

Banning Asbestos in Asia, Campaigns and Strategies by the Asian Network for the Rights of Occupational Accident Victims (ANROAV)

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Abstract

Asbestos has been undoubtedly recognized as a potential killer and major developed countries have either banned it or restricted its usage. This in turn has led to promotion of this deadly substance in the developing countries by most of the asbestos manufacturers. Asia has emerged as a huge market for asbestos. China and India are the two biggest consumers of asbestos in Asia. Saudi Arabia is the only country in Asia to impose a complete ban on asbestos. On the contrary, the asbestos manufacturers lobby has been promoting chrysotile (white asbestos) as safe under controlled conditions. It is highly ambitious to think that controlled conditions can ever be achieved in Asian workplaces where the race to the bottom (cheap production) has already seen minimal expenditure on safety of the workers. No one knows how many workers are suffering from asbestos-related disease in Asia due to almost non-existent reporting mechanisms for occupational disease. The Asian Network for the Rights of Occupational Accident Victims (ANROAV) is a unique coalition of occupational accident and disease victims, labour groups, trade unions, labour NGOs and labour activists working towards OSH rights in Asia. It has members from more than 14 Asian countries. The paper provides an overview of the gravity of the asbestos problem in Asia. It also outlines the strong opposition by the asbestos lobby in different Asian countries against banning asbestos and even support from the mainstream media in many countries for its usage. The paper analyses the hindrances posed by many countries, in terms of differential lower tariffs on asbestos imports compared to the safer alternatives. The paper examines the campaign that ANROAV has launched towards the asbestos free workplace in Asia. The paper also provides insights about the possible strategies at the Asia level targeted towards the banning of asbestos in Asia and compensating affected workers. This paper is based on the rich experiences of the ANROAV members and on the case studies of some victims across Asia.

Introduction

Asbestos is one of the substances in the modern industrial world that has caused unprecedented death and destruction among the human population and the damage is continuing, though the true picture of the disaster will probably never be known. It

was formerly labelled a 'miracle mineral' due to its special properties that include strength, flexibility, low electrical conductivity, and resistance to heat and chemicals. These properties led to its mining in the late nineteenth century, since when it has been and continues to be used for thousands of products in innumerable workplaces. There is no doubt that workers' and the general global population's exposure to it has caused serious health hazards, which include a range of lung diseases, not least cancer of the lungs. Asbestos was responsible for hundreds of thousands of deaths in the twentieth century, and is continuing to take a heavy toll, even in countries that have completely stopped its use. No one knows the exact number yet, as it takes between 10 to 40 years for an individual to develop a lung disease associated with exposure to asbestos and the majority of cases are not reported. In many industrialized countries today, asbestos-related deaths are the leading cause of death at the workplace, more even than occupational accidents. Asia, being the largest aggregate consumer of asbestos at the present time, remains an area of serious concern.

The Asian Network for the Rights of Occupational Accident Victims (ANROAV)

The ANROAV is a network of victims groups, labour NGOs, Trade Unions and labour activists from Hong Kong, Macau, Korea, Japan, Taiwan, Thailand, Indonesia, India, Pakistan, Bangladesh, Nepal, Vietnam and Cambodia. ANROAV is working for the Occupational Safety and Health (OSH) rights of victims and workers in Asia, where OSH is often seen as a duty of the worker or a privilege bestowed by the employer rather than the right of the worker. The network was initiated in 1993 after two major fires in two toy factories in Asia – the Kader factory fire in Thailand and the Zhili Factory Fire in Southern China – together killed more than 260 workers, mostly young women.

Asian workplaces are among the most hazardous workplaces and ANROAV provides a voice for the occupational disease and accident victims. ANROAV runs campaigns for the rights of victims and works towards making Asian workplaces safe and healthy. Given the threat posed by asbestos in Asia, the Asbestos Campaign is one of the major campaigns run by the network.

Asbestos Consumption in Asia

With dwindling markets in developed countries, the global asbestos industry focuses on emerging markets in developing countries. This policy development is similar to that in the tobacco industry, where decreased consumption of tobacco led to the exploitation of markets in developing countries, and where asbestos use is increasing at an annual rate of seven percent. Asia, in particular, has emerged as one of the largest markets for asbestos consumption, with China, India, Japan, Indonesia and South Korea among the world's top 10 consumers in the year 2000¹. Asian countries

accounted for about 60% of the global asbestos consumption in the year 2000. Most of the asbestos (chrysotile) is used in construction (asbestos cement, pipes etc.).

