

What is the logic being applied by anti-asbestos activitists?



Ban Asbestos hits a brick wall in Canada

On September 12 - 13, 2003 the international secretariat of Ban Asbestos organized an anti-asbestos conference in Ottawa, Canada to publicize its activities and put forward its claims. At the invitation of a member of the New Democratic Party (NDP), the conference was held in the House of Commons, home of the Canadian Parliament. Believing they would gain some sympathy with their traditional commentary based on outdated science and the ruthless exploitation of victims of past misuse, the Ban Asbestos devotees were instead forced to explain questionable practices that support their motives and activities to the public.

Over 250 people gathered in front of the Parliament to extol the facts regarding the safe use of chrysotile. This spontaneous demonstration of workers and federal and provincial politicians was deemed necessary after organizers refused to allow a small group of people to attend the conference so they could reply to the rhetoric of Ban Asbestos. As in Osasco, Brazil and all other events organized by Ban Asbestos, anyone with divergent ideas was refused entrance to the conference.

Objectives and results

Ban Asbestos had established five objectives on arrival in Ottawa:

1) Inform the Canadian public about Canada's role as leader of the international movement promoting the safe use of chrysotile.

Canadians are fully informed of the role played by Canada in defending and promoting the safe use of chrysotile as part of its policy on using minerals and metals. Not only do Canadians applaud the government's efforts to export the expertise developed since chrysotile was first mined, but representatives from all political parties, including the NDP leadership, came to reiterate their faith and support for the policy on the safe use of chrysotile.

2) Provide a platform for activists from Peru, Japan and India allowing them to share their experiences with Canadians on the repercussions of using Canadian chrysotile in their countries.

The population and the media are not fools. There is plenty of evidence of sympathy for workers who were victims of bad working conditions in the past, particularly for labourers who had to work with amphiboles. Countries must implement compensation programs for workers who suffered decreased physical capacity, not only due to asbestos but also to all potentially harmful products. However, today's chrysotile industry demonstrates that safe work practices are the best solution for keeping workers healthy. Canadian mines have proven that reducing exposure for workers in mines and factories in which chrysotile-based materials are manufactured does not create undue risk for workers or the environment. Even more importantly, now that products containing encapsulated fibre are used exclusively, such as chrysotilecement, it is wrong to claim that construction workers and the general population are exposed to excessive risk when referring to products manufactured today. Obviously, the situation is different for asbestos amphiboles. spraving and which are prohibited, but Ban Asbestos carefullv avoids mentioning this fundamental difference.

 Provide a forum for Canadian asbestos victims and their representatives so they can talk about their current experiences.

> Workers who unfortunately developed diseases associated with the use of asbestos were exposed before controls were implemented early in the 1970s. Since then, there has been no difference in the number of cancer cases among chrysotile manufacturing and mine workers than in the general population. Canada has set up a compensation system for workers, administrated equally by employers and unions. This discussion was therefore irrelevant.

 Examine the level of contamination of the environment caused by work in asbestos mines in Canada.

Air samplings in mining communities are so low that

the quality of the environment is considered better than in large cities in Canada and elsewhere in the world. Therefore, this topic was also considered irrelevant.

5) Hold an uncensored discussion about the asbestos issue in Canada.

> From the start, this objective was difficult to set up because the registrations of applicants who were not related to Ban Asbestos were rejected. Ban Asbestos never wants to discuss its position—it simply wants to impose it. This apparent willingness to offer a venue for fair debate, was actually, as it usually is with them, a bluff that the Canadian media did not fall for.

Panic reaction

This anti-asbestos conference was held three days after the Asbestos Institute made the preliminary results of the study on the biological persistence of chrysotile fibres public. Remember that this study shows, beyond any doubt, that chrysotile is much less harmful to health than amphibole fibres, but also less harmful than the main alternative fibres proposed by the replacement industry.

