



School of Public Health

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(Letterhead)

By Fax: 514 933-3112

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.

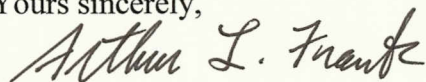
Medical doctors and medical organizations have a profound ethical obligation to protect public health without fear or favor and to "do no harm". This ethical obligation is particularly imperative where those who will be exposed to harm are particularly vulnerable, such as impoverished populations in 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, MD, PhD, 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
- * Y.R.K. Waterman, Sc.D. LL.M., Waterman Asbestos Consultancy, The Netherlands
- * 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
- * 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; occupational health expert, 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 Gassert, 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 Labour, 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
- * Youxin Liang, Professor, Fudan University School of Public Health, Shanghai, PRC, China
- * Abe Reinhartz, MD, Family Practice, Supportive Oncology and Palliative Care, Toronto, Canada
- * 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

- * Roland Wong, MSc, MD, FRCPC; Occupational and Community Medicine Physician, Toronto, ON, Canada
- * Jerry Spiegel, PhD, MA, MSc., Associate Professor, School of Population and Public Health; Director, Global Health, Liu Institute for Global Issues, University of British Columbia, Vancouver, Canada
- * Rob McConnell MD, Professor of Preventive Medicine, University of Southern California, US
- * James Brophy, PhD, University of Windsor; occupational health expert, ON, Canada
- * Prof J Myers, Director, Centre for Occupational and Environmental Health Research, School of Public Health, University of Cape Town, South Africa
- * Gilbert S. Omenn, MD, PhD, Director, Center for Computational Medicine & Bioinformatics, Professor of Internal Medicine, Human Genetics and Public Health, University of Michigan, Ann Arbor, MI, US
- * Lewis Pepper, MD, MPH, Asst Professor, Environmental Health Department, Boston University School of Public Health, US
- * Susan M Kennedy, PhD, Professor Emerita and past Director, School of Environmental Health, University of British Columbia; past Director, BC Environmental and Occupational Health Research Network; past Director, Centre for Health and Environment Research, Vancouver, BC, Canada
- * Zhao-lin Xia, BM, MS, PhD, Fellow, Collegium Ramazzini, Italy; Professor of Occupational Health & Toxicology, School of Public Health, Fudan University, Shanghai, China
- * Dr. Annalee Yassi MD, MSc, FRCPC(Community Medicine), FRCPC (Occupational Med), Tier 1 Canada Research Chair, Global Health Research Program, College for Interdisciplinary Studies; Professor, School of Population and Public Health; School of Environmental Health; and Department of Medicine; former Director, Institute of Health Promotion Research; former head of Division of Occupational Medicine, University of British Columbia, Canada
- * Professor Leslie London, Director: School of Public Health and Family Medicine, University of Cape Town Health Sciences Faculty, South Africa
- * Soussan Salehpour M.D., Occupational Medicine Specialist, National Research Institute for TB and Lung Diseases, Tehran, Iran
- * Rory O'Neill, Editor, Hazards magazine; Professor, Occupational and Environmental Health Research Group, University of Stirling; Health, safety and environment officer, International Federation of Journalists, Scotland
- * Peter Orris, MD, MPH, FACP, FACOEM, Professor and Chief of Service, Occupational and Environmental Medicine, University of Illinois at Chicago School of Public Health, US
- * Janice Fernandez de D'Pool, MD, MPH, Professor, Instituto de Medicina del Trabajo e Higiene Industrial, University of Zulia, Venezuela

