

NEWSLETTER

Newsletter from the Chrysotile Institute

For safe and responsible
use of chrysotile

Volume 9, Number 1, May 2010

EDITORIAL

In recent months, Canada, Quebec and all those who support the principle of the safe and responsible use of chrysotile have been subjected to extraordinary attacks from anti-asbestos militants and those lobbying for a total ban of this fibre.

Letters, petitions and a number of particularly aggressive statements have been published in the media, especially in Canada and Quebec. We note, however, that there have only been faint echoes of this in the press in other countries. The exception is the Internet, where there are a number of bloggers, including some who support this crusade against "asbestos".

Upon closer inspection, these statements contain just about everything – except solid references and scientific data, which is nothing new. All along, this saga has been epitomized by a collection of repetitive statements, accusations and often hateful comments that, when taken together appear to represent the traditional position and strategy of militants fighting for a global ban. For some time now, at the international level, we have felt that these people are getting closer to the powerful lawsuit lobby, which is very lucrative business for large specialized legal firms.

Although these crusaders refuse to recognize it, the fact remains that "asbestos" is a collective term referring to a group of minerals with fibrous crystals. By using the word "asbestos", they are providing incomplete, confusing and inaccurate information. Their strategy is clearly aimed at feeding the most negative perception possible of the use of chrysotile, by purposely incorporating it into the term "asbestos". This fails to recognize the differences

among the various types of asbestos fibre, and particularly the lower risk posed by chrysotile. They are trying to stifle this information by providing confusing messages that feed fear and paint the most apocalyptic picture possible.

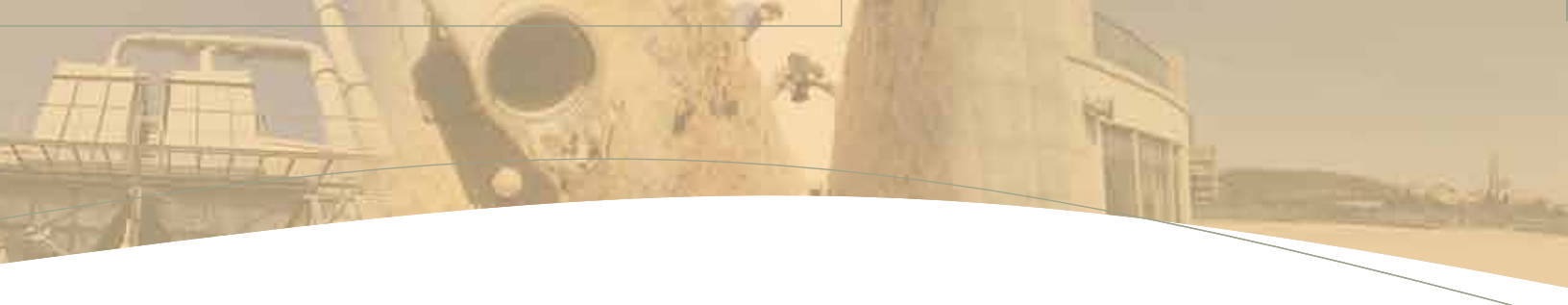
The competent authorities should nevertheless be guided by science. It would be dangerous and inappropriate to allow science to be manipulated by interests that are completely foreign to it.

Using any means to promote a cause is not in the interests of society. A serious, open and honest debate should take place, rather than these one-sided attacks. The real problems need to be addressed. For example, how can we accept, or not even discuss, the fact that a great many products, mixtures, substances or fibres that are found on the market today were not always tested or studied to prove their safety before being approved as acceptable substitutes for chrysotile? In too many cases, we do not even know their true level of risk for health.

It is important to notice the silence on this matter in the information provided by anti-asbestos militants and the lobby for a global ban. It should be a source of concern, particularly for the competent authorities. Science dictates that this matter be addressed and considered.

It is not surprising that more and more people are becoming increasingly sceptical about an anti-asbestos (including chrysotile) campaign that employs this type of information.

