

THE EUROPEAN ASBESTOS SEMINAR

Overview of the European Asbestos Seminar and Related Meetings

After the success of The Global Asbestos Congress (GAC) in September, 2000, plans were made by the International Ban Asbestos Secretariat (IBAS), co-organisers of the GAC, to hold a series of asbestos meetings in Europe. These events took place in England, Belgium, Holland and Scotland in cooperation with trade unions, asbestos victims groups and academic institutions in June, 2001. The European Asbestos Seminar (EAS) was the core event, however the other meetings also generated discussions and created links of great interest.

On 4 June, an evening session entitled: *Asbestos: It's Still a Killer*, was held in Brighton as part of the GMB's (General Municipal and Boilermaker's Union) biennial conference. Nigel Bryson, the GMB's Director of Health and the Environment, chaired the meeting. Over the last decade, the GMB has been the most active English trade union on asbestos issues, highlighting the need to increase awareness of the risks of asbestos and campaigning for both UK and EU bans on asbestos¹. Nigel placed the GMB's national asbestos initiatives in an international context stating that the global problems caused by asbestos could only be solved through international solidarity and action. Reflecting the GMB's international outlook, he was happy to welcome Fernanda Giannasi from Brazil, Dr T K Joshi from India and Barry Castleman from the US to brief trade union members on asbestos-related developments in their countries.

The next day, Dr Tony Fletcher and Laurie Kazan-Allen, the Coordinator of IBAS, co-chaired the seminar: *Asbestos and Public Health - The International Dimension* which was held in the Manson Lecture Theatre at The London School of Hygiene and Tropical Medicine (LSHTM)². During the three-hour session, presentations by Professor Julian Peto, Drs Barry Castleman, T K Joshi, and Carolyn Stephens and Engineer Fernanda Giannasi covered topics such as: the European burden of asbestos-related mortality, the public health implications of the ruling by the World Trade Organisation (WTO) in the case of *Canada vs. the European Communities – Measures Affecting Asbestos and Asbestos-Containing Products*, the asbestos industry campaign in India and the Brazilian ban asbestos movement. Informal discussions continued at a reception held in the board room after the official session had ended.

On 7 June and 8 June, more than forty delegates from twenty countries, including many representatives from Eastern Europe, met in the heart of the EU to compare and contrast national asbestos situations. The presentations made and discussions which took place at the *European Asbestos Seminar* are detailed on the paper which

follows. The whistle-stop tour of Europe continued with an afternoon meeting the next day in Rotterdam with the Dutch Asbestos Victims' Group³. Speakers at the informal gathering included: Bob Ruers, Member of the Dutch Parliament and the Dutch Asbestos Victims' Group and a lawyer who represents many of the victims, Paul Swuste, an epidemiologist, several members of the Dutch Group and Fernanda Giannasi from Brazil. A video, ably translated by August Van, was shown which told a familiar story of denial by the asbestos industry and death of asbestos victims. The documentary contained interviews with a manager at a Canadian chrysotile mine who claimed that asbestos miners were not at risk from exposure to asbestos, only the end-users were. This was contrasted with comments from a businessman in India selling asbestos-containing products who assured the interviewer that, in fact, it was the miners who were at risk and the end-users who were safe. Family members of Dutch asbestos victims spoke of a policy of secrecy and shame which suppressed public debate on asbestos. The factories belonging to Eternit, a Belgian-owned multinational, had provided employment for thousands of local people. One speaker listed the names of asbestos victims who had the misfortune to live in her street; neither they nor their relatives had worked at Eternit's plants; their exposure had been environmental.

The final meeting in the series occurred on 12 June by which time Fernanda had departed for Brazil and Barry had returned to the US. Dr T K Joshi and Laurie Kazan-Allen travelled to Glasgow for the *Asbestos Seminar* which was co-organised by Clydeside Action on Asbestos and chaired by Laurie Kazan-Allen. The Lord Provost of Glasgow, Alex Mosson, provided a suite of meeting rooms in the splendid 19th century Glasgow City Chambers. With its history of shipbuilding, asbestos processing and heavy industry, Scotland has one of the highest mortality rates from asbestos-related diseases in the world. Solicitor Frank Maguire described the local situation and discussed the means by which compensation for Scottish asbestos victims had been secured. Laurie Kazan-Allen and Robin Howie summarised the information presented at the European Asbestos Seminar in Brussels, while David Kenvyn from Action for Southern Africa spoke about the on-going struggle of South African asbestos victims to obtain compensation from British defendant Cape PLC. Hugh Carney, a representative of the Transport and General Workers' Union, illustrated the importance of international solidarity by explaining the role he and his colleague, Sammy Irvine, played in an American case brought by a mesothelioma victim whose exposure to asbestos had taken place during his teenage years in the Scottish shipyards. At forty-eight hours notice Hugh and Sammy agreed to fly to California to testify in the trial. Shortly after their evidence was given, the defendants offered to settle the case. The keynote address by Dr Joshi detailed the attempts being made in India to kick-start a campaign to ban asbestos. His participation in this event was warmly praised by Deputy Ballie Irene Graham, representing the Lord Provost, who provided the hospitality at a Civic Reception after the meeting.

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1. GMB website: <http://www.gmb.org.uk/health&safety>
 2. LSHTM website: <http://www.lshtm.ac.uk/centres/cgech/Asbestosmeeting.htm>
 3. Dutch Asbestos Victims' Group website: info@comiteasbestslachtoffers.nl

The European Asbestos Seminar

1. Introduction

The European Asbestos Seminar (EAS) took place at the European Parliament in Brussels on 7 and 8 June, 2001. Organized by IBAS and ABEVA, the Belgian Asbestos Victims' Association, this conference brought together more than forty delegates from twenty-one countries (App. A) representing a wide range of subject disciplines to hear presentations translated into English, French, Spanish, Italian, Dutch and Greek.

The objectives of this event included:

- Keeping asbestos high on the European agenda.
- Increasing politicians' awareness of asbestos-related problems in EU countries.
- Exploring asbestos problems in potential EU member states and other countries in Eastern Europe.
- Discussing the possibility of consumer boycotts of European corporations which deny compensation to asbestos victims in Europe and elsewhere.
- Examining strategies and planning future initiatives.

Having heard the presentations and participated in the discussions, the delegates to the seminar voted to issue a resolution calling on the European Commission, the European Parliament and the governments of the Member States to address the problems caused by one hundred years of asbestos misuse in Europe. This resolution (App. B) is being widely circulated. On 26 June, 2001, an Early Day Motion (EDM 34) was tabled in the House of Commons, London, welcoming the EAS Resolution. This motion was signed by twenty-five Members of Parliament (MPs) including Michael Clapham, MP for Barnsley, West and Penistone and Chair of the All Party Parliamentary Committee on Occupational Safety and Health (see website: <<http://edm.ais.co.uk>> EDM 34 can be accessed under Michael Clapham's name).

2. Agendas

The morning session on 7 June (App. C) featured presentations on asbestos issues in France, Italy and seven East European countries; the afternoon session covered global topics such as *The World Trade Organisation Chrysotile Case*, *Asbestos in Brazil* and *The Asbestos Disinformation Campaign in India* as well as initiatives such as consumer boycotts, plans to monitor corporate behaviour and the drafting of a conference resolution.

The two-hour morning session on 8 June (App. D) was a more informal meeting primarily aimed at asbestos victims' groups. Presentations and discussions focused on identifying successful strategies to meet on-going problems and emerging threats.

3. General Comments

There was a consensus amongst delegates that the lack of information about the asbestos situation in East European countries was almost total. The opportunity to meet colleagues working on these problems was welcomed. Suggestions were made that a future meeting on asbestos be organised in Southern Europe. The presentations made on 7 and 8 June were packed with useful data and information. Because of the importance and uniqueness of these contributions, it was agreed that these presentations would be placed on the IBAS website. During the discussions, several trends emerged. Plans to join the EU by many East European countries have made prospective Member States anxious to comply with EU asbestos laws including the 2005 deadline to ban asbestos; several countries are working towards this aim. Almost all the speakers from Eastern Europe reported that the incidence of asbestos-related disease was grossly under-diagnosed in their countries. Many delegates stressed the importance of international cooperation, described problems caused by the sub-contracting of asbestos work to unskilled and unsupervised workers and revealed dangerously low levels of public and professional awareness of asbestos-related problems. The importance of gathering together so many individuals from different subject disciplines and countries was acknowledged. The work of the organisers, including Peter Skinner, the Member of the European Parliament whose office had assisted with the Brussels arrangements, was recognised. Although Peter was in the United Kingdom for the General Election, he sent a message of solidarity and support to the delegates.

