

## ASBESTOS: TRUTH AND CONSEQUENCES

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Presented at: *Mealey's International Asbestos Conference*  
London, England, November 2005

### **Setting the Scene...**

Thousands of people took to the streets of Paris on October 15, 2005, to protest the country's escalating asbestos death toll and to demand the punishment of company executives and government officials whose negligent behaviour created the asbestos epidemic now occurring in France. The destination of the demonstrators was the rue de la Pepiniere, nicknamed the Street of the Poisoners, due to its location as the headquarters of the International Asbestos Association, the French Asbestos Association and the Industrial Guild of Asbestos Manufacturers. Two weeks after this demonstration, a working party in the French Senate issued a 333 page report which blamed the country's "inescapable and irreversible" asbestos cancer epidemic on the state's mishandling of the asbestos issue.<sup>1</sup>

For decades, French politicians and civil servants denied the asbestos hazard:

"In the 1970s, 1980s and 1990s, when most European governments had banned the use of asbestos in insulation and fire protection, France imported 80 kilos per inhabitant."

There were no regulations minimizing occupational asbestos exposures in France until 1971, forty years after regulations had been introduced in Britain.

An investigation by the French Senate into the national consequences of asbestos contamination was begun in February 2005. The authoritative report, which was published on October 26, 2005, states that 35,000 asbestos deaths occurred between 1965 and 1995 and predicts that 60,000-100,000 could occur in the coming 25 years. The report estimates that 27-37 billion euros will be needed in the next 20 years to treat victims. The manipulation of the Government, civil servants and the public by an asbestos industry-backed public relations organization called le comite permanent amiante (CPA: the Permanent Committee on Asbestos), which operated between 1982 and 1995, was soundly criticized:

"(The CPA) was, in fact, nothing more than an industry lobby which used scientists, social partners and representatives from the relevant government ministries to promote the policy of the 'controlled use of asbestos,' as a viable option to an asbestos ban in France... the CPA was a model of lobbying, communication, manipulation and exploitation and, in the absence of action by the State, spread pseudo-scientific pro-asbestos propaganda which contradicted the state-of-knowledge regarding asbestos hazards prevalent in 'English language' literature of the time."<sup>2</sup>

From 1962 to 1997 all the asbestos used in France was imported; much of it came from Canada.<sup>3</sup> In 1995, France imported 29,978 metric tons of Canadian chrysotile

(white asbestos), 6% of Canada's annual exports; France was Europe's leading consumer of chrysotile with Spain a very weak runner-up.<sup>4</sup> French politicians and civil servants, encouraged by the industry-backed CPA, led the resistance to European Union restrictions on chrysotile.<sup>5</sup> When the French Government reversed its position and banned asbestos, this was viewed as a gross betrayal by their Canadian allies who took legal action, which ultimately failed, at the World Trade Organization.<sup>6</sup>

### **Who Pays the Price for Canada's Pro-Asbestos Stance?**

For decades Canadian asbestos stakeholders have orchestrated the global pro-asbestos lobby; asbestos can, so they say, be used safely under "controlled conditions." Nevertheless, Canada continues to export more than 95% of the asbestos it mines. In recent years, data on Canadian asbestos mortality has begun to leak out. A damning study was published in November 2003 by the Institut national de santé publique du Québec (National Institute of Public Health in Québec) which exploded the asbestos industry's assertions that Canadian chrysotile is safe.<sup>7</sup> The seventy-six page report *Epidemiology of the Diseases Caused by Exposure to Asbestos* documented 832 cases of pleural mesothelioma in Québec between 1982 and 1996, with the authors concluding that:

"For men, only some parts of the United Kingdom, Australia and the Netherlands had rates significant higher than in Québec. For women no country surpassed Québec."

Significant numbers of individuals suffering from lung cancer<sup>8</sup> and asbestosis were also identified, the vast majority of whose illnesses remained unacknowledged as occupationally-related and therefore uncompensated by the Workers' Compensation Board.<sup>9</sup>

The Canadian industry's ability to control negative publicity about asbestos, which has been eroding in recent years, was shattered this Summer (2005) when the Deputy Speaker of the Canadian House of Commons, Chuck Strahl, announced that he had contracted mesothelioma, a type of asbestos cancer. On August 26, 2005, this story was front page news throughout Canada. In the newspaper column Strahl wrote on August 22, 2005, he said:

"By week's end the pathologists had determined that the lining of my lung (the pleura) had developed cancer, likely because of an exposure to asbestos when I was a young man. My logging days included a time when we used open, asbestos brakes on the yarders, and while my exposure wasn't that lengthy, it was intense. Typically, 20-25 years later, the asbestos works its ugly magic. Unfortunately, I'm right on time."

