

FIOH-sponsored Newsletter Misrepresents Asbestos Hazards in Zimbabwe

The Finnish Institute of Occupational Health (FIOH) has received support from the World Health Organization (WHO) and the International Labor Office (ILO) to publish the *African Newsletter on Occupational Health and Safety*. The *African Newsletter on Occupational Health and Safety* should not be a medium for industry propaganda, or the source of misinformation among the workers of Africa. Instead, FIOH should provide the same level of scientific information in Africa that it does in Finland and other developed countries. *Key words:* FIOH; WHO; ILO; journal publication; ethics; industry; influence.

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The December 2005 issue of the *African Newsletter on Occupational Health and Safety* contains an article by Mutetwa, Chikonyora, Dozva, and Mazibuko entitled "Chrysotile fibre levels in asbestos-cement manufacturing in Zimbabwe."¹ Even a casual reader of the article would be struck by the unbelievably low levels of asbestos fibers reportedly present in the work areas of the two factories studied in Zimbabwe. The article states that, "Both static and personal sampling methods were used during this investigation. All fiber levels, except one, in the two manufacturing companies were below the Zimbabwean asbestos industry action limit of 0.15 fibers/ml. The average fiber levels in the factories are 14 to 33 times below the Zimbabwe statutory exposure limit of 1 fiber/ml and 1.5 to 3 times below the Threshold Limit Value." No mention is made of quality control in the phase-contrast light microscopic membrane-filter method used in the study. The reader is left with important unanswered questions regarding the validity of the study.

Responding to questions raised by Joe LaDou² about the obviously unreviewed publication of the article by *African Newsletter*, the Director General of FIOH, Harri Vainio, and the Editor-in-Chief of the *African Newsletter*, Suvi Lehtinen, replied that the *Newsletter*

is not a scientific journal with a customary peer-review system. The purpose is to offer a forum for the African occupational health and safety experts to describe the practical work that is being done in their countries. We have the disclaimer on the content page that the opinions expressed in the articles are the sole responsibility of the authors and they do

not represent the official views of the sponsoring organizations. This also means that the reader is informed that the articles need to be read as ones not having gone through the peer-review of scientific articles. The article in question was submitted by the Chief Research and Development Officer of the National Social Security Authority in Zimbabwe, which is an official body of the Zimbabwean Government. Even though we do not have in the *Newsletter* the strict peer review system of two reviewers often used in the scientific journals, the editor-in-chief asked one independent expert from in-house to read the article in order to review the correctness of its content. It is not possible for the *Newsletter* editorial office to check all the possible connections of the authors.³

All forms of asbestos cause asbestosis, lung cancer, and malignant mesothelioma. The preponderance of scientific evidence to date demonstrates that chrysotile too causes cancer, including lung cancer and mesothelioma.⁴ Despite irrefutable evidence that asbestos causes asbestosis, lung cancer, and mesothelioma, asbestos mining, milling, and manufacturing continue. The asbestos industry has sponsored scientific debates over the roles of fiber types, viruses, and genetics in the development of mesothelioma. While these controversies might appear internal to science and unconnected to policies of the global asbestos industry, they play a central role in shaping conceptualization of the problem of asbestos-related disease. In South Africa, India, and elsewhere, these controversies help to make the disease experience of asbestos-exposed workers and people in asbestos-contaminated communities invisible, allowing the asbestos industry to escape accountability for its practices.⁵

The article in *African Newsletter on Occupational Health and Safety* is a good example of this practice. Judging from the study design and findings, and from the few cited references, the article appears to have been written by those who espouse the views of the Chrysotile Institute (formerly Asbestos Institute), the International Chrysotile Association (until last year the Asbestos International Association), or some other representative of the chrysotile asbestos industry. The apparent propaganda in the article follows from the low recorded exposures. It may well be that what passes for a governmental regulatory body for Zimbabwe's asbestos industry is

simply not trustworthy. The exposure evaluation results reported by Mutetwa et al. seem improbable in light of the use of chrysotile in a cement-making process. Since the authors provide no data on the training and qualifications of the hygienists who collected the samples, or of the laboratory that analyzed them, repeat collection and analysis of samples from the workplace by an independent party is required to validate the findings. If information about the qualifications of those involved in collection and analysis of the asbestos fibers is available, and the quality assurance procedures of the laboratory are known, that information should immediately be published. This would allow interested scientists and occupational health and safety professionals to evaluate the study impartially.

The *African Newsletter* is an activity of the Finnish Institute of Occupational Health (FIOH), and the FIOH Director General and the former Director General are on its editorial board. There is no excuse for such a misleading article if proper, or even cursory, editorial review is taking place. The Finnish editors must have been aware of the value this publication will have for industry, and the increased health hazards it might create for workers, and should have ensured that the article was rigorously refereed.

The International Commission on Occupational Health (ICOH) has been criticized for its lack of objectivity in the development of scientific documents. This is particularly true of its past activities to advance the use of asbestos that were uncovered and reported in recent years.⁶ The role ICOH may have played in the publication of the paper by Mutetwa et al. is not clear. Morris Greenberg wrote to Jorma Rantanen, former Director General of FIOH and a member of the *African Newsletter* editorial board, and current ICOH President, with the concern, "Doubtless, this paper appearing with the authority of your journal will be cited widely to support the 'safe use' of asbestos in developing countries. Can this be the intention of FIOH, or ICOH for that matter?"⁷

Jukka Takala of ILO has stated clearly that it is unacceptable to suggest that asbestos can be mined, shipped, processed, or used safely,

Asbestos is one of the most if not the most important single factor causing work-related fatalities, and is increasingly seen as a major health policy challenge worldwide . . . asbestos is still the No. 1 carcinogen in the world of work.

