

LETTER TO THE EDITORS

(...) "The presence of asbestos, in its different forms and in the most various scenarios, has been recognised by the Collegium Ramazzini as one of the gravest risks for humans.

Those are the reasons that are the basis of the enclosed document, which expresses the scientific consensus of the Collegium, and which we are sending to interested parties and, more specifically, to governments, inter-governmental agencies, and to members of the scientific community.

We are confident that our document will meet your interest and that you will consider it for publication in your journal".

Yours sincerely,

Prof. Cesare Maltoni
Secretary General Collegium Ramazzini

CALL FOR AN INTERNATIONAL BAN ON ASBESTOS

To eliminate the burden of disease and death that is caused worldwide by exposure to asbestos, The Collegium Ramazzini calls for an immediate ban on all mining and use of asbestos. To be effective, the ban must be international in scope and must be enforced in every country in the world.

Asbestos is an occupational and environmental hazard of catastrophic proportion. Asbestos has been responsible for over 200,000 deaths in the United States, and it will cause millions more deaths worldwide. The profound tragedy of the asbestos epidemic is that all illnesses and deaths related to asbestos are entirely preventable.

Safer substitutes for asbestos exist, and they have been introduced successfully in many nations. The grave hazards of exposure to asbestos and the availability of some safer substitute materials have led a growing number of countries to eliminate all import and use of asbestos. In the United States, there has occurred drastic reduction of asbestos usage. Asbestos has been banned by Sweden, Norway, Denmark, The Netherlands, Finland, Germany, Italy, Belgium, France, Austria, Poland, and Saudi Arabia.

THE COLLEGIUM RAMAZZINI

The Collegium Ramazzini is an international academic society that examines critical issues in occupational and environmental medicine. The Collegium is dedicated to the prevention of disease and the promotion of health. The Collegium derives its name from Bernardino Ramazzini, the father of occupational medicine, a professor of medicine of the Universities of Modena and Padua in the late 1600s and the early 1700s. The Collegium is comprised of 180 physicians and scientists from 30 countries, each of whom is elected to membership. The Collegium is independent of commercial interests.

BACKGROUND

The health consequences of using asbestos in contemporary industrial society have been amply documented in the world scientific literature. The toll of illnesses and deaths among asbestos workers in the mining, construction, and heavy industries is well known. The pioneering work of British, South African, and Italian researchers (3,20,21) laid the foundation for the definitive investigations by Irving Selikoff and his colleagues of insulation workers in the United States. Selikoff's monumental studies showed, first, the greatly increased mortality in insulation workers (13), and later, the synergistic relationship between tobacco smoking and asbestos work (14). Men who were followed more than 20 years from the first onset of exposure sustained excessive risks of lung cancer and mesothelioma, as well as risks of other neoplasias (15). These risks affect not only asbestos workers, but their families and neighbours (from material on clothing or plant emissions), users of products that contain asbestos, and the public at large.

Asbestos is a general term applied to certain fibrous minerals long popular for their thermal resistance, tensile strength, and acoustic insulation. Asbestos minerals are divided into two large groups: serpentine and amphibole. There is only one type of asbestos derived from serpentine minerals, chrysotile, also known as white asbestos. Amphibole minerals include five asbestos species: amosite, crocidolite, tremolite, anthophyllite, and actinolite. Two of these are the most commercially valuable forms: amosite, or brown asbestos, and crocidolite, or blue asbestos. The other amphibole minerals are of little commercial importance.

All forms of asbestos cause asbestosis, a progressive fibrotic disease of the lungs. All may cause lung cancer and malignant mesothelioma (2,9). Asbestos has been declared a proven human carcinogen by the U.S. Environmental Protection Agency (EPA) and by the International Agency for Research on Cancer of the World Health Organization (4,8). Early indications that chrysotile might be less dangerous than other forms of asbestos have not held up (19). The bulk of scientific evidence to date demonstrates that chrysotile also causes cancer, including lung cancer and mesothelioma (16,17). Canadian chrysotile that is amphibole-free is still associated with mesotheliomas (5).

