



emma kinderziekenhuis AMC

Four major dioxin/PCB disasters

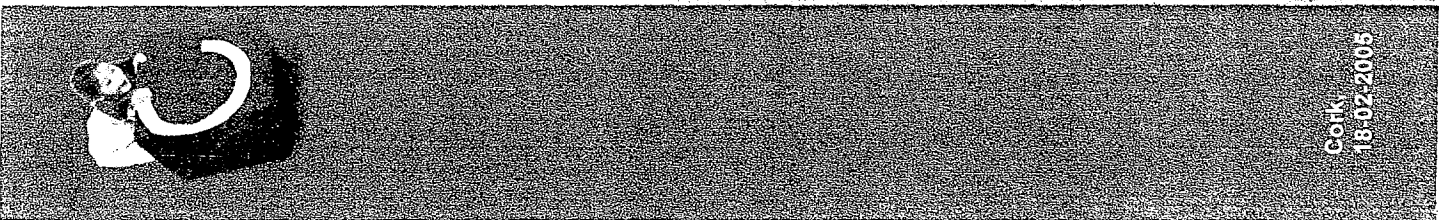
60's – 70's Agent Orange, Vietnam

1968 Yusho, Japan

1976 Seveso, Italy

1978 Yucheng, Taiwan

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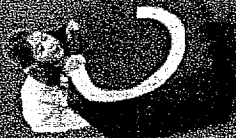
Vietnam

Agent Orange was dioxin contaminated defoliant used on large scale in South East Asia during Vietnam War

Data is beginning to emerge of large scale

- birth defects
- illnesses
- Cancers

These effects are also seen in second and even third generations!



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Yusho

1968 accidental PCB and PCDF contamination of rice
oils in Japan

Exposed children were apathic and uninterested

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Seveso

1976 explosion at chemical plant

Exposed parents gave birth to almost exclusively girls
(possibly anti-oestrogenic effect)

Increased liver enzyme concentrations (alanine
aminotransferase, ALAT)

Cork,
16-02-2005

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Yucheng

1978 accidental PCB and PCDF contamination of rice oils in Taiwan

Children had hyperpigmentation, intra-uterine growth retardation, natal teeth, pigmented dysplasia of the nails, hirsutism, hypertelorism, conjunctivitis, clinodactyly, widely open fontanelles and spotty calcifications of the skull



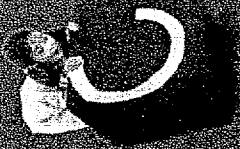
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Yucheng

25% of the hyperpigmented babies died before their 4th birthday

Respiratory distress and pneumonias during the first 6 months of life was common amongst in utero exposed babies

Later effects in the survivors included reduced I.Q., musculoskeletal changes and shorter stature

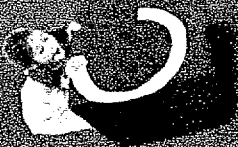


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Governing bodies

Who takes responsibility for the safeguarding of human (and environmental) health?

- EPA?
 - Is the EPA willing to stand guarantee against human and environmental harm from the proposed Indaver plant?
- Department of Health?
 - Will the Health Department guarantee stringent biomonitoring? Of which substances? Using which standards? Using which exposure limits?



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WHO rules designed to protect population

WHO has rules for incinerator sites

The proposed Ringaskiddy site does not conform to numerous of these rules, for example:

- Too little distance from a captive population
- Too few access roads
- Emergency vehicles cannot reach the site within the designated timespan

Governing body recommendation

The EPA avoids taking responsibility for health risks, although they are the body needing to do so

The Health Department has no reliable baseline exposure data from the area, no sufficient biomonitoring system and insufficient training of health professionals in dealing with the possible dangers

The assessment of this hearing must then be a negative advice from the outset



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Did anyone stop to think ...?

Why does Ireland actually want a (toxic) waste incinerator?

There are numerous incinerators throughout Europe capable of handling Ireland's wastes

These sites are already polluted

At a time when we are working towards more and more of a United Europe, it is unnecessary and short-sighted not to take advantage of the existing facilities

Why damage Ireland and her inhabitants when this is not necessary?