Takala highlights the deplorable dumping of asbestos on developing economies, saying that the increase in their consumption of the toxic mineral will "prove to be a health time bomb in these countries in 20 to 30 years' time."⁸

Ellen Rosskam summarized the profound disappointment many who were following this exchange of views found with the FIOH response,

While the *Newsletter* may not be scrutinized by a peer review process, there are some issues that are so "dangerous" like asbestos, and so known to be industry-dominated, that the FIOH should have had its internal alarm bells ringing with that article. Any government agency's publications can be interpreted by the reading public as presenting a position supported and promoted by the publishing agency. The FIOH could have published the article indicating that this is precisely the kind of misleading information that attempts to get passed off as science. One doubts that the FIOH would wish to be thought to be promoting the use of asbestos in developing countries.⁹

There is ample reason for concern on the part of scientists and clinicians who follow the activities of the Canadian asbestos industry. Egilman, Fehnel, and Rankin Bohme detailed the efforts of the Quebec Asbestos Mining Association to fund research that advanced the myth of the "controlled use" of asbestos. "These studies were used to promote the marketing and sales of asbestos, and have had a substantial effect on policy and occupational health litigation. Asbestos manufacturing companies and the Canadian government continue to use them to promote the use of asbestos in Europe and in developing countries."¹⁰ Castleman reviewed the false claims of "controlled use" of asbestos and concluded that, "Even in the case of asbestos manufacturing industry and product use where regulatory restrictions had been in place for many years, asbestos problems remained out of control."¹¹

The asbestos cancer epidemic sweeping the globe, which may take as many as 10 million lives before asbestos is banned worldwide and exposures are brought to an end, would have been largely preventable if the WHO and the ILO had responded early and forcefully. The WHO was late in recognizing the emergence of the asbestos epidemic, failed to act after the epidemic had begun, and, quite without explanation, continues to fail to address the problem of asbestos mining, manufacturing, and world trade of a known human carcinogen. If the WHO had spent the past three decades pressing the world community to end asbestos mining and manufacture, the world could have added asbestos to polio and smallpox viruses as conquered agents.¹²

The battle against asbestos is in danger of being lost where the human costs may be greatest, in developing countries desperate for industry. Relentless efforts are being employed in the intensive campaign to preserve the asbestos industry for developing countries.⁶ The Indian asbestos industry, assisted by Canadian interests, promotes the manufacture and use of asbestos products. In India, an official of the WHO's Regional Office for Southeast Asia wrote that asbestos-cement products are "highly eco-friendly."¹³ The WHO and the ILO have been slow to support the ban-asbestos movement in India.

The Hindu, India's national newspaper, published the following,

The Asbestos Cement Products Manufacturers' Association wants to clear the air and establish that the industry, providing low-cost roofing and plumbing solutions for low-income households is "safe." Association chairman S. A. Bhimaraja says the Indian industry uses only imported chrysotile (white) fibre as raw material for asbestos cement sheets. In 2004, the Central Labour Institute, under the Ministry of Labour, undertook a national study on the "Health status of workers in the asbestos industry" in eight factories manufacturing chrysotile products. A total of 702 workers in the age group 20–50 were covered, and none showed any sign of asbestosis. Environmentalists in India point out that asbestos, irrespective of the variety, is a carcinogen. Representatives of the asbestos industry counter that they have had no complaints from consumers.¹⁴

In a letter to Editor-in-Chief Lehtinen, Rory O'Neill of the International Federation of Journalists commented about the article in the *African Newsletter*,

Its publication was extremely timely for asbestos interests, coming ahead of the current hearings on asbestos at the Zimbabwe government's Committee on Mines, Environment and Tourism, where the industry lobby continues to argue that Chrysotile Institute-derived evidence "proves" chrysotile asbestos manufacture, production, and use is safe. This claim was reiterated at the committee this week by the managing director of Turnall asbestos cement, one of the sources cited in the *African Newsletter* article. It has also been cited by the National Zimbabwe Chrysotile Task Force, in its recent lobbying of the South African government. This all forms part of Zimbabwe's efforts to forestall a chrysotile ban in South Africa. Similar information has been presented this month at asbestos industry sponsored workshops and media events in Indonesia. Earlier this year, India was the focus for the asbestos industry's public relations drive. The global asbestos industry has embarked on a worldwide bid to rehabilitate a known carcinogen. This issue of your *Newsletter* will doubtless be cited at lobbying and public relations events in the coming years as evidence to support continued use of an entirely replaceable industrial carcinogen. The references cited suggest the authors had painstakingly avoided any mention of the overwhelming evidence contradicting the "safe use" arguments promoted by the asbestos lobby. We should not give succour to those who seek to disguise commercial self-interest as unbiased occupational health research.¹⁵

LaDou and O'Neill wrote to FIOH to

respectfully request that FIOH entertain further evaluation of the circumstances of the Mutetwa, et al. article in an effort to set this important occupational health matter straight. We would like to see

FIOH re-examine the Mutetwa, et al. study results of asbestos fiber measurements. Relying on the local authorities to take and report more samples will not be adequate. The credible thing FIOH can do is to send someone to Zimbabwe to confirm the industrial hygiene measurements reported by Mutetwa, et al. by actually taking samples at the plants and bringing them back to FIOH to analyze. Leaving split samples for the Zimbabwe laboratory to analyze would provide the quality control check that was omitted from the original study. It may well be that FIOH will be required to publish an amended Mutetwa, et al. study result in a future issue of *African Newsletter*.¹⁶

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