- * John R. Balmes, MD, Professor of Medicine, University of California, San Francisco; Professor of Environmental Health Sciences, School of Public Health, University of California, Berkeley, US
- * Ramin Mehrdad. MD, MPH, Associate Professor of Occupational Medicine, Tehran University of Medical Sciences; Center for Research on Occupational Diseases, Tehran University of Medical Sciences, Tehran, Iran
- * Dr Shahieda Adams, Honorary Research Associate and Occupational Medicine Specialist, Centre for Occupational and Environmental Health Research, School of Public Health and Family Medicine, University of Cape Town, South Africa
- * Pr Gilles-Eric Séralini, Président du Conseil Scientifique du CRIIGEN; Co-Directeur du Pôle Risques, Qualité et Environnement Durables - MRSH-CNRS; Université de Caen - Institut de Biologie IBFA, France
- * Alex Burdorf, Professor, Determinants of Public Health, Erasmus MC, Rotterdam, Netherlands
- * Bice Fubini Head of "G. Scansetti" Interdepartmental Center for Studies on Asbestos and other Toxic Particulates, University of Torino, Italy
- * Anita Idel, Dr. med. vet., Mediation and Project Management, Germany
- * Hans Kromhout, PhD, Professor of Exposure Assessment and Occupational Hygiene, Institute for Risk Assessment Sciences, Universiteit Utrecht, Netherlands
- * Morris Greenberg, MB, FRCP, FFOM: formerly, HM Medical Inspector of Factories, UK
- * Jennifer Sass, Ph.D., Professorial Lecturer, Dept. of Environmental & Occupational Health, George Washington University; Senior Scientist, Health and Environment, Natural Resources Defense Council, US
- * Andrew F. Oberta, MPH, CIH, The Environmental Consultancy, Austin, Texas; Past-President, Environmental Information Association; Chairman, ASTM Task Group on Asbestos Management, US
- * Monona Rossol, M.S., M.F.A., industrial hygienist, Arts, Crafts & Theater Safety, Inc; Safety Officer, United Scenic Artist's, Local USA829, New York, US
- * Aqiel Dalvie, Associate Professor; Programme Leader, Chemical Toxicity and Exposures, University of Cape Town, South Africa
- * Professor Mohamed F Jeebhay, MBChB, PhD, Occupational Medicine Specialist, Associate Director - Occupational Health, Centre for Occupational and Environmental Health Research, School of Public Health and Family Medicine, Faculty of Health Sciences, University of Cape Town, South Africa
- * Lundy Braun, Royce Family Professor in Teaching Excellence, Departments of Pathology and Laboratory Medicine and Africana Studies, Science and Technology Program, Brown University, Providence, RI; Visiting Professor, Department of Public Health and Primary Care, University of Cape Town, South Africa

- * Michael F. Jacobson, PhD, Executive Director, Center for Science in the Public Interest, US
- * Robert C. Larsen MD, MPH, Clinical Professor, university of California San Francisco, USA
- * Professor Corrado Magnani, Professor of Medical Statistics of the University of Eastern Piedmont, Italy
- * John Andrews, MD, MPH, Assistant Senior Vice President Academic Health Center, University of Cincinnati, Cincinnati, OH
- *Sandra A. Lovegrove, President, Abel Publication Service, Inc., Former publisher (retired), The International Journal of Occupational and Environmental Health

NOTE: Titles and institutions named for identification purposes only



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Par Télécopieur: 514-933-3112

Lettre urgente

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

Le 10 janvier 2011

Cher Dr Bernard,

Nous vous écrivons pour vous demander en toute urgence, en tant que Président du Collège des médecins du Québec, de recommander au premier ministre Charest de ne pas soutenir le financement d'une nouvelle mine d'amiante (la mine souterraine Jeffrey) en vue d'exporter des millions de tonnes d'amiante aux pays du Tiers Monde où ce minéral provoquera d'énormes problèmes de santé pendant des générations. Nous sommes profondément bouleversés que le premier ministre Charest refuse de tenir compte des avis de l'Association médicale du Québec et d'un grand nombre d'autres autorités de la santé pour s'en remettre plutôt à l'avis qu'il a commandé d'une organisation essentiellement politique et en conflit d'intérêts sur la question de l'amiante. Comme c'était prévisible, cet organisme recommande au gouvernement du Québec de soutenir financièrement et politiquement l'industrie moribonde de l'amiante du Québec.

C'est l'urgence de la situation qui explique que nous expédions cette lettre immédiatement. D'autres signataires s'ajouteront au cours des prochains jours et nous vous ferons tenir leur prise de position.

À titre de médecins et de professionnels de la santé publique, nous nous réjouissons qu'on progresse enfin, un peu partout dans le monde pour éliminer la mortalité et les maladies causées par l'amiante. Cette mortalité est d'autant plus tragique qu'elle est essentiellement évitable. Mais ce progrès sera gravement compromis si le gouvernement du Québec consacre ses ressources financières et politiques à la réanimation de l'industrie de l'amiante.

Cette décision déshonorerait gravement et pour longtemps le Québec, si son gouvernement décide de subventionner l'exportation d'un produit mortel qu'il refuse lui-même d'utiliser et qu'on retire à coup de millions de dollars de tous les bâtiments à vocation communautaire du Québec.

Cela fait déjà plusieurs décennies que la documentation scientifique a établi que toutes les variétés d'amiante causent le mésothéliome et d'autres cancers mortels ainsi que l'amiantose. Les autorités médicales internationales, canadiennes et québécoises estiment que le bannissement de l'utilisation de l'amiante est la seule manière capable de prévenir les maladies et la mortalité prématurée provoquées par l'amiante. Depuis plus d'une décennie, 100 pour cent de l'amiante du commerce mondial est fait d'amiante chrysotile. Au cours du dernier siècle, c'est 95% de tout l'amiante qui ait jamais été utilisé, qui était de l'amiante chrysotile (173 millions de tonnes de chrysotile contre 8 millions de tonnes des autres variétés d'amiante).

