

Chrysotile asbestos: Hazardous to Humans, Deadly to the Rotterdam Convention



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Chrysotile asbestos: hazardous to humans, deadly to the Rotterdam Convention

Published by the Building & Woodworkers International and the
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Asbestos sheet cutting unit located on the main road in a residential area of Mardan City, Northwest Frontier Province, Pakistan.

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Preface

by Kartika Liotard

Member of the European Parliament, the Netherlands

Chair of the European Asbestos Conference 2005



The battle over the categorization of chrysotile asbestos as a hazardous chemical under the terms of the Rotterdam Convention continues to rage. While the inclusion of chrysotile on the Prior Informed Consent (PIC) list of the Rotterdam Convention does not constitute a ban on global sales, it should enable developing economies to make informed decisions on whether they wish to import a chemical that has been found to be carcinogenic by the International Labor Organization, the World Health Organization, the International Agency for Research on Cancer, the International Programme on Chemical Safety, the Collegium Ramazzini and the World Trade Organization. These international bodies agree that all types of asbestos are deadly and should not be used. Evidence on the toxicity of chrysotile (white asbestos) led the European Union to ban its use as of January 1, 2005. Most industrialized governments have either banned or seriously restricted the use of chrysotile. And yet, COP1 “failed to reach consensus” on the inclusion of chrysotile on the PIC list due to the orchestrated opposition of asbestos-producing and consuming stakeholders. The result of discussions held in Geneva in October 2006 will determine whether the global trade in this poisonous substance will continue unhindered for the foreseeable future; as such, these discussions can

truly be said to be a matter of life and death.

Europe’s use of asbestos has caused unprecedented levels of disease and death; asbestos remains the primary carcinogenic toxin affecting European workers. Asbestos products in European homes and commercial/public buildings as well as asbestos waste in the environment constitute a clear and present threat to public health and safety. The difficulties of ridding our society of this hazard were detailed at the European Asbestos Conference which was held in the European Parliament in September 2005. Speakers from new and old European Union Member States confirmed the tragic reality: Europe’s asbestos legacy is a complex problem which will not be easily or cheaply solved; hundreds of thousands of Europeans will succumb to asbestos deaths before we are able to undo the contamination caused by the widespread use of asbestos throughout the 20th century.

If a substance such as chrysotile is too hazardous to be used by industrialized countries, it should not be exported; if it is exported, then full disclosure of the hazards must be made mandatory. No one who knows about death by asbestos would wish this fate on others; for this reason alone, the global trade in chrysotile should be subject to the PIC protocol.

Appeal by the Building and Woodworkers International (BWI)

by Anita Normark
BWI General Secretary

In recognition of the severity of the global asbestos tragedy, the BWI is calling on all parties to the Rotterdam Convention to urgently support the PIC listing of chrysotile. The Building and Woodworkers International (BWI) is a Global Trade Union Federation representing 350 trade unions with a membership of approximately 13 million workers in 135 countries. Our members, many of whom work in the building trades, are amongst those most at risk of occupational exposure to asbestos. Today, more building workers die each year from past exposures to asbestos than are killed in falls. Failure to include chrysotile on the PIC list will ensure that the asbestos epidemic which has taken so many lives in the developed world will spread to developing countries. Reports received from comrades in Brazil, Chile, Peru, Thailand, Pakistan and Korea indicate that national incidences of asbestos disease are already increasing in Latin America and Asia.

For more than 20 years, the BWI has been at the forefront of the global campaign to eliminate the asbestos hazard. In 1989, we adopted an asbestos policy which stipulated that the only "safe use" of asbestos is no use. Our sustained campaign on asbestos has included national and international activities to raise awareness amongst our members, the public, governments and international agencies. In the year 2000, the BWI launched a worldwide campaign among its affiliates reiterating the need for a global ban and calling for the proper management of installed asbestos. The BWI has an ongoing programme of activities with workers and other partners in the building and construction materials industries giving advice and training on the hazards of asbestos and measures to prevent exposures. Our affiliated unions have been instrumental in achieving national bans and improving prevention in a number of countries. On April 28, 2006, International Workers' Memorial Day, thousands of BWI members engaged in: "peaceful demonstrations and petitions at Canadian Embassies and Consulates to convince the Canadian government to call a halt to its aggressive marketing and promotion of asbestos in developing countries such as India, Zimbabwe and Brazil."

Why are we targeting Canada when there are other countries which produce or export more asbestos than Canada? The fact is that no other country relies on federal funding to finance massive advertising campaigns focused on developing countries to convince them that asbestos use is safe. We call on Canada and other asbestos stakeholders at the COP3 to accept that the time has come to include chrysotile on the PIC list so that developing countries can make informed decisions on a subject of such deadly importance.



"Our members, many of whom work in the building trades, are amongst those most at risk of occupational exposure to asbestos."



Introduction Listing of Chrysotile – a Priority at COP3!¹

by Laurie Kazan-Allen, Coordinator International Ban Asbestos Secretariat



The implementation of the Rotterdam Convention after years of negotiation was a remarkable achievement; it engendered a new hope that order might be imposed on the flourishing global trade in hazardous chemicals and pesticides, a trade which exposed vulnerable populations to avoidable risks. By establishing protocols for supplying information on chemicals included on the PIC list, exporters of hazardous substances would, for the first time, be required to share responsibility with importing countries. As of 2006, dozens of chemicals had been approved for listing including five types of asbestos: actinolite, anthophyllite, amosite, crocidolite and tremolite. Action on only one substance nominated by the Interim Chemical Review Committee for inclusion has been stalled: chrysotile asbestos. Despite the fact that chrysotile satisfied all the Convention's criteria, national governments, led by Canada, defeated attempts to obligate exporting Parties to share information on the potential health and environmental effects of this acknowledged carcinogen. Chrysotile proponents cited disingenuous and hardly credible reasons (Appendix A)² for their resistance when, in fact, their true motives were simple: barefaced greed and national politics.

The objective of this publication is to place the Convention's chrysotile debate in a wider context. Whilst there has been extensive documentation distributed by the PIC Chemical Review Committee detailing the scientific and economic justifications for the listing of this carcinogen, the Convention Secretariat is, by the very nature of the Treaty, not in a position to comment on non-administrative issues. The papers in this collection do just that and will, hopefully, enable delegates to take a broader view on the urgent need for chrysotile to be subjected to global trade restrictions.

Blocking proposals to list chrysotile, strikes at the very heart of the Rotterdam Convention; should the inclusion of chrysotile be prevented yet again, the Convention could become little

more than a paper tiger. The chrysotile dilemma is explained succinctly in Carl Smith's chapter *Don't Ask, Don't Tell*: "The challenge before COP3 is not chrysotile, but fidelity to the aims of the Rotterdam Convention. Conflicts between environmental protection and economic interests are certain to arise again. If anything, the fact that a chemical is in wide circulation should increase the importance of information exchange.

The early stages of the implementation process will signal the strength of the Parties' commitment to this fundamental, essential activity. An 'evader's charter' must not be established at the early stages of this vital instrument."

Since COP1 (2004), the need to address the growing threat of chrysotile use in the developing world has been addressed at conferences and meetings organized by ban asbestos campaigners, trade unionists and asbestos victims' groups. The Global Asbestos Congress 2004 (GAC 2004), held barely two months after COP1, marked a landmark in the global asbestos debate; this three-day event was the first conference to focus on asbestos use in Asia. Organized by the Ban Asbestos Network of Japan (BANJAN) and its partners, GAC 2004 provided the opportunity for speakers from Japan, Korea, India, Pakistan, the Philippines, Thailand, Indonesia and Vietnam to discuss the national repercussions of asbestos consumption; their presentations confirmed the increasing use of asbestos-cement building products by unskilled workers who are unaware of the hazards. Building on the momentum generated by GAC 2004, officials from the Ministry of Public Health and Ministry of Labor, Thailand organized the Asian Asbestos Conference in July 2006. Many of the recent developments in the global asbestos landscape, including new policies by the World Health Organization and the International Labor Organization calling for the elimination of asbestos use, are discussed in the paper by Laurie Kazan-Allen *Rotterdam Convention: 3rd Time Lucky?*

“The WHO and the ILO have joined a rapidly expanding list of international organizations, including the World Trade Organization, the Collegium Ramazzini, the European Union, the United Nations, the World Bank, the International Social Security Association and the International Commission on Occupational Health that have recognized the tragic impact asbestos has had on human health.”

During the 20th century, Canada and the Soviet Union accounted for nearly 75% of worldwide asbestos production. Canadian asbestos stakeholders, who nicknamed chrysotile asbestos “white gold,” used their formidable financial resources to buy support from regional and federal politicians. The Canadian Government is in an invidious position; it advocates the use of chrysotile abroad but does not promote its use at home. Canada exports more than 95% of all the asbestos it produces; the cynical observer might be inclined to ask: “If Canadian chrysotile is safe enough for foreigners to use, why isn’t it safe enough for Canadians?” The Ottawa Government’s behaviour is immoral and is social dumping of the most cynical kind. The paper by Dr. Jim Brophy *The Public Health Disaster Canada Chooses to Ignore* examines the devastating impact Canadian asbestos production has had at home and the unscrupulous methods used by stakeholders to promote Canadian asbestos sales:

“The Canadian federal government has blocked efforts through the United Nations to have chrysotile asbestos included in the Rotterdam Convention... (Canadian) embassies throughout the world are busy promoting asbestos in individual countries. The Canadian Embassy persuaded South Korea in 1977, for example, to withdraw labelling legislation that would have warned about the possible dangers of chrysotile. In the late 1980s, the Canadian government intervened along with the asbestos industry to block the U.S. Environmental Protection Agency (EPA) from enacting a phase-out of asbestos use.”