Disturbed by the irrefutable conclusions of this study, on the day after the Asbestos Institute's press conference, all of the scientific and union applicants who had registered as participants in Ban Asbestos' conference were informed that they were not welcome.

They then awkwardly evaded all media questions about the new study

and about the threat it posed to their allegations.

The Canadian government responded immediately to Ban Asbestos' attack claiming that Canada was "exposing the planet to a fatal substance". The Minister of Natural Resources Canada reiterated his firm conviction that the recent scientific data, particularly those on biological persistence, reinforce the validity of the policy on controlled use of chrysotile.

But who are these people?

The spokespeople of Ban Asbestos had to answer some relevant guestions asked by the Canadian press, particularly about their funding. Having a delegation from approximately ten countries travel to Ottawa, Canada, is certainly not a volunteer effort, as they want people to believe. Faced with insistent questions about the source of their funding and their motives, they simply slipped away. Their close ties to companies that use substitute fibres and alternative materials in Latin America and Asia strips them of what little credibility they may have had. In Europe and North America, their activities are supported by people with obvious interests in attacking chrysotile, such as large law firms specializing in legal proceedings against companies-it's worth remembering that over 70% of the financial compensation granted by the courts to victims often ends up in the lawyers' pockets in the form of legal fees.

The smear campaign against chrysotile has become very profitable. In addition to helping manufacturers of substitute materials, they effectively sustain the lucrative asbestos removal industry, which takes advantage of the lack of distinction between friable insulation and asbestos cement. Faced with the panic situation knowingly created by these groups, it is not surprising to find that the presence of at least two of the speakers in Ottawa coincided with the promotion of their publication.

All in all, Canadians clearly recognized that the Ban Asbestos movement is a hoax on a global scale. Its activities exploit past situations to willingly discredit an industry that compares favourably with all other industrial activities in terms of health and safety. The interests defended by Ban Asbestos serve business interests and have nothing to do with objectives of improving health and safety.

Claims of the anti-asbestos group	In fact, the reality is
Asbestos is a carcinogen and the only way to protect the health of workers and the popula- tion is to ban its use.	As the International Labour Organisation (ILO) recognized in 1986, and many countries afterwards, regulations on asbestos use must be based on scien- tific reality, not on perceptions or business interests. Some five hundred other products and industrial processes are recognized as carcinogens, but this does not mean that we must prohibit their use. In addition to the ILO, many international organizations favour a controlled approach over a ban.
 The dangers of asbestos are widely known, and its effects on health have been documented since the beginning of the 20th century. Studies show that: a) Asbestos, including amphiboles such as chrysotile, are carcinogens for human beings and there is no known exposure threshold. b) Chrysotile is associated with asbestosis, lung cancer and mesothelioma, based on the level of exposure. c) The risk of developing lung cancer or mesothelioma applies to users of products containing asbestos and to the population exposed to it. 	The effects of various asbestos fibres on health are well known and documented. There is scientific consensus on the fact that fibres in the amphibole group are from 100 to 500 times more harmful to health than chrysotile, particularly for mesothelioma. The confusion purposely maintained by opponents to safe chrysotile use is due to confusing two families of fibres, without distinction, despite the fact that the type, geological source, use and effects on health are radically different. Concerning the very existence of a threshold, while there is no consensus about the level at which it is established the scientific community recognizes that this threshold does exist. Cohorts representing tens of thousands of workers exposed <u>only</u> to chrysotile at levels of concentration lower than 2 fibres/cm ³ have been studied and clearly do not show an in- ordinate increase in disease in relation to the general population. Industrial diseases related to the use of asbestos are therefore the result of <u>excessive</u> and <u>prolonged</u> exposure to chrysotile or exposure to amphiboles. This is primarily why the ILO indicated that the asbestos issue is an issue of <u>industrial hygiene</u> , not a public health concern. Due to the latency period, cases of cancer or asbestosis observed today result from past working conditions that no longer apply today.