When told of Mr. Strahl's illness, Finance Minister Ralph Goodale expressed surprise and said "I certainly hope that he'll wage a successful battle and recover from this." Ralph Goodale, of all people, should know that there is no recovery from mesothelioma. In 1998, when Goodale was Canada's Natural Resources Minister, he was part of the Canadian team which brought charges before the World Trade Organization against the French national asbestos ban. Announcing Canada's decision to challenge the French Government's right to protect its citizens from the lethal fiber, Goodale said:

“The (Canadian) Government’s objective is to maintain market access for chrysotile asbestos products, which are safe when used properly, according to the safe-use principle of the Government’s Minerals and Metals Policy.”<sup>10</sup>

By the time Mr. Strahl received his lethal exposure it was widely known that asbestos caused a range of debilitating and fatal diseases. Had the Canadian government acted on asbestos sooner, Mr. Strahl’s cancer would, almost certainly, have been prevented. Had the Canadian Government acted on asbestos at any time during the 20<sup>th</sup> century, the asbestos cancer epidemic which is now raging in the U.S., UK, France, Italy, Australia and Japan might have been forestalled and the tragic loss of life from asbestos which is expected in countries such as Thailand, the Philippines, Korea and Malaysia in the coming decades could well have been averted.

### **The Human Cost of Asbestos Use**

If France and Canada are paying the price for asbestos consumption and production, what about other countries? Dr. Jukka Takala, of the International Labour Organization, has estimated that 100,000 people die every year from work-related asbestos exposures. In a private communication, he accepted that this number significantly “underestimated” the problem (by as much as 42%!) as it was based on conditions in Finland, where the use of asbestos has been heavily restricted for decades unlike, the laissez-faire approach in most of the developing world.

The health effects of Europe’s massive asbestos use were analyzed in a 1999 paper entitled: *The European mesothelioma epidemic*. Using data from Britain, France, Germany, Italy, the Netherlands and Switzerland, the authors predicted that the number of men dying from mesothelioma in Western Europe for the period 1995-2029 would increase from 5,000 in 1998 to 9,000 in 2018.<sup>11</sup> In this 35 year period, a quarter of a million male mesothelioma deaths are expected. Adding the number of male deaths expected from other asbestos-related diseases as well as asbestos deaths of women to this figure is likely to produce an asbestos death toll in excess of 500,000 in Western Europe alone. No estimates have been made for asbestos fatalities in Eastern Europe where the unrestricted use of Soviet asbestos was ubiquitous

### **Industry Reaction to Asbestos Bans**

As industrialized nations reduced their use of asbestos, producers increasingly targeted consumers in the developing world.<sup>12</sup> According to the U.S. Geological Survey (USGS):

“Countries in Asia, South America, and the former Soviet Union remain the largest users of asbestos. More specifically, Brazil, China, India, Japan, Russia, and Thailand are the only countries that consumed more than 60,000 tons (t) of asbestos in 2000. These six countries accounted for more than 80% of (the) world’s apparent consumption in 2000... Consumption has increased in India, Indonesia, and Thailand during the past couple of years while that of Japan has declined.”<sup>13</sup>

### *Asbestos Use in Brazil, India and Pakistan*

Hazardous working conditions are the norm in developing economies. During twenty years of workplace inspections, Senior Labor Inspector Fernanda Giannasi routinely finds hazardous conditions:

“The controls specified by ILO Convention 162 are frequently absent, especially in smaller companies. Even when these firms are aware of the risks, they continue to treat asbestos as just another raw material; no safety measures or protective equipment are used. Employers prefer to pay fines which are cheaper than adequate controls. The highest fine ever imposed for infringement of safety and health regulations is US\$3,000. It is very cheap to kill and injure Brazilian workers.”<sup>14</sup>

An absence of epidemiological data is used by many national governments to justify the continued use of asbestos. Brazilian government statistics report that there were fewer than 100 asbestos-related deaths between 1900 and 1998. Alternative figures produced by The Brazilian Association of The Asbestos-Exposed (ABREA) reveal that of 960 former workers at Eternit’s Osasco asbestos-cement factory, 549 were affected by an asbestos-related disease or symptoms.

India consumes about 100,000 t of chrysotile every year, much of which is imported from Canada. Dr. Tushar Kant Joshi, Director of the Center for Occupational and Environmental Health in New Delhi, is scandalized at the hazardous exposures taking place on a daily basis in India:

“Human biology is the same everywhere; if asbestos of all kinds including chrysotile/white asbestos is a carcinogen in over 30 countries how can it not be hazardous in India... How can we allow asbestos to cause havoc while waiting another 30-40 years for an Indian study to conclude that asbestos is a carcinogen.”