Continued on page 2



EDITORIAL - (Continued)

A support group representing various sectors of business activity and central labour unions was established in Quebec a few weeks ago. All its members chose to come out in solid support of the safe, controlled and responsible use of chrysotile fibre. In addition, the support group highlighted the traditional position of governments on the safe use of all products, mixtures, substances and fibres presenting a potential risk to human health.

The group is asking people to familiarize themselves with the entire file and to refer to "chrysotile" rather

than "asbestos", all the while bearing in mind the economic importance of the chrysotile industry for many countries.

"We support," said the group participants, "the safe, responsible and controlled use of chrysotile fibre, here and in any other countries that use it, because that is the most promising option, as well as the most stringent."

That is the key message of this newly created group. "In Quebec and Canada, we have been vigilant and perseverant over the years and have demonstrated our capacity, collectively, to establish a properly controlled work environment that is as safe as possible. We can confirm that it is possible to work with chrysotile fibre in a way that is as safe, if not more so, as with other fibres or products in various other sectors of the economy."

The Support Group believes the preventive approach to be critical, because all products, substances, mixtures and fibres found on the market should be subject to scientific analysis to ensure that we are fully cognizant of their level of potential risk to human health. Group members consider it essential to maintain this principle and to integrate it into all serious policies and efficient regulations. It is high time that nations agree to take a closer look at substances that lend themselves to controlled use, and the obstacles to their possible banning. To do this, they must agree in good faith to establish a scientific distinction between substances that, used responsibly and safely, do not present an unacceptable level of risk to health, and those that cannot be used. All of this forms the basis for an effective program for workplace health and safety, and calls upon authorities to continue to support and promote this responsible policy.

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A NEW GROUP IN FAVOUR OF THE SAFE, RESPONSIBLE AND CONTROLLED USE OF CHRYSOTILE FIBRE WAS CREATED IN QUEBEC

On March 23, 2010, fifteen organizations and individuals announced that they have joined together to support the principle of the safe, responsible and controlled use of all products, substances and mixtures that carry a potential health risk, including chrysotile fibre.

The Group includes both unions and employer associations, as well as municipalities and local chambers of commerce. Here's the press release issued by the Support Group.

"We support the safe, responsible and controlled use of this fibre, here and in any other countries that use it, because that is the most promising option, as well the most stringent."

That is the key message delivered today by the members of a newly created group, who all say they agree with the safe, responsible and controlled use of chrysotile fibre, and hope this policy will continue to receive support.

For the group's members, safe, responsible and controlled use implies in particular the establishment of a measured and responsible approach to its use. This approach should be based on the most recent and objective scientific data, as well as current technological expertise.

This responsible, safe and controlled use also calls for the commitment of suppliers and users to true transparency with regard to potential health risks and the possible and probable consequences of inappropriate use.

In addition, this approach requires responsible and accountable governance, as well as good work practices through the promotion of the establishment of effective workplace health and safety standards.

"Once again, everyone must make the clear distinction, as do governments and numerous international organizations, between chrysotile asbestos and amphibole asbestos, which is no longer on the market."

Basing their argument on documents from the World Health Organization and the International Labour Organization among others the Group's members reject the arguments of the groups and individuals opposed to the use of chrysotile.

"We are submitting documents from these organizations that are excerpted from their official positions, proving that the opponents of chrysotile are wrong when they claim that these organizations have opted for the global banning of chrysotile."

Finally, the group's members say they are very concerned with the ban on chrysotile that is being called for by anti-asbestos groups here in Quebec. In their view, this ban would have devastating effects on jobs and economic development in certain regions of Quebec, while not changing anything in terms of the marketing and use of this fibre in the rest of the world. They are convinced that it will continue to be used for a long time to come.

"We are talking here about at least 700 direct jobs and approximately 2,000 indirect jobs."
"What will happen to those regions? To the quality of life in their communities? To the people who lose their jobs?"