At the conference held in Bangkok this Summer (2006), Canadian MP Pat Martin criticized his country’s asbestos policy: “Canada is acting like an ‘international pariah’ by exporting asbestos to Third World countries despite the well-known health hazards.” In the paper *Asbestos is Not Banned in North America*, Dr. Barry Castleman elaborates on this point:

“Canada, like the U.S., uses very little asbestos in domestic manufacturing. Canada’s asbestos mines export virtually all of their output to poorer countries. Many of the perennial defend-

ers of chrysotile asbestos on the global scene today are Canadian scientists, they carry on the tradition started in the 1960s by spokesmen for multinational asbestos corporations. But they would be less effective as globe-trotting asbestos industry propagandists, featured in news reports with titles like Asbestos cement products are absolutely safe, if Canada banned asbestos.”

Brazil, the world’s 4th largest asbestos producer, has retained a stony silence during COP discussions on chrysotile. In her paper *Brazil’s Position on Chrysotile – No Position!*, Engineer Fernanda Giannasi contrasts President Lula’s pre-election ban- asbestos promise with the post-election reality of a sham government commission which, after extensive contemplation and seemingly endless discussion, decided not to make a decision:

“This policy to actively do nothing is still the official line as reported by people who attended a meeting in Brasilia on September 9, 2006 to discuss our position on chrysotile at the upcoming meeting in Geneva. Better to let countries, like Canada, India and Kazakhstan shout out their objections and for Brazil to remain apparently neutral. This appearance of impartiality would placate the industry even if it antagonized the asbestos victims, many of whom will be too ill to vote in the coming elections in October 2006.”

“While other countries are banning asbestos, India is expanding the asbestos sector and

Action on only one substance nominated by the Interim Chemical Review Committee for PIC listing has been stalled: chrysotile asbestos.



constructing factories where asbestos material is produced 24 hours a day," says Gopal Krishna, from Ban Asbestos India (BANI). The parasitic relationship between politicians and asbestos stakeholders dictates national policy and leads to pro-chrysotile initiatives such as the lowering of duty on chrysotile imports. BANI's position is unequivocal:

"Asbestos is a public health issue which the Government has ignored for far too long. In the public interest, BANI appeals to the Government of India to support the inclusion of chrysotile asbestos on a trade 'watch list' that already contains all other forms of asbestos."

The final comments on the Rotterdam Convention's chrysotile dilemma go to Canadian MP Pat Martin who is appalled by the behavior of his Government:

"As a Canadian Member of Parliament, I believe that my government has a moral obligation to

stop opposing the inclusion of asbestos in the Rotterdam Convention. In fact, I believe strongly that the Canadian government should be campaigning in favour of informed prior consent and the use of the precautionary principle when it comes to the handling of dangerous materials like asbestos. Concerned Canadians must continue to tell the truth and expose the Canadian asbestos industry. Canada must share in the collective responsibility for this human health tragedy."

Asbestos victims, trade unionists, public health campaigners, NGOs and politicians from developed and developing countries agree that continuing to ignore the asbestos hazard is not an option. The Rotterdam Convention was founded with the specific intention of ending the imperialistic and economic exploitation of vulnerable populations. Should the impasse on chrysotile remain, sales to unsuspecting governments and consumers will continue unabated. The growing use of asbestos in the developing world will lead to more ill-health and more deaths; national infrastructures and environments will be contaminated by a chemical which, as its names indicates, is indestructible. Using the example of chrysotile as a precedent, countries which sell other toxic chemicals will veto plans to list their products. And so a vicious cycle will begin: one in which the human family will suffer at the hands of those who place profits before health and politics before social justice. An ignoble end to a promising global initiative.



Endnotes and References

1 COP3: the third Conference of the Parties to the Rotterdam Convention

2 See: Chronological Record of the Contributions of National Delegations and Others. September 18, 2004 page 29.

Don't Ask, Don't Tell? Preventing information exchange increases the risks of chemical exposures*

by Carl Smith, Vice President, Foundation for Advancements in Science and Education

The 2004 entry into force of the Rotterdam Convention was the culmination of nearly two decades of dialogue between governments, intergovernmental agencies, and nongovernmental organizations (NGOs). Its fundamental objective is to facilitate information exchange regarding chemicals that have been strictly regulated or banned by at least two States, enabling governments in developed and developing countries alike to make informed decisions regarding safe use and trade.

The Parties to the convention,** which include 99 States and the European Community, have now met twice. The decisions that they have made thus far regarding chrysotile asbestos — or, more to the point, decisions they have not made — raise troubling questions about their ability to fully enact the text they have negotiated. It is important to underscore what is at stake. The Rotterdam Convention exists to help ensure that all governments — particularly those in the developing world — are alerted when a chemical is banned or severely restricted. By establishing procedures for collecting, reviewing, and disseminating such regulatory decisions to parties, it can help to remedy imbalances in infrastructure and technical capacity and provide regulators with essential data.

The convention aims to facilitate “prior informed consent”(PIC); that is, to ensure that countries are aware of the hazards of chemicals before they introduce them to the workplace and the environment. Some parties have suggested that adding a chemical to the conven-



tion’s “PIC” list—chemicals for which “decision guidance documents” are prepared and distributed to parties to help them take decisions on whether or not to allow import and under what conditions—constitutes an incitation to a global ban. However, there is nothing in the text that prevents a country from importing a chemical on the PIC list, or from selling it to a country that, fully informed, still wants to import it.¹ The bar is set not at elimination but at equal access to information. It would be hard to imagine a more laissez faire approach to “regulation” — yet the early stages of implementation suggest that when economic interests are at stake, it is possible for consensus regarding a chemical to devolve to “don’t ask, don’t tell.”

At the first Conference of the Parties (COP1), convened in Geneva in September 2004, chrysotile asbestos loomed like an unwelcome guest at an otherwise happy occasion. Like other chemicals nominated for inclusion in the PIC regimen, it met all criteria outlined in the convention. It was different in one regard, however—the magnitude of its production and trade. From an occupational health perspective, there was and is no doubt that chrysotile is unusually hazardous. Three years earlier, the

The Rotterdam Convention exists to help ensure that all governments—particularly those in the developing world—are alerted when a chemical is banned or severely restricted.

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** While it played a significant role in the process of negotiating the text of the Rotterdam Convention, the United States is not yet a Party.

It is important to point out precisely what is being negotiated: willingness to exchange information.

Collegium Ramazzini* had called for a ban on all mining and use of asbestos.² As members of the Collegium noted, even the strictest limits for occupational exposure to chrysotile asbestos—virtually unattainable in the developing world—have been estimated to be associated with lifetime risks of 5 per 1,000 for lung cancer and 2 per 1,000 for asbestosis.^{2,3}

However, inclusion of chrysotile in the PIC procedure was anything but pro forma. A final meeting of the Intergovernmental Negotiating Committee for the convention, held immediately prior to COP1, failed to reach consensus that the chemical belonged on the PIC list.⁴ At the COP, Canada (a party) and the Russia Federation (present as an observer) — both asbestos exporters** — provided a core of opposition to the listing that attracted a number of other delegations. No consensus was reached.⁵

When interviewed by Reuters, representatives of both the Canadian government and the chrysotile industry stated that adding the chemical to the PIC list could be interpreted as a “ban” of the chemical.⁶ These utterances were doubly misleading — first, as noted above, the Rotterdam Convention does not impose bans, and second, from the perspective of the international occupational health community, a worldwide ban would be entirely appropriate. (Some governments share this view; the European Communities have banned chrysotile — a move Canada contested at the World Trade Organization, but which was upheld by the WTO dispute panel).^{7,8}

COP2 was held in late September 2005. Early in that year, members of the Collegium Ramazzini repeated the call for an international ban on all forms of asbestos, underscoring that “Scientists and responsible authorities in countries still allowing the use of asbestos should have no illusions that ‘responsible use’ is a realistic alternative to a ban.”¹⁰

In February 2005, the Chemical Review Committee for the Rotterdam Convention that met to consider new candidates for PIC listing concluded that all conditions established in the Convention were met, and recommended that chrysotile asbestos be added.¹¹ As foreseen in the working procedures for the convention, the potential listing was not part of the agenda of COP2.¹² After finalization of the decision guidance document, a decision on inclusion must be taken at COP3. However, at COP2 the process seemed on the verge of taking a step backwards when one delegation suggested that since the listing of chrysotile had been “rejected” by the parties, all work done on the chemical to date should be considered cancelled and all submissions by governments that had banned the chemical, and the review of these submissions by the Chemical Review Committee, should be disregarded.¹³

Again, it is important to point out precisely what is being negotiated: willingness to exchange information. Clearing this hurdle must become routine for governments that are also parties to other international agreements that aim to bring about the elimination of hazardous chemicals, such as the Stockholm Convention on Persistent Organic Pollutants (POPs). It is difficult to imagine how a “don’t ask, don’t tell” approach to chrysotile asbestos — or any other dangerous but profitable chemical — could be justified. Would a friend or neighbor pass on a container of poison and make no mention of the dangers of its contents?

Proposals to include pesticides still in international trade in the PIC process of information exchange have not met similar opposition. A code of conduct for pesticide distribution, developed at FAO and embraced by industry and governments alike, includes labelling



It is true that PIC listing leads to disclosure of the international community’s best assessment of the hazards of a chemical and of the strict risk management measures taken by at least two countries. As Principle 10 of the Rio Declaration makes clear, citizens as well as governments should have access to such information: “each individual shall have appropriate access to information concerning the environment that is held by public authorities, including information on hazardous materials and activities in their communities, and the opportunity to participate in decision-making processes. States shall facilitate and encourage public awareness and participation by making information widely available.”⁹

*Founded in 1982 in honor of Bernardino Ramazzini, author (in 1700) of the first comprehensive book on occupational diseases. By holding conferences and symposia, by publishing research papers, and publicizing its views, the Collegium seeks to help legislators, regulators, and other decision-makers to better understand the public policy implications of scientific findings. Its goal is to work towards possible solutions to occupational and environmental health problems.

