20 April, 2021

Re: Ukraine Ban on Asbestos

Dear Mr Razumkov and Mr. Radutskyi,

We are UK Parliamentarians who have been working for many years with asbestos victims, trade unionists and health and safety campaigners to eradicate the scourge caused by the country’s use of six million tonnes of asbestos and progress efforts for improved conditions and medical treatments for the injured.

Unfortunately, Britain has the highest asbestos-related disease mortality rate in the world. While there is no definitive figure for the total number of lives lost due to asbestos, in recent years there have been 5,000 asbestos deaths every year. Since the asbestos ban was introduced (1999), more than 90,000 Britons have died from asbestos-related diseases.

In 1906, the British Parliament was first warned of the occupational asbestos hazard by Dr. Montague Murray. It took another 93 years before the country banned asbestos. Even so, we have been left with asbestos fibers in our lungs as well as in our infrastructure; most of our schools, many of our hospitals and residential properties as well as Buckingham Palace, the House of Commons and the House of Lords contain asbestos material.

We are aware of the struggle that the Government of Ukraine has had over its attempts to ban asbestos in the face of strong pressure from domestic and foreign vested interests. In the UK, pressure was also brought to bear to prevent the government from enacting stricter workplace and consumer regulations and banning asbestos by associations such as the Asbestosis Research Council, an industry-backed initiative, the Asbestos Association Ltd., the Asbestos Cement Manufacturers’ Association, the British Friction Materials Council, the Asbestos Fibre Importers Committee, the Asbestos Information Committee, public relations firms and other commercial interests. The fact that it took us nearly a century to take action on this hazard constitutes a national disgrace.

One of the most favored of the arguments advanced by asbestos stakeholders was that exposure to chrysotile (white) asbestos was not harmful to human beings. This assertion was based more on economic motivation than on scientific fact. Of the six million tonnes of asbestos imported to the UK, 2% was crocidolite, 8% amosite and 90% was chrysotile. On September 17, 1998, the Health & Safety Commission published Consultative Document CD140: Proposals for amendments to the Asbestos (Prohibitions) Regulations 1992 which set out “regulatory proposals to restrict further the importation, supply and use of chrysotile (white asbestos).”
Accepting that “all forms of asbestos can cause asbestosis, lung cancer and mesothelioma… (and that) no threshold had been identified below which there are no health risks from exposure to chrysotile asbestos fiber,” the report cited findings by the Institute for Environment and Health and the Committee on Carcinogenicity to justify its decision to begin public consultations on a ban of chrysotile asbestos.¹

The hazard posed by exposures to chrysotile asbestos was reconfirmed a few months later in a WHO publication entitled: Environmental Health Criteria 203: Chrysotile Asbestos which concluded that: “Exposure to chrysotile asbestos poses increased risks for asbestosis, lung cancer and mesothelioma in a dose-dependent manner. No threshold has been identified for carcinogenic risks.” Other findings in this 200-page report were equally damning:

b) “Where safer substitute materials for chrysotile are available, they should be considered for use.”

c) “Some asbestos-containing products pose particular concern and chrysotile use in these circumstances is not recommended…”

e) “(Chrysotile) asbestos exposure and cigarette smoking have been shown to interact to increase greatly the risk of lung cancer. Those who have been exposed to asbestos can substantially reduce their lung cancer risk by avoiding smoking.”²

The signatories to this letter whole-heartedly endorse Ukraine’s determination to protect its citizens by ending asbestos use and beginning the onerous process of addressing the multitude of challenges created by the incorporation of this deadly carcinogen into the national infrastructure. We look forward to engaging in future discussions with you about developments and remain at your disposal should you require further information from us.

Sincerely,

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http://www.inchem.org/documents/ehc/ehc/ehc203.htm