

EDITORIAL - Anti-asbestos Group Excessively Alarmist

It has now been proven scientifically that chrysotile fibre should not and can not be confused with other asbestos fibres when assessing risk for human health. These fibres have very different properties.

Proof has been very well shown, both in determining the chemical composition of the fibres and the level of danger they present. Chrysotile should not be classified among amphibole fibres.

A distinction should therefore be made under all circumstances. By rejecting scientifically proven facts, the anti-asbestos groups obviously demonstrate bad faith or unhealthy ignorance of many recent conclusions of scientific studies on the topic.

Why do those who campaign for a total ban of chrysotile refuse to acknowledge new scientific data on chrysotile? Why do they prefer to hide behind some of the most alarmist views, with the complacent collaboration of a media and artistic elite that take pleasure in fighting without necessarily having good knowledge of the underlying data?

The anti-asbestos crusade has become a type of religion whose followers claim to hold the only



possible truth—theirs—without doubt or challenge. With their so-called scientific consensus, even though it is based on old information, these extreme activists have cornered the monopoly on unique thinking and truth.

Their tactic is simple: demonize the dissenting voices, including the many best-researched, most serious and most credible recent studies, and even use all sorts of methods to discredit those who do not share their beliefs.

In fact, their approach involves lies that have been repeated so often, they are simply accepted; also due to the support of those who have financial interests in hiding the truth and destroying those who follow the only road to be followed.

Also, they do what it takes to encourage ignorance and remain silent about results and the latest data from scientific studies, such as Bernstein D., Rogers R., Smith P., Hodgson J.T., Hoskins J.A., Darnton A., Paustenbach D. J., Finley B. L, Concha-Barrientos M., Nelson D. and others.

It is particularly interesting to note that activists from certain organizations in rich countries, notably European, present themselves as saviours and claim that populations in the poorest countries use substitute products which they judge acceptable. Obviously, in analyzing these products, they are not used to taking into consideration their level of danger, the additional financial costs involved, nor the sustainability of these substitute products. It's as if this is not part of the equation. Their truthfulness cannot

be questioned because they claim to protect human health. Of course! They always forget to remind us that there is no scientific proof that these products and the replacement fibres they want to impose on populations in the poorest countries are safer than chrysotile. Furthermore, contrary to chrysotile, the measures and regulations necessary to ensure safe use of these products often do not exist.

In the fight against poverty, to meet the requirements of populations suffering from a serious lack of infrastructure for drinking water, sanitary facilities, and others, and with a great need for a better quality of life, for solidarity with the populations in these countries, chrysotile opponents have little to offer. Their fight aims to make all forms of asbestos disappear, including chrysotile; even when used safely, it can save lives... and be an effective solution to these problems.

There is something very unhealthy in all this. How can we explain that for some people employed by the International Labour Organisation (ILO), the World Health Organization (WHO), the Rotterdam Convention and even the International Agency for Research on Cancer (IARC), it has become acceptable, even necessary to endorse the position of lobbies for a total ban and to distribute information that is all too often biased and incomplete to support this crusade? There is definitely something to worry about.

Over the years, countries that produce and use chrysotile have made important changes in the production and work practices and methods. They have promoted it and ensure its safety through controlled and safe use and have supported and adopted fair, effective and socially responsible rules, and continue to defend the requirement for precaution. Despite this, those who oppose and critics who favour of a ban are just as active and their attitudes are just as irrational.

It is surprising that all of these facts do not make people a bit sceptical, especially international organizations that are responsible for promoting and protecting health in the world. Unless of course some people in important positions in public health decided to be the only ones with power over the health of all citizens on the planet and that the populations in countries, often the poorest, have no voice in deciding on the development methods or solutions best adapted to their requirements and reality.

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THE WHO MUST FACE THE FACTS CHRYSOTILE AND ASBESTOS ARE NOT THE SAME

The competent authorities at the World Health Organization (WHO) must bow before the evidence and admit that the text submitted by Dr Ivan Ivanov of the WHO's European Regional office and published in July 2006 is based on false premises and has drawn wrong conclusions.

