

Banning Asbestos in Asia:

Campaigns and Strategies by the Asian Network for the Rights of Occupational Accident Victims (ANROAV)

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China, India, Indonesia, and Thailand are among the largest consumers of asbestos. Because markets in the West are dwindling, asbestos is heavily promoted in Asia. In spite of widespread usage, asbestos-related diseases are surprisingly few and reported cases of mesothelioma are rare in Asia except in Japan, Korea, and Singapore. The problem lies in diagnosis. Most of the asbestos-related diseases are not diagnosed in Asia and thus do not appear in government statistics. This deadly substance is killing workers. Unless drastic action is taken to stop its use, Asian workers as well as the general population will pay a heavy price. *Key words:* asbestos; Asia.

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The true picture of the disaster caused by human exposures to asbestos will probably never be known. Formerly considered a “miracle mineral”¹ due to its strength, flexibility, low electrical conductivity, and resistance to heat and chemicals, asbestos began to be mined in the late nineteenth century. Since when it has been and continues to be used for thousands of products in innumerable workplaces and in homes.

There is reason to believe that companies responsible for mining asbestos and making asbestos products were complicit in covering up the early data that began to emerge in the 1940s linking asbestos and serious lung disease.² There is no doubt that workers’ and the general global population’s exposure to it has caused serious lung diseases, not least cancer of the lungs.³ Asbestos was responsible for hundreds of thousands of deaths in the twentieth century, and continues to take its toll, even in countries that have completely stopped using it, such as Australia. It can take 10–40 years for an individual to develop a lung disease associated with exposure to asbestos, and majority of the cases are not reported, so it is impossible to predict exactly how many cases might

arise. Some projections have put the numbers at millions. In many industrialized countries, asbestos-related diseases are the leading cause of work-related deaths, more even than occupational accidents. Asia, being the largest aggregate consumer of asbestos in the present times, remains an area of serious concern.

ANROAV

The Asian Network for the Rights of Occupational Accident Victims (ANROAV) is a network of victims’ groups, labor NGOs, trade unions, and labor 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 upon the worker 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. The two fires combined killed more than 260 workers, mostly young women. Asian workplaces are generally hazardous, 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 campaign to ban asbestos is one of the major campaigns run by the network.

ASBESTOS CONSUMPTION IN ASIA

With dwindling markets in developed countries, the global asbestos industry is focussing on emerging markets in developing countries. This policy development is similar to that in the tobacco industry, where decreased Western consumption of tobacco led to the exploitation of markets in developing countries. Asbestos use in developing countries is increasing at an annual rate of 7%. 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 ten consumers in the year 2000.^{4,5} Asian countries accounted for about 60% of the global asbestos consumption in the year 2000

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TABLE 1 Asbestos Production and Consumption in Ten Asian Countries in 2000

	Production (Metric Tons)	Consumption (Metric Tons)
China	350,000	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: U.S. Geological Survey.

(Table 1). Most of the asbestos (chrysotile) is used in construction (asbestos cement, pipes, etc.).

China and India are clearly the largest consumers of asbestos. China is 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 consumptions in the world. In greater Asia, only Saudi Arabia and Kuwait have banned all forms of asbestos. Japan is moving towards a complete ban. Singapore has more or less reduced consumption to nil. 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 long ago, 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 that there is a “safe” level of asbestos in the workplace that is not harmful to blaming the “blue” (crocidolite) and “brown” asbestos for all health problems and 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 carcinogenic. Many scientists believe that there is no safe level of asbestos exposure.

The asbestos lobby in Canada (including the government) has been aggressively promoting chrysotile.⁶ Canada is the world’s third largest asbestos producer, and the world’s second largest asbestos exporter,

exporting about 90% of what is produced. The Asbestos Institute based in Montreal, Canada, which represents the interests of the industry, has been propagating use of chrysotile 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 of the Canadian unions are demanding a complete ban on the mining and usage of asbestos, because asbestos kills in Canada too.⁷ Another common argument is that asbestos provides employment to thousands of workers in developing countries, and this industry 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 fund, over three years, to continue its misinformation campaign (better known as the “global asbestos whitewash”) about “safe” asbestos use. 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 developed countries to promote the idea of “safe” use of chrysotile, as well as to lobby governments and local industries to continue using it. In a move similar to that of the pesticide lobby, two such conferences promoting the “safe” use of chrysotile have taken place in New Delhi over the past four years. 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 of the efforts to promote chrysotile, has argued relentlessly that it is safe to use under “controlled conditions.” It is hard to understand how such conditions could be achieved in Asia when they could not be achieved in industrialized countries. In Asia even simple safety regulations are flouted regularly due to lax implementation and enforcement.

