

MANOEL DE SOUZA, ANOTHER VICTIM OF ASBESTOS, DIES

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by **Conceição Lemes**, special report for **Viomundo** (www.viomundo.com.br) at (<http://www.viomundo.com.br/denuncias/morre-manoel-outra-vitima-do-amianto/>)

In 34 days, asbestos took two more victims. Aldo Vicentin, Secretary-General of the Brazilian Association of People Exposed to Asbestos (Associação Brasileira dos Expostos ao Amianto -- ABREA) -- died of mesothelioma on July 3, 2008. On August 6, Manoel de Souza e Silva Junior passed away at the age of 64.

Conceição Lemes interviewed Manoel's daughter Lucia de Souza e Silva Marques for the article "Company doctors said Manoel was healthy; but he had lung cancer", which was published in July. Lúcia is one of the founders of the Goiás State Association of People Exposed to Asbestos (Associação Goiana dos Expostos ao Amianto -- AGEA). "My father screams in pain, his life is based on morphine; he has metastasis in his bones, head and liver; both kidneys are riddled with cancer and only one still works," she stated back then. Unfortunately, once again the killer fiber has finished its damned deed.

* * * * *

--Hello!

--Doctor's office....

--Is this the office of Dr. Terra?

--Yes.

--Is he in?

--He just stepped out; he'll be back soon.

--Are doctors Nery and Bagatin in?

--Yes.

--They told me this phone number was for the Eternit medical group...Is that right?

--Yes it is.

--Would it be possible to set up an appointment with one of them?

--To set up an appointment you have to call another number. Ask Marina at that number....

--Yeah, but if somebody goes there, will they see us?

--No. No. Here we do it differently.

--Only with the permission of Eternit?

--Yes.

--Could you please tell me your name?

--Paula.

--Can I tell Marina that it was you, Paula, who sent me over there?

--Yes.

--What is your address there?

--Why do you want to know?

We are talking about Dr. Mário Terra Filho, Ericson Bagatin, and Luiz Eduardo Nery's medical office. According to the answering machine it is the CDDR -- The Diagnostic Center for Respiratory Diseases. It is located approximately 200 meters from the Hospital São Paulo/Universidade Federal de São Paulo (HSP/Unifesp). It is located at Borges Lagoa Street, in Vila Clementina, the Southern Zone of São Paulo city. A visitor is allowed in only after showing the receptionists their identity card and leaving their fingerprints in the biometric identifier. The first thing the ladies at the desk will tell you is that the Eternit medical group is located at numbers 81 and 82; that Drs. Terra, Bagatin, and Nery are there and that Dr. Terra comes in only on Fridays.

The three doctors have another thing in common. "Research carried out by professors at Unicamp,¹ USP,² and Unifesp³ proves that there is no record of any asbestos workers who have come down with an asbestos-related disease if they started their careers after 1980," says Marina Júlia de Aquino, the President of the Brazilian Chrysotile Institute (IBC). IBC's main goal is to lobby for the interests of the chrysotile or white asbestos industry.

Élio Martins, the President of Grupo Eternit, the largest asbestos company in Brazil, makes the following claim, based on the same research: "Since 1980, when we began to work exclusively with chrysotile asbestos and implemented a number of safety measures, no workers have become sick from asbestos in either our mine or our factories."

Ericson Bagatin, professor of occupational health at the Faculty of Medical Sciences of Unicamp is the coordinator of the research in question. He argues: "We evaluated 4,200 former and present asbestos workers who, from 1940 to 1996, worked at the asbestos mine and were exposed to asbestos. Among those who started at Eternit after 1980, when the industry began to implement protective measures, we found no asbestos-related diseases in any of the workers screened." Mário Terra Filho, who is a professor at the Faculty of Medicine of the University of São Paulo (USP) and chief of the

¹ State University of Campinas (*Universidade Estadual de Campinas* – Unicamp), about an hour's drive north of the City of São Paulo.

² University of São Paulo (*Universidade de São Paulo* – USP), in the City of São Paulo.

³ Federal University of São Paulo (*Universidade Federal de São Paulo* – Unifesp), in the City of São Paulo.

Occupational Lung Disease Department at the São Paulo Heart Institute (*Instituto do Coração -- InCor*), and Luiz Eduardo Nery, a professor of Lung Diseases at Unifesp, also participated in the research.

“This study is a kind of propaganda utilized by the asbestos lobby, but we know it’s fallacious,” responds Eliezer João de Souza, President of the Brazilian Organization of People Exposed to Asbestos (*Associação Brasileira dos Expostos ao Amianto -- ABREA*). “We know of workers who began their employment after 1980 who have got sick from asbestos, and that includes people who have died, as well.”

MANOEL: THE RESEARCH GROUP DOCTORS TOLD HIM THERE WAS NOTHING WRONG

Manoel de Souza e Silva Junior, 64, is married to Maria Lucia and they have six children: five girls and a boy, 16 grandchildren, and one great grandchild. They live in Goiânia. From August 1982 through November 1996 he worked at SAMA, the asbestos mine of the Grupo Eternit in Minaçu, in the north of the state of Goiás.



Manoel in December 2007 with his wife Maria Lucia, his daughter Lucinha, granddaughter Bruna, and great granddaughter Iara.



Manoel, early June 2008

His friends nicknamed him “the Portuguese.” Manoel was a maintenance mechanic whose specialty was rock drill maintenance. Periodically, in line with the Regulatory Norms of the Ministry of Labor and Employment (MTE) for former asbestos industry employees, he underwent health exams, which included both clinical and complementary exams, such as chest X-rays, lung tomography and pulmonary function tests, which assess the lung capacity and other related problems.