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A final study to illustrate the point ...

Childhood cancer/leukaemia births are associated with high atmospheric emissions from combustion processes

Knox EG. Childhood cancers and atmospheric carcinogens.
J Epidemiol Community Health 2005; 59: 101-5



Summarising

Birth defects

Hormone disruption

Decreased lung function

Reduced production blood platelets

Immunity interference

Increased cancer risk

Influence on the thyroid

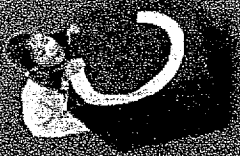
Liver damage

Dental problems

Behavioural problems

Retardation sexual development

Retardation in brain development



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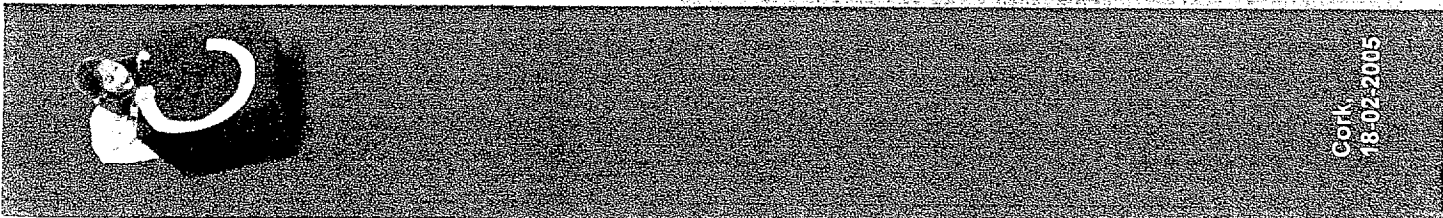
Concluding

Our children are already being exposed to concentrations that are too high – don't increase it further!

Any increase in this exposure, for instance in the case of an accident, only increases the damage done to them

Dioxins and PCBs (POPs) remain in our bodies for many years

It is not wise to risk the health and development of our children



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Take home message ...

Why place your children at risk?