4. *Belgium*

Dr Paul Vandebroucke welcomed delegates to the EAS as Chairman of ABEVA, the Belgian Asbestos Victims' Association, co-sponsors of the meeting. ABEVA is a new association, having been launched as recently as December, 2000. The association is supported by asbestos victims, their families, ecologists, academics and members of the media. Eighty asbestos victims attended an ABEVA meeting held on 10 March, 2001 to discuss health problems, difficulties in dealing with the health insurance fund and government bodies. ABEVA, funded by private donations, has established good contacts with the media, the Belgian Anti-Cancer Federation, other NGOs and government officials.

The impetus for the formation of the association was the tragedies suffered by two families: the Jonckheeres and the Vandebrouckes. Françoise Jonckheere died of mesothelioma in 2000; his Father had died of mesothelioma in 1999. Luc Vandebroucke, the Chairman's brother, was 49 years old when he died of mesothelioma in 1999. In 1995, he brought the first civil case in Belgium against an employer for occupational asbestos exposure. The case was lost in the lower court and again on appeal; under Belgian law, offences become statute-barred very soon.

ABEVA's objectives are:

- To obtain official recognition of the status of people suffering from asbestos-related diseases; currently, the only people recognised as asbestos victims are those designated as such by the occupational disease insurers.

- To set up a detailed asbestos register which reveals the geographical distribution of asbestos-related disease in Belgium and relates it to industrial areas. The aim of this register is to ensure that doctors are aware of high risk areas. Epidemiological work on this task has begun under the auspices of the Health Ministry.
- To maintain contacts with other associations throughout the world to further the global campaigns for justice for asbestos victims and for a universal asbestos ban.
- To obtain redress for Belgian asbestos victims. Belgian laws make it difficult to obtain compensation for victims. Partial compensation for people recognised by the accident and insurance funds is possible, other victims get nothing. Following the French example ABEVA wants the government to set up an asbestos fund to compensate all victims, including asbestos victims of both occupational and environmental exposure, within three months of application. New legislation in Belgium which recognises fault-free liability, i.e. for medical errors, is anticipated soon. ABEVA would like a National Asbestos Scheme to be part of this. The no-fault fund shouldn't prevent victims from bringing negligent companies to court; employers who abused their position and caused occupational exposure to asbestos should be brought to justice.
- To replace the current Belgian system in which fourteen competing Secretaries of State and Ministers share responsibility for asbestos-related matters with a system in which a National Commissioner for Asbestos Affairs ensures that a uniform approach is adopted throughout the country.

There are 880,000 tons of asbestos contained within the Belgian infrastructure; buildings, especially those built in the 1970s and 1980s, and many houses are plastered with asbestos-containing materials or contain asbestos cement. Although there are rules for the removal of asbestos from public and industrial buildings, when an industrial building burns down, the rubble is removed normally even if it contains asbestos; there are no controls of the contaminated waste. Construction waste, also unregulated, is likely to include asbestos.

Concluding his talk, Paul said that ABEVA hopes to follow a win-win strategy so that the government and industry will be encouraged to become part of the solution to the problem. He added: "If we can manage to ensure the whole of Belgian industry is prepared to contribute to a compensation fund together with the state, we can greatly reduce the residual costs to industry to 0.04% of turnover."

5. *France*

The speaker from France was Dr Annie Thebaud-Mony, a sociologist from CRESPI Institut - Université Paris-XIII and a founding member of ANDEVA, the French National Association For The Defence of Victims of Asbestos. ANDEVA was created in 1995 bringing together asbestos victims, workers' groups, academics, trade unions and others. Lobbying by ANDEVA has achieved much, including the 1997 French asbestos ban and new legislation regarding compensation for victims, however progress has been patchy. Although the right to initiate civil proceedings against negligent employers' had existed prior to 1996, this type of case had never been

brought for a victim of an occupational disease until ANDEVA members successfully took their employers to court. Unfortunately, all the criminal cases have stalled.

The asbestos movement in France has raised the profile of asbestos victims. ANDEVA has contributed to a climate in which the rights of victims are deemed to be legitimate. They are entitled to free medical monitoring tailored to their disease even after they have left their workplace. Asbestos workers have the option of taking early retirement. The number of recognised occupational asbestos-related diseases has risen and now includes: mesothelioma, asbestosis, asbestos-related lung cancer and pleural plaques. Unfortunately, there are still problems with doctors and insurers. Doctors, responsible for issuing certificates attesting to asbestos-related diseases, can be very conservative and there are often difficulties in getting medical confirmation of asbestos diagnoses. Insurers are also obstructive and ANDEVA is engaged in a constant battle to get health insurers to change their practices.

Proposed legislation to prevent asbestos use, manage asbestos in-situ and impose the need for asbestos surveys has been blocked for the last two years. In the big industrial sectors where asbestos use or processing was common before, the situation has improved. On the other hand, at sites where asbestos is being removed, the situation is completely out of control. Asbestos removal is a lucrative industry and involves the use of many sub-contractors. At the first level, there is usually a prevention plan but by the time the job has been sub-contracted out two or three times, all precautions are abandoned. Much of the risk is being incurred by immigrant workers from Southern Europe, Turkey the Magreb or Southeast Asia. Thus, the French asbestos epidemic is being transferred to the less well-off and most vulnerable sectors of the working population who remain uninformed of their rights. Such double standards are reflected on a global scale by the behaviour of European companies outside the EU; after the French government banned asbestos, a French multinational retained its shares in its profitable Brazilian subsidiary which produced asbestos goods. International pressure and a global campaign is needed to force multinationals to end the trade in this carcinogenic substance. Annie proposed that a meeting with campaigners, asbestos victims' groups and trade unions from countries in Southern Europe be held next year to discuss asbestos issues and plan future action.

Summing up, Annie reiterated the problem of double standards both in France and abroad. She stressed that banning asbestos in France was just the beginning, the ultimate aim remains: a global ban on asbestos. Once that is achieved, the rights of all asbestos victims must be recognised and further asbestos exposure prevented by ensuring that asbestos materials contained within the international infrastructure is properly and carefully dealt with.

6. *Italy*

Dr Daniela Degiovanni, oncologist and medical-legal consultant, has specialised in asbestos-linked diseases for the last twenty-five years. She is never short of work as Casale Monferrato, the town in which she works, was for much of the 20th century home to an asbestos factory owned by Eternit, the biggest European producer of asbestos cement products. Daniela told a harrowing tale of the struggle by asbestos victims, workers, doctors, trade unionists, lawyers and volunteers to overcome a system which time and again denied justice to victims. She feels that “a solid

scientific training, together with strong social motivation, can exceed the limits of the legislative and standard restrictions and redefine new routes.” Over the years, Daniela has treated 2000 former Eternit workers, most of whom became ill after having breathed in billions of asbestos fibres in non-protected working conditions. The victims and their advisers had “to fight against cultural prejudices and lack of response, against rigorous conservative mentalities and systems closed to any innovation.” There were many defeats but from time to time local victories led to changes that were beneficial to asbestos victims nationally. Before 1980, the presence of asbestosis was necessary for the granting of compensation by the court in pleural mesothelioma or lung tumour cases. In that year, legal actions brought against an insurance company for its refusal to recognise three cases of pleural mesothelioma (without asbestosis) as occupational diseases were successful in the local court. After this judgment, the insurance company was forced to modify its list of occupational diseases to include mesothelioma and lung cancer without asbestosis. This change was a major improvement in the fight by Italian asbestos victims’ to obtain compensation for their illnesses.

Daniela stressed the importance of strong social motivation to change unfavourable conditions: “in the absence of laws or clear regulations or in the presence of archaic laws, often it is the social motivation that determines the most significant changes on the obtaining of an objective.” The role of the medical-legal doctor or company doctor transcends his/her medical function and should be seen as incorporating the defence of the citizen’s health.

7. *Lithuania*

In the paper: *Asbestos in Lithuania: Present and Future Strategies*, Viktoras Seskauskas from the Occupational Medicine Centre at the Institute of Hygiene in Vilnius gave delegates a frank appraisal of the situation inherited from the Soviet regime under which there was: “no legislation, no specialists, no occupational disease registry, no monitoring facilities, equipment and quality management, no good occupational and abatement practice, no waste disposal, no public awareness, the unknown amount of exposed people and no registered cases of deaths caused by asbestos.”

Four thousand tons of asbestos were imported annually; there were 25,800 male lung cancer cases registered in Lithuania between 1965-1994. Starting from ground zero, the current government has made significant improvements, encouraged by the goal of joining the EU. Over the last ten years, work has been undertaken to introduce national legislation on asbestos management including the 1998 decision to restrict and eventually ban asbestos (the overall ban is expected to be in place by 2004). In 2000, a prevention programme restricting use and controlling environmental contamination was initiated. Although the outdated Lithuanian *Hygiene Norm HN23-1993 Hazardous Substances: Maximum Allowable Concentrations in the Air of Work Area* is still in place, the final draft of its replacement (*Hygiene Norm HN23-2001*) is being prepared according to EU Directives.

