

Chrysotile will not be included in the Rotterdam Convention

Three significant decisions regarding the future of the safe-use of chrysotile in the world were made during the 4th international conference for member countries of the Rotterdam Convention held in Rome at the end of October 2008. These decisions follow in the trend of continuing to use it responsibly, as was already the case.

First of all, delegates from member countries had to deal with a request to change how decisions regarding the Convention are made. More specifically, they wanted a vote rather than by consensus, which is the rule since the Convention was started. This proposal was rejected and the consensus method for making decisions was kept.

Another proposal involved creating a second list of products based on the first, and to include chrysotile. This proposal was not accepted. Finally, there was a substantive discussion on the relevance of including chrysotile on the Convention's PIC list, making it clear that this would be a very significant restriction in the use and sale of the product, possibly an outright ban. Several of the participants raised their many concerns regarding the dangerousness and the serious lack of scientific data on replacement fibres. Since it was impossible to reach a consensus on the inclusion, it was determined that chrysotile would not be included on the list of products in the Convention. The next meeting of the Conference has been tentatively set for June 2011 in Geneva.

In the meantime, behind the scenes...

The Chrysotile Institute, attending the Conference as an observer, noticed that the activists present were targeting chrysotile only, were well-organized and had the means to be heard by the delegates in attendance. Generously distributing colour pamphlets, loudly denouncing all types of asbestos, these activists put in a great deal of effort to influence the delegations from the various countries to include chrysotile in the Convention. They tried their best to discredit governments not supporting their arguments and, most importantly, they reported to the media, predominantly the Canadian media, their version of the facts strongly tainted with their beliefs.

Hence, in the week preceding the conference, we saw a media campaign cleverly orchestrated by those who desire a global ban, to sway public opinion against chrysotile and forcing the governments' hand, particularly the Canadian government, to pronounce itself in favour of including it in the Convention's list. Given all the crucial issues currently facing the planet, you have to wonder why there is such an obsessive fixation against chrysotile when the most recent scientific studies converge to prove that when used safely, there is no significant risk to health.

EDITORIAL -

THE CRUSADE AGAINST CHRYSOTILE MUST END

The crusade against chrysotile is founded on defending interests, which are not always based on questions of health.

The inclusion of chrysotile on the Prior Informed Consent (PIC) Procedure for Certain Hazardous Chemicals and Pesticides of the Rotterdam Convention must raise concern at the international level.

As with any product or substance, which may present a potential health risk (for example silica) the logical and most appropriate response is to put in place and enforce regulations to ensure the safe and responsible use of those materials before implementing extreme measures such as a ban.

An increasing number of scientists and governmental authorities have voiced concerns about the potential harmful health effects of some industrial substitute fibres and products proposed as alternative solutions to using chrysotile.

The reason is that many substitute fibres or products have not been scientifically proven as less harmful to health than chrysotile. Furthermore, in many instances these substitutes are less durable, are more expensive and very often of lower quality.

Any approach related to the use of products or fibres presenting a potential health risk, must be based on the most recent and pertinent scientific studies and literature. It is evident that the burden of such proof now rests with the substitute fibres and alternative products offered and found on the market.

Before going for a total ban of a product, updated scientific evidence must guide competent authorities to demand in-depth studies and seriously examine, with qualified scientists, the results and make a decision in light of those results, not on public misperceptions fostered by propaganda or smear campaigns. The Rotterdam Convention should not be misused to harm or to eliminate from the international commercial market any product or substance.

The crusade by a well-organized group of activists is calling for a global ban, arguing on the heritage of the past misuse and high exposures to mixtures of different asbestos fibre types, in particular the amphiboles. This crusade is generally based on the misrepresentation and selective quotations of published reports, never taking stock of the recent studies showing the vast differences in health risk between chrysotile and the amphiboles.

The unwarranted inclusion of chrysotile on the RC PIC list is just what some are waiting for to speed up the "total ban" crusade, and at the same time, will give a strong boost to the marketing of substitute fibres and alternative products which are too often unregulated and rarely scientifically proven safer and less harmful than chrysotile.