** According to a report published in June 2005 by the European Trade Union Institute, Canada and the former Soviet Union account for nearly three fourths of world-wide asbestos production during the 20th century.

requirements to ensure the hazards of pesticide products are clearly communicated.¹⁴

The suggestion that “informed consent” should apply to chemical trade arose more than two decades ago,¹⁵ in response to the migration of banned and hazardous pesticides from the developed world to developing-world users who did not fully understand their dangers.^{16,17} This history must not be forgotten. Developing countries are the primary beneficiaries of the information exchange mechanisms of the Rotterdam Convention and stand to lose the most if they are not rigorously implemented. Determined commitment to the opportunity provided by PIC has ramifications beyond environmental health. In an extensive report examining the ways that natural systems form the basis of wealth and survival for the world’s poor, the World Resources Institute suggests that the proportion of households with access to environmental information would be a useful indicator of progress toward achievement of the poverty reduction sought by the Millennium Development Goals.¹⁸

In February 2006, the PIC Chemical Review Committee again reviewed the evidence supporting the inclusion of chrysotile in the PIC procedure and again recommended that the Parties add it to the PIC list.¹⁹ Attendees also received a report from a WHO meeting assessing chrysotile substitutes.²⁰ The meeting was marked by sharp divisions along the lines seen at COP2. Clearly, this did not set the stage for a smooth ride when the Parties meet again.

COP3 will take place in October 2006. It will mark two years since the parties faltered in what should have been a routine step toward shared responsibility for a chemical whose hazards have been well characterized for more than seven decades.²¹ The difficulty asbestos exporters (and countries with domestic industries that benefit from importing this hazardous substance) are having in implementing the convention is all the more baffling in view of this reality: the “secret” is out. Following the 2006 COP, the parties do not meet again until 2008. The challenge before COP3 is not chrysotile, but fidelity to the aims of the Rotterdam Convention. Conflicts between environmental protection and economic interests are certain to arise again. If anything, the fact that a chemical is in wide circulation should increase the importance of information exchange.

The early stages of the implementation process will signal the strength of the Parties’ commitment to this fundamental, essential activity. An “evader’s charter” must not be established at the early stages of this vital instrument.

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Rotterdam Convention 3rd Time Lucky?

by Laurie Kazan-Allen, Coordinator International Ban Asbestos Secretariat

As international momentum grows for a worldwide ban on asbestos, global asbestos pushers are, even now, finalizing their defensive strategy to prevent the listing of chrysotile as a toxic substance under the Rotterdam Convention. Having succeeded in blocking United Nations recommendations on two previous occasions, there is little doubt that asbestos stakeholders will repeat their obstructive behaviour at the Conference of the Parties to the Rotterdam Convention to be held in Geneva in October 2006.¹

Much has changed, however, since the pro-asbestos lobby's last attempt to stonewall the listing of chrysotile under the PIC protocol.² On April 28, 2006, International Workers' Memorial Day, trade unions highlighted the urgent need for a global asbestos ban; at demonstrations, rallies, information sessions and marches all over the world this issue was given the highest priority. Simultaneously, support for labor's demands to ban asbestos were forthcoming from other sectors of civil society, including asbestos victims' associations, community groups, international

bodies and politicians from 42 countries who issued a petition stating:

"In the spirit of humanity and equality, we declare that each human being has the right to live and work in a healthy environment. It is not acceptable that a substance which is too harmful to be used in the European Union is used in Asia, Africa and Latin America; it is not acceptable for an industrialized country to dump asbestos-contaminated ships in a developing country. A global asbestos ban is the first step in the campaign to rid humanity of the threat it faces from asbestos. As Parliamentarians we will endeavour to lobby national governments, regional and international bodies and work with international labor, NGOs, groups representing asbestos victims and others to secure a global ban. The time for action is now!"

On May 5, 2006, a letter written by a Senior Official from the World Health Organization (WHO) confirmed a huge shift in the organization's position. Whereas formerly the WHO's focus on asbestos was directed "towards assessment of the health risks of different types of asbestos and substitutes," the WHO has now concluded that:

1. all types of asbestos cause asbestosis, mesothelioma and lung cancer;
2. there is no safe threshold level of exposure;
3. safer substitutes exist;
4. exposure of workers and other users of asbestos-containing products is extremely difficult to control;
5. asbestos abatement is very costly and difficult to carry out in a completely safe way.

This Summer, the WHO began a consultation exercise on a draft policy paper on the elimination of asbestos-related diseases; the objective of this policy being:

"to integrate the conclusions of risk assessments of asbestos carried out under the auspices of



WHO, to outline the magnitude of the problem of asbestos-related diseases and to provide general recommendations for their elimination through regulatory, engineering and medical interventions.”¹³

Simultaneously, the International Labor Organization announced plans to tackle the global nature of the asbestos problem with Dr. Jukka Takala, Director of the ILO’s SafeWork Programme saying:

“Asbestos is the most important single factor causing death and disability at work, some 100,000 fatalities a year... There is no ‘safe use’ of asbestos... the ILO should have a campaign of its own to eliminate future use of asbestos, and properly manage asbestos in place today... The task is now to increase the number of countries that have already eliminated future asbestos use from the present 40 countries to at least 100 in the coming 10 years. This should certainly reduce the asbestos use radically. The priority order is to concentrate on the present biggest producers, importers, and users of any kind of asbestos.”

On June 14, 2006, the ILO adopted a Resolution Concerning Asbestos which stated:

“the elimination of the future use of asbestos and the identification and proper management of asbestos currently in place are the most effective means to protect workers from asbestos exposures and to prevent future asbestos-related disease and deaths...”

The WHO and the ILO have joined a rapidly expanding list of international organizations, including the World Trade Organization, the Collegium Ramazzini, the European Union, the United Nations, the World Bank, the International Social Security Association and the International Commission on Occupational Health that have recognized the tragic impact asbestos has had on human health. Europe is all too familiar with the tragic repercussions of widescale asbestos use. Weeks before statistics detailing a 15% rise in the incidence of asbestos-related disease⁴ in France were announced, the French Government called for a global asbestos ban. Junior Employment Minister Gerard Larcher told a meeting of delegates from the ILO’s 178 member states:

“France strongly urges the International Labour Organization to host a far-reaching debate with a view to rapidly ending the use of this material which has caused a major catastrophe.”¹⁵

On previous occasions, there was little doubt that Canada orchestrated the opposition to the inclusion of chrysotile on the PIC list. On May

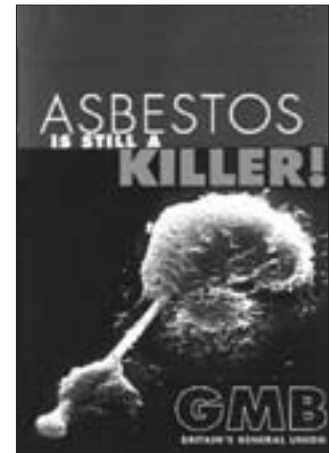
23, 2006, the Parliamentary Secretary to the Canadian Minister of Natural Resources, Christian Paradis, reaffirmed Canada’s entrenched position vis-à-vis chrysotile, saying: “It is the position of the Government of Canada not to list chrysotile under the Rotterdam Convention.”¹⁶ In his speech to an asbestos industry conference organized by the Chrysotile Institute, Paradis said that his Government did: “NOT promote the sale of this fibre... the Government promotes the safe use – and NOT the sale – of chrysotile.” And yet, in early 2006, the Canadian High Commission in Johannesburg expressed concern about the South African Government’s proposed asbestos ban which could impact adversely on asbestos markets worth \$5 million in Africa.⁷ That such a high-level Canadian official attempted to interfere in a sovereign country’s legislative process, citing the rules of the World Trade Organization, is not part of the diplomatic remit but is most definitely the behavior of a traveling salesman. In March 2006, the Canadian embassy in Jakarta donated the sum of \$4,000 to a local trade association, the Indonesian Association of Cement-Fibre Producers, for an industry-run pro-asbestos show event. Is this generosity an expression of diplomatic beneficence or yet another commercial decision?

To add insult to injury, in his speech Paradis also emphasized the humanitarian reasons for Canada’s leadership of the pro-chrysotile lobby:

“Because of this work – because of Canada applying safe-use principles on an international level – facilities in many countries now have fibre concentrations as low as the ones I just cited for mines in Quebec. And today, countries such as Brazil, Russia, China and India look to Canada for continued cooperation in promoting the safe use of chrysotile. One must wonder, if Canada had not stepped up to the plate in 1984, who else at the time would have done so? And what might have been the consequences of Canada’s inaction?”

We will continue to step up to the plate to face challenges such as those (sic) within the European Union who see commercial advantage in having chrysotile listed under the Rotterdam Convention...”

In years gone by, Canada’s support for the asbestos industry had gone virtually unnoticed by the Canadian public. They were not asked and were certainly not told of their Government’s generosity to the asbestos industry; since 1984, Ottawa has spent \$20 million supporting the Chrysotile Institute (CI), the asbestos industry’s trade association; the current level of



It is not acceptable that a substance which is too harmful to be used in the European Union is used in Asia, Africa and Latin America.

federal funding for the CI is \$250,000 a year. In the bad old days, the asbestos industry had a monopoly of media coverage on the asbestos issue; recently, journalists in Canada's English-speaking press have begun to investigate the close ties between the industry and Government. On August 25, 2006, Journalist Martin Mittelstaedt's article *Ottawa Weighs Renovation of Third World Asbestos Policy*, which appeared in the *Globe and Mail*, exposed the hypocrisy of a country which no longer uses much asbestos flogging it to developing countries where it "is added to cement to make durable building materials, such as the roofing and wall boards commonly used in shantytowns and similar housing," despite the fact that exposure to asbestos causes a range of deadly diseases. When Mittelstaedt interviewed Gary Nash, Assistant Deputy Minister at Natural Resources, he was told that the government does not promote the sale of asbestos but rather encourages its "safe use." "Canada is," said Nash "performing a vital public-health service by encouraging safer asbestos use... Would you expect Kazakhstan to do it? Would you expect Brazil to do it? Who would you expect to do it, other than Canada."

