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THE ATTACHED TRANSCRIPT WAS TYPED FROM A RECORDING AND NOT COPIED FROM AN ORIGINAL SCRIPT. BECAUSE OF THE RISK OF MISHEARING AND THE DIFFICULTY IN SOME CASES OF IDENTIFYING INDIVIDUAL SPEAKERS, THE BBC CANNOT VOUCH FOR ITS COMPLETE ACCURACY.

“FILE ON 4”

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Producer: David Lewis

Reporter: Tim Whewell

Editor: David Ross

WHEWELL: New research published this week suggests Britain is seriously underestimating the risk of contracting cancer at work. The study concludes that as many as 24,000 people a year may be dying of the disease as a result of their jobs - four times the official estimate. One of its authors claims Government regulators have “buried the evidence” of the risk – and failed to give workers adequate protection.

WATTERSON: For twenty or thirty years, Britain has faced what we would consider to be an epidemic of occupational cancers. It’s difficult to identify any strategy on cancer prevention in the workplace at the moment. We’re lagging far behind other countries and the toll of the disease is so enormous, this is a public health disaster.

WHEWELL: File on 4 has discovered that the Government watchdog, the Health and Safety Executive, has been slow to impose restrictions on some known carcinogens. It’s so under-funded, it’s effectively allowed employers to block an investigation into possible cancer risks in a key new industry, and it has no satisfactory system for recording workers’ exposure to potentially deadly substances.

SIGNATURE TUNE

ACTUALITY AT SURGERY, KNOCK AT DOOR

PICKVANCE: Ah, come in. Do you want to sit down? Now what I'd like to do is take your basic details, then I'll take a history of where you've worked.

WOMAN: Yes.

PICKVANCE: And then lets see where that leads us.

WHEWELL: At a medical centre on the outskirts of Sheffield, occupational health adviser, Simon Pickvance, is holding one of his regular surgeries. Patients are coaxed into telling him every detail of their working lives.

WOMAN: I went to work for a firm in Sheffield, it were a really bad job. The floor were literally several inches, I mean about six inches thick with grease. Your chair sort of sank into it ...

WHEWELL: The more Simon knows, the better he can help individual patients on issues such as compensation. But he's also able to identify possible clusters of illness that may be linked to work. This woman doesn't have cancer. But some of his patients do. And the stories several of them have told him have led him to question how much the Health and Safety Executive – responsible for the wellbeing of Britain's workers – really knows about the risks of occupational cancer.

ACTUALITY OF GEORGE GREGORY IN GARDEN

WHEWELL: So this is your garden, George?

GREGORY: Yes. This is my pride and joy, this.

WHEWELL: You've got several model windmills, this is one of them.

GREGORY: Yes. This is one of them, yes.

WHEWELL: Which is guarded by a gnome.

GREGORY: Yeah, they light up at night.

WHEWELL: Right. This is where you spend a lot of your time now?

GREGORY: Yes, I spend a lot of my time in the garden now, since I've retired.

WHEWELL: George Gregory spent his whole working life in the Sheffield steel industry. He contracted bladder cancer. He and his partner, Glenys, remember their horror when he was first diagnosed.

GREGORY: I went and had this medical, like, and this nurse turned round and she said, "Do you know you have got blood in your water?" I said, "No," I said, "I didn't know that." She said, "Well if I were you, I'd go and see your doctor and get it checked out." Well I did, and he sent me down to the Northern General and found out that I had got a tumour on the bladder. You think, well, that's it then, there's not much can you do, so I didn't bother going back.

GLENYS: He was very distressed, nearly in tears, and I said, "Well, that's not end of the world," I said, "They've said they can do something for you, then you'd better go and have it done, whatever they've offered you."

ACTUALITY IN FACTORY

WHEWELL: George was a fettler. His job was to smooth the edges of castings. To find cracks, he used a chemical known as an Azodye. There are many kinds of Azodye. And some are now linked to bladder cancer. They're believed to be absorbed into the body through the skin. And George did get the chemical on his hands.

GREGORY: With your gloves, if they were old gloves and you wanted new ones, it would go through the glove. The dye would get through the glove, you know. Then you would get it on your hands. It were like that. Then you had to go and wash, wash your hands and like that, and that's it.

WHEWELL: And you'd go straight off and wash your hands or you'd only wash them much later?

GREGORY: Oh no, I'd wash them perhaps when we have us break. Wouldn't do it straightaway, just show them red on your hands, like, you know, that were it.