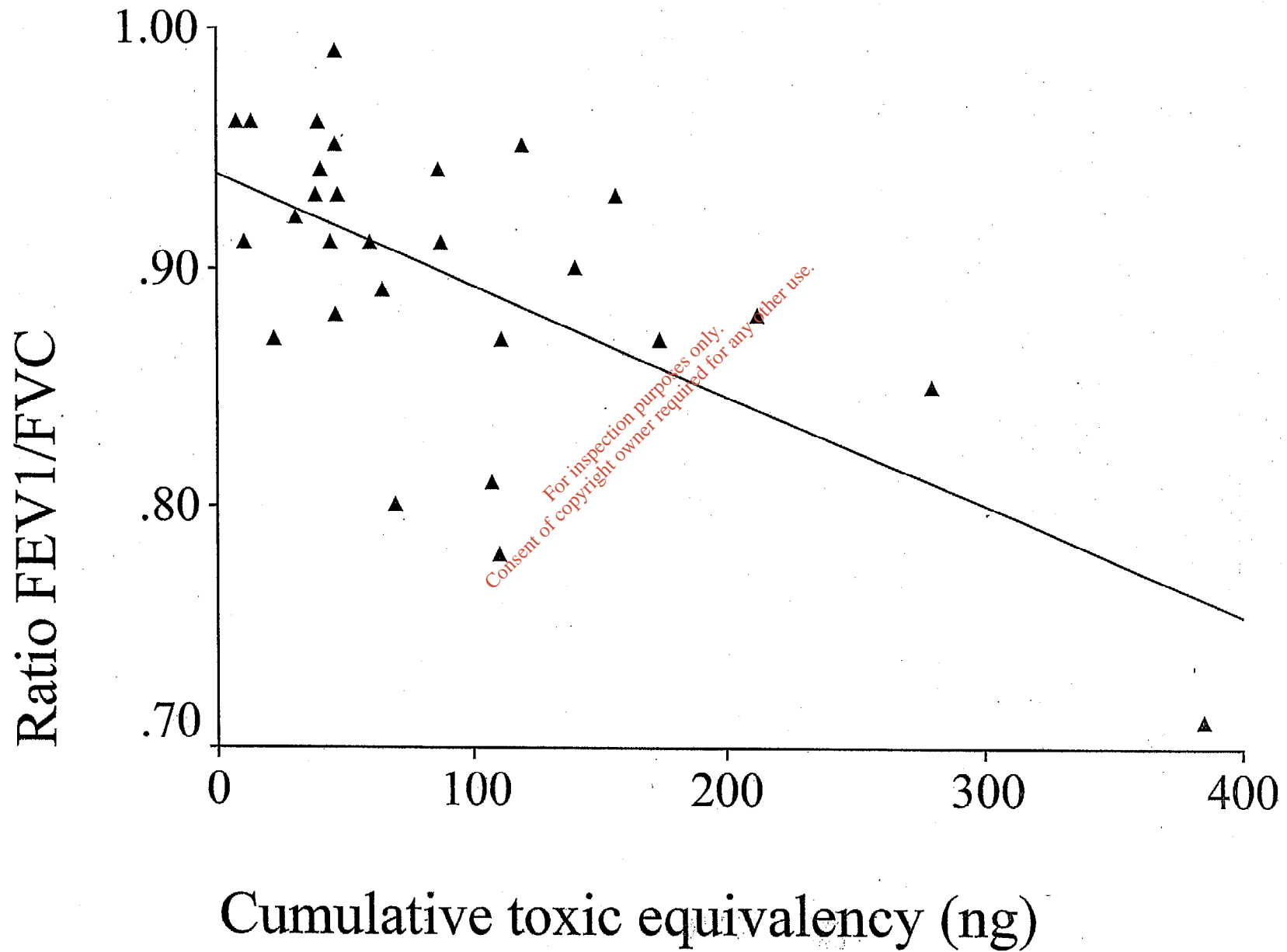
**Why risk damaging your beautiful and
clean Ireland?**

Thank you for your attention!

