September 3rd, 2025

RE: Statement from Friends of the Court (Amicus Curiae)
For Case Number: 417/Pdt.G/2024/PN.Jkt
Between FICMA and Dhiccey Sandewa, Ajat Sudrajat, Leo Yogapranata, the Independent Consumer Protection Agency (LPKSM) Yasa Nata Budi, Indonesian Ban Asbestos Network (Ina-ban), Yasa Nata Budi Foundation.

To: The Head of the Central Jakarta District Court

I am writing to provide a summary of independent peer reviewed evidence to respectfully assist the court in this case.

In this statement we outline the World Health Organisation's (WHO) clear position on chrysotile asbestos. We attach many independent studies with evidence in relation to chrysotile asbestos. We outline recommendations from ILO and WHO to member states on stopping the import and use of asbestos as the most effective way to eliminate asbestos-related diseases (ARD).

There is clear and unequivocal evidence of cancer and other disease risks associated with human exposure to chrysotile asbestos and all other types of asbestos. In response, more than 70 countries from all regions have implemented a full ban on import and use of chrysotile asbestos. Despite this, chrysotile asbestos continues to be used by some countries in Asia, including Lao PDR.

We would like to bring the following to your attention:

- The international evidence on chrysotile asbestos's direct link to a range of cancers is clear and well documented by the WHO's International Agency for Research on Cancer (IARC)[1]. Asbestos exposure occurs primarily through breathing the microscopic fibres into the lungs.
- Chrysotile asbestos is the leading cause of asbestos-related diseases (ARDs) in the world today. Chrysotile asbestos, along with all other types of asbestos, are without any doubt known to cause lung cancer, mesothelioma, asbestosis, pharyngeal cancer and ovarian cancer. Asbestos exposure accounts for nearly two-thirds of the total

[1] https://asbest-study.iarc.who.int/about/about-asbestos/

- burden of all occupational caused carcinogens.[2] Chrysotile asbestos has the same carcinogenic properties no matter which country it is from.
- The WHO has stated 'the most efficient way to eliminate asbestos-related diseases is to stop using all types of asbestos'.[3] The WHO reported in 2024 that asbestos alone is responsible for 70% of all occupational cancers globally.
- The ILO Labour Conference of all member states in 2006 declared the elimination of the future use of all types of asbestos as the most effective means to protect workers from asbestos exposure and to prevent future ARDs.[4]
- There are safe and comparable substitutes for asbestos containing products that are already used in Asia and all countries that have banned asbestos[5].
- There is no 'safe use' of asbestos that can be ensured across the supply chain. Evidence continues to show that national burdens of ARDs are directly proportional to national consumption of asbestos. This is supported by findings that the heavy burden of ARDs in industrialized countries is attributable to their consumption of asbestos several decades earlier, despite all attempts to ensure the "safe use" of asbestos.[6]
- In 2024, the Asia Development Bank (ADB) decided to ban all asbestos containing material from any investments it supports, effective from January 2026. The one exception is if the project is focused asbestos safe removal. This then requires an agreed asbestos management plan.
- In November 2023, 14 Asia Pacific countries, as part of the Indo Pacific Economic Framework for Prosperity (IPEF) agreed to cooperate to transition out of asbestos to safer alternatives and work together to reduce asbestos related diseases. These countries included Indonesia, Malaysia, Philippines, Thailand and India.
- The chrysotile asbestos industry and their paid consultants' claims that chrysotile fibers are safe and dissolve within 14 days of entering the lung[7], are not substantiated by independent studies.[8]

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[2] **GBD, 2015**. Global, regional, and national comparative risk assessment of 79 behavioural, environmental and occupational, and metabolic risks or clusters of risk in 188 countries, 1990-2013: a systematic analysis for the Global Burden of Disease Study 2013. Lancet. Published Online September 10, 2015. http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)00128-2/fulltext

[3] https://www.who.int/news-room/fact-sheets/detail/asbestos

[4] https://www.ilo.org/resource/ilo-position-safety-use-asbestos

[5] Asbestos Economic Assessment of Bans and Declining Production and Consumption; Lucy P. Allen, Jorge Baez, Mary Elizabeth C. Stern and Frank George 201): https://www.who.int/europe/publications/i/item/9789289052481

[6] https://www.ncbi.nlm.nih.gov/pubmed/17350453

[7] Video clip *www.chrysotile-asia.com/*

[8] *Richard L. Kradin MD, George Eng MD, | David C. Christiani MD 2017* ***'Diffuse peritoneal mesothelioma: A case series of 62 patients including paraoccupational exposures to chrysotile asbestos***

- The majority of countries in the world either have formally banned chrysotile or no longer use it in manufacturing because of its deadly cancer legacy for workers and communities. Fewer than 15% of the 195 countries belonging to the UN used more than 1,000 tons of chrysotile asbestos in 2015. In that year, just seven countries in the world used more than 50,000 tons (i.e. China, India, Indonesia, Vietnam, Uzbekistan, Russia and Brazil).

- Asia is now the last major region consuming chrysotile asbestos, with more than 75% of the world's annual consumption.[9]

- The number of deaths attributable to asbestos across the world has been estimated by the Global Burden of Disease Study at over 200,000 people annually.[10]

- The "low cost" of asbestos-containing products is often cited as an argument for continuing the use of asbestos, particularly in providing cheap housing material for the poor. However, this purported "low cost" does not consider the compensation and health care costs for future ARD sufferers, the exposure risks for those living in houses with degrading toxic roofing as well as damage to asbestos materials caused by natural disasters and the costs of removing and safely disposing of asbestos-containing materials.

