**(ENGLISH TRANSLATION)**

**BY E-MAIL**

January18, 2011

Mr. Clément Gignac
Minister of Economic Development, Innovation and Export
Deputy of Marguerite-Bourgeois
Quebec Government
710, place d'Youville, 6th floor
Québec (Quebec) G1R 4Y4

Re: Impact on the health of the people of Quebec from the presence and increased use of asbestos chrysotile

Dear Minister,

Your ministry is currently reviewing a request for a loan guarantee of 58 million dollars for the reopening of an underground chrysotile asbestos mine. The project would allow the increase of chrysotile asbestos production by Quebec for the next 20 years. This increase in production, as well as the application of the policy of increased and safe use of chrysotile asbestos in Quebec, put forward by the government in June 2002, point to an increased presence of chrysotile asbestos in the work place and the life of the people of Quebec in the future.

The Public Health directors of the 18 health and social regions of Quebec present you with their concerns regarding the health consequences from the increased presence and use of chrysotile asbestos in Quebec. Being legally mandated by Section 373 of the Health and Social Services Act, each public health director is responsible, in his/her region, to identify situations with a potential to endanger the health of the population and to put in place measures for public protection. As the effects will be felt everywhere in Quebec, all directors address you together today,

Chrysotile asbestos is a product with fibrogenic and carcinogenic properties (without a known safe threshold). There is a scientifically proven causal link in humans for asbestosis, mesothelioma and lung cancer . The carcinogenic characteristics of chrysotile asbestos dictate the prevention measures brought forward by public health authorities aiming at the lowest exposure possible to this fibre. The World Health Organization uses this logic to recommend the banning of asbestos[1].

The life cycle of chrysotile asbestos includes mining, transforming, using, dismantling and discarding. Several of these stages have been studied or monitored for health effects, as recommended at the inception of the increased use policy in 2002. The National Institute of Public Health of Quebec (INSPQ) , has published more than 15 reports[2] on those topics, as mandated by the Ministry of Health and Social Services.

The data of the INSPQ available to date reveal in particular:

- an increase in mesothelioma of the pleura in the general population of Quebec between 1982

1 http://whqlibdoc.who.int/hq/2006/WHO_SDE_OEH_06.03_fre.pdf
2 2 www.inspq.qc.ca/dossiers/amiante

and 2003 of about 3.6% in men (annual rate adjusted for statistically significant age);

• average incidence rates (adjusted for the age) of mesothelioma of the pleura in the population of Quebec between 1993 and 1997 of 3.14 per million for women and of 15.3 per million for the men which represents ratios of incidence of 1.92 and 1.32 compared to the rest of Canada (rate significantly higher for Quebec);

• the following distribution of the conditions of 1,348 workers recognized as having one or more lung diseases associated with asbestos by the Occupational Health and Safety Commission between 1988 and 2003: 772 asbestosis, 364 lung cancers and 376 mesothelioma. Work exposure accounts for 29% in the mining sector, 21% in the building sector and 28% in the sector of repair and maintenance of products and structures containing asbestos; hence one finds more mesothelioma in workers in the building, repair and maintenance sectors combined than in the mining sector;

• an underestimated number of professional diseases associated with the use of asbestos shown by a Quebec study estimating that only 21% of workers with mesothelioma and .3% of those with lung cancer have requested compensation from the Occupational Health and Safety Commission;

• a high level of tolerated exposure at 1 fiber of chrysotile asbestos per cc of air compared to standards elsewhere, particularly in other Canadian provinces and in the United States which are 10 times lower at 0.1 fiber per cc and in certain parts of Europe at 0.01 fiber per cc;

• an acknowledgment that in spite of specific health programs aimed at workplaces targeted by the Commission, inspections, improvements in the technology and access to protection equipment, levels above tolerated exposure are observed in asbestos mines, factories that transform this material, building sites and surrounding communities;

• a marginal ability to trace asbestos products, with records only provided for the resurfacing of interurban road networks by the Ministry of Transport.

In light of these observations, the directors of Public Health acknowledge the difficulty and question the feasibility of the “safe” use of asbestos put forward in Quebec.

Hence one can already predict that the presence and increased use of chrysotile asbestos in Quebec will be responsible for an increase in cancers related to asbestos in workers and the general population as we have demonstrated that until now, there is no safe level of exposure which protects completely from the development of cancers related to chrysotile asbestos.

Therefore, the study of the economic feasibility of chrysotile asbestos mining must take into account global impacts from its presence and increased use in Quebec. Costs associated with health risks include in particular: the establishment and maintenance of a tracking system, programs of prevention and detection in the work place, the establishment of measures to reduce exposure and protection during all the steps of the usable life of asbestos, medical costs from the diagnosis and treatment of diseases and the monitoring programs.

The Public Health directors recognize that economic and social development are factors in the protection of health. When one estimates the public health risks, one element to consider is the balance of advantages and disadvantages. Contrary to situations where proximity to an enterprise is often determined as undesirable by nearby populations (i.e. coal bed methane mining, garbage dumps, pig

factories), the local population near the chrysotile asbestos mines considers the balance positive. Indeed, job creation, community development, economic prosperity outweigh favourably the perceived disadvantages by this local community. However, when one goes further from the mining site, disadvantages outweigh advantages for a larger number of people: extraordinary and costly measures to handle the product, reduced ability to trace products hampering protection, development of asbestos related cancers without a safe threshold, disapproval from public health authorities, bans of asbestos in several countries.

The issue of the mining of chrysotile asbestos presents several analogies with the tobacco issue. The evolution of knowledge, the change of social norms and the adoption of anti-tobacco legislation have forced tobacco-producing regions to stop the production of this carcinogenic product and to diversify their economy.

To conclude, Mr. Minister, given:

- that chrysotile asbestos is a proven carcinogenic product to humans
- that non safe usage has been observed when it is known to be present and in spite of standards and laws regarding its use
- that protection measures cannot be taken against exposure because the product is not being tracked

the directors of Public Health have agreed that the increased mining and use of chrysotile asbestos in Quebec will lead to a significant increase of asbestos related diseases amidst workers and the general population leading to social and financial costs. We ask to take our advice into consideration in your review of the Jeffrey mine project.

With our salutations.

*The directors of public health of Québec,*

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c.c. : Honorable Jean Charest, Premier of Québec
Doctor Yves Bolduc, Minister of Health & Social Services
Doctor Alain Poirier, National Director of Public Health and Associate Deputy Minister