“These examinations are conducted in clinics indicated by SAMA itself in Goiânia and the results are sent to the medical council for them to write the reports,” explains his daughter Lúcia de Souza e Silva Marques, 41, a teacher. “Then, the report is sent to the SAMA doctor who, only at this point, delivers it to us. All X-rays stay with the company. We never have access to them nor to the medical reports.”

In May of 2005, Manoel went in for his periodic medical examination. The report, dated June 24, 2005, concluded that Manoel had no pleuro-pulmonary alterations related to asbestos exposure. It was signed by five São Paulo physicians: Mário Terra Filho, Luiz Eduardo Nery, Ericson Bagatin, Reynaldo Tavares Rodrigues, and Jorge Issamu Kawakama (who recently died). The three first doctors are from the Grupo Eternit medical group, which includes SAMA. Those three are the same professors, as we have seen, who carried out and signed off on the research carried out under university auspices at Unicamp, USP, and Unifesp, the same report cited by the IBC President Marina Julia de Aquino and by Élio Martins, President of the Grupo Eternit asbestos conglomerate.

**Anexo II
RELATÓRIO MÉDICO
2ª REAVALIAÇÃO**

Goiânia, 24 de junho de 2005.

Ref.: Sr. (a): Manoel de Souza e Silva Junior
RG.: 4356651-SP

O (A) Sr. (a) Manoel de Souza e Silva Junior, 61 anos, com exposição presumida ao asbesto na atividade de mineração na Empresa SAMA Mineração de Amianto Ltda., durante 12 anos, 01 mês e 25 dias, no período de 08/1982 a 10/1994, foi avaliado pela Junta Médica abaixo descrita.

Conclusão: COM OS DADOS DISPONÍVEIS NÃO EVIDENCIAMOS ALTERAÇÕES PLEURO-PULMONARES POR EXPOSIÇÃO AO ASBESTO.

Comentários:

Junta Médica

1. Prof. Dr. Mário Terra Filho
Cremesp 30353

2. Prof. Dr. Luiz Eduardo Nery
Cremesp 16433

3. Prof. Dr. Ericson Bagatin
Cremesp 22657

Consultores

Prof. Dr. Reynaldo Tavares Rodrigues
Cremesp 16239

Dr. Jorge Issam Kavakama
Cremesp 34129

ANNEX II

MEDICAL REPORT

2ND RE-EVALUATION

Goiânia, June 24th, 2005.

Ref: Mr. Manoel de Souza e Silva Junior

RG: 4356651-SP

Mr. Manoel de Souza e Silva Junior, 61 years old, with a presumed exposure to asbestos in the mining activity of the company SAMA Asbestos Mining Ltd. (SAMA Mineração de Amianto Ltda.) for 12 years, 01 month and 25 days, during the period ranging from 08/1982 to 10/1994, was evaluated by the medical council below described.

Conclusion: With the available data we did not find evidence of pleuro-pulmonary alteration due to asbestos exposure.

Comments: (none)

Medical Council

1.Prof. Dr. Mário Terra Filho, Cremesp 30,353

2.Prof. Dr. Luiz Eduardo Nery, Cremesp 16,433

3.Prof. Dr. Ericson Bagatin, Cremesp 22,657

Consultants

Prof. Dr. Reynaldo Tavares Rodrigues, Cremesp 16,239

Prof. Dr. Jorge Issamu Kavakama, Cremesp 34,129

ANOTHER DOCTOR DETECTS NODULES IN THE LUNG AND KIDNEY; THEY WERE MALIGNANT

At the beginning of 2006, seven months after the above medical evaluation was carried out, Manoel arranged a consultation with a cardiologist he trusted. At this point he had already begun to suffer from high blood pressure and heart problems. “Since my father had smoked his whole life and had worked with asbestos, the doctor requested a number of different tests, among them chest X-rays,” continues Lucinha. “The radiologist found a nodule in one lung. Abdominal tomography detected the presence of kidney nodules as well. My father had cancer in his right lung and kidney, and in the mediastinum [the area between the heart, lungs, spinal column, and the large blood vessels in the thorax].”

The case reached SAMA, or more precisely Dr. Eduardo Andrade Ribeiro, a gynecologist, and company doctor, Milton do Nascimento, the executive in charge of occupational health at Grupo Eternit. Very quickly the company, in an act of “liberality”-- a term they love to use -- promised to pay for any and all treatment. Manoel came to São Paulo with his wife and Lucinha. In July of 2006, they removed a part of his lung. After about 20 days, they operated on his kidney as well. All the expenses of the two surgeries, as well as the costs his family incurred while staying in São Paulo, were paid for by SAMA.

Tissue samples from the lung tumor were sent to the United States for evaluation. At the beginning of 2007 the family received the report. “The SAMA doctor told us that there wasn’t anything related to asbestos,” recalls Manoel’s daughter. “At first, we were relieved. If it wasn’t related to asbestos, our greatest fear, and the surgery had removed the tumors, why should we worry? But pretty soon we figured out that we had been fooled and continued to be fooled.”

The tests results had been signed by the American pathologist Victor L Roggli, of Duke University Medical Center, in Durham, North Carolina. The official report, dated

October 5, 2006, was addressed to Dr. Vera Luiza Capelozzi, a professor at the Faculty of Medicine of USP. The translation into Portuguese had been carried out on November 14, 2006 by certified public translator João Carlos Aguiar Gay.