Other initiatives to improve the situation include:

- The education and training of researchers and labour inspectors in the subject of asbestos management.
- The purchase and use of equipment for the counting of airborne asbestos fibres.
- The translation into Lithuanian of the WHO (1998) analytical method: Determination of airborne fibers number concentrations which uses phase contrast optical microscopy (membrane filter method).
- A current assessment (made during the CAREX project) that 7500 workers are working with asbestos.
- Coordination of a training project (financed by the Danish Government and Ministry of Labour) on issues of the environment, public and occupational health under the Baltic Agenda 21 during the years 2000-2002; this programme includes publication of information on asbestos in Lithuanian for teachers, labour inspectors and safety specialists.
- A project for strengthening enforcement of occupational safety and health (PHARE-TWINNING/LI 9911.01) through the use of new hardware and software and the training of specialists and the creation of OSH registries to record OSH workplace data with special emphasis on carcinogens including asbestos, lead, benzene, etc.
- A project: Occupational Exposure to Carcinogens in Lithuania in 1997; preliminary results (www.occuphealth.fi/list/data/CAREX).

Problems stemming from decades of asbestos misuse have been identified and the government is trying to improve conditions. Current asbestos risk management in Lithuania is ineffective due to low levels of professional and public awareness, lack of interministerial cooperation and the absence of knowledge on abatement procedures. Vicktor suggests that: “The most effective way for solving the present problems in the asbestos management field might be the extensive international cooperation with countries experienced in asbestos abatement, research and quality management, public and specialist education.”

8. Poland

Since the Brussels meeting, Mieczyslaw (Mike) Foltyn, from the National Labor Inspectorate (NLI) of Poland has been appointed by the Chief Labour Inspector as the NLI's Coordinator of Asbestos Issues. Mike's informative presentation in Brussels was entitled: *The Problem of Asbestos in Poland as Seen by Labour Inspectors*. During the 1970s, the peak years of asbestos use in Poland, the annual consumption of raw asbestos was 100,000 tons. By the mid-1980s it had fallen to 60,000 tons; in 1991, it fell to 30,000 tons, making Poland the 16th biggest consumer worldwide. From 1952-1997, one hundred companies employing 9,000 people were involved in asbestos manufacture. Two thirds of the asbestos, mostly chrysotile, was used by four firms to produce asbestos-containing construction materials such as corrugated roofing panels and cladding panels which were commonly used in residential and industrial buildings. According to Mike: “Crocidolite was widely used for the manufacture of pressure and large diameter pipes.” Factories which used asbestos

products were scattered throughout the country; consumption varied from plant to plant and ranged from an annual use of several kilograms to hundreds of tons. Moves by some Polish companies to replace asbestos with substitutes began as early as 1995 but economic reasons have prevented this trend from growing.

During the period from 1976-1996, the Register of Asbestos-Related Occupational Diseases recorded the incidence of occupationally related asbestos-related diseases as follows: 1314 asbestosis, 154 lung cancer, 52 mesothelioma. Although mesothelioma has been recognised as an occupational disease since 1986, only 2.4% of the total number of mesotheliomas occurring between 1986-1996 were acknowledged as occupationally linked. "This low percentage proves that knowledge about asbestos as etiological factor in the origin of mesothelioma is lacking, that in its recognition international standards are not applied, and that occupational questionnaires concerning patient's health are filled-in incorrectly."

The Polish law prohibiting the application of asbestos products came into force in September, 1997; in 1998 the Minister of Environment issued regulations detailing the safe management of asbestos goods in situ, the safe disposal of asbestos waste and rules protecting occupational health and safety during these processes. On 1 January, 1998 a new law on the disposal of waste, including asbestos-containing waste, came into force. Despite these laws, Polish labour inspectors have discovered the continuation of dangerous practices on a large scale. Inspections at sites employing 45,000 people, found that 497 were directly exposed to asbestos during repair or removal work; a further 1,244 people had been exposed to asbestos fibres released during these dangerous activities. Other irregularities identified at these workplaces included: unmarked asbestos working areas which resulted in exposure to other employees and the public, lack of a register of employees exposed to carcinogens, lack of medical surveillance for exposed employees, companies permitted to remove asbestos sub-contracting the work out to unapproved firms resulting in the lack of work plans, risk analyses and preventive measures to minimise occupational risk and improper handling of asbestos waste.

The flouting of asbestos regulations, as revealed by the inspections, has led to the development by the Chief Labour Inspector to the Minister of Economy of a project: "Programme of Removing Asbestos and Asbestos Containing Goods Used on the Territory of Poland" to commence in 2002. It is hoped that this initiative will: "cover both organisational and technical solutions, as well as promotional campaigns to raise the level of common awareness of harmful properties of asbestos. We also hope that the programme will also raise the issue of costs for the society resulting from the use of asbestos."

9. Romania

Dr Ruxandra Carmen Artenie (Carmen), from the Institute of Public Health in Bucharest, described: *Current Asbestos Issues in Romania*. Although official awareness of Romania's asbestos legacy has been growing, a shortage of skilled personnel and equipment has hampered efforts to identify and assist thousands of Romanian asbestos victims and to promote primary prevention strategies. No asbestos surveys of Romanian buildings have been carried out. Statistics reveal that at the beginning of the 1990s there were 2,474 people working directly with asbestos, by the

mid-1990s this figure fell to 1,701, but rose again in the year 2000 to 1,741. Officially recognised asbestos-related diseases in Romania include: asbestosis, mesothelioma and lung cancer, however no cases of mesothelioma or asbestos-related lung cancer were recorded between 1990-2000. Although there are 10,000 new cases of lung cancer diagnosed in Romania annually, it is unknown how many are asbestos-related. Carmen concludes: “the morbidity data presented does not show the real situation especially because the percentage of the exposed people periodically checked up is still reduced (approx. 60%)... Most asbestos-induced occupational diseases are still not recognized as such.”

Romania’s history of asbestos use includes asbestos mining in the Banat County, the manufacturing of asbestos cement products, friction materials, asbestos textiles and asphalt mixtures. Despite growing knowledge of the risks of asbestos, the use of imported asbestos from the Soviet Union, Yugoslavia and Canada grew from 1973. Both chrysotile and crocidolite were imported. It is interesting to note the participation in Romania of the Asbestos Institute, the body representing the Canadian asbestos industry and spear-heading efforts to protect international markets for chrysotile. “In 1991, specialists from the Asbestos Institute, in Canada performed some measurements at the Brake and Sealing Elements Plant from Ramnicu Sarat.” Bearing in mind that the Romanian exposure limit for workplace asbestos exposure is 1 fibre/cm³, the exposure levels measured during the production processes at this factory were horrific: cold press friction elements 5-6 fibres/cm³, mixture for friction element 7.1 fibres/cm³, weaving 9.4 fibres/cm³ and asbestos weaving 5 fibres/cm³.

An asbestos programme underway at The Institute of Public Health aims to: monitor occupational asbestos exposure using phase optical microscopy and scanning electron microscopy, quantify and identify those people exposed to asbestos by paying attention to the histories of occupational and other exposures, assess the health risks of asbestos exposure, develop diagnostic tools and implement scientific research projects. Since 1998, participation by Romanian scientists in a multi-centre case-control study, coordinated by the International Agency of Research on Cancer, has so far identified five subjects out of two hundred lung cancer patients who had experienced occupational asbestos exposure. Completion of the study is scheduled for 31 December, 2001. Other important research in Romania includes “determination of urinary asbestos by scanning electron microscopy in the urine of a group of workers exposed to chrysotile in a factory of insulation elements and in asbestos cement industry,” and studies relating to the surface properties of asbestos and “the physical and chemical interaction between asbestos and a series of biological compounds: proteins, aluminium, hemoglobin, DNA.”

Recommendations for improvements in the Romanian system call for lowering of the limits for workplace asbestos exposure to 0.2 fibres/cm³ of air, more and better methods of control, asbestos inspections of public, industrial and residential buildings, monitoring of workplace exposures in smaller enterprises in the construction, car repair and shipyard sectors, medical surveillance of people exposed to asbestos, asbestos-awareness training of general practitioners and pneumologists as well as an increase in the current number of 250 Romanian specialists in occupational medicine.

