

A GUE/NGL PUBLICATION

ASBESTOS

THE HUMAN COST
OF CORPORATE GREED



EUROPEAN UNITED LEFT/NORDIC GREEN LEFT
EUROPEAN PARLIAMENTARY GROUP

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[Aside from gunpowder, asbestos is the most scandalous substance people have had to work with. The dark forces which profit from asbestos think little of using blackmail, deceit and unscrupulous practices to protect the bottom line; they willingly sacrifice workers' health for corporate profits.]

Remi Poppe
Former MP, Socialist Party, the Netherlands



This publication is dedicated to all those throughout the world who have suffered and died from asbestos-related diseases.

PREFACE

AN EXEMPLARY BATTLE



Francis Wurtz

The conference on asbestos, held in the European Parliament on 22 and 23 September 2005, which this booklet reports on, is a new milestone on the road mapped out in Europe and throughout the world over the past decades by trade union organisations, associations and many individual men and women who, in one way or another, decided to commit themselves to making the truth known about the dangers of asbestos, helping the victims and obtaining the eradication of this devastating risk for human health. The European United Left/Nordic Green Left group considers it to be its duty to contribute to these information, awareness raising and mobilisation efforts. A big thank you to all those conference participants who came from across Europe and other regions in the world.

Their testimonies illustrated first and foremost the timeliness of this battle. Although the discovery of the link between asbestosis and the risk of lung cancer dates back to 1935, although all varieties of asbestos have been classified as carcinogenic by the International Cancer Research Centre since 1977, and although the European directive providing for the prohibition of asbestos dates back to 1999, the effective prohibition of asbestos throughout the European Union only entered into force on 1 January 2005!

However, not only will the massive use of asbestos in the past continue to kill in years to come – the number of deaths due to asbestos is even rising in Europe and is likely to continue doing so for ten to fifteen years still! –, but the monitoring of the effective implementation of legislation, the protection of workers charged with asbestos removal, support for the countless recognised asbestos victims or those needing to be recognised as such, and the prevention of risks, in particular professional risks, constitute as many fields of action for the years to come. And this is not forgetting our responsibility as Europeans regarding the shameful practices of exporting the danger to other countries, particularly in the south of the planet.

This is why the “Brussels Declaration”, adopted at the end of the European Conference in September last, conveys requests by medical associations and international organisations to make 2006 a year of action against asbestos and invites the European institutions to implement a detailed action plan (see Appendix A).

A special homage should be paid to Laurie Kazan and all the other players in this exemplary battle.

Francis WURTZ
President of the GUE/NGL Group

INTRODUCTION

ENDING THE CONSPIRACY OF SILENCE



Kartika Liotard

Asbestos remains the primary carcinogenic toxin affecting European workers. Outside the workplace, asbestos is second only to tobacco as an environmental source of cancer. Asbestos products in European homes and commercial buildings, as well as asbestos waste in our environment continue to cause unprecedented levels of disease and death in Member States of the European Union.

The widespread use of asbestos in the Netherlands, my home country, has had dire consequences; thousands have died from asbestos-related diseases after working with asbestos or asbestos-containing products, sharing a home with relatives who had been occupationally exposed to asbestos, or living in the vicinity of asbestos consuming factories. In the town of Goor, where the Eternit cement asbestos factory was the major employer, many local people – not only workers – have contracted asbestos-related diseases. For a long time there was a conspiracy of silence and initially the victims received no assistance or recognition.

The formation of the Dutch Asbestos Victims' Committee in the 1990s and the commitment of its members have transformed the plight of asbestos victims in the Netherlands. Nowadays, many of the asbestos-injured in the Netherlands receive appropriate medical treatment and financial compensation. Unfortunately, others do not. Neighbourhoods remain contaminated and workers continue to be exposed to asbestos products hidden within our infrastructure...

Asbestos is not just a European problem; multinational companies are exporting the evil to countries where social and health protection is not as developed as in Europe.

As Xavier Jonckheere, president of ABEVA, said: "asbestos affects all countries on the planet. It is like an octopus spreading out its tentacles. What is prohibited in our countries is now being done elsewhere – where labour laws are not so stringent, where levels of protection are non-existent, where asbestos lobbying is still powerful."

More than 25 countries were represented at the Asbestos Conference in the European Parliament on the 22nd and 23rd September 2005. Participants included workers affected by asbestos and their relatives, asbestos victim support workers, public health activists, medical professionals, legal personnel, journalists, civil servants, factory inspectors, asbestos removal experts and academics.

During the conference, we examined the EU asbestos policy, pinpointing its successes and exposing its failures. Delegates described national asbestos experiences in new EU Member States and highlighted the problems they faced. The purpose was to find answers on questions such as how can we improve the situation for all asbestos victims? How can we prevent future generations from contracting these deadly diseases?



At the end of the conference, we adopted The European Asbestos Action Plan for 2005–2006. It calls on the European Parliament, the European Commission and the Council to support an international ban on asbestos. EU legislation should ban the use of asbestos by EU-based companies anywhere in the world. The transfer of asbestos production and contaminated products from Europe to developing countries should be rendered impossible.

The effectiveness of such action was clearly demonstrated by the denouement of the sustained campaign by NGOs in France, Egypt and India surrounding the *Clemenceau*, formerly one of the French Navy's most prestigious ships, which was being sent to India for decommissioning. France's top administrative court finally agreed with the activists that the export of this toxic waste infringed international protocols, global agreements and French law and ruled that the *Clemenceau*'s export to India should be stopped. On 15th February 2006, French President Jacques Chirac ordered the *Clemenceau* to be brought back home! This joyful moment came just a few months after the conference.

To conclude my introduction to this publication, I would like to quote Laurie Kazan, its author:

"The European Asbestos Conference was a landmark event which marked a new stage in Europe's asbestos debate. Corporations, governments, trade associations and individuals that have foisted this carcinogen on civil society and continue to profit from its use will be held to account. The struggle continues!"

Kartika Liotard
Member of the European Parliament, GUE/NGL Group
Socialistische Partij Delegation, the Netherlands

[Asbestos is not just a European problem; multinational companies are exporting the evil to countries where social and health protection is not as developed as in Europe.]

SETTING THE SCENE

BACKGROUND AND HISTORY OF ASBESTOS USE



At the beginning of the 20th century, **Ludwig Hatschek** invented a process for combining asbestos fibres with cement to produce asbestos-cement (AC), a material which had excellent technical properties and could be used for a wide range of applications. As asbestos would “last forever,” Hatschek named the process Eternit, for eternal, and proceeded to sell the patent to companies all over the world, many of which took the name Eternit.

The asbestos-cement industry spread rapidly and was hugely successful. Global production peaked in 1975, after which time sales in the developed world began to fall. Fears about the health risks linked with asbestos had surfaced repeatedly over the years as evidence showed that fine asbestos fibres were easily inhaled, and were shown to bring about several respiratory illnesses, including an acute lung fibrosis called asbestosis. Research has confirmed that exposure to the substance can cause an extremely dangerous kind of cancer in the chest and abdomen. It is estimated that 100,000 people die each year from asbestos-related diseases, such as mesothelioma, asbestosis, and various cancers.

As restrictions were imposed on asbestos consumption in developed countries, new markets were cultivated in developing economies; in recent years, sales of asbestos-cement products in India, Pakistan, Indonesia and Thailand have risen significantly. Despite the knowledge that exposure to asbestos can cause debilitating and fatal diseases, asbestos producers continue to advance the case for the safe use of asbestos, and deny the existence of safer alternatives.

A long history of lobbying

Documents show that the asbestos industry has, since the 1930s, been active in lobbying national governments as well as international agencies, such as the International Labour Organisation (ILO), on asbestos issues, eager to “safeguard its position.”

In 1929, Eternit Belgium and Eternit Switzerland entered into a joint venture at the suggestion of Ernst Schmidheiny, from Swiss Eternit, who believed that competition for raw materials and markets was not as cost-effective for asbestos-cement producers as cooperation. An exclusive group of asbestos-cement producing companies was formed; it was named the International Asbestos Cement AG (SAIAC). Its aims were:

- exchange of technical knowledge, experience, propaganda and patents;

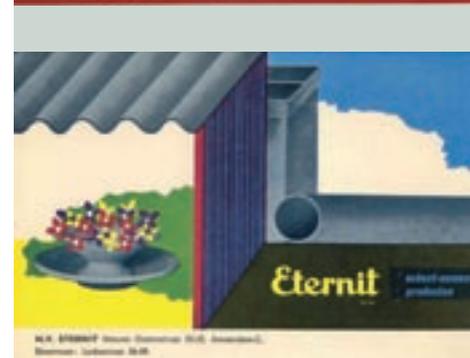
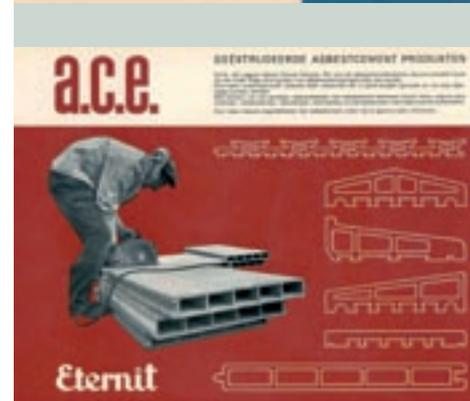
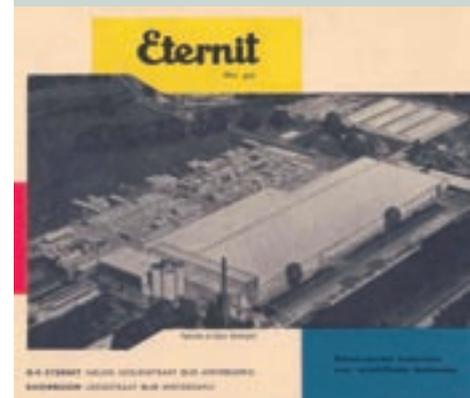
- joint purchase of raw production materials;
- joint research;
- setting up export arrangements;
- establishing new companies in ‘neutral’ countries;
- arranging markets and market prices.

Turner & Newall Ltd., the UK’s biggest asbestos group, was proud of its membership of the cartel, referring to it as a “miniature League of Nations” in an annual company report.

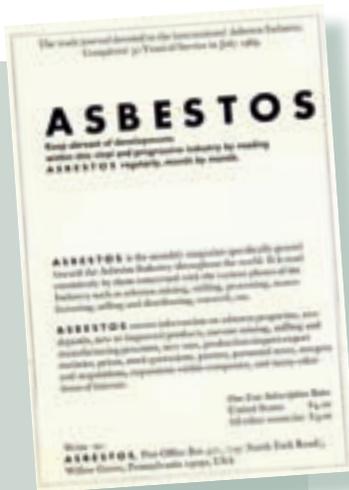
Today, aggressive marketing campaigns, backed by millions of asbestos dollars, are targeting decision-makers and consumers in developing countries. The increase of asbestos consumption in countries which have little information on the long-term consequences of asbestos exposures, no specific asbestos laws, no enforcement of the laws which do exist, no official workplace inspections, no compensation, no health services and no social security, is cause for serious concern. The vulnerability of construction workers in these countries makes exploitation routine; often illiterate, many of them live with their families on building sites or by the sides of roads. In this context, the notion of the “controlled use” of asbestos is, according to Fiona Murie, Director of Health and Safety at the International Federation of Building and Woodworkers (IFBWW), a “sick joke.”

IFBWW and the campaign for a global asbestos ban

The IFBWW has been campaigning on asbestos since the 1980s. Trade unionists in Chile were at the forefront of the ‘ban asbestos’ movement; working with an asbestos victims’ group, they were able to expose the nefarious practices of Pizarreno, a member of the Eternit Group, which refused to acknowledge or compensate the grieving families of 300 employees, dead from asbestos diseases, from 11 asbestos-cement factories. Using demonstration techniques honed during the years of the Pinochet dictatorship, “funas,”¹ were held outside the homes of Pizarreno executives to expose their personal involvement in the company’s shameful behaviour and build pressure for a na-



Eternit advertisements



tional asbestos ban. In 2001, Chile became the first country in Latin America to ban asbestos.

The IFBWW, working with other global labour organisations, has been lobbying the ILO to adopt a health-based position on a global asbestos ban. Unfortunately, many European governments have been “unhelpful”; the UK, Holland and Denmark, among others, are resisting new laws, multilateral treaties and new conventions on labour standards in their determination to exploit the status quo. ILO Convention 162 is being purposefully misused by asbestos lobbyists in Brazil and elsewhere who cite it as justification for industry’s “controlled use” propaganda. Conference delegates need to push national delegations to progress the pro-ban position at the ILO. The World Health Organization (WHO), which has agreed to make the elimination of asbestosis a priority, also needs to address the consequences of environmental exposures.

Amongst the IFBWW objectives are:

- the need for a global ban on asbestos;
- the inclusion of chrysotile (white asbestos) on the Prior Informed Consent (PIC) list of the Rotterdam Convention;
- the protection of workers such as carpenters and plumbers from hazardous asbestos exposures;
- the elimination of dry stripping for asbestos removal by unlicensed companies employing untrained operatives and the illegal dumping of asbestos;
- the need to improve workers’ rights and conditions and to end informal and uncontrolled working practices.