JOÃO CARLOS AGUIAR GAY

CENTRO MÉDICO DA UNIVERSIDADE DUKE
Departamento de Patologia
5 de Outubro de 2006.
Prof. Vera Luiza Capelozzi
Faculdade de Medicina da USP
Av. Dr. Arnaldo - 455
São Paulo, SP 01246-903
BRASIL

mediante a varredura completa da metade do filtro. Esta constatação é equivalente a menos que 14 corpúsculos de asbesto por grama do tecido pulmonar úmido (corrigido por bloco de parafina).¹ Este valor está dentro da variação normal de 0-20 AB/gm.¹ Através de MEV, nenhum corpúsculo de asbesto foi observado em 100 x 1000 campos consecutivos. Havia 10.100 fibras não cobertas por grama de pulmão úmido. Dez fibras não cobertas consecutivas foram examinadas através de EDXA, duas das quais consistiam de Mg-Si em uma proporção indicativa

de asbesto crisotila (Figura 1), uma das quais consistia de Si-Mg-Ca em uma proporção indicativa de asbesto de tremolita (Figura 2), e uma das quais consistia de Si-Fe-Na-Mg em uma proporção indicativa de asbesto crocidolita (Figura 3). As seis fibras restantes não foram asbesto, e incluíam duas de sílica, uma de rutila, uma de cálcio, uma de NaAlSi, e uma de KAlSi.

Neste caso, o conteúdo de asbesto no tecido está bem abaixo dos níveis associados com asbestose ou um risco aumentado de câncer do pulmão.² Em minha opinião, as constatações não confirmam uma etiologia relacionada a asbesto para o adenocarcinoma da metade direita do lobo do Sr. de Souza e Silva.

Agradeço-lhe por sua consulta referente a este caso.

Atenciosamente,

(Consta assinatura de Victor L. Roggli)

Victor L. Roggli, MD

Professor de Patologia

Fone: (919) 286-0411 Ramal 6615

Fax: (919) 286-6818

E-mail: Roggli002@mc.duke.edu

JOÃO CARLOS AGUIAR GAY

DUKE UNIVERSITY MEDICAL CENTER

Department of Pathology

October 5th, 2006

Prof. Vera Luiza Capellozzi

Faculty of Medicine of the University of São Paulo

(...) normal variation of 0-20 AB/gm. Through the MEV, no asbestos corpuscles were observed in 100 x 1000 consecutive fields. There were 10,100 non-covered fibers for each gram of humid lung. Ten consecutive uncovered fibers were examined through EDXA, two of which consisted of Mg-Si in a proportion indicative of chrysotile asbestos (figure 1), one of which (...).

In this case, the asbestos content in the tissue is well below the levels associated with asbestosis or with increased risk of lung cancer. In my opinion, the findings do not confirm an etiology related to asbestos to the adenocarcinoma from the right half of Mr. Souza e Silva's lobe.

I thank you for your consultation referent to this case.

Regards,

(It includes a signature from Victor L. Roggli)

USP: ASBESTOS ASSOCIATED WITH SMOKING CAUSED THE TUMOR IN MANOEL

It is very well known that, in the long run, asbestos can cause cellular changes which can lead to lung cancer. The person who is exposed to asbestos and who also smokes is 57 times more likely to come down with this malignant cancer than someone exposed to neither one of these environmental contaminants. The fact is that asbestos and tobacco smoke have a synergistic effect: each multiplies the harmful effects of the other. Manoel had contact with both of these very important lung cancer risk factors.

He only got worse. Even so, SAMA stopped paying for the treatment. It was then when friends alerted the family to the possibility that the examination carried out in the US wasn't completely trustworthy. The family decided to retake the tests. The re-evaluation was carried out at Incor, a health institute in São Paulo, at the beginning of 2008.

Manoel and Claudia, another of his daughters, came to São Paulo city, with their family paying all the expenses this time. The conclusion of this second examination overturned the official myth that no workers whose exposure began after 1980 had contracted an asbestos-related illness. The report is five pages long. It is signed by Dr. Ubiratan de Paula Santos, who, like Dr. Mário Terra Filho, is also a professor specializing in lung disease at Faculty of Medicine of USP.



Relatório Médico

Paciente Manoel de Souza Silva Jr., 64 anos, refere tosse e dispnéia progressiva, iniciada há vários anos, atualmente aos médios esforços.

Paciente manteve contato com dois fatores de risco importantes e conhecidos como causadores de câncer de pulmão, tabagismo e asbesto.

O não encontro de corpos de asbesto na amostra de tecido avaliada e a relativamente baixa quantidade de fibras é compatível com o tipo de exposição, que pode ter ocorrido na referida mina, onde a fibra predominante é a crisotila. Esta variedade de fibra possui características de se quebrar em pequenas fibrilas e serem mais rapidamente retiradas pelos mecanismos de defesa do pulmão do que as fibras de anfíbólios. Estudo¹ que avaliou 234 pacientes expostos ao asbesto e com câncer de pulmão, encontrou crisotila em apenas 30 de 221 pacientes avaliados (14%), número semelhante a outro estudo² em expostos ao asbesto e com mesotelioma, onde em apenas 36 de 268 pacientes foram encontradas fibras de crisotila. A hipótese é a antes referida, ou seja, a dissolução da fibra em fibrilas não detectáveis e mais rapidamente clareadas do pulmão do que as variedades conhecidas como anfíbólios (crocidolita, tremolita, amosita)

Conclusão

Paciente se expôs durante 40 anos à fumaça do tabaco e durante 12 anos à poeiras com fibra de asbesto, tendo desenvolvido câncer de pulmão, cuja etiologia não é possível de ser discriminada como sendo exclusivamente a um ou outro cancerígeno, sendo assim, atribuível aos dois agentes, à fumaça do tabaco e ao asbesto.

devido ser reconhecido como câncer ocupacional de pulmão pelo asbesto, além de tabaco associado.

