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Committee on Toxicity (Lowermoor Sub-Group)
Room 690D
Skipton House
80 London Road
London SE1 6LH

Your Ref:
Our Ref: [redacted]
Date: 13th April 2005

FAO: Khandu Mistry, Administrative Secretary

Dear Sirs

Re: [redacted]

CAMELFORD POLLUTION INCIDENT

We are instructed by [redacted], mother and Litigation Friend of [redacted], to investigate whether [redacted] has suffered any health problems relating to the Camelford Drinking Water incident in July 1988.

We are grateful for you providing us with a copy of the draft report prepared by Lowermoor Sub-Group of the Committee on Toxicity on the Lowermoor water pollution incident.

We are aware that the Sub-Group has invited contributions to the draft report. We should therefore be grateful if you would treat this letter as such a contribution.

At the time of the water pollution incident, [redacted] was 8 weeks pregnant with her son, [redacted] [redacted] suffers from a range of health problems, including behavioural problems and neurological problems, which [redacted] considers may have been caused by the poisoning.

In Chapter 6 of your draft report, you review toxicological and epidemiological data on various contaminants from the scientific literature. This includes information, where available, on the reproductive and developmental toxicity of these contaminants.

In Chapter 7, you then consider the implications for health of the estimated exposures to the contaminants in the context of their toxicity data from the scientific literature. You consider both different contaminants and also different types of individual (adults, toddlers, bottle-fed infants). However, you do not explicitly

Martyn Day · Anne Winyard · Russell Levy · Sally Moore · Frances Swaine · Richard Stein · Henry Dyson · Olive Lewin · Shurouk Al-Sabbagh
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address the risks posed to those such as [redacted] who were in utero at the time of the water pollution incident.

In Chapter 8 you evaluate whether the pollution incident has caused (or is expected to cause) short or long-term harm to human health. Again, you consider different types of individual but do not appear to consider those such as [redacted] who were in utero at the time of the incident.

In Chapter 9, you recommend future monitoring and research on health. This includes investigations of the cognitive, behavioural and educational development of children who were under 1 year of age at the time of water pollution incident because you considered that they were a particularly vulnerable group. You state that expert advice will be required on both the design and conduct of suitable studies. Although we are not entirely clear, we assume that this does not include further investigation of those such as [redacted] who were in utero at the time of the incident.

We are concerned that the report, in its current draft form, currently fails to address the effect of the pollution on those such as [redacted] who were in utero at the time of the incident. We consider that the final report should address this matter, particularly in chapters 6 to 9 inclusive.

We are particularly concerned that any future monitoring should include [redacted]. We enclose a copy of a letter to our client from Pat Owen, Public Health Specialist, West Cornwall Primary Care Trust dated 25th February 2005 in which Ms Owen confirms that [redacted] has not been included in the population that they are following.

In her letter, Ms Owen refers to the study carried out by Jean Golding, published in the British Medical Journal. As you will be aware, this study simply considered defects apparent at birth or shortly afterwards.

If you wish to discuss this further, please do not hesitate to contact Sean Humber of this office.

Yours faithfully

Leigh Day & Co

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