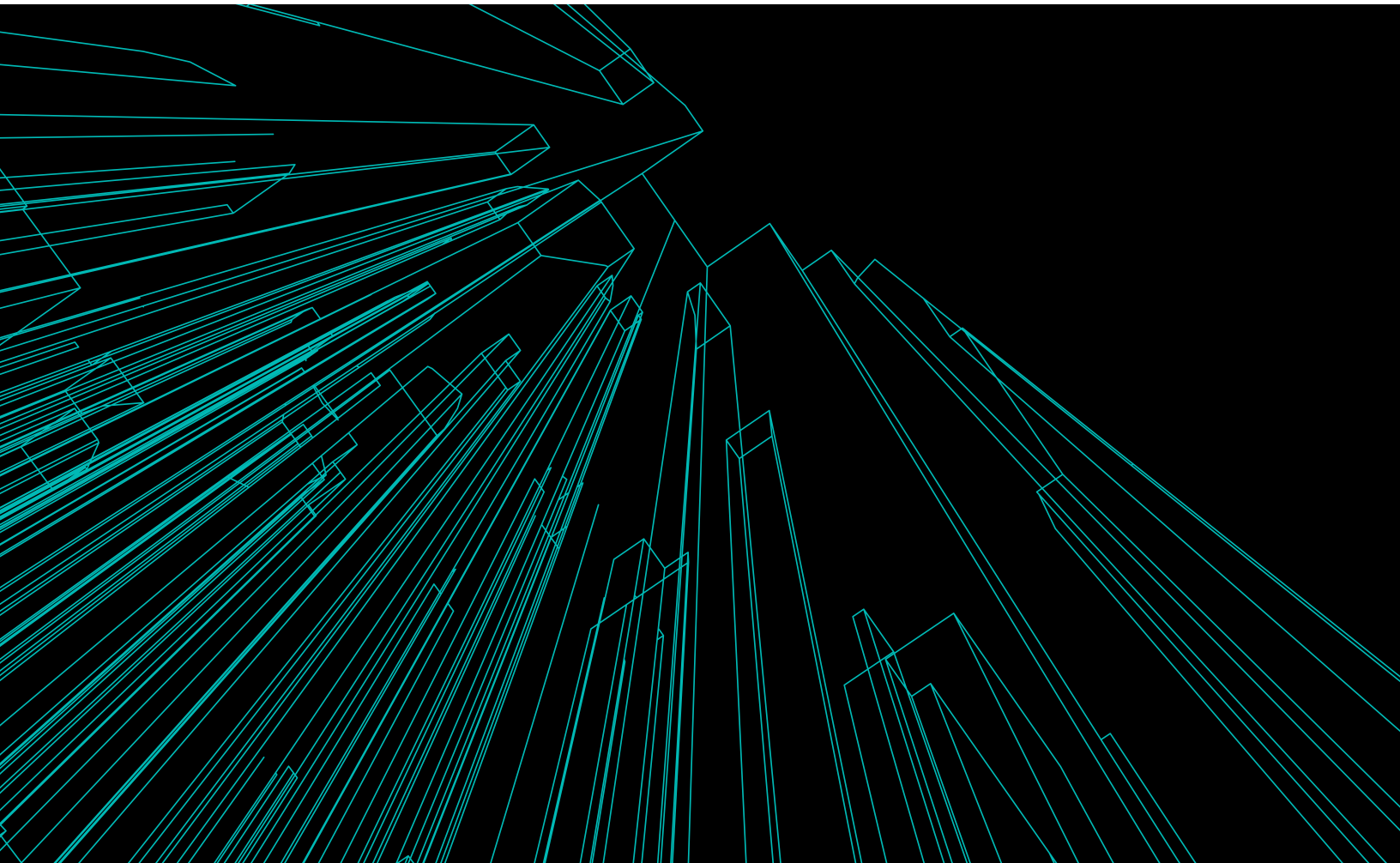
International Chrysotile Association

For environmental
occupational health
safe and responsible use

Rotterdam Convention

COP-9 MEETING - 2019



Today, countries that use chrysotile fibre represent 2/3's of humanity. Many of these countries are in various stages of development and can be classified as emerging countries, which are making great efforts to provide their populations with a better quality of life. To do so, they need high quality, durable products which are affordable and well adapted to local conditions, which include the imperative of job creation.

ROTTERDAM CONVENTION
COP-9 MEETING - 2019

A RECALL

To ensure its open, effective and sound operations and administration, a recall of the spirit and the letter of Rotterdam Convention is more than necessary.

CONTEXT

The International Chrysotile Association (ICA) wants to take the opportunity of COP-9 Conference to recall an important fact:

For many years, concerning chrysotile fibres, a consensus has been crystal clear in the world. Before putting chrysotile on a list of products to be banned or severely restricted the chrysotile fibres must receive from the participant Parties of the Convention serious evaluations based on science. Secondly, it is worth to recall that numerous qualified international organizations as well as many competent scientists have been requesting that replacement products or fibres to be used are scientifically proven being safer and less harmful than chrysotile. On this matter, there is a great matter of concern and this has to be addressed.