Asbestos Production and Consumption in Some Asian Countries in 2000
(Metric Tons)

Country	Production	Consumption
China	350,00	410,190
India	14,516	110,000
Indonesia	-	124,516
Japan	-	98,595
South Korea	-	28,972
Oman	-	2,347
Pakistan	-	4,160
Singapore	-	4
Taiwan	-	5,421
Thailand	-	120,563

Source: US Geological Survey

China and India are clearly the largest consumers of Asbestos in Asia. China is also the second largest producer of asbestos in the world. Thailand uses asbestos at the rate of 1.9 kg per capita per year and that is among the highest per capita consumption in the world. Only Saudi Arabia and Kuwait have banned all forms of asbestos in Asia; though, Japan is moving towards a complete ban, Singapore has more or less reduced consumption to nil, and Vietnam has been making conscious efforts to completely stop consumption of asbestos. However, the rest of the Asian countries have made no effort to reduce its use; on the contrary, its use has been growing steadily (except for Japan, Korea, Singapore and Taiwan).

Asbestos Wars and Misinformation Campaign

The health hazards associated with asbestos were known for a long time, yet it continued to be used widely in the West, peaking in the 1970s and early 1980s. Its persistent usage in Asia can also be attributed to the intense pressure mounted by the asbestos industry and its apologists, who have propagated false information about the material. The industry has put forth countless arguments to safeguard its interests at the expense of the lives of workers and their families. The arguments have ranged from maintaining a 'safe level' of asbestos at the workplace, which is not harmful and blaming 'blue' asbestos for all the health problems while promoting white asbestos (chrysotile) as safe for humans. It has been proved beyond doubt that all forms of asbestos pose potential health hazards and are known carcinogens. Many scientists believe that there is no known safe level of asbestos exposure. The asbestos lobby in Canada (including the government) has been aggressively promoting chrysotile or white asbestos. Canada is the world's third largest asbestos producer, and the world's second largest asbestos exporter, exporting about 90 percent of the asbestos produced. The Asbestos Institute (recently renamed: The Chrysotile Institute) based in Montreal,

Canada, which represents the interests of the industry, has been promoting white asbestos for use in asbestos cement, claiming it is safe to use under controlled conditions and is very different from the asbestos that was used previously as insulation in buildings. Interestingly, many Canadian unions are demanding a complete ban on the mining and usage of asbestos because asbestos kills in Canada too. Another common argument is that the asbestos industry provides employment for thousands of workers in developing countries and is important for the 'development of nations'. This argument does not take into consideration the cost that workers and the community in general have to pay for this 'development'.

This misinformation campaign is well funded. In December 2003, the Canadian government announced that the Asbestos Institute would receive an additional C\$775,000 government funding, over three years, to continue its misinformation campaign (better known as the 'global asbestos whitewash') about safe asbestos use. The publicly acknowledged donations to the Institute range up to C\$900,000. Since its creation in 1984, the Institute has received C\$54 million in Canadian government and industry support. This money is used to hold conferences and seminars in developing countries to promote the 'safe' use of chrysotile as well as to lobby governments and local industries to continue using it. In the past four years two such conferences promoting the safe use of chrysotile have taken place in New Delhi. The irony is that the most recent conference in 2003, received support from the Indian Ministry of Industry and Commerce and the Ministry of Environment and Forests.

'Controlled Use' and the Reality in Asia

The Montreal-based Asbestos Institute, which is in the vanguard for the promotion of chrysotile (white asbestos), has argued relentlessly about its safe use under 'controlled conditions'. It is hard to understand how such conditions could be achieved in Asia when such controls could not be achieved in industrialised countries. In Asia such conditions seem to be highly unlikely as even the simplest safety regulations are flouted regularly due to lax implementation.