As mentioned by Jacques Dunnigan, Ph.D. an expert toxicologist: "this first version of the WHO Draft Policy Paper; on elimination of asbestos-related diseases, constitutes a very real attack by ideologists and anti-asbestos persons inside international organizations such as the ILO and the WHO and who are advocating for a total ban of all asbestos fibres, including chrysotile. This policy statement is based on the classification of carcinogenic substances by the International Agency for Research on Cancer (IARC), and which is increasingly criticized but has never been corrected. This approach has been responsible for the confusion between the terms "hazard" and "risk", and does not take into consideration the enormous differences regarding the potential risk between serpentine (chrysotile) fibres and the amphiboles. Furthermore, the policy paper refers to scientific publications (Concha-Barrientos et al) but cites only a few incomplete extracts only to cover their basic argumentation."

Basic principles:

1. The best way to eliminate asbestos-related diseases is to continue to ban all amphibole fibres.
2. On the short term, the two objectives to reach this first principle are:
 - a) differentiate between fibre types; and,
 - b) the WHO must adopt a new Policy Paper which is based on the essential differences between chrysotile and amphiboles and which plans different approaches accordingly. Furthermore, the WHO must include in its overall work, not only the differentiation of fibres in the elimination of diseases related to asbestos, but additional economic and social factors, such as employment, access to drinkable water and sanitary infrastructures in developing countries, quality of life, and the development of technologies that are clean and respectful of the environment.

THE WHO MUST NOT STRAY IN THE WRONG DIRECTION

The document prepared by Dr. Ivanov's task force is open to criticism on many points. First of all, the document did not take into account the comments and remarks of a large number of international experts, it did not consider the basic principles stated above nor the organization's general Action Plan. It is therefore essential that a new document including these items be prepared.

According to the WHO, chryso-cement products and friction materials account for 90% of chrysotile consumption. The next step that must be taken now is for the organization to review the recent scientific data

on chrysotile and conduct an assessment of the true risks linked to these products under controlled levels of exposure.

This means that the WHO must review the monograph on chrysotile (IPSC No. 203) by prioritizing the assessment of risks with high-density products like chryso-cement and friction materials.

NINE SCIENTISTS TAKE A POSITION

Nine scientists – European, Canadian, American and South American state their position favouring a revision by the WHO and sent a letter to the new Director General requesting such. Below is the text of the letter.

February 27, 2007

Dr Margaret Chan
Director General
World Health Organization
20, Avenue Appia
1211 Geneva 27
Switzerland

Reference: IPCS review

Dear Dr. Chan,

We are most pleased to congratulate you on your appointment as Director-General of the World Health Organization. Your extensive experience and exemplary performance are most impressive and your appointment is a welcome addition to the scientific and health community.

We greatly appreciated your opening remarks to the WHO in January. Your commitment to impartiality and objectivity combined with political and technical accountability will clearly advance our goal of living in a healthier society.

We are approaching you today with regard to an issue, which some have considered finished but which current scientific data clearly shows is not. That is the issue of asbestos. At issue is the fact that the term asbestos is a trade name, and does not in and of itself differentiate the two mineral types which are called by this name: that is the mineral chrysotile (serpentine) and the mineral amphibole.

The last review of chrysotile was published by the WHO/IPCS in 1998 based upon a meeting of the Task Group on Environmental Health Criteria for Chrysotile in July 1996.

Since then, numerous scientific studies have been published, which show that chrysotile is much less potent than amphibole asbestos. This was reflected as well in a recent WHO report (Concha-Barrientos et al., 2004, pp 1687 – 1689).

What do we know today that we did not know in 1996?

That current epidemiological studies clearly differentiate chrysotile from amphibole asbestos and show that amphibole is many orders of magnitude more potent than chrysotile.

That inhalation toxicology studies on commercial chrysotile asbestos show that it is not toxic at concentrations much higher than the current workplace limit levels, while amphiboles even after a few days of exposure have been shown to produce severe inflammation and fibrosis.

That a large database of mineralogical studies dating from the 1950s to the present fully support these results and explains why chrysotile is so different from amphibole asbestos.

These results are supported by more than 60 peer-reviewed scientific publications that have been published since the 1996 IPCS meeting.

Why is it important to reconsider the scientific information on chrysotile?

The extensive database that has been developed since the last IPCS review of chrysotile shows that the potency of chrysotile is much less than that in the amphibole asbestos.