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INTERNATIONAL ORGANIZATIONS AND THE IMPORTANCE OF THEIR POLICY INSTRUMENTS

World Health Organization (WHO)

What does the **World Health Organization's** Global Plan provide for? The World Health Assembly (WHA-2007) resolution adopting a Global Plan opens risk management scenery within chrysotile regulations. It states in its Annex (to devise and implement policy instruments on workers' health) the following:

*"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 stipulate intersectoral collaboration. Its activities will include global campaigns for elimination of asbestos-related diseases – **bearing in mind a differentiated approach to regulating its various forms – in line with relevant international legal instruments and the latest evidence for effective interventions, as well as immunization of health-care workers against hepatitis B, and other actions addressing priority work-related health outcomes.**"*

It goes without saying that both the workers and employers of the chrysotile industry share the same objective as the WHO, the elimination of asbestos-related diseases. Nevertheless, its achievement must be in line with both the legal and scientific aspects, and reject the ban of chrysotile as the only responsible and acceptable option available.

International Labour Organization (ILO)

Why the International Labour Organization Convention No. 162, *Safety in the Use of Asbestos*, provides for the safe use of chrysotile and cannot be used as a basis for a global plan.

The ILO Convention No. 162 is the key legal act on asbestos at the international level. It provides for a set of risk management measures, including

the safe use of chrysotile, the substitution and the prohibition depending on the fibre type, the circumstances in the workplace and the type of product manufactured.

While the International Labour Office goes through extraordinary lengths to defend and promote the flawed and defective Resolution on asbestos hastily adopted in June 2006, at the same time it reaffirms the full and overriding legal force of the ILO Convention 162, thus creating a status of legal uncertainty and casting unnecessary doubts and confusion among policy makers, workers and industry.

As there is always somebody ready to take advantage of a chaotic situation, anti-asbestos interests are currently using the ILO Resolution as one of the main arguments for action.

The set of rules that the ILO Convention 162 provides for constitutes a whole legal body and must be interpreted taking an all-embracing view. Any selective reading of the ILO Convention aimed at drawing conclusions for policy-making, undermines seriously the principles of legal certainty, public confidence and rule of law.

**LETTER TO THE EDITOR OF
THE AMERICAN JOURNAL OF MEDICINE (37:235, 2000)**

Regarding an article: "Call for an International Ban on Asbestos. Why not ban asbestos?"¹

Few countries when confronted with a perceived evil are without examples of their righteous and well-meaning citizens seeking to purge or ban it. Witch burning, prohibition and McCarthyism suggest that, in America, such efforts were sometimes counter-productive. The great Satan which the Collegium and your Journal would now have us ban is asbestos. Equally deserving targets such as the cultivation of tobacco and export of its products, landmines and handguns were spared, for obvious reasons. What is the scientific basis for all this? The substantial and still rising mortality from asbestos-related cancers in most industrialized countries is the result of the uncontrolled use of asbestos. 20 ± 60 years ago, for which crocidolite and amosite were disproportionately responsible. Neither of these two amphibole fibres has been mined for many years, so the call for a ban means chrysotile. There is abundant epidemiological evidence that chrysotile, even when contaminated with fibrous tremolite – the main culprit - can, with effective dust control, be mined and used safely for the production of cement and friction products. Of course, the same is probably true of man-made fibre substitutes, though this has only been shown at levels of exposure where chrysotile would also be without detectable effect. The experimental evidence on man-made fibers is less assuring, since most types are appreciably more biopersistent than chrysotile. It is understandable that wealthy countries which neither mine nor need asbestos but manufacture and export its substitutes, should be happy to have the natural fibre banned. Such countries, which use more than their fair share of the earth's resources and make a comparable contribution to serious pollution, have nevertheless a perfect right to prohibit the importation of asbestos, or anything else. Other democratic, but

less fortunate countries, which mine chrysotile for their own needs and that need their neighbours, have surely the same right. This is especially true of such countries as Zimbabwe and Brazil, where there may be little or not tremolite contamination, yet pressing social and health needs for asbestos-cement products. The health and wealth of industrial countries were achieved not by banning but by recognizing hazards, albeit sometimes too late, and controlling them. We are now better aware that with carcinogens and other agents with potentially grave long-term health and ecological effects, extreme caution, even prohibition, may sometimes be warranted. Animal feeding practices which led to BSE and possible CJD; the use of growth

... "it is better that society use its limited financial resources in learning how to live safely with this valuable material than in attempting to remove it totally from the environment.

