

# A call to action: epidemiologists assert themselves with scientific data

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A broad range of epidemiology organizations came together for the first time to clearly state that all forms of asbestos are harmful and causally related to disease and death.<sup>i</sup> The Position Statement on Asbestos<sup>1</sup> from the Joint Policy Committee of the Societies of Epidemiology<sup>2,3</sup> (JPC-SE) was released on July 24, 2012. The Statement has rapidly garnered worldwide support.<sup>ii</sup> It calls, without any equivocation, for all mining, trade, and use of asbestos to cease. How did this come about? What does it portend for the future with respect to a role for epidemiologists in policy matters?

Epidemiologists understand and practice the science that underlies public health and clinical medicine. Epidemiology is sometimes belittled as ‘never proving anything.’ An assault on the field by Gary Taubes<sup>4</sup> was highly publicized.<sup>iii</sup> One factor in public skepticism about epidemiology comes when there are apparently discrepant findings between epidemiologic studies or between observational studies and randomized trials. The JPC-SE Statement explains that the JPC-SE has concluded that with respect to all forms of asbestos, credible study results consistently show risk for disease and premature death.

Routinely, epidemiologists thoroughly assess any weaknesses in study designs and marshal caution with respect to the conclusions and recommendations proffered. Increasingly in medicine and public health, a systems approach has been espoused to better capture at earlier junctures the many direct and indirect effects to better protect public health through earlier interventions.<sup>5,6</sup> Thoughtful vigilance

is requisite to anticipate and avoid long-term detrimental effects and to promote enduring changes.<sup>7</sup>

Systems thinking utilizes a framework for seeing interrelationships and patterns of change, rather than snapshots. This framework helps to identify areas where key data are required to formulate clear recommendations. Sometimes such information is not yet available to complete the picture. At other times, it is clear that the nuances of incremental data will not be likely to materially affect the conclusions. Systems thinking approaches also require the consideration of long-term horizons. Epidemiologists demand an array of knowledge gleaned from multiple independent studies and settings, from multiple approaches and study designs, and from multiple disciplines (such as industrial hygiene, toxicology, sociology, biology, molecular biology, immunology, and pathology), and careful assessment of the biases (direction and magnitude, and likelihood that they could account for the observations) before accepting relationships as causal.

In the development of the Position Statement on Asbestos, several sets of expert epidemiologists painstakingly examined the data, relying quite heavily also on the recent International Agency for Research on Cancer (IARC) evaluation (2012).<sup>8</sup> After a rigorous process requiring each society to review the statement as per its respective internal procedures, nine societies agreed to endorse a very clear Statement that addresses controversial issues head-on. The public, the media, and governments need to understand: there is no credible counterpoint. In summary, this Statement presents an example where a durable consensus was reached among the historically conservative profession of epidemiologists. Supposed controversy, as noted by the Statement, was fomented by some ‘junk science,’ funded by the asbestos industry and their paid consultants, that contaminated the asbestos literature.<sup>9</sup>

The JPC-SE, as an organization, was formed in 2006. It initially addressed issues of common concern to epidemiologists such as regulatory limitations on

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<sup>i</sup> See the Introduction as well as the endorsing organizations listed in Appendix A of the Statement.

<sup>ii</sup> See Appendix B, which lists formal endorsements from outside organizations (included below) and the Appendix C endorsements from individuals (not included herewith), both of which are being periodically updated online at the JPC-SE website [www.jpc-se.org](http://www.jpc-se.org)

<sup>iii</sup> Criticisms have been leveled at Taubes, such as his relying on out-of-context quotes and other journalistic devices to feed public misperceptions about epidemiology.

beneficial research, as well as the absence of full-fledged epidemiologists from a number of important health and medical research panels.

This occurred in a context where there has been a widespread perception among scientists that societal policies are often pursued and implemented without due attention to the facts, and with undue influence from personal beliefs, business interests, and/or narrow or short-term considerations.<sup>7</sup> This impression exists in many different countries with respect to an increasing variety of issues and settings. Growing concerns about these and other matters over the last two decades among epidemiologists helped in providing the impetus for the formation of the JPC-SE.

