

**Summary Report of OEHNI Round Table Conference on Issues  
Related to Asbestos Use in India (New Delhi, December 21 , 2009)**

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## **Summary of OEHNI Round table conference on issues related to asbestos use in India.**

**December 21<sup>st</sup> 2009. India International Centre Annex, New Delhi.**

**Welcome:** Mr Mohit Gupta, Coordinator, OEHNI.

Introducing OEHNI, its objectives, activities and membership, Mohit gave an overview of the key issues related to continued use of asbestos in India, conditions of work, health impact on workers and their families.

**Keynote address:** Dr Qamar Rehman, scientist emeritus.

Dr Rehman explained origin and history of global use of asbestos; the irrefutable science behind the carcinogenicity of all forms of asbestos fibres. She further explained that asbestos adsorbs chemicals (like gasoline/soot), which makes it more toxic when inhaled and accelerates the disease (cancer) manifestation. She gave example of women working in asbestos (tremolite) milling factories, where exposure is very high, in Rajasthan who have developed cancer (mesothelioma) within 5 years of exposure and died within 7 years. She further stated that all forms of asbestos form causes genotoxicity. She explained the various diseases caused due all forms asbestos fibres, adding that there are no bio-markers for asbestos induced diseases. The disease can be detected by following: occupational history, X rays, lung function test, asbestos bodies' formation, and serum markers.

She highlighted a few key findings of the study conducted by ITRC in asbestos mills:

Total no. of workers: 308

Diagnosis: 21% confirmed asbestosis

Development of disease: 62% in less than 5 years of exposure

Fibre conc.: 2-18f/cc (when the study was conducted)

Organised sector factories:

Fibre concentration: 1.45-2.66 f/cc

Diagnosis: 26% workers developed asbestosis

Development of disease: 25-40 years to develop disease

Dr Rehman showed slides of women workers engaged in hazardous conditions of work, cleaning empty asbestos bags and being paid Rs 20-30 per day. After her study Dr Rehman had recommended to the government of India to ban asbestos (in the unorganised sector) and was assured by former member-secretary of Central Pollution Control Board and Mr Jairam Ramesh (who is presently the Union Minister of Environment and Forest) that actions would be taken to phase out asbestos. But so far no such actions have been taken by the govt.

Dr Rehman ended her talk by highlighting the new generation hazards that will be caused due to nano technology.

### **Session 1: Title – Reports from the Field – Ground Realities**

**Moderator:** Sanjiv Pandita, AMRC, Hongkong

Before inviting and introducing the speakers, Sanjiv explained the rationale behind organising the meeting. He pointed out that the meeting was primarily to bring together evidences of harm on Indian workers caused due to asbestos exposure and present them to Indian govt. representatives from concerned Ministries. Given that the Govt. of India has been in denial that asbestos is killing workers and their families in India, it was important that independent studies being conducted by trade unions, occupational health groups, testimonial of workers be presented to govt. of India. With the hope that the

govt. would take action for relief, rehabilitation of the workers, ban asbestos and hold corporations liable for their criminal activity of endangering lives of millions of people for profit.

**Speaker: Vijay, Cuddapah, Andhra Pradesh:**

Vijay spoke about the Chrysotile mines in Pulivendalah-Bramhampalli in Cuddapah district of Andhra Pradesh. He said three mines are operational as of now, Parvathy mines, Vinayaka mines and Reddy mines (which is owned by the brother of former Chief Minister of AP). 5 companies have applied for mining leases. All the mines are underground mines. Reddy mines have gone 4 levels deep underground. It hires only 38 local people and rest are migrant workers from Orissa or from neighbouring districts of Adilabad, Mehboobnagar. Vijay stated that it was very difficult to talk to the workers. Parvathy mines, owned by a former MLA, which employed about 280 workers, is closed now. There is no information available of the workers and their whereabouts.