Il y a longtemps que la connaissance scientifique justifie sans aucune équivoque, le bannissement de l'amiante. La mise en place des programmes de protection a cependant été entravée par des groupes de pression au Québec, en Russie, en Inde, au Mexique, au Brésil et ailleurs, groupes consacrés à la promotion des intérêts de l'industrie de l'amiante chrysotile.

Puisque l'amiante chrysotile est maintenant banni, soit par voie législative ou en pratique dans la plupart des pays industrialisés, ces lobbys assaillent les pays du Tiers Monde, les alimentant d'informations trompeuses laissant croire qu'on peut utiliser l'amiante chrysotile en toute sécurité. L'Institut du chrysotile du Québec tient depuis des années un rôle de premier plan dans cette opération d'intoxication de l'opinion et de sabotage des efforts de la santé publique pour obtenir le bannissement de l'amiante dans les pays en développement. Récemment, une série de reportages d'enquête de la BBC racontaient comment le lobby du Québec avait réussi à entraver au Pérou et au Mexique, l'action des professionnels de la santé publique pour obtenir le bannissement de l'amiante.

Le gouvernement du Québec est à la veille de décider s'il redonnera vie à l'industrie québécoise de l'amiante qui se trouve en faillite en fournissant \$58 millions à un consortium d'investisseurs pour leur permettre la mise en exploitation de la mine souterraine Jeffrey (anciennement la mine Johns-Manville) et d'exporter 5 millions de tonnes d'amiante en Asie au cours du prochain quart de siècle.

Si le gouvernement décide d'accorder ce financement, il nuira gravement à une campagne internationale de santé publique présentement menée dans le Tiers Monde par des experts en santé, l'Organisation Mondiale de la Santé et le Bureau International du Travail, dans le but d'enrayer les épidémies actuelles de maladies et de mortalité causées par l'amiante, en cessant toute utilisation de ce matériau.

Le gouvernement du Québec a déclaré, qu'avant qu'il envisage de fournir un soutien financier, il devra d'abord disposer de preuves fiables que l'amiante exporté de la nouvelle mine ne provoquerait aucun dommage à la santé du Tiers Monde. Sur cette question, le gouvernement a reçu les conseils de l'Association médicale du Québec, de la Société canadienne du cancer et de l'Association pour la santé publique du Québec. Tous ces organismes ont été unanimes pour prévenir le gouvernement que l'amiante exporté du Québec contribuera à augmenter l'épidémie

des maladies et de la mortalité provoquées par l'amiante dans le Tiers Monde. Ils ont rappelé au gouvernement les conclusions d'une étude réalisée au Québec sur une période de deux années, par l'Institut national de santé publique du Québec montrant un taux de succès de 0% dans la mise en oeuvre de l'utilisation sécuritaire de l'amiante, dans les quelques entreprises du Québec qui utilisent encore l'amiante chrysotile : un taux d'échec de 100% dans une société privilégiée, scolarisée et réglementée. Ces organismes ont demandé fermement au gouvernement de ne pas financer cette mine.

Nous trouvons surprenant et consternant que, faisant preuve de ce l'Association médicale du Québec appelle un « aveuglement volontaire », le gouvernement refuse d'entendre l'avis des autorités médicales. Il a plutôt préféré charger un organisme regroupant des politiciens de la région où on mine l'amiante, la Conférence régionale des élus de l'Estrie (CRE) de le conseiller sur le financement de la mine. Il s'agit là d'un organisme complètement dépourvu de toute expertise scientifique et médicale mais entièrement voué au soutien de l'industrie de l'amiante.

Nous trouvons étonnante et stupéfiante l'attitude du ministre de la santé du Québec qui n'assume pas sa responsabilité professionnelle de faire prévaloir la connaissance scientifique et la protection de la santé publique sur toute autre considération.

L'avis officiel que la CRE de l'Estrie a donné au gouvernement du Québec est proprement scandaleux (document annexé). Il reprend à son compte toute la propagande mensongère avec laquelle les lobbys de l'amiante cherchent à persuader que tous ceux qui s'emploient au bannissement de l'amiante, comme l'Organisation Mondiale de la Santé, la Société canadienne du cancer, l'Association médicale du Canada, la Confédération internationale des syndicats, les mouvements regroupant les victimes de l'amiante, sont tous secrètement à la solde d'intérêts commerciaux concurrents de l'amiante, que les connaissances à propos des risques de l'amiante pour la santé sont contradictoires, que l'opposition à l'utilisation de l'amiante est alarmiste et ignore que c'est l'utilisation antérieure et défectueuse d'autres variétés d'amiante qui a causé les problèmes de santé qu'on connaît aujourd'hui, que les substituts de l'amiante sont aussi dangereux pour la santé et qu'on peut utiliser l'amiante chrysotile d'une manière sécuritaire.