Economists know that the marketplace does not always function optimally. In economics, an externality is a cost or benefit incurred by a party not involved in the transaction causing the cost or benefit, the value of which is not included in prices. With a negative externality, such as pollution, there are external costs. With a positive externality, such as occurs with education, there is an external benefit. With either type of externality, prices in a competitive market do not reflect the full costs or benefits of producing or consuming a product or service. When an externality exists, the economic costs or benefits are incompletely measured by markets. For example, companies do not have to subtract these external costs from their revenues, leading to inefficiencies in the allocation of resources. These concepts underlie our under-consumption of prevention services, where when properly allocated each dollar spent may prevent several multiples of that from being spent on future medical care (another example of a positive externality).<sup>7</sup>

Because neither the market nor private individuals can be counted on to prevent these inefficiencies in the economy, the government must intervene with regulation and oversight. Sometimes, the harms are not immediately recognized (as has occurred with many carcinogens and pollutants) or occur only many years later. Furthermore, they may accumulate for decades before remedial actions are taken, often at considerable cost. After the externality is recognized, regulations along with enforcement are frequently needed. But even strong legislation will be undermined unless monitoring (that assesses compliance) and enforcement are both adequately and continuously funded and deployed. An interdisciplinary viewpoint is essential when monitoring policy implementation.<sup>7</sup>

Protection of workers and the public from harmful substances is a classic example of the need for intervention. When adverse outcomes are delayed in time, perhaps by years or decades, as seen with asbestos,

and perhaps exacerbated by delayed recognition, it becomes even more difficult for externalities to be captured by the marketplace, even with the promulgation of regulation or taxes. Although litigation in the pursuit of justice does not solve such problems, its existence and its threats also may alter the economic calculus. The economic models incorporating externalities underlie a portion of the systems thinking approach.

With the current Position Statement, a new leaf has been turned. The Statement recognizes that epidemiologists and other relevant experts had reached a broad consensus about the harms of asbestos, but that this consensus was being ignored by policy makers in some countries, and that some of the populations being affected remain largely ignorant of the dangers. Both the public and policy-makers have often been misled by powerful asbestos interests. Epidemiologists have accumulated the data on the harms of asbestos the hard, but standard way — through the steady, careful, but cold and dispassionate accumulation of morbidity and mortality data from a vast array of studies representing a variety of epidemiologic approaches, from case reports and case series signifying sentinel events, to observational study designs.

The initial process by the JPC-SE entailed a careful review of many credible studies and reviews concerning asbestos, including apparently definitive declarations by well-reputed, impartial bodies such as that by the World Health Organization in 2006<sup>10</sup> and its affiliate organization, the IARC, in 2012.<sup>8</sup> With the recognition by the JPC-SE that the asbestos industry questioned the association of disease with some forms of asbestos, a careful examination of these contrary claims was undertaken to ascertain what, if any, validity there might be in them. The effort was assisted by published academic studies that had examined some claims such as that by Egilman *et al.*,<sup>11</sup> as well as other public data that helped to clarify the evolution of such claims.

It was also noted how the tobacco industry had successfully countered for many years the consensus among scientists and epidemiologists about the harms of various tobacco products,<sup>9,12</sup> providing an effective model for other industries to follow. Economic issues were raised, and considered from a systems approach.

The Statement further urges societies of epidemiology and public health organizations and agencies, particularly in those countries that continue to mine, use and/or export/import asbestos, to adopt a position calling for a ban on the mining, trade, use, and export of all forms of asbestos and to support scientists who are subjected to tactics of intimidation

to stop them from speaking up about the threat to health posed by asbestos.

The latest figures show that 64% of asbestos sold in 2011 went to Asian countries, where there is virtually no collection of data on asbestos-related diseases and deaths. Two countries alone – China and India – represent 46% of 2011 global asbestos consumption. Monitoring of asbestos-related diseases has been virtually non-existent in these two countries.

The Statement is strengthened by the new information about asbestos in China published in this issue,<sup>13,14</sup> which is at once consistent with the thesis of, and similar to data in, the JPC-SE Statement, and which extends those data. These articles further support the concerns posed by the JPC-SE.

Wang *et al.*<sup>13</sup> reinforce and amplify in this issue, with their multiple figures and tables, the asbestos mining and usage data presented in the JPC-SE Position Paper.<sup>1</sup> China in particular has exhibited skyrocketing usage (Figure 1<sup>13</sup>) concomitant with its rapid industrialization and its ready availability due to internal, massive reserves of asbestos.<sup>13</sup> Substitutes have been developed for the many traditional uses of asbestos, with minimal current use in Western countries such as the United States and Canada. Regrettably, the asbestos industry has succeeded in maintaining global asbestos production at approximately 2 million metric tonnes (Mt) per annum,<sup>1</sup> with China having risen to stand second in the pack, behind Russia. Wang also summarizes critical data on asbestos-related diseases within China.

