

Frank A, on behalf of the Collegium Ramazzini. A call for an international ban on asbestos [editorial]. *CMAJ* 2001;164(4):489-90.

The proposal to ban asbestos¹ is based on arguments that neglect certain facts. Although I agree that the dusty asbestos workplaces that existed for 7 or more decades resulted in excessive exposure and undoubtedly caused malignancies, current industry regulations have dramatically improved workplace conditions. Anxieties about asbestos were initiated and then amplified by the US Environmental Protection Agency (EPA) beginning in the 1970s and continuing well into the 1980s. At one point the EPA estimated that 100 to 8000 schoolchildren would die prematurely because of exposure to asbestos in school building materials. Without evidence, the EPA came to believe, at one point, that a single asbestos fibre could cause cancer. Such claims generated enormous media attention and caused public panic. In 1990, EPA Director W.K. Reilly admitted, "[We] must accept a share of the responsibility for the misperceptions that led to the unwarranted anxiety and unnecessary asbestos removal."² This statement, however, received little attention.

These facts are obfuscated or ignored by ban-the-asbestos advocates; in the past, balanced presentations about this issue^{3,4} have had little or no impact on legislators and international trade regulators. If the arguments for a ban on asbestos¹ are accepted, can a call for a ban on gravel, a crushed rock that may contain up to 90% silica, be far behind because of the risk of silicosis from its dust?

David Janigan

Consultant pathologist
Victoria General Hospital
Halifax, NS

References

1. LaDou J, Landrigan P, Bailar JC III, Foa V, Frank A, on behalf of the Collegium Ramazzini. A call for an international ban on asbestos [editorial]. *CMAJ* 2001;164(4):489-90.
2. Reilly WK. Asbestos: sound science and public perceptions. Why we need a new approach to risk. In: *Proceedings of the American Enterprise Institute Environmental Policy Conference*; 1990 June 12. Washington (DC): US Environmental Protection Agency. Report no.: 20Z-1006.
3. Camus M. A ban on asbestos must be based on a comparative risk assessment [editorial]. *CMAJ* 2001;164(4):491-4.
4. Siemiatycki J. Should Canadian health care professionals support the call for a worldwide ban on asbestos? [editorial]. *CMAJ* 2001;164(4):495-7.

Although there is much that could be said concerning the Collegium Ramazzini's exaggerations of the haz-

ards of asbestos,¹ the most significant matter to be rebutted is the statement in the penultimate paragraph that indicates that the Collegium Ramazzini receives no support from trial lawyers. This may be true now, but it was not the case in 1991. The plaintiffs' executive committee in the School Asbestos Litigation case provided a cheque for US\$50 000 (from the settlement fund) to the late Irwin J. Selikoff, the founder of the Collegium, to pay, in part, for a conference on the dangers of asbestos (the "Third Wave Conference") convened by the Collegium and attended by 15 US judges, several of whom had been handling asbestos matters.² A further US\$22 500 came from private donations, including donations from members of the plaintiffs' executive committee.³

Dildar Ahmad

Internist
London Health Sciences Centre
London, Ont.

William K.C. Morgan

Respirologist (retired)
London, Ont.

References

1. LaDou J, Landrigan P, Bailar JC III, Foa V, Frank A, on behalf of the Collegium Ramazzini. A call for an international ban on asbestos [editorial]. *CMAJ* 2001;164(4):489-90.
2. *In re School Asbestos Litigation*. 977 F.2d 764 (3rd Cir. 1992). p. 779-80.
3. Kelly JM. Memorandum of the United States District Court of Pennsylvania. Master file no 83-0268. 1991 June 17. p. 1-9.

One can identify 3 stages in the regulation of major health hazards: a total ban, like a taboo in primitive societies; a forced reduction in the production of the hazardous substance to a level often just short of that which would bankrupt the industry, such as the "best available control technology" of the US Environmental Protection Agency (EPA); and a thoughtful risk-benefit analysis including comparative risk assessment.

A ban may well be the first approach to a very serious hazard. When a total ban is perceived as disruptive to society's overall goals, "best available control technology" might be the first approach. But when time is available,

Submitting letters

Letters may be submitted via our Web site or by mail, courier, email (pubs@cma.ca) or fax. They should be no more than 250 words long and must be signed by all authors. A signed copy of letters submitted by email must be sent subsequently to *CMAJ* by fax or regular mail. Letters written in response to an article published in *CMAJ* must be submitted within 2 months of the article's publication date. Letters are subject to editing and abridgement.

eLetters

We encourage readers to submit letters to the editor via the eLetters service on our Web site (www.cma.ca/cmaj). Our aim is to post by the next business day correspondence that contributes significantly to the topic under discussion. eLetters will be appended to the article in question in *eCMAJ* and will also be considered for print publication in *CMAJ*. Beginning with the Aug. 22, 2000, issue, eLetters can be submitted by clicking on the mailbox icon at the end of the HTML text of any *eCMAJ* article.

scientific and medical research can provide information useful for risk-benefit analysis. Perhaps there was good reason to argue for immediate, drastic action such as a complete ban when the asbestos problem first became widely known more than 30 years ago, but this was not done.

