



A-BAN
Asian-Ban Asbestos Network

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Open letter to Governments and other policy makers in Asia

Subject: Health Alert on Chrysotile Asbestos

We, as researchers, scientists, doctors, specialists in occupational health and asbestos related diseases (ARDs) from around the world, in conjunction with representatives of asbestos victims' groups and trade unions are supporting this open letter to you to express our sincere and deep concern over the continuing use of chrysotile asbestos in many countries in Asia. This is despite clear and unequivocal evidence of cancer and other disease risks associated with its continued use.

We would like to bring the following to your attention, as you consider the future use of this product in your country.

- ✓ Chrysotile asbestos is the leading cause of asbestos related diseases in the world today. Chrysotile asbestos, along with all other types of asbestos, are without any doubt known to cause lung cancer, mesothelioma, asbestosis, laryngeal cancer and ovarian cancer. The international evidence on chrysotile's direct link to a range of cancers is clear and well documented by the International Agency for Research on Cancer (IARC)¹.
- ✓ The claims from those that advocate the continued use of chrysotile asbestos that chrysotile fibers dissolve in the body in 14 days and therefore do not cause asbestos disease, are completely false².

¹ <http://monographs.iarc.fr/ENG/Classification/>

² Video clip www.chrysotile-asia.com/ + Richard L. Kradin MD, George Eng MD, | David C. Christiani MD 2017 '*Diffuse peritoneal mesothelioma: A case series of 62 patients including paraoccupational exposures to chrysotile asbestos*' + Leslie T Stayner, PhD, David A. Dankovic, PhD, and Richard A. Lemen, PhD 1996

- ✓ The claims from those that advocate continued use of chrysotile asbestos that 80% of the world still use chrysotile asbestos is false. The majority of countries in the world either have formally banned chrysotile or no longer use it in manufacturing because of its deadly cancer legacy for workers and communities. Only 87 countries reported any consumption in 2015 of raw asbestos and most of these consumed very small amounts. Fewer than 15% of the 195 countries belonging to the UN used more than 1,000 tons of chrysotile asbestos in 2015. In that year, just seven countries in the world used more than 50,000 tons (i.e. China, India, Indonesia, Vietnam, Uzbekistan, Russia and Brazil). Asia is now the last major region consuming chrysotile asbestos, with more than 75% of the world's annual consumption³.
- ✓ The ILO Labour Conference of all member states in 2006, declared the elimination of the future use of asbestos as the most effective means to protect workers from asbestos exposure and to prevent future ARDs.⁴
- ✓ The WHO has repeatedly stated 'the most efficient way to eliminate asbestos-related diseases is to stop using all types of asbestos'⁵
- ✓ There is no 'safe use' of asbestos that can be ensured across the supply chain. Evidence continues to show that national burdens of ARDs are directly proportional to national consumption of asbestos. This is supported by findings that the heavy burden of ARDs in industrialized countries is attributable to their consumption of asbestos several decades earlier, despite all attempts to ensure the "safe use" of asbestos⁶.
- ✓ The global burden of deaths attributable to asbestos has been estimated by Global Burden of Disease at over 222,000 persons

Occupational Exposure to Chrysotile Asbestos and Cancer Risk: A Review of the Amphibole Hypothesis + Suzuki Y¹, Kohyama N. *Am J Ind Med.* 1991;19(6):701-

4. **Translocation of inhaled asbestos fibers from the lung to other tissues.** + Xiaorong Wang,¹ Eiji Yano,² Hong Qiu,¹ Ignatius Yu,¹ Midori N Courtice,¹ L A Tse,¹ Sihao Lin,¹ Mianzhen Wang 2011 **A 37-year observation of mortality in Chinese chrysotile asbestos workers**

³ USGS - Estimates Of Global Asbestos Production, Trade, & Consumption In 2015

⁴ ILO Resolution on Asbestos 2006

⁵ Chrysotile Asbestos 2014 WHO http://www.who.int/ipcs/assessment/public_health/chemicals_phc

⁶ <https://www.ncbi.nlm.nih.gov/pubmed/17350453>

annually⁷ in its latest estimate for 2016 published 2017. Evidence exists that even this large and alarming number is an underestimate.

- ✓ The “low cost” of asbestos-containing products is cited as an argument for continuing the use of asbestos, particularly in providing cheap housing material for the poor. The purported “low cost” to be a fair comparison, fails to consider the compensation and health care costs for future ARD sufferers, the exposure risks for those living in houses with degrading toxic roofing as well as the future costs of removing and safely disposing of asbestos-containing materials from buildings and other products.
- ✓ There are safe and economically viable substitutes for asbestos containing products, that are already used in Asia and all countries that have banned asbestos⁸.
- ✓ Asbestos-free technology developed in Asia, is an opportunity to generate local jobs and new greener industries in the region.
- ✓ Several industrialized countries have experienced public unrest and litigation against Governments due to the Governments’ perceived failure to protect public health by failing to act in a timely and appropriate manner on asbestos hazards.
- ✓ A recent WHO study⁹ of all countries that have banned asbestos has found no negative effect on GDP of any country that has banned asbestos.

To save lives, reduce the future burden of ARD’s, support sustainable economic growth and avoid unnecessary social instability in Asia, we urge immediate action by governments to rapidly phase out the use of asbestos in construction materials and ban all types of asbestos in all products.

⁷ 193,374: <http://vizhub.healthdata.org/gbd-compare/>

⁸ Asbestos Economic Assessment of Bans and Declining Production and Consumption; Lucy P. Allen, Jorge Baez, Mary Elizabeth C. Stern and Frank George 201)

⁹ Ibid