

Occupational Exposures to Asbestos in Brazil

Artigo de autoria de FERNANDA GIANNASI e ANNIE THÉBAUD-MONY, publicado no *INTERNATIONAL JOURNAL OF OCCUPATIONAL AND ENVIRONMENTAL HEALTH*, 1997; 3:150-157

The epidemic of asbestos-related disease now taking place in many industrialized countries is the result of past events, but the seeds of future asbestosis and cancer continue to be sown worldwide. Two familiar conditions, corporate greed and the lack of honesty and courage among politicians, will perpetuate the scourge of asbestos-related diseases well into the next century.

The vulnerability of developing nations as sanctuaries for companies that plan to engage in future asbestos mining and manufacturing is obvious. Continuing exploration in the developing countries will yield additional discoveries of ore reserves; and the result may lead to the expansion of free-trade zones where asbestos mining, manufacturing, and product use can take place virtually unrestrained from a health standpoint.

Canada and other asbestos-exporting countries are looking to the developing countries as a major market for asbestos. Increased use of asbestos in developing countries has offset tremendous market losses in the developed countries. Quarterly publications of the Asbestos Institute in Quebec describe aggressive sales efforts in Asia, Africa, and Latin America.

Unfortunately, conditions of current asbestos use in Asia, Africa, Latin America, and Eastern Europe resemble those that existed in the industrialized nations before workers and governments recognized the consequences of breathing asbestos dust. This exploitation of ignorance and poverty has the strong backing of the government of Canada. But Canada is not alone - other governments are also involved in these practices.

The European multinational corporations Eternit (Switzerland) and Saint Gobain (France) present a deplorable history of exploitation in Brazil. The two multinational firms opened huge and profitable markets, not only in Brazil but elsewhere in Latin America and the countries to which Brazilian asbestos is exported.

Asbestos in Brazil

Brazil is the fifth largest producer and consumer of asbestos in the world, after Russia, Canada, Kazakstan, and China. Brazil produces 237,000 tons of asbestos per year. More than half of Brazil's asbestos is mined by the European consortium created by Eternit and Saint Gobain. Brazil exports about 70,000 tons of asbestos per year, principally to Japan, India, Thailand, Nigeria, Angola, Mexico, Uruguay, and Argentina.

Until the 1980s, production, consumption, and diversification of asbestos-containing products were carried out without any regulation and control of occupational and environmental exposures. At the time Europe and the United States were acting to limit asbestos exposures, during the 1960s and 1970s, no trade unions and no social movements could express themselves in Brazil because of the military dictatorship.

While asbestos use in Canada amounts to 500 g per citizen per year, and that in the United States, less than about 100 g per citizen per year, asbestos use in Brazil averages 1,400 g per citizen per year. As in other third-world countries, consumption in Brazil is increasing at a rate of about 7% per year, while the United States and other industrialized countries are phasing out their use of asbestos. Canada is the second largest asbestos producer in the world, but uses only 29% of its production. Brazil, on the other hand, uses 70% of its own asbestos production and actually imports Canadian asbestos. (1)

Health Impact

About 25% of the deaths in Brazil have no defined cause. This means that it is impossible to know the true cancer mortality rate or the true incidences of deaths related to mesothelioma, lung cancer, and asbestosis. No epidemiologic study of asbestos workers has ever been conducted in Brazil. A great majority of the low-earning workers exposed to asbestos have no access to medical care that includes cancer diagnosis. Moreover, there is no available means for medical evaluation of people subjected to exposures to asbestos near production plants or building sites, or other environmental exposures.

To compound the problem of lack of access to medical care, there is a very high rate of employee turnover (reaching 90% each year in some asbestos plants). This practice, where workers are indiscriminately dismissed after they complete a designated period of service, may be a strategy to control the occurrence of occupational diseases and/or their recognition by public health authorities. In addition, physicians in the health care system do not have adequate training in occupational medicine or the freedom to inform workers about their rights to workers compensation for occupational diseases. There is no medical follow-up for dismissed and retired workers. Thus, in Brazil, occupational diseases resulting from asbestos exposure are almost never identified, reported, or compensated.

The Eternit medical director admitted that the company had kept no medical records before 1978.(2) The Eternit asbestos cement plant in Osasco, Brazil, has been in operation for over 50 years, with about 2,000 employees at any given time. The medical director referred many cases of pulmonary fibrosis, but few cases of asbestosis. No case of cancer was ever reported by the company. Workers who had undiagnosed illnesses were asked to leave the firm, some without retirement benefits.

Later, after the plant had closed, the workers began to report to a local health agency with illnesses. Of the first 12 workers seen at a local clinic, four were diagnosed as having asbestosis, seven had pleural plaques, and one who had a normal chest x-ray died four months later with peritoneal cancer. Efforts to locate greater numbers of former workers and to determine the status of their health were thwarted by the company.(3)

Governmental Protections

In Brazil, there are some 3,000 manufactured products containing asbestos. It is mainly used in asbestos cement, in friction materials, in the textile industry, and in plastic, chemical, and furniture products. Its primary use in Brazil occurred in the 1960s and 1970s, when it was known as "milagre Brasileiro" (the Brazilian miracle).

