

## **CALL FOR A GLOBAL BAN ON THE MINING AND USE OF ASBESTOS**

Proposed by the American Public Health Association  
Washington DC, USA

### **THE WORLD FEDERATION OF PUBLIC HEALTH ASSOCIATIONS**

Geneva, Switzerland  
May 16, 2005

#### **The General Assembly of the World Federation of Public Health Associations:**

##### **Understanding that:**

Asbestos is a general term applied to naturally occurring fibrous minerals in use globally for temperature insulation, as a strengthening binder in building materials, and for noise control. The Chrysotile variety, also known as white asbestos, makes up over 90% of worldwide production. The remaining commercially used asbestos is primarily amosite, or brown asbestos, and crocidolite, or blue asbestos. The overwhelming majority of asbestos use today is in asbestos cement construction materials, roofing panels and pipes. (Castleman 2003).

##### **Noting, as the WHO and ILO, did on April 26, 2005 in a joint press statement that:**

*“In many industrialized countries, where the number of deaths from work-related accidents has been falling, deaths from occupational disease, notably asbestosis, is on the rise. Globally, asbestos alone is responsible for 100,000 occupational deaths per year.”*

##### **Recalling that:**

These risks affect not only asbestos workers, but their families and neighbors (from material on clothing or plant emissions), users of products that contain asbestos, and the public at large (NIOSH, 1995).

##### **Taking into account that:**

“Close to an asbestos mine or factory, levels may reach 10,000 fibers/m<sup>3</sup> or higher. Levels could also be above average near a building that contains asbestos products and that is being torn down or renovated or near a waste site where asbestos is not properly covered up or stored to protect it from wind erosion. “(ATSDR, 2001)

##### **And in Fact that:**

A study of women residing in communities in asbestos mining areas found a large increase in the mortality rate from pleural cancer (Camus, Siemiatycki, Meek, 1998).

##### **And that asbestos related**

“diseases usually appear many years following the first exposure to asbestos and are therefore not likely to be seen in children. But since it may take up to 40 or more years for the effects of exposure to be seen, people who have been exposed to asbestos at a young age may be more likely to contract these diseases than those who are first exposed later in life” (ATSDR, 2001)

##### **Noting that:**

International agencies have found that all forms of asbestos cause asbestosis, lung cancer, and malignant mesothelioma. (IPCS, 1988; IARC, 1987, UNEP, ILO, WHO, 1998).

**Observing that:**

The argument that chrysotile asbestos might be less dangerous than other forms of asbestos has not been judged accurate on independent review and analysis (UNEP, ILO, WHO, 1998) and that the weight of evidence demonstrates that chrysotile causes cancer, including lung cancer and mesothelioma (Smith, Wright, 1996; Stayner, Dankovic, Lemen, 1996).

**Realizing that:**

By the end of 2004 national asbestos bans were in place in all 25 member countries of the European Union as well as Chile, Argentina, El Salvador, Uruguay, Honduras, Australia, Gabon, Seychelles, Saudi Arabia, and Kuwait. South Africa and Japan have also announced the intention to ban asbestos, while the United States has severely restricted its use. (Collegium Ramazzini, 2005)

**And that:**

The World Trade Organization ruled in 2001 that national asbestos bans were justified because of the non-threshold cancer risk of asbestos exposure, the practical impossibility of “controlled use” of asbestos products in construction, and the availability of safer substitute materials (Castleman, 2002). 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 (Stayner et al, 1997).

While asbestos use in the United States amounts to less than 20g per person, per year, asbestos use in Brazil averages more than 680 g per person per year, in Thailand the figure is 1,500 g per person per year, in Ukraine it is 1,800. Per capita asbestos consumption is over 2000 g annually in Russia, Kazakhstan, and Zimbabwe. In India, Kazakhstan, Zimbabwe, Algeria, and Colombia, use of asbestos has been increasing according to data through 2002 (Virta 2004). Therefore, most asbestos is currently in use in those developing countries where environmental controls are weakest.

**Therefore, the World Federation of Public Health Associations calls upon appropriate international organizations:**

**To establish and implement a global ban on the production and further use of asbestos products thereby making universal what already exists in a growing number of countries and preventing the public health inequities inherent in continued regulatory laxity.**

**With the availability of safer substitutes such a ban is feasible and necessary to prevent the victimization of peoples in developing countries and those in transition due to inequities in their ability to control unsustainable economic practices.**

**Professional and financial support should be provided especially to developing countries to eliminate and replace pre-existing exposures.**

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Collegium Ramazzini an international academic society that examines critical issues in occupational and environmental medicine. The Collegium is independent of commercial interests, comprised of some 180 physicians and scientists from 30 countries, each of whom is elected to membership, position paper 2005

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