Physicians and others in medicine and biology, on the other hand, must continue to drive home to the public the far greater causes of morbidity and mortality, such as smoking, drug and alcohol abuse, improper diet and inadequate exercise".

¹ Ref: Report by the Council on Scientific Affairs of the American Medical Association, *J. Amer. Med. Assoc.*, Vol. 266, pp. 296-297 (1991)

hormones in fattening cattle; the production of genetically modified yet sterile seeds; the uncontrolled pollution of the upper atmosphere: these are all examples, the full effects of which are still incalculable. **The mining and use of chrysotile is the complete opposite. We have most of the essential facts and, if anything, we should surely be encouraging the search for and exploitation of chrysotile which – free from amphiboles – is a remarkably safe and valuable natural resource.**

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Summary

THE TRUTH ABOUT FIBRE CEMENT PIPES

Used in the world for over 100 years, fibre cement pipes contain approximately 90% cement and 10% encapsulated chrysotile fibres, making it non-friable and presenting no risk to health or the environment. The U.S. Environmental Protection Agency (EPA) has stated that it "does not believe that installed A/C pipe should be replaced or that its use should be discontinued". For their part, the World Health Organization (WHO) and International Labour Organization have emphasized the contribution of this type of pipe to economic development. This is not surprising when you consider that the manufacture of chrysotile cement construction materials does not require complex technology, nor very specialized labour, that it requires a fraction of the energy necessary to manufacture competitive petrochemical materials (PVC, PET) metallurgy (steel plate), that chrysotile cement materials have uncommon longevity and resistance and that they produce no gas emissions that are toxic to man or the environment.

Moreover, in 1993, the WHO determined that there was no clear evidence that drinking water distributed in asbestos cement pipes constituted a health risk.

What should be known about aqueduct pipes in emerging countries is that the lack of drinking water is responsible for 8 million deaths per year, of which 50% are children, that the main diseases related to the absence of drinking water are diarrhoea, cholera, malaria and typhoid. Over one billion people do not have convenient and affordable access to drinking water, when chrysotile can offer this possibility.



LEVELS OF CHRYSOTILE EXPOSURE

Over the past few years, according to the conclusions drawn by a Group of Experts convened by the WHO, an acceptable chrysotile exposure level may vary between 1 and 2 fibres per cubic centimetre of air (f/cc). At these levels, there are no harmful effects on health as demonstrated by a number of epidemiological studies conducted in various countries and in various work environments involving chrysotile. Of course, these conclusions only apply to chrysotile, not to other asbestos fibres.

This level of exposure is considered much more acceptable for health than the much higher exposures, sometimes for a period of 40 years, in chrysotile mines where certain studies demonstrate there has been no increase in the measurable risk of mortality. For the general population, we refer to exposures of 0.001 f/cc over a lifetime, which does not represent a significant health risk.



CHRYSOTILE ... EVERYWHERE OR ALMOST?

Asbestos exists on nearly two thirds of the planet's surface. Chrysotile is a natural fibrous silicate mineral that does not burn or rot. It resists to most chemicals, is soluble in acid, flexible and has excellent resistance to pressure. It can be found in the following products:

- Asphalt
- Cement
- Brakes
- Roof shingles
- Thermal clothing
- Insulation
- Thermal and acoustic protection
- Paints
- Cardboard, paper
- Suspended ceilings
- Filters
- Clutches
- Wall coverings, boilers, furnaces, etc.

Dr Irving Selikoff:

"My answer is yes, if asbestos use is properly controlled, it need not be banned."

Reference:

Proceedings of the
WORLD SYMPOSIUM
ON ASBESTOS,
held on May 25, 26 and 27, 1982
in Montréal, Qué., Canada.

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