Dr. Frank notes in his editorial in this issue<sup>14</sup> that it can be relatively easy [for some to try] ‘to deny that there is much of a problem when there are few statistics to elucidate the difficulties being suffered by workers in these countries.’ The careful documentation by Wang<sup>13</sup> about usage patterns provides valuable information about China. Dr. Frank has affirmed ‘there is every reason to believe...’ asbestos exposure in China will continue to cause disease. Taking that argument a step further, the JPC-SE in its Position Statement has declared that it is time to stop pulling punches, that the epidemiologic data are overwhelming in demonstrating that the use of asbestos *will* lead to an epidemic of disease,<sup>1</sup> and that it is unnecessary to await the future accumulation of yet more data about forthcoming disease before calling for action to avert harm. The JPC-SE is calling for action now, based on the body of solid epidemiologic evidence, in order to prevent further asbestos-related epidemics. Frank rightly notes, ‘the absence of data does not mean the absence of disease.’ Indeed, commercial or government interests may seek to avoid the collection of those very data to conceal emerging epidemics and other problems

(representing forms of ‘suppression bias’ and ‘repression bias’<sup>15</sup>).

The Position Statement on Asbestos<sup>1</sup> is aimed at audiences that may not have ready access to academic journals. Thus, an effort was made to make the sources underlying the report readily accessible to readers. Whenever possible, publicly accessible sources on the Internet are provided, contributing to informing policy at two levels: the public as well as government. To further extend accessibility, all material was released in both English and French at the outset. The full text is available in Portuguese, and the Executive Summary and media release are being translated into Chinese, Russian and other languages. All translations are being posted on [www.jpc-se.org/position.htm](http://www.jpc-se.org/position.htm) as they are developed, utilizing a certified translator whose translation has then been reviewed by an epidemiologist prior to release. (However, the final reference version will always remain the English – British style – version.) The industry will, in turn, I hope, realize that its deceptive practices need to cease. And the media should recognize and understand that there is no viable controversy, with the source materials readily available for them to consult as needed.

There is a growing need for international collaboration in epidemiology, to synthesize what we know. Since our work is directed to informing policy, our syntheses must be packaged and placed at the disposal of decision-makers. Within days of the publication of the asbestos Statement, the Brazilian Association of Public Health (ABRASCO) joined the JPC-SE. The JPC-SE looks forward to other sister societies with epidemiologists around the world joining its ranks; the application mechanism is summarized at <http://www.jpc-se.org/about.htm>.

Events in the United States or in other countries sometimes highlight evolving problems globally – such as recent cutbacks in census data collection in several countries and even the potential elimination of agencies, such as the U.S. Agency for Healthcare Research and Quality (AHRQ). The AHRQ serves as a critical collector and analyzer of data. (The primary mission of the AHRQ is ‘to improve the quality, safety, efficiency and effectiveness of healthcare for Americans.’<sup>16</sup> It promotes evidence-based medicine and public health in the U.S., and its reports have had considerable international impact.) The JPC-SE may well develop position statements on such issues, since it recognizes that policy-makers should neither avoid facing the facts nor prevent their collection. The JPC-SE works on the topics that the member organizations of the JPC-SE together choose to set as priorities.

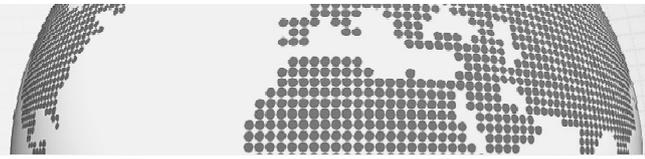
The focus of the JPC-SE is set by its member societies, through monthly conference calls

supplemented by continual communications. With its increasingly global membership as well as a publicly available website to help in the dissemination of its findings at [www.jpc-se.org](http://www.jpc-se.org), I anticipate that the JPC-SE will continue its efforts to pinpoint topics of importance throughout the world. I hope and trust that there is value in these joint assessments by epidemiologists. I can only echo the hope that the public, industry and governments will pay due attention to scientists working in the public interest, with their data and caveats; and, I hope that our scientists pay due attention to a systems approach when constructing and providing advice.

