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Statement in Response to Asbestos Industry Efforts to Prevent a Ban on Asbestos in Pakistan: Chrysotile Asbestos Use is Not Safe and Must Be Banned

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Letter to the Editor

Statement in Response to Asbestos Industry Efforts to Prevent a Ban on Asbestos in Pakistan: *Chrysotile Asbestos Use is Not Safe and Must Be Banned*

Dear Editor,

We condemn in the strongest possible terms the dangerous misinformation that the International Chrysotile Association is disseminating in its effort to defeat a proposed ban on asbestos in Pakistan.

The International Chrysotile Association “actively represents the interest of Chrysotile Industry world over”.¹

In a letter dated January 31, 2013 to Dr Mahmood A. Khwaja (Senior Adviser, Chemicals and Sustainable Industrial Development, Sustainable Development Policy Institute of Pakistan), the Chairman of the International Chrysotile Association (Mr Jean-Marc Leblond) expresses the opposition of that Association to the recommendation made, in January 2013, by the Pakistan National Assembly’s Standing Committee on Human Resource Development to ban the import and use of asbestos.

Mr Leblond is a long-time salesman of asbestos. From 1986 to 2007, he was Vice President in charge of Sales for LAB Chrysotile Inc., a Quebec asbestos mining company. From 2008 to 2011, he was President of Chrysotile Canada Inc., the marketing agency for Quebec asbestos mining companies. He sat as a director of the discredited asbestos lobby organisation, the Chrysotile Institute. Presently, he is Presi-

dent of Polyser Inc., a consulting company in international trade.

The directors of the International Chrysotile Association do not have scientific credentials. They are executives and promoters of the asbestos industry, with a vested interest in selling asbestos.

Scientists and scientific organisations have condemned these asbestos lobby organisations for “endangering public health by disseminating misleading and untruthful information about chrysotile asbestos, especially in the world’s emerging economies.”²

The information that the International Chrysotile Association (I.C.A.) puts forward in its letter is false.

1) The I.C.A. claims in its letter that “the scientific evidence is overwhelming which supports the safe and responsible use of chrysotile.”

In fact, the overwhelming scientific evidence shows that chrysotile asbestos causes deadly diseases and that “safe use” of chrysotile asbestos has not ever been documented. Even in Canada, a highly regulated and technologically advanced country, where chrysotile asbestos has been mined and used in the province of Quebec for a hundred years, all the Quebec government’s directors of Public Health warn that “safe use

¹Asbestos Cement Products Manufacturers Association of India, 2012.

²Letter from health experts to Prime Minister Harper of Canada, January 23, 2009

³Quebec, Public Health Directors, 2011. Les directions régionales de santé publique constatent l’échec de l’utilisation sécuritaire de l’amiante chrysotile.

of chrysotile asbestos” cannot be achieved and that Quebec’s “safe use” policy has been a complete failure.³ The present government of Quebec has consequently ended its support for the Quebec asbestos industry. Because of past use of asbestos, Quebec’s Occupational Health & Safety Commission reports that asbestos-related diseases continue to represent 70% of deaths caused by occupational diseases.⁴

While a handful of scientists financed by the asbestos industry, such as those the I.C.A. cites in its letter, deny the health risks of chrysotile asbestos and promote its continued use, not a single reputable scientific body in the world supports this position.

The World Health Organization (WHO), the International Labour Organization and the World Bank have all called for an end to the use of chrysotile asbestos. Chrysotile asbestos represents 100% of the global asbestos trade today. Over the past century, chrysotile asbestos represented 95% of all asbestos sold, with all other forms of asbestos representing 5% of asbestos sold. The WHO cites 107,000 occupational deaths yearly from exposure to asbestos.

The Union for the International Control of Cancer (2012), comprising more than 700 member organisations in 155 countries, the World Federation of Public Health Associations (2005), the International Commission on Occupational Health (2000), the International Social Security Association (2004), the Collegium Ramazzini (1999, 2010⁵) and the International Trade Union Confederation (2004)—representing 175 million workers in 151 countries—have all called for a global ban on the use of all forms of asbestos, particularly chrysotile asbestos.

A recent Position Statement published by the Joint Policy Committee of Societies of Epidemiology (JPC-SE)⁶, endorsed by numerous scientific organisations around the world⁷ and individual scientists⁸, calls for a global ban on the mining, use and export of all forms of asbestos.

2) The I.C.A. claims in its letter that chrysotile cement building materials, “with the application of simple control measures . . . do not present any significant risk to workers, the general public or the environment.”