Eternit’s corporate clout

Eternit (Netherlands), part of the Belgian Etex Group, has caused ill-health and death amongst many former workers, family members and local residents. There is widespread asbestos contamination of communities near the Eternit factories; the cost of the asbestos decontamination work needed in the Netherlands has been estimated at 50 million euros. Eternit is adamant that it will not pay. Dutch Parliamentarians have been asked to apply “the polluter pays principle” to force the company to remedy the environmental devastation it has wrought. The arrogance of asbestos-cement executives and corporations is not a thing of the past.

A recent newspaper article which appeared in Switzerland criticised Italian prosecutors who, in their attempt to obtain justice for asbestos victims, are contemplating legal action against Mr. Schmidheiny. The Swiss entrepreneur claims he is being “hounded without cause” by the (Italian) legal authorities.

In Belgium, Eternit wields enormous influence. The publication of a newspaper article, entitled *The Veil of Silence in Belgium*, about the country’s tragic asbestos legacy, was scheduled to coincide with the European Asbestos Conference; it did not appear. The suppression of the article illustrates that in 2005, censorship and corporate influence is still stronger than free speech and democracy in Belgium.





Azbest na suficie
 W BIRMINGHAMIE...
 Azbest...
 W BIRMINGHAMIE...
 Azbest...
 W BIRMINGHAMIE...
 Azbest...

tribulations du « Clemenceau » ne font que commencer
 Les tribulations du paquebot Clemenceau ne font que commencer. Le navire, qui est en route vers le Brésil, a subi de nombreuses avaries. Les réparations sont coûteuses et le voyage est retardé. Les passagers sont inquiets et les autorités maritimes surveillent de près le développement de la situation.

Stolz und Schrott der Grande Nation
 Frankreich wollte den Flugzeugträger „Clemenceau“ billig abwracken und sieht sich nun mit den Kosten konfrontiert. Die Regierung hat sich für den Verkauf des Schiffes an die USA entschieden, was jedoch zu erheblichen Streitigkeiten zwischen den beiden Ländern geführt hat.

Metry trucizny
 Władze publiczne powołują się na to, że nie ma wcale żadnych dowodów na to, że asbest jest szkodliwy dla zdrowia. Jednakże badania naukowe wykazują, że asbest jest silnie rakotwórczy i może powodować choroby układu oddechowego i nowotwory.



Asbestos fight spills onto streets - see page 3
 The fight against asbestos has spilled onto the streets of Spodden Valley. Residents are protesting against the presence of asbestos in their homes and demanding action from the local authorities.

Cash crunch hits schools as asbestos safety

By Kathryn Torney
 EDUCATION CORRESPONDENT
 HUNDREDS of Ulster schools face a potential asbestos safety risk as a result of the ongoing financial crisis in education, it can be revealed today.
 The cash-strapped Belfast Education and Library Board has confirmed that it...

Board appeals for extra funding
 The bestos work now has to be funded from its maintenance budget, "which is...

Niewidoczny zabójca zaczyna od płuc
 Nowy rodzaj choroby...
 Niewidoczny zabójca zaczyna od płuc. Nowy rodzaj choroby, który może być śmiertelny, zaczyna się od płuc. Choroba jest spowodowana przez asbest i może powodować choroby układu oddechowego i nowotwory.

DEFINING THE SCOPE OF THE ASBESTOS PROBLEM



In the European Union, the existing legislation to protect workers against exposure to asbestos dates from 1983. More than twenty years on, research shows that this legislation is inadequate and that compliance with it remains substandard in many Member States.

As specified in EU Council Directive 83/477/EEC of September 19, 1983 *Protection of Workers from the Risks Related to Exposure to Asbestos at Work*, medical checks are required before the beginning of hazardous exposures and, thereafter, every three years.² Article 16 of this directive states that medical records must be retained for 30 years and Article 17 states that a register of recognised cases of asbestosis and mesothelioma shall be kept.

Between July 2004 and April 2005, research was carried out by Dr. Olaf Hagemeyer of the University of Aachen, Germany, into current practices in Member States. Questionnaires about how the EU directive was being implemented were sent out which asked specifically about post-exposure medical examinations. Answers were received from 23 Member States; Cyprus and Malta did not respond. An analysis of the responses showed that post-exposure medicals were carried out in only 14 Member States (60%); examination procedures differ: some consist of regular lung X-rays, examination of sputum is carried out in seven countries and occasional high resolution computer tomography is done in 12 Member States. Only 15 States retain medical records for three years. "The absence of records will," Hagemeyer said, "have an impact on our ability to access data."

In September 2005, the EU decided that the collection of gender-related data was unnecessary. Judging by the statistics collected on the German distribution of mesothelioma, this decision is short-sighted, Dr. Hagemeyer says. The under-claiming of government compensation by women with mesothelioma is significant; in 2002, there were more than 250 female mesothelioma deaths and only 75 claims. On the other hand, the data collected shows that the percentage of males claiming for mesothelioma has increased dramatically over the last 20 years. One possible explanation for this is the failure of doctors and coroners to ask about the exposure history of women with mesothelioma. In Germany, if you can't prove occupational asbestos exposure then the recognition of the disease as occupationally related, which is

essential to receive government compensation, is compromised. With the long latency period of asbestos-related diseases, it can be difficult to prove occupational exposure. Therefore, Hagemeyer suggested that a central register of all asbestos-exposed workers should be compiled.

DENMARK

In the collection of information on the problem, and in the general fight against asbestos, Danish trade unions have been on the front line. At the end of the 1980s, local branches of the Danish Confederation of Construction Workers' Unions looked at a map of Denmark drawn up by the Cancer Institute showing the distribution of mesotheliomas in areas in which dockyards, glass factories and other asbestos-using factories were located. The union wrote to several hundred former workers, asking if they had worked at the dockyards, handled asbestos-containing insulation or had symptoms of lung disease. Over one hundred former dockyard workers were interviewed and 50 were sent for medical examinations. A significant aspect of the examination programme was the cooperation of the union officials, local medical practitioners and doctors working in occupational disease clinics. As a result of this initiative, 24 of the workers were able to obtain payments from the National Compensation Board.

In Denmark, every worker has to contribute to the Government Work Injuries Scheme; hospital doctors must report all occupational diseases as well as suspicions of diseases which could be work-related. If, for example, a carpenter is diagnosed with lung problems which might be occupationally-linked, the illness must be notified. Asbestos-related diseases have been officially recognised as occupational diseases for more than 40 years: asbestosis in 1954, lung cancer in the late 1950s and mesothelioma in 1963. Nevertheless, there is no automatic recognition procedure and there are instances when trade unions have had to take legal action to force employers to pay compensa-



[The lack of statistics on the presence of asbestos in public and private buildings is central to the asbestos problem in Greece – once one of the biggest asbestos producers in the world.]

Dimitris Papadimoulis
Synaspismos, Greece

tion. In 1986, a union took a case to the Supreme Court to force the defendant, Danish Eternit, to pay compensation.

Two to 5% of all cancers diagnosed in Denmark are work-related; this translates into 650–1300 occupational cancers per year. Unfortunately, only a fraction of these, 208, are recognised. To ascertain whether under-reporting has taken place and to assess the impact a simple work history could have on the recognition procedure, research was undertaken by the Danish Cancer Institute. Nearly 700 mesothelioma patients, diagnosed between 1994 and 2002, fulfilled the criteria specified by the researchers; less than half (300) had been reported to the National Compensation Board. The study, published in 2005, concludes that a serious under-reporting of occupational cases of mesothelioma exists. Another revelation was uncovered by further enquiries among male mesothelioma patients on the Danish Cancer Registry who had not applied for their illnesses to be recognised as occupationally-caused. The researchers were able to establish that information available on the jobs these men had undertaken and the potential for asbestos exposure at these jobs would have enabled an additional 105 male mesothelioma victims to obtain compensation.

“In economic terms this study demonstrates that over an eight-year period insurance companies cheated mesothelioma patients out of 16 million Danish kroner (€2.15 million)” according to Lars Vedsmand, Occupational and Safety Officer for the Danish Confederation of Construction Workers’ Unions.

The conclusions of this study have come as a bombshell in Denmark. Even though oncology wards ought to be familiar with the causation of occupationally-linked illnesses, patients are not asked to provide occupational histories. The proportion of women whose mesotheliomas are reported is even lower than that for men. Unfortunately, the Danish experience is not unusual; in 2001, the European Cancer League reported that only Finland, France, the UK and

Denmark were in a position, on the basis of publicly available information, to provide statistics on mesothelioma. As a result of the under-reporting, the Danish Minister of Employment recently announced that action will be taken to make it compulsory for hospital staff and general practitioners to take occupational histories; more professional training and information will be provided.

GREECE

In 1990, Greek Professor E. Velonakis estimated that the cumulative number of Greek workers who had been exposed to asbestos was 150,000. In 1993, a study carried out by Professor M. Kogevinas estimated that 10,000 workers were experiencing harmful asbestos exposures every year. Until 1995, Greece was amongst the world’s top seven suppliers of asbestos, producing 100,000 tonnes of chrysotile every year with up to 300,000 tonnes a year of Greek and imported asbestos processed at asbestos-cement factories in:

- Nea Lamsakos, Evoia, placing a workforce of 250 at risk of occupational asbestos exposure from 1961–1990;
- Thessalonica, placing 416 personnel at risk of occupational asbestos exposure from 1968–2003;
- Patras, placing 150 workers at risk of asbestos exposure from 1969–2000.

Asbestos-containing brakes and fireproofing materials were also produced in Greece. In 1993, the use of blue asbestos (crocidolite) was banned by law (article 1154/93); on December 31, 2004, Greece became the last of the 15 EU Member States to ban the use of all forms of asbestos as per the EU Directive.

The incidence of asbestos-related disease is underestimated by Greek Government agencies; the numbers of cases of asbestosis reported by the Social Security Foundation were: three (1994), five (1995), three (1996), four (1999), three (2000) and one (2001). Dr. Patentalakis, a respiratory specialist practicing at a hospital specialising in lung diseases, has reported diagnosing 456 cases of asbes-

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Humiliation for France as court sinks toxic ship's passage to India

Dangerous hypocrisy: the Clemencau

The double standards of Western countries which export redundant asbestos-contaminated ships to ship-breaking yards in Asia are exemplified by the Clemencau case. Commissioned in 1957, the Clemencau was, for forty years, one of the French navy's most prestigious ships. As with all ships of this period, large amounts of asbestos were used in its construction. According to the Basel Convention, an international convention which bans the export of hazardous waste, and European Union regulations on the environment, each country should manage its own hazardous waste; the breaking up of asbestos-riding ships should therefore take place in the ship's home country.

In 2003, the Clemencau toured the Mediterranean looking for a ship-breaking yard with lax rules; the ship was sold to a Spanish company which tried to carry out the decontamination in Turkey. The French Government stepped in and forced the ship to return to the French military port of Toulon. On June 23, 2004, a contract for the decontamination of the ship was signed between the French State and the Ship Decommissioning Industries Corporation (SDI), a subsidiary of a German multinational, which stipulated that after Phase 1 of the asbestos removal was completed in France, the ship would be sent to India where the rest of the asbestos would be removed.³ Decontamination work took place in France between November 2004 and March 2005. In the meantime, Ban Asbestos France asked the Ministry of Defence to prevent the export of the contaminated ship to India.

Ban Asbestos France also started legal proceedings to make sure the ship did not sail. It forged links with Indian associations and NGOs which had previously spoken out on similar issues. Research undertaken by Greenpeace documented the reality of the occupational hazards which persisted in the Indian ship-breaking yards.⁴ Photographs showed abysmal conditions in Alang Bay where strong waves continually crash along the beach. Ship-breaking is big business in Alang Bay, the proposed destination of the Clemencau. In 2001-2002, 264 ships were broken up there by 25,000-40,000 workers, some as young as 17. Women carry away the lighter items from the ships including many which contain or are covered with asbestos. Asbestos is torn off steelwork with bare hands; people dry out crocidolite so it can be resold. The workers are mostly barefoot and protection from the many occupational hazards they are exposed to consists, in general, of a scarf over their mouths. Ban Asbestos France initiated legal action against the French State and the SDI; what should have been a debate about principles descended into a squabble over procedure. The battle of the Clemencau has been fought in the French courts, on French TV and in the media. It has given a high profile to the usually invisible transfer of hazardous waste from the developed to the developing world. This case illustrates not just the double standards which exist but the determination of national governments and multinationals to ignore international conventions and laws which adversely affect their economic interests.⁵





> tosis and 22 cases of mesothelioma in the period 1994–2002. Groups found to be at higher risk of contracting asbestos-related diseases include:

- people in the Metsovo area, where there is a high incidence of mesothelioma due to environmental exposures;
- merchant seamen and naval personnel, especially engineers, who have traditionally experienced high-levels of continual asbestos exposure while performing their duties on-board ships.

Although mesothelioma of the peritoneum is recognised as an occupational disease in Greece, pleural mesothelioma is not.⁶ The Government, while being aware of the contradiction, has done nothing about it. In 2001, a 52-year-old sheet metal worker was diagnosed with pleural mesothelioma; due to intensive efforts by his doctors, his case was recognised as an occupational disease.

Since the Hellenic Asbestos Seminar was held in Athens in 2002, a dialogue on asbestos issues with the Greek Government has been ongoing. At a press conference held in Athens on September 21, 2005, the Labour Minister confirmed the decision to establish the Ministry of Employment & Social Security National Committee for the Management of Asbestos-Related Hazards. In collaboration with the Department of Occupational and Environmental Medicine, at Imperial College, London, measures

for setting up a Greek Mesothelioma Register, and later a register of all asbestos-related diseases, are being considered. Plans to raise awareness of asbestos hazards amongst workers in the construction sector are being made; the Education Ministry is devising a programme to deal with asbestos in schools, which will include measures to protect workers removing asbestos from contaminated school buildings as well as building users.