Disclosures: The author declares no conflicts of interest.

## References

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# Position Statement on Asbestos

*from the*

## Joint Policy Committee

*of the*

### Societies of Epidemiology (JPC-SE)

**June 4, 2012**

The Joint Policy Committee (JPC) of the Societies of Epidemiology (SE) is a consortium of epidemiology societies and organisations, national and international in scope. The JPC-SE originated in 2006 at the 2<sup>nd</sup> North American Congress of Epidemiology to coordinate and unify joint policy actions globally among epidemiology societies. The lead organisers of that Congress (the American College of Epidemiology, the Society for Epidemiologic Research, and the Epidemiology Section of the American Public Health Association), in conjunction with the Canadian Society for Epidemiology and Biostatistics, took the leading roles in the formation of the JPC-SE, which numbered 13 member organisations as of the above date. The American College of Epidemiology provides substantial administrative and logistical support to its activities.

This Position Statement on Asbestos was developed by representatives of 12 of our member societies, in consultation with these societies. On June 4<sup>th</sup>, 2012, the JPC-SE approved this Position Statement. Each member organisation then followed its own endorsement process, such as the recusal of its leadership members when appropriate or necessary, such as for some government employees or for those with conflicting interests. Some individual epidemiologists hold the position that epidemiologists should not play any role in advocacy. Some of our member organisations, as per their own internal policies, do not issue or publicly endorse any specific statements. The Complete Position Statement and references can be accessed at:

[http://www.jpc-se.org/documents/03.JPC-SE-Position\\_Statement\\_on\\_Asbestos-June\\_4\\_2012-Full\\_Statement\\_and\\_Appendix\\_A.pdf](http://www.jpc-se.org/documents/03.JPC-SE-Position_Statement_on_Asbestos-June_4_2012-Full_Statement_and_Appendix_A.pdf).

**Endorsers of this Statement are included as Appendix A (JPC-SE Organisations) and Appendix B (other Endorsing Organisations), both attached at end, and Appendix C (Individual Endorsers); see <http://www.jpc-se.org/position.htm>.**

For more information, contact the Chair of the JPC-SE (Professor Stanley H. Weiss, MD) by e-mail at [JPCSE.Chair@gmail.com](mailto:JPCSE.Chair@gmail.com), or by writing to Dr. Weiss care of the American College of Epidemiology (address immediately below).

The Joint Policy Committee of the Societies of Epidemiology provides a forum for surveillance of and communication about funding, regulatory, and legislative environments relating to epidemiologic research and practice. Through coordinated joint action, the Committee strives to impact policies and influence opinion leaders relevant to policies that rely on epidemiologic evidence.

#### Contact

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## EXECUTIVE SUMMARY

A rigorous review of the epidemiologic evidence confirms that all types of asbestos fibre are causally implicated in the development of various diseases and premature death. Numerous well-respected international and national scientific organisations, through an impartial and rigorous process of deliberation and evaluation, have concluded that all forms of asbestos are capable of inducing mesothelioma, lung cancer, asbestosis and other diseases<sup>1</sup>. These conclusions are based on the full body of evidence, including the epidemiology, toxicology, industrial hygiene, biology, pathology, and other related literature published to the time of the respective evaluations.

Industrialised countries have virtually ceased using asbestos and over 50 countries have passed laws banning its use. Consequently, the asbestos industry, to establish new markets, is promoting the use of asbestos in low-to-middle income countries, particularly in Asia, and has created lobby organisations to achieve this goal.

In spite of the scientific evidence and calls to end all use of asbestos by many organisations including the World Health Organization, the World Federation of Public Health Associations, the International Commission on Occupational Health, the International Social Security Association, the International Trade Union Confederation and the World Bank, the use of asbestos is increasing in low-to-middle income countries. There is little awareness in these countries of the risk that asbestos poses to health; in addition, safety regulations are weak to non-existent. If unstopped, this continued and increasing use of asbestos will lead to a public health disaster of asbestos-related illness and premature death for decades to come in those countries, repeating the epidemic we are witnessing today in industrialised countries that used asbestos in the past.

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<sup>1</sup> IARC, 2012; LaDou et al, 2010; ATSDR, 2001; NTP, 2011; NIOSH, 1972.

