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LOOSE MINUTE

D/ER3/20/1/9

8 March 1991

DPO(C) - [REDACTED]

Copy to: [REDACTED] (Without attachments) ✓

DEATH OF RSRE DRIVER - RELATED TO HEALTH STUDY AT RSRE

Ref: D/ER3/20/1/9 dated 26 February 1991

1. I attach two minutes, passed to us by [REDACTED] at RSRE, that detail cases where persons associated with, or working at, RSRE have died recently.

2. The first case [REDACTED] is the case of an HGV driver at RSRE, Mr Prescott, who died recently from leukaemia. The defensive press line provided at reference gave sufficient material to deal with general enquiries though we feel that enquiries relating to Mr Prescott should be dealt with using the following defensive lines:

- Understand that he (Mr Prescott) was an HGV driver at RSRE who had been suffering from leukaemia for some time.
- RSRE are obviously concerned at the death of an employee and will be examining the circumstances.
- There is absolutely no evidence to suggest that Mr Prescott's death was associated with his work.

3. We will obviously pass you an update on the case as soon as it is available.

4. The second case involves Mr Carn, who was employed as a research assistant at Dundee University and who apparently committed suicide. We would suggest the following lines be used in handling media enquiries on Mr Carn's case:

- No reason to believe that this unfortunate case had anything to do with work which he may have undertaken in the past on behalf of the MOD.

Cont'd...

[REDACTED]

[REDACTED]

- He in fact ceased his association with MOD work in 1989 on his resignation from Dundee University.

- Mr Carn at no time had access to any classified information

5. I hope that this is helpful, please call me if you have any questions.

[REDACTED]  
[REDACTED]  
ER3a  
MB1171 [REDACTED]

[REDACTED]

DEFENSIVE PRESS LINE - HEALTH CONCERNS AT RSRE

1. RSRE is confident that there is no substantial medical evidence to show that radar emissions within recommended safety levels have had any injurious effects [on its staff or the local community]. RSRE operates well within the National Radiological Protection Board's recommended safety levels.

2. Nevertheless, RSRE contracted the Institute of Cancer Research to coordinate an independent preliminary local study, in December 1989, in order to ascertain whether a problem might exist. RSRE did this due to the concern shown by staff and the local community following media speculation.

3. The results of the study are expected later this year and will be made public once they have been carefully assessed.

IF PRESSED - We had hoped that the study would be completed by May; however, due to the amount of information that has had to be examined it is now expected to take a few months longer - Autumn rather than Summer.

[REDACTED]

**Press Line - Deaths of Scientists at RSRE**

RSRE remains confident that there is no substantial scientific or medical evidence to show that radar emissions within recommended safety levels have had any injurious effect. RSRE has the safety of its employees and the community at large uppermost in its day-to-day priorities.

Nevertheless the management recognises that media coverage and speculation have resulted in concern by staff and the wider local community. RSRE has accordingly contracted the Institute of Cancer Research to coordinate an independent preliminary local study to ascertain if a problem exists. The contract was placed on 16 February and the study is expected to take some 15 months. The results will be revealed as soon as they have been assessed.

NE TO TAKE

RSRE carry out stringent and regular safety checks on our equipment which show that radiation in all areas is well below permissible levels. Evidence given at the inquest on the level of checks made and the results obtained substantiate this. RSRE has the safety of its employees and the community at large uppermost in its day to day priorities.

RSA/198/07

9 March 1989

From: [REDACTED], [REDACTED] /RSRE

To: [REDACTED] ER3a for onward transmission to Defence Press Office

POTENTIAL PRESS BRIEFING MATERIAL ARISING OUT OF THE INQUEST INTO THE DEATH OF DR JOHN CLARKE - RSRE

NOTE

All of the questions and answers in this section are based on evidence given at the inquest and are as such public knowledge.

General Statement

Dr John Clarke (aged 44) was an SPSO at RSRE working in AD2 Division on research activities associated with microwave radar techniques. He had been at RSRE since 1968 and was previously studying at Birmingham University for his PhD. He was married to [REDACTED] who attended and gave evidence at the inquest.

The following media were represented at the inquest: Malvern Gazette, Worcester Evening News, BBC Hereford & Worcester Local Radio and Freelance journalist, Chris Mowbray.

Q. When did Dr Clarke die?

A. 18 November 1988

Q. Was this as a result of a long illness

A. Dr Clarke, a previously healthy man became ill in December 1988 with severe headaches. At the end of January 1988 he was admitted to the Radcliffe Hospital where he underwent surgery in February to remove a large brain tumour. In the event the whole tumour could not be removed and he subsequently underwent radiotherapy treatment before returning to work in July 1988. However, he only stayed at work for a few weeks before becoming ill again and subsequently died on 18 November 1988.