Safe working with asbestos requires a well supervised and well equipped workforce. Impervious full-body overalls and airline systems are not only impracticable and expensive in the tropics, they can actually cause harm by inducing heat stress. Workers could work for only ten minutes at a stretch while wearing this type of clothing, which, like recommendations for “safe” application of pesticides, is predicated on temperate weather and well financed and accountable work-

Worker sweeping asbestos in an asbestos roofing-sheet manufacturing factory in Vietnam.



places, policed by organized and informed labor. Asbestos works in Asia are, like mines in general, poorly financed and under-capitalized, and employ unskilled workers, often those who have drifted from rural areas.

In April 2004, AMRC, ANROAV, and the National Institute of Labor Protection Vietnam organized a workshop on occupational health and safety that included a visit to a Vietnamese-owned asbestos-corrugated sheet manufacturing factory, about two hours' drive from Hanoi. About 100 workers over three shifts in the factory worked on a single very old production line covered in asbestos dust. Workers did not use any proper protective equipment; some covered their faces with a cloth. They used knives to open bags of asbestos (imported from Kazakhstan) and beat the asbestos with wooden hammers to break down lumps before putting it in the grinding machine. Their clothes were covered with chrysotile dust. The factory has no proper ventilation system, only fans that blow the dust around. This 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 Labor Protection (NILP) in Vietnam helps enterprises adopt safer alternatives such as polyvinyl alcohol (PVA). The factory we visited should have used PVA instead of asbestos, but there are practical/economic difficulties. Due to lower tariffs on asbestos, a/c roofing sheets are 25% cheaper than those manufactured with PVA.

In other Asian countries, the picture is similar. In India asbestos continues to be mined in three states. An additional 70% is imported from Canada, Russia, and Zimbabwe. Working conditions are no different from those in the factory in Vietnam. Workers are exposed

regularly in mines, asbestos cement plants, and power plants. As noted by Ramanathan and Subramanian,⁸ workers are often completely covered in asbestos dust and no precautions are in place, putting both workers and the community at risk.

At the 2004 World Social Forum, in Mumbai, the Centre for Education and Communication and ANROAV conducted a workshop, Occupational Safety and Health—Fundamental Rights of Workers,⁹ organized by Samit Kumar of Gold Mines Workers Movement. He described the experience of workers in the Roro asbestos mines¹⁰ in the state of Jharkhand, operated by Hyderabad Asbestos Cement Products Limited. The mines stopped working in 1982; however prior to their closure, thousands of workers had been exposed to asbestos, and many of them consequently died. After abandoning the mine the company left piles of asbestos waste, posing a serious health hazard to the adjoining community. In a rare public hearing in December 2003, organized by Jharkhandis' Organization 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 examinations of the workers. As a placebo, workers had been 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 recognized asbestosis as a major health hazard when the first case was diagnosed. Cai et al.¹¹ reported that in the 1960s and early 1980s, asbestos spinning was carried out by home-based workers, thus exposing many Chinese people, in particular



Workers sitting on a pile of white asbestos.

children, 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 U.S.-based Laogai Research Foundation, photographed China's largest asbestos mine, situated 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 (in particular China, India, Pakistan, and Bangladesh) to recover the steel and other parts for recycling. According to Greenpeace,¹² 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 sun to sell it. Asbestos fibers are routinely flying in the air at these ship-breaking yards.

ASBESTOS-RELATED DISEASES IN ASIA

Despite widespread use of asbestos in Asia, government statistics fail to illustrate the nature and extent of the problem. With poor reporting procedures and lack of incentives to improve them, Asian government statistics hardly ever reflect the actual situation on the ground. The situation is even worse for the occupational diseases, where accurate diagnostic skills are rare. Many pneumo-

coniosis victims in Asia are erroneously diagnosed (or underdiagnosed) as suffering from tuberculosis. Lack of baseline entry data and the long latency period related to the onset of asbestos-related disease add to the difficulty, with most countries not having periodic check-ups and follow-up protocols for their workers. 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, in 2001, reported deaths from mesothelioma, an inevitably fatal lung cancer, were 772. It is ironic that Japan, which has relatively stringent safety standards for an Asian country, statistically has more asbestos-related deaths than most other Asian countries.

