

JUST AS A REMINDER

In November 2005, the World Health Organization, at the request of the Rotterdam Convention (RC) secretariat, held a Workshop on Mechanisms of Fibre Carcinogenesis and Assessment of Chrysotile Asbestos and Substitutes, under the aegis of the International Agency of Research on Cancer (IARC) and the WHO in Lyon, France.

At the Workshop, no comparative evaluations were performed on any of the chrysotile replacement fibres even though they were requested to do so by the RC secretariat. The WHO only accepted to examine the substitutes and not to re-examine the more recent data on chrysotile.

However, at this occasion participants of the Workshop clearly realized that for most of the replacement fibres there was a clear lack of scientific studies to assess their potential toxicological effects and the few studies available on some fibres suggested that the replacement fibres were not demonstrated as being safer than chrysotile.

As the RC secretariat requested this study as a pivotal point, the Member States were entitled to get the complete report of the Workshop published and distributed sufficiently in advance to evaluate the results before any discussions took place on the chrysotile fibre issue.

(Quotation from Mrs. S Logan's presentation at the IARC Workshop and distributed at the IARC meeting.)

" When the inclusion of chrysotile asbestos to the RC Prior Informed Consent (PIC) list was discussed at the tenth meeting of the Intergovernmental Negotiation Committee, a number of delegates were concerned

about the lack of information on the health effects of alternatives to chrysotile. Information on most substitute fibres was necessarily limited to that which the notifying countries had considered and many were not complete. The Committee then requested that the International Programme on Chemical Safety (IPCS) undertake, as soon as possible, an evaluation of chrysotile fibre and its alternatives...".

Unfortunately, the Workshop did not embark on a "risk assessment", but rather limited its work to assessing the "hazard".

At the outset, the Workshop recognized that there is a difference between "**hazard**" and "**risk**", but there is nowhere in the report an exact meaning of these two terms. And thus, this omission will undoubtedly contribute to the pervading confusion and misconception in terminology.

It should have been made clear that hazard identification is different from risk assessment: while hazard identification is used to simply describe, using the available evidence, the potential of an agent, mixture or activity, the assessment of risk refers to the probability that toxic manifestations will become manifest under actual condition of use. For instance, the present IARC Classification scheme for carcinogenic potential in humans is strictly an hazard identification exercise, not a risk assessment procedure, where risks can be assessed depending on the exposure circumstances.

Why then have the Workshop experts decided to come up with a "hazard assessment" with their own classifications such as "low", "medium", "high" and "indeterminate"? Not only does this exercise of hazard identification make no scientific sense, it

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contributes to the confusion. Why did they not simply use the IARC classification scheme already in place?

To make it clear, here are the definitions that should have been used:

Hazard: is a source of risk that does not necessarily imply a potential for occurrence. A hazard produces a risk only if an exposure pathway exists and if exposures create the possibility of adverse consequences.

Risk Characterization: is a process that involves the integration of data, hazard identification, exposure pathways and dose response relationships to estimate the nature and likelihood of adverse effects.

In the present IARC classification, x-radiation and gamma radiation, solar irradiation, oral contraceptives, post-menopausal estrogens therapy, etc.. are classified in "Group 1". This means, only, that these agents or activities possess a carcinogenic potential. There is no attempt to make, as the Workshop report did, a hazard "assessment". If there is no sufficient evidence at present to classify agents or activities in "Group 1", then there is another category: "Group 3", where a suspected agent or activity is described as "not classifiable as to its carcinogenicity to humans". Any agent for which there is little or no toxicological or epidemiological information is automatically put in Group 3. Thus, if an agent is untested it is classified in Group 3.

Briefly said, the Workshop report should have come up with simply an identification of hazard, not disguised as a risk classification, using terms such as low, medium, high and indeterminate. In doing so, the Workshop would have acknowledged that with a few exceptions, most of the chrysotile substitutes are "not classifiable" (Group 3 – IARC classification), thus recognizing that there is no firm and convincing evidence as to their innocuousness and that more research is needed to fully document the hazard iden-

tification and the risk assessment related to the use of these substitutes. In the meantime, biopersistence studies coupled with histopathology data remain the most useful tools for hazard identification.

For these reasons, the report did not help in reaching decisions based on scientific facts, because for most of the substitutes, the evidence is simply not available yet. The one wise approach to substitutes is to use prudence until hard and solid evidence becomes available.

A major aspect of any serious and responsible discourse on asbestos must include **all** the scientific evidence. In particular, it should take stock of scientific studies published recently that distinguish clearly the health risk between chrysotile and amphibole asbestos fibre types. Indeed, the WHO should consider the IPCS Monograph EHC No. 203 "Chrysotile Asbestos", published in 1998, a document that must be revised, as requested by the Rotterdam Convention (see quotation taken from Mrs. Logan's presentation) in order to take stock of the abundant new and pertinent toxicological and epidemiological evidence published in the last ten years. These studies bring powerful demonstration that chrysotile, when safely used, presents a considerably smaller risk than do the amphiboles. They also show that, at low exposure, pure chrysotile does not present a measurable level of risk for health. Focusing on these studies must be an urgent task.