WHEWELL: So it could stay on your hands for a few hours before you washed it off?

GREGORY: Oh yeah, yeah, yeah.

WHEWELL: You didn't think twice about it.

GREGORY: No, no.

WHEWELL: When the occupational health adviser, Simon Pickvance, met George, he realised this wasn't just a horror story from the past.

PICKVANCE: People still work with these Azodyes, even though the knowledge is accumulating about the associated risks. Knowledge has driven policy further in some European countries than it has in Britain, so in some other European countries people are taking preventative measures that have not yet been introduced in this country.

WHEWELL: Just to repeat, because this seems extraordinary, but in Britain currently there are still no regulations regarding dyes which are known to be carcinogenic?

PICKVANCE: There is an increasing number of Azodyes that are recognised to be carcinogenic and we are seeing people with bladder cancer and heavy exposure to these Azodyes now and some of the kinds of jobs that those people did are continuing to this day with exposure to Azodyes.

WHEWELL: In Germany, strict controls on Azodyes were introduced in 1995. Here, just a small number of the dyes are banned – and in the textile industry only. Any other advice for employers or workers on how to handle them or any other dangerous chemical should be on the HSE website.. I'm going to see what I can find.

ACTUALITY OF COMPUTER KEYBOARD

WHEWELL: I'm going first to the HSE website. This is where the HSE has all the guidance on health and safety in the molten metals industry. It lists various chemicals used in the industry. There's dioxins, chlorine, formaldehyde, cadmium, cobalt, nickel. No mention here of Azodyes. Then it lists different processes. I'm going to go to fettling, fettling large castings. Well here it tells you about the dangers of silica, about the need to wear masks, but there's nothing here at all about Azodyes. That's perhaps not surprising given the HSE's self-confessed ignorance about the use of the substance. In a list of carcinogens the Agency published last year, Azodyes are classified as one that *may* be of concern. The document says:

READER IN STUDIO: Further information is required about their use in the UK to establish whether we need to include them in survey type work and develop more detailed workplace profiles.

WHEWELL: The occupational health adviser, Simon Pickvance, had some of the information the HSE apparently lacked. The numbers working with Azodyes in the casting industry may not be large, but about thirty of his patients – some still working in the industry – had bladder cancer. In June this year, he contacted a senior HSE official to pass on his concerns.

PICKVANCE: They clearly were not aware of the Azodye exposure that I mentioned to them. And I wouldn't have been aware of it, but a German colleague told me that it had been flagged up as a risk in Germany. But I would expect the Health and Safety Executive to be aware of those developments in other countries and to be monitoring them rather than them to arise from a chance conversation between me and a German colleague.

WHEWELL: When you told them of your suspicions, what did they then do to follow that up?

PICKVANCE: They were interested in what I told them, and I hope we will see some efforts made to control those exposures in the future. But this all seems too haphazard to me. I think we should be doing something much more systematic about this.

WHEWELL: Simon Pickvance wrote to the HSE, suggesting it establish a central exposure database - a register based on compulsory reporting by employers that would show where workers are being exposed to toxic substances. In Finland, where they have such a database, it's helped scientists to investigate origins of disease, and encouraged employers to switch to less dangerous materials. But Simon Pickvance got a letter back from the HSE, expressing doubt about the idea. I asked the head of the Agency's Disease Reduction Programme, Steve Coldrick, what the objection was.

Aren't you to some degree, particularly in relation to cancer, operating in the dark? Because you don't, for example, know what substances are in a particular workplace. There's no database of that kind.

COLDRICK: You can spend an awful lot of resources finding information which actually is redundant almost within weeks. The key point is how you control hazardous substances. The responsibility is with the duty holder to manage according to the precautions and sensible systems that they ought to adopt. The issue of Azodyes has been taken to the Foundries Industries Advisory Committee, I think last week, and they are looking at that particular issue.

WHEWELL: But there isn't any guidance on Azodyes at all, because we looked on the molten metals web sheet on the HSE site and couldn't find any guidance relating to Azodyes at all.

COLDRICK: The use of Azodyes, as I understand it, and this is in detecting cracks, is that about 60% of industry uses Azodyes, the rest does not and alternatives have been available since 1995.

WHEWELL: But if people have continued to work with dyes in this context, they need guidance very fast, guidance that for further years they have not been given?

COLDRICK: Hang on, you are making an assumption that this material, given the scale, because you're talking about very small volumes being used, the scale of usage and the nature of it presents a real risk. I'm not denying that it very possibly may be a risk, but it's what the evidence is that it actually is a risk.