CZECH REPUBLIC

From 1991–2004, 638 cases of mesothelioma were diagnosed in the Czech Republic, of which 52 (8%) were recognised as occupationally-linked; in addition, a further 230 cases of asbestos-related diseases were recognised. In the Czech Republic, recognised occupational diseases are specified in the List of Occupational Diseases (Government Order No. 290/1995), which is based on ILO classifications.⁷ There are 18 clinics or outpatient departments specialising in occupational diseases. Every case of occupational disease must be verified by one of the 18 branches of the Department of Occupational Diseases; the disease must be on the List of Occupational Diseases and exposure must be confirmed by industrial hygienists. The Department recognises the claim (not an insurance company or law court) and decides on compensation, usually within a matter of weeks.⁸ The breakdown of the 23 cases of occupational asbestos disease which were recognised in 2004 is shown in the following table:

DIAGNOSIS	NUMBER RECOGNISED	MALE/FEMALE	AGE	EXPOSURE (YEARS)
Asbestosis	4	3/1	43–69	3–34
Pleural Hyalinosis with Lung Function Impairment	12	4/8	55–79	2–38
Mesothelioma	3	2/1	45–64	16–22
Lung Cancer with Asbestosis or Pleural Hyalinosis	4	4/0	56–73	3–30

These figures seem low considering that official sources believe that up to 55,000 workers have been occupationally exposed to asbestos in the Czech Republic; exposures are still taking place amongst those involved in asbestos removal, demolition and construction work.

INDIA

The (Indian) National Cancer Register does not document cases of mesothelioma; the Indian Government does not record the incidence of occupational disease. Only 7% of the Indian workforce is organised; the vast majority of workers, especially in the construction industry, remain unseen and unheard. No protective equipment or respiratory protection is provided to protect workers from hazardous asbestos exposures. Poor governance in India, corruption and political influence obtained through the dispersal of asbestos industry profits combine to create a climate in which asbestos consumption is flourishing.

The asbestos-cement industry, which has a powerful lobby in India, has persuaded politicians to lower duty on the import of asbestos; consequently, imports have increased by nearly 30%, from 76,095 tonnes in 1998-1999 to 98,884 tonnes in 2002-2003. According to information supplied by the Indian Parliament:

- Russia, Canada and Zimbabwe account for 82% of the imported asbestos;
- the production of asbestos-cement material has risen from 681,000 tonnes in 1993-94 to 1,387,000 tonnes in 2002-03;
- 32 asbestos-cement factories are distributed throughout India; the States with the largest number of facilities are: Maharashtra (9), Tamilnadu (6), Andhra Pradesh (3) and West Bengal (2).

LITHUANIA

In 1997, it was estimated that the number of workers who had been exposed to asbestos in Lithuania was 7,451, of whom 42% worked in the construction sector. Others at-risk of contracting asbestos-related occupational illnesses included some 2,787 workers from the:

- Daugeliai Building Products factory, which produced asbestos-cement sheets from 1956 to 1997;
- Akmenes Cementas factory, which manufactured asbestos-cement sheets and pipes from 1963 to 2001 (for sheets) and 2004 (for pipes).

In the 1990s and early 2000s, surveys found asbestos in power plants, machinery factories and the chemical, construction and transport industries. There has been little recognition of asbestos-related disease in Lithuania. Despite the fact that 125 cases of pleural mesotheliomas were recorded between 1992 and 2001 and 1,300 new cases of male lung cancers are diagnosed annually, not one case of either disease has been diagnosed or compensated as an asbestos-related occupational disease. There is a list of diseases, recognised by the Government and including malignant and non-malignant diseases, acknowledged to be due to exposures to hazards encountered at work. The process of evaluation and notification of occupational disease is rigid and cumbersome:

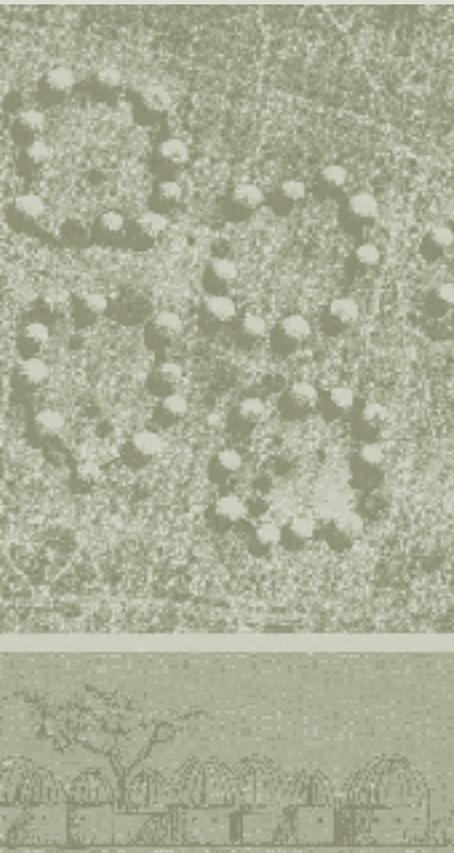
- a general practitioner, doctor or occupational physician must inform the local labour inspection authority about the case;
- a three-person commission is formed to investigate whether exposure at the workplace had occurred;
- the conclusions reached by the commission form the basis for the subsequent judgment made by a licensed occupational physician.



Asbestos cement housing in India



1970s asbestos cement housing in Nigeria



Patients, many of whom are seriously ill, must be present at time-consuming meetings throughout the adjudication process. Due to the protracted and complex nature of the system, doctors show little enthusiasm for proposing cases. Proof of causation is required even for people who worked in high-risk sectors, like asbestos-cement, or occupations, like insulators, and were affected by specific illnesses, like mesothelioma or lung cancer. Research in Lithuania suggests that there are at least 50 cases of asbestos-related lung cancers every year, none of which are recognised as occupational.

TURKEY

The incidence of mesothelioma is high in Karain and Tuzkoy, villages in Cappadocia, Turkey, due to the presence and use of naturally-occurring erionite. To explore whether there are other factors, aside from hazardous environmental exposures, which explain why some villagers contract mesothelioma and others do not, research was undertaken by Dr. Salih Emri of Hacettepe University, Ankara. Over 30 months, data was collected about the diets, occupations, lifestyles, medical and smoking histories of families in the towns of Karain, Tuzkoy and Karlik by a team of Turkish and U.S. scientists. The application of the technique of genetic mapping suggested a genetic susceptibility:

- analysis of a six-generation extended pedigree of 526 individuals showed that Malignant Pleural Mesothelioma was genetically transmitted;
- it was suggested that vertical transmission of Malignant Pleural Mesothelioma occurs probably in an autosomal dominant way.

Further research is being carried out. Claims made about the link between the SV40 virus and mesotheliomas have not been upheld by research in Turkey which found that SV40 was not a cofactor in the development of Turkish mesothelioma.

PORTUGAL

By the 1980s, asbestos factories in Portugal employed 800 people and asbestos-cement was big business. To protect their interests, asbestos stakeholders formed a trade association, the Association of Chrysotile Product Producers, which lobbied the government to forestall the introduction of asbestos restrictions, with producers claiming that chrysotile asbestos could be used safely under "controlled conditions." Since the implementation of the EU asbestos directives, industry has been replacing asbestos with safer alternatives such as PVA and cellulose.

Data on the incidence of occupational asbestos-related disease in Portugal is only available for the period 1985-1993; during this time, 71 cases of asbestos-related diseases were recorded. In 1992, six deaths from asbestos-related disease were registered. In 2003, the Social Affairs Ministry said there were 161 cases of asbestos-related disease as well as many more cases of pulmonary complications due to the inhalation of asbestos dust. The system for collecting and collating data on the incidence of asbestos disease is inadequate and it is unlikely that official figures are accurate.

BRAZIL

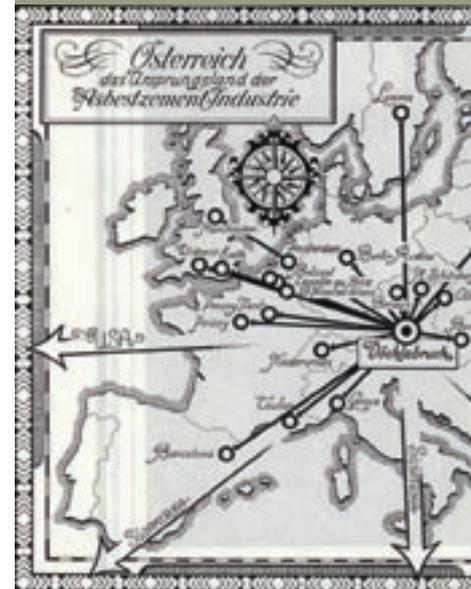
The chlorine industry has a powerful lobby in Brazil. In 2004, eight Brazilian companies produced 1.2 million tons of chlorine and 1.3 million tons of caustic soda. Seventy-two percent of Brazilian chlorine production is achieved by three companies which use asbestos diaphragm technology; in 2003, these factories consumed 128 tons of asbestos in their asbestos diaphragms.

Brazilian factory inspector Fernanda Giannasi started an investigation of hazardous exposures in the industry but was ordered, by officials at the Ministry of Labour, to cease her research. Before she did so, she concluded that the risks of occupa-

tional asbestos exposure in the chlor-alkali sector are just as serious as in other sectors where the use of asbestos has been banned in Europe.

More than 11% of the world's asbestos comes from Brazil; Brazil has now replaced Canada as the world's 4th biggest producer of chrysotile. Brazil exports 65% of its annual production of 252,000 tons to Thailand, India, Indonesia, Iran and other countries in Latin America. The Brazilian Government is modelling its hypocritical stance on asbestos on the Canadian model: while Canada claims asbestos can be used safely under "controlled conditions," it exports more than 95% of the asbestos it produces. Although the Brazilian

Government announced plans to ban asbestos in 2004, nothing has been done. It is difficult for developing countries like Brazil to take action on an industry which has such powerful stakeholders. The European Union's Scientific Committee on Toxicity, Ecotoxicity and the Environment (SCTEE) will shortly be reviewing the asbestos derogation for chlorine production as mandated by the 1999 EU directive which said that the exemption must be reconsidered by January 1, 2008. The SCTEE must end this derogation; by doing so, it will send out a powerful signal that will spur national governments and international agencies to ban asbestos globally.



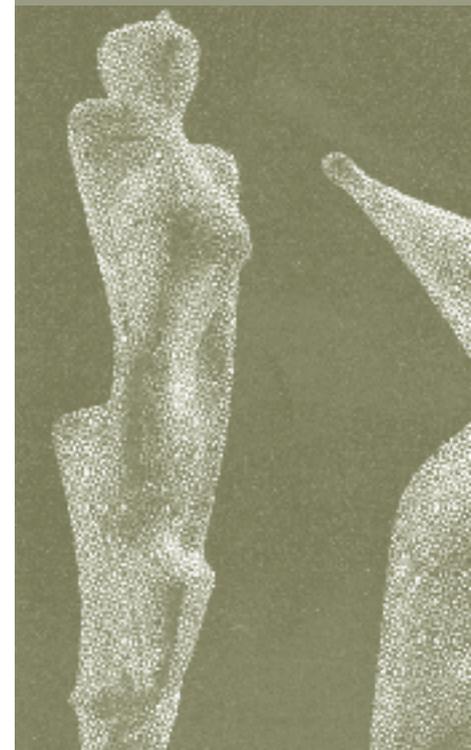
Exporting the evil

Chlorine – a special case

In 1999, when EU Directive 99/77/EC banned the use of chrysotile as of January 1, 2005, there was one exemption: the use of asbestos diaphragms for the production of chlor-alkali in currently existing factories. The European chlorine lobby, led by the trade group Euro Chlor, argued that the chlorine industry should be a "special case" because:

- the risk of asbestos exposure within the industry would be very low;
- asbestos diaphragms would be produced in a closed process on-site and would not be marketed;
- more time was needed to develop satisfactory substitutes; failure to do so could lead to explosions.

In fact, industry's motivation was purely economic; although suitable alternatives were already available, avoiding the costs associated with making the transition to asbestos-free technology was industry's prime goal. In Europe, 85 companies produce 20 million tons of chlor-alkali (chlorine + caustic soda) a year; Germany is the biggest producer, accounting for 48.9% of total European production. Since 1997, the pace of phasing-out asbestos use in European chlorine production has been slow: in 1996, 24% of total production used asbestos diaphragms, by 2005; this had been reduced to 17.4%. Nine of the European companies producing chlor-alkali use asbestos diaphragm technology: three in France, two in Germany, one in Poland, one in the Netherlands and one in Norway. At the current rate of substitution it will take a further 24 years to end asbestos use in this process.



Asbestos art

OCCUPATIONAL ASBESTOS EXPOSURE



Workers' health and safety often takes second place to company profits. Decades of corporate greed have had a catastrophic effect on the lives of millions of workers around the world. This section looks at levels of workplace exposure to asbestos in the Netherlands, Spain, Bulgaria and Italy.