- A recent WHO study[11] of all countries that have banned asbestos has found no negative effect on GDP of any country that has banned asbestos. Australia's Asbestos and Silica Safety and We trust that you may find the independent scientific evidence and advice provided useful.

- The Rotterdam Convention is a multilateral United Nations information exchange protocol enacted to share information and help protect vulnerable populations from exposures to dangerous substances. When a **consensus** has been achieved regarding the hazardous nature of a designated chemical or pesticide, that substance is included on the prior informed consent list (Annex III) of the Convention. This listing is not a ban or a safety standard; for listed chemicals, it requires exporting nations to provide

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Leslie T Stayner, PhD, David A. Dankovic, PhD, and Richard A. Lemen, PhD 1996 ***Occupational Exposure to Chrysotile Asbestos and Cancer Risk: A Review of the Amphibole Hypothesis***

Suzuki Y[1], Kohyama N. Am J Ind Med. 1991;19(6):701-4.**Translocation of inhaled asbestos fibers from the lung to other tissues.**

Xiaorong Wang,1 Eiji Yano,2 Hong Qiu,1 Ignatius Yu,1 Midori N Courtice,1 L A Tse,1 Sihao Lin,1 Mianzhen Wang 2011 **A 37-year observation of mortality in Chinese chrysotile asbestos workers.**

[9] USGS - Estimates Of Global Asbestos Production, Trade, & Consumption In 2015

[10] https://www.who.int/news-room/fact-sheets/detail/asbestos

[11] Asbestos Economic Assessment of Bans and Declining Production and Consumption; Lucy P. Allen, Jorge Baez, Mary Elizabeth C. Stern and Frank George 201): https://www.who.int/europe/publications/i/item/9789289052481

documentation on the nature of the substance so that importers can make informed decisions as to whether or not they are capable of using it safely.

- Chrysotile asbestos has met all conditions for listing and has been recommended for listing onto Annex III on the evidence, by the Convention's Chemical Review Committee (CRC) since 2006. The listing of chrysotile asbestos has been proposed at every COP since 2006 (at the third Conference of the Parties to the Rotterdam Convention: COP3) until the most recent meeting COP12. Only a handful of asbestos-supporting nations (and their allies) rejected the recommendations of the CRC and blocked a consensus required listing onto Annex III of chrysotile, now for almost 20 years.

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Reference:

WHO/ILO/UNEP/IARC

- WHO Chrysotile Asbestos 2014
- WHO study showing no adverse economic impact of banning asbestos and declining production and consumption: https://www.who.int/europe/publications/i/item/9789289052481
- World Health Organisation (WHO) resources on asbestos: https://www.who.int/news-room/fact-sheets/detail/asbestos
- WHO Asbestos- Hazards and Safe Practices for clean up after Earthquake 2008
- IARC Monographs 100C Asbestos (chrysotile, Amosite, crocidolite, tremolite, actinolite, and anthophyllite)
- International Labour Organisation (ILO) resources on asbestos: https://www.ilo.org/resource/other/occupational-health-asbestos
- UNEP 6th Session Nairobi 2024 Information on the implementation of paragraph 24 of resolution 5/7von the sound management of chemicals and waste 'Options for Addressing asbestos contaminants in products and the environment''.

ADB

- ADB – Environment and Social Framework December 2024
- ADB Good Practice Guidance for the Management and Control of Asbestos March 2022

Global

- "The Joint Policy Committee of the Societies of Epidemiology Statement on Asbestos" (2012) https://storage.googleapis.com/wzukusers/user-23664162/documents/872dc301ffac435581d70ded989fff14/Asbestos_2012_ENG.pdf
- Baur X, Frank A. "Ongoing Downplaying of the Carcinogenicity of Chrysotile Asbestos by Vested Interests". J. Occup. Med. Tox. 16: 6, 2021. https://doi.org/10.1186/s12995-021-00295-2

- Sample policies and guidance for building, maintenance and allied trades on how to safely carry out non-licensed work involving asbestos: https://www.hse.gov.uk/asbestos/essentials/index.htm
- Lung Cancer Mortality and Fibre Exposures among North Carolina asbestos textile workers Loomis, Dement, Wolf, Richardson 2009

- Periodico di Minerslogia In vitro toxicity of short vs long chrysotile fibres Gualtier A F Et Al (2023)
- BMJ Public Health - Global Mortality Burden of Lung Cancer and mesothelioma attributable to occupational asbestos exposure and the impact of national asbestos ban policies: a population based study 1990-2021 Wang-Zhong Li, Henry Liang Wei Wang June 2025.
- Secretariat of the Pacific Regional Environment Program PACWASTE+ project asbestos resource tool kit, including model management and disposal policies and codes of practice https://pacwasteplus.org/regional-project/804/#:~:text=ACM%20Management%20Model%20Code%20of,handling%2C%20and%20disposal%20of%20ACM.

Australia

- Asbestos and Silica Safety and Eradication Agency chrysotile fact sheet (English): https://www.asbestossafety.gov.au/sites/default/files/documents/2021-07/Lao%20-%20Asbestos%20-%20Chrysotile_Fact%20Sheet.pdf
- NICNAS (National Industrial Chemical Notification and Assessment Scheme) Chrysotile Asbestos Priority Existing Chemical No.9, Australian Government 1999.