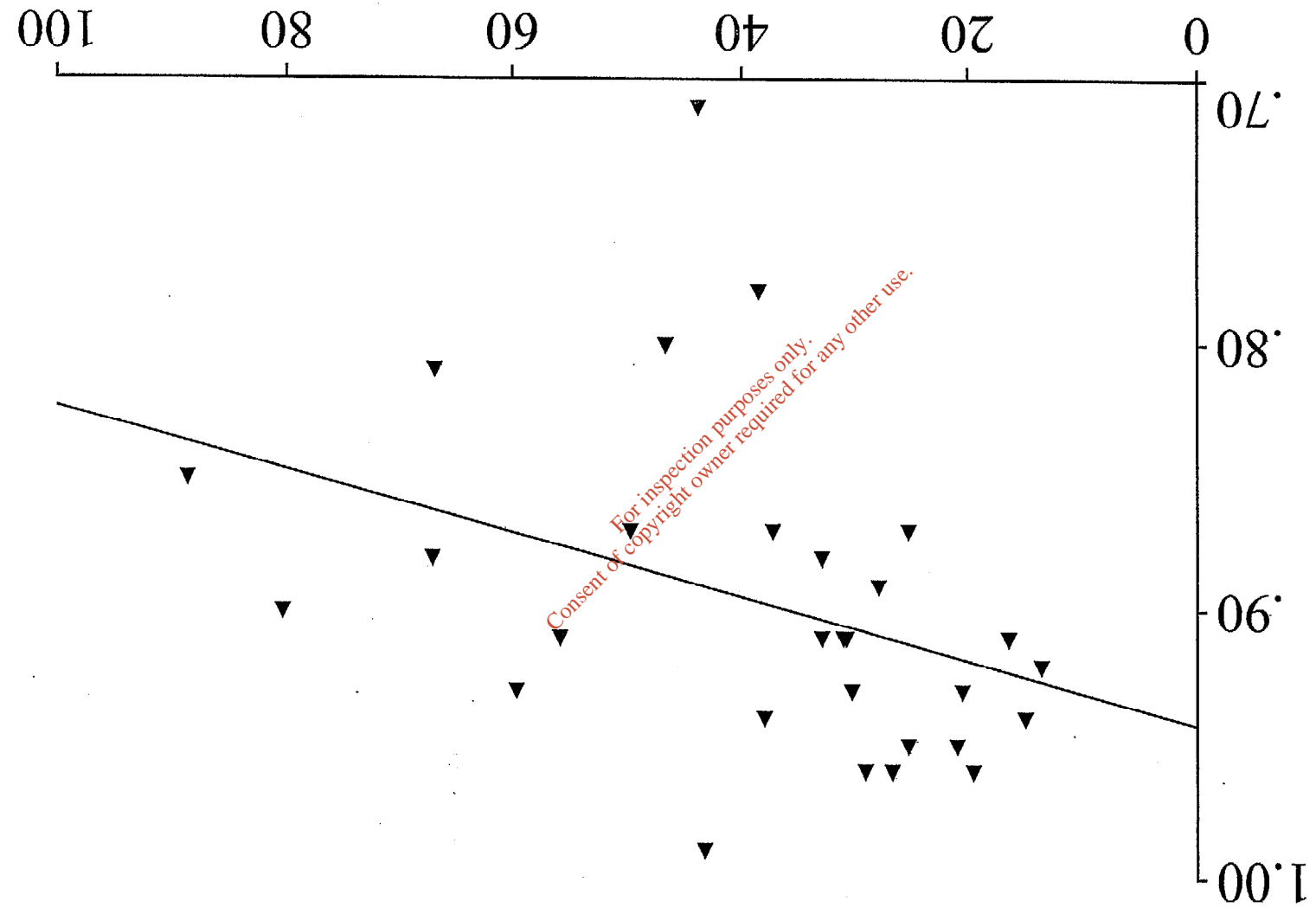
Cork
18-02-2005

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FEV1/FVC vs Postnatal Exposure



FEV1/FVC vs Prenatal Exposure



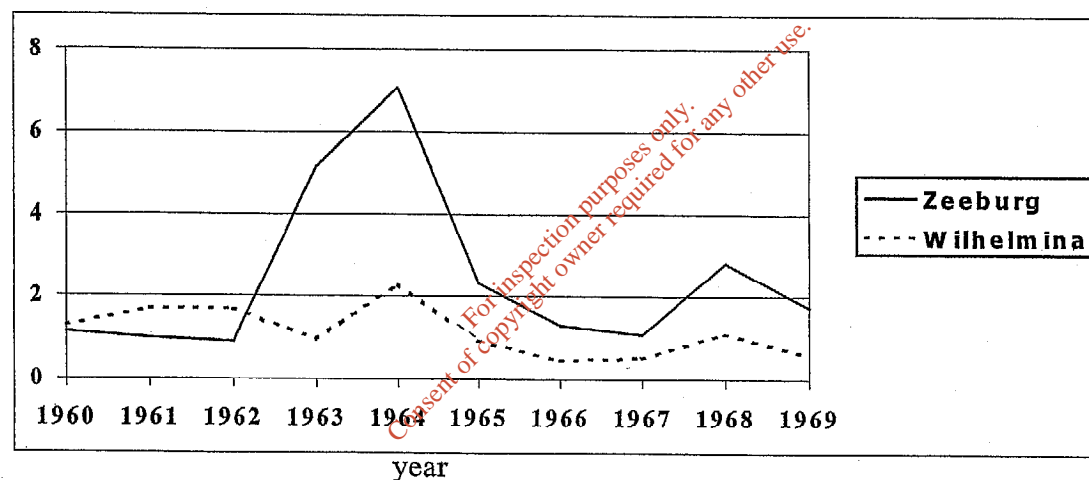
Dioxin toxic equivalency (ng TEQ/kg fat)