Therefore, the Joint Policy Committee of the Societies of Epidemiology (JPC-SE), comprising epidemiologists from around the world:

- Calls for a global ban on the mining, use, and export of all forms of asbestos;
- Calls specifically on the major asbestos exporting countries – Brazil, Canada, Kazakhstan, and Russia – to respect the right to health by ceasing the mining, use, and export of asbestos, and providing transition assistance to their asbestos-mining communities;
- Calls specifically on the major asbestos-using countries – Brazil, China, India, Indonesia, Iran, Kazakhstan, Russia, Sri Lanka, Thailand, Ukraine, Uzbekistan, and Vietnam – to cease use of asbestos;
- Urges sister societies of epidemiology and/or public health organisations and agencies, particularly in those countries that continue to mine, use and/or export asbestos, such as Brazil, Canada, China, India, Indonesia, Iran, Kazakhstan, Russia, Sri Lanka, Thailand, Ukraine, Uzbekistan, and Vietnam, to adopt a position calling for a ban on the mining, use, and export of all forms of asbestos;
- Urges all countries that have used asbestos to inform their citizens and their healthcare professionals of the hazards of asbestos and to implement safety measures to monitor the health of exposed citizens. To facilitate this, an inventory of asbestos already in place is needed, particularly in schools and places where children are present; and
- Urges all sister societies of epidemiology and/or public health organisations and agencies to support the right of scientists and academics to carry out their work free from intimidation. In situations where the asbestos industry files legal cases to silence scientists and academics, societies of epidemiology and/or public health organisations and agencies are urged to examine the situation and, if warranted by the facts, to support the scientists or academics being threatened and to denounce such tactics of intimidation. The procedure developed by the International Society for Environmental Epidemiology for dealing with beleaguered colleagues could be followed as a model. It is available at:

<http://www.iseepi.org/About/Docs/iseeprocedurefordealingwithbeleagueredcolleagues.pdf>

## **APPENDIX A**

### **NINE JPC-SE MEMBER ORGANISATIONS ENDORSED THE POSITION STATEMENT ON ASBESTOS AS OF JULY 24, 2012\***

<b><u>Member Organisation</u></b>	<b><u>Organisation contact(s):</u></b>	<b><u>e-Mail address(es)</u></b>
JPC-SE Chair	Stanley H. Weiss	JPCSE.Chair@gmail.com
• American College of Epidemiology (ACE)	Robert A. Hiatt	rhiatt@epi.ucsf.edu
• American Public Health Association (APHA), Epidemiology Section	Robert E. McKeown	rmckeown@mailbox.sc.edu
• Canadian Society for Epidemiology and Biostatistics (CSEB)	James A. Gaudino, Jr. Wiley D. Jenkins	jag8nw@comcast.net wjenkins@siumed.edu
• Council of State and Territorial Epidemiologists (CSTE)	Robin Taylor Wilson	rwilson@psu.edu
• International Epidemiological Association (IEA)	Colin L. Soskolne	colin.soskolne@ualberta.ca
• International Society for Environmental Epidemiology (ISEE)	Pat McConnon	pmcconnon@cste.org
• National Association of County & City Health Officials (NACCHO) Epidemiology Workgroup	Eduardo Franco	eduardo.franco@mcgill.ca
• Society for Epidemiologic Research (SER)	Wael Al-Delaimy	waldelaimy@ucsd.edu
• Society for the Analysis of African American Public Health Issues (SAAPHI)	E. Oscar Alleyne	alleyneo@co.rockland.ny.us
	Sandro Galea	sgalea@columbia.edu
	Rebecca Hasson	hassonr@umich.edu

\* For some organisations, some board members may have abstained from voting or voted against support for the Position Statement; the reader may obtain further information directly from the organisational contact listed. Organisation names are alphabetic, along with their designated contact(s) and respective e-mail address(es).

## APPENDIX B: ENDORSEMENTS FROM ORGANISATIONS

**ORGANISATIONS** wishing to add their endorsement of the Position Statement on Asbestos, please send an e-mail to [JPCSE.Asbestos@gmail.com](mailto:JPCSE.Asbestos@gmail.com), asking to be added to the list of endorsing organisations. **Please provide: the name of the organisation, its address (including city, state or province, and country), a statement to the effect that this endorsement was officially approved with date of approval and the name**

**The following epidemiology societies, public health organisations and public health agencies (not presently members of the JPC-SE), and the following public interest organisations have endorsed the JPC-SE Position Statement on Asbestos as of August 13th, 2012. This appendix is periodically updated and posted on <http://www.jpc-se.org/position.htm>.**

**Organisation names are alphabetic.**

**For any further information, contact [JPCSE.Asbestos@gmail.com](mailto:JPCSE.Asbestos@gmail.com).**

ABRASCO-Associação Brasileira de Saúde Coletiva (Brazilian Association of Public Health). Luiz Facchini, President. (Note: on July 26, 2012 ABRASCO joined the JPC-SE as its 14th member.)