The leaders of the three unions who attended the press conference issued the following joint statement.

A NEW GROUP IN FAVOUR OF THE SAFE, RESPONSIBLE AND CONTROLLED USE OF CHRYSOTILE FIBRE WAS CREATED IN QUEBEC - (Continued)

“One of the key demands of the labour movement has always been for a safe workplace in order to protect the health and physical integrity of the workers it represents.”

Chrysotile asbestos labour unions from Quebec are on the front lines fighting hard on this issue. Workplace quality in today's chrysotile mines and plants bears eloquent testimony to the success of their historic determination. The priority has always been to propose and implement preventative workplace health and safety regulations that are founded on strict occupational practices.

Over the years, our solidarity has extended to international cooperation with our brothers and sisters in all countries that use or produce chrysotile, as we target the adoption and implementation of universal standards. Quebec labour organizations are recognized for the experience they have acquired over the years in the safe and controlled use of chrysotile.

We have been vigilant and perseverant in defending the rights of workers in the chrysotile industry and have demonstrated our ability to develop and negotiate properly controlled and safe working conditions. We are sharing this experience and these results with our counterparts elsewhere in the world.

We are well aware, however, that there is still a long way to go before they can achieve the kind of success we have experienced in Quebec. Responsible use has nevertheless been implemented in both producer and user countries, and the achievements of Quebec labour unions offer an encouraging model for emulation.

We can confirm today that it is possible to work safely and securely with chrysotile fibre, as much if not more so than with the products used in numerous other sectors, particularly in the chemical industry.

The International Labour Organization (ILO) International Convention 162 on asbestos stipulates that “alternative technology” should be “evaluated by the competent authority as harmless or less harmful”. However, as noted by the World Health Organization (WHO) in a recent report, numerous alternative products and fibres on the world market have not been subjected to such evaluations. It has not been proven that they are safer or less harmful to health than chrysotile. As labour organizations, we denounce this situation, and all the more so given that these alternative products and fibres are far from being as strictly regulated as chrysotile.



Representatives of Quebec Labour Unions have joined the ranks of the new Support Group in favour of the safe, responsible and controlled use of chrysotile. Left to right: Mr. François Vaudreuil, President of the Centrale des syndicats démocratiques (CSD), Mr. Alain Lampron, President of the Fédération de la métallurgie (CSN) and Mr. Daniel Roy, Quebec Director of the Syndicat des Métallos (FTQ).



Some fifteen representatives from many business and labour organisations as well as from chrysotile producing municipalities at the press conference announcing the creation of the new Support Group.



The preventive approach is exceedingly important in that it ensures that all products, substances or compounds are subject to scientific analysis in order to fully understand their level of potential risk for the health of workers. It is essential to maintain this principal and to integrate it into all serious policies and all effective regulations. Applying regulations on safe and controlled use uniquely

to chrysotile and not to other industrial fibres available on the market is fundamentally irresponsible and runs counter to any health protection program.

We feel that the conclusions we have reached are fundamental aspects of an honest and effective workplace health and safety program."

THE "ANY EXPOSURE THEORY"

A new trend appears to be taking place in US courts. Several jurisdictions are rejecting plaintiff experts allegations that any exposure, however small or trivial, contributes to disease.

According to some proponents of the *Any Exposure Theory*, each and any exposure to asbestos during a person's lifetime substantially contributes to the ultimate diseases (asbestosis, lung cancer or mesothelioma). Some experts who have repeatedly conveyed this theory in US courts are well-known veterans in litigation supporting plaintiff cases. Yet, these expert witnesses agree that **background** exposure to asbestos, such as encountered by ordinary people over a lifetime (millions of fibers) does not contribute to the development of disease!