10. Hungary

Professor Andras Mandi from the Hungarian National Institute for Occupational Health (NIOH) in Budapest reported that asbestos-caused lung fibrosis, asbestosis, has been an accepted occupational disease in Hungary for 40 years. The majority of asbestosis cases arose from occupational exposure in the asbestos textile industry. In the 1980s, asbestos textile production was the first asbestos process to be banned. The use of amphibole asbestos fibres was banned in 1988. From 2005 the production and the use of asbestos-containing materials will be prohibited in Hungary

Andras based his presentation on a paper entitled: *Role of Occupational Asbestos Exposure in Hungarian Lung Cancer Patients* (International Archives of Occupational and Environmental Health (2000) 73: 555-560) which was the result of research undertaken for a European Union project: INCO Copernicus IC 15-CT 96 0301. The project had two aims: to measure asbestos contamination across a range of buildings in Budapest and to assess occupational asbestos exposure among patients with malignant respiratory tumours in Hungary.

Between 1997-1999, the Dust Laboratory of the NIOH, investigated asbestos-containing materials in 500 buildings constructed at different times in Budapest and found them in:

- 14% of residential buildings
- 47% of official buildings
- 6% of schools and kindergartens

An analysis of 101 asbestos materials, found that 98 contained chrysotile, 2 contained chrysotile and crocidolite and one contained crocidolite.

A clinical investigation among lung cancer patients was undertaken to establish the frequency of occupational asbestos exposure. The incidence of lung cancer in Hungary is very high, with 6000 new cases per year in a population of 10 million. On the basis of published data, it was believed that 1-20% of all lung cancer cases would be revealed to have been linked to asbestos exposure. Therefore, asbestos exposure could have been expected in up to 1200 patients a year. This contrasts with official figures of 2-3 cases of asbestos-related lung cancer per year. Government figures of 20-30 cases of pulmonary asbestosis and 8-12 malignant pleural mesotheliomas are also very low.

A detailed and comprehensive questionnaire consisting of 29 questions was distributed to a representative group of 300 lung cancer patients. On the basis of the questionnaire and the data accumulated, the cumulative asbestos burden of each person was assessed, expressed in fibre years with one fibre year being one year full-time work at an exposure of 1 fibre/1 cm³. In Germany and elsewhere, the lung cancer of an asbestos worker with a cumulative asbestos exposure greater than 25 years is accepted as an asbestos-related or occupational disease. This is not yet the case in Hungary.

Interviews were conducted with 300 cancer patients: 297 patients with lung cancer and 3 with diffuse malignant pleural mesothelioma. “Among each of the three pleural mesothelioma patients (100%) and among 11 of the 297 lung cancer patients (4%), a cumulative occupational asbestos exposure of 25 fibre-years or more was detected. Since a cumulative asbestos exposure of 25-fibre years is expected to cause a two-fold (increased) risk of lung cancer, the respiratory malignancies of these patients should be accepted as occupational diseases.” On the basis of this investigation Andras concluded that the majority of asbestos-related lung tumours in Hungary have been unrecognised and that diseases caused by asbestos are “very severely underdiagnosed.”

11. Bulgaria

Asbestos in Bulgaria - History, Current Use and Perspectives was presented by Associate Professor Dr Petrana Tcherneva-Zhalova from the National Center of Hygiene in Sofia, Bulgaria. The situation in Bulgaria is complicated by the country’s deposits of anthophyllite and tremolite and regions naturally contaminated with asbestos admixtures in the soil. A survey of 96,059 subjects from the affected regions conducted from 1973-1978 identified 720 cases of pleural plaques, 94.6% of which were in subjects over 40 years old. The Bulgarian asbestos legacy has been exacerbated by the commercial use of asbestos; consumption data for the year of 1980 records the use of 32,000 tons of chrysotile, mainly from Russia and Canada, 1000 tons of crocidolite, from South Africa, and 7000 tons of domestically produced anthophyllite and tremolite. Bulgarian asbestos was sourced from five locations, raw fibre was processed at two plants, asbestos-cement was produced at six factories and friction materials were produced at one plant and several shop facilities.

Threshold limit values (TLVs) for chrysotile have been reduced since 1977 from 3 fibres/cm³ to 0.6 fibres/cm³. Until 1998, the State Sanitary Control at the Ministry of Health was responsible for the control of air dust pollution. Since then, the Ministry of Labour and Social Policy has been in charge. The Bulgarian system for the medical monitoring of exposed workers is carried out regionally in eight departments by specialists in occupational lung diseases, occupational medicine and radiologists competent to ILO standards. There are compulsory criteria for the diagnosis of asbestosis, asbestos-induced pleural thickenings and pleural plaques, lung cancer and malignant pleural mesothelioma. The work is overseen by the National Centre for Occupational Diseases. Research of 9142 workers over the years 1967-1982 found 206 cases of asbestosis and 492 cases of pre-morbid changes. An analysis of asbestosis cases recorded up to 1982 shows the following occupational links:

insulation and power-repair industry	37%
miners and primary processing of asbestos raw materials	21%
asbestos-cement production	16%
asbestos plastics production	10%
asbestos textiles	10%
others	10%

Data from 1980-2000 record a small number of asbestos-related cases ranging from 136-201 cases of asbestosis, asbestos-induced pleural thickenings and pleural plaques annually. Cases of malignant pleural mesothelioma per 100,000 have risen from 6 in

1991, to 9 in 1992, 14 in 1993 and 16 in 1997. While there is no information on the occupational histories of these patients, most of them come from regions with occupational use of asbestos. “Having in mind the substantial numbers of workers exposed to asbestos... there is a significant hidden morbidity and incidence rate probably due to organizational, financial and legal reasons as well as to insufficient number of specialists.”

Currently, two thousand tons of imported asbestos every year continues to put 4400 workers at risk. There are still 434 firms which work continuously with asbestos and 315 which work with it occasionally. It is reassuring to note that 130 companies have already substituted asbestos with asbestos-free materials. The prevention of further asbestos disease has been designated a national priority in Bulgaria. Work to prepare the country for EU accession has reinforced the need to adopt regulations to protect human health from asbestos. Asbestos regulations and ordinances have been enacted in recent years which cover: occupational safety and health, registration of occupational diseases, banning the use of all amphiboles, banning some chrysotile-containing products, lowering TLVs to EU levels, regulating the demolition of buildings and ships and reducing environmental pollution.

12. Slovak Republic

Professor Margareta Sulcova, a physician specialising in occupational medicine, from a research institute in Bratislava presented her paper: *Asbestos Use and the Health Effects in the Slovak population*. Asbestos has been used in Slovakia since 1940. Production at the country’s single serpentine mine decreased in the 1990s and in 1999 the mine closed. Recently, there were two asbestos cement factories which used imported asbestos from Canada, Russia and South Africa. Production at one facility finished in 1999 and at the other in 2000. According to national legislation, the use of asbestos in the food industry, pharmaceutical industry, brake linings, shipping and building sectors, building and insulation materials and personal protective equipment is no longer allowed. However, asbestos is still permitted for fire protection although it is being replaced with substitute materials.

Environmental exposure to asbestos is “practically uncontrolled” and comes from two sources:

- Indoor exposure to pipe insulation, fireproofing, doors, insulating materials, paint materials in wooden buildings and cottages. Also hazardous is exposure to asbestos-cement products such as pipes for water supply, sewage and chimneys. Flower pots were made from asbestos cement but production of these has stopped.
- Outdoor exposure to asbestos cement rooves, walls, waste dumps, use of asbestos cement waste for pavements, uncontrolled manipulation and transportation of asbestos-containing waste. Such waste is recognised as dangerous but not all of it is being controlled.

Occupational exposure to asbestos is controlled by the State Institute of Public Health which maintains a register of workers occupationally exposed to asbestos. The

numbers of workers on this register decreased from 231 in 1996 to 92 in the year 2000. Latterly, these exposures were controlled and took place in:

- Production of asbestos cement materials (45 workers in 1998).
- Production of cardboard (36 workers in 1998).
- The fire protection industry.
- Production of personal protective equipment.
- Production of insulation materials.
- Inspection and research in the asbestos field.

Uncontrolled occupational exposure is most common amongst electricians and building trade workers, especially those involved in demolition and reconstruction of buildings. There is no information or knowledge about the numbers of workers being exposed in these circumstances.

In the Slovak Republic the following occupational diseases are recognised according to the Helsinki criteria: asbestosis, lung cancer plus asbestosis and mesothelioma. Official figures for these diseases are low. In 1998, there were 7 cases of asbestosis and 4 cases of asbestosis/lung carcinoma. An academic study of workers exposed to asbestos between 1983-2000 shows a different picture. In one factory, 737 workers with occupational exposure of more than 10 years and 20 years since first exposure were observed with the following results: 29 cases of asbestosis of which 8 were combined with lung carcinoma and 5 were combined with mesothelioma of the pleura. The risk of lung carcinoma for workers exposed to asbestos who were smokers was triple that of non-smokers. The relative risk of lung cancer increased for each fibre year of exposure.

