



School of Public Health

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**By Fax: 514 933-5374**

## **URGENT LETTER**

Docteur Charles Bernard  
Président-directeur général  
Collège des médecins du Québec  
Montréal, Québec  
Canada

January 10, 2010

Dear Dr Bernard,

We are writing to urgently request that you, as President of the Collège des Médecins du Québec, call on Premier Charest not to finance a new asbestos mine (the Jeffrey underground mine) to export millions of tonnes of asbestos to the developing world, where it would cause enormous harm to health for generations. We are gravely disturbed that Premier Charest is refusing to heed the advice of the Québec Medical Association and other medical authorities and instead commissioned a political organization supportive of the asbestos industry to provide him with advice. Their advice was, as anticipated, a recommendation that the government provide financial and political support to revive the bankrupt and dying Québec asbestos industry.

Since the situation is so urgent, we are sending this letter immediately. Further signatories will be added over the next few days and we will forward them to you.

As medical doctors and public health professionals, we are glad to see, at last, progress being made around the world to eliminate asbestos-related disease and death. Such deaths are particularly tragic in that they are unnecessary and preventable deaths. This progress will be gravely undermined, if the Québec government throws its financial and political support behind a revival of the asbestos industry.

It will bring enormous international dishonor on Québec if the government decides to subsidize the export of a known deadly product, which Québec itself refuses to use and which is being removed at the cost of millions of dollars from schools, hospitals and buildings in Québec.

For many decades, it has been well established in the medical literature that all forms of asbestos cause mesothelioma and other deadly cancers, as well as asbestosis. Leading Québec, Canadian and international medical authorities have called for a ban on the use of asbestos as the only way to prevent asbestos-related disease and death. For more than a decade, 100% of asbestos sold in the world has been chrysotile asbestos. Over the past century, 95% of all asbestos sold was chrysotile asbestos (173 million tonnes of chrysotile asbestos versus 8 million tonnes of other forms of asbestos).

The science has long been clear that use of chrysotile asbestos must be banned. Progress has however been impeded by lobby groups in Québec, Russia, India, Mexico, Brazil and elsewhere, promoting the interests of the chrysotile asbestos industry.

Since chrysotile asbestos has been banned, either through law or through practice, in industrialized countries, these lobby groups target developing countries, using false information that chrysotile asbestos can be safely used. The Québec Chrysotile Institute has for many years played a key role in promoting this deceptive information and undermining public health efforts in developing countries to ban asbestos. A recent BBC investigative series, for example, reported how the Québec lobby group has been instrumental both in Peru and in Mexico in blocking efforts by public health professionals to ban asbestos.

The Québec government is on the verge of deciding whether to revive Québec's bankrupt asbestos industry by giving \$58 million financing to a consortium of investors to open the Jeffrey underground mine (formerly the Johns Manville mine) and export 5 million tonnes of asbestos to Asia over the next quarter century.

If the government gives this financing, it will have an extremely destructive effect on the critical public health campaign being presently waged in the developing world by health experts, the World Health Organization and the International Labor Organization to stop further epidemics of asbestos-related diseases and deaths by ending any use of asbestos.

The Québec government stated that, before it would consider giving financing, it first must have reliable evidence that asbestos exported by the proposed mine would cause no harm to health in the developing world. The government received advice on this question from leading medical authorities, such as the Québec Medical Association, the Canadian Cancer Society and the Québec Public Health Association. They unanimously informed the government that asbestos exported by the mine would increase the epidemic of asbestos-related disease and death in the developing world. They drew the government's attention to a two-year study by Québec government health authorities, which showed a 0% success rate in implementing "safe use" requirements in Québec itself - an affluent,

privileged, literate, regulated society - in the handful of industries still using chrysotile asbestos. They categorically asked the government not to fund the mine.

We find it astonishing and extremely disturbing that, showing what the Québec Medical Association calls “willful blindness”, the government is refusing to heed the advice of medical authorities. Instead, the government commissioned an organization of local politicians in the asbestos-mining region, la Conférence régionale des élus de l’Estrie (CRÉ), to advise it whether to finance the mine. This organization has no medical or scientific expertise but is supportive of the asbestos industry.

We also find it astonishing and extremely disturbing that the Québec Minister of Health is failing to fulfill his responsibilities to respect the medical science and to defend public health.