Claims of the anti-asbestos group	In fact, the reality is
The International Agency for Research on Cancer (IARC - WHO) has recog- nized asbestos as a type 1 carcinogen. Its use must therefore be prohibited.	Because all types of asbestos were used incor- rectly in the past, we know that chrysotile and amphiboles have been classified as category 1 carcinogens (proven carcinogenic agents), such as cadmium, chromium, nickel compounds, silica, the sun's rays, vinyl chlo- ride, alcoholic beverages, salted fish, tobacco smoke, saw dust, the manufacture and repair of shoes, the manufacture of furniture and cabinets, iron and steel founderies and the rubber industry. The World Health Organization (WHO) classification identifies a substance's danger, not the risk. Consequently, a substance classified in group 1 does not mean that we should prohibit its use, only that it should be properly controlled.
All types of asbestos are dangerous—this is why the distinction between chrysotile and amphiboles is purely semantic.	First of all, the fact that "chrysotile" asbestos and fibres in the "amphiboles" group are regulated differently is nothing new. This two- pronged approach exists in Convention 162 on the safe use of asbestos issued by the International Labour Organisation. Since "asbestos" is a trade name rather than a tech- nical term, it is appropriate that the regulation take into account the main differences between the types of fibres
	Furthermore, there are many studies and an international consensus, that show that chrysotile fibre (white asbestos) is definitely less dangerous. This certainty is the foundation of the ILO convention, as well as of the regulations of most countries in the world. Two significant scientific events recently confirmed this fact: (1) a group of scientists mandated by the EPA unanimously agreed that available studies on epidemiology indicate that the carcinogenic potential of amphibole fibres was one hundred times (100 x) higher than that for chrysotile fibres. ¹ (2) An important study on the biological persistence of chrysotile in the lung has shown, taking into account the scientific literature to date, that the report on this study provides solid new data that clearly confirm the difference, from an epidemiological point of view, between chrysotile and amphiboles. ²

1. See www.epa.gov/superfund/programs/risk/asbestos/pdfs/asbestos_report.pdf

2. David M. Bernstein, Rick Rogers, Paul Smith, *The Biopersistence of Canadian Chrysotile Asbestos Following Inhalation*, accepted for publication in *Inhalation Toxicology*, November 2003.)

Claims of the anti-asbestos group	In fact, the reality is
	This fundamental difference is also recognized by the group of experts brought together by the World Health Organization, who, as early as 1989, recom- mended, based on scientific data, that chrysotile asbestos should be regulated to 1 fibre per cubic centimetre, while amphiboles should be prohibited. Thus, over 60 countries have adopted the principle for using chrysotile safely, with an allowable expo- sure level in accordance with this recommendation.
Controlled use of chrysotile does not take the latency period for diseases associated with asbestos into account, which may take up to 30 years to appear.	A law adopted by governments takes into account the scientific reality that stipulates that for the general population, the health hazards from high- density products with chrysotile content (asbestos cement, brakes, plastics, treated fabrics) are unde- tectable. As for workers, the law requires users of chrysotile to implement controls that allow its use while protecting the health and bodily integrity of workers. By introducing a prohibition on amphiboles, the authorities caused a significant reduction in future cases of mesothelioma, which is imperceptible until after the latency period for those who have been exposed.
Preventive measures are not sufficient to protect the health of workers. Workers are often not trained to apply these measures or to implement safe methods. In the 1970s, the NIOSH (United States) claimed that only a ban on asbestos could ensure complete protec- tion from the carcinogenic effects of this product.	Prevention methods were suggested in the late 1970s and integrated into the Code of Practice on asbestos by the ILO in 1984. They provided proof of their appli- cability and effectiveness. All construction materials contain elements that are likely to be harmful to the health of workers if used incorrectly. Workers must make sure they are using the appropriate equipment and recommended work methods, regardless of the materials they use. This is true for chrysotile, as well as for many other substances that are sometimes more harmful. The position of the National Institute for Occupational Safety and Health (NIOSH) in the United States has evolved somewhat since that early 1970s when the effects of various types of asbestos on health were not as well documented. During public hearings by the U.S. Congress in July 2001, the directors of the Occupational Safety and Health