WHEWELL: The HSE's decision now to refer the issue of the dyes to an advisory committee seems to coincide exactly with the start of File on 4's enquiries. None of the managers we've spoken to in the casting industry appeared aware of possible risks. As for the suppliers, the HSE has a very limited ability to check whether they are giving guidance or whether that guidance is being followed. The agency has about five hundred field inspectors to cover the whole of Britain. One is Steve Kay, a representative at the HSE of the trade union, Prospect. He says inspectors aren't told to treat chemicals as a priority. They can check whether employers have drawn up safety procedures in accordance with the COSHH regulations – that stands for Control of Substances Hazardous to Health. But they don't always know what to look for.

KAY: When we go out inspecting, the chemicals in the workplace and the substances people might be exposed to, unless it's something blindingly obvious, it's something we don't deal with. I think the difficulty is perhaps, amongst the general inspectors, knowing quite what some of the carcinogens are that are out there. The main things that people are tackling are slips and trips, falls from height and stress in the public sector. But to actually get onto issues such as chemicals in the workplace and things which may cause occupational cancer, there isn't really the resource to tackle that.

WHEWELL: Why do you think occupational cancer has become such a comparatively low priority for the HSE?

KAY: Well, you could take a cynical view that any work we do now, any effort we put in now isn't going to have an immediate impact in terms of helping achieve the targets that have been set for the organisation. It's hard to avoid having that cynical view of things, I think.

WHEWELL: Any reduction in industrial accidents may grab headlines. But the number who died in such incidents last year, for example, was 241. That's small compared to the six thousand – even by the HSE's estimates – who die of work-related cancer. But the problem for inspectors isn't just that they don't know enough about risks like Azodyes. Even when it comes to familiar hazards, there's no adequate means of policing what the HSE likes to call "good practice" because on average, according to inspector Steve Kay, any workplace can expect to be visited only once every ten to fifteen years.

ACTUALITY ON SITE

WHEWELL: Silica dust – released when many rocks and minerals are cut -- was identified 300 years ago as the cause of silicosis, a lung disease that still kills tens of thousands worldwide every year. And yet, at building sites all over Britain, workers are putting themselves at risk. That's what Shaun Lea of the construction union UCATT finds whenever he calls in unexpectedly on a workplace.

ACTUALITY DRIVING

LEA: We'll go and have a look at a construction site that is in Derbyshire which is a set of apartment blocks and see if there are any issues on site. If they're cutting, they're grinding or they're working in a place where it's going to be extremely dusty then I'd expect them to be wearing the right face mask.

WHEWELL: We weren't allowed to follow Shaun Lea onto the site, but we waited just outside.

ACTUALITY, SOUND OF RAIN

WHEWELL: Shaun has been gone ten minutes, he's just getting back into the car. Shaun, what did you find?

LEA: I went into the site and talked to some of the guys inside that were cutting, cutting tiles and doing some grinding and stuff and all sorts of things inside. They're working in enclosed areas, a lot of dust about, no face masks. I asked them what the position was, why aren't they wearing face masks. One of the reasons they're not wearing a face mask, they said, on this site is that it is just not pushed. In this case they were cutting tiles, they are breathing it in all the time. I mean, there could well be silica in all that as well. I asked the guys, do you know what the dust is that you are breathing in here? No.

WHEWELL: But it's now known that the dust doesn't just cause silicosis – it can also cause lung cancer.

ACTUALITY EUGENE JANA DEMONSTRATING HIS OXYGEN EQUIPMENT

JANA: This is where I sit and the machine is over there.

WHEWELL: This is the breathing machine in the corner of your bedroom.

JANA: That's right. [NOISE FROM MACHINE]

WHEWELL: And how often do you have to put this on?

JANA: Three times a day.

WHEWELL: Three times a day?

JANA: Yes.

WHEWELL: For how long?

JANA: For three to six hours, they say.

WHEWELL: That's basically to ensure that you get enough oxygen?

JANA: Yes.

WHEWELL: Eugene Jana, now 79, was diagnosed with cancer seven years ago. For most of his life he was a heavy smoker, but research is increasingly revealing that a cancer can have several origins, and doctors say Eugene's was at least partly caused by his exposure to both asbestos and silica in the construction industry. In the 1950s and 60s he dug tunnels. The air was thick with dust. He didn't even have a mask. Now he has difficulty getting around.