Q. What was the stated cause of death

A. Bronchopneumonia and Cerebral Glioma

Q. When was the inquest

A. The original inquest was opened on 23 November 1988 and adjourned to 8 March 1989. The inquest was held in Worcester.

Q. Did RSRE give evidence at the inquest?

Yes. RSRE provided an 'expert' witness in [REDACTED], Superintendent of the Airborne Sensors Division/RSRE, who both knew Dr Clarke, the work that he was involved in and was able to provide evidence on radiation levels and checks etc. [REDACTED] SAO/RSRE attended as an observer.

Q. What was the basis for the inquest?

A. The Consultant Neuropathologist had requested information on whether Dr Clarke had come into contact with radiation or chemicals during the course of his work. Also, as a result of his enquiries with Mrs Clarke, the Coroner had been advised that two other men working in the same area had died of similar brain tumours. These were Mr Tony Dunmore and Mr Al Cushman.

Q. Who were Mr Dunmore and Mr Cushman?

A. Tony Dunmore was a Flight Lieutenant in the RAF who was seconded to RSRE until he was medically retired due to a history of bad headaches going back, it is believed, to his teens and caused by a benign brain tumour. He subsequently joined RSRE in 1985 as an HSO and worked in AD2 up until his death in August 1988. Mr Dunmore died as a result of a benign lesion which is of a different pathology to those of Dr Clarke or Al Cushman.

Al Cushman was an RAF Wing Commander serving in an Air OR branch in Main Building. He did not work at RSRE but visited on an infrequent basis and as far as we are aware would have only been involved in meetings and not have contact with any radiation source. Death was stated as ASTROCYTOMA of the left cerebral hemisphere. Pathologically, this is similar to the condition suffered by Dr Clarke.

Q. Did Dr Clarke come into contact with radiation or chemicals in his work?

A. Whilst Dr Clarke spent most of his time in an office environment, his work would have taken him into laboratory areas. Measurements have shown that in these areas, radiation is in effect undetectable - something like 1000 times lower than permissible levels.

Access is restricted by safety gates to certain parts of the radar transmitter and roof mounted antennae that Dr Clarke was associated with, but even in these areas only low levels of microwave radiation (non-ionising) are detected - still well below permissible levels. Put simply, the power generated by the transmitter is only 2 - 3 times more than that generated by a domestic microwave cooker.

Very low levels of x-rays (ionising radiation) are detected within the transmitter, but are undetectable more than one foot from the transmitter.

We are not aware of any incidents within this complex that have taken radiation beyond permissible limits.

As far as we are aware Dr Clarke would not have been involved with chemicals.

Q. Who was Mr Tom Holland?

A. Mr Holland was a scientist at RSRE who died approx. 5 years ago, we think of a brain tumour but this has yet to be confirmed. He was a PSO in the airborne radar area and retired in February 1980. It was stated at the inquest that Dr Clarke occupied a room previously used by Mr Holland. This is correct, Dr Clarke did occupy the office but moved from it in September 1985 to the office occupied up until his death. Mr Hollands office was in a completely different building to the one housing the radar in question (Approx. 200yds distant).

- Q. Mrs Clarke has stated that the radar in question has been shut down as a result of Dr Clarke's death, is this true?
- A. No. Unlike operational radars such as those at an airport for example, the radar in question at RSRE is not in use all the time and only revolves when it is. It has at no time been shut down in relation to Dr Clarke's death.
- Q. Is RSRE intending to carry out an enquiry as a result of the OPEN VERDICT?
- A. As stated at the inquest, we are satisfied that we carry out stringent safety checks at frequent intervals and that levels of radiation are well within the permissible levels. Furthermore the inquest did not come up with any medical evidence to suggest that the work environment was the cause. An enquiry is therefore not considered appropriate.
- Q. Have we any general comment to make on Dr Clarke?
- A. Dr Clarke was a well respected and liked member of the scientific community at RSRE, he is sadly missed by his colleagues.

**LINE BEING TAKEN BY RSRE**

In view of the comprehensive nature of the inquest, we have decided not to issue any statement to the press. Specific questions will be answered if possible based on the above. Our main line, however, is based on the fact that we carry out stringent and regular safety checks which show that radiation in all areas is well below permissible levels. We do not believe there to be any occupational link between the FOUR deaths mentioned above.

Whilst we can understand that Mrs Clarke wishes to ensure that others do not go through the trauma that she and Dr Clarke have gone through, it must be stressed that RSRE has the safety of its employees and the community at large uppermost in its day to day priorities. Evidence at the inquest on the level of checks made and the results obtained substantiate this.