In fact, the WHO has particularly emphasized the dangers of chrysotile cement building materials, noting that: “The workforce involved is large, exposure is difficult to control, and in-place materials have the potential to deteriorate and

pose a risk to those carrying out alterations, maintenance, and demolition.”⁹

3) The I.C.A. claims in its letter that others forms of asbestos are hazardous, but that chrysotile asbestos “can and is being used safely, i.e. at low exposures it does not present a detectable risk to health.”

In fact, the scientific consensus is overwhelming that, as the WHO states, there is no safe exposure level to chrysotile asbestos and the only way to prevent epidemics of asbestos-related diseases is to stop the use of all forms of asbestos. Not a single reputable scientific organisation in the world agrees with the assertion made by Mr Leblond and the asbestos lobby.

4) The I.C.A. claims in its letter that substitute fibers are “non-regulated, more expensive, less durable and, unlike the minimal risk associated with chrysotile, their potential risk to the health of workers is unknown.”

In fact, as the WHO and the World Bank state, safer non-fibrous and fibrous alternatives to asbestos are available and have been satisfactorily used for decades. Studies carried out in Thailand show that the price difference is minimal.¹⁰ Use of chrysotile asbestos, however, causes enormous economic costs in health care, as well as in safety measures when buildings are constructed, renovated, repaired or demolished, or after a natural disaster causes devastation, such as an earthquake or hurricane. These costs are externalized by the asbestos industry and paid by citizens and governments in both money and lives.

According to Phaskorn Buranawit, the managing director of Siam Fibre Cement, the leading manufacturer of fibre cement roof tiles in Thailand, the purchase price difference between asbestos and non-asbestos roofing products is only 2 to 5%.¹¹

5) The I.C.A. claims in its letter that 129 countries Member States of the WHO, including the US and Canada, are using asbestos today.

In fact, use of asbestos has virtually ceased in the U.S. and Canada. In 1980, the US used 350,000 tonnes of asbestos. In 2011, the US used 961 tonnes - 0.3% of the 1980 figure.¹²

In 2011, just five countries—China, India, Russia, Brazil and Kazakhstan—accounted for 74% of all asbestos consumed globally. Between 2000 and 2012, the number of countries banning asbestos tripled from 18 countries to 54; the number of countries using asbestos dropped by 53% in

⁴Commission de la santé et de la sécurité du travail du Québec, 2010. *Portrait des lésions professionnelles chez les travailleurs de 45 ans et plus 1999-2008*.

⁵*The Case for a Global Ban on Asbestos*, LaDou et al, Environmental Health Perspectives, volume 118, number 7, July 2010

⁶Position Statement on Asbestos, JPC-SE, June 4, 2012

⁷Endorsements from Organizations, JPC-SE Position Statement on Asbestos.

⁸Endorsements from Individuals, JPC-SE Position Statement on Asbestos.

⁹World Health Organization (WHO), 2006. *Elimination of Asbestos-Related Disease*. Geneva, Switzerland: WHO.

¹⁰National Programmes for Elimination of Asbestos-Related Diseases: Review and Assessment, 07-08 June 2011, Bonn, WHO Regional Office for Europe, pp 22-29, 2012, *Substitutes for Asbestos Construction Products*, Barry Castleman, ScD.

¹¹Dec. 21, 2012, *New homes drive tile growth*, <http://www.bangkokpost.com/business/economics/327227/new-homes-drive-tile-growth>.

¹²Virta, RL, *Asbestos: US Geological Survey, Asbestos Production, Trade & Consumption in 2011*.

this time period. By 2012, only 15¹³ countries were using more than 500 tonnes of asbestos a year. (See correction in footnote below¹⁴).

In every country where asbestos has been used, it has created a financial and human disaster. Consequently, more and more countries refuse to use asbestos. The asbestos industry, in its efforts to protect its profits, therefore targets countries, such as Pakistan, that are considering a ban on asbestos. The industry is indifferent to the economic and human costs that Pakistan will face if it allows continued use of asbestos.

6) The scientist that the I.C.A. most strongly relies on in its letter is consultant, David Bernstein, PhD, who claims that chrysotile asbestos is quickly expelled from the lungs and poses little risk to health.

In its letter, the I.C.A. states that a recent study—*Health risk of chrysotile revisited* by Bernstein et al—is “of paramount relevance to your deliberations”. The I.C.A. “urge your and your colleagues’ close attention to its contents”. The I.C.A. did not disclose that the I.C.A. had funded this study.