JANA: Well, walking upstairs, I have to have a rest on the staircase. Short of breath. I don't know how long I am going to carry on like this, but for the time being, everything slowly. But one thing for sure, they can't cure me.

WHEWELL: The conclusion that silica dust was carcinogenic came from the International Agency for Research on Cancer, part of the World Health Organisation, in 1997. But in Britain, it was only five years later that the key body that guides the HSE in regulating industry – the Advisory Committee on Toxic Substances – met to decide a maximum legal limit for exposure. The Committee includes toxicologists, industrialists and trades unionists. Some wanted a limit of 0.1 milligrams per cubic metre of air. Others, including Professor Alistair Hay of Leeds University, argued that a stricter standard - 0.05 milligrams – would be safer. But they were overruled.

HAY: The argument was mainly about whether you could measure to this lower value. If you set a standard, you have to be able to give industry the opportunity of showing that it can meet it.

WHEWELL: And what evidence did you have that it actually could be measured to that level?

HAY: Well, I am not an occupational hygienist, so I had to take advice from occupational hygienists, and I spoke to a number, and the advice that I got from people who were in a position of authority in this area and who knew the silica industry was that it would be possible to measure at this lower standard to enable an employer to show that they were compliant. I did feel that it was outrageous that we had gone for a looser standard. There will be cases of lung cancer that result from this standard.

WHEWELL: File on 4 also checked with the British Occupational Hygiene Society – the top professionals in this very specialised field. It turns out that they told the Health and Safety Executive that even very small amounts of dust can be measured – enough to police the lower limit of 0.05 milligrams per cubic metre, a standard that is enforced in Italy and Ireland and recommended by the HSE’s equivalent body in the United States. We asked Steve Coldrick of the HSE why his Agency nevertheless imposed the looser limit..

In terms of the measuring, the British Occupational Hygiene Society say it was possible – and it is possible – to measure, and they advised you of that and recommended that, but you rejected that?

COLDRICK: My recollection is different, because I think when the advice was tabled, the issue was whether practically ...

WHEWELL: They say it is practically possible ...

COLDRICK: If you let me finish. The opportunity to do it, because it requires I think four hour samples, if I remember correctly.

WHEWELL: They say it is possible.

COLDRICK: But if jobs do not last four hours, you have a problem.

WHEWELL: The tighter limit is used in several European countries, which presumably do manage to measure it?

COLDRICK I think the issue for us is that there were concerns about the gross disproportionate cost and what benefit would be derived. But they were also equally concerned that technically how could it be measured. And my recollection is that if the technical issue could be overcome, then this is something that is worth looking at.

WHEWELL: We went back to the Occupational Hygiene Society. They insisted that any minor difficulties in measuring exposure to the lower level are probably fairly easily resolved. . As for the human costs of setting the higher limit, the Advisory Committee considered them very precisely – an estimate of six hundred extra deaths from lung cancer over the next sixty years. Against that, it put the likely economic cost of enforcing it – about £3.5 billion that would need to be spent over the same period on, for example, additional ventilation systems in workplaces. Ten deaths a year might not sound like that many. But it's ten only if the agreed limit - 0.1 milligrams per cubic metre - is respected. And the HSE itself has discovered that it's not. File on 4 has obtained a copy of a survey by the Agency – as yet unpublished - that reveals it's seriously underestimated the number of workers exposed to silica dust above that higher limit. We showed it to Rory O'Neill of Hazards magazine, which campaigns for greater safety in the workplace.

O'NEILL: The first lesson that both industry and the Health and Safety Executive estimated that there were no workers at all exposed in excess of the current exposure standard.

WHEWELL: In stonemasonry?

O'NEILL: In stonemasonry. Now when they actually looked and did a proper survey, they found out that it ran to thousands of people exposed in excess of the current standard. If you move on and look at construction, again there's a general assumption that people know about the risks, we've got responsible companies out there, major contractors that are controlling the risks. But when HSE actually went out and looked to see what the real risks were, they found that around 30% of construction workers in significant risk activities were receiving regular, regular exposures in excess of the current exposure standard. Now that's not a small concern affecting a small number of workers. You're talking a minimum of tens of thousands of workers and probably in excess of a hundred thousand workers regularly exposed to a cancer-causing substance in their workplace.

WHEWELL: We put that to Steve Coldrick of the HSE. How much can you count on good practice? I mean there's a survey that you've done, you've discovered that you considerably underestimated the number of people who were at risk in a key industry like construction.