São Paulo 29 de Fevereiro de 2008

Ubiratan de Paula Santos

Dr. Ubiratan de Paula Santos
CRM 34829
Disciplina de Pneumologia
InCor - HCFMUSP

EXCERPT OF

REPORT BY Dr. Ubiratan de Paula Santos

Patient: Manoel de Souza Silva Jr., 64 years of age, complains of a cough and progressive shortness of breath for a number of years, which has weakened him

Conclusion:

The patient exposed himself for 40 years to tobacco smoke and for 12 years to dust containing asbestos fiber, and having developed lung cancer whose etiology cannot be attributed exclusively to one or the other carcinogen, it is attributable to both agents: tobacco smoke and asbestos.

It should be recognized as occupational lung cancer caused by asbestos, in association with tobacco.

São Paulo, February 29, 2008

Dr. Ubiratan de Paula Santos, of the Department of Lung Diseases, São Paulo Heart Institute (Incor-HCFMUSP)

“My father screams with pain, despite the morphine he takes; he has metastases on his bones, his head, and his liver; both kidneys have been taken over by the cancer, and only one is still functioning,” says his daughter Lucinha. Dona Maria Lucia is outraged: “These doctors are a bunch of murderers! What kind of medical group is this, which sees a problem and pretends not to see it? It’s criminal!”

Fernanda Giannasi, a workplace safety engineer from the Ministry of Labor and Employment, denounces this deception: “There are no cases of disease among workers who started after 1980 because the industries, with the consent of some doctors, are hiding the truth.”

As the go-to person regarding asbestos issues in Brazil, Fernanda can’t help poking her finger into another open sore: “How can we have confidence in studies, whose researchers are paid by the industry itself to staff its own medical group, which is given the task of judging both the existence of disease associated with asbestos, as well as helping to decide the amount of compensation which should be paid out in private, extra-judicial settlements to the victims. And how is it possible to trust a medical group which, at the same, gets money from industry to do research which is supposed to prove that asbestos is not harmful to people’s health and that the conditions of our factories are the best in the world, when I, as an inspector of the Ministry of Labor, can prove that this is nothing more than a cover-up?”

MESOTHELIOMA=A DEATH SENTENCE=R\$ 36,976.65*

“Our attitude is proactive, as a company, when we offer our ex-workers a private, extra-judicial compensation agreement,” says Élio Martins, head of Grupo Eternit. For this to happen, the former employee has to have an examination with a pre-selected medical group and submit to a clinical exam, a lung-X-ray, lung tomography, and a pulmonary function test.

Suppose we detect a pleural plaque, a situation which may not present any symptoms but can cause shortness of breath, tiredness, back pain and cough. “It is a marker of asbestos exposure, not a disease,” Grupo Eternit tells us in an e-mail. “But, out of our own free will, the former employee receives a life-long health insurance plan.”

A mild case of asbestosis corresponds to a compensation of R\$ 12,326.00* (US \$7,752) plus a life-long health insurance plan. Asbestosis, known in Brazil as “stone lung”, will stiffen the organ little by little, causing fibrosis; it slowly leads to death. A mesothelioma (a malignant lung, pleura and peritoneum tumour), in its turn, is worth R\$ 36,976.65* (US \$23,255)! Its diagnosis is a fast death sentence. Almost everybody will die within a year. On July 3rd, it killed Aldo Vicentin, 66 years old, a former secretary of the Brazilian Association of People Exposed to Asbestos (*Associação Brasileira dos Expostos ao Amianto* -- ABREA). Aldo died approximately three months after the diagnosis.

“This is compensation on the cheap. In Brazil the bosses pay almost nothing for causing workers’ deaths or their temporary or permanent disability,” claims Fernanda. “A guy can get ten years in prison for robbing a pizza place, but here you will never see exemplary punishment for a company which mines and manufactures and sells cancer-causing substances, which is a question of public health. Powerful people with deep pockets are guaranteed impunity in all spheres of our national life.”

“Is this compensation just? Well, that’s what the company thought it could afford,” says Élio Martins in justification. “Now if these people think that the amount of their compensation is low or high is certainly another issue. That depends on how each individual looks at the situation.”

EXTRAJUDICIAL SETTLEMENTS: ACADEMIC CREDENTIALS

“DECEIVE”

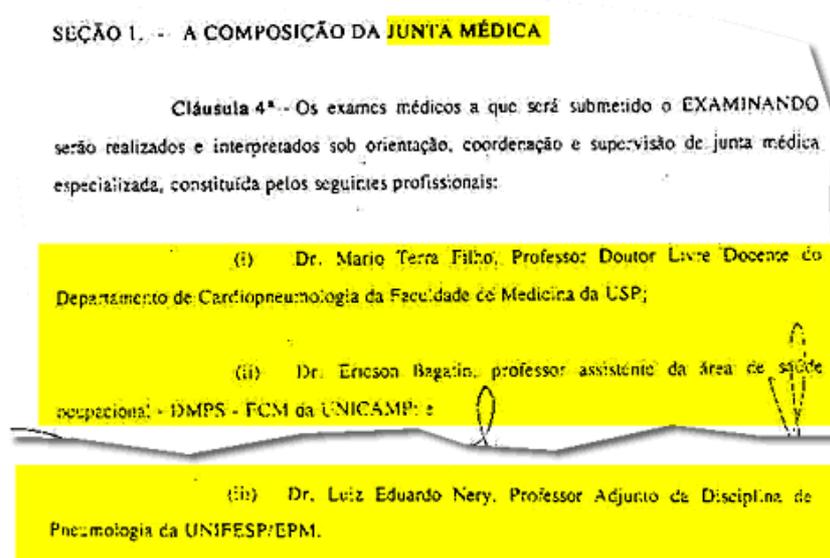
As a rule, the ex-employees are humble people, with low socio-economic status and low levels of formal education. Sometimes it’s the company which takes the initiative to suggest private, out-of-court settlements; in other cases the former employees themselves are the ones who take the initiative. In Osasco, which is located in the Greater São Paulo area, Eternit maintains an office headed up by Sumara Ramalho to deal specifically with these types of settlements.

