

UASB - DIGITAL

Repositorio Institucional del Organismo Académico de la Comunidad Andina, CAN

El contenido de esta obra es una contribución del autor al repositorio digital de la Universidad Andina Simón Bolívar, Sede Ecuador, por tanto el autor tiene exclusiva responsabilidad sobre el mismo y no necesariamente refleja los puntos de vista de la UASB.

Este trabajo se almacena bajo una licencia de distribución no exclusiva otorgada por el autor al repositorio, y con licencia <u>Creative Commons – Reconocimiento de créditos-No comercial-Sin obras derivadas 3.0 Ecuador</u>



Texaco and its Consultants

Jaime Breilh

2005

Carta publicada en: International Journal of Ocupational and Environmental Health, 11 (2) (Apr/Jun 2005): 217-220.

Texaco and its Consultants

n issue relevant to scientific Aintegrity has arisen in connection with a court case in the Amazon, wherein the Amazonian people are seeking redress for environmental damage and deleterious health effects related to the operations of Texaco in the Amazon region of Ecuador. It has been estimated that in its more than 20 years of oil exploitation in Ecuador (1971–1992), Texaco discharged into the environment 16.8 million gallons of crude oil and 20 billion gallons of toxic wastes.¹ The environmental damage caused by Texaco can be compared to 10.8 million gallons of crude oil spilled in Alaska in the Exxon Valdez tanker disaster in 1989. Moreover, six hundred open pits filled with toxic waste were apparently left in the surrounding communities in Ecuador.^{2,3} In 1995, the company signed an agreement with Ecuador's government to undertake cleanup activities in return for releasing the company from future responsibility related to its former oil operations.⁴

On February 10, 2005, during the ongoing court proceedings, major newspapers in Ecuador ran a full-page (presumably paid) advertisement citing reports by scientists retained by Texaco who critiqued studies published in prestigious peer-reviewed journals that suggest links between adverse health effects and oil development in the Amazon.5-10 Texaco's consultant scientists, Kenneth Rothman, Felix Arellano, Alvaro Felipe Dávalos Pérez, Lowell Sever, David J. Hewitt, and Laura Green, pointed to alleged weaknesses in the published studies. The ad was, to us, a blatant effort by the company to sway public opinion as the legal case was being heard. The Web site is available at: http://www.texaco. com/sitelets/ecuador/en/legal_

archives/press/2005-02-02_health_news.asp>.

Epidemiologic studies, however meticulously conducted, may have inherent limitations, as all epidemiologists are aware. Epidemiology is not laboratory science but a study of the real world, and thus always subject to challenge in its ability to control for all potential effects. Especially in vulnerable study populations, exact details of the populations at risk, as well as the extents, natures, and durations of exposures, are difficult to document, and ascertainment of outcomes is limited by the quality of health services available.

However, epidemiologic findings can confidently detect trends, and it is the body of evidence that should influence policy. The scientific process of peer review ascertains whether the potential weaknesses of any study raise doubts sufficient to preclude publication of its findings and conclusions. Texaco's consultants went to great pains to find flaws in the studies. Some of the so-called weaknesses they point out are not even themselves of particular concern, e.g., while "memory bias of respondents" may be a confounder in some circumstances, it is hardly a factor in the case of remembering pregnancy and spontaneous abortion. Self-reported health effects of which they also seem to question the validity-is a widely used and accepted practice.