A leading asbestos researcher, Julian Peto, and his colleagues predict that deaths from mesothelioma among men in Western Europe will increase from just over 5,000 in 1998 to about 9,000 by the year 2018. In Western Europe alone, past asbestos exposure will cause a quarter of a million deaths from mesothelioma over the next 35 years. The number of lung cancer deaths caused by asbestos is at least equal to the number of mesotheliomas, suggesting that there will be more than a half million asbestos cancer deaths in Western Europe over the next 35 years (12). In Sweden, Jarvholm has reported that the number of deaths caused each year by malignant mesothelioma is greater than the number of deaths caused in that country by all workplace injuries (11).

THE NEED FOR A BAN

An immediate international ban on mining and use of asbestos is necessary because the risks cannot be controlled by technology or by regulation of work practices. The strictest occupational exposure limits in the world for chrysotile asbestos

(0.1 f/cc) are estimated to be associated with lifetime risks of 5/1,000 for lung cancer and 2/1,000 for asbestosis (18). These exposure limits can be technically achieved in the United States and in a few other highly industrialised countries, but the residual risks are still too high to be acceptable. In newly industrialising countries engaged in mining, manufacturing, and construction, asbestos exposures are often much higher, and the potential for epidemics of asbestos disease is greatly increased (6,10).

Scientists and responsible authorities in countries still allowing to use asbestos should have no illusions that 'controlled use' of asbestos is a realistic alternative to a ban. Moreover, even the best workplace controls cannot prevent occupational and environmental exposures to products in use or to waste. Environmental exposure from continued use of asbestos is still a serious problem. A recent study of women residing in communities in Canadian asbestos mining areas has revealed a sevenfold increase in the mortality rate from pleural cancer (1). Large quantities of asbestos remain as a legacy of past construction practices in many thousands of schools, homes, and commercial buildings in developed countries, and are now accumulating in thousands of communities in developing countries.

An international ban on mining and use of asbestos is necessary because country-by-country actions have shifted rather than eliminated the health risks of asbestos. The asbestos industry has a powerful influence over many countries. Even in the United States, the asbestos industry succeeded in 1991 in overturning the EPA's recommended ban and phase-out of asbestos by a technical ruling in the courts. Canada, Russia, and other asbestos-exporting countries have developed major markets in the newly industrialising nations. Conditions of current asbestos use in developing countries now resemble those that existed in the industrialised countries before the dangers of asbestos were widely recognised.

The commercial tactics of the asbestos industry are very similar to those of the tobacco industry. In the absence of international sanctions, losses resulting from reduced cigarette consumption in the developed countries are offset by heavy selling to the Third World. In similar fashion, the developed world has responded to the asbestos health catastrophe with a progressive ban on the use of asbestos. In response, the asbestos industry is progressively transferring its commercial activities and the health hazards to the Third World.

Multinational asbestos corporations present a deplorable history of international exploitation. These firms opened large and profitable internal and export markets in Brazil, elsewhere in South America (Uruguay, Argentina), and in India, Thailand, Nigeria, Angola, Mexico. Brazil is now the fifth largest producer and consumer of asbestos in the world, after Russia, Canada, Kazakhstan, and China (7). While asbestos use in the United States amounts to less than 100 g per citizen per year, asbestos use in Brazil averages more than 1,000 g per citizen per year. In third-world countries, use of asbestos has been increasing at an annual rate of about 7 per cent.

CONCLUSION

The grave health hazards of asbestos are entirely preventable. The health risks of asbestos exposure are not acceptable in either industrially developed or newly industrialising nations. Moreover, suitable, safer substitutes for asbestos are available. An immediate worldwide ban on the production and use of asbestos is long overdue, fully justified and absolutely necessary.

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