In the last five years, several US courts in multiple jurisdictions have excluded or criticized any exposure causation testimony. They include the Texas Supreme Court, the Pennsylvania Supreme Court, the Ohio Federal District Court, a Mississippi Appellate Court and others. It is expected that these court decisions will likely influence an evolving trend in which the judges are beginning to seriously consider the **toxicological requirements of dose and differences in fiber types**. Typically, judges will require asbestos plaintiffs to demonstrate that exposure to a manufacturer's or supplier's product is a 'substantial factor' in a plaintiff's disease. In other words, the plaintiff will be required to present not only proof of exposure, but also exposure to enough of a dose necessary to actually cause disease. In so doing, the judges'

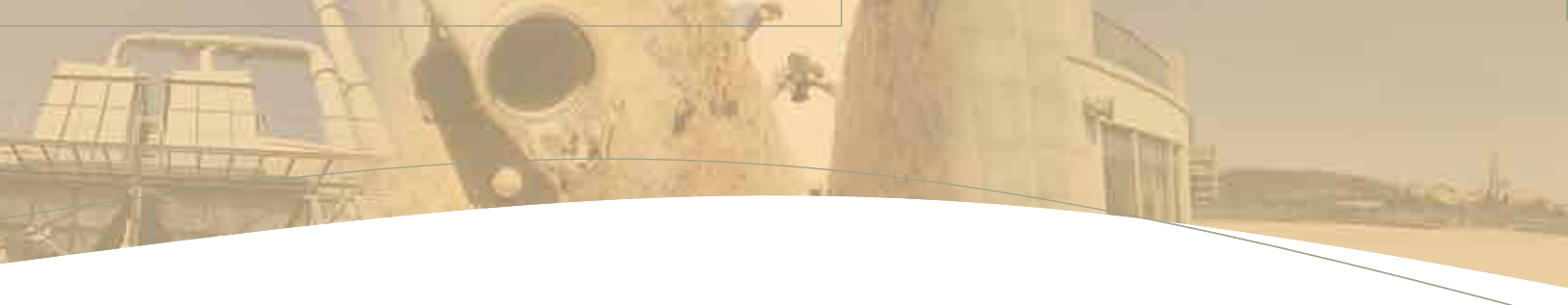
decisions reflect a proper assessment of the **dose requirement of toxicology**.

This requirement is central to toxicology: while there are doses that certainly cause disease, there are low levels of exposure to environmental asbestos that we all face in our daily life without causing any harm. The one fiber can kill theory has been repeatedly rejected. The proponents of the *Any Exposure Theory* simply allege that any occupational or product-related exposure to any type of asbestos is sufficient to cause harm, without ever assessing the actual exposure (type and dose) experienced by the plaintiff. The proponents of the *Any Exposure Theory* are obviously at odds with the requirements of toxicology. In several jurisdictions, US Courts now recognize the obligation of proving an actual toxic dose, in accordance with the fundamental requirements of toxicology.

On the frequently alleged *No Threshold Theory*, a Pennsylvania judge noted the distinction between stating that *there is no threshold at all* and a *threshold has not been identified*.

For more information on this evolutionary trend in US courts of justice, a remarkable review of this shift is documented by authors Behrens and Anderson and can be downloaded from:

http://lawprofessors.typepad.com/mass_tort_litigation/files/behrens_anderson_article_final_pdf_121808.pdf



A REPLY TO THE OFTEN MENTIONED SAYING: "NO THRESHOLD HAS BEEN IDENTIFIED FOR CARCINOGENIC RISKS"

Published evidence pointing to a practical threshold level of exposure to chrysotile asbestos below which no adverse health effects are detectable.

A 1998 report from a WHO Task Group for Chrysotile Asbestos concludes that "exposure to chrysotile asbestos poses increased risks for asbestosis, lung cancer and mesothelioma in a dose dependent manner. No threshold has been identified for carcinogenic risks".¹

This statement makes sense to those who consider "epidemiology" as the only instrument for assessing risks and for coming to a conclusion regarding the existence or absence of thresholds for toxic substances. This is to be expected from the epidemiological approach for very low levels of exposures to toxic substances. Put simply, the epidemiological approach is just not the most appropriate tool to establish the existence or the absence of thresholds when very low levels of exposure are considered. It is for this reason that it is often said that no threshold has been "identified" for carcinogenic risks. More precisely, it means that no threshold has been identified **using the data and the analytical methodology available to epidemiologists**. It does not mean that there is no threshold; it simply means that if there is one, it cannot be identified.

