources of uncertainty' in the estimations of risk, this section concludes that '...by far the most likely explanation for the cluster is that it has

occurred by chance coincidence' (p.33). As the section notes in its first paragraph there are two main sources of uncertainty, one the limitations of scientific knowledge and secondly the lack of historical data (p.31). While appreciating the care which has been taken in the estimations, UMUCU would call for more precise wording in this case, for instance, the addition of a clause such as '*Given accepted current scientific knowledge, and the limitations of these estimations of risk, the current explanation* for the cluster is that it has occurred by chance coincidence.'

In summary, we support Professor Coggon's recommendations for further monitoring, but would wish for the further points raised here to be taken into consideration in the report. From the Union's point of view we would wish to be much more actively involved in Health and Safety issues in order to minimize the chances of a repeat incident, particularly in regard to the loss of key data.

UMUCU

Contacts:

Roger Walden, UMUCU President  
Andrew Thomas, UMUCU Health and Safety Representative