An evaluation of the incidence of mesothelioma in the Slovak population was made using the Oncological Mesothelioma Register. The number of malignant mesotheliomas amongst Slovakia's 5.5 million inhabitants has been rapidly increasing over the last 8 years. The vast majority of the 285 cases which occurred between 1978-1997, all of which are approved clinically and histologically, were patients between 60-69 years old. There was one case in a 13 year old boy whose father worked in an asbestos cement factory and brought home his contaminated clothes. From linear and multiplication models, it is clear that there are more cases of mesothelioma than had been expected.

Preventative measures which have been adopted include special laws, regulations and government orders introduced since 1999 on the control of asbestos and workers' protection against occupational risk as per EU Directives. The main principles of the regulations are that:

- Products containing asbestos can only be used when other suitable non-hazardous alternatives are not available.
- All employees must be informed about the health risks of asbestos and the synergistic effect of smoking and asbestos; they must be advised to take protective measures.

- Until the end of the year 1998, the import of asbestos and asbestos-containing materials must be approved by the Ministry of Health which is authorised to set asbestos exposure limits. By 2002, these limits will be the same as in the EU.

Margareta concluded her speech saying:

- The mining of asbestos and production of asbestos cement products was abolished in 1999.
- The import of asbestos and asbestos-containing materials to the Slovak Republic is not allowed officially, but unofficially it still takes place.
- The number of workers being exposed to asbestos under controlled conditions is declining.
- There are some problems in preventative health care services for exposed workers due to the transition of the health care system in Slovakia.
- There is an unknown number of workers experiencing uncontrolled exposures.
- The Slovak population is experiencing uncontrolled indoor and outdoor sources of exposure.
- The government order on asbestos based on EU directives will be implemented in 2002.

13. Latvia

Professor Maija Eglite from the Institute of Occupational and Environmental Health in Riga, discussed her country's use of asbestos and highlighted current steps being taken to prepare Latvia for membership of the EU. Asbestos has been used in Latvia since 1940; it was widely used in the late 1970s. The majority was chrysotile imported from the Southern Ural Mountains and Kazakhstan. Annual consumption has fallen from 4575 tons in 1993 to 1490 in 2000. Important Latvian asbestos regulations are:

- Regulations No. 158, passed on April 25, 2000 by the Cabinet of Ministers, to restrict and ban the trade of chemical and hazardous chemical substances under the Law on Chemicals and Chemicals Products. In line with the EU directive banning the use of chrysotile as of 1 January, 2005 in all Member States, these Latvian regulations prohibit the sale and marketing of all types of asbestos as of 1 January, 2001. The use of asbestos goods in situ which are in good condition is permitted as long as they are properly labelled.
- Regulations No. 317, passed on 25 August, 1998 by the Cabinet of Ministers, to cover issues of occupational safety and health for asbestos-related work under the Law on Labour Protection.

Although the sale of asbestos and asbestos-containing products has been banned since 1 January, 2001, 1380 tons of asbestos cement products and products containing asbestos, the majority of which was roof covering, were imported during January and February, 2001. Maija explained that this contravention of the law is due to the lack of time given to phase-out the commercial use of asbestos. In addition, government

agencies responsible for controlling the import of asbestos, the Department of Health and Department of Environment, had not, due to the shortage of time, made adequate preparations to enforce the new prohibitions. Over recent months, new government controls restricting the import of asbestos have been put in place and seem to be working.

The Department of Labour, responsible for controlling the use of asbestos and enforcing Regulations No. 317, has no authority to regulate its import. In the year 2000, this department received 18 applications for work with asbestos or asbestos demolition. Maija points out that taking into account the amount of asbestos used in Latvia, this is a relatively small number of applications. In 2000, there were some small and medium-sized enterprises using asbestos in small amounts; however, the majority of asbestos was used by three main companies:

- Brocenu Metala Sistemas, formerly Brocenu Cement-Slate factory, used 1100 tons.
- Valmieras Stikla Skiedra used 3.5 tons in the manufacturer of thermal insulation products.
- Lokomotive used 4.45 tons repairing railway engines.

Progress has been made in regulating exposures at the larger facilities; the biggest problem seems to be at small and medium-sized companies and at demolition sites. From 2001, the “Maximal Allowable Value” in Latvia for asbestos fibres has been 0.6 fibres/cm³; it was previously 1 fibre/cm³. Air quality measurements taken last year at asbestos demolition sites recorded mean concentrations of 3.3-4.6 fibres/cm³.

Considering the past usage of asbestos, official figures for asbestos-related diseases are very low. From 1974-2000, 44 people “have been registered in State register of Occupational diseases as persons having asbestos-related diseases.” Between 1997-1999, 52 cases of mesothelioma were identified. Maija concludes that large numbers of asbestos-related diseases remain undiagnosed. It is hoped that increased medical training and improved diagnostic techniques will identify more cases.

14. Brazil

Engineer Fernanda Giannasi is a Labour Inspector in the city of Sao Paulo, Brazil. Fernanda graphically demonstrated the ubiquitous use of asbestos in Brazil with slides showing asbestos-containing products in laboratories, children’s playgrounds, residential properties, gardens, construction sites, factories and in road-side skips. Brazil is the fifth largest producer of chrysotile worldwide. In 1996 it produced 213,000 tons, in 1997 208,000 tons and in 2000 190,000 tons. Thirty-two per cent of Brazilian production is exported to the developing world and Japan.

The results of years of asbestos production and use are not hard to find: thousands of Brazilians suffer from asbestos-related diseases. According to government statistics however, there were fewer than 100 asbestos-related deaths between 1900-1998. Alternative figures produced by The Brazilian Association of The Asbestos-Exposed (ABREA) reveal that of 960 former workers at Eternit’s asbestos cement factory in Osasco, 549 were affected by an asbestos-related disease or symptom. ABREA is

fighting to increase the visibility of asbestos victims. ABREA's other goals include campaigning for: medical surveillance of exposed workers, compensation for asbestos-related diseases, more public awareness of the risks of asbestos and national and international bans.

To protect its domestic and international chrysotile market, the government and asbestos industry have promoted several myths about Brazilian asbestos:

- Only amphiboles (crocidolite and amosite) are dangerous.
- The purity of Brazilian chrysotile ensures that it is safe.
- There has been no spraying of asbestos in Brazil. Fernanda showed us photographs from a cinema in Rio where the sprayed asbestos was in such a poor state that it was crumbling in her hands. The cinema was closed down and the asbestos was removed.
- Only occupational asbestos exposure can be dangerous; environmental exposure is safe.
- "Controlled use" of asbestos is possible. To illustrate the fallacy of this statement, Fernanda showed us a photograph taken in a factory. A man is using a baseball bat to open a plastic-wrapped shipment of LAB (Canadian) chrysotile. He is dressed in ordinary clothes with no protective equipment other than a flimsy plastic mask covering his nose.

There is good news and bad news from Brazil. The good news is that the "domino effect," so feared by the asbestos industry, is gathering pace. The four most industrialised Brazilian states and many cities and towns have now banned asbestos. The bad news is that in Brazil there remains a dearth of reliable information, no epidemiological studies of former asbestos workers, no medical follow-up of the exposed, a lack of specialised medical care and no specialised training for medical personnel. The Labour Inspectorate has only 26.6% of the health and safety inspectors it needs to guarantee a yearly visit to each of the Brazilian factories using asbestos.

15. India

Dr Tushar Kant (TK) Joshi, Head of the Centre for Occupational and Environmental Health in New Delhi, India presented a paper: *Asbestos Disinformation Campaign in India*. TK described a situation in which the use of asbestos was virtually out of control. Of the 125,000 tons of chrysotile used annually in India, 100,000 are imported from Canada and Russia, and 25,000 are produced in the states of Rajasthan, Bihar and Andhra Pradesh. Most of the chrysotile is used to manufacture asbestos cement products such as pipes and sheets. While the use of crocidolite is prohibited, locally produced tremolite is still being used.

Asbestos in India is big business with an annual turnover of US\$200 million from 13 large and 673 small-scale units widely spread over this huge country. TK believes that the official estimate of exposed workers is an underestimate: 6,000 workers directly exposed and another 100,000 indirectly exposed. The industry-funded Asbestos Information Centre in Delhi has been promoting the "controlled use" of asbestos at pro-industry meetings and conferences for some years. Although there are

government regulations on asbestos such as The Environment Protection Act 1986, the Factories Act 1948, etc., the enforcement by the Department of Mine and the Department of Labour is more or less non-existent.