THE CONSTRUCTIVE ROLE OF ICA

For years, representatives of responsible countries that produce and use the chrysotile natural fibre have been asking questions, without receiving real answers. For its part, the International Chrysotile Association has stepped up its efforts to be heard by the various international organizations. ICA supports the safe, controlled and responsible use of chrysotile as opposed to a ban. It is a question of fairness and respect. The ICA is an organization that defends the legitimate interests of its partners and is proud to promote responsibility and safety in the use of a product, fibre or substance that could potentially pose a real risk to human health. ICA gives its full support to the programs aiming to eliminate asbestos related diseases as demanded by WHO.

The ICA has asked — under the principle of democracy and transparency — and will continue to ask to be heard and to be invited to participate in all discussion forums on chrysotile as an official observer to the Rotterdam Convention with other stakeholders. The ICA is willing to share its unique expertise anywhere it may be useful, including obviously in working groups and committees created by the Rotterdam Convention.

For many years, ICA's goal is to offer to the world its best possible constructive role and its full collaboration without having any hidden agenda and preconceptions. ICA offers and gives a helping hand to groups of interest and parties but many reject it and too often respond contemptuously.

For all of these reasons, ICA hopes that COP-9 will manifest to participants a brand new attitude. ICA will continue to object to the inclusion of chrysotile on the list of banned or restricted substances and products in the Rotterdam Convention. Its inclusion would have very serious consequences for many communities, which would be prevented from pursuing healthy economic development, not to mention negative social and economic impacts for all.

RESPONSIBLE USE OF CHRYSOTILE IS NOT A MYTH, IT'S A FACT!

In this regard, Europe itself has accepted to extend this principle to its diaphragm manufacturing for many years. This is a living proof of the concept of the Safe and Responsible approach to the use of chrysotile.

Chrysotile fibres do not have to be listed as banned or be severely restricted from the market.

SOME BACKGROUND

More than two decades ago, some large European companies, mainly French, decided to begin producing products and fibres to replace chrysotile, which is a natural fibre. At the time, in Europe, the use of amphibole fibres was current practice in several industries. Methods and practices like flocking and marketing friable products were also activities that were ineffectively controlled. Sad results serve well the anti-asbestos crusade that has been raging since despite the major changes to the safe and responsible use of chrysotile over the years in the world under the aegis of the International Food and Agriculture Organization (FAO).

THE ROTTERDAM CONVENTION

Adopted on September 10, 1998, this international Convention expresses the will of the States attending. The following are some of the elements that motivated them. Taking into account the circumstances and particular requirements of developing countries and countries with economies in transition, in particular the need to strengthen national capabilities and capacities for the management of chemicals (mainly, pesticides used in agriculture) including transfer of technology, providing financial and technical assistance and promoting cooperation among the Parties… Emphasizing that nothing in this Convention shall be interpreted as implying in any way a change in the rights and obligations of a Party under any existing international agreement applying to chemicals in international trade or to environmental protection… Understanding that the above recital is not intended to create a hierarchy between this Convention and other international agreements...

In light of what has been happening at the Conference Of the Parties (COP) at this Convention for several years now, it is clear that the spirit and the letter have been undermined, or at least forgotten, by certain people who have done their utmost to turn the Rotterdam Convention into a powerful instrument to be used by the anti-asbestos lobbies to obtain a global ban on the use of chrysotile fibre. Many interests have established an unhealthy strategy for promoting the replacement of chrysotile with products whose potential danger or risk to human health, in too many cases, has not been scientifically determined.

Activists working in large international lobbies and organizations to ban the natural fibre chrysotile appeared on the scene with a policy straitjacket that many attendants and the Secretariat in particularly naively agreed to wear. That is how the battle to end chrysotile became the mission of the Convention. It was more than just a funny story and worth to recall, when the former Secretary of the Rotterdam Convention, Jim Willis, committed a Freudian slip at the opening of the COP-6 in 2013, commenting on the importance

of the... Chrysotile Convention!
Meanwhile, an enormous litigation business industry spread its tentacles. (Ref. *Asbestos ligation, Professor Lester Brickman 2002, Asbestos litigation has come to consist, mainly, of non-sick people… claiming compensation for non-existent injuries, often testifying according to prepared scripts with perjurious contents, and often upported by specious medical evidence… it is a massively fraudulent enterprise that can rightly take its place among the pantheons of… great American swindles.*)
This malicious strategy has never been denounced by the anti-asbestos lobbies. The silence of activists within the WHO, the ILO and particularly the Rotterdam Convention Secretariat is disappointing, if not unacceptable. *Beware of people with a mission!*

Taking the courageous action necessary to enable the Rotterdam Convention to resume the path originally established by the Member States and to rectify the situation is now the real challenge.

The Convention must cease to be the anti-asbestos convention that it has unfortunately become. The Member States must retake control of what should never have stopped being THEIR CONVENTION.

LET'S RECALL SOME PARTS OF THE ROTTERDAM CONVENTION

OBJECTIVE

The objective of this Convention is to promote shared responsibility and cooperation efforts among Parties in the international trade of certain hazardous chemicals in order to protect from potential harm and to contribute to their environmentally sound use, by facilitating information exchange about their characteristics, by providing for a national decision-making process on their import and export and by disseminating these decisions to Parties.