The onus cannot be put on scientists to ensure that data are available to evaluate adverse health impacts. It is far more logical to require a company extracting minerals or biological raw materials to accept responsibility, as good corporate citizens, for determining what protective measures it would be prudent to impose, and to monitor its success in controlling poten-

tial adverse human health and environmental effects. If this did not occur, should we not be asking "why not"? In many jurisdictions, environmental health impact assessments are now required—putting the onus where it belongs: on those who are responsible for the potential health impacts. In fact, environmental health impact assessments are increasingly addressing not only direct (toxicologic), but also indirect impacts of development projects (health effects mediated by changes in ecologic and social systems).11,12 Texaco's Web site maintains that the primary causes of disease in the region are poverty, poor sanitation, naturally occurring bacteria and parasites, a lack of access to clean water, and insufficient infrastructure, adding that, "it is both irresponsible and inaccurate for the plaintiffs to ignore these well-documented conditions." Yet nowhere does Texaco mention how oil development has conceivably altered these conditions, nor does it state that such conditions increase vulnerability to the environmental exposures of concern. Responsible environmental health scientists, cognizant of the need to assess indirect as well as direct health effects of operations such as these, would have raised these issues in an open and comprehensive discussion.

Texaco's protagonists, whether or not they agree about the adverse health impacts of the social and ecologic disruptions related to the oil company's operations, can hardly believe that the agents involved in drilling, and in the extracted oil, are innocuous. The hired experts never referred to industrial and environmental exposure records, so presumably either the company failed to collect and maintain these data or the containment of the toxic agents was ineffective, and therefore not mentioned. The consultants commissioned by Texaco might have reasonably been expected to note that in the light of the monitoring, control, and mitigating measures provided to them by the company

there would have been no reason for the populations to have experienced any disease excesses. Their failure to allude to the control measures instituted by Texaco certainly raises questions.

Scientists welcome illumination of scientific limitations, particularly for the purposes of promoting better studies. However, the place to air legitimate scientific concerns about the quality of published research is in the research literature itself, wherein the critiques themselves would be subject to peer review. The original authors then have the opportunity to respond to the critiques in an environment of open scientific dialogue and scrutiny by scientists internationally. When this is not done, as has happened in this case, the public may be seriously misled. We encourage our colleagues to submit their critiques of published studies to the scientific literature, not to industries that may be assumed to have vested interests in gainsaying inconvenient scientific evidence, such as Texaco's apparent interest in protecting itself by undermining the Amazonian people's quest for environmental justice.

Jaime Breilh, MD, MSc, PhD Health Research and Advisory Center Quito, Ecuador

Jeffer Castelo Branco, MD Association for Occupational Disease Prevention Santos, Brazil

BARRY I. CASTLEMAN, SCD Garrett Park, Maryland

Martin Cherniack, MD, MPH University of Connecticut Health Center Farmington, Connecticut

DAVID C. CHRISTIANI, MD, MPH Harvard School of Public Health Boston, Massachusetts

André Cicolella, PhD French National Institute of Environmental Risks Verneuil-en-Halatte, France Enrique Cifuentes, MD, PhD National Institute of Public Health Cuernavaca, México

Richard Clapp, DSc, MPH
Boston University School of Public
Health
Massachusetts

Donald C. Cole, MD, MSc Department of Public Health Sciences University of Toronto Ontario, Canada

MORTON CORN, PHD, MS Bloomberg School of Public Health The Johns Hopkins University Baltimore, Maryland

Stella de Ben, MD University of the Republic Montevideo, Uruguay

RAFAEL DIAZ, MD Colombian Safety Council Bogotá, Colombia

DAVID EGILMAN, MD, MPH Brown University Rhode Island

YORAM FINKELSTEIN, MD, PHD Shaarey Zedek Hospital Jerusalem, Israel

Giuliano Franco, MD Occupational Health Unit University of Modena School of Medicine Italy

Arthur L. Frank, MD, PhD
Drexel University School of Public
Health
Philadelphia, Pennsylvania

LEE FRIEDMAN, MPH Social Policy Research Institute University of Illinois

THOMAS H. GASSERT, MD, MPH Harvard School of Public Health Boston, Massachusetts

MICHAEL GOCHFELD, MD, PHD UMDNJ-Robert Wood Johnson Medical School Piscataway, New Jersey MORRIS GREENBERG, MB, FRCP Former HM Inspector of Factories London, England