Claims of the anti-asbestos group	In fact, the reality is
	Administration (OSHA) and NIOSH expressed their opposition to banning chrysotile asbestos and stated that the current legisla- tion was the most appropriate to protect workers. ³
	The ILO's Code of Practice calls for continuing training of workers, and the latest recommen- dations from this organization, particularly since the adoption of the Code of Practice on the Use of Fibreglass, call for extensive training of workers in all companies.
Safe use is a utopian view for the following reasons: a) Anyone can purchase asbestos, including indivi- duals who are not aware of safe working methods.	Chrysotile has not been sold to individuals for a long time, although certain groups claim the contrary. Shipments are only made to respon- sible companies that apply the principles set out in the ILO's Code of Practice. With regard to finished products, it has been demonstrated many times that they do not present a risk to the general population.
 b) The general population is exposed to a hazard due to products that contain asbestos. c) Applying control measures is impossible. We must follow the example of the United 	Products manufactured in the last 20 years or so, encapsulate the fibres in solid materials, such as cement or resin. The conditions described by supporters of a ban, such as Ban Asbestos, have not existed for many years with respect to chrysotile. The conditions they describe as health hazards do however apply to substitute fibres and to many other dangerous products that are unregulated.
States and the European Union, which have prohi- bited asbestos. European scientists have shown that, based on the circumstances, certain exposure levels are suffi- ciently high to present a risk of developing a disease associated with asbestos.	This is an opinion based on impressions and a reality that no longer exists. This stretch of reality is unfounded. Approximately 60 coun- tries have adopted the principle of controlled use. Chrysotile is easy to control given the limited number of sources of supply, and it can be used in complete safety. Why would this be easier to accomplish with potentially harmful substitute fibres, when they have never been shown to be safer than chrysotile and given that they are not subject to regulation to protect the health of workers?
	Contrary to the claims of ban asbestos advo- cates, the United States have repeated their confidence in the principle of safe use during

3. Inside OSHA – August 6, 2001

Claims of the anti-asbestos group	In fact, the reality is
	public hearings of the July 2001 Congress, and in the mandate granted by the Environmental Protection Agency (EPA) to a group of experts in May 2000. In Europe, the ban was applauded by the entire indus- trial world simply to support business interests. In the Americas, only Chile has applied a ban on chrysotile, without scientific justification, to support the economic interests of the cellulose fibre industry and prevent imports of chrysotile-cement, which the local manufacturers cannot compete effectively against
	The "established circumstances" to which groups opposing asbestos refer existed in the 1970s. These circumstances resulted in many cases of industrial diseases that are being diagnosed today and that can be attributed to this material. At the time, workers could have been exposed to average concentrations much higher than 20 fibres/cm ³ . Today, those who handle chrysotile work in an environment where the measured concentration is less than 1 fibre/cm ³ . At this level, the health hazard is undetectable.
The entire world is leaning towards a ban. We must follow this trend. International experts support the ban. As proof, INSERM (France) claims that chrysotile cannot be dissociated as a cause of pleural mesothelioma. The World Trade Organization (WTO) claimed that no country could claim to have implemented respon- sible management of the risk of using a dangerous substance without favouring its replacement.	Those who oppose the use of chrysotile have been very short-sighted in selecting quotations that match their views and objectives, but that do not represent the opinions of experts or international organiza- tions. What about the experts convened by the World Health Organization, the ILO and the EPA in the United States, to name only a few, who support controlled use of chrysotile. After all, these organiza- tions have much more expertise and credibility than these groups of militants from many places. The collective expertise of the Institute national de santé et de recherche médicale (INSERM, France) was criticized by peers of holding a political position rather than a scientific position. As for the WTO's report, panellists were very careful to clarify that the issue to be debated before the panel was a business issue and that no health determination was made, the topic of health being beyond their jurisdiction.