THE PARTIES TO THIS CONVENTION

- Taking into account the circumstances and particular requirements of developing countries and countries with economies in transition, in particular the need to strengthen national capabilities and capacities for the management of chemicals, including transfer of technology, providing financial and technical assistance and promoting cooperation among the Parties.
- Noting the specific needs of some countries for information on transit movements.
- Recognizing that good management practices for chemicals should be promoted in all countries, taking into account, inter alia, the voluntary standards laid down in the International Code of Conducts and the UNEP Code of Ethics on the International Trade in Chemicals.
- Recognizing that trade and environmental policies should be mutually supportive with a view to achieving sustainable development.
- Emphasizing that nothing in this Convention shall be interpreted as implying in any way a change in the rights and obligations of a Party under any existing international agreement applying to chemicals international trade or to environmental protection.
- Understanding that the above recital is not intended to create a hierarchy between this Convention and other international agreements.

SCIENCE MUST PREVAIL

CRITERIA FOR LISTING BANNED OR SEVERELY RESTRICTED CHEMICALS

Annex III

In reviewing the notification forwarded by the Secretariat pursuant to paragraph 5 of Article 5, the Chemical Review Committee shall:

(a) Confirm that the final regulatory action has been taken in order to protect human health or the environment;

(b) Establish that the final regulatory action has been taken as a consequence of a risk evaluation. This evaluation shall be based on a review of scientific data in the context of the conditions prevailing in the Party in question. For this purpose, the documentation provided shall demonstrate that:

i. Data have been generated according to scientifically recognized methods;

ii. Data reviews have been performed and documented according to generally recognized scientific principles and procedures;

iii. The final regulatory action was based on a risk evaluation involving prevailing conditions within the Party taking the action.

THE CONSEQUENCES OF BLACKLISTING CHRYSOTILE

Being on a so called "Black list" means that chrysotile will experience discrimination in international trade up to ban of import. In order to impose a ban de facto, any country could just refuse to import a substance or to demand additional requirements for shipments of a substance (insurance, packing) which in reality will be very difficult to comply with.

- Is Annex III of the Rotterdam Convention a blacklist ?
- How would you qualify a list of substances entitled "Banned or severely restricted"?
- The matter of concern is decision making process. How they will make decision and what criteria will they use considering whether or not chrysotile shall be imported.
- Exporters will face declining volume of shipments on international markets because of these restrictions.
- Customers facing the bureaucratic difficulties with shipments will be tending to switch to substitute fibres.
- Due to new requirements to transportation, insurance and other logistic expenses, the chrysotile prices will increase which by itself will be one of the factors for customers to switch to substitutes.
- Chrysotile in PIC list will be another powerful argument for the anti-asbestos lobby to demand a total ban in importing countries.
- Discrimination measures for chrysotile will also hit importing countries using chrysotile for building sanitary infrastructure.
- ICA has reaeatedly mentioned ad nauseam these undesirable effects when it has been given the opportunity to do it, i.e.: during the last Riga seminar open to observers.

The developing nations are perfectly capable of safety managing the import, transformation and use of chrysotile, probably more than any other industrial product including most asbestos replacements fibre and material. While industrial development contributes to the well-being of society, it has also brought numerous potentially hazardous products, used daily, and which are too often far more dangerous than chrysotile. In order to safety benefit from these products, they have introduced standards and developed technologies and work methods, which constitute what is called a "controlled-use". Helping developing countries to reach a reasonable level of skilful manpower working in the manufacturing industries for roofing and water piping should be a priority.

Countries that have banned chrysotile have been fighting for a global ban on the use of chrysotile since the early 2000's. The interests behind this crusade are well known. They fly the banner of health protection, which seems laudable, but one is all too familiar with the reality. We are told that the Chemical Review Committee (CRC) shared its observations and concluded that is one reason to support the inclusion of chrysotile. At every COP meeting since 2006, the Convention Secretariat returned with this same explanation. But where are the scientific studies, particularly the most recent ones, which should accompany any proposal for a product inclusion? As far as we know, the CRC tabled some studies in 2005 for the 2006 Conference of the Parties, but nothing since. In 2019, it should not be acceptable.

There has been a great deal of new science in the last few years, however, and it is rather intriguing that the CRC, which should table new scientific studies or analyses each time it submits observations, did not do so for more than 10 years. How is it that the Conference of the Parties did not demand these studies each time? This appears to contradict the spirit and letter of the Convention. We submit that countries could immediately demand that the CRC make public all new scientific studies or documentation justifying inclusion. The Parties to the Rotterdam Convention agreed that they must reach a consensus among themselves before a product can be included on the PIC list. This condition is a sine qua non for the harmonious operations of the Convention, regardless of whether that upsets the Secretariat to the Convention, the anti-asbestos lobby or certain countries having vested interest at stake.

Nowhere is it written in the text of the Convention that the CRC's observations will become or must become binding on the Parties. Regardless of what anyone says, the final decision lies with the Conference of the Parties, which will never agree to simply rubber stamp the CRC's observations, which are sometimes very questionable. Numerous scientific studies and observations in recent years indicate without a shadow of a doubt that there is a very real difference between fibres, particularly between amphibole fibres and serpentine fibres (chrysotile). The WHO, the IARC and the Rotterdam Convention have no scientific study worthy of that name that demonstrates otherwise. Neither the Convention Secretariat nor the CRC have dared to mention this very significant fact. Numerous scientific studies have clearly demonstrated the difference through analyses of the dimension, dose and durability of the various types of fibre. This should be of concern to officials in all countries.