“I preferred to settle out-of-court; I got a little money and a health plan,” says one ex-employee, who prefers not to identify himself. “I don’t want to end up on bad terms with Eternit or with ABREA either. I light two candles, one for the devil, the other for God. I sought out Sumara, who told me everything I needed to know, including where to get the exams. I had them done at Hospital São Paulo, which is affiliated with Unifesp. After that I had a talk with Dr. Mário Terra about the results of the report, which stayed with Eternit.”

The medical council, pre-selected by Eternit to handle the extrajudicial settlement, is composed of – take note! – the very same people who signed the report of Mr. Manuel Manoel de Souza in June 2005, saying he had no health problem related to asbestos. From at least 1988, it works for Eternit Group.

“I have a firm with two partners [Bagatin and Nery] which does consulting in occupational lung disease: silica, asbestos organic dusts, etc. Sama and Eternit are two of our client companies,” responded Mário Terra Filho by e-mail to this reporter. “It is a private activity in my office which has no ties at all with the Lung Disease Department at USP. What my clients do with my reports is not for me to decide.”

In the report, the names and numbers of the physicians at the Regional Medical Council of the State of São Paulo (*Conselho Regional de Medicina de São Paulo -- Cremesp*) are listed. However, in the private out-of-court agreements of almost 30 pages, signed by the ex-employee, the Cremesp number is not listed. Instead, listed in a prominent place in Clause 4, you can see the academic credentials of the three physicians.



Section 1--The Composition of the Medical Group

Clause 4— The medical exams to which the EXAMINED PATIENT will submit will be carried out and interpreted under the orientation, coordination, and supervision of a specialized medical group, which will be constituted of the following professionals:

Dr. Mário Terra Filho, associate professor from the Cardio-pneumology Department at Faculty of Medicine of the University of São Paulo.

Dr. Ericson Bagatin, assistant professor in the area of occupational health, Department of Preventive and Social Medicine, Faculty of Medical Sciences, of the State University of Campinas (FCM of UNICAMP).

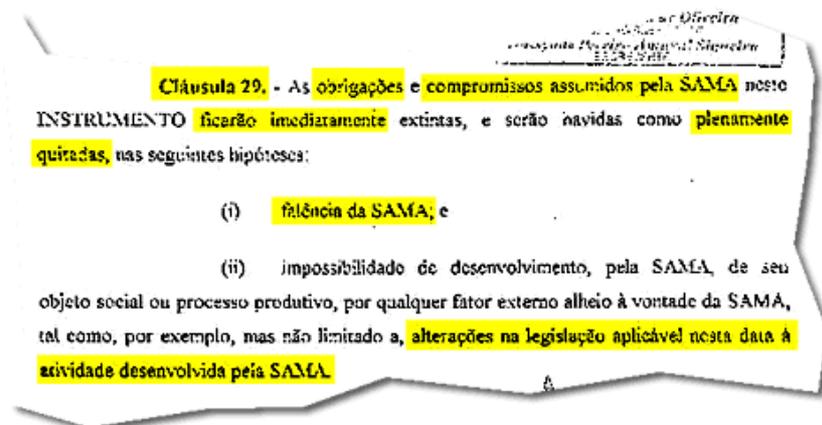
Dr. Luiz Eduardo Nery, adjunct professor of the Discipline of Lung Diseases of Federal University of São Paulo, Paulista School of Medicine (Unifesp/EPM).

“The fact that the professors of the medical group are professors at USP, Unicamp, and Unifesp confuses people; it tricks people into thinking that the medical group is a ‘good thing’, something serious and official,” affirms Lucinha. “How is it possible to do these reports for private out-of-court settlements and, at the same time, do research which is paid for by the asbestos industry and also benefits it?”

We asked Eternit how many out-of-court settlements had already been signed. The company spokesperson didn’t reply. But it is estimated that more than 2,500 agreements have already been concluded. An important thing to remember is that the accord is signed before a person goes before the medical group. “They sign in the dark, and that’s when it gets ugly. The people who sign are trapped. But what else could I do?” says, with resignation, a former employee, who asked not to be identified. “At least I have a health plan for the rest of my life.”

“It’s an industry strait-jacket for these poor victims,” criticizes Fernanda Giannasi. The people who sign these out-of-court settlements lose their legal right to try their cases in court and try to secure any other type of reparation for the damage caused by asbestos, because, in theory, the indemnity they receive “compensates all their losses.”

Another issue which many haven’t taken into account is that the benefits end if Eternit goes out of business or, as is stated in clause 29 (see below), if asbestos is banned. “This is the means that the industry came up with to prevent ex-employees who sign the out-of-accords, from joining the movement for the banning of asbestos,” adds Fernanda. “The deal is that, once it’s banned, they lose all the benefits they were promised.”



Clause 29 -- The obligations and agreements assumed by SAMA in this agreement will cease immediately and will be considered null and void under the following conditions:
(i) bankruptcy of SAMA, and

(ii) if it becomes impossible for SAMA to carry out its social objective or productive process, due to any factor external to the will of SAMA, such as, for example, but not limited to, alterations in the legislation applicable at this date to the activities carried out by SAMA.