The official Statement of Advice that the CRÉ provided to the Québec government (attached) is frankly scandalous. It puts forward outrageously false propaganda habitually used by asbestos lobby groups, implying that those working to end use of asbestos, such as the World Health Organization, the Canadian Cancer Society, the Canadian Medical Association, the International Trade Union Confederation, Ban Asbestos and Asbestos Victims’ Groups, are secretly working on behalf of and being funded by commercial interests; that the science regarding health risks of asbestos is contradictory; that opposition to the use of chrysotile asbestos is alarmist and ignorant and does not understand that it is past heavy use of other forms of asbestos that has caused problems; that substitute products pose a threat to health; that chrysotile asbestos can be safely used.

These allegations are completely unfounded and shameful.

With extraordinary cynicism, the Statement of Advice endeavours to legitimize chrysotile asbestos by saying that the Rotterdam Convention does not consider chrysotile asbestos hazardous. The expert scientific committee of the Rotterdam Convention, comprising approximately 32 scientists from around the world, including a Canadian scientist nominated by Canada, has repeatedly stated that chrysotile asbestos is hazardous and has repeatedly called for it to be put on the Convention’s list of hazardous substances, along with other forms of asbestos. Through its political lobbying, the Québec asbestos industry succeeded in getting the Canadian government to block this recommendation.

The CRÉ’s official Statement of Advice recommends that:

- The Québec government support the re-launch of the Jeffrey asbestos mine
- The regional, Québec and Canadian governments initiate a significant marketing and public relations plan to rehabilitate the image of the chrysotile asbestos industry and to counter the harmful effects of “world disinformation campaigns” that oppose use of chrysotile asbestos
- The Québec government, together with the Canadian government, provides significant funds to set up a Foundation to develop new asbestos-containing products.

Dr Bernard, Québec is already a major obstacle to global public health efforts to prevent epidemics of asbestos-related disease in developing countries. If the Québec government approves the above recommendations and funds the Jeffrey mine, it will be a disastrous set-back to such efforts by lending Quebec's credibility to the deadly misinformation that asbestos can be safely used and by renewing Québec's harmful global role as a lead propagandist for the asbestos industry.

We understand that 53 Québec medical doctors have made an urgent appeal to you, as president of the Québec Collège des Médecins, to intervene in this crisis where the Québec government is about to take a public health decision with far-reaching global consequences and, in doing so, is refusing to heed all medical advice.

We join the call of the 53 Québec medical doctors. The WHO, the ILO and public health professionals are starting to make progress in informing populations in developing countries of the hazards of asbestos and in ending use of asbestos, as Québec itself has done. We ask you to intervene at this critical moment to call on the Québec government to be guided by its medical experts and not finance the asbestos mine.

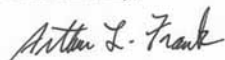
Medical doctors and medical organizations have a profound ethical obligation to protect public health without fear or favor and to "do no harm". This ethical obligation is particularly imperative where those who will be exposed to harm are particularly vulnerable, such as impoverished populations in developing countries. Those who hold powerful public positions of trust, such as the Minister of Health and the Premier of Québec, are not exempt from these ethical obligations. If anything, they have a stronger duty to lead by example.

In summary, if the Québec government finances this project, it will be in complete contravention of the fundamental principles of the Code of Ethics of the Québec Collège des Médecins and will cause significant harm to public health in developing countries for decades to come.

We urgently call on you intervene in defense of public health and in defense of the ethical obligations set out in the Code of Ethics of the Québec Collège des Médecins. We would be glad to provide you with any support or assistance you may need.

We await your response.

Yours sincerely,

A handwritten signature in cursive script that reads "Arthur L. Frank".

Arthur L. Frank, MD, PhD, Professor, Drexel University School of Public Health, US and Richard A. Lemen, Ph.D.; Assistant Surgeon General, U.S.P.H.S. (ret.); Canton, Georgia, US