Claims of the anti-asbestos group	In fact, the reality is
Asbestos is primarily used in countries that have no regulations about its use, and it is handled by untrained workers who have no access to medical examinations.	26 countries ratified Convention 162 on the Safe Use of Asbestos and approximately 40 others incorporated its principles into their national laws or regulations. Since 1986, the Asbestos Institute, in collaboration with the ILO, has organized seminars and training work- shops in many countries to ensure that users of chrysotile fibre have the necessary expertise and equipment to handle it safely.
It is possible to replace asbestos.	Substituting chrysotile by other industrial fibres is technically possible. Since several European countries have demanded imports of products that are free of chrysotile, manufacturers have developed production processes that use one or more alternative products. First of all, finished products manufactured without chrysotile are more expensive and of lower quality than those containing chrysotile and have never been scientifically recognized as less hazardous to health. If the European market can allow itself the luxury of using more expensive, less durable and uncon- trolled products, they can decide to do so. But why impose this on other countries? As we saw in Chile, England, Italy and France, chrysotile free products have been sold using smear campaigns against chrysotile resulting in its prohibition, thereby opening up the market to new products for which many technical problems are surfacing as their use becomes more widespread. Secondly, the fibres usually used to replace chrysotile, such as cellulose, aramid fibres and ceramic fibre, are more persistent in lung tissue and therefore potentially more hazardous to health. By prohibiting the use of chrysotile under the pretext of protecting workers, there is a chance of creating the reverse effect by promoting the development of unregulated fibres that are possibly more hazardous to the health of workers.

Claims of the	In fact, the reality is
anti-asbestos group	
The global trend is clearly leaning in favour of banning all types of asbestos. Furthermore, countries are preparing to include all types of asbestos in the Rotterdam Convention.	Speaking of a European campaign as an international trend is an exaggeration. The countries of the European Union have adopted the principle of banning chrysotile effective in 2005, and are strongly encouraging other countries to do the same to create an opening for substitute fibres. Outside of Europe, less than a half dozen countries are following suit. Curiously, these are countries that export substitute fibres, such as Australia and Chile. Is it a trend considering that more than 60 countries have adopted the principles of controlled use suggested by the ILO in their legislation on chrysotile? In terms of the Rotterdam Convention, we must first clarify that it is not in force. The signatory countries are studying a request from the European Union, Chile and Australia to require importing countries to have an import license to use chrysotile. This measure, which has nothing to do with a ban, is closer to the principle of responsible use put forth by the interna- tional chrysotile industry in 1996.
Countries are responsible for taking all necessary measures to protect the health of workers and the population. The prohibi- tion of asbestos is one of these imperative measures.	By adopting a law that supports controlled use of chrysotile, the regulatory authorities in the various countries demonstrate their concern for protecting the health and safety of workers, while ensuring that durable, inexpensive and completely safe products are available to consumers. Moreover, this legislation is compatible with the prin- ciples put forth by the ILO and WHO. We salute the determination of governments that have based their decisions on science rather than succumbing to industrial and political pressures. Obviously it will soon be necessary to extend the measures adopted for chrysotile to all respirable industrial fibres whose dangers (biological persist- ence) are greater than or equal to chrysotile. These are true concerns about protecting the health of workers and the population.

The Asbestos Institute

is a private organization established in 1984 by the Canadian companies producing chrysotile asbestos, trade unions, and the Canadian and Quebec governments. The Institute is dedicated to promoting the safe use of chrysotile asbestos in Canada and throughout the world.



1200 McGill College Suite 1640 Montreal (Quebec) Canada H3B 4G7

Tel.: (514) 877-9797 Fax: (514) 877-9717

ai@asbestos-institute.ca www.asbestos-institute.ca www.chrysotile.com







Printed on recycled paper