According to TK: “The picture in India with regard to asbestos use and exposure remains grim and alarming. Asbestos exposure is causing a 'Disaster in Slow Motion' but is not visible as no records are maintained, and enforcement remains on paper. It is not difficult to imagine the outcome of such a scenario. In the final analysis, asbestos exposure will claim many times more lives than the Methyl Isocyanate exposure in Bhopal in 1984 did.”

16. *The World Trade Organisation*

Dr Barry Castleman’s contribution focused on the interior workings of the World Trade Organisation (WTO) as revealed during the various stages of the Canadian complaint against the French chrysotile ban. As an expert adviser to the EU legal team, Barry observed first-hand many of the undemocratic and secretive practices of the dispensers of WTO justice. While the case was ostensibly about the French ban, in fact the Canadians were more interested in the psychological and precedential impact of this case on asbestos use in the third world. Canada exports almost 100% of the asbestos it mines for use in asbestos cement, automobile brakes, gaskets and textiles; the French ban could have seriously endangered the remaining asbestos markets.

WTO processes are characterised by a lack of public disclosure and industry-bias. During the selection process of potential WTO scientific experts, nominees who were members of the renowned Collegium Ramazzini, a body of 180 esteemed independent scientists and doctors, were barred from serving as the Collegium had previously issued a public *Call to Ban Asbestos*. Nominees were however not asked about their links to or service with the asbestos industry. Throughout the process, secrecy was preserved: the names of the selected scientists were not released, reasons for rejecting other experts were not disclosed and the written questions submitted by the WTO to the experts were confidential.

The asbestos industry continues to maintain that asbestos can be used safely under a regime of “controlled use.” Explanations of just what is meant by “controlled use” have been elusive. During this case, the Canadians finally defined this concept as:

- Sale only to licensed companies.
- Provision of user lists to government agencies.
- Setting up regional centres where products can be cut to size.
- Supervision of downstream users including monitoring of their performance with financial penalties for “failing to provide this product stewardship.”

The Canadian fairy tale would place the onus for “controlled use” on the governments of asbestos-importing countries and local asbestos companies while excusing the exporting countries of all responsibilities. The concept of field fabrication centres for asbestos cement products in Bangkok or Sao Paulo was absurd as was the policing role for asbestos companies. When the Canadian lawyer was

asked where such a scheme of “controlled use” exists, he declined the Chairman’s invitation to answer.

The description of the scientific hearings which took place in Geneva was riveting. The audience was restricted to 36 people; excluded were representatives from third party nations (US and Brazil) and the ILO and WHO, trade union and media personnel and delegates from environmental groups and other NGOs. Canada’s experts included the usual “scientists” employed by the asbestos industry. The members of the adjudicating WTO Panel seemed unaware of many important scientific points of the case; one of the judges appeared to almost fall asleep after the long lunch break.

The unanimity of the WTO-appointed experts that there was no safe level of exposure, safer substitutes were available and “controlled use” was unrealistic was pivotal to the case. Barry felt that if one of the 4 experts had thought “that it seemed possible that government regulation could work in the construction industry,” the case could have been lost. Discussing the Canadian appeal lodged on 23 October, 2000, the issue of the new provision for NGOs to submit amicus briefs was mentioned. All the 17 briefs submitted were rejected by the Appellate Body for one reason or other. The Appellate Body upheld the French ban.

The weaknesses of the WTO process revealed during this case included:

- Difficulties in resolving complex problems in a period of one year (and 6 months for the appeal);
- Trade diplomats and retired trade officials serving as panel members being totally dependent on work carried out behind closed doors by faceless WTO bureaucrats who make up the WTO Secretariat;
- The role of multinational corporations in “informally” advising WTO staff.

Barry concluded that: “It is ironic that these laws (for public health and safety), developed in open societies with input by all sectors of society, can be penalized and even overturned through a closed process at the WTO where only governments have the standing to be heard. Only the greatest powers on earth, the global corporations, could have induced the governments of the world to discard their national sovereignty and accept this system of world government so ruled by commerce. But seen up close, it is a fraud and a failure, and in its present form constitutes a tremendous threat to the well-being of people all over the world.”

17. Case Studies

17.1 Spain

The presentation by Dr. Antonio Agudo from the Department of Epidemiology and Cancer Registration at L’Hospitalet de Llobregat, Spain was based on the published paper: *Multicentric Study on Malignant Pleural Mesothelioma and Non-occupational Exposure to Asbestos* (The British Journal of Cancer (2000) 83(1), 104-111). Research carried out in six areas in Spain, Italy and Switzerland, two of which were near asbestos cement plants, led the authors to conclude that: “Living between 2000

and 5000 m from asbestos industries or within 5000 m of industries using asbestos could also be associated with an increased risk. A dose-response pattern appeared with intensity of both sources of exposure.”

17.2 Scotland

Dr Arthur (Art) McIvor from Strathclyde University is co-author of the book: *Lethal Work: A History of the Asbestos Tragedy in Scotland*. The appalling asbestos legacy in Scotland is a result of the nation’s economic history. This is well-illustrated by the situation in Clydeside, an area which has one of the highest asbestos-related disease rates in Western Europe. Ship-building on the Clyde, which produced 40% of Britain’s total tonnage in the 1940s, and asbestos manufacturing were critical in raising local asbestos exposure levels. The mesothelioma rate amongst the male population in Scotland is extremely high.

A series of pictures illustrated past use of asbestos in Scotland including:

- Asbestos pipe lagging in a ship’s boiler room in the 1960s.
- Asbestos lagging around a locomotive built in Glasgow.
- Asbestos-containing building products used in the Red Road flats; in the 1960s, when these flats were built, they were the highest in Europe. Dust levels here were 15 times what was recommended.

The historical reconstruction of the asbestos tragedy in Scotland involved analysis of documentary records such as the Turner & Newall archives, employers organisations’ records including those of the Thermal Insulation Association, factory inspectors’ reports, government papers, reports of the trade unions and files in the library of the Scottish Trade Union Congress. To corroborate the archival information and to bring the voice of the victims into the project, asbestos victims and sometimes their spouses were interviewed. The testimony of 31 participants covered the period from the 1930s to the 1980s and described all the main asbestos exposure points in the Clydeside area. These voices provided a glimpse into the dark historical legacy of asbestos, revealing the grim and life-threatening working conditions which were prevalent in Scotland. Many of the participants said that the asbestos dust in the shipyards, factories and building sites "fell like snow." The quantity of dust in the atmosphere at work made it difficult to see colleagues standing next to you. Dust brought home on workclothes contaminated the community and exposed family members to danger. It was a common sight to see workers making snowballs with asbestos fibres. These conditions were allowed to persist even after medical knowledge of the hazards were known and regulations had been passed.

Workers’ comments revealed that the reasons the hazardous conditions continued included:

- The slippage between legislation and actual workshop practices.
- Employers ignoring the evidence and exploiting their power to force workers to endure dangerous conditions.
- Managers ignoring safety regulations.

- ❑ The existence of a machismo work culture in the shipyards and on building sites which deterred changing attitudes at the workplace.
- ❑ Lack of provision of masks or provision of ineffective safety masks (some of which contained asbestos linings).
- ❑ Separation of occupational health from general health which exacerbates the asbestos problem. If doctors had been made aware of the potential impact of working conditions on workers' health earlier, preventative action could have been taken sooner.
- ❑ Non-enforcement by government agencies of the asbestos regulations.
- ❑ Levels of fines which were so low that they did not deter infringement of the regulations.
- ❑ Trade union impotence.

The interviews with asbestos victims revealed the impact which contracting an asbestos-related disease has on the individual, the family and the community. Unemployment plus physical impairments lead to the loss of self-esteem, curtailment of social activities (gardening, walking and dancing), alienation, deprivation and social exclusion. Many victims and their families also face the energy-sapping struggle to get compensation at a time when they are least able to handle the stress and complexities of a court case.

18. Solutions

18.1 Asbestos.Register.com

Ross Udall, the CEO of AsbestosRegister.com, described the first web-based national asbestos register for buildings in the UK. The implementation of this scheme could enable building owners, property developers, surveyors, planners, builders and others to instantly identify asbestos materials contained in a specific building by use of a PC or WAP mobile phone. To avoid being prescriptive, the web application has been built so that it can take asbestos data in any electronic format (except MS Word); it is also multi-lingual. Once it has been proven in the UK, it is hoped that the technology could be replicated or extended to other EC states.

The General Secretary of the Trades Union Congress, John Monks, has acknowledged the usefulness of the AsbestosRegister.com approach: "With so little known about the asbestos history of individual buildings, every time a builder begins work on a renovation or conversion, or a fire-fighter enters a burning building, they are putting their lives at risk... Future (asbestos) deaths are avoidable, but only with good solid, reliable information regarding the whereabouts of the fatal fibres. This new database could be just what we need to save any more workers from dying needlessly."

