

Professor Andrew Watterson outside the Department of Health.

It is more than appropriate for

Andrew began by pointing out that although

I am meant to be speaking about primary prevention and linking up with the wider health issues, so it's very appropriate to be outside the dept of health, I don't want to be parochial or nationalistic but it is important to note as well that if we are looking at the UK we are not looking at some of the ministries that we are looking at here, DEFRA exists for England but it does not exist for Scotland, Wales or Northern Ireland instead it works closely with the devolved administrations in all three.

The Department of Health covers only England, it determines policy in England, there are different policies in Scotland, Wales and Northern Ireland. I think that's quite important in the context of how we address health because there is a widening gap between these varying countries.

What underpinned the Dept of Health for a long time on paper was a concern about social inequality. People may or may not recall the Black report that came out a number of years ago, which said that the big issues on the public health front were about poverty, income and income distribution. That was in opposition to the line of Mrs Thatcher's government which was not about the main drivers, the economic and the social and political drivers, it was about individuals so the previous dept of health strategies which is basically formed by the politicians was about lifestyle and victim blaming and the latest strategies at least pay lip service to the idea of circumstances - life circumstances rather than lifestyle, which meant that your health was going to be influenced by your wages, where you live, by class, gender, and age all of those sorts of things.

Now there's a real tension within the Dept of Health because what the professionals are meant to do maybe in opposition to what the politicians want to do. And the civil servants effectively carry out that policy.

You may recall with the debates about Murdoch that a number of observers and a number of MP's used the American term about 'wilful ignorance' that professionals sometimes because of the pressure they are put under adopt 'wilful ignorance', that they know that research shows health is formed by these social and economic factors but if the government says, *no we don't want to talk about that*, we want to talk about individuals and lifestyle that's the route that they go down. So there is a lot of tension within departments like this, as to what they should do and what they do, do and what they in fact believe in.

A classic example would be of course at the moment, where the English government stresses that in fact it should be up to individuals about how they deal about the sorts of things we heard mentioned about earlier so if we are looking at cancer, and we say that diet and food and alcohol and smoking are all big factors in cancer, and nobody is saying that they are not, but later on we will say that there are many other factors that may be contributing to a much bigger percentage of those diseases.

But if we say that those factors are influential then you would expect government to take action with regard to the food industry, the alcohol industry, the tobacco industry, and so on and on paper that's what a lot of the politicians in previous administration said but they didn't do anything, now it's all we don't want to interfere too much with the food industry, what we will do is take voluntary action. So, I think we will come back to it later right at the end, about what kind of cancer prevention policies do you want and how do you form them.

Do you want clear guidelines and government enforcement and then decision making under that or do you want to say well it's up to the individual. We will just tell people who maybe strapped for cash that rather than have them go to a fast food outlet and get a cheap meal, you should be doing this, this and this. Assuming they can get access to those things, so there are quite a lot of issues there.

All health departments in Europe, again I think it was really useful hearing the comments about DEFRA, because so much is being led by the European Union, and it may not be wonderful, but a lot of very good public health measures have come out, and quite a lot of measures that are very pertinent to cancer prevention have come out of the EU. But I think the line in Europe is very similar to the line in the World Health Organisation (WHO) and some of you will know this phrase. The WHO talks about *upstream medicine* (we should talk about upstream health) and *downstream medicine and health*. And what the WHO and the EU says is that we should all be upstream. In other words, you look at what causes diseases and you prevent people falling ill.

You don't wait for them to fall in the river of disease and try and pull them out and treat them for their illness further down. So there is a real tension at the moment between governments who really focus on the downstream side of things rather than the upstream side of things.

Now if you look at cancer and you look at breast cancer, which we will do in more detail later, it comes out quite strongly there. Because the agenda, as Helen was referring to earlier, was a lot to do well if you're a woman, have the right sort of diet, don't drink a lot of alcohol, don't smoke, don't not exercise, and then everything will be fine because that's where a lot of the key factors are.

Ironically quite a lot of researchers are saying well, the issues maybe genetic, so we need to consider those and recently quite a lot of people have been saying, if we are looking at the big cancer picture, we also need to look not only at genetics but at epigenetics and epigenetics is about environmental influences on people. So researchers are saying the big agenda is what the environment is doing to us in different ways now how we define the environment quite complicated.