For this reason, some epidemiologists feel that more epidemiological data are needed concerning cancer risks for populations exposed to levels below 1 f/ml. But the reality is that this is practically an impossible goal, as data from several hundreds of thousands of people would be needed, and several complex confounding factors (ethno-socio-economic) would have to be considered in order to satisfy the requirements of

scientifically credible statistical analysis. If however one considers the toxicological evidence, most experimentalists are ready to recognize that indeed, there are thresholds for asbestos-inducible diseases. More prudently perhaps, toxicologists prefer to use terms such as "below detection limits".

That this would be certainly the case for chrysotile asbestos is supported by published evidence from a fairly large number of human studies in various settings and in different countries, showing that at low (~ 1 f/ml) occupational exposure levels to chrysotile, there is no statistically significant increase of incidence of asbestos-related disease in workers. The accompanying references to these studies illustrate this point.

Conclusion

In terms of present day mandated or recommended exposure levels for chrysotile, and whatever hesitations one might have in converting mpcf to f/ml, even by applying a conservative conversion factor of 1 mpcf ~3 f/ml, the above mentioned references including this update provide strong support for the recommendation from the "Group of Experts" convened by the WHO (Oxford, 1989) of a TLV of 1 f/ml for chrysotile asbestos.

¹Environ. Health Criteria No 203, WHO 1998, Chapter 10, page 144.



A SUCCESSFUL MEETING FOR THE INTERNATIONAL ALLIANCE OF TRADE UNIONS 'CHRYSOTILE'

From March 1st to March 4th, 2010, some 50 union labour representatives from twelve countries met in Mexico City and discussed union strategies for the safe use of chrysotile.

They agreed on the following Resolution:

"The International Alliance of Trade Unions Chrysotile, believes that the health and safety of workers and the general public must be protected at all times. This is true for chrysotile and must also be the case for all products, mixtures or substances presenting a potential health risk. It must also rapidly become a reality for all replacement or substitute products and fibres offered on the market place.

WHEREAS the International Alliance of Trade Unions Chrysotile hold that banning all forms of the use of chrysotile without regard to the context in which it is used today, in favour of relatively unregulated substances, products or fibres would be a dangerous and irresponsible move that is contrary to numerous scientific studies.

WHEREAS the labour unions policy should be that safety in the use of replacement products, substances or fibres is far from scientifically proven and it should be done before having more serious studies undertaken.

WHEREAS a banning, as demanded by anti-asbestos activists and international ban asbestos lobbies will lead to a false sense of safety when millions of workers and the general public in the majority of countries are in contact with chrysotile substitutes that need to be thoroughly evaluated. All must be subject to the same strict regulatory standards as chrysotile.

WHEREAS our labour organization honestly believes that simply replacing chrysotile, as demanded by some European labour unions leaders, will not prevent disease and will be disastrous for emerging countries in need of good, durable and affordable



building materials to provide their populations with infrastructures and thus drastically improve their living conditions in the future.

WHEREAS chrysotile today is exploited and processed under conditions that are not posing an unacceptable level of risk for the workers and where exposure is brought under detectable levels of risk for health. The same is true for high-density

A SUCCESSFUL MEETING FOR THE INTERNATIONAL ALLIANCE OF TRADE UNIONS 'CHRYSOTILE' (Continued)



Union participants representing chrysotile workers from a dozen countries meeting in Mexico.

and non-friable products, which do not involve a potential risk to the general public or the environment with the implementation of the safe-use controlled conditions.