While interest from the construction/property sector has been growing, there has been little support from government agencies. The initial response of the Health and Safety Executive is illustrated by their stating publicly that the national register was not "viable". In light of this hostility, Ross was frank about the problems the company faces in establishing AsbestosRegister.com as a national solution. He believes it is impossible to create a national asbestos register without a specific regulatory

requirement for property owners/managers to supply the asbestos data for their buildings. As yet AsbestosRegister.com has not been adopted by the Health and Safety Commission (HSC) as the UK standard, so it is a very difficult service to sell. HSC do not propose to prescribe any particular method for making the data on asbestos products within buildings available. So property owners are left to choose from those available - labels, signs, paper documents, intranet or web. This absence of a specified format or platform creates a ridiculous situation where the tradesman or builder needing the information does not know where to look for it. A national register, readily accessible to everyone is the obvious answer. For this reason, the firm has mounted a campaign aimed at securing support from established institutions.

From his experience with AsbestosRegister.com, Ross believes that public access to site specific asbestos or any other hazard data can only be achieved if regulatory requirements are put in place and public funding is available; whilst the private sector can provide the technical solution, it will not succeed without these prerequisites. If any EC state is serious about managing the risk from asbestos in buildings, they will need to introduce new regulations which require property owners/managers to supply asbestos data to a national register. Such regulations amount to a public declaration, the enforcement of which will ensure compliance and protect workers from the horrific diseases caused by asbestos exposure.

18.2 European Trades Union Congress

Laurent Vogel, from the European Trades Union Confederation (ETUC), discussed how European trade unions could contribute to the global asbestos campaign. Laurent reflected on the EU ban which was passed two years ago saying that it had taken over 20 years to get the prohibition adopted. This delay sacrificed an entire generation of workers and while we should be pleased to have achieved the ban, we should not forget that it came too late for many. Having banned asbestos in Europe, we are still left with a series of problems. International action must be taken against European multinationals which are still promoting and profiting from the use of asbestos outside of Europe.

In the coming months there will be a debate on the revision of a 1983 EU Asbestos Directive (and later amendments) regulating work with asbestos. When this Directive was passed, the EU was pursuing a policy of "controlled use;" today the preferred choice is prohibition and this will colour the ETUC's views on the measures needed. Even though asbestos has been banned, many people will continue to work with it on conversion work, demolition, maintenance, handling of asbestos-containing waste, etc. Although the Commission has not yet made the text of the draft Directive public, it should be available this summer. The ETUC is planning to apply pressure in the following areas:

- Any work that brings workers into contact with asbestos must only be done by accredited companies that meet set conditions.
- There should be a harmonisation of limit exposure values for asbestos throughout the Member States. Currently, there are different values in different countries. The lowest value is 0.1 f/cm³ and the Commission wants to go for a higher limit value which provides less protection. The ETUC believes that the lowest value should be adopted throughout Europe

as the existence and use of the lowest value in one Member State proves that it is technically feasible.

- Once the Directive is passed, proper verification of application in each State is required.

Laurent emphasised the need for a compulsory register of locations containing asbestos. Experience in the building trade shows that if it is not known whether a building contains asbestos, proper preparation and precautions are not taken. Asbestos audits must be carried out and the information made public. These measures are necessary not only to protect workers but also to protect the public from the risk of non-occupational exposure to asbestos.

There is a discrepancy on the EU's position vis-à-vis the WTO. On the one hand, the EU is claiming victory for public, occupational and environmental health in its defence of the French ban, on the other, it is using the WTO against 3rd world countries - eg. the EU drugs case against India. There is a political question here which needs to be addressed and the European trade union movement has a role to play in this debate.

18.3 A Global Strategy for Eternit's Asbestos Victims

Bob Ruers, a founding member of the Dutch Asbestos Victims' Group, is also a member of the Dutch Upper Chamber and a lawyer. Bob's presentation focused on the global operations of the multinational company - Eternit. Since the 1920s, this company has been one of the world's leading asbestos companies. Eternit has subsidiaries throughout the world, some of which still use asbestos in their production processes. Eternit-linked companies exist under many names; Eternit owns some of them outright, has majority shares in others and minority interests in the rest. An organisational chart of the Swiss and Belgian Eternit Groups from 1985 showed the structure of the two giants which, although now independent, still cooperate to further their mutual interests. With or without asbestos production, these groups remain powerful and important. The latest Annual Report of The Eternit Group revealed that it had financial interests in 46 countries from Australia to Canada to China to Chile.

In the Netherlands, one of the biggest causes of asbestos-related disease is Eternit. There are various types of asbestos victims:

- People who worked in the Eternit factory;
- Members of workers' families who were exposed to asbestos fibres brought home on overalls. Bob described a successful personal injury case he has brought against Eternit on behalf of a 32 year old man whose father worked at Eternit. The son became ill and although Eternit fought the case, they eventually recognised their liability and paid compensation;
- People who lived near the factory. The factory produced asbestos-containing waste which was dumped the cheapest way possible. Between 1945-1980, blue and white asbestos waste was given away or dumped in the lovely area surrounding the factory. Asbestos waste was dumped alongside kilometre after kilometre of roads. Local people came into

contact with this asbestos through environmental exposure. People who as children played and lived in this area have contracted mesothelioma.

Recently, Bob represented three female mesothelioma clients:

- Client A, a farmer's wife, died last year. The garden path of the farm was made of asbestos waste.
- Client B, a lady who died two years ago, had lived on a farm as a child; she cycled to school along one of the contaminated routes. Compensation was paid for her illness.
- Client C, who died at age 45, had cycled along a contaminated path as a child; this case is being contested strongly by Eternit.

Bob believes that if Eternit is liable for the illnesses of these Dutch people, then it must be liable for the same illnesses occurring in Belgium, Chile and elsewhere. Globalisation of the world economy demands globalisation of human rights. It is not fair that asbestos victims of the same company fare differently from country to country. The horrific example of what took place in South Africa is a stark reminder of the colonial exploitation by huge asbestos multinationals of innocent men and women. The asbestos companies took what they wanted from South Africa, contaminated their workers, the public and the environment and then withdrew their assets to a safe location. This behaviour is unacceptable and asbestos victims and their representatives must make global efforts to secure compensation from the multinationals.

The Dutch Asbestos Victims' Group and the Dutch Socialist Party suggest that international solidarity amongst asbestos victims and victims' groups can produce the ammunition that is needed to force these companies to compensate asbestos victims. Bob appealed to the delegates in Brussels for information on the Eternit and Etex Groups saying that the Dutch group is happy to collect and collate the information in order to establish the size of these companies, their histories, the number of employees per country. Asbestos victims' organisations also need to exchange information on compensation, medical and other issues. In the Netherlands, medical treatment is well organised and Dutch doctors know the procedures for a mesothelioma patient. There is a mesothelioma panel which quickly establishes if someone is suffering from mesothelioma and secures compensation. This is not the case in other countries, in some of which, lengthy medical discussions are still carried on about a mesothelioma diagnosis. This should be a thing of the past. The European Parliament must be made aware of these discrepancies and a Directive passed to ensure that compensation is available for all asbestos victims.

19. Asbestos Victims Groups

During a two-hour session on Friday representatives from asbestos victims' groups, observers and trade unionists made contributions detailing the current situation in their countries. Subjects raised included:

UK:

- ❑ The collapse of insurance companies responsible for paying compensation to asbestos victims.
- ❑ The national campaign to reinstate full compensation for those affected by the insurance companies collapse.
- ❑ Unfavourable judicial decisions.

Belgium:

- ❑ Difficulties of bringing legal cases for compensation; the need to prove employers' negligence.
- ❑ The need to change legislation and set up a victims' fund to encourage asbestos victims to come forward.
- ❑ The need to raise public awareness of the risks of asbestos exposure.
- ❑ The importance of educating victims of their rights.

France:

- ❑ Psychologists, considered necessary for victims of air crashes and other such traumas, are not provided for asbestos victims.
- ❑ Post-occupational monitoring of asbestos exposed employees should be designed with the participation of the victims' representatives.
- ❑ While the social security department prefers the use of X-rays for diagnosis, victims' groups prefer the use of scanners; victims should have free choice and access to quality medical care.

Italy:

- ❑ The Eternit asbestos-cement factory in Casale Monferrato has produced many asbestos victims since it started operations in 1906.
- ❑ The bringing of personal injury cases has been complicated not least by the need since 1991 of proving exposures of more than 0.1 fibres/cm³ per 8 hour day.
- ❑ A successful verdict in 1993 for an asbestos victim was not initially followed up in large numbers; there was a prejudice against workers bringing claims.
- ❑ There are now hundreds of claims ongoing.