At each Conference of the Parties, the Rotterdam Convention Secretariat advocates approaches aimed at forcing the Parties to accept the inclusion of chrysotile on the list of products to be banned or severely restricted on the market. Countries must have the determination to object to these tactics.

Unfortunately, over the years, the essential mission of the Rotterdam Convention has been undermined. It has become the favourite forum for the anti-asbestos lobby to push its crusade even further, and chrysotile has become the main focus. For many, the Rotterdam Convention has become one big anti-chrysotile festival, and countries are characterized as irresponsible if they dare to oppose adding chrysotile to the list of products to be banned or severely restricted. This is utterly ridiculous, these antics must be denounced and criticized.

A lot of questions need to be asked. While all the banning countries and all the anti-asbestos spokespeople are constantly repeating that the inclusion of a product does not mean a ban, how one may understand the title of Article 5 and Annex II of the Convention, we can and should read: banned or severely restricted chemicals? How can COP after COP revolve around the inclusion of a product while Member States (the only competent authorities) refuse the consensus required by the provisions clearly established that the CRC “recommends” and the Parties “decide” without being required to provide explanations or justification? Is it reasonable – in proceeding to discuss the inclusion of a substance in Annex III to give the same legitimacy to the position of a country that does not produce or does not use that substance as to that of a country where the substance is produced or used, bringing wealth to the national community? Has it been scientifically demonstrated that chrysotile is really responsible for pulmonary diseases and/or mesothelioma when used in a controlled manner, as it is today? Can one continue to pretend that the replacement products on the market are without any risk to health, as is claimed by the people lobbying to ban chrysotile?

For too many years, the Secretariat of the Rotterdam Convention proposed approach is clearly abusive as they fully support inclusion of chrysotile that won’t really protect the people’s health or the environment as they say.

The Rotterdam Convention is in the process of building a tower of Babel which will needlessly complicate everything and, above all, become a weapon of choice for activists who will never hesitate to use it to harass developers and systematically and frivolously oppose their projects.

The proposed inclusion of chrysotile attempt to do indirectly what promised not to do directly, and this could poison the social climate in numerous communities and regions in the world that are badly in need. Implicitly it is a covertly way to support rich countries against poor ones.

RICH AND POOR COUNTRIES – WHERE THE WHO STANDS ON IT

In today's often-distressed world, up to 1.5 billion humans do not have access to potable water and 2.5 billion have no access to basic hygienic infrastructure. In South-East Asia and in Africa alone, diarrhea is responsible for no less than 8.5% and 7.7% of deaths UNDP Report 2006). This translates into more than 8 million people who die each year including approximately 2 million children. This is no longer poverty, rather it is profound misery.

In this world where we use thousands of products and substances, some of which can be dangerous to human health or potentially fatal or carcinogenic, instead of demanding a categorical ban, the world has learned to use them by following standardized procedures and measures. Countless such examples exist, including in Europe, where silica is both dangerous and carcinogenic yet used daily and safely.

Today, countries that use chrysotile fibre represent (as previously noted) 2/3 of humanity. Many of these countries are in various stages of development and can be classified as emerging countries, who are making great efforts to provide their populations with a better quality of life. To do so, they need high quality, durable products which are affordable and well adapted to local conditions, which include the imperative of job creation.

Prior to banning products that contain chrysotile, a much more expedient approach is to support the responsible and safe use of chrysotile with an emphasis on fostering good work practices. Chrysotile fibre and chrysotile-containing products are uniquely appropriate to the housing and infrastructure needs of developing countries because of their safety, durability, quality and ease of use, particularly in extreme situations provoked by natural disasters such as earthquakes, tsunamis, flooding and hurricanes. Chrysotile can help the most vulnerable.

Collectively, it is important to take stock of the responsibility to ensure that the interests of developing or low-income countries are taken into account, before advancing the goals of special interest groups, such as the anti-asbestos lobby. This means respecting the right of all countries and in particular lower income ones to make sovereign and responsible decisions without harassment for or contempt by wealthy nations and activists.

CONTROLED USE PRINCIPLE WORKS

IT IS IMPORTANT TO NOTE THAT THE QUESTION OF EFFECTIVENESS OF THE REGULATION WAS RAISED IN THE EUROPEAN PARLIAMENT IN AUGUST 2018:

What is the Commission's assessement of the effectiveness of the EU regulations?

Does the Commission consider the current legislative framework to be adequate or is there still scope to tighten up common regulations in order to minimize the adverse health and economic effects of asbestos?

ANSWER GIVEN BY MS THYSSEN, COMMISSIONER OF SOCIAL AFFAIRS ON BEHALF OF THE EUROPEAN COMMISSION, OCTOBER 2018:

"The evaluation of this directive has shown that although it is difficult to quantify its effectiveness in terms of benefits to health due to the latency of diseases, the protectives measures taken previously now demonstrate their effects so that asbestos-related deaths will start to decline"

THE ROTTERDAM CONVENTION, WHAT'S NEXT?

The Members States shall insist that the Secretariat get back on the right track immediately. It is high time to intervene. The very future of the Rotterdam Convention depends on it. As with other international conventions, the Secretariat should act in good faith to implement the decisions taken by the only authority – the Member States.