NEW RESEARCH: THE PEOPLE INVOLVED BRING PARTICULAR VALUES

Every type of asbestos is carcinogenic, including chrysotile asbestos. It is banned in 49 countries, among them Argentina, Chile, Uruguay, and the European Union. In Brazil its use has already been prohibited in four states: Rio de Janeiro, Rio Grande do Sul, Pernambuco, and São Paulo. The campaign in favor of a ban of this killer fiber continues to grow throughout the country.

The industry, of course, is counterattacking. A new piece of research, still in progress, is being touted as its safe-conduct pass. “We, who are involved in producing chrysotile asbestos, have involved the University of São Paulo, which, in its turn, brought in other Brazilian and foreign universities,” affirms Élio Martins. “We will have our first results in 2009.”

Comment [d1]: Is this what is meant by “the productive chain”?

The research has two parts: occupational and environmental exposure. “We will continue to examine the 4,200 [employees and ex-employees] studied in our previous research,” says Ericson Bagatin. “Regarding the environmental exposure part, we have selected 500 people in São Paulo, Rio de Janeiro, Goiânia, Salvador, and Recife -- 100 in each of five major state capital cities -- people who have lived for more than 20 years in houses with asbestos tile roofs. The goal of this study is to find out whether these

people have become sick because of asbestos and also to quantify the level of asbestos fibers in each locale. We believe it is likely there are no fibers in these environments.”

On the front line of these studies will be the same professors which carried out the previous study and who make up the Grupo Eternit medical group: Mário Terra Filho, principal research coordinator; Ericson Bagatin, executive coordinator; and Luiz Eduardo Nery. The proposed budget for this research is R\$ 4,000,000.00* (US \$2,515,000.00)

“The person who knows the correct budget for the research project is Marina [Júlia de Aquino], talk to her,” suggests Élio Martins. Initially, Marina says: “The total funding is 3.6 million reais* (US \$2,264,000.00). CNPq, the National Council for Scientific and Technological Development (*Conselho Nacional de Desenvolvimento Científico e Tecnológico*) gave about one third, 1 million reais* (around US \$628,000).”

In an e-mail dating from June 23rd, Mário Terra Filho states a lower amount:

Subject: Re: RES: RES: Amianto: pesquisa e indenização, URGENTE!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
From: Mario Terra Filho <incor@usp.br>
Date: 24/06/2008 10:58
To: Conceição Lemes <conceicao@usp.br>

>>>
>> A pesquisa está orçada em 2.500.000,00 reais. Já recebi 1.000.000,00
>> reais do CNPq. Estive me Goiânia, mas ainda não recebi 500.000,00 reais
>> da FUNAPE (órgão governamental), e recebi aproximadamente 500.000,00
>> reais do Instituto Brasileiro de Crisotila que esta fazendo a
>> intermediação para o recebimento do restante. A pesquisa ainda está em
>> curso, devendo estar pronta no 1 semestre de 2009.
>> Atenciosamente
>> Mário Terra Filho
>>

*The research project's budget is 2, 500,000.00 reais * (around US \$1,572,000.00). I have already received 1,000,000.00* from CNPq. I've been in Goiânia but still haven't received 500,000.00* (US \$314,446.54) from FUNAPE (a governmental organization), and I have received about 500,000.00* (US \$314,446.54) from the Brazilian Institute of Chrysotile, which is handling the receipt of the remaining funds. The research is ongoing and its results are due in the first semester of 2009.*

Yours truly

Mário Terra Filho

Back to Marina. Curiously, between one conversation and another, the information provided as to the total amount of funds becomes uniform. In an e-mail dating from June 23rd, her press agent puts forward the following information:

Subject: custos da pesquisa Asbesto Ambiental
From: André
Date: 23/06/2008 17:10
To: 'Conceição Lemes'

TOTAL R\$ 2.562.275,00
CNPQ R\$ 1.000.000,00 39,03%
SECTEC* R\$ 500.000,00 19,51%
IBC R\$1.062.275,00 41,46%

***SECRETARIA DE ESTADO DE CIÊNCIA E TECNOLOGIA DE GOIÁS**

TOTAL: R\$ 2,562,275.00*
National Research Council (CNPq): R\$ 1,000,000.00*
*State of Goiás Secretariat of
Science and Technology (SECTEC)* R\$ 500,000.00*
Brazilian Chrysotile Institute (IBC) R\$1,062,275.00*

(IBC, we should remember, is the Brazilian Institute of Chrysotile. It is the main spokesman for the asbestos industry. The participation of the government of the State of Goiás, through SECTEC, is due to economic interests, because 40% of gross tax revenues of the State of Goiás comes from the mine in Goiás, the only commercially active asbestos mine in Brazil. Both the government of the State of Goiás, as well as labor union representatives from both the asbestos mining and the construction sectors, operating through the National Commission of Workers in Asbestos (CNTA) participate in the IBC. Recently ABREA accused these labor unionists of being financed by industry owners, and made a formal complaint about this to the International Labor Organization (ILO). Taking money from the bosses constitutes an anti-union practice. It is not in compliance with the principle of freedom and union autonomy.)