Vijay has been able to contact about 480 workers (amongst the 5 operational/closed mines) in about 6 villages where these workers reside. Out of which 15 people have been diagnosed with cancer, 3 have died, others are getting medical treatment. A compensation of Rs 25,000 was given to the victims. Vijay had taken the matter to the former Chief Minister who had promised jobs to these workers in Uranium mines (but till date no one has been given any jobs). Vijay very succinctly brought out the nexus between politically powerful and the asbestos mining industry in Andhra Pradesh.

**Speakers: Ravindra Mohite, former employee, Hindustan Composites Limited, Ghatkopar, Mumbai and Pralhad Malwadkar, OHSC, Mumbai:**

Ravi narrated his work experience (he was employee of HCL since 1974 till the factory closed down in 2004) in the factory, which was set up by UK based asbestos major Turner and Newell, which later sold off its shares to its Indian subsidiary. Ravi narrated how he and his co-workers were unaware of hazards of asbestos and handled asbestos fibres without any precaution, mostly imported from Canada, South Africa, Zimbabwe, and Brazil to manufacture asbestos brake liners, friction material, and textiles. Most of the warning or hazard information that was printed on the imported asbestos bags was in English and no one trained the workers for safety or any precaution to be taken while opening the bags. The workers came to know of asbestos hazards and its impact on their health when Krantikari Kamgar Union alongwith OHSC organised health camp in front of the factory gate.

Pralhad Malwadkar: In 2004, OHSC with KKV organised a medical camp and diagnosed 41 confirmed cases of asbestosis. Out of these cases, 36 workers went to labour commissioner to file for compensation for health damages. In 2008, a survey was started with 648 workers in which earlier workers who had been diagnosed in 2004 were also included for reassessment. Total 864 workers are now being studied. With a doctor and a researcher the survey was started. Between April-June 2008, 260 workers were surveyed and PFT tests conducted, 170 workers referred for x-rays. 45 workers were confirmed for asbestosis. Later 530 workers were surveyed. 92 confirmed cases of asbestosis were diagnosed. So far 133 cases have been found to be confirmed cases of asbestosis have been found in this factory, with 2 cases of lung cancer and one case of larynx cancer. Besides, claims are being filed in the T&N Trust in the UK for compensation of affected workers.

**Speaker: Raghunath Manwar, OHSA, Ahmedabad, Gujarat**

Raghunath spoke about cases of asbestosis amongst workers in Torrent power company (formerly Ahmedabad Electricity Company) and Gujarat Composites Ltd (formerly Shri Digvijay Cements). He spoke about Dr Clarke (medical officer in AEC), who in 1986 first diagnosed cases of asbestosis in AEC. In 1996, a writ petition was filed in High Court for compensation of two cases-Mangabhai and Kisan Goplani. But till 2008, nothing had happened in the case by which time 14 more cases have been confirmed for asbestosis. Most of the insulation work (handling of asbestos) is done by contract workers. The workers are in desperate situation due to inaction from govt and courts, compounded by their debilitating disease. Raghunath was forced to get into an out of court settlement in face of abject poverty and disease of the

workers and an amount of Rs 27 lakhs was given to 14 workers. There are cases of secondary exposures to wives of some of the AEC workers (masons), who have confirmed cases of asbestosis.

In Gujarat Composites, 66 confirmed cases of asbestosis were found from the 109 workers who were medically examined in 2003-04. There was an attempt made to get compensation from the Supreme Court for these workers, but due to a 1996 ruling of SC which authorises NIOH as the final certifying agency for compensation under ESI, the cases have to be now referred back to NIOH. Workers can not approach NIOH directly to certify them; it has to be done by the Factory Inspector, employer or the trade union (which has union in the factory). This has further complicated the case, since none of the above want to approach NIOH and requests made by Raghunath to get the workers certified by NIOH have been rejected by the agency. Meanwhile, Murugeshen and Konndapani, former workers of Digvijay cements have died. Chinnapan and Nandalal have been diagnosed with asbestosis. Meanwhile, the factory is functioning, importing chrysotile from Russia, Brazil, Kazakistan. Bulks of the workers in the factory are contract workers.