The Prior Informed Consent (PIC) procedure applicable to certain dangerous chemicals and pesticides that are sold internationally must no longer be a tool used by the anti-asbestos crusaders to promote a black list that would include chrysotile natural fibre which incidentally, can hardly be considered a chemical. Such circumvention of the fundamental objectives of the Rotterdam Convention, which has been going on for a long time, should be denounced in order to allow a return to the principles and fundamental motivations for which the Members States created this convention.

WHO – WORLD HEALTH ASSEMBLY

FINAL RESOLUTIONS – PAGE 86, ITEM 10, 2007

The official position taken:

"WHO will work with Members States to strengthen the capacities of the ministries of health to provide leadership for activities 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 differentiated approach to regulating its various forms;*** *in line with relevant international legal instruments and the latest evidence for effective interventions."*

Furthermore, to find wording about specific needs and conditions in the text of Outline on page 2:
"Countries can use this document according to the specific national and local conditions and available resources."

http://apps.who.int/gb/ebwha/pdf_files/WHA60-REC3/A60_REC3-en.pdf

IMPORTANT INFORMATION THAT HAS TO BE ACCEPTED BY COMPETENT AUTHORITIES

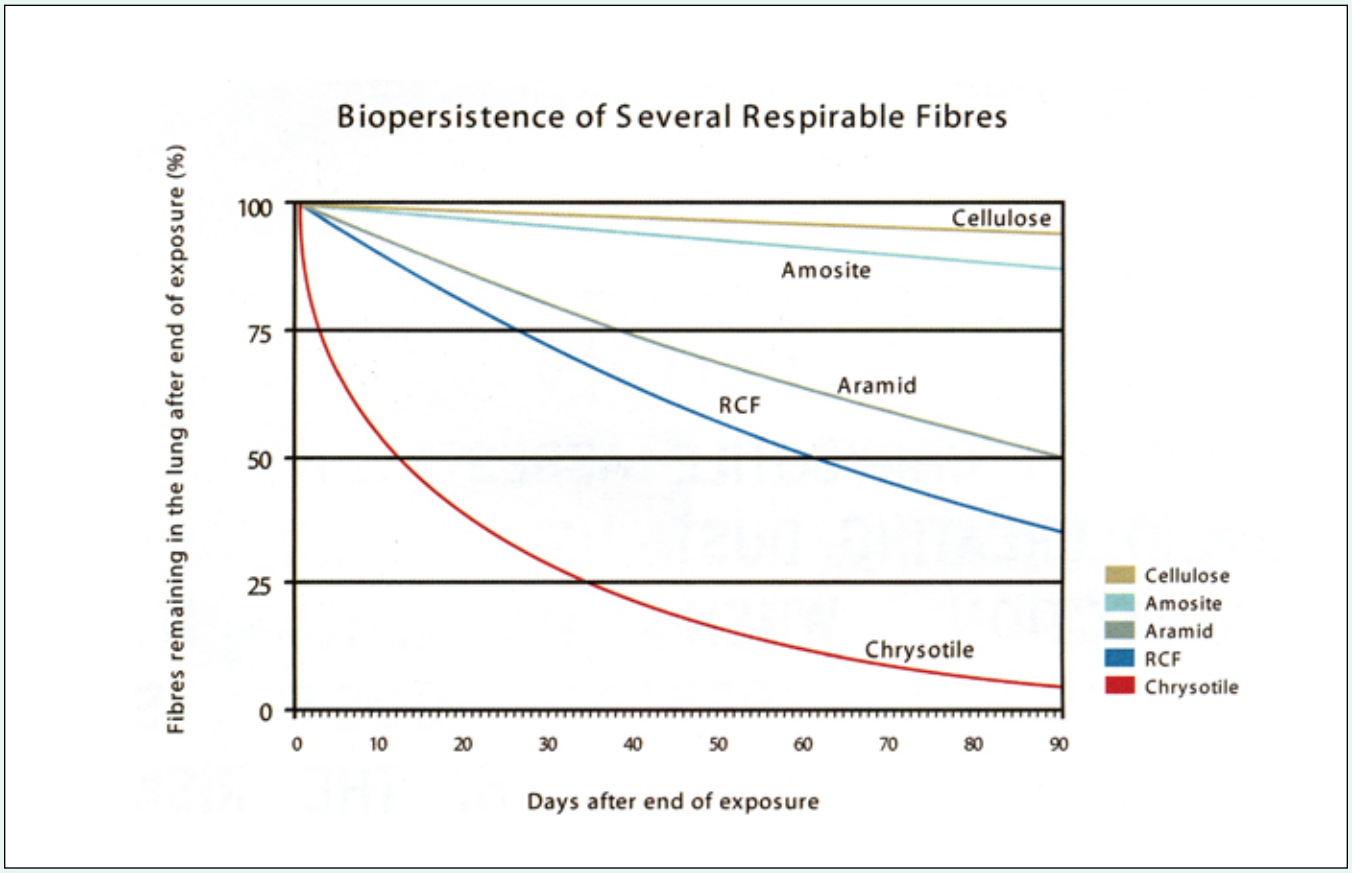
HAZARD IS NOT RISK

The IARC classification is about HAZARD, not RISK.

- Characterizing a hazardous substance is not equal to assessing the true risk.
- Hazard characterization is an essential, but insufficient component of risk assessment, which also comprises exposure data over time and estimation of the likely risk under actual conditions of use.
- Because the IARC classification refers only to “hazard identification”, and does not refer to “risk assessment”, because the components of dose under actual conditions are absent.
- The IARC classification is not meant and should not be used as the only “risk management” instrument for eventual regulatory action.

