

Plenary Presentation

3.9 THE MANIPULATION OF "SCIENTIFIC ORGANIZATIONS"

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Dr. Castleman's presentation at the Congress was based on the paper reproduced below:

CONTROVERSIES AT INTERNATIONAL ORGANIZATIONS OVER ASBESTOS INDUSTRY INFLUENCE

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Summary

International scientific organizations have been subject to repeated efforts by Canadian government officials and representatives of the asbestos industry to issue reports that would be favorable to the industry on questions of asbestos use and public health implications. These efforts were met with international opposition of scientists, governments, unions, and environmental groups in recent years, and a pattern of improprieties, often involving the same individuals and tactics, has emerged. This has been a serious threat to scientific objectivity at the most respected international scientific bodies in the world. The manipulation of these international organizations takes on unprecedented significance in this age of the World Trade Organization.

1. The International Program on Chemical Safety (IPCS) and Asbestos

IPCS is jointly sponsored by the World Health Organization (WHO), the International Labor Office (ILO), and the United Nations Environment Program (UNEP). It is housed at the WHO headquarters in Geneva, and its publications are issued by the WHO.

IPCS' first expert report on asbestos was Environmental Health Criteria (EHC) 53, Asbestos and Other Natural Mineral Fibres (1986). The report went through two drafts, the second of which was prepared by ME Meek and JC McDonald of Canada, F Valic, and two other scientists. The IPCS Task Group responsible for the report included Canadian government official ME Meek and AM Langer, who appeared in 1986 as a witness for the asbestos industry at governmental hearings on the proposed asbestos ban in the United States. The Secretary of the Task Group was F Valic. The report acknowledged that asbestos could cause cancer and asbestosis, but also dismissed the problem with such remarks as, "Adequate control measures should significantly reduce

these risks.” (p.15) Similar reassurance was offered with respect to household contact and neighborhood exposures to asbestos: “These risks are being further reduced as a result of improved control practices.” (15) Nowhere was it acknowledged that the asbestos industry was rapidly shifting to the developing nations, as asbestos use in Europe and North America plummeted.

A Report of an IPCS Working Group Meeting on the Reduction of Asbestos in the Environment 12-16 December 1988 came next. The 7 members of the Working Group in attendance included ME Meek and epidemiologist JC McDonald of Canada. This group concluded that, with automotive friction products made from chrysotile asbestos, “provided good work practices were followed...detectable risks in vehicle maintenance and repair workers were not expected.” Hazards from asbestos-cement (A-C) construction materials were brushed aside with the statement, “High-density asbestos products such as asbestos-cement and asbestos fire-board in normal condition and use should not create an unacceptable hazard, but care is needed to contain airborne dust during installation and maintenance of these products.” No concern was expressed over the fact that 85 percent of the world’s asbestos production was used in A-C construction materials, most of it in countries where there was minimal awareness or regulation of the hazards.

In 1993, IPCS launched an effort to prepare an updated EHC on chrysotile asbestos. This brought a strong response from Dr. Richard Lemen, Acting Director of the (US) National Institute for Occupational Safety and Health (NIOSH). Expressing “deep concern about the apparent lack of objectivity” with which IPCS was evaluating chemicals, Lemen said: “This concern initially arose when IPCS sponsored the development of a criteria document on chrysotile asbestos which was which was written by individuals with known ties to the asbestos industry. Subsequently, IPCS, along with the International Commission on Occupational Health (ICOH), will be co-sponsoring a conference on chrysotile asbestos with the same group of scientists.” Citing similar problems with a number of reports on chemicals, the NIOSH chief concluded: “Because of our concern about the apparent disregard for scientific objectivity, we believe it is inappropriate for (NIOSH) to continue participation in IPCS activities.” (1)

The following month, IPCS went ahead with the chrysotile meeting, with “financial assistance from various industry organizations towards the costs of holding the workshop.” Proceedings of this conference were edited by industry consultants G Gibbs and K Browne, along with IPCS consultant F Valic. (2)

At the same time as NIOSH’s withdrawal from participation in IPCS activities, a letter of concern was sent by Dr. PJ Landrigan of the Mt. Sinai School of Medicine,

expressing alarm over the fact that “virtually all of the speakers are paid consultants or employees of the chrysotile asbestos industry.”(3) Dr. Landrigan expressed concern that there were serious implications for UNCED and GATT, noting the potentially important role of IPCS reports in matters of international commerce. The US State Department convened a meeting of US agencies that had dealings with IPCS and sent a letter to IPCS in November 1993 expressing concern and recommending specific guidelines.(4) The Collegium Ramazzini, which had been approached by IPCS to participate in the preparation of the EHC on chrysotile asbestos, also sent a strong letter of protest to IPCS and declined IPCS’ invitation.(5)