It could be argued that Nash has a vested interest in the financial viability of the asbestos industry; he was, after all the Founding President /Chief Executive Officer of the Asbestos Institute (now known as the Chrysotile Institute). In a memo referred to in the Mittelstaedt article, Nash petitioned the Canadian Government to continue its funding of the CI beyond the March 31, 2007 deadline, warning that failure to do so could seriously destabilize the fragile Canadian federation by upsetting voters in Quebec, the only Province still producing asbestos.

In light of Ottawa's pro-asbestos bias, the statements by Paradis and Nash and Canadian opposition to the listing of chrysotile, it seems more than likely that the Canadian veto will once more be a feature of the discussions at the upcoming conference on the Rotterdam Convention. Canada's self-serving behavior on asbestos contrasts badly with progressive steps being taken in the European Union (EU). On January 1, 2005, the new uses of all forms of asbestos were banned throughout all 25 Member States. On September 1, 2006, an initiative was launched by the EU Commission and the Senior Labor Inspectors Committee to further minimize hazardous asbestos exposures of EU workers and the public:

"The campaign will be uniformly conducted in all Member States and focus on the removal

work of weakly-bonded asbestos, the maintenance and removal work of asbestos cement and other tightly-bound asbestos products, and on the disposal of waste. The main target groups of the campaign are employers, employees and labour inspectors."⁸

In July 2006, the elimination of asbestos use was a key objective of the resolution adopted by delegates at the Asian Asbestos Conference in Bangkok. Representatives from asbestos-consuming developing countries agreed that a substance too hazardous for use in the developed world should not be used in their countries. Strategies for phasing out asbestos use were discussed and plans are on-going for future programs to protect Asian workers and societies from the scourge of asbestos. Placing chrysotile on the Prior Informed Consent List of the Rotterdam Convention would be a major step towards achieving this goal. By continuing its opposition to the listing of chrysotile, Canada could fatally undermine the viability of a multi-lateral environmental agreement designed to protect vulnerable populations from hazardous chemicals. Even Canadian MP Christian Paradis admits the Rotterdam Convention "provides a useful mechanism for information exchange for substances for which information might not otherwise be accessible, and for helping countries build capacity in controlling these substances." Isn't it time for Canada, a country jealous of its international reputation, to take that first step towards rehabilitation; supporting the listing of chrysotile would be a start.

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The Public Health Disaster Canada Chooses to Ignore

by Dr. Jim Brophy, Occupational Health Clinics for Ontario Workers, Sarnia, Canada

According to the International Labour Organization (ILO) over 2 million workers die each year of occupational causes. Over 75% of these preventable deaths are due to work-related disease. Shockingly 10% of these fatalities occur among children. Cancer represents the single largest component of the global occupationally-related disease mortality. The single largest contributor to this public health crisis is without question – “the Magic Mineral” – asbestos. Asbestos has been called the “most pervasive environmental hazard in the world”. Over 300 million tons of asbestos have been mined in the last century and it has found its way into thousands of products because of its resistance to heat, exceptional strength and insulation properties. The most prevalent use of asbestos today is in construction materials, mainly manufactured and used in developing countries.

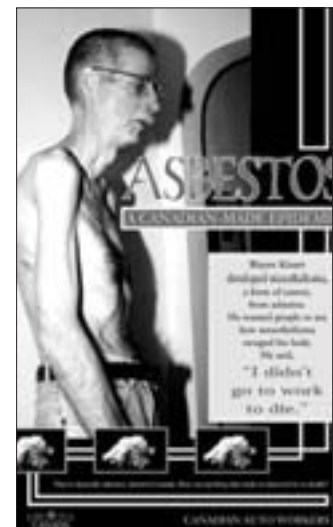
It is unimaginable that public health advocates and professionals could meet about occupational cancer in any industrialized country – with the possible exception of Canada – without highlighting the tragedy of mesothelioma and other asbestos-related cancers and respiratory diseases. Throughout Europe for instance, where scientists estimate over half a million cases of mesothelioma and asbestos-related lung cancer will occur over the next 35 years, a total ban of this product has been legislated after considerable public pressure. Asbestos forums are regularly organized that involve medical and legal professionals, trade unionists and representatives of victims’ groups; all of whom are committed to focusing attention on this grave, and totally preventable cancer epidemic.

And yet in Canada, one seldom finds much mention of asbestos disease, even from the informed scientific community. It is the “elephant in the room” that no one wishes to acknowledge. The federal government continues to argue for the “controlled use” of chrysotile asbestos. The concept of “controlled

use” is based on the belief that, in developing countries, there exists the legal infrastructure and the technological capacity to reduce asbestos dust exposure to almost zero. In addition, the Government maintains that Canadian asbestos – chrysotile or white asbestos – is not a strong carcinogen. The major health organizations such as the International Agency for the Research of Cancer (IARC) and the U.S. Environmental Protection Agency (EPA) classify all forms of asbestos, including chrysotile, as human carcinogens and have determined that there is no safe threshold at which there is no cancer risk. The current Ontario asbestos standard of 0.1 fibres/cc, which stipulates severe precautions and controls, carries a lifetime risk of 5 excess lung cancers per 1000 workers and a 2 per 1000 workers risk of developing asbestosis. So, even at the legal level – the supposed safe standard – which corresponds to what is considered the lowest level technically feasible, workers in Ontario continue to bear a high lung cancer and respiratory disease risk!

Countries like Sweden, which have the most advanced health and safety regimes in the world, believe that they cannot control asbestos exposure even with their clear social capacity and therefore have banned its use. How can it be possible for poorer economies in the Third World to undertake such preventative measures and seriously prevent occupational disease? It would be more honest to acknowledge that the current conditions in many of these countries resemble the historic conditions that were tolerated in industrial countries like Canada decades ago and that the asbestos epidemic we are now confronting will more likely than not be reproduced there as well.

It is difficult to talk about asbestos dispassionately. For over 75 years the asbestos industry knew about the potent carcinogenic potential of asbestos but for decades actively kept this information from its employees and the public. It is due to this lawlessness that almost the entire



The Canadian federal government has blocked efforts through the United Nations to have chrysotile asbestos included in the Rotterdam Convention.

asbestos industry has now either been forced out of business or is under bankruptcy protection facing billions of dollars of liability for its negligence.

We are in the midst of a global disease epidemic that is unfolding primarily in industrialized countries. The ILO has calculated that, worldwide 100,000 to 140,000 people are suffering premature deaths from asbestos-related cancers each year. As the number of people who already have been exposed to asbestos cannot be known with exactitude, the estimate of adversely affected people has to be somewhat imprecise, but sober respected public health organizations contend that, even if exposure to asbestos were to stop soon, somewhere between 5 and 10 million people would ultimately die from asbestos-related diseases. If the continued use of asbestos is allowed, the consequences are too horrendous to contemplate.

How we in Canada decide to address the issue of continuing to mine and export asbestos has significant implications in both a public health and ethical sense. How we resolve this dilemma will reveal much about the nature of our society. Canada has historically been the leading asbestos producer in the world. While currently the asbestos market has collapsed in most industrialized countries, Canada continues to export over 97% of its asbestos to developing countries. Our federal government acts in partnership with this industry to maintain the global asbestos market through direct funding of the industry sponsored Chrysotile Institute, diplomatic pressure, legal challenges and economic threats. It has twice brought legal challenges to the World Trade Organization (WTO) to stop the European asbestos ban. It has twice lost; unable to disprove the overwhelming scientific evidence regarding the carcinogenicity and harm caused by chrysotile asbestos. At the time of the WTO dispute, Canada was the world's largest exporter of asbestos. By 2003 it was no longer among the top five countries exporting asbestos. The raw material is now more profitably mined in developing countries but it is in the technical areas and political processes that Canada continues to work in tandem with the discredited global asbestos industry.

The Canadian federal government has blocked efforts through the United Nations to have chrysotile asbestos included in the Rotterdam Convention, a global treaty that obligates exporting countries to warn of the possible harm posed by its product. While the federal government works on the more global arenas, its embassies throughout the world are busy promoting asbestos in individual countries.

The Canadian Embassy persuaded South Korea in 1997, for example, to withdraw labelling legislation that would have warned about the possible dangers of chrysotile. In the late 1980s, the Canadian government intervened along with the asbestos industry to block the U.S. Environmental Protection Agency (EPA) from enacting a phase-out of asbestos use. The U.S. Court of Appeals upheld the challenge on a narrow legal technicality – regarding the toxicity of substitutes – not the toxicity of asbestos. The EPA asked the U.S. Department of Justice to appeal to the Supreme Court but was blocked in its efforts. Today although there is no formal U.S. ban on asbestos use, in practice its actual use is almost non-existent. A de facto ban exists because asbestos litigation remains the single biggest complaint in front of the courts with U.S. corporations holding hundreds of billions of dollars of liability, while over 10,000 Americans continue to die each year from its historic use. A recent Senate bill to create a \$140 billion dollar compensation fund failed because this represents an insufficient amount of money to cover the vast number of claimants with asbestos disease.

Canada's positive global reputation allows it to promote this hazardous product with less scepticism than many of its rivals. And yet, the trust that many countries have in Canadian institutions makes the federal government's role all the more pernicious. It is important for those of us who care about public health, human rights and social justice to understand how the real tragedy of asbestos and its health consequences have been allowed to unfold in Canada. The health effects have been hidden except, in a few selective cases, and Canadian and Quebec workers were allowed to pay the price of government and industry collusion. Quebec is where chrysotile asbestos was first mined in the 1870s. It remains the epicentre of this economic and public health dilemma. Since the 1930s the corporations belonging to the Quebec Asbestos Mining Association have been aware of the health consequences facing asbestos-exposed miners and textile workers, but, as decades of court cases have revealed, they actively suppressed medical and scientific information about the dangers of asbestos in order to protect their product. Like its evil twin – the tobacco industry – asbestos corporations exploited "medical uncertainty" by employing a host of medical and scientific experts who were prepared to protect the corporate interests over the health of the exposed populations.