THE BIOPERSISTENCE OF FIBRES: THE KEY FACTOR

Unlike amphiboles, **chrysotile doesn't stay very long in the lungs after inhalation and is quickly eliminated by the body.**



13TH INTERNATIONAL CONFERENCE OF THE INTERNATIONAL MESOTHELIOMA INTEREST GROUP

BIRMINGHAM, UK, MAY 1-4, 2016

During the Conference, clear statements have been made regarding the relationship between chrysotile and mesothelioma. It has been clearly stated that the mesothelioma observed was a consequence of heavy uncontrolled use of amphibole fibres exposure in the past till 1980

.It has also been indicated that the correlation must be made between mesothelioma and the use of amphiboles **and not chrysotile**. Dr. Peto informed the delegates that the science does not permit to say plainly anything and forever.

Scientists make presumptions based on evidence and are being reasonable in declaring that chrysotile should not been seen as the cause of enhanced mesothelioma rates in the UK. The statement, based on rigorous scientific research and evidence, caused visible frustration from a strong presence of anti-asbestos activists and lobbyists.

Many recent scientific publications are of great interest on this matter. However all of them have been ignored or dismissed by the WHO and anti-asbestos activists and the anti-asbestos lobby among others.

Critical Reviews in Toxicology

http://informahealthcare.com/txc
ISSN: 1040-8444 (print), 1547-6898 (electronic)

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informa
healthcare

REVIEW ARTICLE

Health risk of chrysotile revisited

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Abstract

This review provides a basis for substantiating both kinetically and pathologically the differences between chrysotile and amphibole asbestos. Chrysotile, which is rapidly attacked by the acid environment of the macrophage, falls apart in the lung into short fibers and particles, while the amphibole asbestos persist creating a response to the fibrous structure of this mineral. Inhalation toxicity studies of chrysotile at non-lung overload conditions demonstrate that the long (>20 μm) fibers are rapidly cleared from the lung, are not translocated to the pleural cavity and do not initiate fibrogenic response. In contrast, long amphibole asbestos fibers persist, are quickly (within 7 d) translocated to the pleural cavity and result in interstitial fibrosis and pleural inflammation. Quantitative reviews of epidemiological studies of mineral fibers have determined the potency of chrysotile and amphibole asbestos for causing lung cancer and mesothelioma in relation to fiber type and have also differentiated between these two minerals. These studies have been reviewed in light of the frequent use of amphibole asbestos. As with other respirable particulates, there is evidence that heavy and prolonged exposure to chrysotile can produce lung cancer. The importance of the present and other similar reviews is that the studies they report show that low exposures to chrysotile do not present a detectable risk to health. Since total dose over time decides the likelihood of disease occurrence and progression, they also suggest that the risk of an adverse outcome may be low with even high exposures experienced over a short duration.

Keywords

Amphibole asbestos, cement products, chrysotile, epidemiology, health risk, inhalation toxicology, mining

History

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Introduction

Recent scientific studies have contributed to a more complete understanding of the health risk from chrysotile asbestos as used today in high-density products. Key to understanding this is the differentiation of exposure, dose and response of the serpentine mineral chrysotile in comparison to the amphibole asbestos types such as crocidolite, tremolite and amosite. This paper reviews scientific studies identified as chrysotile only or predominately chrysotile and discusses how the newer toxicological and epidemiological data provide a convergence in the understanding of the risk from chrysotile.

The association of asbestos exposure with disease dates from the turn of the twentieth century (McDonald & McDonald, 1996). The report by Wagner et al. (1960), reporting on 33 cases of mesothelioma, which the authors stated were primarily from the crocidolite mining area in the

WHAT ABOUT THE REPLACEMENT PRODUCTS OR FIBRES?

The safety of replacement products and fibres is critical subject that the WHO has chosen not to address in the 2014 paper. It is mentioned that many national governments, regional bodies and international organizations have identified alternatives and substitutes for the use of asbestos. But where are the serious scientific published studies on this regard?

In 2005, a WHO/IARC workshop highlighted a worrying lack of research and data pertaining to many substitute products and recommended that serious scientific studies should rapidly be done for robust evaluation, before presenting acceptable recommendation regarding their use. What happened to that recommendation and why is the WHO not concerned about the potential and very real health effects of substitute fibres? Why ignoring these risks?

International Convention 162 on the Safe Use of Chrysotile is very clear on this matter. When asbestos has to be replaced, it has to be by a substance, a product or fibres that are scientifically proven being safer and less harmful than hrysotile. Nevertheless, too many keep silent on this matter.