By 1995, NIOSH had agreed to reestablish relations with IPCS, and by now there was a draft EHC on chrysotile asbestos. NIOSH criticized the report as having nothing new to say and having “significant omissions from the world epidemiologic literature”, urging that the project be abandoned. (6)

In April of 1996, a letter of protest was sent to IPCS and its sponsoring U.N. institutions, expressing concern about a number of cases of “improper influence by business interests” in the development of IPCS reports on asbestos and various chemicals. This letter, signed by 81 of the most respected scientists in the world in occupational and environmental health, urged IPCS to “immediately halt work on the IPCS chrysotile asbestos criteria document and conduct an expert, impartial review of whether it serves any useful purpose to complete it.” (7) The US Environmental Protection Agency responded by convening a meeting of US government agencies that had dealings with IPCS in May of 1996, and the U.S. sent a letter to IPCS listing specific “Changes in IPCS Procedures Recommended by the US Government.” (8)

The World Health Organization then began to develop “Declaration of Interest Guidelines” including specific disclosure requirements for experts appointed to scientific panels. When issued, these guidelines will probably also be adopted by the IPCS and other international bodies. Two years after starting this effort, WHO has not yet implemented the use of the one-page disclosure form or resolved the most crucial matter of policy, the degree to which the experts’ disclosure forms will be open to public examination. The WHO Office of Legal Counsel would do well to consider the worldwide revulsion over secrecy at the World Trade Organization evident in the news reports on the WTO Ministerial meeting in Seattle in December, 1999.

The IPCS Task Group on chrysotile met in Geneva the first week of July, 1996. A relatively balanced panel had been chosen to review the third draft of the report, a very incomplete document. IPCS appointed ME Meek to chair the panel. Observers present were industry consultant G Gibbs (listed as representing the ICOH) and D Bouige of the

Asbestos International Association. The Responsible Officer and Secretary of the meeting was F Valic. This time, there were several very respected, independent experts on asbestos epidemiology present, and many hours were spent extensively rewriting the draft and adding material that had been omitted. During this same week, the French asbestos ban was announced. A dispute arose when Canadian government employee and Chair of the Task Group, ME Meek, attempted to veto the group's decision to include a warning against the use of asbestos in construction materials; she was obliged to step down as Chair when the Task Group held firm on that question.(9) The Task Group also took the unusual step of excluding the active participation of G Gibbs from the preparation of the conclusions and recommendations part of the report, requiring that observers (Gibbs was the only one left) leave the Task Group participants alone to do this.

The IPCS Task Group's report was published by the World Health Organization in 1998. This document concludes that no threshold of exposure has been identified for the carcinogenic risk of chrysotile; it recommends the use of safer substitutes, particularly in construction materials (EHC 203, Chrysotile Asbestos, 1998).

2. The World Health Organization (WHO) and Asbestos

In 1977, WHO's International Agency for Research on Cancer (IARC) issued a monograph on asbestos (10). This document concluded that all forms of asbestos were carcinogenic, and that it was "not possible to assess whether there is a level of exposure in humans below which an increased risk of cancer would not occur." The Working Group added a section on the widespread scope of the problem, specifically warning about cancer in these populations: shipyard and construction workers, brake mechanics, consumers using asbestos materials, members of the households of asbestos-exposed workers, and people exposed to neighborhood asbestos air pollution sources.

In April of 1989, an informal consultation was convened at Oxford under WHO auspices to report on the subject, Occupational Exposure Limit for Asbestos. The meeting was initiated by request of the International Fiber Safety Group, an exclusive creation of the asbestos industry that would later be used to establish collaborations with the International Labor Office in propaganda efforts of the industry. This meeting was dominated by Canadian scientists and government officials and asbestos industry consultants. It was chaired by epidemiologist Richard Doll, a consultant to Turner & Newall, Britain's largest asbestos-based multinational corporation. One of the Temporary Advisors to the World Health Organization listed as participating at the Oxford meeting was Nola Seymoar, a social psychologist with no scientific background on asbestos hired a year or two earlier by the Asbestos Institute. Seymoar's role for the

Asbestos Institute was in public relations, including the planning of a campaign charging that asbestos substitutes were of comparable concern to asbestos either because of hazards identified or hazards insufficiently investigated. WHO no longer retains a file on this gathering, so it may never be possible to examine the asbestos industry's role in selecting the participants at the Oxford meeting.