In April 2004, AMRC, ANROAV and the National Institute of Labor Protection, Vietnam, organised a workshop on Occupational Health and Safety that included a visit to a Vietnamese asbestos sheet manufacturing factory, about two hours' drive from Hanoi. About 100 workers were doing three shifts in the factory, which had a single very old production line that was covered in asbestos dust. Workers did not use any proper protective equipment; some covered their faces with a cloth. They used knives to open asbestos bags (from Kazakhstan) and beat the asbestos with wooden hammers before putting it in the grinding machine. Their clothes were covered by chrysotile dust. The factory has no proper ventilation system, only fans that blow the dust around. This happens despite the fact that Vietnam is planning to introduce a ban on the usage of chrysotile as a building material and is making more serious attempts

than most Asian countries to remove asbestos from workplaces and replace it with safer alternatives. The National Institute of Labour Protection (NILP) in Vietnam helps enterprises to adopt safer alternatives like polyvinyl alcohol (PVA). The factory we visited should use PVA instead of asbestos, but there are practical difficulties; due to lower tariffs on asbestos, asbestos roofing sheets are 25 percent cheaper than those manufactured with PVA.

In other Asian countries, the picture is similar; in India, asbestos is mined in three states, but about 70% of its requirements are imported from Canada, Russia, and Zimbabwe. Working conditions are no different than those in the factory in Vietnam. Workers are exposed regularly in mines, asbestos cement plants and power plants. As noted by AL Ramanathan and V Subramanian² workers are often completely covered in asbestos dust and precautions are absolutely not in place. This puts both workers and community at risk. At the World Social Forum 2004, at Mumbai, in the workshop ‘Occupational Safety and Health – Fundamental Rights of Workers’, organised by the Centre for Education and Communication and ANROAV, Samit Kumar of the Gold Mines Workers Movement presented an insight into the Roro Asbestos Mine in the state of Jharkhand, operated by Hyderabad Asbestos Cement Products Limited. The mine stopped working in 1982; however, prior to its closure thousands of workers were exposed to asbestos and many of them died. The company, after abandoning the mine, left piles of asbestos waste in the area that has posed a serious health hazard to the adjoining community. In a rare public hearing in December 2003, organised by Jharkhandis’ Organisation for Human Rights and Mines Minerals and People, 23 victims and their family members spoke about the death and destruction caused by the mine. There were no dust control measures or periodic medical examination of the workers. Workers were given jaggery (unrefined sugar) and milk to drink (a practice carried out in many hazardous industries in India).

China is one of the largest producers and consumers of asbestos. Hundreds of thousands of workers are exposed to asbestos in mines and associated industries. In the 1950s China recognised asbestosis as a major health hazard when the first case was diagnosed. ‘Epidemiology of Occupational Asbestos-Related Disease in China’ by Shi Xiong Cai et al. in *Industrial Health 2001* reported that in the 1960s and early 1980s, asbestos spinning was carried out by home-based workers, thus exposing many Chinese people to asbestos. Due to its long latency period, even if asbestos were banned in China today, people would still suffer from asbestos-related diseases for years to come and with its continued use, things are even graver. Most asbestos mined in China is chrysotile, mainly in Sichuan and Xinjiang. In 1995, Harry Wu, a Chinese dissident and director of the US-based Laogai Research Foundation, photographed China’s largest asbestos mine, which is in a prison camp in Sichuan. Most prisoners worked about 15 hours daily with no protective equipment or clothing. “I told the prisoners that they have been handed the death sentence,” Wu told *USA Today* in 1999.

Exporting the Hazard – Ship-Breaking Industries

Many old ships packed with asbestos and other hazardous materials are routinely brought to the ship-breaking yards of Asia, viz. in China, India, Pakistan and Bangladesh, to recover the steel and other parts for recycling. According to Greenpeace, every year around 600-700 large sea vessels are taken out of service and brought to Asia for scrap. Workers often remove the asbestos packing with their bare hands and then dry it in the sun to sell it. Asbestos fibres are routinely flying in the air at these ship-breaking yards.

Asbestos-Related Diseases in Asia

Even though there is so much widespread use of asbestos in Asia, the government statistics fail to reveal the exact severity of the problem. This is because of the lack of basic occupational accident and disease reporting systems in a majority of Asian countries, and thus the government statistics hardly ever reflect the actual situation on the ground. The situation is even worse for occupational diseases where diagnosis is a real problem. Many pneumoconiosis victims in Asia are regularly diagnosed (or under-diagnosed) as suffering from tuberculosis. The high latency period of asbestos diseases is also an issue; periodical check-ups and follow-ups are almost non-existent in most of the countries. Only Japan, Singapore and Korea have a well established system to monitor and report asbestos-related diseases to a certain extent. A classic example is Thailand, which has the highest per capita consumption of asbestos in Asia but has not reported even one case of asbestos-related disease. In contrast, in Japan the reported deaths from mesothelioma in 2001 were 772. It is ironic that Japan, which has relatively the most stringent safety standards in Asia, statistically has more asbestos-related deaths than most other Asian countries.

