

Guest column: If asbestos is so dangerous, why do we export it?

BY DR. CORDELL NEUDORF, SPECIAL TO THE PROVINCE JULY 15, 2010

Why does Canada apply strict measures domestically to protect the health of Canadians handling asbestos and yet exports asbestos to developing countries such as India, where the capacity to implement and monitor the application of similar precautionary measures is inadequate?

This was the question posed by Dr. T.K. Joshi, director of the Centre for Occupational and Environmental Health in Delhi and India's leading anti-asbestos advocate, when he visited Canada earlier this year.

The Canadian Public Health Association, the Canadian Medical Association and the National Specialty Society for Community Medicine have reviewed the evidence and jointly support a ban on the mining and export of asbestos. The Canadian Cancer Society, the Association des medecins specialistes en sante communautaire du Quebec and the Quebec Medical Association have independently come to the same conclusion.

There is abundant medical evidence that exposure to any type of asbestos is harmful to human health. For over 30 years the Government of Canada has recognized the health risks associated with asbestos. Millions of dollars have been spent in Canada to extract and safely dispose of asbestos materials used in the construction of houses, schools and work places. There are strict restrictions on the use of asbestos. However, Canada has adopted what it calls a "controlled-use" approach to chrysotile asbestos, the only type of asbestos used commercially today. The health implications resulting from the international application of this approach remain a topic of debate between the proponents of asbestos mining and Canada's health community.

The health consequences of occupational exposure to asbestos in Canada are significant. In Quebec, the only province where asbestos is mined, the Institut national de sante publique du Quebec has published 15 reports over the past several years on asbestos-related disease and occupational health issues. The Commission de la sante et de la securite du travail du Quebec statistics identify "exposure to asbestos fibres" as the leading occupational cause of death among compensated workers in that province. Several hundred cases of both asbestosis, an emphysema-like disease caused solely by asbestos, and mesothelioma, a cancer of the lining of the chest or abdominal cavity, have been recorded. For every case of mesothelioma, asbestos causes two to three times as many cases of lung cancer. It is a silent killer: symptoms for asbestos-related disease can begin 10 to 50 years after exposure has ceased. Globally, the World Health Organization estimates that 90,000 people die each year from asbestos-related diseases from occupational exposure.

Despite these domestic measures and statistics, the mining of chrysotile asbestos in Canada continues, with 96 per cent of the output exported primarily to developing countries, including India. Some say that we should not be concerned, since Canada only exports to countries that agree to handle asbestos according to a "controlled-use" approach. Yet the evidence suggests otherwise. TV

documentaries have exposed failures of the "controlled-use" agreements, showing labourers in India handling asbestos products with Canadian labels without adequate protection, wearing simple cotton bandanas over their mouths as "protection" from the ubiquitous asbestos dust. Importing countries do not necessarily have regulations comparable to Canada's. Those with adequate regulatory structures do not have the inspection and monitoring infrastructure that is essential to enforcement. The financial and material resources to protect workers, their families who are exposed secondarily, and the public, do not compare with those seen in Canada.

Public health advocates in countries such as India lack the resources to collect the domestic evidence about the morbidity and mortality associated with exposure to asbestos fibres. As a result there isn't local data to counter either the asbestos industry's contention that asbestos is being used safely in importing countries or the Canadian government's continued promotion of asbestos exports to these countries.

As health professionals, we believe that the health implications of public policy must be taken into consideration. We share the concerns of residents of the asbestos mining region in Quebec about the impact on individuals, families and communities of closing the mines. We urge governments at all levels to take the substantial funding they are investing in extraction, exportation and promotion of asbestos and use it, instead, to support the transition of asbestos mining regions. What is needed is investment in environmentally healthy and sustainable enterprises and the retraining of those currently employed by the unsustainable asbestos industry. Our government must also cease its opposition to the listing of chrysotile asbestos in the Rotterdam Convention's list of hazardous substances.

As Joshi cautions, when the sun of the asbestos-related deaths starts to set in the West, it will begin to rise in India and other countries. The time has come — now, and not 50 years from now — for the Governments of Canada and Quebec to stop the mining and export of asbestos and provide resources so workers in asbestos-mining regions of Canada can have their lives and their livelihoods.

Dr. Neudorf is chairman of the Canadian Public Health Association.

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