It could be a social environment, a physical environment, and so on. All of these things may come together so if you want to address the big health issues, what you need to do is join up those strategies in ways that can influence most people.

Round the corner a little way from here was an epidemiologist called Jeffrey Rose and he made the observation that if you wanted to affect public health what you needed to do was

to look at large populations exposed sometimes to quite low level effects of things, rather than small populations that were exposed to large effects.

So if you are looking at large populations/small effects in fact you may well find that this is a major cause of disease. And if we are looking at cancer prevention, and if we are thinking about environmental and work environment factors perhaps that's where the focus should be.

There are arguments about strategies and there are arguments about policy, I will give you one anecdotal reference, well it's not anecdotal actually, about pesticides and the DoH. The DoH is meant to co-ordinate the work with regard to public health issues that go on across the board, so DEFRA may feed in expertise to the DoH, the HSE may feed in expertise to the DoH. And then their officials decide what action should be taken.

1980's, 20 odd years ago, we were concerned about pesticides, we were concerned about herbicides, we were concerned about chlorinated herbicides, and we were concerned about 2,4-D, which was Dichlorophenoxyacetic acid. These were the ones that were linked to agent orange in Vietnam, that had been sprayed so that was a combination of 2,4,5-T and 2,4-D. And we said there is a lot of evidence out there that indicate that in the 1980's that 2,4-D was a possible human carcinogen causing soft tissue sarcoma, non hodgkins lymphoma and other things.

So we went along to the DoH and we talked to a medic there, and he said all this stuff is very interesting he said, and you may well have a case but if the department of health once admit there's a problem with a chemical, this is like the hole in the wall of dam. Everything else will go, so the DoH will never actually admit that there are problems. And if you run that forward then, we heard about DEFRA and its line on diesel, for a long time in the literature, diesel has been known to be an animal carcinogen. The WHO funds the IARC and that's the one that was referred to as saying diesel is a human carcinogen, so why now isn't the DoH taking a lot of action with regard to diesel problems?

The Organisation for Economic Co-operation and Development (OECD) that is saying the biggest agenda we've got globally is diesel, we are spewing out this carcinogen which also causes major respiratory problems, it ought to be the top public health issue. You look at what's going on in the DoH and you look at what's happening in related ministries and you can't see any action.

You could say the same about things like formaldehyde which is in consumer products, in furniture, that they should have a view about. They will have their expert committees, they will have the scientists, which I would argue in some instances are engaged in wilful ignorance, they don't stand up and say there is problem. They make recommendations, ministers basically ignore them. The European Union says we need to take action on things, the DoH says no that required. We heard about Bisphenol A where the French, and Canadians are acting, the DoH says, not a problem. What we need to do is not engage in upstream medicine what we need to do is take action when every t is crossed and every i is dotted. So you find that departments like this are 10, 15, 20, 30 years behind in decision making on substances and processes that were known to be a particular problem.

We are going to talk about breast cancer shortly but I will give another example about what a ministry like this should be doing, so we know diesel is a carcinogen, recently research has been showing that shift work has been affecting males and females, in terms of carcinogenicity. There's a case now underway in Canada where a women toll booth attendant who worked shifts and therefore worked lots of nights was sat on a bridge between Detroit and Windsor, with lorries going past everyday taking tolls. She was exposed to high levels of diesel and also exposed to shift work n and she contracted breast cancer and there wasn't a family history, there was no genetic element there. In Canada they are saying, hang on we need to look at what's going on there. We need to look at the standards that we set, we need to look at the policies that we develop. And over here although there are lots of good people in this ministry you don't in fact here about what they are doing. And that's why I would also say, have a look at the UK wide agenda, see what other countries within the UK are doing, because they have social injustice, health inequalities, environmental pollution, somewhat further up the agenda, and are taking actions that I don't think is happening in England. So what we want are UK actions by the DoH, DEFRA, the DoT? All of these things link up, that yes may address life circumstance issues but will also address physical environment.

Q – lobbies – does that mean that the oil industry/diesel industry are strong, how can NI and Scotland move it further up?

Some are moving it further up by saying the big umbrella issues, they are saying health equalities are important , social injustice is important, if we want to address public health then we need to pick up these issues, in England my understanding is that public health is being dismantled, that the resources for people that are keen on doing things are being reduced and they are being marginalised. People like John Ashton, who's been speaking up in Cumbria recently. He would be in a much stronger position in Scotland.