Shirking responsibility

Pleural plaque claims account for 70% of all UK asbestos lawsuits. In the past, pleural plaque victims were awarded £6,000–£7,500 by the courts on a provisional basis; in 2005, a court ruling reduced these payouts by about 50%. This decision has been appealed to the Court of Appeal. Other developments which have adversely affected victims' rights include corporate restructuring such as the purchase by the U.S. company Federal Mogul (FM) of the UK's "asbestos giant": T&N PLC. Within three years of the acquisition, FM, under a deluge of U.S. asbestos claims, went into Chapter 11 and T&N into administration. In the four years since then, thousands have died from asbestos-related injuries and not one victim has been compensated as all legal actions remain frozen by court order. Cape PLC, formerly the UK's 2nd biggest asbestos group, is also trying to contain its asbestos liabilities by corporate restructuring. In 2005, plans announced by the company to establish a £40 million compensation fund were greeted with scepticism by UK asbestos victims' groups. Resistance by these groups and their legal advisers succeeded in delaying Cape's attempts to railroad its proposals through the courts; independent legal and financial advice is now being sought by claimants' groups to assess the worth and viability of Cape's proposals.

"As if all of this wasn't enough, those who have suffered asbestos-related diseases at the hands of negligent employers, are also faced with the insecurity that the employer's insurer will not pay out on their indemnities."

Sally Moore, lawyer

Socialist MP Remi Poppe from the **Netherlands** has been investigating hazardous asbestos exposures for over forty years. According to Poppe "before asbestos was banned in Holland, there were strict environmental restrictions on working with chrysotile asbestos; these were routinely neglected". At the end of the 1980s, Poppe got in touch with people from Goor, the location of an Eternit asbestos-cement factory; they enabled him to gain entrance, through the back door, to the factory. Here he observed people working in horrendous conditions:

- the factory floor was covered with asbestos debris;
- asbestos was falling off the conveyor belt;
- people were dry sweeping asbestos debris off the floor;
- the finished product was supposed to be vacuum-packed in plastic bags but was just dropped into the plastic packing and afterwards manually compressed and tied;

- the heat inside the factory (it was August) ensured that none of the workers wore protective clothing.

When Poppe published a report detailing these findings, the company threatened to sue. The scandal generated by this incident led to the asbestos ban in the Netherlands. "If this type of corporate malfeasance is possible in a country with strict health and safety regulations, what is going on elsewhere?" Poppe asks. "It is time that asbestos was banned worldwide. The United Nations should adopt a resolution calling for the global shut-down of the asbestos industry."

SPAIN

In the decades preceding the asbestos ban in Spain, 140,000 workers were exposed to a mixture of crocidolite, amosite and chrysotile (2001),⁹ during this time, more than two million tons¹⁰ of chrysotile were imported. According to the



Asbestos waste



Broken and exposed asbestos piping





[It is time that asbestos was banned worldwide. The United Nations should adopt a resolution calling for the global shut-down of the asbestos industry.]

Remi Poppe
Former MP, Socialist Party,
the Netherlands

(Spanish) National Centre of Epidemiology, the asbestos mortality rate has risen by 90% from 419 victims in 1992 to 795 in 2002.¹¹

The Spanish asbestos experience replicates that in other countries with much of the progress on the issue flowing from the coordination of activities mounted by victims and trade unions. The Confederación Sindical de Comisiones Obreras (CCOO), one of Spain's largest trade unions, is working with other stakeholders, including the EU's Senior Labour Inspectors' Group (SLIC), to bring to fruition the following projects in Spain:

- the setting up of a health surveillance programme for at-risk workers;
- the establishment of a national mesothelioma register and a programme for the psychological and social support of asbestos victims;
- epidemiological research in asbestos hot-spots;
- legislation to allow the early retirement of asbestos-exposed workers;
- the creation of a national compensation fund and procedures which recognise asbestos injuries as occupational;
- the adoption of a national protocol to protect the public from hidden asbestos in the Spanish infrastructure; mandatory asbestos audits of buildings and structures.

BULGARIA

There is no systematic monitoring of asbestos-exposed workers in Bulgaria. Despite steps taken by the Government to reduce hazardous asbestos exposures, a survey conducted five years ago established that 4,400 workers were still being occupa-

tionally exposed to asbestos and that awareness of asbestos hazards was low amongst employers and employees.

According to Svetla Karova, from the Confederation of Independent Trade Unions (Bulgaria),¹² between the 1970s and 1990s, 40,000 tons of chrysotile and anthophyllite were produced or processed in Bulgaria. In addition, thousands of tons of asbestos-containing products were imported for use in construction, energy production, transport and other industries. The incidence of asbestos-related disease, which has been reported for the period 1980–2000, totals 887 cases including 45 of malignant pleural mesothelioma. Although the number of mesotheliomas nearly trebled from six in 1991 to 16 in 1997, many cases remain uncounted due to ineffective data collection procedures.

ITALY

Official figures show that as of March 2005, the Italian State had recognised 128,000 claims for occupational asbestos-related diseases amongst claimants whose exposures dated back more than a decade. According to Italian trade unionist Riccardo Ferretti, the management of asbestos products, which are present in many public buildings including schools and hospitals, is inadequate and asbestos removal procedures and decontamination prior to demolition are not conducted to acceptable standards. Even after the Italian asbestos ban in 1992, asbestos continues to cause problems in Italy; asbestos regulations are only partially enforced and worker protection remains inadequate.

Footing industry's bills

An estimate for the total money spent in the UK for the treatment of mesothelioma over the period 1990–1999 of £471,019,000. These costs have been borne by taxpayers and not the asbestos corporations which profited from the sale of asbestos-containing goods. Global asbestos producers have only been able to profit from their deadly trade by externalizing the costs of health care and treatment for their victims. When these costs are factored into the budget, the production and use of asbestos becomes unviable.

ENVIRONMENTAL ASBESTOS EXPOSURE

Asbestos doesn't only affect the health and safety of those exposed to it directly in the workplace, it also causes widespread air and environmental pollution affecting large sections of the population. This section looks at research carried out in Poland, Cyprus, Italy and Ukraine.

POLAND

The paper *Environmental Asbestos Exposure in Poland* by Dr. Neonila Szeszenia-Dabrowska, an asbestos expert from the Nofer Institute of Occupational Health in Poland, outlines the specific characteristics of environmental asbestos pollution:

- unlimited life – asbestos fibres are practically indestructible;
- on-going risk – lethal fibres are continually liberated during the degradation of asbestos-containing materials such as asbestos-cement and insulation products;
- the multitude of sources of asbestos and the variable concentration of asbestos fibres in the ambient air.

Environmental exposure to asbestos dust increases the risk of lung cancer and may also cause mesothelioma and non-malignant lesions in the pleura. To quantify the health hazard to the population it is essential to consider the:

- accumulation in the lungs of respirable asbestos fibres from the ambient air over an individual's lifetime;
- long latency periods of asbestos-related diseases (20–40 years) and the fact that disease may develop long after hazardous exposure had ceased;
- fact that short-term environmental exposures to high concentrations of asbestos or prolonged contact with low concentrations of asbestos can cause mesothelioma.

In the absence of a detailed record of ambient asbestos concentrations, essential information for an accurate risk assessment includes the:

- quantity of asbestos and materials containing asbestos imported into a country;
- amount of raw asbestos used in asbestos-processing plants;
- annual consumption of raw asbestos per inhabitant;
- quantity and condition of asbestos-containing products in the country and the quantity of asbestos and asbestos-contaminated wastes.

Poland imported two million tonnes of asbestos of which 90% was chrysotile from the former Soviet Union and 10% was crocidolite from the Republic of South Africa. It is estimated that there are 15.5 million tonnes of asbestos-containing materials in Polish buildings. The production of asbestos-cement products in Polish factories from 1946–1993 consumed 1.4 million tonnes of asbestos, including 86,000 tonnes of crocidolite. There are pronounced differences in the regional incidences of asbestos-related disease in Poland which correlate with the location of former asbestos processing sites:

“Plants manufacturing asbestos-cement products were sources of considerable atmospheric pollution; air in the vicinity of those plants contained considerable concentrations of asbestos fibres. The storage of asbestos waste and reckless attempts by the local populations to re-use asbestos-contaminated items ‘for the sake of economy’ constitutes a serious health problem,” according to Neonila Szeszenia-Dabrowska.



Asbestos fallout in a small Polish town

There is a preponderance of asbestos-cement manufacture in Poland in eastern provinces including: Podlaskie, Lubelskie, Mazowieckie and Swietokrzyskie. Szczucin, a small town in southeast Poland, is an asbestos hot-spot. Formerly home to a large asbestos-cement plant that consumed massive quantities of crocidolite, the townsfolk and environment have both been contaminated. The analysis of the measurements shows that over half (55%) of the district's inhabitants are environmentally exposed to high asbestos fibre concentrations, that is above 10f/l. Over the period 1987–2003, 55 cases of pleural mesothelioma were recorded, including 28 among Szczucin plant workers (occupational and environmental exposure) and 27 among Szczucin inhabitants (environmental exposure). The incidence of pleural mesothelioma among the townsfolk in 2000–2003 was 125 times as high as that of the general Polish population.

Asbestos waste in Ukraine



CYPRUS

In 1980, the health of 8% of the population living in close proximity to chrysotile asbestos mines in Cyprus was affected by asbestos disease. In the period 1990–95, 30% of deaths in this area were due to asbestos-related diseases such as mesothelioma, asbestosis and lung cancer. The biggest problem now is the area near the mines where the spoil has accumulated. A debate ensued over whether asbestos should be removed from homes but there was no alternative accommodation available to rehouse residents. In 2002, a survey identified 110 government buildings in Cyprus which contained asbestos materials. An action plan was drawn up by the Government which called for:

- the gradual removal of asbestos roof tiles from schools and government buildings;
- redundant asbestos mines to be used for the safe disposal of asbestos waste;
- the removal of asbestos water pipes from the water system.

Three years later, little had been done. Furthermore, a shortage of asbestos disposal sites in Cyprus has led to uncontrolled dumping of asbestos waste. The anti-asbestos campaign is demanding:

- the immediate safe removal and disposal of asbestos material from public buildings and the water supply system;

- the creation and safe management of regulated sites for the disposal of asbestos waste;
- the immediate introduction of mandatory asbestos audits for public and private buildings;
- the implementation of a public awareness campaign;
- stricter legislation to minimize hazardous exposures to asbestos.

ITALY

The Italian Association of the Asbestos-Exposed maintains that environmental exposure to asbestos is a growing problem in Italy. Considering the fact that asbestos has been banned in Italy since 1992, this may seem surprising; however, the presence of 34 million tons of asbestos in Italy remains a clear and present danger for members of the public and workers.

There is no compensation available to victims of environmental asbestos exposure in Italy; the Association is lobbying politicians to set up a fund which would compensate these victims. Data from the national mesothelioma register shows that in 2001 4% (88 out of 3,446) of mesotheliomas were due to environmental exposure; the vast majority of asbestos cancers are contracted through occupational exposures.

Asbestos and EU chemicals legislation – REACH

Asbestos is currently restricted in the EU through specific legislation and the new chemicals policy for the European Union, known as REACH, (Registration, Evaluation, and Authorisation of Chemicals), will only partially cover asbestos. No new significant demands will be made. REACH is designed to rein in the chemical industry since nearly all of the most commonly used chemicals have little or no publicly available safety and environmental information, and there are growing concerns that this is linked to increased incidences of cancer, allergies, birth defects, and reduced fertility in recent decades.

The most innovative feature of REACH is the registration procedure which requires manufacturers to register their most commonly produced chemicals. For each substance the industry will have to gather an information dossier containing data on the physico-chemical and the toxicological and eco-toxicological information on substances, as well as information on its uses; this dossier is sent to the European Chemicals Agency, while its content has to be used by industry to implement risk management measures throughout the supply chain. However, with the amendments introduced to the Commission Proposal by the European Parliament and the Council, asbestos is outside the scope of the legislation, under the amended REACH, minerals that are dangerous will not have to be registered. Only the authorisation and restriction provisions of REACH are applicable.

After the amendments to the proposal, REACH will not serve as an early warning system for 'future asbestos' cases. By exempting dangerous minerals from Registration, the risks derived from asbestos would have not been identified at an earlier stage or in a different way than in the past. The REACH proposal will be finalised by the European Parliament and the Council before spring 2007.

Carolina Falk

UKRAINE

Dmytro Skrylnikov from the Association of Environmental Law of CEE/NIS¹³ in Lviv, Ukraine, confirms that the use of asbestos in Ukraine continues today. Currently, 4,000 workers at 10 factories process 110,000 tonnes of Russian and Kazak chrysotile to produce asbestos-containing materials which generate an annual turnover of €828,000. One of Ukraine's main asbestos products is roofing slate which is widely used, especially in rural areas. As the import of asbestos products is now banned in the EU, some producers are switching to non-asbestos technology; over recent years, production of asbestos roofing material has been decreasing by 6-7% a year. However, in Ukraine, there is no government policy on asbestos and no coordination between different Ministries

and institutions. As a result, some politicians are pushing for national legislation to be harmonized with that in the EU, which would include directives on asbestos, while others are advancing the policy advocated by the asbestos industry and the Russian government, which is based on the "controlled use" argument.

In 2004, the delegate from Ukraine was one of 11 national representatives who opposed the inclusion of chrysotile on the PIC list of the Rotterdam Convention. After the meeting, the Ukraine delegate, who was Head of the Institute of Occupational Health, told journalists:

- Ukraine defended its right to use asbestos!
- Ukraine proved to the EU that chrysotile asbestos is safe and can be used safely.



[In Ukraine, there is no government policy on asbestos and no coordination between different Ministries and institutions.]