Johns Manville was aware in the 1930s, for instance, that over half of the Quebec asbestos

textile workers showed signs of respiratory damage – the majority of who were women. In the 1940s over 700 Quebec miners were given x-rays without being told that only 4 of their group were without radiographic signs of asbestos exposure.

In the 1970s the Quebec mining unions requested the help of Dr. Irving Selikoff, the renowned physician and researcher from Mt. Sinai Hospital in New York City, to determine whether asbestos disease was as prevalent as their own perceptions indicated. Selikoff's team found widespread disease among the workers; of those employed for over 20 years, 60 per cent had abnormalities on their X-rays. The Mt. Sinai team found that the asbestos workers were dying of lung cancer at a rate 4 times higher than the unexposed population. These findings triggered a strike by 3,500 Thetford asbestos mine and mill workers. The Quebec Asbestos Mining Association attacked the validity of these findings citing "studies by McGill University researchers (which) since 1966 have found that the death rate among asbestos workers is lower, in general, than that of the Quebec population as a whole".

With the strike and adverse publicity generated by the appalling Mt. Sinai findings, the Quebec provincial government set up a commission to examine the working conditions of asbestos workers in Quebec. To cite just one short excerpt from the Beaudry Commission:

"It is inconceivable to have to report that in 1976 certain employers were still requiring their workers to handle asbestos fibre by hand. It is equally inconceivable to see that in 1976, a recently-built mining operation would knowingly be built with no dust control systems. It is even more inconceivable to find that in 1976 these companies would have the right to operate in such unsafe conditions."

The medical and scientific evidence produced with industry collaboration had created such an atmosphere of misperception, that Quebec was without an asbestos dust standard until 1978 even though it was the world's leading producer.

I mention this history in order to demonstrate the atmosphere that was tolerated in Canada to safeguard an industry, in spite of the health consequences it posed to its workers. Canada, of course, was not alone in being caught in this web of deceit and neglect. Nor was the asbestos industry the only corporate group operating with such malfeasance. What is rather unique is that the Canadian government and indeed its scientific agencies continue to cast a shroud over the harm that has occurred among our

fellow citizens when chrysotile asbestos is the culprit. The asbestos disease tragedy has reached such a stage in Sarnia, Ontario that our clinic has registered for the last two years on average one new patient with either mesothelioma or asbestos-related lung cancer or asbestosis each week. This does not include the cases of other asbestos-related cancers or respiratory disease. It also does not include the 800 workers we have identified with pleural plaques – an asbestos marker on the lining of the lungs – of which 42% are below 65 years of age. Nor does it include the hundreds of workers for whom we have already obtained compensation.

Canada continues to export over 97% of its asbestos to developing countries.



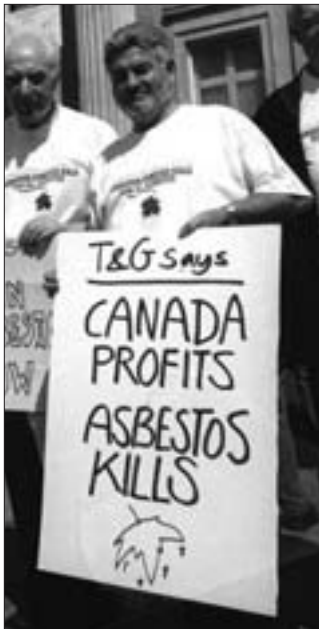
In an unpublished paper, Cancer Care Ontario documented approximately 1,489 male cases of mesothelioma between the years 1980 and 2001. While this is an underestimate of the actual incidence because of the poor history of diagnosis and recording, it nevertheless represents a shocking statistic. This same report compares mesothelioma by county in Ontario. It graphically demonstrates that Sarnia/Lambton County has age-adjusted rates of mesothelioma that are comparable to some of the worst international asbestos disease hot spots, such as Scotland, where shipbuilding exposed tens of thousands of workers to the asbestos hazard.

The Compensation Board in Ontario, the Workplace Safety and Insurance Board (WSIB), recognizes mesothelioma as a Schedule 4 Disease which means that there is a presumption that the disease is work-related if one can show at least two years of asbestos exposure. In a four year period – 1999 to 2003 – 274 mesothelioma cases were registered with the Ontario compensation board. According to Cancer Care Ontario data, there are approximately 150 cases per year in Ontario which would mean that in a four year period there should be roughly 600 cases diagnosed. Based on these approximate calculations, the compensation board in those four years recognized less than 50% of the cases registered with Cancer Care Ontario.

The failure of cancer agencies and compensation boards to properly recognize the level of harm and the serious impact these diseases are having on the lives of ordinary Canadians is further matched by the federal government's silence on the incidence of asbestos disease in this country. A recent scientific article, which provides estimates of the incidence of mesothelioma based on the global use of asbestos, contains some disturbing figures. Canada in the year 2000 exported over 300,000 tons of asbestos to developing countries while domestically consuming less than 5,000 tons and that overwhelmingly in Quebec. While Canada was dominating the world trade of asbestos, Canadian regulators were failing to provide

any national data on the incidence of mesothelioma amongst its own population. The major Western European nations, the United States, Australia and New Zealand, had publicly tracked and published incidence data on mesothelioma occurring among their citizens, and yet Canada, the centre of this industry for decades, did not. In Canada, the subversion of public trust and scientific integrity to preserve asbestos corporate interests has had a deleterious effect on the health of Canadian workers. The risk of new cases of asbestos disease is now posed to continue with the same pattern in developing countries where there is little or no protection but only the desperate desire for employment.

There are now a growing number of Canadian voices demanding an end to this century-long failure to protect workers from preventable asbestos diseases. A national network of trade unions, environmentalists, medical and scientific associations, and victims' groups from Quebec and English Canada have formed an organization called Ban Asbestos Canada. The Canadian Association of Researchers in Work and Health (CARWH) supports the international ban. The Canadian Auto Workers (CAW) and the Canadian Union of Public Employees (CUPE) support the ban along with the Sierra Club and the Occupational Health Clinics for Ontario Workers. The City of Sarnia was the first Canadian community to demand the federal government: cease its efforts to promote asbestos use, ban its export and provide a just economic transition for the asbestos mining communities. There is an increasing consensus within our society that we must address the issue of occupational and environmental cancer if we are ever to truly win the long anticipated "War on Cancer". We can not improve the health of our own citizens while ignoring or even harming the health of people in other countries. If we intend to place human rights and health ahead of individual aggrandizement, we need to be guided first and foremost by the precautionary principle and not the needs of our market-driven economy.



Asbestos is Not Banned in North America¹

by Dr. Barry I. Castleman, Environmental Consultant

Around the world, when public health workers call for national bans on asbestos, one of the things they hear from the local asbestos industry is that the U.S. has not banned asbestos. The U.S. Environmental Protection Agency (EPA) issued regulations to phase out the use of almost all asbestos products in 1989, and these rules were overturned in a court challenge in 1991. Industry spokesmen accordingly emphasize that the sale of almost all asbestos products is still allowed in the U.S. and point to the existence of a 1986 International Labor Organization (ILO) convention on asbestos to assert that there are international standards in effect for "controlled use" of asbestos.²

The U.S. Court of Appeals in New Orleans decision of 1991 criticized EPA for not identifying all the substitute products that would replace the asbestos products and evaluating their toxicity, in order to justify the ban.³ EPA wanted to appeal this ruling to the Supreme Court and asked the U.S. Department of Justice to take on the appeal. After the Justice Department refused, EPA asked Justice to reconsider and was turned down again. EPA had to settle for issuing a statement criticizing the court for "significant legal errors" in interpreting the law and substituting its judgment for that of EPA in balancing the costs and benefits of asbestos products banned under the rule.⁴

When the EPA issued its asbestos ban rule, the companies that had constituted the U.S. asbestos industry were beset by many thousands of personal injury lawsuits, based on their long-term failure to warn product users that there were lethal, non-obvious hazards from the dust created when these products were used. U.S. industry was acutely aware that substitute products had better be a lot safer than asbestos, or the manufacturers would wind up facing new liabilities, dealing with adverse media reports and facing government regulations. But the

court -- by setting the requirement that EPA, in effect, look into a crystal ball and predict the future breakdown of substitute usage that would follow an asbestos ban, and then do a risk analysis on all of these substitute products -- set an impossible burden for the EPA in banning asbestos products. EPA has not banned any substance for any use since 1991 under the provision of the law used for the asbestos ban.

Sweden and other European countries led in forcing technological advance in the replacement of asbestos in vehicle brakes, the last major application in which it could be claimed that asbestos use was essential. EPA tried in 1992 to get auto makers to voluntarily agree to stop using asbestos in vehicle brakes, gaskets, etc., and seemed to be successful at first. General Motors, for example, wrote that it would honor the deadlines for elimination of asbestos in various products that were contained in the overturned EPA regulation. That would have ended sale of asbestos in some vehicle friction products and gaskets in 1994 and the rest in 1997. The asbestos industry then charged that the proposed agreement of the auto makers would be illegal, and EPA's effort to get auto makers' voluntary agreement collapsed. In 1998, General Motors was still selling asbestos brakes on two models of new cars in the U.S. -- even though all its sales of new cars and replacement parts in major European countries were by then required to be asbestos-free.⁵

At that time, I realized that the U.S. classification of imported "asbestos" products allowed non-asbestos products to be counted in the same categories. My request to the U.S. International Trade Commission to separate these commodity classifications into asbestos- and non-asbestos product categories was turned down, and to this day the extent to which the U.S. imports most asbestos products is not clearly evident from import statistics.⁶ Trends of imports from asbestos-using countries



It is ridiculous for the U.S. to continue to allow the importation of asbestos products no longer even made in the U.S.

are nonetheless apparent. Worldwide imports of brake linings and pads for cars and trucks composed "of asbestos and other minerals" went from \$59 million in 1996 to \$110 million in 2005. Imports of these products from Brazil, China, Colombia, and Mexico went up in value from \$23 million to \$76 million between 2000 and 2005.