Brazil:

- ❑ Cases for asbestos victims in Brazil can take 10 years.
- ❑ The Brazilian Association of the Asbestos Exposed (ABREA) was formed in 1995 to increase the visibility of asbestos victims.
- ❑ Use by ABREA of public demonstrations, cooperation with trade unions and the media to increase public awareness of victims' problems.

- Following a policy of “think locally, act globally,” the campaign to ban asbestos in Brazil has been conducted at grass-roots level. It has succeeded in many towns and cities and now pressure is building for a national ban.
- Links with the global community through the Ban Asbestos Network and Cybercommunities to protest the WTO case and Canada’s actions in the developing world.

Spain:

- The main association to help asbestos victims in Spain is the trade unions; as of yet, there are no asbestos victims’ groups such as exist in other countries.
- 95% of the court cases brought on behalf of asbestos victims by the CCOO union succeed.
- Spanish asbestos victims come mainly from the maritime, iron and steel, railway sectors and garage/repair workers; in one Spanish area, there were 90 asbestos victims from the railway works.
- On 28 April, 2001, there was a trade union meeting in Madrid which brought together over 1500 asbestos victims and family members from all parts of Spain.
- Work currently in progress to establish a national tribunal to investigate the conduct of asbestos producers, company doctors and insurance companies – suggestion: establish an international tribunal.

Kazakhstan:

- Conditions in the asbestos factories, power stations built in the 1930s and surrounding towns are unimaginably bad; 10,000 tons of asbestos waste were dumped locally.
- No air monitoring or personal protective equipment in visibly contaminated factories with 1000 employees; total denial from factory managers: “Never had a death from asbestos in 30 years.”
- There exists no public or private desire or resources to make any improvements.

*European Asbestos Seminar
Confirmed Participants*

Belgium

Evelien de Kezel
Laurent Vogel
Salvatore Nay
Dr Paul Vandenbroucke
Jill Everaerd
Ben Nemery
Xavier Jonckheere

Brazil

Fernanda Giannasi

Bulgaria

Petrana Tcherneva-Zhalova

Croatia

Ivancica Trosic

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Antti Tossavainen

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Annie Thebaud-Mony
Josette Roudaire
Helene Boulot

Greece

Ioannis Adamakis

Hungary

Andras Mandi

India

Tushar Kant Joshi

Italy

Benedetto Terracini
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Kazakhstan

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Viktoras Seskauskas

Netherlands

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Paul Swuste

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Romania

Ruxandra Carmen Artenie

Scotland

Arthur McIvor
Andrew Higgison
Robin Howie

Slovak Republic

Margareta Sulcova

Spain

Angel Carcoba
Antonio Agudo

UK

Ross Udall
Laurie Kazan-Allen
Steve McGiffen

USA

Barry Castleman

Resolution: European Asbestos Seminar

Preamble:

Although the European Union has adopted directives to ban the use of all types of asbestos by 2005, scientists predict that the total number of asbestos-related fatalities in the coming thirty years could exceed five hundred thousand in Western Europe alone. The origin of the asbestos exposure is predominantly occupational. However, asbestos-related fatalities from environmental sources of exposure can be significant. In view of the rising number of asbestos victims, the delegates to the European Asbestos Seminar held at the European Parliament on 7 & 8 June, 2001 wish to make the following recommendations to the European Commission, the European Parliament and governments of Member States.

Regarding the Politics of Prevention:

- The support of local, national and international networks for the identification and recording of sources of occupational and environmental asbestos exposure; the provision of practical and financial assistance for work undertaken to compile an inventory of these sources.
- The timely provision to people at risk of accurate information on the presence and hazards of asbestos and asbestos products.
- The rejection of proposals intended to raise the current level of acceptable concentration of asbestos in waste material.
- The development and implementation of techniques for treatment of asbestos-containing waste.
- The rejection of present or future exemptions on the use of asbestos such as the current derogation permitting the continued use of asbestos for chlorine production.

Regarding Victims' Rights:

- The harmonisation of criteria for the identification and compensation of asbestos-related diseases caused by occupational and environmental exposure.
- The study of inter-country legislative differences regarding legal responsibility for asbestos-related diseases.

Regarding New Research Priorities:

- A commitment to medical surveillance of exposed populations in order to provide victims with access to effective medical treatment and compensation.
- A commitment to develop effective diagnostic and therapeutic approaches for asbestos-related diseases.

- A commitment to monitor the current burden of asbestos-related disease and to continuously update epidemiological predictions.
- A commitment to integrate clinical research with investigations into the human and social costs of asbestos-related diseases to victims and their families.

Regarding Double Standards:

- The monitoring of the operations of European companies and their subsidiaries in non-EU countries; the identification and prosecution of corporate behaviour which infringes European asbestos regulations.
- The enactment and enforcement of legislation which ensures that EU corporations guilty of exposing EU workers, the public and the environment to asbestos will be held liable; the setting of compensation levels guaranteed by funds put up by Member States.
- The encouragement of the ILO and WHO to update asbestos-related measures such as ILO convention 162 and Chrysotile Criteria 203 in line with European Directives.

Conclusion:

The Seminar acknowledges the pivotal role of asbestos victims' groups in improving the plight of asbestos victims and strongly urges cooperation with these groups, other social movements and NGOs working in this field as is the practice of the United Nations. We stress the necessity and urgency of funding for projects intended to improve the situation of asbestos victims.

It is clear that many East European countries have problems relating to the unregulated and continuing use of asbestos. We strongly recommend that steps be taken to evaluate the extent of these problems.

Outside the established market economies, exposure to asbestos is a significant occupational and environmental hazard. This observation was confirmed by Indian and Brazilian representatives at the Seminar. As there is no "safe threshold," any exposure/contact with asbestos can cause fatal lung disease including cancer. Increasing efforts to market asbestos in the developing world are being made by the international asbestos industry. It is imperative that every possible effort be made to provide objective scientific information on the hazards of asbestos and the availability of safer alternatives to the countries which have not banned asbestos. In addition, research to quantify past and current asbestos use and production should be commissioned; this information should be disseminated to all "at risk" populations.

The EU countries which have not yet banned asbestos, Luxembourg, Greece, Spain and Portugal, should be urged to do so immediately.

European Asbestos Seminar
Programme - 7 June, 2001

Morning Session: 9:30-12:30 p.m.

Room A3G-2, European Parliament, Altiero Spinelli entrance, Rue Wiertz, Brussels

Opening Remarks:

9:30 Welcome - Laurie Kazan-Allen (Chairperson)

9:45 Paul Vandenbroucke - ABEVA/Belgium

Country Reports:

10:00 Annie Thebaud-Mony - France

10:15 Daniela DeGiovanni - Italy

10:30 Viktoras Seskauskas - Lithuania

10:45 Mieczyslaw Foltyn - Poland

11:00 Ruxandra Carmen Artenie - Romania

11:15 Andras Mandi - Hungary

11:30 Petrana Tcherneva-Zhalova - Bulgaria

11:45 Margareta Sulcova - Slovak Republic

12:00 Maija Eglie - Latvia

Closing Remarks:

12:15 Discussion

Lunch: 12:30-14:30

Afternoon Session: 14:30-17:30 (MEPS invited)

Opening Remarks:

14:30 Welcome - Paul Vandenbroucke (Chairperson)

International Perspective:

14:40 Fernanda Giannasi – Asbestos in Brazil

15:00 Tushar Joshi - The Asbestos Disinformation Campaign in India

15:20 Barry Castleman –The World Trade Organisation: Canada vs. French
Chrysotile Ban

Case Studies:

15:40 Antonio Agudo - Non-occupational exposure: Spain

15:55 Arthur McIvor – Oral History: Scotland

Solutions:

16:10 Ross Udall – New Technology

16:25 Laurent Vogel - ETUC

16:40 Bob Ruers - A Global Strategy For Eternit's Asbestos Victims

Closing Remarks:

16:55 Discussion

European Asbestos Seminar
Strategies for Asbestos Victims' Group
Programme - 8 June, 2001

Session: 10:00. – 12:00

Room A5H-1, European Parliament, Altiero Spinelli entrance, Rue Wiertz, Brussels

- 10:00 Laurie Kazan-Allen (Chairperson): Threats to UK Asbestos Compensation
- 10:15 Evelien de Kezel, ABEVA, Belgium
- 10:30 Josette Roudaire, ANDEVA, France
- 10:45 Bruno Pesce, Casale Monferrato Asbestos Victims' Group, Italy
- 11:00 Fernanda Giannasi, ABREA, Brazil
- 11:15 Angel Carcoba, CCOO, Spain
- 11:30 John Gilbert, ATEC, Kazakhstan
- 11:45 Discussion