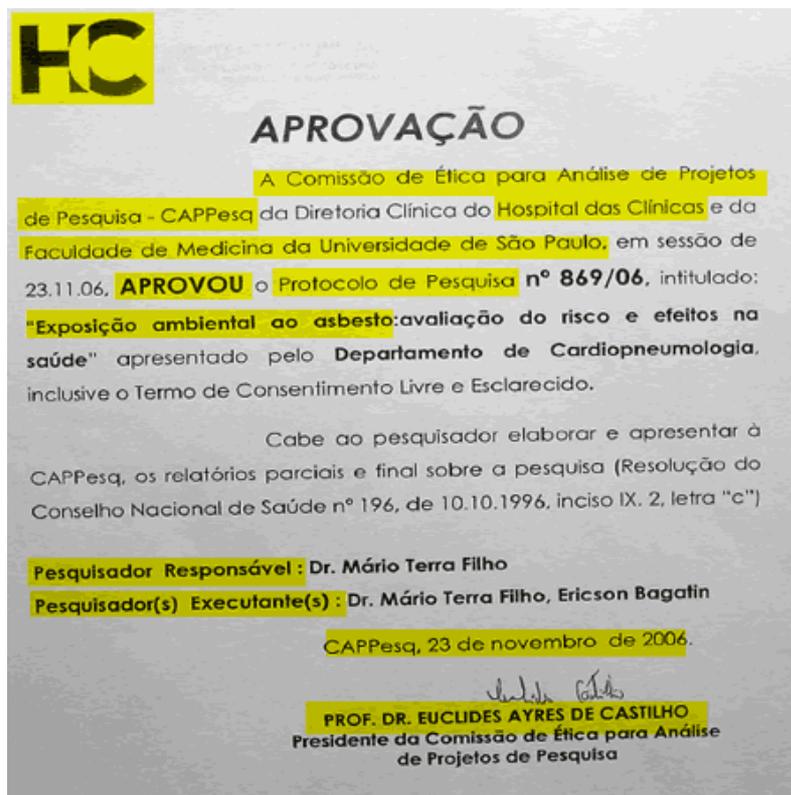
The reporter insists on the 3.6 million reais issue. “Marina did not have the papers in hand and made a mistake”, says her press agent. “The R\$ 2,562,275. 00* (US \$1,611,000.00) includes the two parts of the research”.

Supposing that the total is really R\$ 2,562,275.00.00 * (US \$1,611,000.00 million), how much is the industry paying? R\$ 1,062,275.00* (US \$628,097.48), according to the IBC President? Or the approximately 500 thousand* (US \$314,446.54) Terra says he received?

RESEARCHER OMITTS INFORMATION REGARDING INDUSTRY FINANCING ON UNIVERSITY ETHICS FORM

All it takes is a little quick research on Google to find the announcement of this research, in full colors and power point. Highlighted on the cover are acronyms of the three Brazilian universities in large letters: USP, Unifesp and Unicamp. But what really

caught my attention as a reporter was the page below, HC, the acronym of the Hospital das Clínicas, the proud teaching hospital of USP, Brazil's most famous university.



Professor Dr. Euclides Castilho, President of the Ethics Committee for Research Projects (CAPPesq), is a professor in the Department of Preventive Medicine of the Faculty of Medicine of USP. He's an epidemiologist, a first class researcher with a national and world-wide reputation. He is also an honorable ethical man. This reporter interviewed him for this article.

--Professor, do you remember a project approved in 2006 regarding environmental and occupational exposure to asbestos?

--Every year, our Ethics Committee receives almost 1,500 projects for evaluation. I clearly remember this one, because it dealt with a study in a number of different cities. In addition to the Heart Institute, it includes the participation of Unifesp and Unicamp.

-- Could you show it to me?

--The Ethics Commission for USP was created by the National Commission for Ethics in Research (Conep), which itself is a committee of the National Council on Health. Its most important principle is social control, the defense of society. And it is my duty to explain these matters to society.

--Do you remember whether there was any conflict of interest in this case?

--I don't recall. I'll go check it out.

A day later we once again talked:

--Where is the funding for this research coming from?

--From the National Research Commission (CNPq).

--In addition to the CNPq, do you know whether this research has any industry financing?

--On the form they filled out, it is required to list all the funding sources; that is one of the explicit questions on the form. The authors don't mention any company at all.

--Is there a conflict of interest?

--According to the documentation on the record, no. The researcher pledged his responsibility in writing that he was following the mandates of resolution 196/96, of the National Health Council. It is explicit, in that resolution, that there can be no conflict of interest. In addition, and I stress this, the researcher did not mention any funding source which could suggest a conflict of interest.

--But the truth is that this research has financing from industry, via the organization which lobbies in favor of the asbestos industry.

--Well... that kind of information should show up on the ethics form, but it didn't. If that is true, it is a serious omission.

--Don't you think HC and USP are being used by the asbestos industry?

-- In the past I was the vice-director of the National Program for Sexually-Transmitted Diseases/AIDS of the Ministry of Health. I also was a member of the Committee on Vaccines of the Global Program on AIDS of the World Health Organization (WHO). I would receive a great many letters from researchers. The concealing of information was flagrant. Sometimes I had the impression that they just signed the project. There were researchers who were sponsored by the pharmaceutical industry, who were participating in the research protocols of the vaccines, as if they themselves were the authors of the research project. Curiously, they always wanted to include two or three patients from HC so they could flaunt the USP name on the research proposal.

IT'S LIKE THE RESEARCH ON NICOTINE ADDICTION BY GIANT TOBACCO MULTINATIONALS LIKE SOUZA CRUZ (subsidiary of British American Tobacco)

Neither does financing by industry show up in the academic curriculum vitae. Actually, this is not the first time this has happened. In his research, begun in 1996 and cited at the beginning of this article, the only funding information mentioned was that the

research was financed by the Foundation for the Support of Research of the State of São Paulo (*Fundação de Amparo à Pesquisa do Estado de São Paulo -- Fapesp*). “The problem was that more than 50% of the research money came from the asbestos industry, the major party with an interest in the results of the research,” charged Fernanda Giannasi in 2000. “The conflict of interest was flagrant. This new research, even before the results come in, is already suspect, because they persist in the same errors.”