If this difference is not recognized, then effective health and worker protection cannot be achieved. It is time to have the scientific community and public understand the differences between the amphiboles and serpentine asbestos.

Today, only chrysotile is used throughout the world. However the extensive use of amphiboles in the past remains with us today as well. The risk of cancer from exposure to long fiber amphiboles is severe. Without recognizing the fiber type and the differences in potency, effective health prevention cannot be achieved. If chrysotile is treated the same as amphibole then preventing exposure to the very dangerous amphiboles becomes nearly impossible.

In addition, understanding of differences in the potency of asbestos types is essential in determining the comparative pathogenesis of suggested replacements.

What are we asking?

As you have so eloquently stated in your remarks in January, "The incorrect or selective use of science only serves to undermine our ability to move forward in our goal of living in a healthier society."

We are asking only for the WHO/IPCS to be open to having an Environmental Health Criteria Task Group review the last 10 years of scientific data that have been published on chrysotile asbestos.



The promulgation of decrees and policies by groups within the WHO without such a review only serves to undermine your commitment to impartiality and objectivity and sets a precedent, which can and will spill over to other issues as well.

We would welcome the opportunity to present a brief review of this information to you and your staff. As one of us, Dr. Bernstein, lives in Geneva this can be arranged at your convenience.

We look forward to hearing from you and to working with you on this issue.

Best regards

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LATEST NEWS FROM THE WORLD HEALTH ASSEMBLY

On May 23, 2007, the WHA endorsed a Global Plan of Action on Workers' Health, which aims to devise policy instruments on workers' health.

Below is our understanding of what this entails, as we do not yet have the official text which was endorsed. The objective, amongst many others:

- to protect and promote health at the workplace;
- to improve performance and access to occupational health services;
- to provide and communicate evidence for preventive action.

During the session of Committee A, where the Global Action Plan was discussed, we understand that some participants spoke of the need to use science and called upon the WHO to use a differentiated approach with respect to asbestos when implementing the Plan of Action.

Suggestions were made on the need to change the wording on the Draft Plan of Action.

WHO was encouraged to consider all scientific evidence, including risk management approaches, such as controlled-use.

We were also informed that the Assistant Director General for Health and Environment, Mrs. Susan Webber Mosdorm, in response to interventions related to asbestos and the health of workers, stated that strategies should be considered by countries, **according to their specific needs and conditions.**

As a result of the discussions, the Resolution and the Plan of Action were re-issued with a number of amendments, including one relating to asbestos.

Paragraph 10 of the POA, now reads:

" Its activities will include global campaigns for elimination of asbestos-related disease – bearing in mind a differentiated approach to the two forms of asbestos – in line with international legal instruments and the latest evidence for effective interventions and..."

We should remember that on July 21, 2006, Dr. Ivan D. Ivanov, Occupational and Environment Health (WHO) recommended in his Policy Paper for Asbestos, the following:

"...be recognizing that the most efficient way to eliminate asbestos-related diseases is to stop use of all types of asbestos (including chrysotile)."

This proposal was not retained in the Global Action Plan.

In their Press Release of May 22, 2007, anti-chrysotile and European Union labour activists implied that the WHO had adopted their position, which was seen as a breakthrough for them. Again, this statement is grossly exaggerated and definitely incomplete. As usual, it is what is called "selective information."

In our opinion, the WHA was right to endorse the **amended** Plan of Action which outlines a commitment that ICA has always supported "the protection and health of workers." But, a total ban of all asbestos fibres, including chrysotile, was not endorsed because a ban is not, by a long shot, the only way to protect workers' health.

ASBESTOS ON THE CARCINOGENIC SUBSTANCES LIST

Scientists re-establish facts

On December 1st, 2006 the journal "Indoor and Built Environment" accepted the following scientific text, which was published on February 16, 2007. Signed by seven (7) scientists, this is one of the rare documents criticizing the manner in which the International Agency on Research for Cancer (IARC) proceeds with the evaluation of risk in regards to asbestos. This merits attentive reading.

Misconceptions and Misuse of International Agency for Research on Cancer "Classification of Carcinogenic Substances": The Case of Asbestos.