Dr Joshi believes that up to 1 million people in India are currently being occupationally exposed to asbestos. Government findings support Dr. Joshi’s fears:

“In India, too, studies by the National Institute of Occupational Health (NIOH), an Ahmedabad-based autonomous government scientific body, have found lung impairment and radiological abnormalities in asbestos milling workers (54.8 per cent) and miners (19.5 per cent). The workplace asbestos fibre concentration in milling facilities was found to be 33 times higher than the Indian standard for chrysotile asbestos of 2 f/cm<sup>3</sup>...

Indian researchers have reported numerous instances of high exposure levels to asbestos fibres in the workplace, which indicates a potential epidemic-like situation of asbestos-related diseases in the coming years.”

In Pakistan, there is an epidemic of asbestos-related disease.<sup>15</sup> Between 1995 and 2003, 601 cases of mesothelioma were diagnosed in the Northwest Frontier Province, of which 60% were in males (356) and 40% (245) in females. According to Professor Dr. Arshad Javed, President of the Pakistan Chest Society, up to 1000 cases remain undiagnosed.<sup>16</sup> Despite the known health effects associated with asbestos exposure,

asbestos-related diseases are not recognized by the Department of Health and hazardous exposures are not controlled by the Environmental Protection Agency in Pakistan.

### **Global Asbestos Restrictions**

There are no global restrictions on the trade of asbestos. In 2003, a United Nations motion to add chrysotile to a list of hazardous chemicals subject to international trade restrictions under the Prior Informed Consent (PIC) Procedure for Certain Hazardous Chemicals of the Rotterdam Convention was blocked by Canada.<sup>17</sup> Canada's veto struck at the heart of the Convention. Rejecting widespread criticism of Canada's role in this debacle, Bernard Made, co-head of Canada's delegation at the negotiations and Chief of the Chemicals Control Division of Environment Canada, pleaded for more time, saying: "We haven't taken a position. At this point we are not for or against. We haven't completed our consultations."

On September 18, 2004, the listing of chrysotile was once again debated in this forum; this time it was blocked by Canadian and Russian asbestos stakeholders. This is only the second time that delegates to the Intergovernmental Negotiating Committee<sup>18</sup> have rejected recommendations made by the Interim Chemical Review Committee (ICRC) of the Rotterdam Convention on the listing of hazardous chemicals; both times the substance under consideration was chrysotile.

Ignoring the ICRC's advice, which is based on detailed analysis of national prohibitions and extensive consultation with international experts, throws the entire Convention into chaos. Commenting on these developments Clifton Curtis, Director of the conservation organization WWF, said:

"Canada and Russia's objections to listing chrysotile asbestos are embarrassingly self-interested, protecting domestic exporters interested in seeing this dangerous chemical abroad... Chrysotile unequivocally meets the Rotterdam Convention's requirements, and those governments opposing its listing blatantly disregarded the treaty obligations."

On October 27, 2005, a spokeswoman for the Secretariat of the Rotterdam Convention explained that the Intergovernmental Negotiating Committee (INC) of the Rotterdam Convention has asked the World Health Organization for an opinion on the health effects of commonly used asbestos substitutes as identified by the 5<sup>th</sup> meeting of the INC. This subject will be discussed by experts meeting at the International Agency for Research on Cancer headquarters (IARC) in Lyons, France on November 8-12, 2005. It is hoped that their report will be available in time for the INC's meeting in February 2006 at which a Decision Guidance Document (DGD) on chrysotile will be drafted.<sup>19</sup>

### **Concluding Thoughts**

If we have learned anything from the tragic asbestos legacy, it is that the impact of hazardous asbestos exposures continually exceeds predictions.<sup>20</sup> The legacy of asbestos consumption is: ill-health, death, contaminated infrastructures, polluted land and major public health problems. The asbestos epidemic which has killed so many in the developed world is spreading.

One hundred years ago, Dr. Montague Murray reported an occupational asbestos death to the UK Parliamentary Committee on Compensation for Industrial Diseases.<sup>21</sup> After a century of asbestos deaths, the consumption of asbestos is still increasing in some countries. Even if United Nations efforts succeed and chrysotile is finally listed amongst the hazardous materials subject to PIC regulations, trade in this killer substance will continue. Whilst the listing might deter some countries from using asbestos, others will continue. The only way to end the slaughter is to instigate a global ban on the use of asbestos.