THEREFORE IT IS RESOLVED that the International Alliance of Trade Unions Chrysotile will continue its efforts to entertain a dialogue with the European Unions labour unions in order to have a chance to exchange with the brothers and sisters not involved in the chrysotile industries.

BE IT FURTHER RESOLVED that this workshop has concluded that the responsible and safe use of chrysotile in application today must serve as an

exemplary model for many other types of industries presenting a potential health risk to their workers.

BE IT FURTHER RESOLVED that the Alliance Chrysotile and its affiliates, will continue to play a major role in the defense of the interests of all chrysotile workers in the world, which includes the protection of health and the environment to which everyone in the world is entitled to.

BE IT FURTHER RESOLVED that the Alliance Chrysotile, to protect the health of workers in all industries, will continue to demand that all substitute fibres and products be subject to the same rules and regulations as chrysotile.

BE IT FINALLY RESOLVED that the Alliance Chrysotile will continue to remonstrate, among other things, that living conditions and that of their community. This is of prime importance for the organization, at all levels. The Alliance Chrysotile will take the necessary steps to exercise its responsibilities where appropriate and to be recognized as such by all, including international organizations such as the ILO and the WHO, etc. And, it finally resolved that the Alliance Chrysotile wishes to continue to facilitate the dissemination of information, data, expertise, etc., fully supporting the salubrity of workers, in the workplace especially in the countries where there is a great need for their population."

ABOUT MESOTHELIOMA CASES IN MEXICO

In the publication by Aguilar-Madrid *et al* (Amer J Ind Med, Vol 53. No 3, 241-251, 2010), 2009), the authors conclude that the mesothelioma cases reported in their study of Mexican workers are due to exposure to asbestos, without giving any clear indication as to which varieties of asbestos

were involved in workers exposures, and without giving any consideration to the well-recognized differences of the mesotheliomagenic potential between chrysotile and the amphibole varieties of asbestos. According to Hodgson and Darnton (2000), the relative specific risks for crocidolite, amosite



and chrysotile is in the following order 500:100:1. Among the generally recognized reasons for these differences is the phenomenon of biopersistence, whereby the amphiboles (crocidolite and amosite) are retained and accumulate in the lung for a very long time (years), while chrysotile is cleared rapidly (days or weeks).

Hodgson J.T. and Darnton A. (2000)

The Quantitative Risk of Mesothelioma and Lung Cancer in Relation to Asbestos
Ann. Occup. Hyg. 44(8) : 565-601

The pathological relevance of the phenomenon of "biopersistence" is thus very important in determining relationship between asbestos fiber types and pathologic outcomes, especially for mesothelioma. In 1995, Fraunhofer Institute scientists in Germany expressed their view on biopersistence in these words:

'biopersistence of inhaled fibrous materials is a critical factor in determining carcinogenic potency'

Bellman and Muhle (1995)

A report presented to The Schriftenreihe (Secretary) of the Bundesanstalt für Arbeitsschutz (Federal Office for Worker Protection)

Back in 1986, British scientists J. C. Wagner and F. D. Pooley had already underlined the pathogenic differences of fiber types in these terms:

"... the importance of selective retention of fibres has been discussed in a recent paper. We are convinced that those diseases associated with exposure to mineral fibres are due to fibres retained in the lungs".

Wagner JC and Pooley FD (1986)

Thorax 41: 161-166.

In a more recent study (Albin *et al*, 1994) of the retention patterns (ie : biopersistence) of fibres in asbestos-cement workers in Sweden, the authors came to the conclusion that:

"... adverse effects are associated rather with the fibres that are retained (amphiboles), than with the ones being cleared (largely chrysotile)".

