

I will propose that We, the Councillors of Limerick City and County Council make the following submission to the EPA in relation to the License Application P0029-06 to allow CRH to begin Industrial Incineration in Limerick.

“We, the Councillors of Limerick City and County Council, wish to formally object to the License Application P0029-06 to allow CRH/ ICL to begin industrial incineration in Limerick on the following grounds.”

The potential adverse impact on public health of incineration of toxic substances in our community cannot be accurately assessed. The detrimental effects of toxic waste incineration on public health are not and will not be measured or monitored. The risk to this generation’s health and that of future generations is unknown.

We are concerned that the HSE, by its’ own admission, does not have the expertise to assess the risk of industrial incineration on public health. It does not have the data or the resources to understand or investigate the clusters of cancer and pulmonary ailments that have been described in the vicinity of the plant over many decades, even using existing raw materials and fuels. If there are significant unknown health risks with the existing process how can we allow that risk to be radically increased by introducing toxins?

Irish Cement insist that their intended process for incinerating waste is ‘safe’. They have repeatedly stated: there are no health risks, even before An Bord Pleanála (ABP) disallowed a significant amount of substances, included in the original application coded list of 117, as hazardous materials. Supporting this position, An Bord Pleanála (ABP) assured the people of Limerick that burning industrial waste ‘would not be prejudicial to public health’.

But by what authority can ABP make such an emphatic assurance? How do they know? What process of deduction allows them to give this guarantee? Where is the data supporting such an unfaltering position?

‘Safe’, as defined by incineration companies, refers to the ‘safe’ limits of poisons and pollutants that current regulation allows them to release into the atmosphere. History teaches us that limits are amended over time as new science emerges. And these existing ‘safe’ limits, as determined by operating standards, are established using exemplary science in perfect laboratory

conditions. Specific context, operational histories and a corporation's culture are ignored in establishing such limits. 'Safety' is measured by what is technically achievable with existing technology. The Cement Plant in Mungret is currently before the courts due to poor environmental performance and fugitive dust emissions. This prosecution was due to public pressure, and publicly funded laboratory tests, not through routine enforcement by the EPA.

The recent advent of deeper research into air quality has shown that very small nanoparticles and particulate matter (PM2.5 and lower) can be the most damaging to inhale, and often escapes filtration and monitoring. Research into air quality is entering a new phase, but regulation has yet to catch up. In Ireland, monitoring has yet to catch up.

Poor air quality is now related to infertility, mental health, and increasingly is a factor in determining property values. Good air leads to longevity and well-being. Scientists at the cutting edge of this research recognize that much existing regulation is both wrong and out-of-date. Harm often results from much lower levels of exposure to pollutants than the so-called 'safe' levels stipulated by current safety standards.

What the Mid-West is faced with in this current standoff between concerned citizens of Limerick versus Irish Cement is a governance gap. In a recent question to the Dáil, Niall Collins T.D. asked what action 'the HSE will take to measure and manage the increased health risks to the population in the vicinity of the planned incinerator.' A reply was referred by Minister of Health to Dr. Kevin Kelleher, Assistant National Director – Public Health/Childcare Strategic Planning and Transformation.

Dr. Kelleher's response, dated 9 May 2018, set down the shortfalls and insufficiencies of the HSE in protecting the public. In several ways, this position was a climb down from the emphatic confidence of the HSE Environmental Officers who had rubber stamped Irish Cement's Environmental Impact Statement back in June 2016. In their submission report, they admitted that 'no risk assessment for Tolerable Daily Intake of dioxins, furans and dioxin-like PCBs has been undertaken'. In other words, they have no idea if our daily dose of dioxins will impact our wellbeing?

Dr Kelleher continued: "Routine surveillance data is not gathered on acute or chronic disease or risk factors for chronic disease at a local level at a population level. (in other words while some of this information is available on

individuals patients notes in hospitals and general practices, the information is not collected in a systematic way or collectable at the moment to a central database. Currently, there is no way of combining this data to review it for a population that lives in a particular District Electoral Division or other geographical area.

If Dr. Kelleher's statement demonstrated that there has been no assessment of the health hazard to date, it revealed too that the HSE are not obliged to monitor future risk. He stated: 'There is no environmental or planning legislation which obliges the HSE to assess and undertake the ongoing long-term monitoring of a potential risk to human health from a particular site-specific development following the granting of planning permission.' By their own admission, the HSE only responds to acute enquiries/concerns about health issues in a community as they arise, e.g. dust blows. Currently in Ireland, routine surveillance of disease is limited to that of infectious disease and on a delayed time scale, Cancer and Suicide.

So, when Irish Cement, ABP or the HSE assure the people of Limerick that there is nothing 'prejudicial to public health', we must be wary. After all, they are not making this claim on a disease registry or context-specific research: there has been no independent collection of data and no one else knows any better. How can we know the effects on public health if there is no specific baseline data to refer back to?

In the US, there is an arm of federal governance called the Agency for Toxic Substances and Disease Registry (ATSDR). This body seeks to protect communities from harmful health effects related to exposure to natural and man-made hazardous substances. They are a science-based public health agency tasked with four key actions: responding to environmental health emergencies; investigating emerging environmental health threats; conducting research on the health impacts of hazardous waste sites; building capabilities of and providing actionable guidance to state and local health partners.

Nothing like this exists in Ireland. This is the governance gap, which is at present being filled by the work of Limerick Against Pollution (LAP), local politicians and the genuine concerns of the hundreds of people who marched through the city on 13th May, justifiably concerned that their long-term health and that of their children are under threat.

At a time when people are ever more conscious of the vitality of good air and water to a harmonious life, perhaps it is time that this governance gap was filled.

Even without the threat of incineration, the people of Limerick and the ecosystem of the Shannon valley deserve state-of-the-art air monitoring and the collection and collation of data. Only then can we tackle effectively the health crisis of widespread pulmonary disease and asthma, and the national crisis of both non-compliant industries and ineffective government bodies.