Bags of asbestos dumped in Ukraine

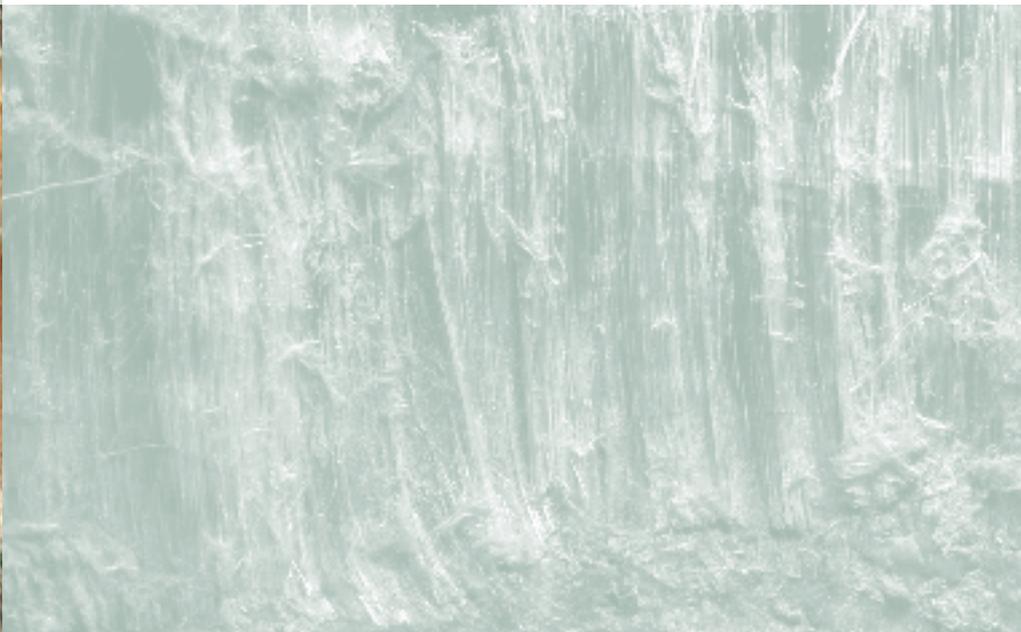




Exposed asbestos in Spodden Valley



Asbestos fibres



In May 2005 the World Bank agreed to make a €71.9 million loan for a programme to provide *Equal Access to Quality Education in Ukraine*. The terms of this loan highlight the problems posed by the presence of asbestos materials within Ukraine schools and could, according to Skrylnikov, constitute the first steps towards a national asbestos ban:

- (i) no asbestos materials will be used in school rehabilitation;
- (ii) asbestos will be disposed of properly according to law and consistent with generally accepted disposal practices;
- (iii) no lead-based paint will be used; and
- (iv) construction-related noises will be set at a minimum acceptable to the surrounding community.

“Since many school buildings in Ukraine were built during the Soviet regime and are roofed with asbestos materials, their rehabilitation under the project will require the safe removal and disposal of such asbestos materials. The Ministry of Education will prepare an Environmental Management Plan (EMP) in consultation with key stakeholders which will provide for measures that include the following:

Building contractors will be asked to abide by the EMP which will be part of the standard bidding document.”

FEARS MOUNT OVER ASBESTOS

Spodden Valley

The citizen's campaign group "Save Spodden Valley" was set up to highlight the problems caused by the environmental contamination of a 72-acre site formerly owned by Turner Brothers Asbestos (TBA) in Rochdale, UK. In the 1870s this site was the birthplace of the modern asbestos textile industry; it was the global headquarters of the UK's biggest asbestos group, Turner & Newall (T&N), for nearly 30 years as well as the location of the Asbestosis Research Council. TBA's processing of hundreds of thousands of tonnes of asbestos fibre subjected workers as well as the local population to high levels of hazardous exposures. A 1957 corporate document confirmed that:

"At present 2,200 people are employed in the Rochdale factory of whom 1,390 work in 'scheduled areas', i.e. areas to which the Regulations apply. The total weight of (asbestos) dust recovered in the filter rooms is about 15,000 lbs., all of which is dumped to waste."

The pollution of the site was widely known. The former owners of the site regarded it as: "an asset of dubious value, possibly even a liability." Local people who had worked at the factory confirmed the existence of asbestos dumps that potentially contain tens of thousands of tonnes of asbestos waste. In April 2004, property developers purchased the site and began felling trees surrounding the remaining factory buildings. The apparent disregard of the site's contaminated status and the potential health repercussions of the developers' actions galvanized the local community: the Save Spodden Valley campaign was begun.

Jason Addy, a founding member sums up the campaigners' principal concerns as follows:

1. the presence of asbestos in dumps on the property and in remaining factory structures;
2. the potential for contamination of local water sources – asbestos-contaminated tips on the banks of the River Spodden, asbestos waste thrown down redundant coal mines which flood;
3. the disturbance of contaminated soil and buildings could generate significant levels of airborne asbestos pollution.

"Unless these sites are properly assessed and decontaminated, future generations will receive the hazardous exposures which have already blighted the health and lives of so many. The landowners' plans to construct 600+ houses plus a children's nursery on a site which has not been properly assessed is, to say the least, unwise. One further cancer death caused by asbestos from the site is one too many. The Valley must be treated with utmost respect. Until a comprehensive public investigation is carried out, all development work should be forbidden." *Jason Addy*

What happens in Rochdale has a wider relevance. There is enormous pressure in the UK and elsewhere for the development of former industrial sites for residential use.



Children's march in Rochdale



THE HUMAN DIMENSION OF ASBESTOS DISEASE



The reality of the asbestos epidemic is to be found in the hundreds of thousands of bereaved relatives and grieving communities throughout the EU. Each individual who dies from asbestos-related disease is yet another avoidable death. This chapter looks at the story of some of the innocent victims of asbestos.

Blame-dodging and company defence tactics

The fight to gain compensation for asbestos victims and their families is a constant struggle; recent developments show the growing intransigence of defendants who, in the face of an escalation in UK asbestos-related deaths, are mounting coordinated resistance in the courts and media to undercut the rights of asbestos victims. Insurers and defendants worked together on the strategy for the Fairchild case, alleging that where it could not be scientifically proven which asbestos fibre caused a claimant's mesothelioma, a defendant could not be held liable. Fortunately, the UK House of Lords ruled in 2002 that plaintiffs who had experienced asbestos exposure which materially increased their risk of mesothelioma were entitled to recover all their damages from whichever negligent defendant remained. Post-Fairchild an actuarial report (2004) estimated that there could be up to 200,000 UK asbestos claims costing £8-£20 billion in the next three decades; these predictions gave added impetus to the search for new defence tactics. In the Barker case, which will be heard by the House of Lords in 2006, defendants will argue that where compensation is apportioned amongst different employers, each should only pay his share of the damages. A victory for the defendant would "have a profound effect on mesothelioma victims' damages awards."

FRANCE

A sister's fight for justice

Nicole Voide's family lived within 100 metres of the CMMP asbestos factory in Aulnay-Sous-Bois;¹⁴ the local school, which she and her brother attended, was 50 metres from the factory. In 1995, Voide's brother was diagnosed with mesothelioma. When he was diagnosed, attempts were made to track down the source of his exposure; nobody connected his illness with the factory which had closed some years earlier.

After a thorough investigation of his work history, documents were discovered which established, without doubt, that asbestos had been processed at the CMMP site. Motivated by a promise she had made to him that justice would be done, Voide continued her research and found that 50 other deaths had occurred amongst townsfolk who lived or studied within a 500 metre radius of the plant. In 2000, a public meeting was held; the

organisers expected an audience of 20 people but 100 turned up. Sixty volunteers voted to form a new organisation, The Collective of Residents and Victims of CMMP,¹⁵ to campaign for the remediation of the derelict site. In April 2005, the 200-strong Collective, along with four other organisations, staged a demonstration in front of the redundant factory to demand that the company decontaminate the site.¹⁶ Speaking at the GUE/NGL asbestos conference, Voide listed the four asbestos scandals of Aulnay-Sous-Bois:

1. the construction of the CMMP asbestos factory 50 metres from a nursery and primary school in the town centre when public authorities knew that asbestos was a dangerous substance;
2. the company's violation of French hygiene laws;
3. the historical failure of the local authority to protect residents, students and the environment;
4. the present failure of local government to decontaminate the site.



Pierre Voide as a school boy



Xavier Jonckheere

BELGIUM

Living under a sword of Damocles

The family of Xavier Jonckheere has been decimated by asbestos. Mr. Jonckheere's father, who worked with asbestos, died in 1987 from mesothelioma; his mother died of the same disease in 2000. The family home was 200 metres from the local Eternit factory in Kappelle-op-den-Bos, Belgium. As a consequence of asbestos exposure, one of Mr. Jonckheere's 4 brothers also died from mesothelioma; he was 43 years old with three children.

The sense of injustice felt by the family is overwhelming and the surviving brothers live under a "Sword of Damocles," never knowing when/if it will be their turn. For the family, the Belgian government permitted these exposures to take place and has an obligation to assist the injured and the bereaved.

Harmignies

In Michel Verniers' (asbestosis sufferer and founding member of the Belgian asbestos victims' group) home town of Harmignies, Belgium, the asbestos fall-out from the Fabrecim Coverit factory, an Eternit subsidiary, has led to more than 100 deaths, with many others suffering from ill-health due to their exposures; former workers and local residents have been affected by the town's industrial past and there is no end in sight. The public health crisis in Harmignies is just one example of the serious problems which remain even after the 2005 EU asbestos ban.

UK

Improving victims' lives

In July 2005, nine asbestos victims' groups from the North of England and Wales formed a campaigning body called The Asbestos Victims Support Groups Forum (the Forum). While the impetus for the formation of this body was a proposal by Cape PLC (formerly Cape Asbestos), of which the groups were justifiably sceptical, the aims of the Forum transcended this one issue. Forum members wished to improve the range of services and advice available to victims and create the opportunity for victims to share their experiences and offer mutual support. The Forum works alongside the Parliamentary Asbestos Sub-Committee to raise the profile of issues which affect the daily lives of asbestos victims and their families.

"One major concern of both the Forum and the Parliamentary Asbestos Sub-Committee is the inequity experienced by asbestos claimants in their dealings with our social security system. This system blocks asbestos-related lung cancer victims from claiming benefit because of draconian criteria resulting in most victims being unable to claim. New criteria rules seem to, at best retain the status quo and at worst, reduce the number of claimants." *John Flanagan, of the Merseyside and District Asbestos Victims' Support Group.*

Although the dramatic increase in the incidence of mesothelioma deaths in the UK should have made medical research a government priority – there are now nearly 2,000 UK mesothelioma deaths a year – there was no Government or EU funding allocated for UK mesothelioma research for the period 2000-2004. The little which has been awarded to mesothelioma researchers during this period came from charitable organizations and totalled only 1.2 million euros. Estimating the basic costs of laboratory research at 160,000 euros per year per staff member, it is clear that the research funds allocated are woefully inadequate. A National Cancer Research Institute graph showed that, although the incidence of lung cancer (which includes mesothelioma) was 14% of all cancers in 2000, the total allocated for lung cancer research was a mere 4% of the cancer research budget.

Another funding issue affecting UK mesothelioma patients is the reluctance of the National Health System to approve the use of the drug ALIMTA. Although ALIMTA is the only licensed drug for the treatment of mesothelioma in the UK, and is widely available in the U.S. and throughout Europe, it remains unavailable to most centres in England. It is, Klabasta said, unspeakable that the only licensed drug for mesothelioma proven to benefit up to 30% of patients is not routinely prescribed. The drug is going through the bureaucratic process dictated by the National Institute of Clinical Excellence; no decision is expected before autumn 2006.

“Mesothelioma is a serious disease and we are running out of time. People are dying and we need to achieve a better survival for them. It is unspeakable and it is ridiculous to say that the

survival period of a person diagnosed with mesothelioma is one year. As scientists we cannot accept that and we are trying to do as much as possible but we need more funding for up-to-date research, and more colleagues dedicated to the disease. And we need the EU and national governments to seriously think of speeding up things like the approval of drugs so that we are testing the drugs and experimental therapies on patients without long delays.” *Astero Klabasta, from Bart’s Mesothelioma Research Unit at the Bart’s and London Hospital.*



Mesothelioma



The UK Experience

“The UK experience demonstrates that when asbestos victims and the people who represent them pool their resources and mobilise political pressure they represent a formidable opposition to foil attempts of corporate robbery. Awareness of the plight of asbestos victims is growing; asbestos support groups are springing up around the world in places such as Japan, Argentina and the Philippines... The need remains for all of us: victims, victims’ representatives, trade unionists, academics and lawyers to work together. And the need remains for the European Union to put its house in order. The relocation of James Hardie from Australia to the Netherlands to evade its asbestos liabilities is as transparent as it is despicable. The EU should not be a home for this dirty money. Furthermore, the EU must ensure that EU-companies should not engage in asbestos operations outside Europe. Sanctions should be available to punish those who do.”

Sally Moore, lawyer



John Flanagan, Nicole Voide, Roberto Musacchio, Eric Jonckheere

COUNTRY PROFILES

CURRENT DEVELOPMENTS & SPECIFIC PROBLEMS



Bairbre de Brún and Tinka de Bruin

[Asbestos is a problem for the present and future, not just the past.]

Bairbre de Brún
Sinn Féin, Ireland



[Asbestos has been used in my country since the 1920s in the manufacture of a range of products including textiles, brakes, shoes and friction materials – this has resulted in untold human suffering and negative social consequences.]