Eva S. Hansen, PhD Institute of Public Health University of Copenhagen Denmark

ALASTAIR HAY, PHD University of Leeds United Kingdom

Christer Hogstedt, MD National Institute of Public Health Stockholm, Sweden

James Huff, PhD
National Institute of Environmental
Health Sciences
Research Triangle Park, North Carolina

Tushar Kant Joshi, MBBS, MSc Center for Occupational and Environmental Health New Delhi, India

David Kriebel, ScD School of Health & Environment University of Massachusetts Lowell

Amalia Laborde, MD
Department of Occupational Health
and Toxicology
Uruguay

JOSEPH LADOU, MD University of California School of Medicine San Francisco

Charles Levenstein, PhD, MS Department of Work Environment University of Massachusetts Lowell

Stephen M. Levin, MD Mount Sinai School of Medicine New York, New York

RENE LOEWENSON, PHD
Training and Research Support Centre
Zimbabwe

MIKHAIL MIKHEEV, MD, PHD
Department of Occupational Health
Medical Academy of Postgraduate
Studies
Saint Petersburg, Russia

RAUL MONTENEGRO, PHD National University of Cordoba Argentina

RAJEN NAIDOO, MBCHB, MPH, PHD University of KwaZulu Natal Durban, South Africa

David Ozonoff, MD, MPH
Department of Environmental Health
Boston University School of Public
Health
Massachusetts

TIMO PARTANEN, PhD, MSC, MPH Central American Institute for Studies on Toxic Substances National University Costa Rica

RAQUEL IRENE PENDITO, MD Cathedra of Legal Medicine University of Córdoba Argentina

George Povey, MD

Department of Health Care and

Epidemiology

University of British Columbia

Vancouver, Canada

ELIHU D. RICHTER, MD, MPH
Occupational and Environmental
Medicine
Hebrew University—Hadassah School
of Public Health
Jerusalem, Israel

Anthony Robbins, MD, MPA School of Public Health Tufts University School of Medicine Boston, Massachusetts

HELENO RODRIGUES CORRÊA FILHO, MD, DRPH São Paulo State University at Campinas Brazil

Kenneth D. Rosenman, MD Division of Occupational and Environmental Medicine Michigan State University East Lansing

Sheldon W. Samuels Health, Safety and Environment AFL-CIO Maryland VILMA SOUSA SANTANA, MD, MPH, PHD Institute of Collective Health

Institute of Collective Health Federal University of Bahia Brazil

Brian S. Schwartz, MD, MS
Division of Occupational and
Environmental Health
Johns Hopkins University
Bloomberg School of Public Health
Baltimore, Maryland

C. Eduardo Siqueira, MD,ScD Department of Work Environment University of Massachusetts Lowell

Colin L. Soskolne, PhD
Department of Public Health Sciences
University of Alberta
Edmonton, Canada

Jerry Spiegel, PhD Liu Institute for Global Issues University of British Columbia Vancouver, Canada

Carolyn Stephens, MA, MSc, PhD
Department of Public Health and
Policy
London School of Hygiene & Tropical
Medicine
United Kingdom

Mansoureh Tajik, PhD School of Public Health University of North Carolina at Chapel Hill

TIM K. TAKARO, MD, MPH University of Washington School of Medicine Seattle, Washington

Daniel Thau Teitelbaum, MD University of Colorado School of Medicine Denver

JOEL A. TICKNER, SCD School of Health and the Environment University of Massachusetts Lowell

LORENZO TOMATIS, MD International Society of Doctors for the Environment Trieste, Italy CESAR VICTORA, MD, PHD Department of Epidemiology Federal University of Pelotas Brazil

DAVID WALTNER-TOEWS, DVM, PHD Department of Population Medicine University of Guelph Ontario, Canada

RICHARD P. WEDEEN, MD
Preventive Medicine and Community
Health
UMDNJ-New Jersey Medical School

DAVID H. WEGMAN, MD, MSC School of Health and Environment University of Massachusetts Lowell