Albin M, Pooley FD, Strömberg U, Attewell R, Mitha R, Johansson L, Welinder H (1994)

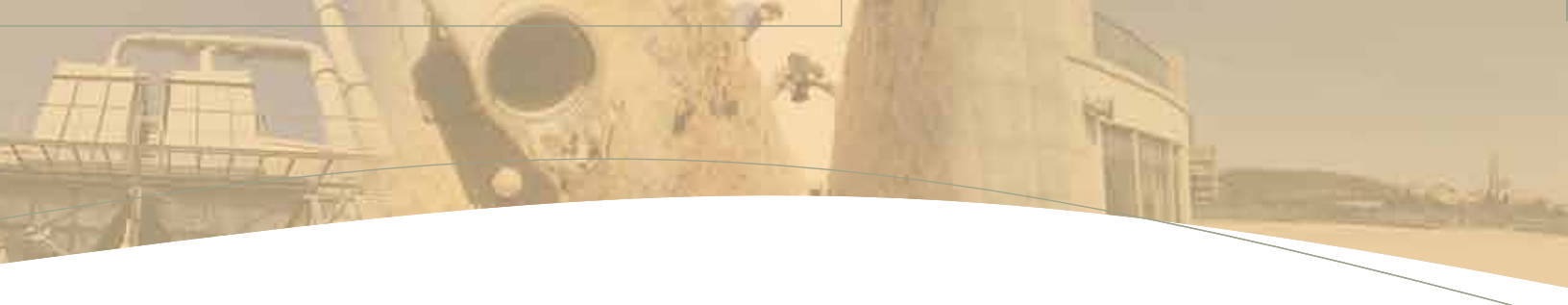
Occup. Environ. Med. 51: 205-211

Unfortunately for "asbestos" workers, the use of amphibole types (especially crocidolite, or mixtures containing amphiboles) was widespread in Mexico up to the 90s, particularly in the manufacture of fibro-cement pipes. As it is well known that clinical diagnosis of mesothelioma can be some 40-45 years after onset of exposure, mesothelioma cases that are diagnosed in 2010 may well relate to exposure conditions prevailing back in the 70s. For this reason, it is almost certain that new cases will be diagnosed in the near future.

But to relate these cases, as Aguilar-Madrid *et al* indicate in their paper, to exposure to "all asbestos fibers", without consideration of the distinction of the pathogenic potentials of the different asbestos fiber types is not acceptable scientifically. There is one modern way to ascertain cause in mineral fibers-related diseases: mineral analysis of the lung samples (lung burden) of the cases. Until data from such analysis is available, the conclusions of Aguilar-Madrid *et al* are not evidence-based.

Finally, one very recent study (2008) from South Africa related to mesothelioma, is fully in accordance with the references given above. Here is the abstract of their publication:

South Africa (SA), a country in which all three commercially important asbestos minerals have been mined and milled, has retained proven cases of mesothelioma linked with environmental exposure to asbestos. This study illustrates the importance of fiber type in the occurrence of environmental mesothelioma. Four studies have reviewed the source of occupational or environmental asbestos exposure in 504 histologically proven cases of mesothelioma in South Africa.



ABOUT MESOTHELIOMA CASES IN MEXICO - (Continued)

One hundred and eighteen cases (23%) were thought to be related to environmental exposure to asbestos. In the vast majority of these cases, exposure was linked to crocidolite mining activities in the Northern Cape Province. Two cases were thought to have occurred in relation to amosite and Transvaal crocidolite exposure in the Limpopo Province. In the balance of cases there was some uncertainty. No cases were reported with exposure to South African chrysotile. Consequently, in the vast majority of cases of mesothelioma, environmental exposure to asbestos occurred in the Northern Cape Province, in proximity to mines, mills and dumps where crocidolite was processed. **Crocidolite appears to**

be far more mesotheliomagenic than amosite, and chrysotile has not been implicated in the disease. This is true for both occupationally and environmentally exposed individuals.

White N, Nelson G and Murray J (2008):
South African experience with environmental mesothelioma : Is asbestos fiber type important?
Regulatory Toxicology and Pharmacology
52: S92-S9

BREAKING NEWS

» LETTER TO THE WHO

The Chrysotile Institute wrote to the Legal Services of the World Health Organization (WHO) after a WHO employee responded to a Canadian journalist that WHO's official position is a global ban on asbestos, including chrysotile, in order to eradicate diseases associated with this substance.

