

- 27 **Galobardes B**, Lynch JW, Davey SG. Childhood socioeconomic circumstances and cause-specific mortality in adulthood: systematic review and interpretation. *Epidemiol Rev* 2004;**26**:7–21.
- 28 **Okasha M**, McCarron P, Gunnell D, et al. Exposures in childhood, adolescence and early adulthood and breast cancer risk: a systematic review of the literature. *Breast Cancer Res Treat* 2003;**78**:223–76.
- 29 **Vatten LJ**, Nilsen TI, Tretli S, et al. Size at birth and risk of breast cancer: prospective population-based study. *Int J Cancer* 2005;**114**:461–4.
- 30 **Trichopoulos D**. Intrauterine environment, mammary gland mass and breast cancer risk. *Breast Cancer Res* 2003;**5**:42–4.
- 31 **De Stavola BL**, dos Santos SI, McCormack V, et al. Childhood growth and breast cancer. *Am J Epidemiol* 2004;**159**:671–82.
- 32 **Krieger N**. Exposure, susceptibility, and breast cancer risk: a hypothesis regarding exogenous carcinogens, breast tissue development, and social gradients, including black/white differences, in breast cancer incidence. *Breast Cancer Res Treat* 1989;**13**:205–23.
- 33 **Ribet C**, Zins M, Guéguen A, et al. Occupational mobility and cardiovascular risk factors in working men: selection, causality, or both? Results from the GAZEL study. *J Epidemiol Community Health* 2003;**57**:901–6.
- 34 **Emmons KM**. Health behaviors in a social context. In: Berkman LF, Kawachi I, eds. *Social epidemiology*. New York: Oxford University Press, 2000:242–66.
- 35 **Brunner E**, Shipley MJ, Blane D, et al. When does cardiovascular risk start? Past and present socioeconomic circumstances and risk factors in adulthood. *J Epidemiol Community Health* 1999;**53**:757–64.
- 36 **Lang T**, Ducimetière P, Arveiler D, et al. Is hospital care involved in inequalities in coronary heart disease mortality? Results from the French WHO-MONICA Project in men aged 30–64. *J Epidemiol Community Health* 1998;**52**:665–71.
- 37 **Hallqvist J**, Lynch J, Bartley M, et al. Can we disentangle life course processes of accumulation, critical period and social mobility? An analysis of disadvantaged socio-economic positions and myocardial infarction in the Stockholm Heart Epidemiology Program. *Soc Sci Med* 2004;**58**:1555–62.
- 38 **Martikainen P**, Valkonen T. Diminishing educational differences in breast cancer mortality among Finnish women: a register-based 25-year follow-up. *Am J Public Health* 2000;**90**:277–80.
- 39 **Krieger N**. Is breast cancer a disease of affluence, or poverty, or both? The case of African American women. *Am J Public Health* 2002;**92**:611–13.
- 40 **Marchand O**. *Les emplois féminins restent très concentrés. Données sociales*. Paris: INSEE, 1993:495–503.
- 41 **Grcic S**, Morer N. *L'activité féminine. Données sociales*. Paris: INSEE, 2002:199–206.
- 42 **Krieger N**, Chen JT, Selby J. Class inequalities in women's health: combined impact of childhood and adult social class—a study of 630 US women. *Public Health* 2001;**115**:175–85.
- 43 **Berkman LF**, Macintyre S. The measurement of social class in health studies: old measures and new formulations. In: Kogevinas M, Pearce N, Susser M, Boffetta P, eds. *Social inequalities in cancer incidence*. Lyon: IARC, 1997.

## THE JECH GALLERY .....

### Fernanda Giannasi: battling asbestos in Brazil



**Figure 1** Fernanda Giannasi. Photograph by Raphael Falavigna.

**F**ernanda Giannasi (1958–) is a symbol of the struggle to ban asbestos in Brazil. As Labour Inspector for the Ministry of Labor since 1983, Giannasi defends the public interest as regards worker safety and health. Although Brazil still uses asbestos, it has been banned in more than 40 countries, including the European Union members. Asbestos is used in the production of roofing, water tanks and brake pads, and 3000 other products. It can cause severe respiratory disease and cancer.

Giannasi is a founding member of Associação Brasileira dos Expostos ao Amianto (ABREA), the association of asbestos-exposed workers in Brazil, and coordinator in Latin America of the Citizens' Virtual Network Against Asbestos. She leads the struggle of 3500 workers who have filed lawsuits against the industry. Criminal charges driven by economic interests have been filed against Giannasi for slander by Eternit, the biggest asbestos producer in Brazil, and by supporters of the French multinational Saint-Gobain. She has suffered pressure from the Canadian government, the world's largest exporter, and has been the subject of death threats. In the USA and Europe, her work is well known and respected.

Giannasi has successfully widened the world discussion. According to Giannasi, "I defend an immediate world ban on the production, marketing and use of asbestos".

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