The global nature of the asbestos epidemic demands global action. This year has been declared the Year of Action on Asbestos by European labour groups, medical associations and international agencies. Dr. Bruce Robinson, a renowned Australian researcher, is calling on governments and industry to:

“Set up an international team of experts to try to prevent or cure this disease (mesothelioma). If they invested just 10% of the expected compensation amount on this research this group would only have to prevent or cure 10% of cases to make the investment successful, and anything over that would make it a great decision... The international community of individuals concerned about the asbestos cancer epidemic needs to mobilize to make this happen. But if it did, it is likely that success would follow.”<sup>22</sup>

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<sup>1</sup> No. 37 Senat: *Rapport D'information au nom de la mission commune d'information sur le bilan et les consequences de la contamination par l'amiante*. <http://www.senat.fr/rap/r05-037-1/r05-037-1.html>

<sup>2</sup> This is a rough translation by this author of an extract from the executive summary of the report (page 13).

<sup>3</sup> Thebaud-Mony A. Justice for Asbestos Victims and the Politics of Compensation: The French Experience. *Int J Occup Environ Health*. 2003;9:280-286.

<sup>4</sup> According to the Asbestos Institute website, accessed on September 28, 2000, in 1995, Canadian chrysotile exports (in metric tonnes) to Europe were: Spain 13,800, Belgium 6,936, the UK 8,430, Portugal 4,185 and Ireland 2,970.

<sup>5</sup> Other commercial forms of asbestos having been banned by EU directive previously.

<sup>6</sup> Kazan-Allen L. The Asbestos War. *Int J Occup Environ Health*. 2003;9:173-193.

<sup>7</sup> De Guire L, Camus M, Case B et al. *Épidémiologie des maladies reliées à l'exposition à l'amiante au Québec*. Published by the Institut National de Santé Publique Québec. November 14, 2003; <http://www.inspq.qc.ca/pdf/publications/222-EpidemiologieExpositionAmiante.pdf>

<sup>8</sup> Of the 3,500 cases of lung cancer diagnosed in Québec in 1998, up to 525 could be related to occupational asbestos exposure; the total number of lung cancer cases compensated by the WCB between 1988 and 1997 was 210.

<sup>9</sup> Kazan-Allen L. Canadian Asbestos: A Global Concern. *Int J Occup and Environ Health*. 2004;10:121-143.

<sup>10</sup> News release No. 135, May 28, 1998. The Canadian Government to Refer the Issue of Chrysotile Asbestos to the WTO.

<sup>11</sup> Peto J, Decarli A, La Vecchia C, Levi F, Negri E. The European mesothelioma epidemic. *British Journal of Cancer*. (1999);79(3/4):666-672.

<sup>12</sup> Kazan-Allen L. Asbestos Bans. <http://www.ibas.btinternet.co.uk>

<sup>13</sup> Virta RL. Worldwide Asbestos Supply and Consumption Trends from 1900 to 2000. USGS Survey. 2003.

<sup>14</sup> Personal correspondence with Fernanda Giannasi, January 5, 2004.

<sup>15</sup> Jehan N. Asbestos Risks: Occupational and Para-Occupational Health Status in Pakistan. Global Asbestos Congress. November, 2004.

<sup>16</sup> Mesothelioma cancer on the rise in NWFP; (accessed June 14, 2004): [http://www.hipakistan.com/en/pdetail.php?newsId=en67109&F\\_catID=&f\\_type=source](http://www.hipakistan.com/en/pdetail.php?newsId=en67109&F_catID=&f_type=source)

<sup>17</sup> Kazan-Allen L. Lies + Subterfuge = Canada's Asbestos Policy. March 12, 2004. <http://www.ibas.btinternet.co.uk>

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<sup>18</sup> The full title of this committee is: the Intergovernmental Negotiating Committee for an International Legally Binding Instrument for the Application of the Prior Informed Consent (PIC) Procedure for Certain Hazardous Chemicals and Pesticides in International Trade.

<sup>19</sup> The strict timetable stipulated by the Rotterdam Convention requires that documents are received by all parties six months prior to meetings. As the parties next meet on October 4, 2006, it is essential that the IARC report is received prior to February 2006.

<sup>20</sup> Pinheiro A, Antao VCS, et al. Malignant Mesothelioma Surveillance. *Int J Occup Environ Health* 2004;10:251-255.

<sup>21</sup> The death from asbestosis which Dr. Murray reported in 1906 was of a worker from an asbestos textile plant. According to Dr. Barry Castleman, this case is “generally regarded as the first ‘proved’ case of pulmonary disease from asbestos in modern times.”

<sup>22</sup> Robinson B. Blood tests, vaccination and other research approaches for mesothelioma patients. *Annals of the Global Asbestos Congress*. November 2004.