



## Mesothelioma Articles

---

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

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

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 xrays 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.

**Source: Chrysotile asbestos: Hazardous to Humans, Deadly to the Rotterdam Convention, Published by Building & Woodworkers International and the International Ban Asbestos Secretariat.**

[www.MIRG.org](http://www.MIRG.org)