THE ASBESTOS FILE: A GOLDMINE FOR THE LITIGATION INDUSTRY!

More and more information is emerging to confirm that asbestos-related litigation is a veritable goldmine for some legal firms and some doctors. It appears to have possibly reached the point where a fraudulent system, involving both complicit experts and greedy lawyers, has been put in place in order to fabricate false claims based on bogus analyses, clog the courts with applications and obtain enormous payouts from the targeted companies, even driving them to bankruptcy. This phenomenon is all the more worrisome given that it is growing and may ultimately affect the entire population, which will end up having to offset the disproportionate costs engendered by this dubious game.

The situation is sufficiently worrisome that some media outlets have reported on it, including the prestigious *Wall Street Journal*, which mentioned it in its April 7, 2009 edition. In addition, the President of the American Chamber of Commerce officially informed the American Attorney General of the situation and asked him to intervene in view of the number of States involved, the extent of these activities and their very negative impacts on numerous businesses, not to mention the damage caused to the real victims of asbestos exposure, whose cases are being unduly delayed.

An American expert even estimated that the total cost of this fraud is at least \$40 billion. The “false claims” seem to be the work of a network of complainants supported by law firms, doctors and supposedly expert witnesses. This is likely an entire organization founded on connivance and money, and involves the production of false diagnoses based on phoney medical tests, pre-printed complaint forms, etc. The often-used strategy is to inundate the courts of certain States with the filing of voluminous complaints. In the United States alone, such action to date has already caused the bankruptcy of more than 80 businesses and the loss of some 60 000 jobs, and worse still, has clogged the system with dubious cases, creating delays for the real victims who are awaiting their trials and their compensation.

In some States, judges have begun to openly denounce these fraudulent practices. Doctors have been banned for abuse, and there is a story going around about a single doctor who claimed to have diagnosed no fewer than 7 000 patients, when in fact he failed the physician certification exam for reading the results of lung X-Rays. It is also reported that he filed almost identical reports for all the patients in question... Another otherwise reputable doctor from New York who would have diagnosed asbestos-related health problems in 51 000 patients had his licence to practise revoked by the State for fraud.

More and more observers are asking the government to enact a law preventing this type of fraudulent practice, which is costing businesses, and ultimately all taxpayers, a fortune. Moreover, in some countries, anti-asbestos groups and protestors have become instruments for lobbyists to pursue even the most frivolous legal proceedings before the courts. They view this as an effective platform from which to launch their ban asbestos campaigns, enabling them to project an extremely negative and often distorted image of asbestos, including chrysotile, even though its level of risk is scientifically proven to be significantly lower when well controlled.

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What is happening in the United States could very well be spread and become the norm in other countries that have used asbestos over the years. The latter would be wise to open their eyes to these dubious and harmful practices. A proper inquiry on the relationships, including financial ones, between law firms and groups in favour of banning asbestos would certainly be informative... In any case, one thing is sure, for some legal and medical practices, the asbestos file is proving to be a veritable goldmine, and feeding the anti-asbestos psychosis provides grist for their mill.

Remember that as early as 2004, the influential magazine *Fortune* published several articles by Mr. Roger Parloff, entitled "The New Asbestos Scandal." This dossier definitely merits close attention!

INTERNATIONAL CONFERENCES ON CHRYSOTILE

On March 6, 2009, an international conference was held in Bangkok, Thailand to take stock of recent scientific studies, notably those involving comparisons of the risks associated with chrysotile and amphiboles, a review of policies for safe use throughout the world, the progression of diseases caused by asbestos based on past and contemporary use, a comparison between the properties of chrysotile and those of replacement fibres and products.

This conference was an opportunity to present the changes made in Thai regulations on the labelling of products as well as the standards applying to chrysotile-cement, both in the construction industry and in manufacturing businesses in that country.

Another international conference was held in Russia on March 24. Organized by Russian unions, it brought together union leaders from several countries to discuss the situation in the chrysotile industry in their respective countries. They exchanged on the imple-

mentation of the safe and controlled use of chrysotile and the protection of workers. At the conclusion of the conference, the unions' reps agreed on a common mobilization plan to counter the active crusade for a total ban of asbestos, including chrysotile.