Ratio FEV1/FVC

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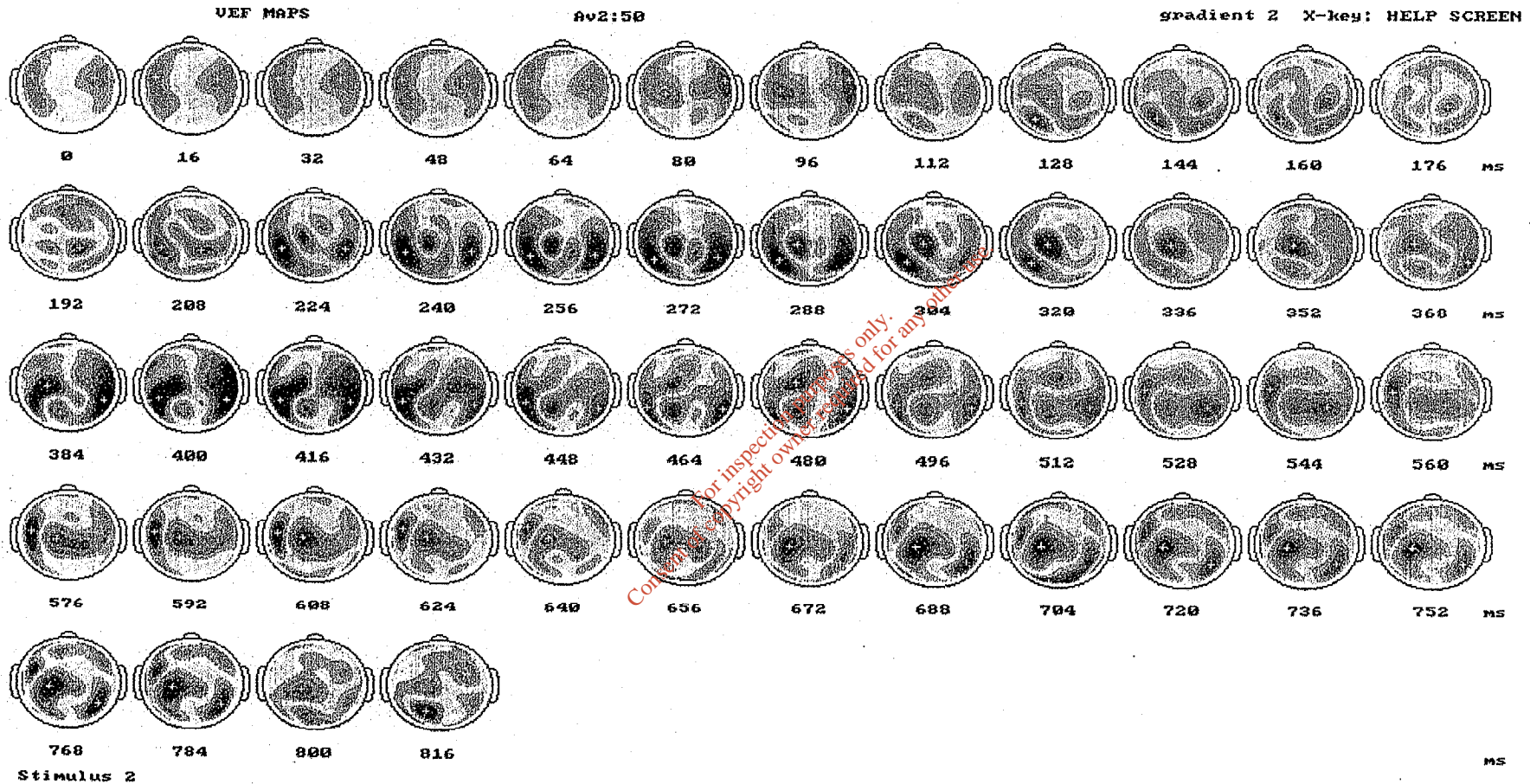
Non-syndromal orofacial clefts: trend of incidence for 1960-1969

per 1000 births (live + stillborn)



The trend of the incidence of non-syndromal orofacial clefts for the Zeeburg and Wilhelmina clinics, for the years 1960 up to and including 1969.