EUROPEAN COMMISSION

DIRECTIVE 1999/77 EC, JULY 26, 1999

Article No. 10: Ban Effective January 1, 2005

"Whereas the scientific knowledge about asbestos and its substitutes is continually developing: whereas ***the Commission will therefore ask the Scientific Committee on Toxicity, Ecotoxicity and the Environment to undertake a further review of any relevant new scientific data on the headline risks of chrysotile asbestos and its substitutes before 1 January 2003****; whereas this review will also consider other aspects of this directive, in particular the derogations, in light of technical progress; whereas, if necessary, the Commission will propose appropriate changes to legislation."*

SCIENTIFIC COMMITTEE ON TOXICITY, ECOTOXICITY AND THE ENVIRONMENT (CSTEE)

DECEMBER 17, 2002

Last conclusion

"The CSTEE also reiterates its recommendation that these conclusions should not be interpreted in the sense that environmental control of the workplaces where the substitute fibres are produced or used can be relaxed. ***Finally, the CSTEE strongly recommends expansion on research in the areas of toxicology and epidemiology of the substitute fibres as well as the technology of development of new, thicker (less respirable) fibres."***

INTERNATIONAL AGENCY ON RESEARCH ON CANCER (IARC) CLASSIFICATION SCHEME

It is largely unused in the IARC classification scheme in spite of the term “risk” in the title and text of the monographs.

Hazard Identification is an insufficient component of risk assessment, which comprises also exposure data over time and estimation of the likely risk under actual conditions of use. Because of the conceptual confusion and indiscriminate use of the terms “hazard” and “risk”, untoward fear of unwelcome end points, such as cancer, in many sectors of the general public, is driven by hazard data misrepresented as risk data.

This view fails to weigh the cost/benefit of a ban versus a controlled approach and leads to unintended outcomes. This is the case presently with chrysotile.

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

Risk Assessment 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.

INTERNATIONAL LABOUR ORGANIZATION (ILO)

POSITION

Convention 162

June 24, 1986, the ILO Convention 162, “Safety in the use of Asbestos”, was discussed and drafted by the ILO and has since been ratified by many countries, including most of the EU countries, Switzerland and Canada. The Convention is legally binding and in full force.

The key provision of ILO Convention 162, Article 3, paragraph 1, reads as follows:

“National laws or regulations shall prescribe the measures to be taken for the prevention and control of, and protection of workers against, health hazards due to occupational exposure to asbestos”

Thus the aim of ILO Convention 162 is to promote the safe use of chrysotile at the workplace and not its ban. The main concrete measures to be taken to implement the safe use of chrysotile are stated in Article 9:

“The national laws or regulations adopted pursuant to Article 3 of this convention shall provide that exposure to asbestos shall be prevented or controlled by one or more of the following measures:

(a) Making work in which exposure to asbestos may occur subject to regulations prescribing adequate engineering controls and work practices, including workplace hygiene;

(b) Prescribing special rules and procedures, including authorization, for the use of asbestos or of certain types of asbestos or products containing asbestos or for certain work processes.”

(c) ILO Convention 162 has recently been updated and has not needed further review under the ongoing rationalization process carried out by the ILO ahead of the 100th anniversary of the organization in 2019.

INTERNATIONAL AGENCY ON RESEARCH ON CANCER (IARC)

WHO Workshop on Mechanisms of Fibre Carcinogenesis and Assessment of Chrysotile Asbestos Substitutes, IARC, Lyon, France, September 7-10, 2005

REQUEST FOR DATA AND LIST OF PRIORITY ALTERNATIVES FOR ASSESSMENT

Background

The tenth session of the International Negotiation Committee for the Rotterdam Convention on the Prior Informed Consent (PIC Procedure for Certain Hazardous Chemicals and Pesticides in International Trade requested the World Health Organization (WHO) to conduct an assessment of alternatives to chrysotile. At the request of WHO, the Interim Chemical Review Committee (ICRC) for the Rotterdam Convention considered alternatives proposed by governments and developed a priority list of alternatives for consideration by WHO, along with a list of additional alternatives for assessment. These lists appear in Annex I.

WHO advised the various meetings convened for the Rotterdam Convention that the requested assessment would be conducted as a technical workshop in conjunction with the International Agency for Research on Cancer (IARC), a specialized agency of WHO, and that the workshop would consider the mechanisms of fibre carcinogensis as part of the assessment of the alternatives proposed by the ICRC.

The proceedings of the meeting convened by IARC, November 8-12, 2005, *"Workshop on the Mechanisms of Fibre Carcinogenesis and Assessment of Chrysotile Asbestos Substitutes"* are eloquent. **For the majority of the substitute fibres evaluated by the group of international experts, the report indicates that there still does not exist sufficient data to classify chrysotile substitutes in any of the four categories used by the IARC.** "If there is not 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 labelled as "not classifiable as to its carcinogenicity to humans."

WORLD SYMPOSIUM ON ASBESTOS

Sponsored by the Government of Canada, the Government of Québec and the Commission of the European Communities
Montréal, Canada, May 25-27, 1982

PROCEEDINGS
Panel 1
Q&A period

Dr. Selikoff, from what you have said this morning, it appears that you have not changed your views from what you once declared in 1976 on the TODAY SHOW of NBC, and I from press reports: *"If asbestos fibres and other environmental sources of cancer are properly controlled, they do not have to be banned to protect society."*

Are you still of the opinion today that asbestos need not be banned if properly controlled?

SELIKOFF, Dr. Irving (United States of America)

My answer is yes, if asbestos use is properly controlled, it need not be banned. In the United States, we have a general policy of control – not banning. We have not banned radiation, we have not banned beryllium, we have not banned nickel, we have not banned dichloromethyl ether, we have not banned vinyl chloride.