**This letter has been co-signed by the following doctors and scientists:**

- \* Henry A. Anderson, MD, Chief Medical Officer, Wisconsin Division of Public Health, Madison, US
- \* David Egilman MD, MPH, Clinical Associate Professor, Department of Family Medicine, Brown University, Rhode Island, US
- \* Michael R. Harbut, MD, MPH, FCCP, Chief, Center for Occupational/Environmental Medicine; Co-Director, National Center for Vermiculite & Asbestos-Related Cancers; Director, Environmental Cancer Program, Karmanos Cancer Institute; Clinical Professor, Internal Medicine, Wayne State University, Detroit, Michigan, US
- \* Philip J. Landrigan, MD, MSc, DIH, FAAP, FACPM, FACOEM, Dean for Global Health, Ethel H. Wise Professor and Chairman, Department of Preventive Medicine, Professor of Pediatrics, Director, Children's Environmental Health Center, Mount Sinai School of Medicine, New York; President, Collegium Ramazzini, Bologna, Italy
- \* Tim K. Takaro, MD, MPH, MS, Associate Professor, Associate Dean for Research, Faculty of Health Sciences, Simon Fraser University, BC, Canada
- \* Prof. Jock McCulloch, School of Global Studies, RMIT University, Australia
- \* Andrew Watterson, PhD, CFIOSH, RSP, Professor of Health and Director of the Centre for Public Health and Population Health, University of Stirling, Scotland
- \* Joseph LaDou, MD, Division of Occupational and Environmental Medicine, University of California School of Medicine, San Francisco, US
- \* John Bailar, Professor Emeritus, University of Chicago, Scholar in Residence, US National Academy of Sciences, US
- \* Prof Rajen Naidoo, Head of Department, Department of Occupational and Environmental Health, Nelson R. Mandela School of Medicine, University of KwaZulu-Natal, South Africa
- \* David Rosner, PhD, Ronald H. Lauterstein, Professor of Sociomedical Sciences and Professor of History, Columbia University, US
- \* Peter F. Infante, M.P.H., Dr.P.H., F.A.C.E., Professorial Lecturer of Environmental and Occupational Health, School of Public Health and Health Services, The George Washington University, Washington, US
- \* Daniela Pelclova, MD, PhD., Professor of Occupational Medicine, Czech Republic
- \* Stephen M. Levin, MD, Medical Director, Mount Sinai - Selikoff Center for Occupational & Environmental Medicine, US
- \* Zulmiar Yanri, MD, former Director of Occupational Health, Indonesia.
- \* Allan H. Smith MD, PhD, Professor of Epidemiology and Director, Arsenic Health Effects Research Program, School of Public Health, University of California, US

- \* Gerald V. Poje, Ph.D., Former Board member of the U.S. Chemical Safety and Hazard Investigation Board, Virginia, US
- \* Margaret Keith, PhD, University of Windsor; former Research Co-coordinator, Occupational Health Clinics for Ontario Workers, ON, Canada
- \* Brad Black, MD, Medical Director, Center for Asbestos Related Disease, Libby, MT, US
- \* Craig Slatin, Sc.D., MPH, Professor and Chair, Department of Community Health and Sustainability, University of Massachusetts Lowell; Editor - New Solutions, A Journal of Environmental and Occupational Health Policy, US
- \* Thomas H Gasser, MD, MSc, Visiting Scientist, Environmental and Occupational Medicine and Epidemiology Program, Department of Environmental Health, Harvard School of Public Health, Boston; Assistant Professor of Medicine, University of Massachusetts Medical School, US
- \* Colin L. Soskolne, PhD, Accreditation Coordinator, School of Public Health, University of Alberta, Canada
- \* Dr James Leigh, Director, Centre for Occupational and Environmental Health, Sydney School of Public Health, University of Sydney, Australia; *Formerly:* Coordinator, The Australian Mesothelioma Register, and Head of the Epidemiology Unit and the Research Unit, National Occupational Health and Safety Commission, Australia
- \* Susana I. Mühlmann, Architect Researcher, University of Buenos Aires; Former technical advisor, Government of Buenos Aires; participant in Argentina's first official Asbestos Removal at the Caseros Prison in 2003; developed Map of Asbestos Program for public buildings, Buenos Aires City, 2008/2010, Argentina
- \* Devra Davis, Founding Director, Board on Environmental Studies and Toxicology, US National Research Council, National Academy of Sciences, and Center for Environmental Oncology, University of Pittsburgh Cancer Institute; currently President, Environmental Health Trust, US
- \* Robert Sass, Professor Emeritus, University of Saskatchewan; former Director of Occupational Health and Safety, Saskatchewan Department of Labor, Canada
- \* Charles Levenstein, Ph.D., M.Sc., Professor Emeritus of Work Environment, University of Massachusetts Lowell, US
- \* Celeste Monforton, DrPH, MPH, Professorial Lecturer, School of Public Health & Health Services, George Washington University, US
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- \* Claude Emond, Ph.D. Toxicologist in Public Health, Québec, Canada
- \* Laura Punnett, Sc.D., Professor, Department of Work Environment: Co-Director, Center to Promote Health in the New England Workplace; Senior Associate, Center for Women and Work, University of Massachusetts Lowell, US

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