MEG mapping



color distance = 34 ft



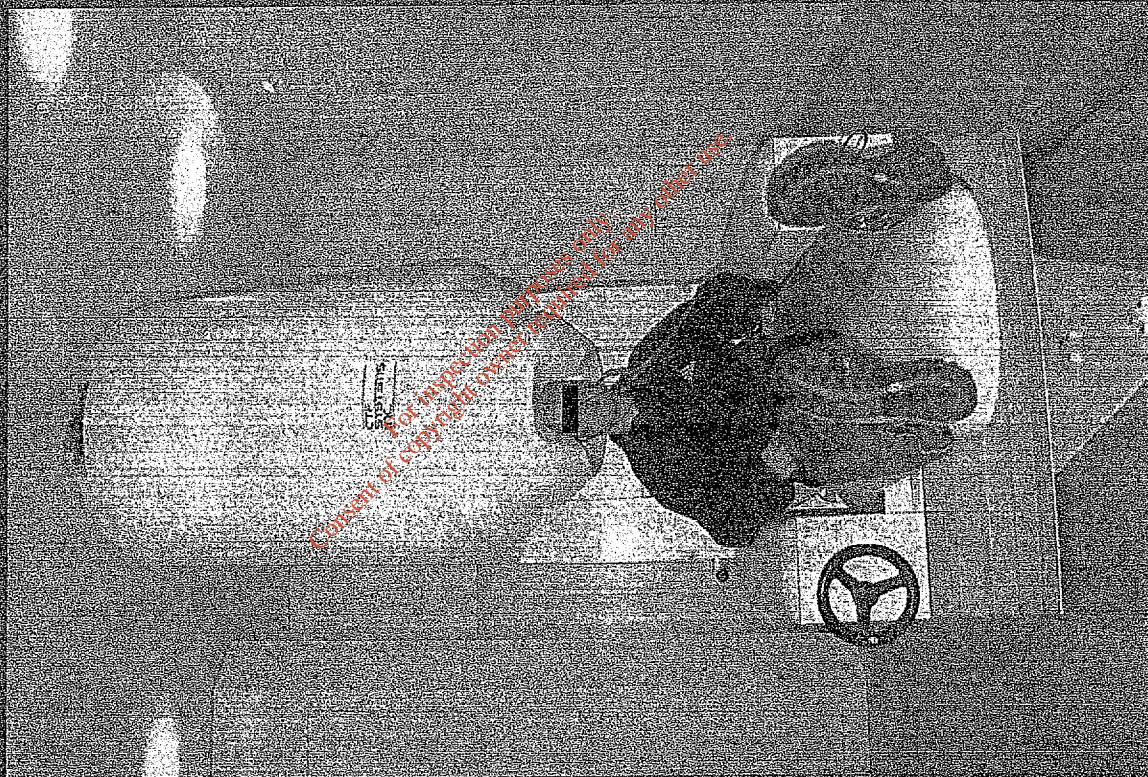
SD2 = 29 ft

Potential maps

With phase
High-pass filter 0.50 Hz
Low-pass filter 20.00 Hz

zero-level amplifier

MEG/EEG



Lung function



CGFK-29-10-2003

Gaylin W. ten Tusscher

Dentition

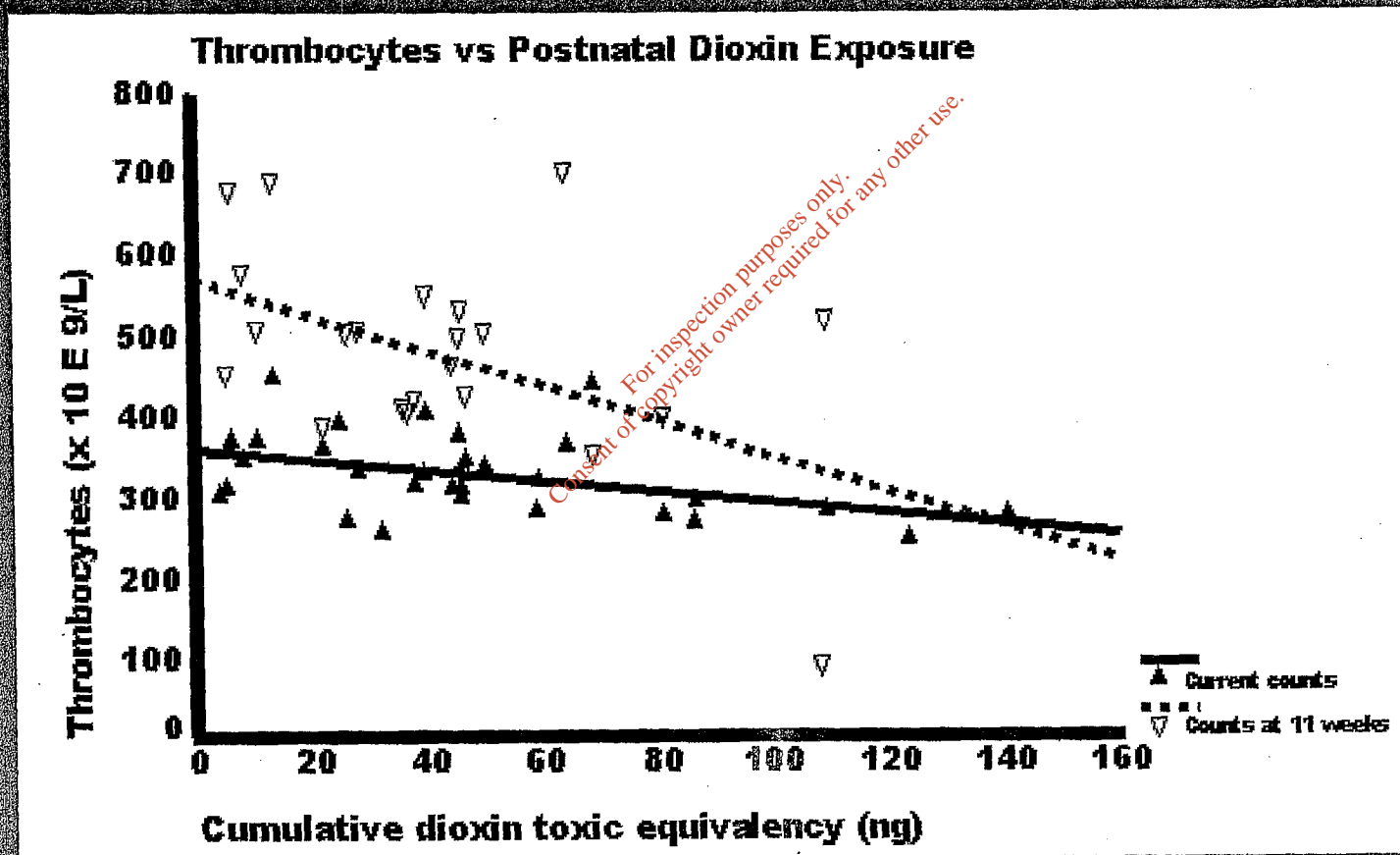


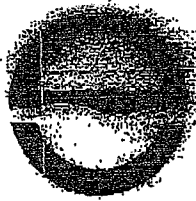
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Gavin W. ten Ruescher

Cork 29-10-2003

Thrombocytes (blood platelets)





Canberra Environment Centre

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24-2-2005

Dear Allan,

Thank you for your fax concerning the material offered by John Ahern in support of Cork's proposed incinerator program.

Officers of the Australian Capital Territory Government inform me that they did not in fact have a meeting with Mr Ahern in regard to their strategy.

