

OCCUPATIONAL HEATH AND SAFETY SECTION AMERICAN PUBLIC HEALTH ASSOCIATION

THE ELIMINATION OF ASBESTOS (Resolution No. 20096, Adopted 11/10/2009)

As early as 1898, British government factory inspectors recognized adverse health effects associated with exposure to asbestos fibers.¹ By the 1930s, the scientific evidence of the association between asbestos exposure and nonmalignant respiratory disease was well established.² With the publication of Irving Selikoff's study of insulation workers in 1964,³ the evidence of carcinogenicity was incontrovertible. Despite the concerns of asbestos-exporting countries and business interests of the mining industry, the scientific consensus today is that all types of asbestos fibers, including chrysotile, cause asbestosis and lung and other cancers, specifically mesothelioma.^{4,5,6} The magnitude of the public health problem presented by asbestos and its ubiquitous use during the last 50 years is revealed by death certificate data analyzed by the National Institute for Occupational Safety and Health (NIOSH). NIOSH identified 2,485 deaths in the United States in 1999 in which malignant mesothelioma was listed as an underlying or contributing cause of death.⁷ During 1968–2005, asbestosis was identified as the underlying cause of death for 9,024 decedents, 13% of these people were aged 25 to 64 years.⁸ These data undoubtedly underestimate the situation, because asbestos-related disease can take 10 to 50 years to present.^{9,10} The estimated portion of lung cancer deaths attributed to asbestos exposure is 2% to 3%.11,12

With respect to disability, asbestosis is a chronically progressive, disabling, and often fatal disease that cannot be cured and continues to affect workers in the United States and around the globe today. These characteristics present particular problems for the workers' compensation systems in the United States, prompting the American Public Health Association (APHA) to oppose legislation that would limit the rights of victims of asbestos disease to recover damages from asbestos manufacturers.¹³

As a surprise to many, asbestos still is used in the United States for certain products manufactured domestically. The government estimates 2,200 metric tons of asbestos is used annually in US manufacturing,¹⁴ and scant data are available on the amount of asbestos imported into the United States in the form of asbestos-containing products manufactured elsewhere.^{8,15} In addition, despite active removal efforts, an estimated 1.3 million construction- and general-industry workers in the United States potentially are exposed to asbestos each year, mainly from manipulation of asbestos during renovation or demolition activities.¹⁶

The acting US Surgeon General in April 2009 responded to US Senate Resolution 57, which urged "the Surgeon General to warn and educate people about the public health issues of asbestos exposure."¹⁷ however, the statement did not respond to the spirit of Senate Resolution 57 to communicate the severity and magnitude of the public health threat. In a global context, the World Health Organization (WHO) has estimated that in the Year 2000 alone, the mortality and morbidity impact of asbestosis was 7,000 deaths.¹⁸ In addition, at least 125 million people across the globe are currently exposed to asbestos at work or in their communities.¹⁹ Moreover, countries such as Canada mine and manufacture asbestos for exportation to developing countries, while banning it for local use because of its health hazards. These countries continue to stand in the way of international consensus by blocking even the inclusion of chrysotile asbestos in a list of hazardous substances requiring prior informed consent when exporting them under the Rotterdam convention.²⁰

The World Federation of Public Health Associations, the International Commission on Occupational Health, and the International Trade Union Confederation have joined to seek a global ban on mining and use of asbestos products, and currently more than 40 industrialized countries have banned asbestos.²¹ WHO called for the elimination of asbestos-related disease, noting that the "most efficient way to eliminate asbestos-related diseases is to stop using all types of asbestos . . .^{#22(p..3)} In addition, the International Labour Organization has stated that "the elimination of the future use of asbestos and the identification and proper management of asbestos currently in place are the most effective means to protect workers^{#23(p.1)} Finally, in the 110th Congress, the APHA supported the Bruce Vento Ban Asbestos and Prevent Mesothelioma Act of 2008.²⁴ We recognize that a ban on asbestos would save lives and reduce the suffering experienced by victims of exposure. It also has the potential to displace workers, causing economic hardship and the resulting impacts. Therefore, attention must be given to steps to be put in place for a just transition for these displaced workers, particularly in countries such as Zimbabwe.

Recommendations

APHA urges the following actions:

1. Congress should pass legislation banning the manufacture, sale, export, or import of asbestoscontaining products (i.e., products to which asbestos is intentionally added or products in which asbestos is a contaminant). The ban should also apply to products containing asbestos or arising from asbestos-contamination of other ingredient minerals (e.g., talc, vermiculite, taconite, quarried stone).

2. Congress should direct research funding that will identify significant remaining public health hazards caused by mining of asbestos or mining or excavation of other minerals naturally occurring with asbestos.

3. The US Surgeon General should warn and educate people periodically about the public health issues related to asbestos exposure, ensuring that the information reflects current scientific knowledge about adverse health consequences.

4. The US Surgeon General should disseminate widely and periodically its asbestos warning to all relevant federal and state and local health, consumer, labor, and environmental protection agencies.

5. NIOSH and the Occupational Safety and Health Administration should issue an annual statement to alert workers in high-risk occupations, such as vehicle mechanics, construction, and shipbuilding, of the adverse health risks associated with exposure to asbestos and include information on potential early warning symptoms in at least English, Spanish, and French.

6. Congress should ensure that all public and commercial buildings have their asbestos-containing materials identified and managed to observe strict safeguards when repairs and renovations are made.

7. The US government should refrain from the use of asbestos products, where possible, specifically eliminating asbestos brakes from government vehicles.

8. The US Administration should support efforts for a legally binding treaty to ban asbestos mining and manufacturing throughout the world.

9. Congress should ban the exportation of asbestos or asbestos-containing materials for use or destruction in developing countries.

10. The US Administration should use its diplomatic influence with Canada, Russia, and other countries to stop their dangerous practice of exporting asbestos.

11. Global corporations and development banks should establish policies prohibiting asbestoscontaining materials in new construction and disaster relief projects.

12. Governments should provide income support and retraining, and funding for relocation if necessary, for workers who would lose their jobs as a result of protective legislation. In addition, international aid agencies should assist in this effort. For instance, the health agenda of WHO, the World Bank, International Monetary Fund should include adjustment assistance to workers.

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