Through RTI requests, Raghunath has obtained information from Gujarat Cancer Institute of 39 cases of mesothelioma recorded in the institute. But no details of patients have been revealed. As per records of the Factory Inspector, there are only 7 industries which manufacture asbestos products in Guajart, where as there over 21 factories (or maybe more) which manufacture asbestos products and hundreds of industries which use them, especially chemical industries across the state. Gujarat is a hub of chemical industries. Raghunath ended by saying that holding the company liable has been very difficult due to constant change in name and ownership of the company several times. The company was started by US based John Mansville.

**Speaker: Rana Sengupta, Advocate Sanjeet Purohit, Hira Lal- MLPC, Rajasthan**

Rana spoke about MLPC's very recent experience of working on issues related to asbestos mining in Rajasthan. He gave general picture of mining in Rajasthan-3 million workers in mining work in Rajasthan, more than 90% of them are dalits and tribals. MLPC is working in Jhadol block of Udaipur with asbestos mine workers. RTI Act has been used to get info on asbestos mines and no. of workers. Getting information has been a Herculean task. Innovative way of data collection, using panchayat leaders to get list of villagers formerly engaged asbestos mining (since most of the asbestos mines are closed in the area). Representation has been made to SDM for medical check ups of all the former mine workers and their families. But nothing was done till one worker died. Another worker has died recently. District Collector has now asked NIOH to give the report of all the workers who have been diagnosed by them-126 workers. Future course action-victim group organising/reclamation of the mines/extend the work in Beawar, where situation is very bad.



Adv Purohit said that GOI on 9<sup>th</sup> July 1986 had imposed a ban on renewal and fresh leases of asbestos mines. There were 8 mines operating in Rajasthan. On 27.8.2003 Indian Bureau of mines released its report on the GOI ban and recommended that the ban be revoked in AP and for continuing the ban in Rajasthan. Rajasthan govt is pressuring the GOI to lift the ban.

Hira Lal: I have been working for last 10 years with asbestos workers, without knowing that this mineral could kill workers. In Upreti asbestos mines 2-3 types of asbestos fibre grades are mined. There were 5 big mines and 40 pit mines, and in each 30-40 workers worked. The owners of these mines are from Bhilwara. Btw 2003-2009, 17 asbestos workers have died.

**Session: 2 Title: National and International Scenario (Political / Scientific)**

Moderator: Dr Arthur Frank

While welcoming the speakers, Dr Frank said that the reason asbestos diseases were not visible in India is because somehow Indian public health system does not record the asbestos related diseases. He said India needs substitutes for asbestos which are readily available globally.



**Speaker: Krishnendu Mukherjee, Adv, Goa**

Krishnendu explained briefly about the former T&N factory (now HCL) in Mumbai and UK based T&N Trust Fund where claims for Indian workers from HCL, Mumbai are being filed. He said that T&N started its operations towards the end of 19<sup>th</sup> century. It knew about the health hazards of asbestos way back in 1930s and didn't do anything about it even in England till the 1960s. It started its foreign operations (mostly for marketing its product and later manufacturing) around 1930s mainly South Africa, Rhodesia (Swaziland), India (Mulund, Kolkata). In India it mainly started for marketing its products and later set up manufacturing factories in Maharashtra.

In 1975, an official from T&N visited the Indian subsidiary companies and mentioned that the dust levels were very high. In late 1990s, Federal Mogul bought T&N. FM made an assessment of \$400 million as liability of FM, but that was way too low. Later FM also went bankrupt and a trust was created to pay compensation to UK and foreign workers of former T&N factories. The Trust operates in US and UK. Cape Claims was created to compensate victims of former T&N factories in South Africa, Swaziland, India. The Trust processes claims for both workers and communities living around former T&N factories. However, the monetary amounts of Trust claims are lower than what workers can get from litigation.