The Oxford report did not acknowledge that relatively stringent exposure limits had been adopted in some countries (USA, 0.2 f/cc; Norway, 0.1 f/cc). Recommendation 2 read: (11)

"For chrysotile asbestos, it is recommended that countries currently having high limits should take urgent steps to lower the occupational exposure limit for an individual worker to 2 fibres/ml (8-hour time weighted average), based on health reasons alone. It is also recommended that countries should move quickly to lower the occupational exposure limit for an individual worker to 1 fibre/ml or below (8-hour time weighted average), if they have not already done so."

The report also recommended that (South African) crocidolite and amosite asbestos be banned, but said nothing about the fact that European countries and the United States were moving to ban chrysotile as well.

In 1997, the WHO Regional Office for Europe (WHO-Europe) released two draft reports, Asbestos and Health and Asbestos in Buildings. Epidemiologist Richard Lemen, retired former chief of the U.S. National Institute for Occupational Safety and Health (NIOSH), wrote to WHO-Europe that the documents were misleading and "read more like endorsements for why asbestos should continue to be used." Dr. Lemen said that a global epidemic of asbestos-related cancer was unfolding in the developing countries and warned, "The two asbestos documents would make the WHO a part of this impending epidemic rather than a party to its prevention." Lemen urged that a committee of reputable scientists having no affiliations with the asbestos industry rewrite the documents. (12)

The Asbestos in Buildings draft summary said that the only documented effects of asbestos were in "workers exposed to the inhalation of high doses of asbestos." This report did not condemn any use of asbestos-cement, not even inside walls and drop-ceilings in buildings. This report did not even go as far as the U.S. asbestos industry 20 years earlier in recommending against the use of abrasive disc saws to cut asbestos-cement products. It said nothing about the need for local exhaust ventilation and dust capture equipment on power saws used to cut A-C panels. The report could have provided valuable information on available substitute products in construction but said

nothing about the available, safer substitute materials. On the contrary, it championed the “hygienic environment” provided by A-C roofing. Local health authorities, the target audience of the report, were urged to “de-dramatize the problem.” The Asbestos and Health report draft described high exposures to asbestos as largely a thing of the past, in complete disregard for the way asbestos products are made and used today in the poorer countries still using a lot of asbestos.

In widely circulated e-mail notices and a journal editorial, these reports were condemned as reading as though they had been written by the asbestos industry. (13) WHO-Europe responded by holding a meeting with consultant Morris Greenberg, former UK Medical Inspector of Factories. Dr. Peter Toft represented WHO headquarters at this two-day meeting in December of 1997.

In August of 1998 a final draft of the Asbestos and Health report surfaced. There were numerous problems remaining in this version, and Dr. Greenberg sent WHO-Europe a letter expressing frustration with the report’s author, Dr. Fedor Valic. “Valic has not deemed it necessary to amend his text to take into consideration certain general and specific points that the referees considered important.” (14) At WHO headquarters, Dr. Peter Toft, formerly a Canadian government representative opposing US plans to ban asbestos (15), replied to criticism of the final draft, saying: “I have had the opportunity to see the text prior to final editing and I believe it represents a balanced view of the current state of the science... I believe Professor Valic has been successful in summarizing the relevant information in a form accessible to the non-scientific reader.” (16)

The Asbestos and Health report was published by the WHO Regional Office for Europe in April of 1999. To their dismay, Drs. Greenberg, Lemen, and Castleman were acknowledged in the report as having submitted comments. The report’s deficiencies were the subject of new letters of criticism to WHO Director-General Gro Harlem Brundtland by Bill Jordan, the General Secretary of the International Confederation of Free Trade Unions (ICFTU), and Dr. Lorenzo Tomatis, former Director of IARC. In June of 1999, WHO headquarters moved to have the report’s distribution halted, pending additional review and revision (17). This review process has begun, and a final revised report may appear in 2000. There is no indication that the Asbestos in Buildings report, the draft of which even Valic thought was terrible, will be published by WHO.

3. The International Labor Office (ILO) and Asbestos

The hazards of asbestos were starkly stated in the first edition of the ILO encyclopedia, Occupation and Health (1930, p. 190): “All processes from extraction onwards unquestionably involve a considerable hazard, and American and Canadian life

insurance companies generally refuse asbestos workers on account of the assumed deleterious conditions in the industry.”

ILO held extensive meetings and issued Recommendation 172 and Convention 162 concerning safety in the use of asbestos in 1986. Sections 10-12 of Recommendation 172 and Section 10 of Convention 162 speak of substitution with non-asbestos products as a means of protecting workers. Reference is made in both to the Occupational Cancer Convention and Recommendation of 1974, which also suggest substitution with less hazardous materials as a way to minimize occupational cancer risks.