ABREA-Associação Brasileira dos Expostos ao Amianto (Brazilian Association of Exposed People to Asbestos), Brazil. Eliezer João de Souza, President.

Alliance de la Fonction publique du Canada/ Public Service Alliance of Canada, Ottawa, ON, Canada. Denis St-Jean, National Health & Safety Officer.

Alliance for Cancer Prevention, UK. Helen Lynn, Alliance Facilitator.

American Public Health Association (APHA), Washington DC, USA. Donald Hoppert, Public Affairs and Advocacy, Director of Government Relations.

American Public Health Association (APHA) Occupational Health and Safety Section, Washington DC, USA. Walter A. Jones, Section Chair.

Asbestos Disease Awareness Organization (ADAO), USA. Linda Reinstein, President/CEO.

Asbestos Industry Association, Brisbane, Queensland, Australia. Michael Shepherd, President.

Asbestos-related Research, Education & Advocacy Fund, Canada. Tracy Ford.

Asbestos Victims Support Groups Forum – UK, United Kingdom. Tony Whitston.

Asian Ban Asbestos Network (A-BAN). Sugio Furua.

Asian Network for the Rights of Occupational and Environmental Victims (ANROEV), Secretariat, New Delhi, India. Mohit Gupta, Coordinator.

Asociacion Frente al Asbesto, Lima, Peru. Lic. Eva Delgado Rosas, Directora Ejecutiva.

Associated Labor Unions-Trade union Congress of the Philippines (ALU-TUCP).  
Gerard R. Seno, National Vice President.

*Association belge des victimes de l'amiante (ABEVA), Belgium. Président, Eric Jonckheere.*

Association Nationale de Défense des Victimes de l'Amiante (ANDEVA), France. Marc Hindry.

Australian Institute of Occupational Hygienists Inc, Tullamarine, Victoria, Australia. Laura Loschiavo,  
Administration Manager.

A Walk to Remember Victims of Asbestos, Guelph, Canada. Leah Nielsen.

Ban Asbestos India. Gopal Krishna.

Ban Asbestos Network Japan (BANJAN). Fuyushi Nagakura, Vice Secretary.

Ban Asbestos Secretariat, UK. Laurie Kazan-Allen, Coordinator.

Barrow Trades Union Council, UK. Robert Pointer, Secretary.

Building and Woodworkers International. Fiona Murie, Director Health and Safety, and Construction.

Campaign to Control Cancer, Canada. Pat Kelly, CEO.

Canadian Association of Physicians for the Environment/Association Canadienne des Médecins pour  
l'Environnement. Jean Zigby, MD, President.

Canadian Association of University Teachers, Ottawa, ON, Canada. Laura Lozanski, Occupational health &  
safety officer.

Canadian Cancer Society. Paul Lapierre, Vice-President, Public Affairs and Cancer Control.

Canadian Environmental Law Association, Toronto, ON, Canada. Fe de Leon, Researcher.

Canadian Health Coalition (Canada). Michael McBane, Executive Director.

Canadian Medical Association. Owen Adams, Vice President, Health Policy and Research.

Canadian Nurses Association, Ottawa, ON, Canada. Barb Mildon, President.

Canadian Public Health Association. Erica Di Ruggiero, Chair.

Canadian Nurses for Health and the Environment. Hilda Swirsky, RN, BScN, MEd. President.

Canadian Union of Public Employees, Ottawa, ON, Canada. Anthony Pizzino, National Director, Research, Job  
Evaluation, Health and Safety.

Canadian Voices of Asbestos Victims. Stacy Cattran.

Centro Brasileiro de Estudos em Saúde (Cebes - Brazilian center for health studies), Rio de Janeiro, Brazil.  
Priscilla Leonel.

Collegium Ramazzini, Italy. Dr. Morando Soffritti, MD, Secretary General.

Construction Safety Campaign, UK. Pete Farrell, Chairman.

Cumbria Asbestos-Related Disease Support (CARDS), UK. Dr Helen Clayson.