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Abstract

In their work on human cancer, the International Agency for Research on Cancer have run a programme of "monographs" that evaluate carcinogenic risk of chemicals to man. The data collected provide considerable information on the risk from substances identified as carcinogens. However, this is largely unused in the IARC classification scheme in spite of the use of the term "risk" in the title and text of the monographs. Consequently some governments and pressure groups use hazard identification to advance the cause of banning agents without conducting a

risk assessment. Confusion and indiscriminate use of "hazard" and "risk" mean that the hazard data are commonly misrepresented as risk data. A common political response is to push regulatory action to extremes, citing the Precautionary Principle. Unfortunately, eliminating substances on the grounds of inherent hazard can deny major benefits to societies and undermine the sustainable developments. This is nowhere better illustrated than in the case of the minerals known collectively as asbestos. Evidence available clearly differentiates the hazards of chrysotile and amphibole asbestos, yet the current IARC classification does not make this distinction. This is in spite of the fact that amphibole asbestos produces orders of magnitude more diseases than chrysotile when used in the same way. The overwhelming weight of evidence available indicates that chrysotile can be used safely with low risk. Cement products such as water pipes and boards for housing provide versatile products made at affordable cost of the developing countries which if not available would cost rather than save lives.

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Accessible online at <http://ibe.sagepub.com>

Here below the abstract of a text by Dr. Charles M. Yarborough and recently published in "Current Opinion in Pulmonary Medicine." We believe you will find this an interesting read.

THE RISK OF MESOTHELIOMA FROM EXPOSURE TO CHRYSOTILE ASBESTOS

Purpose of review

This review assesses the risk of developing diffuse malignant mesothelioma of the pleura from exposure to chrysotile fibers and compares it with the known risk of amphibole asbestos.

Recent findings

Although a rare cancer, the mortality rates of pleural mesothelioma continue to be significantly elevated because of past occupational exposure to airborne asbestos fibers.

New analyses of occupational epidemiologic studies for highly exposed workers show a substantially lower potency and suggest an empiric threshold for chrysotile compared with amphibole asbestos. Important kinetic and pathological differences between chrysotile and amphiboles have been substantiated that support chrysotile's impotency in causing pleural mesothelioma.

Summary

Excess risk of pleural mesothelioma from past exposures to asbestos, as evidenced by a trend of high incidence rates during the last half century, appears to be the result of nonchrysotile asbestiform fibers. Although scientific efforts and legal arguments continue, the risk of pleural mesothelioma in human populations is probably negligible for exposures to airborne chrysotile asbestos that is not known to be contaminated by amphibole. This distinction for asbestos fiber types is pivotal for understanding hazards and characterizing risks of continued use of natural chrysotile asbestos today and also new nanofibers.

Key words: asbestos, chrysotile, mesothelioma, risk assessment

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WORLD NEWS

RUSSIA

Towards an international coalition of pro-chrysotile unions

An international trade union conference entitled: "Trade Unions and Chrysotile" was held in Moscow from April 24 to 27, 2007. It attracted over a hundred participants from some 20 countries. Workers' representatives from producing and consuming countries, as well as world renowned scientists, provided updates on the most recent studies and scientific data available, and discussed strategies for fighting the worldwide and increasingly aggressive anti-asbestos movement, including chrysotile.

A Charter on chrysotile and a policy statement were developed and adopted to protect workers and populations. The "Alliance Chrysotile" was also formed at that meeting. Requests for appeals were submitted to international organizations (WHO and ILO) asking them to review their recent positions on asbestos that do not take into consideration the major distinctions between the different types of asbestos fibres, nor the recent scientific data on chrysotile.

UNITED KINGDOM

When faced with fear, we believe!

In an article entitled: "The great Asbestos Deception: a problem for your health or your wealth?", British journalist and writer Christopher Booker, caricaturing the attitude of many of the detractors of chrysotile, described how they try to project dangers that are actually associated with amphiboles onto chrysotile. In fact, he mocks the fact that many are interested in treating chrysotile fibres encapsulated in cement with the same fear as amphibole fibres released into the air.