Jiří Maštálka
KSČM, Czech Republic

During a three-hour roundtable at the European Asbestos Conference (co-organised by GUE/NGL) on 23 September 2005, doctors, political activists, trade unionists, victim support campaigners and NGO representatives from new and old EU Member States reported on current developments and specific problems. A series of country updates were presented followed by a wide-ranging discussion, which included contributions from many conference delegates.

LITHUANIA

Complimenting her earlier presentation (see page 17), **Dr. Ruta Everatt** explained that the first national regulations on the production and use of asbestos were adopted in 1998; in 1999, the measuring of asbestos air contamination began. Since 2000, steps have been taken to phase out the use of asbestos, prohibiting specific products as follows:

- from January 1, 2001, the import, production and use of corrugated and plain asbestos-cement slates for new houses and public buildings;
- from January 1, 2002, the use of corrugated and plain asbestos-cement slates for all other new buildings and the import and production of processed asbestos fibres and materials, except when used for civil aviation;
- from January 1, 2003, the use of processed asbestos fibres and materials, except when used for civil aviation;
- from January 1, 2004, the import of asbestos and production of asbestos-cement pipes.

In accordance with the Lithuanian hygiene standard HN 36:2002: *Banned and Restricted Substances* and the government decree *The Restriction of Import, Production and Usage of Asbestos and Asbestos-Containing Products*, a comprehensive national asbestos ban was implemented in 2004.

Recent efforts to minimise asbestos exposures in Lithuania stem from the transposition of EU asbestos legislation. *The Regulation for Work with Asbestos*, which came into force on July 1, 2005, was prepared in accordance with directives of the European Council 80/1107/EEC, 83/477/EEC and 91/382/EEC. According to Dr. Ruta Everatt:

“This regulation sets forth the requirements for all fields of activity associated with asbestos: transportation, storage, demolition and repair work, the removal of waste, protection, healthcare and special training for workers, labelling, etc. Before the start of any activity associated with asbestos, as well as demolition or asbestos removal work, the exposure has to be assessed to determine the degree and the nature of the worker’s exposure. The employer is required to notify the labour inspectorate about these activities. The Regulation lowered the limit values of asbestos to 0.1f/cm³ and concentrations in workplace atmospheres have to be measured regularly. Each worker’s state of health has to be assessed prior to exposure and regularly for the duration of the exposure and based on an annual chest X-ray and respiratory function assessment. No medical survey is conducted after exposure cessation.”

Difficulties with applying these regulations are being reported with the result that hazardous asbestos exposures at work and in the environment are “still quite common.”

BULGARIA

Trade unionist **Svetla Karova** described efforts to address Bulgaria's asbestos legacy. A campaign, begun in 2000 by the General Labour Inspectorate, aimed to achieve a consensus for the phasing out of asbestos and asbestos products. The programme was discussed at a National Tripartite Seminar in 2001 and was taken forward as part of the National Action Plan for Environment and Health by the Ministry of Health. The requisite legislation which was passed included:

- Ordinance No. 1 of February 27, 2003 on the Protection of Workers from Risks Related to Exposure to Asbestos at Work;¹⁷
- Ordinance No. 5 of April 15, 2003 on the Prevention and Decrease of Asbestos Pollution of the Environment;¹⁸
- Ordinance on Dangerous Chemical Substances, Preparation and Products, in force from January 1, 2003;
- Ordinance on the Import and Export of Dangerous Chemical Substances, in force since 2004.

Although the import, production and use of all asbestos fibres and types of asbestos-containing products have been banned since January 1, 2005, "the dangerous influence of asbestos will remain for the coming years because of the many workers engaged in at-risk employment activities." Techniques which have been proposed for containing the ongoing asbestos hazard include:

- undertaking audits to compile asbestos building registers;
- monitoring the health of asbestos workers;
- registering those who have been occupationally exposed to asbestos;
- controlling the disposal of asbestos waste and managing hazardous waste sites.

CYPRUS

In the aftermath of the 2002 campaign to spread awareness of the asbestos issue in Cyprus, several new problems have emerged, said **Efi Xanthou**. Government plans to use redundant asbestos mines as depositories for asbestos waste are not feasible. The agreement with local authorities to accommodate 30 freight containers of asbestos waste on the mine sites proved to woefully underestimate the scale of the waste which would be generated by decontamination of buildings in Cyprus. Nowadays, when asbestos is removed, there is no officially sanctioned place for it to be dumped. Consequently, there has been an increase in the uncontrolled dumping of asbestos-contaminated materials. Government estimates continue to play down the scale of the problem; a 2005 survey of asbestos-contaminated homes in refugee settlements failed to include some camps.

CZECH REPUBLIC

In her second contribution, **Dr. Daniela Pelclova** focused on the development of Czech legislation on asbestos. She quoted recent data from the National Institute of Public Health (Prague) which reveals that 373 employees are still exposed to asbestos at work: 276 to chrysotile and 97 to amphiboles.¹⁹ Most of these hazardous exposures occur during the removal of asbestos from buildings or during remediation work.²⁰ According to official estimates, up to 55,000 people in the Czech Republic have been exposed to asbestos. Amongst the country's aging population of 10 million there is an increase in all types of cancer. However, the proportion of cancers caused by occupational exposures to hazardous substances remains unknown.

THE NETHERLANDS

Tinka de Bruin, Chair of the (Netherlands) Asbestos Victims' Committee, said that conference delegates from new EU Member States seem surprised that an old EU Member State like the Netherlands still has problems with asbestos. Unfortunately, this is the case. In a population of 16 million, 400 cases of mesothelioma and 600 cases of asbestos-related lung diseases are diagnosed every year. In 1995, with the help of the Socialist Party, asbestos victims began to organise; since 1999, the Asbestos Victims' Committee has been an autonomous organisation. Intensive lobbying by members of the Committee has improved the plight of Dutch mesothelioma victims. In 2000, the (Dutch) Institute for Asbestos Victims (IAV) was set up with the cooperation of the Government, the Committee, trade unions, employers and insurers to streamline the compensation process. If a mesothelioma victim was occupationally exposed to asbestos, compensation can be obtained through the IAV in a relatively short time. If the negligent employer has gone out of business, compensation will be paid by the State. Furthermore, a government-funded scheme, introduced in 2003, will pay a lump sum of 16,000 euros to patients diagnosed with mesothelioma who worked in high-risk trades.

In May, 2004 the Dutch Victims' Committee held the first international asbestos conference in the Netherlands. Copies of the English language version of the annals of the congress *The Polluter Pays* were distributed at the Brussels conference. Decisions taken in Brussels affect the lives of millions of Europeans. It is not enough to ban asbestos; it must be made clear that victims are not being abandoned:

"The European Parliament should do all it can to provide legislation which stipulates that those who worked with asbestos and had their health wrecked as a result should be compensated. One needs a European one-stop shop where information can be pooled."

The “polluter pays” principle should be the rule; employers should foot the bill for the damage they have done. To protect future generations, asbestos audits of all buildings should be mandatory and all possible efforts should be made to remove the asbestos scourge from our societies.

POLAND

During the roundtable discussion, **Dr. Neonila Szeszenia-Dabrowska** concentrated on occupational asbestos exposure and its consequences, asbestos regulations and the Amiantus Project. The earliest attempt to minimise occupational asbestos exposure in Poland was in 1949 when the maximum admissible number of asbestos particles was set at 180 million per 1 m³ of air; measurements taken in an asbestos yarn and fabric factory at this time revealed levels up to 24 times the permitted standard. In 1954 the maximum admissible concentration (MAC) of asbestos in the workplace was lowered to 2 mg/m³, but hazardous exposures persisted. Despite the fact that measures to lower industrial asbestos dust concentrations were introduced, occupational asbestos exposures, up to four times the MAC, were not unusual with asbestos fibre concentrations ranging from 1 to 25 mg/m³ in the 1970s. These exposures have had predictable consequences: in the period 1976–2004, the government recognised 2,691 cases of occupationally contracted asbestos-related diseases: 2,197 asbestosis, 143 pleural mesothelioma and 351 lung cancer.²¹

To deal with the asbestos contamination of Poland’s infrastructure,²² in May 2002 the Council of Ministers adopted a national programme to eliminate asbestos and asbestos containing products from the Polish Republic within 30 years. A raft of regulations was passed to minimise the adverse effects of asbestos exposure on the population, the built environment and the countryside. Implementation of the programme requires the coordination of initiatives being undertaken by several ministries and government agencies

including local authorities, regional administrators and central government. Another major programme: the Amiantus Project is designed to provide free medical care for former workers from 28 asbestos-processing plants throughout Poland. In 2000–2004, 8,776 medical examinations were performed on 5,466 workers. Asbestosis was diagnosed in 14% of those examined; 19 cases of lung cancer and 12 cases of pleural mesothelioma were diagnosed.

PORTUGAL

Armanda Farias spoke about the continuing propaganda campaign by Portuguese asbestos stakeholders. They talk, he said, about the low bio-persistence of chrysotile, alleging that there is no medical proof concerning the risks of chrysotile. And yet, scientists confirm the existence of a European asbestos epidemic which will claim 400,000–500,000 lives in Western Europe by 2030. In post-ban Europe, our duty to assist the injured should not be forgotten, he said. The lack of enforcement of EU asbestos legislation continues to put lives at risk. In Portugal, asbestos-containing products can be found in buildings, schools, sports stadiums, farmyards and water systems; 30% of the asbestos used in Portugal in 2000 went into asbestos-cement water pipes. The lack of provisions for the controlled disposal of asbestos waste has led to contaminated debris being dumped throughout the countryside. Recently, Farias and his union colleagues informed the Environment Ministry of their concerns over asbestos removal work being carried out at a large military air base by a civil construction company using untrained workers with no specialist equipment or protective clothing; no action has been taken.

The success of the global campaign to ban asbestos is reliant on trade unions, victims’ groups and NGOs in the developed and developing world working together to advance the campaign for a global ban and expose the transfer of hazardous risks. In the last 30 years, progress has been made

in raising awareness of asbestos issues in many countries; the development of safer alternatives has exposed the myth that civilization cannot exist without asbestos. Human life must take precedence over corporate balance sheets; the struggle to eradicate the asbestos scourge must continue.

UKRAINE

Dmytro Skrylnikov assessed the status of asbestos legislation and research in Ukraine. According to this speaker, there are no special programmes or legislation on asbestos in Ukraine; however, some environmental and health issues are covered by more general legislation. Under the National Environmental Health Action Plan of Ukraine for 2000–2005, approved by the Government in 2000, an assessment of the risks to asbestos production workers and end-users should have been completed by 2003 and protective measures introduced. Budget constraints have meant that this has not happened. Shortage of resources has also prevented the implementation of the Cabinet of Ministers’ programme (2002) which would have identified the industrial processes and human activities that allow carcinogens to pollute the environment.

No epidemiological research has been undertaken on asbestos-related diseases. Disturbing trends can be gleaned from government statistics:

- lung diseases are responsible for nearly half of all occupationally-induced deaths;
- 100,000 cancer deaths occur every year and this figure is increasing;
- as of January 2004, there were 818,000 cancer patients in Ukraine; few occupational cancers are registered;
- exposures to carcinogenic substances such as dioxin, biphenyls and asbestos are neither monitored nor controlled in Ukraine.

AVOIDING MORE NEEDLESS DEATHS



[Of course the reason AC products are cheaper is because asbestos companies don't spend what they should on prevention and compensation. Off-loading the social costs of asbestos ill-health onto workers, consumers and civil society, gives asbestos producers a cost advantage against safer substitute products.]

Dr. Barry Castleman, environmental consultant

The majority of asbestos fibre is used in asbestos-cement (AC) building materials. Substitutes for asbestos in AC sheets include polymeric fibres such as polyvinyl alcohol (PVA) and polypropylene, usually mixed with cellulose, to make flat sheet products; there has also been some success with the use of bamboo fibre-cement. Other alternative fibres being used include: eucalyptus, bagasse and sisal. Microconcrete tiles,²³ which have been used in rural areas in Mali, are another substitute for AC building materials; these tiles can be manufactured with primitive equipment in rural areas. Clay roofing tiles, galvanized iron roofing and "onduline" vegetable fibres and asphalt, which are being developed in Brazil, are also being used. The non-asbestos alternatives generally cost 12-30% more, but as manufacturing processes improve, the price differential will decrease.

Alternatives for AC pipe include: cast iron and ductile iron pipes, high density polyethylene pipes, metal reinforced concrete pipes, clay pipes and cellulose fibre-cement pipes such as those produced by the Australian manufacturer James Hardie. Safer alternatives used for producing non-asbestos vehicle brakes include: semi-metallic brakes made of steel wool sponge iron and graphite in a plastic phenolic resin, wollastonite fibres, p-aramid fibres, fibreglass, and resins such as phenolic resin and cashew nut oil resin.

For water storage tanks, fibreglass, polyethylene, PVA, cellulose, concrete and steel are some of the alternatives; the plastic tanks have the advantage of being lighter.

Blueprint for a global strategy

At the European Asbestos Conference Italian Senator Antonio Pizzinato, said that a discussion of the Italian experience in achieving a national asbestos ban (1992) and implementing measures addressing the needs of the asbestos-exposed highlighted strategies which could be used on a supranational level. The Italian campaign could be divided into 3 phases:

- **Phase 1.** The organisation and mobilisation of workers which led to demonstrations outside the national parliament and strikes at regional and national levels calling for the ban, a programme of medical check-ups for the asbestos-exposed, early retirement for at-risk workers, the recognition of occupational asbestos-related illnesses and the decontamination of public and private buildings. This phase lasted 20 years and culminated with the passing of the Italian law banning asbestos and official government recognition of the problems of the asbestos-exposed.



