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To Prof. Scherpereel, the organizing committee and all participants of the 16th International Mesothelioma Association Conference

Acknowledgements

First of all, we would like to express our gratitude:

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- to Professor Arnaud Scherpereel and the conference organizing committee, who made room for the expression of mesothelioma sufferers and the associations that support them. While contributing to the advancement of effective, better-tolerated treatments is a necessary and expected step for patients and their families, the human dimension of care and support for patients is a major stake in the therapeutic relationship.

- To Eric Jonkheere for his testimony and for sharing his experience, as a patient, as a victim and as an activist. We salute his courage and commitment. His story and that of his family are there to make us understand the urgency of the fight ahead: to put an end to occupational and environmental asbestos contamination, in workplaces and living spaces alike.

Call for a worldwide ban on asbestos and a different approach to its management in the workplace

This text is also an appeal to the doctors and health professionals gathered at the congress, as well as to the associations present and to all conference participants who, in a personal capacity, are convinced of the urgency of this battle.

27 years ago, at the end of June 1996, the movement of asbestos workers and victims in France obtained scientific recognition by INSERM of the undoubted dangers of asbestos, and political recognition that the only possible preventive measure was to ban all production, trade and use of asbestos. The experts assembled by INSERM then stated the terrible reality of the disaster: 3,000 deaths a year in France from asbestos-related cancers, at least a third of them from mesothelioma. Almost 30 years later, we can unfortunately only observe a very slight drop, or even what statisticians call a "plateau". This means that not only are people exposed decades ago still falling ill, but others have been exposed since the ban, through post-ban occupational and/or environmental contamination, and are reporting mesotheliomas and cancers in the following 3rd decade. This is the 4th wave, mentioned by Professor Arthur Franck in his introductory lecture. The epidemic is far from over, because asbestos management remains totally defective.

Professor Sherpereel shared with the associations the call made by participants at the Imig 2019 conference for a worldwide ban on asbestos. This appeal remains highly topical. It is appended to this appeal.

We feel it necessary to renew this call for a worldwide ban on asbestos, and to add the following.

The asbestos industry and those who have benefited from the use of asbestos must contribute to a European, or even global, fund to finance the management of asbestos in place. For both private individuals and public services, these costs are unfairly borne by all those who have to suffer the consequences of the profits made by the asbestos industry, led by Eternit, Saint-Gobain, Turner & Newall. It is unfair to make taxpayers and individuals bear indefinitely what is the responsibility of asbestos industry executives and shareholders. The international Ban Asbestos network has been making this demand for a long time, notably to national and European parliamentarians. To no avail.

The European Parliament and the European Commission should be called upon by all of us to create **a fund for the safety of people (workers and local residents) in the management, removal or recovery of asbestos in place.**

This fund should finally enable us to get out of the vicious circle we're in: asbestos in place continues to produce the cancers of the future, and we're all - and not just doctors - like the doctor described by Irving Zola, quoted by John McKinley in a famous article on public health, first published in 1975 and then in 2019¹:

« My friend, Irving Zola, relates the story of a physician trying to explain the dilemmas of the modern practice of medicine:

“You know,” he said, “sometimes it feels like this. There I am standing by the shore of a swiftly flowing river and I hear the cry of a drowning man. So I jump into the river, put my arms around him, pull him to shore and apply artificial respiration. Just when he begins to breathe, there is another cry for help. So I jump into the river, reach him, pull him to shore, apply artificial respiration, and then just as he begins to breathe, another cry for help. So back in the river again, reaching, pulling, applying, breathing and then another yell. Again and again, without end, goes the sequence. You know, I am so busy jumping in, pulling them to shore, applying artificial respiration, that I have no time to see who the hell is upstream pushing them all in. »

We must take resolute action to put an end to the epidemic of mesothelioma and asbestos-related cancers, caused by the culpable failure of governments to take preventive action, and by the criminal offences accumulated in the management of asbestos by so many employers and contractors, particularly in the construction sector.

For Ban Asbestos France

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¹ John B. McKinley A Case For Refocusing Upstream: The Political Economy Of Illness *IAPHS Occasional Classics* | No1 | November 18, 2019 | 1–10



iMig general policy statement on asbestos

20 February 2019

The International Mesothelioma Interest Group (iMig) is a community of physicians, basic researchers, clinician/scientists, care providers, and social advocates that is engaged in understanding the underlying genetics, molecular mechanisms, proteomics, and epidemiologic factors associated with mesothelioma. Mesothelioma is an aggressive and nearly universally fatal cancer specifically caused by asbestos.

The goal of those involved with iMig is to raise awareness of the dangers of asbestos, to improve the survival and quality of life of mesothelioma sufferers through the development of new treatment strategies, enhancements to the efficacy of current therapeutic options, definitions of best practices, and supportive services.

Asbestos will unfortunately continue as a scourge in our lifetimes because 1) millions of tons of asbestos were mined worldwide; 2) it was widely introduced into our environments over several decades; 3) asbestos does not naturally detoxify; 4) it is mutagenic with evidence suggesting no minimal threshold dose; 5) there is growing evidence that the newest wave of mesothelioma incidence is being driven by exposure to environmental asbestos; 6) the incidence of asbestos-related mortality is increasing; and 7) the latency period between first exposure and development of mesothelioma is considerable.

Asbestos is classified by the International Agency for Research on Cancer (IARC) as a Group 1 human carcinogen. In their words: "All forms of asbestos (chrysotile, crocidolite, amosite, tremolite, actinolite and anthophyllite) are carcinogenic to humans (group 1)"⁷

iMig would like to re-state the position of the World Health Organization (WHO):

1. There is no evidence for a safe threshold for the carcinogenic effect of asbestos,
2. The most efficient way to eliminate asbestos-related diseases is to stop using all forms of asbestos, and
3. All forms of asbestos, including chrysotile, are carcinogenic to humans.⁷

iMig supports the call made by the WHO and the International Labor Organization (ILO) to stop the use of all types of asbestos. It is intolerable that asbestos causes 255,000 deaths worldwide annually, 98.6% of which are cancer deaths, including 37,000 mesothelioma deaths⁵ – and every one of these deaths would be preventable in the absence of asbestos exposure.

A growing number of countries – sixty-six at the latest count - have banned asbestos entirely,⁸ but that is only about one third of all countries. Unless more countries impose a total ban on asbestos, the number of deaths will continue to rise.

The WHO and the ILO are joined in their call to ban asbestos by the following bodies: International Commission on Occupational Health, The International Trade Union Confederation, The Union for International Control of Cancer, The International Social Security Association, Societies of Epidemiology, Collegium Ramazzini, as well as the International Mesothelioma Interest Group.^{9,10}

iMig asserts that there is no safe use of asbestos and urges all stakeholders to resist any new use of asbestos and to work towards a total worldwide ban.

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