The analogy he used was that of a cup of plutonium left on your desk. You would be eternally grateful to the construction firm that would get rid of it for you, even at a stiff price, as well as the firm of lawyers that would win compensation for you for having been

exposed to it. However, for one second, imagine that instead of plutonium, it was a watch with a luminous dial. Imagine hiring a firm to remove it from the top of your desk because the workers who manufactured these watches had developed mouth cancer because of the luminous rays in them. Obviously, the finished product (the watch) involves no measurable risk for human health. Why should we then act as if it was plutonium?



UNITED STATES

Mobilization against a proposal in favour of a full ban of all types of asbestos submitted to the Senate

Democratic Senator Patty Murray introduced a proposal for a full ban on the use of asbestos in the United States in March 2007. Hearings were conducted on the issue. Afterwards, American, Canadian and English scientists, the Canadian government and a Republican Senator, member of his sub-committee, presented solid arguments about the important differences between the various asbestos fibres and the fact that there is no justification or necessity for a ban of chrysotile.

The above scientists underscored that:

1. There is no consensus for the ban. Most countries apply a policy on controlled use for chrysotile in the industry of friction products and chryso-cement; and,
2. The assessment of risk to health in the case of safe and controlled-use indicates that the risk of developing a disease related to chrysotile during a lifetime is much lower than the limit set by the Environmental Protection Agency (EPA). An assessment of risk with amphibole fibres has not been conducted because they have not been used for a long time.

The progress of Senator Murray's project will be closely monitored.

UNITED STATES

Will the EPA review its data on chrysotile?

The issue of the houses in Libby, Montana, insulated with vermiculite contaminated by amphiboles, may force the EPA to take into consideration the fact that amphiboles and chrysotile are two types of fibres with very different properties and risks. In fact, the recent data obtained by a scientist specializing in the environment, Wayne Berman, concludes that, contrary to the EPA's risk evaluation method for asbestos of 1986, there are important differences in the level of danger between amphiboles and chrysotile. Studies conducted by Berman and statistician Kenny Crump, using electronic microscopes on both animals and epidemiological data, revealed important distinctions on the length and type of fibres.

In February 2003, a panel of EPA peers endorsed the conclusions of Berman and Crump, and was unanimous in affirming that the risk of cancer linked to amphiboles was at least twice as high as those linked to chrysotile. In the case of Libby samples, the Berman-Crump method estimated the risks at 6 to 12 times higher than the method used by the EPA. This further confirms the conclusions of English researchers Hodgson and Darnton.

However, more than four years later, the EPA has not updated its assessment methods for determining risk or toxicity. One of its scientific advisors admitted that although the Berman-Crump results suggested a much higher level of hazard with amphiboles in comparison to chrysotile, it was premature to quantify the potential dangers. The agency is now setting up an asbestos review panel.

COLOMBIA

An important seminar held

The seminar was organized by the department to promote health and prevent work-related accidents and occupational diseases in the asbestos sector, and was chaired by Dr. Marcela Giraldo Suarez, General Director of risks, associated with the work of the department of social welfare of Columbia. Some 300 participants from Venezuela, Peru, Brazil and Mexico attended. They included representatives from government, industry, universities and unions.

Presentations were made by Dr. David Bernstein (Switzerland) on the biopersistence of fibres and by Dr. Jacques Dunnigan (Canada) on the myths and facts of chrysotile. They were followed by fruitful question periods. Presentations concerning the update of data on the situation involving the health of workers in Colombia were made. Remember that amphiboles have been banned since 1985 and that the standard for chrysotile is 0.1 f/cc. Additionally, Luis Cejudo-Alva from Mexico and union representatives from Colombia strongly denounced the detractors of chrysotile. At the end of the seminar, the government announced its intention to call a meeting soon of organizations and partners involved with chrysotile in that country.

CANADA

The government follows-up

In a letter responding to the concerns of the Chrysotile Institute, formulated by Dr. Jacques Dunnigan in a letter to the Director General of the WHO, the Canadian government strongly reiterated its position

in favour of the controlled-use of chrysotile through the voice of cabinet of the Minister of Health. He also supported the arguments related to the fact that the risks linked to chrysotile are lower than those associated with other asbestos fibres and consequently, the risks to health are lower. The government of Canada also emphasized that it was important that discussions on chrysotile should be based on the most recent scientific data and that they should recognize the distinction between the different types of asbestos. At the same time, it announced that Health Canada is conducting a scientific review of this matter.