The U.S. imported 60 million kg of "asbestos and cellulose-based cement sheet, panel" from Mexico in 2005, triple the quantity in 2000, accounting for about two-thirds of worldwide imports of this commodity. Mexico also supplied all U.S. imports of "asbestos yarn and thread," over 99,000 kg, in 2005 (about doubled since these imports began in 2002). If such imports are allowed to continue, the U.S. government should examine Customs information on importers and exporters to identify imports of particular asbestos products and see how they are used in the U.S. These asbestos products have not been made in the U.S. for many years. Consumption of asbestos fiber for manufacturing in the U.S. has gone steadily down. Worker and public concern, insurers' aversion, and costs imposed by EPA and OSHA regulations for asbestos have combined to all but end the use of asbestos in manufacturing in the U.S. The country's use of asbestos, mainly in asphalt roofing shingles, was 2,500 m.t. in 2005, down from 803,000 m.t. in the peak year of 1973 and 35,000 m.t. in 1991. It is ridiculous for the U.S. to continue to allow the importation of asbestos products no longer even made in the U.S.

The current toll from historic asbestos use in the

U.S. is estimated at 10,000 deaths per year.⁷ Legislation debated in the U.S. Senate, to close the courts to asbestos victims in exchange for a \$140 billion, industry-financed, government-run trust fund, failed to be adopted in February of 2006. A major concern was that the trust fund would run short and become a burden on the taxpayers. Asbestos litigation had cost U.S. manufacturers and insurers \$70 billion by the end of 2002. With such experience, you might think the U.S. would be ready to join such countries as Argentina, Chile, Gabon, Honduras, Japan, Kuwait, Saudi Arabia, and Uruguay, and all 25 countries of the European Union that have banned asbestos. In 2002, Senator Patty Murray and others introduced the "Ban Asbestos in America Act." This would accomplish what EPA was unable to, and it would initiate additional efforts to examine the usage of other minerals that may be contaminated with asbestos (e.g., talc, vermiculite, and stone used in construction). Unfortunately, this legislation has not been brought to a vote in the Senate.

Canada, like the U.S., uses very little asbestos in domestic manufacturing. Canada's asbestos mines export virtually all of their output to poorer countries. Many of the perennial defenders of chrysotile asbestos on the global scene today are Canadian scientists, they carry on the tradition started in the 1960s by spokesmen for multinational asbestos corporations. But they would be less effective as globe-trotting asbestos industry propagandists, featured in news reports with titles like "Asbestos cement products are absolutely safe"⁸, if Canada banned asbestos. Canada's continuing efforts to promote asbestos included a seminar this January, co-sponsored by the Canadian Embassy in Jakarta and the Fiber Cement Manufacturers Association of Indonesia. At this event, despite his expressed willingness to participate, the world-renowned authority on asbestos, Dr. Douglas Henderson of Australia, was excluded from the program.

When Canada unsuccessfully challenged France's asbestos ban at the World Trade Organization in 1999, Canada was the world's largest exporter of asbestos and the second largest producer.⁹ By 2003, Canada was no longer among the five largest asbestos producing countries. Canada's asbestos mines now employ only hundreds of workers, yielding an annual output of over 200 metric tons for each miner. It has been estimated that, for every 170 m.t. of asbestos mined and consumed in the world, one person has contracted mesothelioma.¹⁰ Noting the proportionality between asbestos-caused mesotheliomas and lung

cancers in the epidemiology studies, the mesothelioma mortality can be used to project the added cases of lung cancer resulting from the same usage of asbestos. Even taking the conservative estimate that there is one death from lung cancer for every death from mesothelioma caused by asbestos, the toll for every year that a Canadian asbestos miner mines asbestos is at least two lives in the asbestos-importing countries (and Canada).

The remaining markets in Asia, Africa, and Latin America are rapidly being taken over by competitors in Russia, Kazakhstan, Zimbabwe, and Brazil. The competition will close the Quebec mines before long, if Canada doesn't ban asbestos and pension off the miners first (as recommended by Selikoff over 25 years ago). Though most business lost by Canada may be picked up by others, Canada's withdrawal as an advocate for asbestos use on the world stage would make a major difference.¹¹ In recent years, there have been organized efforts to get asbestos banned in Canada by unionists, environmentalists, asbestos victims, public health scientists, and doctors.

If Canada limited its exports to countries that have ratified ILO Convention 162 on safeguards for the use of asbestos, the asbestos mines would probably have to close. Only 11 countries have ratified this convention that still permit the use of asbestos and are not asbestos exporting countries themselves; and none of these mostly small countries are in Asia. Actual conformity with the terms of the ILO convention to protect workers would make the prices of asbestos products far less competitive, and such measures are probably not achieved even in most of the asbestos-consuming countries that have ratified the ILO convention.¹² The profitability of the asbestos business depends on avoiding the costs of prevention and compensation of occupational disease.

Bans of asbestos in the U.S. and Canada would have great symbolic, political, and public health value outside North America, even though the market for asbestos products in each of these countries is only a minuscule part of the global asbestos trade.



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Brazil's Position on Chrysotile No Position!

by Engineer Fernanda Giannasi, Coordinator of Latin American Virtual Ban Asbestos Network, Founding Member of Brazilian Association of Asbestos-Exposed Victims (ABREA)



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6. In "Um Mundo de Coincidências: As relações entre congressistas e financiadores de campanhas eleitorais". Revista Carta Capital, 348(XI), 29/6/2005.
7. In "Lobby Mortal: Vida e Morte pelo Amianto". Revista Época, Caderno Negócios, 360:10-13, 11/4/2005, http://www.abrea.org.br/epoca_lobby_amianto.pdf
8. In "Asbestos: Slow Death". French-Canadian video documentary by Sylvie Deleule, featured at TVs Arte (in France) and Radio Canada in Nov./Dec., 2004.

At the COP1 discussions (2004) on the inclusion of chrysotile on the PIC list, there was a deafening silence from the Brazilian delegation, despite a public commitment given by the (Brazilian) Environment Minister (1999, 2001)^{1,2} the Health Minister (1999)³ and Labour Ministry representatives (2004)⁴ to ban asbestos. Brazil was silent in 2004 and looks likely to stay silent when the subject is discussed at the COP3 (October 2006). From the world's 4th largest asbestos producer and a major exporter, this silence is, at the very least, suspicious!

When Luiz Inácio Lula da Silva became President (2002), the first trade unionist to hold this post, the ban asbestos commitment of his political party (the Workers' Party) and trade union wavered, no doubt under intense pressure from the powerful asbestos industry lobby. Instead of a ban, Lula established an Internministerial Commission on Asbestos. Delegates from 7 Ministries took evidence and deliberated; then they deliberated some more. After producing a 1,000 page document, the major decision taken was... not to take a decision⁵.

This policy to actively do nothing is still the official line as reported by people who attended a meeting in Brasilia on September 9, 2006 to discuss our position on chrysotile at the upcoming meeting in Geneva. Better to let countries, like Canada, India and Kazakhstan shout out their objections and for Brazil to remain apparently neutral. This appearance of impartiality would placate the industry even if it antagonized the asbestos victims, many of whom will be too ill to vote in the coming elections in October 2006. While many ABREA members have deserted the Workers' Party in sheer disgust at its impotence over asbestos, industry lobbyists remain supportive, both politically and financially. It is public knowledge that selected federal politicians have received donations from asbestos stakeholders; in return, they defend Brazilian chrysotile from adverse publicity and act against moves to regulate or ban its use. The purchase of these political

allies has attracted some coverage from the national and international mass media and hard criticism from the public.^{6,7,8}

According to ABREA's President, Eliezer João de Souza: "Since the formation of ABREA we have worked closely with scientists and doctors to produce statistics on the numbers of people who have contracted asbestos-related disease from exposure to Brazilian chrysotile; in the absence of any official Brazilian register of asbestos disease, ABREA's data documents the devastating impact asbestos has had in the country. Despite the Government's uncertainties and the industry's propaganda, Brazilian chrysotile is not safe!

It is a sad fact, but true nonetheless, that there are thousands of Brazilians whose health has been ruined by exposure to asbestos at work, at home and in the environment. There is no 'controlled use' of asbestos in Brazil; Brazilian chrysotile is neither 'pure' nor 'harmless.' Asbestos is a public health problem on a colossal scale in our country. Globally it is considered the biggest sanitary catastrophe of the XXth Century!

The Rotterdam Convention is therefore a much-needed multilateral environmental agreement under which countries would be provided with documentation explaining the hazards posed by the use of toxic chemicals such as chrysotile asbestos. As asbestos victims ourselves, we feel that full prior disclosure of all the risks is a moral imperative. ABREA and the global asbestos victims' movement believe that the PIC listing of chrysotile should be approved as a matter of urgency at COP3!"



India's Position on Chrysotile Asbestos Dictated by Vested Interests!

by Gopal Krishna, Coordinator Ban Asbestos Network of India (BANI)

Although the Supreme Court of India has ruled that the Government of India must comply with International Labour Organization (ILO) resolutions, our Government has chosen to ignore the ILO resolution (June 14, 2006) stating "the elimination of the future use of asbestos and the identification and proper management of asbestos currently in place are the most effective means to protect workers from asbestos exposures and to prevent future asbestos-related disease and deaths." For a veteran observer of India's official policy on chrysotile, this is not a surprise. When the inclusion of chrysotile on the PIC list was initially proposed, it was blocked by India along with other asbestos stakeholders, led by Canada. Full prior disclosure of all the risks from this killer fiber is an ethical, legal and humanitarian necessity; therefore, the PIC listing of chrysotile should be approved as a matter of utmost urgency at COP3 in October 2006.