David Suzuki Foundation, Canada. Mara Kerry, Director, Science and Policy.

The Essex-Passaic Chronic Diseases Coalition, Newark, NJ, USA. Dr. Stanley H. Weiss, Director and Founder.

Environmental Health Trust, Teton Village, WY, USA. Devra Davis, President.

European Federation of Building and Woodworkers. Rolf Gehring.

Families Against Corporate Killers, UK, Linzi Herbertson.

GMB Chesterfield No. 1 Branch, Chesterfield, Derbyshire, UK. Shay Boyle, GMB Secretary Chesterfield No. 1 Branch

Greater Manchester Hazards Centre Ltd, UK. Hilda Palmer, Co-coordinator.

Indian Association of Occupational Health. Dr M V Sreenivasan, President.

International Ban Asbestos Secretariat, UK. Laurie Kazan-Allen, Coordinator

Jamsetji Tata Centre for Disaster Management, Tata Institute of Social Sciences, Maiti and Jal A D Naoroji Campus, Mumbai, India. Dr. Nobhojit Roy.

Japan Occupational Safety and Health Resource Center (JOSHRC). Shinichiro Sawada, Staff Member.

Japan Association of Asbestos-Related Disease Victims and Their Families. Kazuko Furukawa.

Korean Society of Environmental Health. Professor Domyung Paek.

La Coalition Pour que le Québec ait meilleure mine! Ugo Lapointe, porte-parole.

London Hazards Centre, UK, Margaret Sharkey.

Marystown Shipyard Families Alliance Committee, Newfoundland, Canada. Bernadine Bennett, Co chair.

*Merseyside Asbestos Victim Support Group, UK. John Flanagan.*

Mesothelioma Applied Research Foundation, Alexandria, VA, USA. Kathleen Wiedemer, Executive Director.

Mick Knighton Mesothelioma Research Fund and North East Mesothelioma Support Groups, United Kingdom. Chris Knighton.

MiningWatch Canada. Ramsey Hart, Canada Program Coordinator.

National Hazards Campaign, UK. Hilda Palmer, Chair.

New Jersey Public Health Association, Piscataway, NJ, USA. Sarah W. Kelly, President.

Northeast Asbestos Support & Awareness Group, United Kingdom. Bob Stephenson, Coordinator.

Occupational and Environmental Health Coalition – Peterborough, Canada. Marion Burton, Co-Chair.

Occupational Health Clinic for Ontario Workers (OHCOW), Don Mills, ON, Canada. Lyle Hargrove, Interim Managing Director.

Occupational Knowledge International, San Francisco, USA. Perry Gottesfeld, Executive Director.

Occupational and Environmental Health Network of India (OEHNI). Coordinator, Mohit Gupta.

Occupational Health & Safety Association, Ahmedabad, India. R.K.Manwar, Secretary.

Ontario Nurses for the Environment Interest Group (ONEIG), Toronto, ON, Canada. Sima Patel.

People’s Health Movement Canada/Mouvement populaire pour la santé au Canada. Baijayanta Mukhopadhyay.

Peoples Training & Research Centre, India. Jagdish Patel.

Prevent Cancer Now, Canada. Diana Daghofer, Co-Chair.

Registered Nurses' Association of Ontario, Toronto, ON, Canada. Robert Milling, Director of Health and Nursing Policy.

SARAG Asbestos Victim Support Group, UK. Paula Walker.

Saskatchewan Asbestos Disease Awareness Organization. Howard Willems, Co-founder and Chairperson.

School of Public Health and Family Medicine, University of Cape Town, South Africa. Prof Mohamed F Jeebhay.

Sciencecorps, Lexington, MA, USA. Kathleen Burns, Ph.D., Director.

Scottish Hazards. Kathy Jenkins, Secretary.

Sierra Club Canada. John Bennett, Executive Director.

Société Française du Cancer (French Cancer Society), Paris, France. Prof. M. Marty, Vice President.

Société pour Vaincre la Pollution. Daniel Green, Président.

Trade Union Safety Team (TRUST), Chesterfield, Derbyshire, UK. Shay Boyle, Development Worker

Victims of Asbestos/Industrial Disease. Lucie Bechard, Co-founder & Chair.

Women International for a Common Future, Germany, France, and the Netherlands (WICF). Alexandra Caterbow, Coordinator Chemicals & Health (Munich).