The ILO was approached in 1993 to hold training workshops in Brazil and Mexico, to train specialists in the reading of chest X-rays. The year before, ILO had held such workshops in Prague, with participation of doctors from South America and support from the International Fibre Safety Group (IFSG). IFSG offered to provide the major part of the cost of the Latin American workshops. IFSG's representative was Scott Houston, who actually worked at the Asbestos Institute in Quebec. IFSG had been created as a result of agreements within the international asbestos industry, though its constituency was obscured by its name. Inside the ILO, these collaborations were managed by longtime Canadian asbestos industry medical representative, Dr. Michel Lesage, whose behavior at the Brazil conference shocked participants who had expected the ILO to have a stance distinct from that of the asbestos industry.(13,18)

A monograph was subsequently prepared on the hazards of fibrous materials and sent out by ILO to scientific reviewers in August of 1997. Longtime experts on asbestos epidemiology (WJ Nicholson, M Greenberg, J Dement) were stunned to notice that the asbestos chapter was written by Jacques Dunnigan, longtime director for health and environment for the Asbestos Institute; and the editor-in-chief was Graham Gibbs, the "observer" who had been ejected at the closing sessions of the IPCS Task Group meetings on chrysotile in 1996. In sending the report draft out for review, ILO said it was preparing a monograph on the health effects of fibers “in cooperation with the International Commission on Occupational Health.”(19). In protest, the above scientists refused to review chapters of the draft ILO report, not wanting to have their names associated with it. Strong protests from unions in the UK and the US followed, and ILO soon withdrew the report from consideration as an ILO publication. ILO consequently saw the need to re-examine its procedures for handling: 1) requests for sponsorship and attendance at meetings partly arranged by others; and 2) submission of documents to ILO arising from technical cooperation activities.(13,20)

Just as the scandal of the above report was breaking, Quebec government officials sent ILO a report they had written on asbestos, claiming ILO sponsorship prominently on

its cover and throughout its text. Dr. Takala of ILO wrote to them that, “(W)e would appreciate it if (the Quebec government) would abstain from giving any impression that the ILO was involved in the drafting of this document.” (21)

ICOH has since denied that the report sent to ILO was an ICOH product, because it had never been formally approved by the ICOH officers. However, ICOH has taken no action to investigate or sanction Gibbs’ use of the ICOH name at ILO and IPCS in connection with asbestos. ICOH is still officially recognized by these latter groups and the WHO as a collaborating professional organization. Concern has been expressed that corporate officials and consultants who dominate ICOH committees may use the ICOH name to misleadingly advance business agendas.(22-24)

Conclusion

Asbestos industry pressure has been a threat to scientific objectivity at international scientific organizations over the past 15 years. Especially in more recent years, there have been a number of serious efforts by asbestos interests to get reports favorable to the industry published as official reports by the International Program on Chemical Safety, the World Health Organization, and the International Labor Office. It has taken strenuous efforts by independent scientists, trade union organizations, environmental non-governmental organizations, and agencies of the US government to prompt re-appraisals by the international scientific organizations and in recent years prevent the distribution of misleading and unscientific reports by the international bodies.

This extensive effort by the asbestos industry, led by the government of Canada, formally arrived in 1999 before the World Trade Organization. WTO became the forum of a challenge by Canada to national asbestos bans. In its lengthy opening statement, Canada cited the IPCS asbestos reports of 1986 and 1988 but did not even mention the Chrysotile Asbestos EHC published in 1998. Canada cited the 1989 WHO Oxford report but said nothing about the controversial report withdrawn from distribution by WHO-Europe in 1999 or the draft report circulated for review and rejected by ILO in 1997.

The Collegium Ramazzini has issued a widely published call for a global ban on commercial use of asbestos (25, 26). The International Confederation of Free Trade Unions has also decided to launch a campaign for a global ban on commercial use of asbestos. In contrast, there is not an epidemiologist or medical or public health association in Canada that has proposed banning asbestos.

The mineral has now been banned in all of the leading European countries, and

the year 2005 is the deadline for bans by countries in the European Union. Having virtually no internal market for asbestos, Canada exports 97 percent of all asbestos mined. The largest continental market for Canadian asbestos is Asia, where many may die because of Canada's unwillingness to pension off its (now 1600) asbestos mine workers and close the mines as recommended long ago by renowned epidemiologist Irving Selikoff.

Upon the announcement that Canada's challenge to national asbestos bans had been rejected by the World Trade Organization, the Globe and Mail, a national newspaper of Canada, opposed appealing the decision to try and get it reversed and called for large severance payments be made to the workers in the asbestos industry.(27)

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