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**Department of Public Health & Policy**  
**Environmental Epidemiology Unit**

Dear Team

## Comments on MMSD Final Draft Report

**Dr Carolyn Stephens**  
**Mr Mike Ahern**

### Overall

We recognise that MMSD have been faced with the task of accumulating a large volume of evidence and literature for this project, and that the task of collating and editing all of this work into one coherent whole is a major undertaking. We also make these statements in the light of the concerns for the MMSD to retain integrity and independence<sup>1</sup>.

Overall we think that the report is complex and crafted well. From the perspective of worker and community health, and the systematic review we undertook of 996 peer-reviewed studies, we have 3 key concerns related to weight of emphasis and integrity of the report.

- 1. Health is given little weight despite its enormous importance to mineworkers and their families – and to the sustainability of the sector. This is your decision, but it is regrettable.**
- 2. Given the lack of emphasis on health it is extremely important that the statements made are sourced from and backed by reliable evidence, and that these statements are carefully worded. It is also important that any "statistics" included are of the highest quality. In this context, we are concerned by the balance of sources for**

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<sup>1</sup> Page A-2      *“anything financed and designed primarily to meet the needs of the business community would fail to win the wide support required to transform the sector in a way that would maximise its contribution to sustainable development”*

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Page A-2      *“a structure be designed to uphold the independence and integrity of the project”*

**statements and use of references and “statistics” in the report, particularly in sections on worker and community health.**

- 3. Also in the context of the lack of emphasis on health, it is extremely important that references are sourced transparently and referenced clearly. We are concerned at the apparent lack of transparency in citations, particularly over use of independent peer-reviewed literature and grey literature sourced from industry. We are concerned over the levels of professional screening or editing of the document, and that lack of a clear editorial policy on materials with may have conflicts of interest and problems of quality.**

## **Specifically**

### **Comment 1**

Chapter 6: Viability of the Minerals Industry – Page 6.4 – Lower health costs

2<sup>nd</sup> paragraph reference number 5. This refers to a tripartite initiative between Placer Dome, the World Health Organisation and Australia’s James Cook University, which ‘initiated a successful campaign to eradicate the tropical disease of lymphatic filariasis – a significant public health problem – which reduced absenteeism’. The sensible approach would be to identify such conflicts of interest within all cited references (as is common in the peer-reviewed material we reviewed).

### **Comment 2**

Chapter 6: Viability of the Minerals Industry – Page 6.21 – Improving Worker Health and Safety

Para 4 “ The nature of worker health and safety problems differs.....” This quotes directly from the LSHTM review and should be cited conventionally. ( ie. As Reference number 59 – ‘Asogwa ...as cited in Stephens and Ahern (2001)’).

### **Comment 3**

Page 9.11 – A Social Perspective – Health

Paragraph 1 – ‘Resources available locally for health services typically increase markedly with the advent of mine development’. We are unclear as to the source of evidence for this statement. We did not find evidence of this. References would be useful.

### **Comment 4**

Page 9.11 – A Social Perspective – Health

Paragraph 2 – We are somewhat surprised that none of the over 300 studies in our report ( of the 900 we reviewed) are referenced here, and that

*“there is a long way to go before agreement is reached on the overall health effects of mining. One constraint is the dearth of long term comprehensive studies. Where they exist, statistics indicate an overall improvement in health. At the Ok Tedi mine in PNG, for instance, life expectancy increased from around 30-50 years and infant mortality rates dropped from 27% to 2% ”.*

We are disconcerted by this paragraph – to say the least. There are a number of longterm studies conducted internationally, particularly for coal, uranium and asbestos showing long term effects of mine work on worker and community health (cited amongst the 900). We did also alert you to the questionable validity of the “statistic” you do choose to cite (see reference number 15; Christmann, 2001). From an epidemiological perspective, the figures you have chosen to include are frankly unprofessional in presentation and we recommend you do **not** include them. If you do include them we recommend you make clear any conflicts of interest and highlight the fundamental data problems inherent in the figures. For e.g/ there is no time period, there is no sign of whether these figures are based on small or large numbers, IMRs are usually presented per thousand (making these rates astonishing) and life expectancy trends need explanation and time periods to make any sense. We have not seen any independent scientific data which could come close to corroborate this one piece of dubious information. We were surprised it has been included given its poor quality and your knowledge of this.

### **Comment 5**

Page 9.18 – An environmental perspective

Ref 41 – Incorrect citation. We did not do this study. It would be correct to cite this as “Garcia Vargas, Rubio Andrade et al 2001 cited in Stephens & Ahern 2001”).

### **Comment 6**

Page 9.32 – Community Health Initiatives

Paragraph 1 – we recognise that in some cases certain companies may have provided health services for local communities (the sparse studies were cited in our report). However, we are concerned that this statement gives the impression that such provision has been widespread within the industry, and are particularly concerned that there is no apparent justification for this statement.

### **Comment 7**

Page 9.32 – Community Health Initiatives

Paragraph 4 – again we recognise that some studies have shown company initiatives in terms of public health. However, this potentially provides a false impression of the industry. We have searched 996 articles and few refer to such initiatives. We would welcome a more balanced statement to this effect here.

### **Comment 8**

*Appendix Page A-2.* Penultimate sentence – the section on health did not cover the full mineral cycle.

### **Comment 9**

*Appendix Page A-5.* Final paragraph – MMSD rejected NGO participation in the health workshop.

### **Comment 10**

Page A-2 “Finally, the IIED study extended the scope to include the full mineral cycle in the global economy – from mine waste to reuse”. Unfortunately, the LSHTM report on health did not cover the full mining and mineral cycle, nor did it consider grey literature, and request that a statement to this effect is incorporated into the final document.