Asbestosis and pleural changes



[The asbestos problem is global in nature and needs to be tackled at UN level.]

Roberto Musacchio
PRC, Italy

- **Phase 2.** Over the period 1994–2004, laws were implemented to end the use and processing of asbestos, asbestos mines were closed, a health care programme for the injured was set up and a government insurance scheme for compensating victims of occupational as well as environmental asbestos exposures was put in place.
- **Phase 3.** Initiatives are being pursued to contain, within ten years, the harmful fall-out from Italy's asbestos legacy by the removal and replacement of asbestos-containing products in factories and buildings, guaranteeing free health care through the national health service to all people with asbestos-related illnesses and the creation of an Asbestos Victims' Fund which, in addition to other government compensation, can be claimed by occupational asbestos victims, family members²⁴ or people environmentally exposed.

The Italian experience has shown that the passing of legislation means little if regulations are not enforced. Monitoring of the implementation of EU asbestos directives in all 25 Member States is needed so that existing loopholes can be identified and dealt with. The Italian ban asbestos campaign also highlighted the need for collaboration of diverse groups including trade unions, victims' groups, NGOs, politicians, scientists and others. On a global level, agencies such as the World Health Organization, the International Labour Organization, the United Nations and European Trade Union Confederation need to be part of the campaign.



Report by Bob Ruers

"Despite the knowledge that exposure to asbestos can cause debilitating and fatal diseases, asbestos producers continue to advance the case for the safe use of asbestos, and deny the existence of safer alternatives. It is despicable to expose the populations of developing countries to the risk of diseases which have already caused so much human misery. National governments must rigorously investigate cases of environmental asbestos pollution to establish who the polluter was and how they can be forced to remedy the wrong they have done. Legal actions against Eternit executives should continue. Research into the influence and actions of these major multinationals is needed to; once and for all, document their part in the global asbestos scandal."

Bob Ruers, Former Senator, founding member of the Dutch Asbestos Victims' Committee and plaintiff's lawyer.

AUTHOR'S CONCLUSIONS

COORDINATED GLOBAL ACTION IS CRUCIAL



Laurie Kazan-Allen

A number of conference speakers pointed out the serious consequences of low levels of public and professional awareness of asbestos-related issues. Combating the information vacuum was regarded as a high priority by delegates who agreed that coordinated global action was crucial.

The effectiveness of such action is clearly demonstrated by developments which have occurred since the conference regarding the *Clemenceau*, formerly one of the French Navy's most prestigious ships. The French Government, which had planned to export the asbestos-contaminated ship to India for decommissioning, was subjected to a sustained campaign by NGOs in France, Egypt and India which maintained that the export of this toxic waste infringed international protocols, global agreements and French law. On December 31, 2005, a ruling by a French Administrative Court cleared the final judicial obstacle and the ship left Toulon bound for India. Twelve days later, Greenpeace activists boarded the *Clemenceau* 50 nautical miles off the coast of Egypt. Once on-board they scaled the mast and unfurled a banner which said: "Asbestos Carrier: Stay out of India." Other activists buzzed the deck with a motorised paraglider and a banner saying: "Not Here. Not Anywhere." As part of an international day of action, protests were also held in Bangladesh, Switzerland and France.

Throughout the winter, NGOs with a variety of diverse interests cooperated in the attempt to force a U-turn by the French Government. In France, Ban Asbestos France, ANDEVA²⁵ and the Anti-Asbestos Committee at Jussieu University, the groups which had lost the judicial battle, kept up the pressure in the media. Efforts by international bodies including Greenpeace, the Basel Action Network, the Corporate Accountability Desk (India), the European Federation for Transport and Environment, the North Sea Foundation, Bellona, the International Ban Asbestos Network, the International Ban Asbestos Secretariat and the International Federation of Human Rights brought news of the *Clemenceau* debacle to a wider audience. On January 17, 2006, representatives of the NGO Platform on Shipbreaking met with D. Giotakos and other cabinet members of the EU Environment Commission. Two weeks later, EU Environment Commissioner Stavros Dimas told journalists that the export of the *Clemenceau* violated EU legislation and could have both legal and financial consequences for the offending government. Commissioner Dimas also said: "A thorough decontamination of hazardous waste should take place in the EU before sending the vessels to shipbreaking yards in developing countries." On February 15, the highest court in France (Le Conseil d'Etat) ordered the government to suspend the transfer of the *Clemenceau*; the same day President Chirac announced that the 27,000 tonne ship, then in the Arabian Sea, would be brought back to France. He pledged that France

IBAS

The International Ban Asbestos Secretariat (IBAS) was established in 1999; it is an independent non-governmental organisation which has two objectives: a worldwide ban on asbestos and justice for all asbestos victims. IBAS monitors, analyses and disseminates news received from the ever-expanding network of individuals and groups involved in the international movement against asbestos, as well as information from legal, medical and industry sources. IBAS produces written material and organises conferences to raise the profile of asbestos issues.

Although IBAS works closely with the International Ban Asbestos Network, Ban Asbestos and national asbestos victims' associations, there are no organisational or financial links to these groups. The work of IBAS is coordinated by Laurie Kazan-Allen; more information is available on the website:

<http://www.ibas.btinternet.co.uk>

would work with its European partners to develop a programme for decontaminating end-of-life vessels in Europe before eventually scrapping them in Asia. Four days later, the Bangladesh Occupational Safety, Health and Environment Foundation (OHSE) announced that the SS Norway, built in 1961 and containing an estimated 1,250 tonnes of asbestos products, would not be scrapped in Bangladesh. The OSHE campaign to prevent the purchase of the SS Norway by a Bangladeshi ship-breaking company included a petition to the Government, a public demonstration in Dhaka (February 12) and press statements to raise awareness of the toxic nature of the ship. Protests by other NGOs, which received media coverage, added to the pressure on shipyard owners and the government. On February 17, 2006, the Bangladesh Ship Breakers Association unanimously decided that no member organisation would purchase the contaminated ship; simultaneously the Minister of Environment announced that the Bangladesh Government would not permit entry to the SS Norway until it had been fully decontaminated. The action of NGOs and concerned citizens in Europe and Asia were pivotal in deciding the fate of the Clemenceau and the SS Norway. These campaigns, examples of 21st century direct action, illustrate what can be achieved by the mobilisation of civil society.

In the declaration adopted by conference delegates, it was recommended that national asbestos actions be coordinated to maximise global impact. During the conference, Fiona Murie, from the IFBWW, announced that asbestos had been designated a priority issue for this year's International Workers' Memorial Day (April 28). Responding to this news, Alain Destexhe, a Belgian Senator and Chairman of Parliamentarians for Global Action, issued a document entitled Call for a Global Asbestos Ban; this is being circulated amongst Parliamentarians world-wide prior to publication on April 28. Reinforcing the efforts of international labour and global politicians is a petition, also to be published on April 28, which expresses the views of asbestos victims, public health campaigners, healthcare professionals, concerned citizens and NGOs; it states:

"In the spirit of humanity and equality, we declare that each human being has the right to live and work in a healthy environment. It is not acceptable that a substance which is too harmful to be used in the European Union is used in Asia, Africa and Latin America; it is not acceptable for an industrialised country to dump asbestos-contaminated ships in a developing country. A global asbestos ban is the first step in the campaign to rid humanity of the threat it faces from asbestos. To end the asbestos scourge, we pledge our commitment to work together to achieve our goal."

Many of the events which have happened following the conference were stimulated by discussions that took place during the two day meeting; other initiatives will come to fruition in the months and years ahead. The presence of so many younger delegates at the conference has reinvigorated the campaign to end one hundred years of human and environmental contamination by this killer substance.

APPENDIX A

Declaration from the conference

**European Asbestos Conference:
Policy, Health and Human Rights
Brussels Declaration – 23 Sept. 2005**

Preamble

Asbestos remains the principal cause of occupational cancer in Europe. Asbestos products in European homes, commercial buildings and infrastructures and asbestos waste in our environment continue to cause unprecedented levels of diseases and mortality.

Year of Action

European labour groups, medical associations and international agencies have issued calls to make 2005–2006 the Year of Action on Asbestos. To this end, the participants to the European Asbestos Conference held in Brussels on September 22/23 2005 call on all European Institutions mainly the European Parliament and the European Commission as well as The Council of Europe, to devise and implement a European Asbestos Action Plan which would take:

Action on Prevention

To prevent future hazardous exposures, the following steps are recommended:

- rigorous enforcement of EU and national health and safety asbestos legislation;
- as with other carcinogens, all asbestos products should be labelled with a skull and crossbones; the use of the current "a" letter logo is unacceptable;
- introduction of mandatory asbestos audits of public buildings by 2007 and domestic residences by 2008; as well as all means of transport (i.e. ships, trains, planes) by 2008; introduction of EU legislation, including a certification scheme, for the regulation of the asbestos removal industry;
- introduction of guidelines for measuring asbestos soil contamination;
- research on safe methods for treating asbestos waste;
- the derogation which allows the use of asbestos in chlorine production should cease;
- the 2003 Directive should be strengthened by eliminating the concept of "sporadic and of low intensity exposure". No exposure to asbestos is safe!

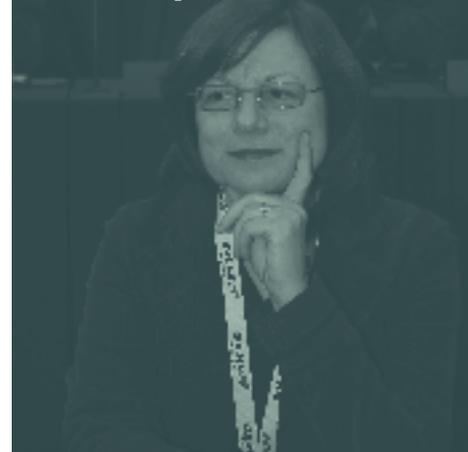
Action on Human Rights

Human rights and the abolition of the death penalty are core values of the EU. Yet, hundreds of thousands of Europeans are being deprived of their right to good health through hazardous asbestos exposures; in many cases, these exposures are tantamount to a death sentence. Action is needed to secure the basic right to work and live in a safe environment. The following steps are recommended:

- the reclassification of pleural plaques and some other asbestos conditions as "non-malignant disease" is required; the current categorization of these symptoms as benign is not an accurate reflection of their impact on patients' health and employment options;
- the establishment of national registers of workers exposed to asbestos and of workers with an asbestos-related disease;
- the recognition of all work related asbestos diseases as occupational diseases in the framework of an harmonization of occupational disease compensation schemes in the European Union;



[European labour groups, medical associations and international agencies have issued calls to make 2005–2006 the Year of Action on Asbestos.]





Vittorio Agnoletto and Fulvio Aurora

[The EU should assist new Member States to deal with their asbestos legacies by providing money needed to quantify the problem with initiatives such as epidemiological research.]

Vittorio Agnoletto
PRC, Italy



[We need to ensure proper implementation of relevant EU directives in the decontamination of buildings.]

Adamos Adamou
AKEL, Cyprus

- the development of medical guidelines for the “best treatment” of asbestos-related diseases; the development and funding of a research programme for the treatment and care of people with these diseases;
- the setting up of specific European or national funds or schemes financed by companies involved in asbestos production through compulsory contributions and public authorities to grant assistance to all victims of occupational, environmental or domestic asbestos exposures; the support of asbestos victims’ groups to mobilise and assist the injured;
- the relocation of non-EU companies to the EU to escape asbestos liabilities in their home countries should no longer be permitted;
- the setting up of a European research centre for the investigation and implementation of safe technology for the removal/cleaning of asbestos-contaminated areas which are high risk activities.

Action on Double Standards

- The EU should support an international ban of asbestos by an ILO Convention or other global instrument and a just transition in developing countries;
- EU legislation should ban the use of asbestos by EU-based companies anywhere in the world; lack of compliance with this legislation should be punished by fines which could be distributed amongst foreign asbestos victims;
- Strategies for minimising asbestos liabilities of global defendants are well-developed; the EU should work with other partners to establish an international fund to compensate asbestos victims of EU companies;
- The transfer of risk from Europe to developing countries is unacceptable. In particular, the ship-breaking of asbestos-contaminated vessels such as *Le Clemenceau* in India violates both the Basel Convention and EU waste regulations: those rules should be rigorously applied and enforced;
- Good practice regarding the successful introduction of non-asbestos safe technology in Europe should be disseminated to countries which are still using asbestos;
- Finances from the European Social Fund should be made available to support the clean-up of asbestos-contaminated areas
- EAC participants call for national actions on specific days like the 28th of April 2006, *International Workers Memorial Day* and the 14th of May, *Memorial Day for asbestos victims in Belgium*. In particular they recommend demonstrations in front of Canadian embassies;
- The European Union should promote an inquiry on the present and past activities of asbestos multinationals and their corporate links;
- The European organisations involved in the campaign for a world asbestos ban should support the struggle of NGOs, trade unions and other organisations in developing countries against asbestos by providing them with information on best practice, effective legislation, medical and technical issues; European bodies have an important contribution to make towards the development of international networks of cooperation and solidarity.

Furthermore

Asbestos affects a wide range of issues from occupational and public health to the environment to consumer affairs to medical research. It is therefore recommended that a person be designated to coordinate the EU Asbestos Action Plan.