In its missive asking this international organization to clarify its position, the Chrysotile Institute also took the opportunity to restate the official position of the 2007 World Health Assembly, which is the supreme decision-making body of WHO, pursuant to its statutes and regulations:

"WHO will work with Member States to strengthen the capacities of the ministries of health to provide leadership for activities related to workers' health, to formulate and implement policies and action

plans, and to stimulate intersectoral collaboration. Its activities will include global campaigns for elimination of asbestos-related diseases; bearing in mind a **differential approach to regulating its various forms; in line with relevant international legal instruments and the latest evidence for effective interventions.**"

Neither the spirit nor the letter of that resolution proposes a global ban on asbestos, including chrysotile.



» REPUGNANT PRACTICES

According to the March 18, 2010 edition of the *Wall Street Journal*, two American lawyers have been found guilty of fraud in the cases of two alleged victims of workplace asbestos-related diseases. This latest incident comes on top of numerous others that shed light on the questionable practices of lawyers and medical experts, who will even go so far as to falsify diagnoses.

REMINDER

» THE UNITED STATES HAVE NOT BANNED!

Is it necessary to remind people that contrary to what some would have us believe, the use of chrysotile has not been banned in the United States? The reality is that in October 1991, the American Court of Appeal rejected the application of the Environmental Protection Agency (EPA) calling for a gradual ban on asbestos in the United States over five years. Arguing that the Agency had presented insufficient evidence to justify a ban, the Court felt in particular that the alternatives to banning had not been sufficiently explored, that the dangers of replacement products

» PARMA DECLARATION ON THE ENVIRONMENT AND HEALTH

At a meeting of European WHO country members in Parma, Italy in March of 2010, participants committed to eliminating asbestos-related diseases. They did not go through with the proposal to ban asbestos from all construction materials.

and fibres, including several containing carcinogens, had not been adequately evaluated, and that the cost/benefit analysis had not been satisfactorily conducted.

The EPA did not appeal this case to the Supreme Court of the United States, which means that in 1993, asbestos-cement products and brakes containing asbestos were placed on the list of authorized asbestos products in the United States.

» MISCONCEPTIONS AND MISUSE OF INTERNATIONAL AGENCY FOR RESEARCH ON CANCER 'CLASSIFICATION OF CARCINOGENIC SUBSTANCES'

Case of Asbestos

Abstract

In their work on human cancer, the International Agency for Research on Cancer (IARC) have run a programme of monographs that evaluate carcinogenic risk of chemicals to man. The data collected provide considerable information on the risk from substances identified as carcinogens. However, this is largely unused in the IARC classification scheme in spite of the use of the term 'risk' in the title and text of the monographs. Consequently, some governments and pressure groups use hazard identification

to advance the cause for banning agents without conducting a risk assessment. Confusion and indiscriminate use of 'hazard' and 'risk' mean that the hazard data are commonly misrepresented as risk data. A common political response is to push regulatory action to extremes, citing the Precautionary Principle. Unfortunately, eliminating substances on the grounds of inherent hazard can deny major benefits to societies and undermine the sustainable developments. This is nowhere better illustrated than in the case of the minerals known collectively as asbestos. Evidence available clearly differentiates the hazards of chrysotile and amphibole asbestos,



(Continued)

yet the current IARC classification does not make this distinction. This is in spite of the fact that amphibole asbestos produces orders of magnitude more diseases than chrysotile when used in the same way. The overwhelming weight of evidence available indicates that chrysotile can be used safely with low risk. Cement products such as water pipes and boards for housing provide are versatile products made at affordable cost for the developing countries which if not available would cost rather than save lives.

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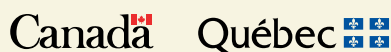
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