Mr Ahern while in the ACT met with officers of the Federal Government who have no responsibility for waste management in the Nation's capital. The only meeting at which Mr Ahern was present which ACT officers attended was a round table, where ACT officers asked Mr Ahern several questions.

The concept of Zero Waste was not founded in Canberra. It started with groups in the US and New Zealand. The title of the Canberra communities strategy is "No Waste by 2010" not zero waste. The inference that opponents to incineration in Australia have changed the concept to "Zero Waste" is incorrect.

Australia and New Zealand have no incineration as it is regarded as dangerous and backward. The last attempt to establish an incinerator in New South Wales in 1989 caused mass public demonstrations.

It is recognised by all Zero Waste groups around the world that a long-term goal of Zero Waste would indeed require redesign of a large number of products.

Any community experiencing an increase in economic development will see an increase in waste, this is not peculiar to Canberra. It has happened in all parts of the world. The population in both Canberra and the adjoining City of Queanbeyan, which disposes of its waste in Canberra have been increasing at between 1% and 3% over the past 10 years.

Canberra households are increasing at 2% per annum with an increase in single person homes.

It is estimated that waste production in the ACT increases at a rate of 10% per annum. If the ACT did not have its focus on the "No Waste by 2010" strategy and its comprehensive recycling programs the total waste to landfill would have risen from 237,931 in 1996/97 to 561,000 in 2005.

The latest figure for waste to landfill in Canberra is in fact 208,390.

In the process of achieving its exceptional recycling success the ACT has generated an estimated at 250 jobs. The majority of these jobs are in small business. At a low-income wage of \$40,000, the total value of wages for recycling jobs in Canberra is \$10,000,000.

Flow on effects to service industries in the community X 3 = \$30,000,000, plus resources recovered and sold \$20,000,000. Add landfill space saved @ a low \$10 per cubic metre = another \$5,000,000.

The ACT only invests around \$6 000,000 in recycling each year. For a \$5 million investment in recycling the community gets a \$55million return. Recycling and resource recovery makes sound economic sense.

In addition to the current situation, there is still another five years to go before the target date. Residual mixed waste treatment technology currently under trial in Eastern Creek Landfill in Sydney will make it possible for the ACT to reduce its waste to landfill to around 5% - and none of it will be burnt in an incinerator.

Everything about the "No Waste" Strategy is positive.

Everything about incineration is negative.

There is no incineration technology anywhere in the world that can guarantee a dioxin free burn. Background levels of dioxin can be achieved by the latest Japanese incineration technology, but at a very high price.

A report produced by Area 9 of the US EPA states that incineration causes an increase in cancer in the local population of between 1 in 100 and 1 in 1000.

In a city of 1,000,000 this is an additional 10,000 cancers per year. Assuming 10% become terminal, 1000 additional deaths at a conservative treatment cost of \$200,000 each gives an additional cost of the incinerator to the community of \$200 million.

All of the material Mr. Ahern wishes to set fire to in his incinerator is organic in origin and can be easily recycled under existing programs already in use in Canberra.

A few other points in regard to incinerators:

- The Irish have the lowest level of dioxin in their dairy milk in the world, second only to New Zealand the Irish farmer's greatest competitor. Incineration is a threat to the Irish dairy farmer, New Zealand has no incinerators.
- Incinerators do not make profits from selling energy, they make profits from gate fees.
- If you install an incinerator it will destroy your recycling markets because you have to 'feed' the thing for the next 25 years.
- When a recycling program inevitably starts in the future, the community will have to pay for both the recycling program as well as the incinerator.
- Incinerators destroy resources and remove jobs from the local community.


In a review of recycling programs in the US for the National Recycling Coalition, R.W. Beck found that the estimated income of the landfill and incineration industries combined was only \$40 billion per year.

The recycling industries had a payroll of \$36 billion and a combined total income of \$236 billion per year. This means that recycling is six times larger than the waste industries.

The future lies with the positive benefits of recycling, redesign and Zero Waste not the destruction, ill health and negativity put forward by the incineration dinosaur.

Regards,

Gery Gillespie
President


24/2/05