Union representatives from Quebec (Canada) made a presentation on their experience with regard to the responsible use of chrysotile. They used the opportunity to reiterate facts regarding the responsible use of chrysotile, and denounce the activists who are disregarding advances in the safe use of asbestos (which resulted in large part from major battles waged by the unions decades ago), and that are cleverly maintaining the confusion between past and modern use. They also raised the issue of the risks associated with replacement fibres and products, and praised the expertise of workers when it comes to safety, expertise that labor unions must continue to export to user countries.



THE EUROPEAN COMMISSION REVIEWED DEROGATIONS ON ASBESTOS

As reported in *Le Monde* on February 21, 2009, the European Commission submitted to its member States a proposal on exemptions for products containing asbestos. It confirms the prolongation of the derogation for the use and manufacturing of diaphragms used for electrolysis in existing installations. Furthermore, a new paragraph addressed the concept of placing on the market articles containing asbestos fibres (boats, planes, etc.) that were installed

or in service prior to January 1, 2005. This essentially means extending the current exemption for diaphragms in the chlorine industry and authorizing, subject to regulations, the use of articles containing asbestos that were in service before 2005. The member States must present a report to the Commission on June 1, 2011. This decision is not final, however. It will be finalized in six months if not amended by the European Parliament.



LARGE DEMONSTRATION IN FAVOUR OF THE SAFE USE OF CHRYSOTILE IN BRAZIL

On April 16, International Day of Unions for Chrysotile, a large demonstration was held in the avenue leading to the Brazilian Congress, attended by more than 4 000 Brazilian workers in favour of the safe and controlled use of chrysotile and the maintaining of some 170 000 direct and indirect jobs connected with this industry.

Responding to the appeal of the National Confederation of Chrysotile Workers, the workers wanted their voice heard with regard to the fact that illnesses related to asbestos, no matter which type of fibre, result from the work methods of the past, which are no longer used today. The demonstrators addressed the ministers of labour, the environment and health, and also participated in a public hearing in the Senate to make parliamentarians aware of their

position prior to filing documents in the Supreme Court on safe and responsible use and urging judges to render a decision making unconstitutional any State legislation contemplating a ban on chrysotile. The workers filed documents stating that used safely, chrysotile does not carry measurable risk for workers, and they argued that a ban would unjustly lead to the loss of tens of thousands of jobs.

The workers received the support of several senators on this occasion for their attempts to ensure that legislation to ban chrysotile is not adopted. Furthermore, they denounced the dubious efforts by many anti-asbestos activists to encourage such a ban. After which, some companies will flood the market with their fibreglass, PVC products and others, which presents a potential risk for human health.



NEW PUBLICATIONS

The ICA produced a document entitled *Asbestos: 100 000 Deaths... yearly? Myth or Reality?*, which explains where this shocking data comes from and dissects the myths and the facts with regard to certain alarmist statistics. It also provides references for about thirty recent studies dealing with the level of risk associated with chrysotile. You may obtain a



copy by contacting ica@chrysotile.com.

At the request of the Chrysotile Institute, in 2008, a review was made of this important manual in light of work practices and precautionary measures in place today and updated it accordingly.

Safe-use approach

The implementation of good work practices, legislations and regulations based on the concept of the responsible and safe use approach are necessary to provide workers with a safe environment and acceptable workplace for the protection of the health and physical integrity of those who work with chrysotile.

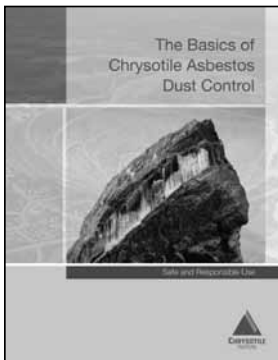
Combined efforts of governments, labour unions, workers and industry will make it possible to put together a genuine safe use program.

The objective of this manual is to offer a quick reference to proper dust control methods in the workplace that are necessary to provide good work practices at all times. The protection of health is the main issue that must be addressed and necessary efforts, support and resources must be put together in order to reach such a great goal.

Dust control is a matter of responsibility and common sense. It should also be a common objective in order to meet the challenges that safety and health protection are calling for. It is the best way to eliminate industrial diseases, to ensure safe working environments. All these networking efforts should remain a top priority.

To obtain a copy of this publication, please contact the Chrysotile Institute at info@chrysotile.com.

New publication from the Chrysotile Institute



True to its mandate to provide training and information on the safe and controlled use of chrysotile, the Chrysotile Institute recently published *The Basics of Chrysotile Asbestos Dust Control*, with a view to ensuring the safety of workers.

This manual is one of several guides to occupational safety when using chrysotile fibres. This document is aimed to represent the best available dust control procedures in use today.

In 1988, this manual "Basics of Asbestos Dust Control" was prepared by Dr. Gordon M. Bragg, designed and illustrated by Gordon J. Weber and published by the Chrysotile Institute. The manual was thereafter revised and reprinted in 1989 and 1990.