Ban Asbestos Network of India (BANI), an alliance of scientists, doctors, public health researchers, trade unions, activists and civil society groups, condemns the Government's continued pro-industry bias and lack of concern for the asbestos-injured. On August 18, 2003, the Union Minister of Health and Family Welfare and Parliamentary Affairs, Mrs Sushma Swaraj, told the Indian Parliament that: "Studies by the National Institute of Occupational Health (NIOH), Ahmedabad, have shown that long-term exposure to any type of asbestos can lead to development of asbestosis, lung cancer and mesothelioma." This was not the first official acknowledgment of the asbestos hazard. Office Memorandum No. 6 (6)/94 – Cement, (Sept 1, 1994) of the Ministry of Industry states:

"The Department has generally not been recommending any case of Industrial License to any new unit for the creation of fresh capacity of asbestos products in the recent past due to the apprehension that prolonged exposure to asbestos leads to serious health hazards."



Bagging asbestos in India



India is expanding the asbestos sector and constructing factories where asbestos material is produced 24 hours a day.

In light of these statements and the new positions taken by the ILO and World Health Organization regarding the urgent need to eliminate asbestos use, the Government should be initiating a range of measures to protect the population from the asbestos hazard. That it is not doing so demonstrates the parasitic relationship which exists between politicians eager for campaign contributions and industry shareholders greedy for profits. Even after Sonia Gandhi's electoral victory, which was achieved under the slogan: Aam Aadmi (ordinary people), her Government's pro-chrysotile bias was

undiminished. Recently, permission was granted for the construction of a huge asbestos-cement plant in Mrs. Gandhi's constituency in Raebareilly, Uttar Pradesh. While other countries are banning asbestos, India is expanding the asbestos sector and constructing factories where asbestos material is produced 24 hours a day. It is public knowledge that the Deputy Leader of the Indian National Congress in the Lower House of Parliament owns asbestos factories. To increase national demand for asbestos products, the Government has taken the perverse step of lowering import duties on chrysotile, much of which comes from Canada. Although non-asbestos technology certainly exists in India, in fact in some factories the two technologies exist side-by-side, consumers will inevitably opt for the cheaper product: more demand will translate into higher sales which will generate more chrysotile rupees that can be used to obtain an even higher level of political support. As the quid-pro-quo relationship between Government officials and asbestos businessmen exists outside the media spotlight, journalists and the public remain unaware of the pernicious reasons which motivate the decisions being taken; decisions which will expose current and future generations to the deadly asbestos hazard.

BANI, the Occupational and Environmental Health Network of India (OEHNI), civil society groups, trade unions and human rights groups have demanded an immediate ban on all uses of asbestos including an immediate end to the import of chrysotile. Other measures to identify, compensate and treat the asbestos-injured and regulations to minimize harmful exposures are also being proposed. BANI demands the criminal prosecution of those responsible for asbestos exposures such as factory owners and company directors. Asbestos is a public health issue which the Government has ignored for far too long. In the public interest, BANI appeals to the Government of India to support the inclusion of chrysotile asbestos on a trade "watch list" that already contains all other forms of asbestos.

Canadian Asbestos Industry: Exporting Human Misery

by Pat Martin Member of Parliament, Winnipeg Centre, Canada

Canada is a progressive, modern western democracy with an admirable commitment to equality, human rights and social justice. Having said that, I hang my head in shame that Canada continues to be one of the world's leading producers and exporters of asbestos – the greatest industrial hazard the world has ever known. Sadly, the Government of Canada remains directly involved with promoting and marketing this deadly material around the world. While much of the rest of the developed world is banning asbestos in all its forms, Canada is busy exporting over 220,000 tonnes per year (2004) into under-developed countries. In some cases, these countries have health and safety regulations that are non-existent or not enforced. This exposes millions of ill-informed and unsuspecting people to the deadly hazards of asbestos. Without exaggeration, we are exporting human misery. And doing so with an aggressive marketing strategy endorsed by the Government of Canada – otherwise a country with a pretty well-deserved reputation for ethics, compassion, and decency. They hope people will say: "If a nice country like Canada says it's OK, then it must be ok." But it is not ok. Most Canadians would be horrified to learn what an international pariah we are where asbestos is concerned.

Canada not only refuses to ban asbestos the

way Australia, Japan, and all the countries of the European Union have done, but instead it sends teams of Department of Justice lawyers around the world at great expense to prevent other countries from doing so. It uses its influence to twist arms to oppose international conventions restricting asbestos use, and it uses Canadian Consulates to host marketing junkets by the asbestos industry (120 times in 60 countries!) It has even been exposed in the media for pressuring importing countries to not put hazardous material warnings on the packaging of Canadian asbestos in Thailand and South Korea and probably elsewhere. Canadian government officials have taken on the role of globe-trotting, asbestos industry propagandists. It is reprehensible that the asbestos industry has been allowed to trade on our credibility as a nation.

Decades of asbestos mining continues to take a heavy toll on Canadians' health. In fact, according to a June 2005 study by the Quebec National Institute of Public Health, men in that region have the fourth highest rate of mesothelioma in the world. Women there have the highest rates. Concerned Canadians are asking the Canadian government to ban asbestos in all its forms. We want them to shut down the mines and provide early retirement and transition measures to affected workers. We are asking

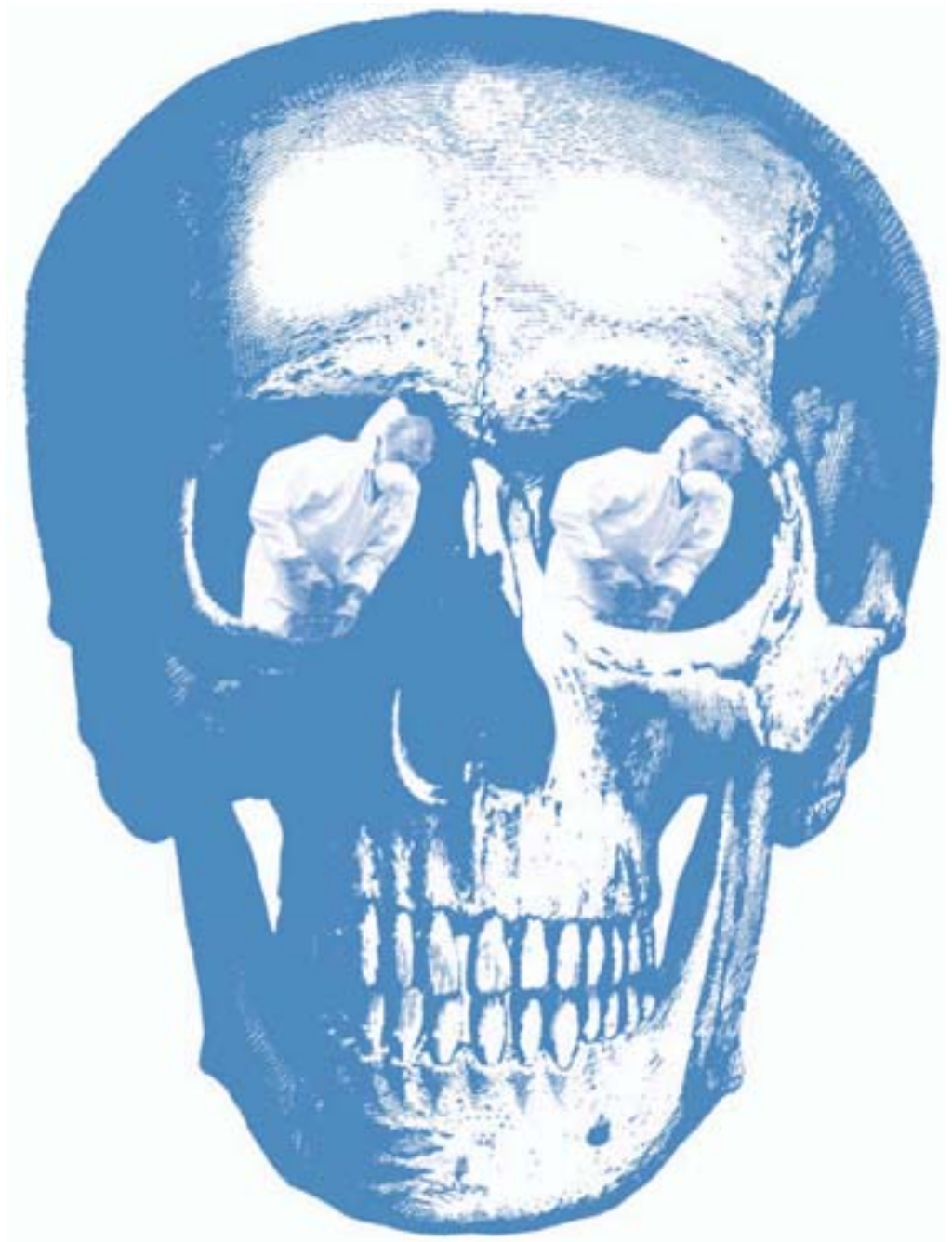


Canadian government officials have taken on the role of globe-trotting, asbestos industry propagandists.

the Government of Canada to undertake a comprehensive testing and removal program to eradicate asbestos-laden products from private and public places. We are demanding heavy investment in medical research for better diagnostics and treatment of mesothelioma and asbestos related diseases – so that Canada can export solutions to asbestos exposure, instead of just the causes.