He mentioned about possibilities of Indian workers bringing class action law suit against Canadian asbestos mining companies in near future.

Krishnendu highlighted the stark lapses on the part of Indian govt. on monitoring how much asbestos is actually coming into the country and how much asbestos products are being exported. He talked of 'Advanced licence scheme' operationalised by the Ministry of Commerce. Under which the ministry is supposed to have data of who is importing asbestos, from where, how much duty is being paid etc. But a RTI request to the Ministry revealed that the agency has no such data available with them of companies under this scheme.

Krishnendu talked about various International conventions which are based on principles of 'prior informed consent' of which India is a party like –Basel Convention, Rotterdam Convention and also the Indian law. But India consents to import asbestos based on consent given by Min of chemicals.

**Speaker: Dr George Karimundackal (thoracic surgeon) Tata Memorial Hospital**

With a title 'Mesothelioma-Flying under the radar' Dr George Karimundackal from Tata Memorial Hospital presented 127 cases of mesothelioma and lung cancers which his hospital has detected and treated from 1985 to 2008. He stated that most of the cases come at a terminal stage. He concluded that his hospital receives 5-6 cases of asbestos diseases every year and 1 % of all lung cancer cases are mesothelioma, an

incurable asbestos disease. Notably, only 3 in 36 of the cases had a history of exposure from asbestos, implying poor methodology of data collection at TMH.

He said there was a strong co-relation with exposure to asbestos and mesothelioma which is an extremely rare form of cancer and very difficult to diagnose and treat.

Diagnosis of cases in TMH:

127 cases (1985-2008)

116 pleural mesothelioma

11 peritoneal mesothelioma

Male: 91 female: 36

50% in the age group 40-50 yrs

He said that while in last 5 years TMH has received many cases of lung cancer, only 5-6 cases of mesothelioma cases have come. Mostly the disease gets undetected. He also said for workers and their families to reach and avail facilities at TMH, which is a tertiary hospital, is very difficult. Not just very complex and painful (where half the lung is taken out), the cost of surgery itself was out of reach for a worker- Rs 1.5-2 lakhs for surgery, Rs 70,000 per cycle of chemotherapy. On top of that 7% of people die due to the intensive surgery. It's very tough to survive after one contracts mesothelioma. Between years 2003-08 only 4 out of 36 cases underwent surgery. One case was of a 55 year old worker from Bilaspur, Chhattisgarh, who was earlier diagnosed for lung cancer till he came to TMH. The other was a case of a 51 year old office worker from Thane.

Dr George emphasised how difficult it was to differentiate between lung cancer and mesothelioma, even for a trained cytologist. He spoke of lack data, lack mesothelioma registry, very few hospitals capable of correctly diagnosing and treating mesothelioma cases.

He recommended the following future course of actions:

- Ban asbestos
- Mesothelioma Registry
- Occupational history registry
- High index of suspicion
- Dedicated Multi-disciplinary expertise

**Speaker: Dr Iqbal, IITR, Lucknow**

Dr Iqbal said that there are many different sources of asbestos exposures which need to be looked at. He identified talc (powder) as a major source which has asbestos contamination and exposes a large section of population, especially children and women. Talc is used in several industries as raw material.

He said that we do have numbers of talc based cosmetic powders in India. China is the largest producer of talc. 47 companies which used to procure Chinese talc powder had to recently withdraw their product from market in Korea due to high asbestos contamination.

**Speaker: Dr Paek, Seoul National University, Korea**

Dr Domyung Paek from Seoul National University informed that South Korea has banned asbestos in 2007 which came into effect from 2009 and is in the process of passing Asbestos Compensation Law 2009.