Toutes ces allégations sont fausses et infâmes.

Avec un cynisme proprement stupéfiant, cet avis s'emploie à redonner légitimité à l'amiante chrysotile en affirmant que la Convention de Rotterdam ne tient pas l'amiante chrysotile pour dangereux. Le comité d'experts scientifiques de la Convention de Rotterdam qui compte 32 scientifiques venant des quatre coins du monde, y compris un scientifique canadien, nommé par le gouvernement du Canada, a statué à répétition que l'amiante chrysotile est dangereux et recommandé à répétition qu'il soit inclus dans liste des produits dangereux de la Convention ainsi que toutes les autres variétés d'amiante. C'est par des manoeuvres de coulisses que l'industrie québécoise de l'amiante est parvenue à obtenir que le gouvernement du Canada empêche l'adoption de cette recommandation.

L'avis officiel de la CRE de l'Estrie recommande que :

Le gouvernement du Québec soutienne la remise en opération de la mine d'amiante Jeffrey.

Les gouvernements du Québec et du Canada lancent un programme substantiel de promotion commerciale et de relations publiques pour refaire une virginité à l'industrie de l'amiante chrysotile et pour neutraliser les effets nuisibles des « campagnes mondiales de désinformation » qui s'opposent à l'utilisation de l'amiante chrysotile.

Les gouvernements du Québec et du Canada fournissent les fonds substantiels nécessaires pour établir une Fondation s'employant à mettre au point des nouveaux produits contenant de l'amiante.

Docteur Bernard, le Québec est déjà un obstacle majeur entravant l'activité mondiale de la santé publique pour contrôler l'épidémie de maladie et mortalité provoquées par l'amiante dans les pays du Tiers Monde. S'il fallait que le gouvernement du Québec accepte de mettre en oeuvre ces recommandations et finance la relance de la mine Jeffrey, il s'agira d'un désastre majeur pour l'action de santé publique, dotant l'entreprise d'intoxication de l'opinion publique tentant de faire croire qu'on peut utiliser l'amiante sans danger, de la crédibilité du Québec, ce qui prolongera aussi l'ignominie du rôle qu'il assume depuis déjà trop longtemps comme démarcheur en chef de l'industrie de l'amiante.

Nous comprenons que 53 médecins du Québec vous ont demandé de toute urgence, d'intervenir à titre de président du Collège des médecins du Québec, dans cette crise au cours de laquelle le gouvernement du Québec s'apprête à prendre une décision qui aura des effets désastreux pour la santé publique du monde, en refusant obstinément de tenir compte des avis médicaux sur cette question.

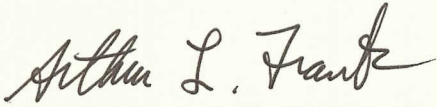
Nous nous joignons à l'appel des 53 médecins du Québec. L'Organisation Mondiale de la Santé, le Bureau international du travail et les professionnels de la santé publique commencent à marquer des points dans l'information des populations du Tiers Monde au sujet des dangers de l'amiante et de l'importance de mettre fin à son utilisation, comme le Québec l'a déjà fait. Nous vous demandons d'intervenir à ce moment-ci pour rappeler au gouvernement du Québec qu'il doit se fier à ses experts médicaux et ne pas financer la relance d'une mine d'amiante.

Les médecins et les organismes médicaux ont l'obligation déontologique de protéger la santé publique sans peur ni exception et de ne jamais nuire. Cette obligation déontologique est particulièrement impérieuse quand les personnes qui se trouveront exposées au mal sont particulièrement vulnérables comme le sont les populations appauvries du Tiers Monde. Ceux qui détiennent les leviers du pouvoir que confère la confiance du public, comme le premier ministre du Québec et le ministre de la santé, encourent les mêmes obligations éthiques. Ils encourent de plus l'obligation de donner l'exemple.

En résumé, si le gouvernement du Québec finance ce projet, il contredira formellement les principes fondamentaux sur lesquels se fonde le code de déontologie du Collège des médecins du Québec et il causera un tort significatif à la santé publique des pays du Tiers Monde pour des décennies.

Nous vous demandons urgemment d'intervenir sur la place publique pour défendre la santé de la population et les obligations déontologiques que préconise le Collège des médecins du Québec. Nous serons heureux de vous fournir toute aide et assistance que vous pourriez requérir.

Dans l'attente de votre réponse, nous vous réitérons, l'expression de nos sentiments distingués.



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