COLDRICK: No we didn't. We actually commissioned a baseline survey, and that is due to be published shortly. The sort of results that produces is broadly the sort of figures that we would have thought, the area that we would have predicted, which is why last year we heard a regulatory initiative relating to stonemasons. This year it's brick making, next year we're doing one in relation to quarries, but in addition to that

WHEWELL: But you're discovering that ...

COLDRICK: No, we're not discovering, we're not discovering. The point is that our assessment is that the information provided by stakeholders wasn't reliable.

WHEWELL: But that doesn't just reinforce the dangers of a safety policy that relies so heavily on stakeholders – in this case, employers. It also raises the question of how accurately the HSE assesses the overall risk of occupational cancer in Britain. If the estimates for silica exposure in the construction industry were wrong, maybe the estimates for exposures to other carcinogens in other industries are wrong too. For the last 25 years, the Agency has worked on the basis that about 4% of all cancers in the UK are job-related, resulting in about six thousand deaths a year. The figure's based on research done in America in the late 1970s by two distinguished epidemiologists, Richard Doll and Richard Peto. Now, a research group led by Professor Andrew Watterson of Stirling University says that study's dangerously out of date.

WATTERSON: We know the existing figures are wrong, because of the basis of the calculation that was done some 25 years ago. They looked at a relatively small number of - at that time - large industries. There are many more small and medium sized enterprises now where there may be exposures. We know that the figures neglected the position of women and women workers that weren't showing up in records or the employment patterns have changed. We know that the estimates stopped at the age of 65,

MORRISON: I noticed that people were getting ill. For example, my supervisor was the same age as me at the time, she was only in her thirties. She died with cancer and that was absolutely shocking. Over the years, people who worked right beside me, doing the same job as me, young women would get cancer. And I can count ten of my colleagues who got cancer.

WHEWELL: Eleven years after Grace Morrison left the National Semiconductor factory in Greenock near Glasgow, she still has no explanation for what's happened to her and many other former workers.

ACTUALITY OF CLYDE SHIPBUILDING

WHEWELL: But they feel it's a bitter awakening from a dream that began in 1969. That's when the Clyde estuary – long dominated by increasingly rusty old industries – welcomed a new microelectronics company from California - National Semiconductor.

MORRISON: I come from the Inverclyde area, which was an area for heavy industry - shipbuilding and sugar refinery and in the seventies all that ran down. So when the semi-conductor industry came to Greenock and the surrounding area, that was wonderful. It was a bright, new, clean industry. People were practically dancing in the street at the idea of all these new jobs coming.

WHEWELL: Grace's job was to add chemicals known as dopants - arsenic, phosphorus, boron and others - to tiny silicon discs or wafers. The company says all employees who worked with chemicals were trained and had routine access to chemical-handling information. But Grace claims that she and her fellow workers knew very little about the substances, even though she was a health and safety representative at the factory. Shortly after stopping work there, she too fell ill.

MORRISON: I was made redundant in 1996 and just shortly after that I wasn't very well and I was diagnosed with cancer. And funnily enough, my sister, who also worked there, she was diagnosed with leukaemia in the same week. In fact, we entered hospital on the same day. I had major surgery and radiotherapy. When my

MORRISON cont: treatment was finished, I just went home and sat on the couch and watched the TV and basically just waited to die. It was a dreadful time.

WHEWELL: You've got no evidence, of course, that your cancer can be attributed to your job.

MORRISON: No. I've got anecdotal evidence. Lots of people say that the chemicals have affected their health.

WHEWELL: Eventually the Health and Safety Executive agreed to look into the complaints. It was a direct result of the former workers' campaign. And the HSE's report, published in 2001, was startling:

READER IN STUDIO: There are approximately two to three times more cases than expected of female lung cancer, four to five times more cases than expected of female stomach cancers. A female breast cancer excess of approximately 30% above expected, approximately four times as many male brain cancers as expected.

WHEWELL: Some of the above findings, the report says, are of borderline statistical significance. There's still no proof that working at National Semiconductor increased anybody's cancer risk. But the report concludes that:

READER IN STUDIO: Our results, though inconclusive, reinforce the concerns that prompted our investigation. The findings, particularly those relating to lung cancer, need to be treated very seriously.