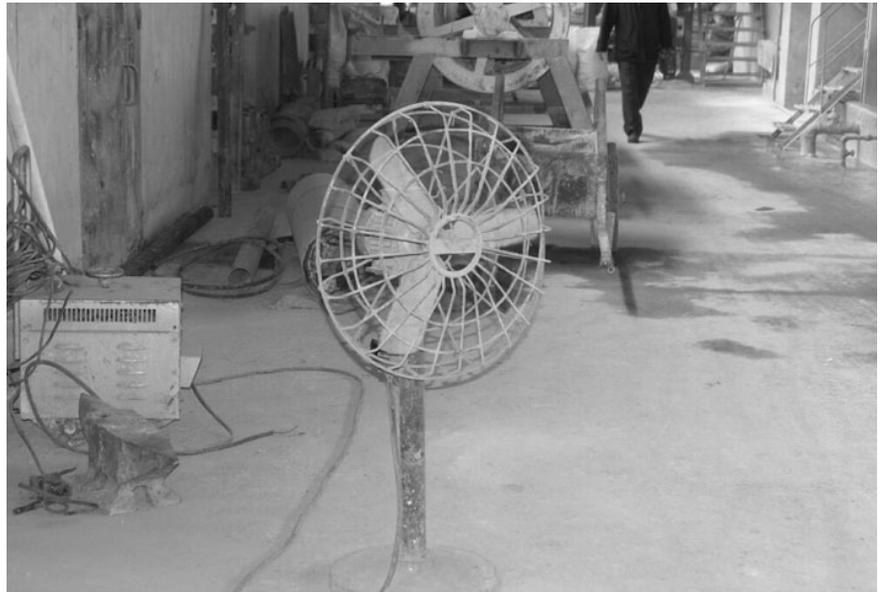
COMPENSATION

Gaining compensation in general is a tough struggle for the majority of workers in Asia, and even more difficult for the victims of asbestos-related sickness. The majority of countries in Asia do not compensate asbestos victims. The core problems of inadequacies in the diagnosis and reporting of the disease limit liability. When the disease is not reported in the first place, compensation is really out of question. The actual compensation paid (if any) to victims is mostly for asbestosis; mesothelioma is hardly detected, and even when it is detected, it is hard to relate it to work and get compensation. Even Japan and Korea compensate only a fraction of the reported mesothelioma deaths. China has compensated an aggregate 4,300 cases of asbestos-related diseases in the past 40 years.

ANROAV EFFORTS AND STRATEGY

ANROAV members from Japan have been leading the "Ban Asbestos" movement within the ANROAV. The

Grossly inadequate ventilation in an asbestos factory.



Japan Occupational Safety Health Research Centre (JOSHRC) is among the founding members of the ANROAV. JOSHRC is also part of the Ban Asbestos Japan Network (BANJAN) that was initiated in 1987. During the ANROAV 2003 annual meeting, a session focussed on the ban asbestos campaign and strategies to pursue a complete ban of asbestos in Asia. Subsequently, in the World Social Forum of 2004 in Mumbai,¹³ AMRC, ANROAV, and CEC organized 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 the organizations are working for a total ban on the asbestos in India.

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

EMPOWERING VICTIMS

This is one of the important strategies identified by the ANROAV. However, the precursor to 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' organizations in Korea, Taiwan, Hong Kong, and Thailand, and all of them are founding members of the ANROAV. However, until now they have not worked with asbestos victims. So the first important task identified by ANROAV is to identify asbestos victims and help them to form some sort of organization. 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 organization that has been instrumental in organizing the victims' network in Thailand, decided to initiate identification of victims of asbestos in India and work to organize them. AMRC, with support from the GA2004 organizers, 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 need an Asia-wide database of doctors and lawyers who 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 start the fight for compensation for the victims and their families (and to get a positive identification of the asbestos product being used)

INFORMATION CAMPAIGN AND AWARENESS BUILDING

To counter the misinformation campaign by the asbestos lobby, ANROAV plans to launch its own information campaign against the asbestos hazards in Asia. This will include publications and pamphlets in major Asian languages about the asbestos menace and the threats it poses to workers and the community. This is very important, as the asbestos lobby often makes threatening statements that, for example, if asbestos is removed then there will be no drinking water and housing for poor people. Workers and communities need to be informed about the dangers asbestos poses.

A COMPLETE BAN

ANROAV will work towards a complete ban of asbestos in Asian workplaces. We will also seek safe alternatives

and work with trade unions to ensure that workers do not lose their livelihoods (as often portrayed by the asbestos lobby). ANROAV will work with environmental groups in Asia to build informational and lobbying networks. ANROAV will also seek the help from victims' groups and trade unions from other parts of the world, and learn from their struggles.

CONCLUSION

The International Labor Organization estimates that 100,000 asbestos-related deaths occur every year, and most of the reported deaths are from the Western countries, where the asbestos use has either stopped or been reduced drastically.¹⁴ Yet due to the long latency period, it is believed that peak has not yet been reached. In Asia we are still struggling with the basic recognition and identification of asbestos-related diseases. Consumption is on the increase across the region. At this juncture we have to take decisive steps towards a complete ban on asbestos, otherwise many more lives will be sacrificed before a complete ban is achieved.

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