Given these facts, and as a Canadian Member of Parliament, I believe that my government has a

moral obligation to stop opposing the inclusion of asbestos in the Rotterdam Convention. In fact, I believe strongly that the Canadian government should be campaigning in favour of informed prior consent and the use of the precautionary principle when it comes to the handling of dangerous materials like asbestos. Concerned Canadians must continue to tell the truth and expose the Canadian asbestos industry. Canada must share in the collective responsibility for this human health tragedy.



Chronological Record of the Contributions of National Delegations and Others

Geneva, Switzerland September 18, 2004 by Laurie Kazan-Allen

Russian Federation: Whilst appreciating the consensus process, the position held by the Russian Federation remains as detailed in the letter submitted to Jim Willis, the Executive Secretary of the Rotterdam Convention Secretariat. Chrysotile has not been established as a carcinogen. According to the 1998 IPCS/WHO book on Chrysotile: "Information on the carcinogenic risk of chrysotile to the human population is lacking; data on threshold exposures is lacking." ILO Convention 162 supports the position that chrysotile can be used under controlled conditions in a manner which is risk-free. American, Finnish and Russian group of scientists support this position. The ILO and WHO should be asked for further data.

In the 5th Session of the ICRC neither the WHO or IPCS provided additional information on the carcinogenic risk of chrysotile to humans. "There is not an adequate basis for inclusion of chrysotile on the PIC list."

Russian scientists have been working on this issue for more than 10 years and have accumulated a lot of information on chrysotile and are willing to share this information.

Ukraine: Chrysotile should not be included as there is no scientific basis to do so. "I like other participants received a copy of the asbestos issue of the International Journal of Occupational and Environmental Health in which Richard Lemen stated that "there is not an adequate basis for banning asbestos." Chrysotile should not be included.

Ukraine favors putting aside this decision until there is adequate scientific data. It "could create great harm for human health if we reduce the use of chrysotile on the basis of inadequate threats. Ukraine cannot join in the proposal."

Kazakhstan: We believe it is necessary to delay consideration of

the inclusion of chrysotile. There is no basis for including chrysotile in Annex 3; "we fully support the Russian position. There is no reason to include chrysotile."

Kyrgyzstan: We support the Russian position. It is "possible to make the use of chrysotile risk-free."

Chile: Rodrigo Espinosa said Chile supports the inclusion of chrysotile in the PIC list; Espinosa objected to comments made about the Chilean process for banning asbestos which appeared in a letter from the Russian Federation. The ICRC analysed the Chilean notification of its national asbestos prohibitions and verified the process. Having received ICRC validation, it is unacceptable for the Russians to object to Chile's notification process. The information in the Russian letter is inconsistent.

Canada: Barry Stenshorn said that Canada supports the principle of the Rotterdam Convention but also supports the controlled use of chrysotile at home (stress on the word home) and abroad. "Canada has concerns that prevent it from supporting inclusion at this time." This was a very short statement.

European Commission (EC): Klaus Berend said:

"The EC and its 25 member states strongly support the inclusion of chrysotile in the interim PIC procedure. Until now, the Convention procedures have worked well and some 12 chemicals have been added to the list. The case of chrysotile should be no different. All the criteria for inclusion have been met and all the procedures followed. We regret that there seems to be several delegations who are missing the point. We are not here to discuss the substance. All the criteria for inclusion of chrysotile have been met and the ICRC unanimously recommended to INC2 the inclusion of chrysotile."

The objections being voiced seem to be based on a serious misunderstanding of the Convention:

1. the inclusion of a chemical in the interim PIC procedure does not constitute a ban. The Rotterdam Convention is for information exchange so parties can decide for themselves whether to use designated chemicals;

2. some delegations are also arguing that the Convention is deficient. The European Commission finds it difficult to see what fundamental difference there is between the controlled use policy advocated by some delegations and the Convention's concept of "severe restriction."

The Convention aims to establish international means to minimize risk; such decisions on whether to use designated chemicals can only be made by the nations themselves but to do so they need adequate information. In the case of chrysotile, some nations may decide to ban it, others may consider that the controlled use of chrysotile is possible.

"The decision to include chrysotile should not be delayed; this creates a bad precedent which could harm the Convention in the future. There is no place in the Convention process for comparative risk assessment; each party has to make its own decisions."

If the inclusion of chrysotile is rejected, the future inclusion of additional hazardous materials could become impossible.

The Russian delegation maintains that the EU ban on chrysotile was motivated by the commercial interests of the producers of chrysotile alternatives. "This allegation is absolutely baseless. The ICRC verified our motivation as did the World Trade Organization. Producers of asbestos substitutes are located inside the EU and outside. The EU supports inclusion."

Appealing to delegates' sense of responsibility, Berend urged dele-

gations opposing inclusion to reconsider; depriving countries of the information needed to make informed decisions is irresponsible. While the procedures of the Rotterdam Convention have worked well “until now,” the rejection of chrysotile sets a “bad precedent for the future.”

Egypt: Work by 25 experts including representatives from the Russian Federation, Ukraine and elsewhere were part of the process of validation of the asbestos bans passed by the European Commission and Chile. This Committee was representative and had the option to recommend or reject the inclusion of chrysotile. Following their decision to recommend inclusion, under Article 7, products passed by this process must be added to the PIC list. Egypt is in favor of including chrysotile and agrees with the European Commission. The provision of accurate information on the use of this substance is important.

Indonesia: “Inclusion of chrysotile will create a more complex national situation. I would have difficulty to support inclusion.”

Zimbabwe: The delegation gives full support to the Russian Federation, Canada and others rejecting the inclusion of chrysotile. “It should not be listed.” “Further reflection” is needed.

Norway: Norway supports the inclusion of chrysotile. The ICRC received adequate notification on chrysotile which fulfilled all the requirements specified in the Convention. If chrysotile is not added, this will be difficult to explain to the public. The inclusion of chrysotile on the PIC list does not constitute a ban. The role of the Rotterdam Convention could become limited as exporting countries will block inclusion of materials which have economic implications. “This is an unfortunate precedent.”

Colombia: We reiterate our position; Colombia does not agree with the inclusion of chrysotile due to “lack of evidence of the real risks to human health.”

Mexico: We support the non-inclusion of chrysotile because of many scientific aspects and because for Mexico it would be difficult to support such a decision.

Iran: We acknowledge concerns about the use of chrysotile, so we have regulations to control the use of chrysotile. Before confirming the existence of safer alternatives, more time is needed.

New Zealand: New Zealand is concerned about exposure to

asbestos and thinks national control of its use is important. We use occupational safety and health regulations to achieve this. It is important to flag the risks at multilateral levels as this will support national action. Chrysotile should be included on the PIC list as such multilateral action would support national decisions to restrict its use.

Ghana: We are not in a position to add chrysotile. Rejecting the ICRC recommendation to include chrysotile is a good precedent as it shows we do not automatically rubber-stamp ICRC opinions.

India: We have studied this issue during the past twelve months with an “open mind” said Ramesh Inder Singh. “We are not convinced that the opinion of putting chrysotile on the PIC list is correct.” “More time (is needed) to dwell on this issue.” We support the statement by the Canadian delegation and endorse the view that “this house is not a rubber stamp of the ICRC.” We oppose inclusion.

Tanzania: We support inclusion. Such a decision would strengthen management of this chemical at national and international levels.

China: Having studied the ICRC report, we believe, based on current evidence, that the inclusion of chrysotile to the PIC list is premature. More evidence is needed on the risks of asbestos alternatives. We support Russia and Canada’s opinions that chrysotile should not be included.

Argentina: In favor of the inclusion of chrysotile.

Gambia: We were a member of the ICRC and advocate the inclusion of chrysotile. Only through the PIC listing can we access the information needed to protect ourselves

Jamaica: During this discussion, a general consensus has emerged that chrysotile needs to be managed. I believe that the recommendation to list chrysotile needs to be taken seriously. We need to recognize that countries have a right to continue or discontinue their use of chrysotile. In my country, as in many others, it takes a long time to get regulations on health and safety passed; implementation also takes a long time. The notification process specified under the Rotterdam Convention is important. “Jamaica strongly supports the inclusion of chrysotile.”

Congo: We support the inclusion of chrysotile as we “have no physical means to control” harmful exposures to asbestos.

Guinea: In Guinea there are strict

regulations on the use of all forms of asbestos; industry can still use it but it is controlled. Guinea “favors putting chrysotile on the PIC list because of reasons of health, environment and prevention.”

WWF: Clifton Curtis said that the Chairwoman’s summation of the task at hand was an appropriate reminder that this is a procedural and not a substantive decision. It is very clear under Article 5, sub-paragraphs 5 & 6, that chrysotile should be included on Annex 3 as it unequivocally meets the Conventions’ requirements. The inclusion is an “early warning system to alert governments of issues of concern.” A decision today, not to list chrysotile, is “a bad omen” and indicates that the Convention’s requirements do not need to be taken seriously.”

WHO: The IPCS 1998 document on chrysotile [Environmental Health Criteria 202: Chrysotile Asbestos] concluded that:

“Exposure to chrysotile asbestos poses increased risks for asbestosis, lung cancer and mesothelioma in a dose-dependent manner. No threshold has been identified for carcinogenic risks.

Where safer substitute materials for chrysotile are available, they should be considered for use.”

Research by the WHO, in conjunction with the IARC, is under way on the hazards of asbestos substitutes; publication in 2005 is anticipated.

International Ban Asbestos

Secretariat: Laurie Kazan-Allen pointed out that the statement made referring to the opinion of Dr. Richard Lemen by the Ukraine delegate was a total misrepresentation; Dr. Lemen believes that exposure to chrysotile is hazardous.

Kazan-Allen referred to the existence of thousands of global asbestos victims and criticized the proposal to omit from the official record the positions taken by individual delegations:

“It is not accurate to say simply that consensus has not been achieved in the official report of this meeting. Thousands of asbestos victims in countries such as Canada and India have a right to know what has been done here today by delegates representing their countries.”