WHEWELL: In its foreword to the report, the HSE says further work on the excess of cancers "needs to be undertaken urgently." But that work began only six years later – earlier this year – and won't be finished until the middle of next. File on 4 has obtained minutes of meetings of the Microelectronics Working Group, which brings together employers, trade unions and the HSE. They indicate disagreements between the various sides that may help explain the six-year delay. One, for example, was over the remit of the new research. National Semiconductor apparently wanted it limited to lung cancer. Others didn't. The company declined a request for an interview, but in a statement they said:

READER IN STUDIO: Although we have had some concerns regarding the HSE's proposed follow-on study, we have worked closely with the HSE to provide timely comments and information to them. The health and safety of our employees is of paramount importance and we remain committed to providing a safe working environment.

WHEWELL: How does Steve Coldrick of the Health and Safety Executive explain the delay in starting the follow-up research?

If we go back to a pioneering study that you did in 2001 – at National Semiconductor in Greenock - you said at the end of that – and that was a very initial study – there should be an urgent follow up. A follow-up is only taking place six years later. Why is that?

COLDRICK: The way you put it, I am not sure that I recognise the statement.

WHEWELL: The word urgent was used. I can show you the report. Urgent follow-up needed.

COLDRICK: Yes, yes. And I think the key point is that the follow-up is a further study, so it is not an enforcement action. The point is, it requires the co-operation and collaboration of the people concerned, and the follow-up study has started.

WHEWELL: But only now. Six years isn't urgent.

COLDRICK: I think, you are talking about six years, it is determined at the rate of other people as well. If other people do not agree that it is urgent and we have no regulatory force behind it, we are actually dependent on the pace at which they will go.

WHEWELL: And what you are saying is that National Semiconductor and maybe other people in that industry dragged their feet?

COLDRICK: No, I am not saying that, because in fact there were several parties involved, and you have to look at the whole populations that are involved.

WHEWELL: Well, I am sure you weren't slow and I am sure the trade unions weren't slow – so it almost implies that it was industry that was slow.

COLDRICK: No, they are your words. I don't agree with that.

WHEWELL: File on 4 has discovered, though, that industry does appear to have put an effective veto on plans for a wider study into the health of all workers in the microelectronics sector in the UK – a wider statistical base from which more useful scientific conclusions could have been drawn. In 2001, the HSE said it would recommend such a study. Now, it seems, it's unlikely to happen.

ACTUALITY AT BOC PLANT, CRAWLEY

WHEWELL: I'm outside the long, low building of a large factory south of London that makes equipment for the semiconductor industry. In March of this year, another meeting of the microelectronics joint working group was held here. They discussed the possibility of an industry-wide cancer study. But, to quote from the minutes, the industry rejected this on the grounds of principle rather than cost, because they remain to be convinced of the need for the work. The umbrella body for the industry is the National Microelectronics Institute. It declined a request for an interview, but it gave us the following statement:

READER IN STUDIO: There have been a number of industry health studies completed over the past thirty years that were inconclusive in their findings. The industry in the US has also commissioned a major study, which is currently in progress and expected to report its findings in 2009. The industry in the UK will review the outcome of the studies currently underway before deciding what benefit would be gained by a further study restricted only to the UK.

WHEWELL: And that, for now, seems to be the end of the matter – even though Steve Coldrick of the HSE says reducing occupational cancer is his top priority.

Didn't it come down to the fact ultimately that an industry-wide study, which you also recommended in that report, depended on industry paying and industry wouldn't pay?

COLDRICK: That's right.

WHEWELL: But is it right to leave a study of that kind basically in the hands of industry to say yes or no, because they hold the purse strings? Ultimately shouldn't you pay because it is so important? Otherwise asking industry to pay, you know, it is almost like asking turkeys to pay for Christmas.

COLDRICK: We are actually limited in what we can insist what is done.

WHEWELL: But you have got a right to conduct studies, surely?

COLDRICK: HSE has got an awful lot of things to do. So inevitably we have to accord our resources in the best way we can.

WHEWELL: And will there be an industry-wide study?

COLDRICK: We have made our position clear. We have encouraged the industry, we believe they should do it. They have got their position, which is not the same as ours.

WHEWELL: But you won't pay for one?

COLDRICK: No.

WHEWELL: The Health and Safety Executive is strapped for cash. Charged with the ultimate protection of all Britain's labour force, it has a budget almost equivalent to that of Avon and Somerset Constabulary - and it's likely to get smaller as cuts imposed on its parent body, the Department of Work and Pensions, start to bite. Unable adequately to police its own regulations or to mount all the investigations it wants, it's forced to rely on the cooperation of product suppliers, employers and industry bodies whose interests - as we've seen in this programme - don't always coincide. Occupational cancer, picking off its victims years after they were first exposed to risk, is a