While Dr Bernstein presents himself as an independent scientist, he admitted, when questioned by a judge, that all his studies on chrysotile asbestos had been funded by the chrysotile asbestos industry and by corporations facing litigation cases for harm caused by chrysotile asbestos. Dr Bernstein admitted to the judge that not a single scientific body anywhere agreed with his views on chrysotile asbestos.¹⁵

Dr Bernstein is reported to have received a million dollars from the Canadian chrysotile asbestos lobby organisation (the Asbestos Institute, now renamed the Chrysotile Institute) to carry out his study *Biopersistence of Canadian Chrysotile*¹⁶, which is #1 in the list of studies put forward by the I.C.A. in their letter. The Asbestos Institute released Dr Bernstein’s study, with great fanfare, on September 9, 2003. In its media release, the Asbestos Institute stated “Buoyed by the results of the biopersistence study on Quebec chrysotile, the Asbestos Institute will now focus on (. . .) encouraging various players to increase their consumption of chrysotile”.¹⁷

In fact, many chrysotile fibres are not expelled from the lung, but are moved to the pleura where mesotheliomas occur. Studies from France, the US and Japan show that the most common form of fibre found in the pleura of mesothelioma

cases is short chrysotile fibres, sometimes the only fibre type found.¹⁸

Furthermore, other recognized human carcinogens have much shorter residence in the body (formaldehyde, benzene, vinyl chloride, benzidine) than the mineral fibres of chrysotile.

The JPC-SE Position Statement on Asbestos points out how the asbestos industry has undermined public health policy: “Similar to the tobacco industry, the asbestos industry has funded and manipulated research to manufacture findings favourable to its own interests.” The Position Statement documents how the industry has set up front organizations, which claim that, “while other forms of asbestos are hazardous, chrysotile asbestos is quickly expelled from the lungs and presents little hazard to health.”

The Position Statement emphasizes that: “Independent and reputable scientific authorities reject these claims as erroneous, dangerous, and deceptive.

THEREFORE, WE, THE SIGNERS OF THIS STATEMENT:

- Categorically condemn the dangerous misinformation that the International Chrysotile Association is disseminating, because it will cause unnecessary disease and death.
- Categorically condemn the efforts of the International Chrysotile Association to undermine a public health initiative in Pakistan to protect the people of Pakistan from asbestos-related diseases and death.
- Call on the asbestos industry to cease its interference in public health initiatives in other countries, since these initiatives should be dealt with by the people of those countries without interference by foreign agencies who are pursuing their own vested interests.
- Encourage the Government of Pakistan to recognize the letter from the International Chrysotile Association as the dangerous misinformation it is.
- Emphasize that the scientific consensus is clear that chrysotile asbestos causes harm to health, that it cannot be safely used and that the use of any form of asbestos, including chrysotile asbestos, should be globally banned.
- Urge the Government of Pakistan to protect the health of its citizens by banning the import and use of asbestos, as the Pakistan National Assembly’s Standing Committee on Human Resource Development has recommended.

¹³Correction. The correct figure is 35 countries. The typographical error on the IBAS website, stating 15 countries, was corrected to say 35 countries on Feb 23, 2013.

¹⁴*Charting the Changing Pattern of Asbestos Production and Use 1950-2012*, Laurie Kazan-Allen, International Ban Asbestos Secretariat, Jan. 22, 2013

¹⁵Testimony of David Bernstein in Emma Josephine Maloney Martin vs Quigley Company, Inc., District Court, Ellis County, Texas 40th Judicial District, Oct. 16, 2007. Transcript available on request.

¹⁶Mealey’s International Asbestos Liability Report November 19, 2003, 1-9 Mealey’s Intl. Asb. Liab. Rep. 7 (2003).

¹⁷Chrysotile Institute media release, With new supporting evidence, Quebec chrysotile is entitled to fair and balanced treatment, Sept. 9, 2003

¹⁸Suzuki, Y, Yuen, SR, Ashley, R, *Short, thin asbestos fibers contributed to the development of human malignant mesothelioma: Pathological evidence. Int. J. Hyg. Environ. Health, 208:201-10,2005. Also Dodson, RF, Analysis and relevance of asbestos burden in tissue, 2nd ed. In: Asbestos: Risk Assessment, Epidemiology and Health. Hammar and Dodson eds., CRC Press, Boca Raton, Fl., 2011, pp 49–108.*

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 Asian Ban Asbestos Network (A-BAN), Asia
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February 22, 2013

Editor's Response: Archives of Environmental and Occupational Health has brought this issue to the attention of readers before and will continue to do so.—The Editor