SCIENCE ABOVE ALL

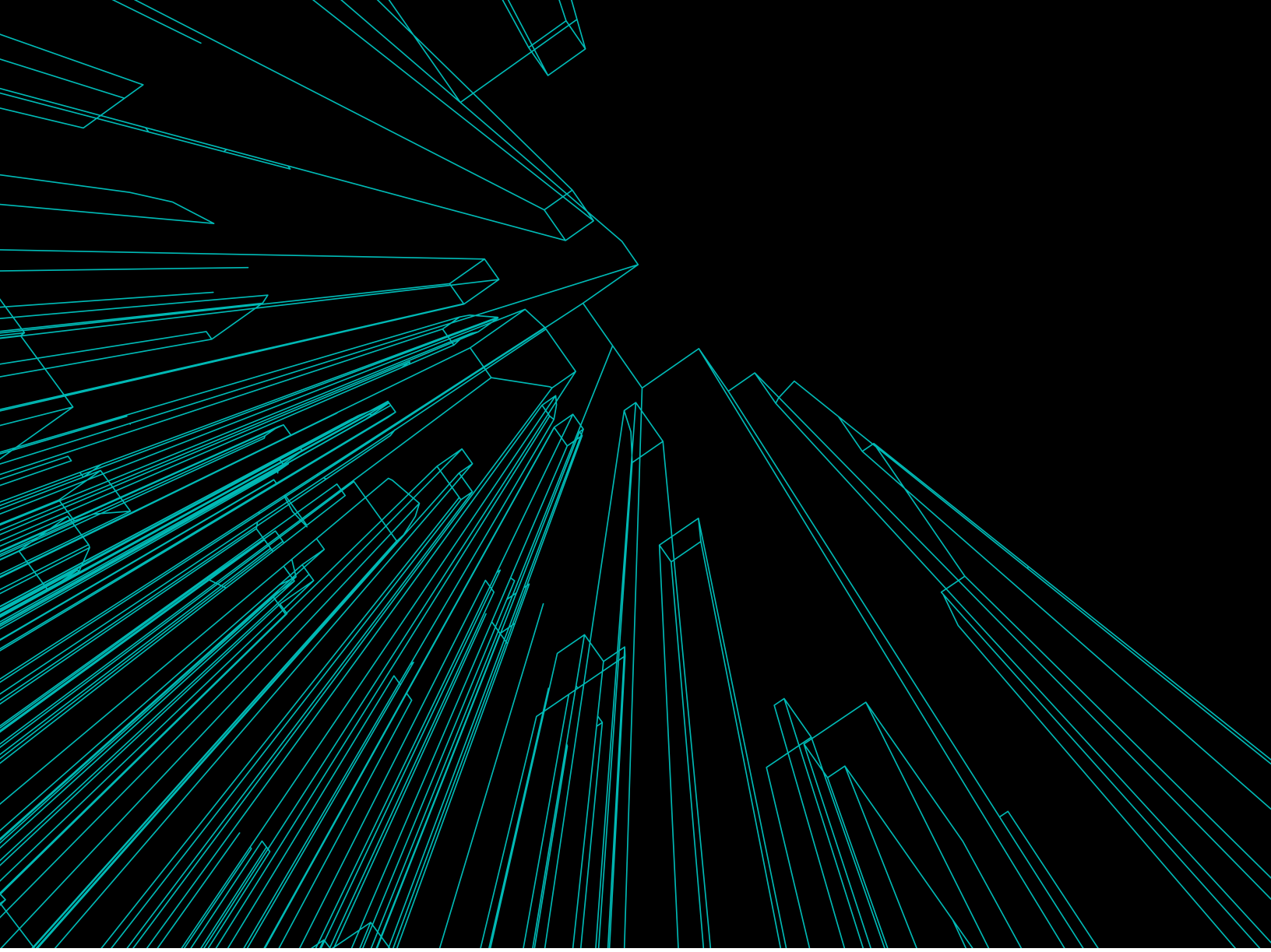
The scientifically well recognized and indisputable substantial difference between amphiboles (like crocidolite for example) and chrysotile, both in terms of chemical and mechanical properties, has never been recalled during the debates in the five COPs lasting 11 years when consensus has not been reached to list chrysotile in Annex III;

The refusal to bring up this simple fact by the authorities of the Convention is a cause of great concern. Ignoring the scientific debate is leading the Rotterdam Convention to the unbelievable current scenario where one single substance (the chrysotile fiber) in monopolizing the debate but what about the future of the whole Convention!

The crusade against chrysotile is based on malicious misrepresentation and selective quotations of published evidences, never taking stock of the recent studies showing the vast differences in health risk between chrysotile and the amphiboles and the unacceptable level of risk for human health. Risk is always present from variety of causes so what is an acceptable risk?

Numerous and recent scientific studies show that when chrysotile is mined and handled according to appropriate work practices as nowadays, it does not present an unacceptable level of risk of the health of either workers or the general public. This fact is not a myth nowadays.

In the Conference of the Parties (COP-8) meeting (2017), there is nothing new added to the scientific chrysotile file which would justify the Assembly to change the position taken on five separate occasions. Everything points to the contrary. Again, a proposal for inclusion of chrysotile **must be refused and strongly rejected** by the participants from different countries. There is no use for any country to continue to play this old broken record based on obsolete scientific updated data submitted many years ago by countries having banned all asbestos fibres.



ICA
International Chrysotile Association

For environmental
occupational health
safe and responsible use