The EPA proposed a ban in 1979 on the manufacture of asbestos-containing products in the United States. Many of the questions raised by Jack Siemiatycki¹ were asked and answered when a court of appeals remanded the matter back to the EPA in 1991 because they “failed to muster substantial evidence” to support their position that modern asbestos products present an unacceptable risk to the public.² The EPA did not provide this evidence. We argue that it does not exist.

In calling for a complete ban now, the Collegium Ramazzini states, without evidence, that the risk of chrysotile asbestos is too great and that exposure cannot be controlled.³ On the contrary: exposures in the last 20 years seem to have been very well controlled. The increased rate of mesothelioma in the United States, which the Collegium uses to bolster its claim, occurs only among people old enough to have been exposed before 1970.

The Collegium argues, without proof, that all types of asbestos fibres present cancer risks so similar as to be indistinguishable. It ignores the characteristics, such as biopersistence and surface chemistry, that make some materials more carcinogenic than others. Yet it is these very characteristics that are needed to explain why substitutes such as synthetic vitreous fibres are safer.

The Collegium’s approach to the health hazards of low-level asbestos exposure is behind the times. Because of its obsession with chrysotile asbestos, the Collegium has missed the really nasty hazards of the last half century, next to which the hazards of low-level asbestos exposure seem insignificant. The arsenic catastrophe in Bengal and Bangladesh is one example.

It is not too late to change. Let us urgently study the list of issues raised

by Michel Camus⁴ and agree upon a proper comparative risk assessment.

Richard Wilson

Department of Physics and Center
for Risk Analysis
Harvard University
Cambridge, Mass.

Robert P. Nolan

Environmental Sciences Laboratory
Brooklyn College of The City University
of New York
Brooklyn, NY

Stanislav G. Domnin

Medical Research Center for Prevention
and Health Protection of Industrial
Workers
Ekaterinburg, Russian Federation

References

1. Siemiatycki J. Should Canadian health care professionals support the call for a worldwide ban on asbestos? [editorial]. *CMAJ* 2001;164(4):495-7.
2. *Corrosion Proof Fittings v. EPA* 947 F.2d 1201 (5th Cir. 1991).
3. LaDou J, Landrigan P, Bailar JC III, Foa V, Frank A, on behalf of the Collegium Ramazzini. A call for an international ban on asbestos [editorial]. *CMAJ* 2001;164(4):489-90.
4. Camus M. A ban on asbestos must be based on a comparative risk assessment [editorial]. *CMAJ* 2001;164(4):491-4.

Not much has changed concerning the morality of continuing to produce and sell asbestos since my editorial on the subject was published in *CMAJ* 14 years ago.¹ Jack Siemiatycki’s balanced and thoughtful summary² is useful, but one may doubt that his recipe for resolution of the question will actually contribute much toward a solution. The problem is that the range of risk estimates is so wide and the exposure data are so poor that the choice between alternatives becomes essentially arbitrary. I reviewed the problem of asbestos in 1994 but was unable to suggest any way of improving the risk estimate procedure or of resolving the question.³

Since then, the Canadian government has challenged the French government’s decision to join other European countries in banning the use of asbestos, and it was threatening to raise the matter with the World Trade Organization. As far as I am aware, this issue has not been debated in the House of Commons, nor is there a white paper

outlining the Canadian government’s defence of the use and export of asbestos. In my editorial, I argued that the Canadian medical profession had a responsibility in relation to this question, but I am still not sure how this should be exercised.²

My own position is that the difficulty in evaluating the risk management, the undoubted danger of the material when inhaled and the existence of satisfactory substitutes should lead to a decision that the use of asbestos should be discontinued.

David V. Bates

Professor Emeritus of Medicine
University of British Columbia
Vancouver, BC

References

1. Bates DV. Asbestos: promotion or prohibition? [editorial]. *CMAJ* 1987;136:107-9.
2. Siemiatycki J. Should Canadian health care professionals support the call for a worldwide ban on asbestos? [editorial]. *CMAJ* 2001;164(4):495-7.
3. Bates DV. *Environmental health risks and public policy: decision-making in free societies*. Seattle: University of Washington Press; 1994.

[Philip Landrigan responds:]

The principal reason for the Collegium Ramazzini’s call for an international ban on all uses of asbestos is to protect the health of workers in developing nations.¹ In many of those countries, production and use of asbestos are increasing,² occupational safeguards are weak to non-existent and the prospect looms for an epidemic of asbestos-related disease that will dwarf the epidemics that occurred in North America and Western Europe.

Richard Wilson and colleagues and David Janigan miss this central point when they argue that a ban on asbestos is unnecessary because rates of mesothelioma are declining in the United States and other developed countries. It is well to recall that these declines are the result of strong regulations that were imposed on asbestos despite the continuing objections of the asbestos industry and their apologists, and despite continuing calls by those groups for yet more study, more risk assessment and more cost-benefit analysis.