Catharina Wesseling, MD, PhD
Program on Work and Health in
Central America
Central American Institute for Studies
on Toxic Substances
National University
Costa Rica

Steven Wing, PhD
Department of Epidemiology
School of Public Health
University of North Carolina at
Chapel Hill

Annalee Yassi, MD, MSc Institute of Health Promotion Research University of British Columbia Vancouver, Canada

References

- Koenig K. Chevron–Texaco on trial. World Watch magazine. January/February 2004. World Watch Institute, pp. 10-19. Available at: http://www.world-watch.org/pubs/mag/2004/171/>.
- Kimerling J. Amazon crude. Washington, DC: Natural Resources Defense Council, 1991.
- Kimerling J. The environmental audit of Texaco's Amazon oil fields: justice or business as usual? Harvard Human Rights Journal. 1994;7:199-224.
- Ministry of Energy and Mines, Republic of Ecuador—Texaco oil company.
 Contract for implementing of environmental remedial work and release form obligations, liability and claims, 1995.
 Available at: http://www.texaco.com/sitelets/ecuador/docs/contract.pdf>.
- San Sebastian M, Armstrong B, Cordoba JA, Stephens C. Exposures and cancer incidence near oil fields in the Amazon basin of Ecuador. Occup Environ Med. 2001;58:517-22.

- San Sebastian M, Armstrong B, Stephens C. Health of women living near oil wells and oil production stations in the Amazon region of Ecuador. Rev Panam Salud Publica. 2001;9:375-84. [In Spanish]
- 7. San Sebastian M, Armstrong B, Stephens C. Outcomes of pregnancy among women living in the proximity of oil fields in the Amazon basin of Ecuador. Int J Occup Environ Health. 2002;8:312-9.
- Hurtig AK, San Sebastian M. Gynecologic and breast malignancies in the Amazon basin of Ecuador, 1985–1998.
 Int J Gynecol Obstet. 2002;76:199-201.
- Hurtig AK, San Sebastian M. Geographical differences in cancer incidence in the Amazon basin of Ecuador in relation to residence near oil fields. Int J Epidemiol. 2002;31:1021-7.
- Hurtig AK, San Sebastián M. Incidence of childhood leukemia and oil exploitation in the Amazon basin of
- Ecuador. Int J Occup Environ Health. 2004;10:245-50.
- Jochnick C, Normand R, Zaidi S. Rights violations in the Ecuadorian Amazon: the human consequences of oil development. Health and Human Rights. 1994;1:82-100.
- Kimerling J. Rights, responsibilities, and realities: environmental protection law in Ecuador's Amazon oil fields. Southwestern Journal of Law and Trade in the Americas. 1995;2:293-384.

ANNOUNCEMENT

European Asbestos Conference in Belgium

The use of asbestos was banned in all 25 Member States of the European Union as of January 1, 2005. Unfortunately, the repercussions of a hundred years of widespread asbestos use remain in contaminated national infrastructures, the environment, and the lungs of European men and women. It has been estimated that in the current 35-year period, a quarter of a million men could die in Western Europe from mesothelioma, a type of cancer caused by exposure to asbestos. These deaths are occurring in countries many of which had regulations to minimize hazardous occupational exposures. How much worse will the death toll be in those countries, such as many of the new Member States, where such regulations did not exist or were poorly enforced?

A European Asbestos Conference, which is being organized by the GUE, a consortium of European left-wing political parties, and the International Ban Asbestos Secretariat (IBAS) will take place September 22 and 23, 2005, in the European Parliament in Brussels. The objectives of this event include: increasing politicians' (especially MEPs from the new Member States) awareness of asbestos-related problems, exploring options for pressing European multinationals to: adopt corporate codes against using asbestos in their worldwide operations and establish codes of practice for dealing with asbestos products in their infrastructures, and examining strategies and planning future initiatives.

For more information contact Laurie Kazan-Allen, IBAS Coordinator, by e-mail: <a href="mailto: <a href="mailto