Compensation

Compensation in general is a tough struggle for the majority of workers in Asia and it is more difficult for victims of asbestos-related sickness. Except for a select few countries, the majority of countries in Asia do not compensate asbestos victims. This is again linked with the core problems of diagnosis and reporting of the disease. If the disease is not reported in the first place, compensation is really out of the question. The actual compensation paid to the victims is mostly for asbestosis and compensation for lung cancers and mesothelioma is still very rare. Even Japan and Korea compensate only a fraction of the reported mesothelioma deaths. China has compensated an aggregate 4300 cases of asbestos related-diseases over the past 40 years.

ANROAV Efforts and Strategy

The ANROAV members from Japan have been leading the ‘Ban Asbestos’ movement within the ANROAV. Japan Occupational Safety Health Research Centre (JOSHRC) is among the founder members of the ANROAV. JOSHRC is also part of the Ban

Asbestos Japan Network (BANJAN) that was initiated in 1987. In the ANROAV annual meeting of year 2003, a session focussed on the asbestos campaign and the strategies to pursue a complete ban of asbestos in Asia. Subsequently in the World Social Forum of 2004 in Mumbai, AMRC, ANROAV and CEC organised a workshop on OSH, and a session on asbestos was presented by Ban Asbestos Network India (BANI), the Occupational Safety and Health Association (OSHA), the Gold Mine Workers Movement and Toxics Link. All these organisations are working for a complete ban on asbestos in India.

In April 2004, AMRC and NILP organised a two day workshop on the OSH situation in Asia with a special focus on banning asbestos. Sugio Furuya from JOSHR presented the updates on the Global Asbestos Congress and invited the NILP to participate in the congress.

Empowering Victims

This is one of the important strategies identified by the ANROAV. However, the precursor to the empowerment is identifying the victims in Asia. Again ANROAV members from Japan are the motivating force for this as Japan has a strong asbestos victims' support group. Apart from Japan, in Asia there are strong victims' organisations in Korea, Taiwan, Hong Kong and Thailand and all of them are founder members of the ANROAV. However, they do not work yet with the asbestos victims. So the first important task identified by ANROAV is to identify the asbestos victims and help them to form some sort of organisation. We have taken a few steps in this direction. In the annual meeting of ANROAV in September 2004, The Council of Work and Environment Related Patients Network Thailand (WEPT), an organisation that has been instrumental in organising the victims network in Thailand, decided to initiate the identification of asbestos victims in Thailand and work to organise them. AMRC with support from the GA2004 organisers, OSHA India and Toxic Links India also made an effort to invite an asbestos victim from the Gujarat power plant to attend this meeting.

Database of Doctors and Lawyers

We also need to prepare an Asia-wide database of doctors and lawyers that are ready to work with workers and victims. It is very difficult to find such doctors and lawyers in Asia. It is important to get the correct diagnosis of the disease so that we can then start the fight for compensation for the victims and their families.

Information Campaign and Awareness Building

To counter the misinformation campaign by the asbestos lobby in Asia, ANROAV has decided to launch its own information campaign against the asbestos hazards in Asia. This would include publications and pamphlets in major Asian languages about

the asbestos menace and the threat it poses to workers and the community. This is very important, as the asbestos lobby is often making the statements like: 'if asbestos is removed then there will be no drinking water and housing for the poor people'. Workers and communities need to be informed about the danger asbestos poses.

A Complete Ban

ANROAV will work towards a complete ban of Asbestos in the Asian workplaces. We will also seek the safe alternatives to be used and work with trade unions to ensure that workers do not lose their livelihood. (as often portrayed by the asbestos lobby). ANROAV will work with environmental groups in Asia to build a strong network. ANROAV will also seek help from victims' groups and trade unions from other parts of the world and learn from their struggle.

Conclusion

ILO estimates 100,000 asbestos-related deaths every year and most of the reported deaths are from the western countries where asbestos use has either stopped or been reduced drastically. Yet due to the high latency period, it is believed that the peak has not yet been reached. In Asia, we are still struggling with the basic recognition and identification of asbestos-related diseases while consumption of asbestos is also increasing in a majority of the countries. At this juncture we have to take decisive steps towards a complete ban on asbestos; otherwise we don't know how many lives will have to be sacrificed before a complete ban is achieved.

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