APPENDIX B

Conference programme

THURSDAY 22 SEPTEMBER 2005

- 9:30 Welcome: MEP Francis Wurtz,
President of the GUE/NGL Group
- 9:45 Opening Comments: Session Chairs:
MEP Kartika Liotard GUE/NGL and Xavier
Jonckheere, President ABEVA
- 10:00 EU Asbestos Policy: Working Conditions
and Benefits
- 10:20 Panel Discussion – Occupational
Asbestos Exposure:
Malta: Saviour Sammut
Bulgaria: Svetla Karova
Portugal: Armando Farias
Spain: Angel Carcoba
- 10:50 EU Asbestos Policy: The Environment
- 11:10 Panel Discussion – Environmental
Asbestos Exposure
Cyprus: MP George Perdikes
UK: Jason Addy
Poland: Dr. Neonila Szeszenia-Dabrowska
Ukraine: Dmytro Skrylnikov
Italy: Fulvio Aurora
Turkey: Dr. Salih Emri
- 11:40 Political Panel – MEPs Debate:
Italy: Vittorio Agnoletto
Cyprus: Adamos Adamou
Greece: Dimitris Papadimoulis
Czech Republic: Jiri Mastalka
Ireland: Bairbre de Brún
- 12:15 Plenary Debate: Chair
- 12:45 Conclusion: Chair
- 15:00 Opening Comments: Chair
- 15:10 The Human Dimension of Asbestos Disease:
France: Nicole Voide
Belgium: Xavier Jonckheere
Victims' Initiatives: UK: John Flanagan
Mesothelioma Research: UK: Astero Klabatsa
Avoiding More Needless Deaths
- 15:40 Case Study: EU Asbestos Derogation for
Chlorine Production: Ms. Fernanda Giannasi,
Factory Inspector, Brazil
- 16:00 Regulatory Framework for Chemicals:
Registration, Evaluation and Authorisation
of Chemicals (REACH): MEP Guido Sacconi
- 16:20 Asbestos Alternatives: Construction Materials
and Friction Products: Dr. Barry Castleman
- 16:40 The Transfer of Hazardous Technology to the
Developing World: Dr. Annie Thebaud-Mony

- 17:00 Global Campaign to Ban Asbestos:
Belgian Senator Alain Destexhe
Italian Senator Antonio Pizzinato
- 17:30 Plenary Debate: Chair
- 18:20 Conclusion: Chair
- 18:30 Session Ends

FRIDAY 23 SEPTEMBER 2005

- 9:30 Opening Comments: Chairs: MEP Roberto
Musacchio and MEP Adamos Adamou
Defining the Scope of Europe's
Asbestos Problem
- 9:45 Medical Aspects of Asbestos: Examinations,
Incidence and Recognition: Dr. Olaf Hagemeyer
- 10:00 Asbestos Cancer: the Financial Cost to the
National Health System: Dr. Andrew Watterson
- 10:15 Under-Reporting of Asbestos Cancer in
Denmark: Lars Vedsmann
- 10:30 Asbestos Disease in Greece:
Dr. Panagiotis Behrakis
- 10:45 Medical Panel:
Slovenia: Dr. Metoda Dodic-Fikfak
Lithuania: Dr. Ruta P. Everatt
Czech Republic: Dr. Daniela Pelclova
India: Dr. Tushar Kant Joshi
- 11:20 Human Rights for Asbestos Disease Sufferers:
Sally Moore
- 11:35 Corporate Accountability and Compensation:
Eternit: A Case Study Bob Ruers
- 11:50 Plenary Debate: Chair
- 12:20 Conference Resolution: Laurent Vogel
- 12:50 Conclusion: MEP Kartika Liotard
- 15:00 Roundtable: Chairs: Fiona Murie
and Angel Carcoba
- 15:15 Country Reports
Bulgaria: Svetla Karova
Cyprus: MP George Perdikes
Czech Republic: Dr. Daniela Pelclova
Lithuania: Ruta P. Everatt
Malta: Saviour Sammut
Netherlands: Tinka de Bruin
Poland: Dr. Neonila Szeszenia-Dabrowska
Portugal: Armando Farias
Ukraine: Dmytro Skrylnikov
- 16:45 Discussion: Chairs
- 17:45 Conclusion: Chairs
- 18:00 Session Ends



European Asbestos Conference: Policy, Health & Human Rights European Parliament Brussels, ASP 1 G3

Participants:

ABEVA-Belgium, ANDEVA and BAN
Asbestos France-France CAOVA
and Society for Asbestos Victims,
Switzerland, Greenpeace-Cyprus,
Professor P. Behrakis, Greece, Casale
Monferrato Asbestos Victims' Group and
National Association of Italian Victims-
Italy, CCOO-Spain, Dutch Asbestos
Victims' Committee-Holland SABS-
Slovenia, Clydebank Asbestos, Clydeside
Action on Asbestos-Scotland, Merseyside
and District Asbestos Victim Support
Group, Justice for Asbestos Victims of
Northern Ireland, Asbestos Awareness
Wales plus others.



Endnotes

- 1 Behaviour during a “funa” consists of loud banging of pots and pans by demonstrators to create a highly visible and public event.
- 2 <http://europa.eu.int/eur-lex/lex/LexUriServ/LexUriServ.do?uri=CELEX:31983L0477:EN:HTML>
- 3 An article in *Libération* on 15 March 2005 estimated that the work in Toulon had removed 65–80 tons of asbestos from the Clemenceau and that 22 tons of asbestos remained for the unskilled and unprotected workers in the Indian ship-breaking yards to remove.
- 4 See: *End of Life Ships – The Human Cost of Breaking Ships* at website: <http://www.fidh.org/IMG/pdf/shipbreaking2005a.pdf>
- 5 See: articles in the national paper *The Hindu* (issues December 31, 2005 & January 1, 2005).
- 6 See: *Under-registration of Occupational Diseases: the Greek Case*. Alexopoulos CG, Rachiottis G, Valasi M, Drivas S, Behrakis P. *Occupational Medicine* 2005;55 (1):64–65.
- 7 The population of the Czech Republic is 10 million; half are of working age and about 8% experience hazardous occupational exposures. Currently, 276 workers are exposed to chrysotile and 97 to amphiboles.
- 8 In the Czech Republic, the amount of compensation for occupational diseases is dependent on the severity and length of duration of the disease; payments for pain and suffering, restricted life capacity, lost wages and treatment costs are made. Someone with mesothelioma would expect to receive about 4,000 euros.
- 9 The use and marketing of crocidolite had been banned in 1984.
- 10 Throughout this report the word “ton” can usually be taken to refer to a metric ton (in older data possibly to an imperial ton which is about 2% heavier). Where a speaker has specified metric tons explicitly the word “tonnes” is used.
- 11 The breakdown of the 795 asbestos deaths is: 259 from cancer of the peritoneum, 210 from cancer of the pleura, 196 from lung cancer and 130 from other causes.
- 12 This is the biggest trade union in Bulgaria.
- 13 CEE/NIS: Central and Eastern Europe and New Independent States.
- 14 CMMF: Comptoir des Minéraux et Matières Premières.
- 15 The French name of the group is: Le Collectif des Riverains et Victimes du CMMF.
- 16 Other groups present at the protest represented the parents of the children at the local school, Ban Asbestos France, a local asbestos victims’ group and an ecological association.
- 17 This act transposed the EU Directive 83/477/EEC amendment to Directive 91/382/EEC and Directive 98/24 EEC on the prevention of health risk during work with asbestos and asbestos-containing materials.
- 18 This act transposes EU Directive 87/217/EEC.
- 19 Of the 276 exposed to chrysotile, only one was female; of the 97 exposed to amphiboles, only eight were female.
- 20 The majority of chrysotile exposure occurs amongst people engaged in the removal of insulation and waste, roofers, carpenters and maintenance workers. Exposure to amphiboles is highest amongst railway workers, roofers and carpenters.
- 21 In the decade from 1994–2004, the incidence of asbestos-related disease rose from 79 to 210, an increase of more than 250%.
- 22 Government sources estimate that there are approximately 15.5 million tonnes of asbestos products in Poland; the vast majority, 14.9 million tonnes, are asbestos-cement boards. Approximately 85% of the asbestos remaining in Poland is contained in building materials and products; asbestos contamination in rural areas is nearly three times as high as in the cities.
- 23 For information on microconcrete tiles and vegetable fibres and asphalt see respectively the websites: www.perryassociates.com and www.onduline.com.br
- 24 Twenty percent of the people who have died from asbestos-related disease in Casale Monferrato received para-occupational exposures; that is, they were exposed to asbestos fibres brought home on the work clothes of a relative.
- 25 ANDEVA: the French association representing asbestos victims.–

APPENDIX C

Useful internet links

International Ban Asbestos Secretariat

www.ibas.btinternet.co.uk

Merseyside Asbestos Victims Support Group – UK

<http://www.asbestosdiseases.org.uk>

ANDEVA (Association Nationale de Défense des Victimes de l’Amiante) – France

<http://andeva.free.fr>

Instituto Sindical de Trabajo, Ambiente y Saluo (ISTAS)

(Spanish Trade Unions)

<http://www.ccoo.es/istas>

The International Federation of Building and Wood Workers (IFBWW)

<http://www.ifbww.org/>

Confederation of Independent Trade Unions, Bulgaria

<http://www.knsb-bg.org/>

Institute of Occupational Medicine, Poland

<http://www.imp.lodz.pl/>

Institut National de la Santé et de la Recherche Médicale, France

<http://www.inserm.fr/fr/>

Save Spodden Valley, UK

<http://www.spodden-valley.co.uk/>

ABEVA, Belgium

<http://www.abeva.be/>

Dutch Asbestos Victims Committee

<http://www.comiteasbestslachtoffers.nl>

Hazards

<http://www.hazards.org>

Mesothelioma UK

<http://www.mesothelioma.uk.com>

European Trade Union Confederation

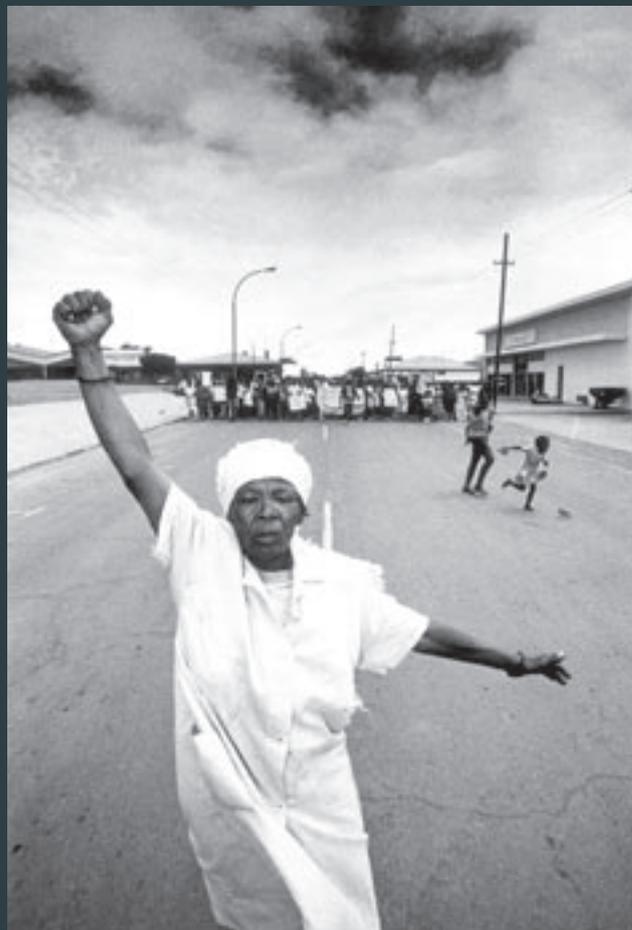
www.etuc.org

Socialist Party, Netherlands

www.sp.nl

GUE/NGL Group

www.guengl.eu



Hein du Plessis is a South Africa-based photographer specialising in social documentary. He has worked as a press photographer, and currently lectures in the School of Design Technology and Visual Art in the Central University of Technology, South Africa. His previous exhibitions include "Images of Elderly Abuse", "Facing AIDS", "Into Full View (India's Workers)", "Face to Face (Cancer and You)" and his work has toured internationally. The images displayed in this publication on the cover, on pages 4, 12, 16, 20, 28, 35 and on this page come from the 1999 "The Legacy of Asbestos" exhibition. Hein du Plessis' work has received and been nominated for numerous prizes such as the Fuji Press Awards (1993, 2002, 2003), the South Africa Pro Photo Awards (1999), the Commonwealth Photo Award (2001), the South Africa Picture Essay Award (2001) and the New York Institute of Photography award (2002). He can be contacted at: hduples@cut.ac.za

ABOUT GUE/NGL

The GUE/NGL (European United Left/Nordic Green Left) Group is the fifth largest group in the European Parliament and is, at present, made up of forty-one MEPs from sixteen political parties in thirteen European countries. As the name indicates, it is a confederal group of 16 parties working in pursuit of common political objectives. The Group has members from the following parties:

AKEL (Cyprus), Bloco de Esquerda (Portugal), Die Linke.PDS (Germany), Folkebevægelsen mod EU (Denmark), Izquierda Unida (Spain), KKE (Greece), KSCM (Czech Republic), PCF (France), PCP (Portugal), PdCI (Italy), PRC (Italy), Sinn Féin (Ireland), SP (Netherlands), Synaspismos (Greece), Vansterpartei (Sweden), Vasemmistoliitto (Finland).



WWW.GUENGL.EU