José Fernando Perez, the Scientific Director of Fapesp at the time, replied as follows: “...the staff of Fapesp understands that this financial support from the SAMA Co. doesn’t necessarily invalidate the results of the project. But it must also be understood that it creates a potential conflict of interest which requires a rigorous application of the principle of full information.”

“I was in Boston, and Perez called me up, asking whether I knew that this research was financed by industry. I didn’t know about it at the time,” recalls Dr. Paulo Saldiva, a pathologist who would be in charge of doing the anatomic/pathological exams. “I immediately quit the study. I told Ericson Bagatin that I disagree with his conduct and that it constituted a conflict of interest.”

Paulo Saldiva is a professor of Pathology at the Faculty of Medicine of the University of São Paulo and researcher at Harvard Medical School. “Even if the honesty of the research isn’t compromised, it doesn’t look good to take financing from industry on such a controversial issue, with such gigantic interests in play, like the case of asbestos. It’s would be just like doing research on nicotine addiction financed by Souza Cruz [largest cigarette company in Brazil, a subsidiary of British-America Tobacco Company]. It is ethically incompatible. I refuse to take part in this,” emphasizes Saldiva. “Asbestos is carcinogenic, and I support a total ban in Brazil.”

For the same reasons as Saldiva, Eduardo Algranti, another well-known Brazilian researcher, told Fapesp the same thing. In a letter to Bagatin, he asked that his name be removed from the final report; Algranti is a Doctor of Public Health, and a researcher and lung specialist at Fundacentro, a research organization tied to the Ministry of Labor.

A GROSS ERROR: ODD, TO SAY THE LEAST. THERE IS NO “FREE LUNCH”

“Potential conflicts of interest are resolved by the ‘full disclosure’ principle. You meet that obligation so long as you reveal in your scientific articles that you have been a consultant to businesses which are active in the area you are writing about. Then the readers can decide for themselves whether there was a conflict or not,” said Mário Terra Filho in an email to this reporter.

Without identifying either researchers or the objectives of the study, we discussed this question with Dr. Dirceu Greco, a professor of the Faculty of Medicine at the Federal University of Minas Gerais (*Universidade Federal de Minas Gerais -- UFMG*) and a member of the National Commission on Ethics in Research (*Comissão Nacional de Ética em Pesquisa -- Conep*).

--Is it true that the disclosure of a conflict of interest to the reader should be sufficient to guarantee the good faith of that research?

--Disclosure is a first step that is 100% obligatory, but that may not be enough. The researcher might even claim that there is no conflict of interest. The problem is that sometimes he gets so involved that he can't separate his own personal interest from what he is doing as a researcher.

--Is it ever right to omit to report information about funding sources to the ethics committee?

--That is a gross error; odd, to say the least, and it raises suspicions. If the researcher is paid in part by an entity which has an interest in keeping its product on the market, he is taking an enormous risk. There is a great likelihood that the paymaster/payee relationship will not be completely independent and will influence the results of the research. Obviously full transparency is an indispensable first condition to allow evaluation of whether or not there is conflict of interest. If the research omits to report who's paying for the research, right there we have a problem. How big is it? It's hard to say.

--Is there such a thing as a "free lunch"?

--No. Here's how many researcher rationalize what they do: "Heck, the sponsor treats me so well, he comes up with the money for the project, how can I possibly put him in a position which could be harmful to the business which is paying me? So what am I supposed to do? The correct tack would be to confront the situation, even at the risk of losing future sponsors.

--Is it ethical to neglect to report certain information?

--That kind of omission is not ethical. It never is! The fact is that all the information pertinent to the project has to be made available. Perhaps the researcher will say: "This doesn't matter, which is why I didn't report it." But by omitting data, you take away the possibility that any interested person can evaluate that information. You make it impossible to judge. That information will only make sense if the researcher is clear and open with it.

Let's be more specific: why was the fact of asbestos industry support for the research left out of the report to the ethics commission of the Faculty of Medicine at USP? Do you think it was simple absent-mindedness? If the research results came out against

industry interests, would they be published? Is there a private contract between the parties which specifies that negative results will not be published? In this research, as well as in earlier research, will SAMA pay the malpractice insurance premiums of the medical researchers for any errors they might happen to make? What control mechanisms were inserted into this study to control for false responses? What are the precautions that ethics commissions will adopt from now on?

And what about the ex-employee or worker, who is forced to submit to the medical group? How does he deal with the situation, since he's not someone who reads scientific works? What guarantee does he have that his health evaluation is done right, if the members of the medical group do research financed by the asbestos industry, which, naturally enough wants research results which justify the continued production and sale of its products? Is the ex-employee or worker aware of this double function? What are the likely repercussions on the health of the worker?

“The people from Eternit, Dr. Milton [do Nascimento] and the professors who make up the medical council are assassins, really,” answers, head on, Mrs. Maria Lúcia. “They are people who don't have a mother.” The daughter Lucinha emphasizes: “The only way for people not to suffer what we are going through is the complete ban – and now! – of asbestos in Brazil and all over the world.”

** On July 14, 2008, when the story was released, 1 dollar was worth 1.59 reais. So, 1 real was worth 0.62 dollar. On April 13, 2009, 1 dollar was worth 2.172 reais; 1 real= 0.46 dollar.*

***Art and illustrations by Leandro Guedes*