**Speaker - Dr Murayama:**

**Speaker Dr Barry Castleman:**

Dr Barry Castleman, an authority on asbestos medical and legal issues advised India to adopt alternatives of asbestos and referred to World Bank's good practice notes, how WHO is assisting countries to

eliminate asbestos diseases and ILO's 2006 resolution calling for banning asbestos of all kinds including white asbestos. He also informed about PAHO map on asbestos diseases.

### **Session 3: Title: National Scenario – Issues and Concerns**

Moderator: Jagdish Patel

No invited govt. official attended the meeting.

#### **Speaker: Dr Y L Tekhre, NHRC.**

Silicosis problem is being discussed and taken seriously by NHRC. Asbestos is a similar problem. He spoke about NHRC's 3 pillars - Life, liberty and dignity. Asbestos is directly related to life.

No complaints have come to NHRC related to asbestos related diseases. NHRC receives only 10-15% complaints related to health. NHRC is a platform which believes in thinking globally and acting locally. He encouraged people to file complaints with NHRC related to asbestos diseases so that actions will be taken up by NHRC.

#### **Speaker:Gopal Krishna:**

The potential of Ban White Asbestos (Use and Import) Bill, 2009 which has been introduced in the Rajya Sabha, the Central Pollution Control Board study seeking all workers to be employed permanently and Railway Ministry's steps in taking asbestos roofs away from platform was taken note of. Not just domestic consumption, but we are exporting asbestos products to other countries like Bhutan.

### **Session 4: Wrap up**

#### **Speaker:Madhumita Dutta:**

Madhumita highlighted some of the key issues discussed during the day:

- Lack of data and reporting; deliberate suppression of data/info.;
- No real estimation of number of workers engaged in handling asbestos-mines/mills/factories/end-producers/users/waste
- Non-transparent/Incompetent government agencies-NIOH
- 51 cases of compensation u/s ESI till date, ESI-contradictory info.
- Independent studies have found prevalence of diseases-Gujarat, Maharashtra, Rajasthan
- Tata Cancer Memorial (1985-2005):127 cases of Mesothelioma, Gujarat Cancer-39 cases, Cancer Registry-55 cases
- Industry-government nexus/propaganda
- Rooted in domestic politics
- Fiscal incentive in 5 year plan/import duty/OGL
- De-licensed
- Dilution of law-no longer a 'hazardous substance'; lax exposure limit-2f/cc
- Scientific fraud: NIOH, IBM, CPCB
- India's intl' shame: ILO 162 Asbestos Convention, PIC convention
- Most of the workers in the unorganised sector; contract workers, daily wagers, migrant workers
- Difficult to locate and identify
- Problems in medical diagnosis; establishing occupational history
- Filing for compensation-who to hold liable, no fixed employer
- Tedious labour laws
- Piercing the Corporate veil: Difficulties in holding companies liable



**Speaker: Sreedhar Ramamurthi: Concluding Remarks**

Sreedhar recalled the vast scope of evidence presented during the day and thanked Prof Rehman for pointing out to future areas of concern particularly of nano technologies which are being touted as the panacea for the future. He mentioned of similar areas of environmental concerns such as Coal Bed Methane and Underground Coal Gasification which could do immense harm to the environment but are today seen as great solutions.

He also emphasised on the apathy of the State, the ESI and the Factories Administration which continue to deny the huge scale of problem. He also mentioned about the need to spruce up the data base both within the government and outside on the occupational conditions and victims of occupations illnesses, hazards and accidents.

He informed the house of the Minister of State for Chemicals' interest and his apologies for not being able to be present and expressed the need for better representation of the officials so that the people's views could be finding spaces in policy making. He emphasised the need for continued effort by the network and persistence to ensure that the concerns of the workers are highlighted and redressed.

**Some Photographs of the Conference**



Session 2 in Progress



R Sreedhar during the closing remarks



Krishnendu Banerjee during Session 2



Participants during the workshop