As of 1986, the official workplace exposure limit for asbestos in Brazil was 4 fibers/cc, 20 times as high as the 0.2 fibers/cc limit in the United States. But such comparisons hardly begin to convey the conditions of asbestos workers in the developing countries. The chief of Brazil's environmental protection agency wrote in 1986 that the labor authorities in charge of worker protection did "poor work" and were "very ineffective."⁽⁴⁾ When Brazil's authorities began to inquire about health risks in asbestos-manufacturing operations in 1980, the government depended upon the companies to provide and demonstrate the use of standard air monitoring equipment.

Uncontrolled use of asbestos continues to be the norm in the developing countries, laws and regulations notwithstanding. Dr. Renê Mendes says that about 30,000 workers are employed in Brazil's asbestos industry, most of them in small plants, and conditions are so bad that asbestosis is being diagnosed five to ten years after workers enter the industry.⁽⁵⁾

Beginning in 1986, with the approval of the ILO Convention N^o. 162, the Brazilian Interinstitutional Asbestos Group (Grupo Interinstitucional do Asbesto, GIA), coordinated by the Labor Ministry, was created. The objectives of the GIA were to assess the health risks in the asbestos-cement industries, to educate workers, and to develop a regulatory policy for asbestos exposures consistent with those of other countries.

The first health assessment of asbestos exposures was done in nine asbestos-cement plants in São Paulo State, the largest in Brazil. In those plants, 3,500 workers had been exposed to asbestos. The two-year study results showed significant health consequences for workers, including asbestosis, radiologic abnormalities, and dismissals for poor health. As a consequence of the study, the asbestos-cement industry employers signed a national agreement with workers representatives to initiate better controls on asbestos exposure.

A more recent agreement enlarges the scope of control to the sources that are generating the risks. The exposure limit now is 0.4 fiber/cc. Moreover, the agreement forbids the use of subcontract workers in the production plants. The agreement establishes safety committees whose recruitment is under the workers control. Similar regulations have been adopted for the mining sector.

In 1991, the Brazilian federal government ratified the ILO Convention N^o. 162, reducing the workplace exposure limit to 2.0 fibers/cc.

These regulations represent important tools to control hazards in the workplace. Controls can be implemented only in plants or companies where trade unions are able to ask for GIA intervention. They can not be implemented, for example, by the more than 300,000 automobile repair shop workers, where work on brakes and clutches involves totally unregulated exposures to asbestos.

The world's experience with the industrial use of asbestos leads to the conclusion that the only way to ensure an end to asbestos-related disease is to ban it. This approach, which has been taken in Sweden and other developed countries, is even more necessary in developing countries, where stringent regulation and enforcement are not a viable alternative to a ban.

Leading unions in Brazil have pressed the government to eliminate asbestos, despite the country's considerable asbestos mining and manufacturing industry. In 1994, workers, government, and the automotive parts industry agreed to phase out asbestos in friction products by 1998. At the time that the Italian (asbestos ban) law was coming into effect, members of the GIA were invited to present their experience in an International Seminar "Bastamianto" held in Milan by the Ban Asbestos European Federation (BAEF) in April 1993. The final approved document, known as the "Milan Appeal," signed by scientists, technicians, trade union members, and Parliament members, urged participants to oppose the transfer of asbestos manufacturing to developing countries. Impressed by such an important international event and considering the market trend to globalization, Brazilian Parliament members and both state and municipal representatives submitted bills ranging from a gradual reduction to the total ban of asbestos in Brazil.

Of these bills, one typifies the fate of asbestos legislation in a developing country. The bill was submitted in 1993 to the Brazilian Parliament by Eduardo Jorge, a federal deputy. For reasons unknown, a Special Committee was created to assess the bill, as opposed to review by the traditional committees (environment, technology, etc.). The Special Committee members were basically Parliament deputies from the state where the asbestos industry is primarily located. The proposal was rejected in less than six months in spite of several requests for reexamination of its merits.

A substitute bill was approved by the Parliament and the Senate. This one guarantees continued "controlled use" of asbestos. This proposal was defended by the asbestos industry and its many well-funded lobbyists, as well as by some segments of the trade union movement.

Nonetheless, the GIA confronted a new breed of union leaders who were aware of asbestos health risks and unwilling to compromise on the issue of "controlled use" of asbestos. Their position in favor of banning asbestos was supported by affiliated trade unions, namely Central única dos Trabalhadores (CUT) and Força Sindical, both with large nationwide influence. Thus was created a powerful group of union members committed to the movement to ban asbestos in Brazil.

International Asbestos Seminar in São Paulo

A second international seminar was scheduled in March 1994 in São Paulo. Expanding on the Milan meeting, the São Paulo meeting emphasized a global asbestos ban. Individuals from the United States, Panama, Peru, Chile, France, Belgium, Great Britain, and Italy participated in the event, including representatives from trade unions and nongovernmental organizations, Parliament members, and scientists. There were no representatives from foreign governments. The seminar was sponsored by the Brazilian Labor Ministry. The trade unions, CUT and Força Sindical, worked together in support of the meeting and to affirm the event's legitimacy. Nonetheless, the meeting was heatedly contested at national and international levels.

The conference was held in a very tense atmosphere. The Canadian government, the French Asbestos Committed, and the Brazilian asbestos manufacturers were outspoken in their opposition to the São Paulo meeting. There were protests from the local population, who had been influenced by the apocalyptic preaching of lobbyists about the possible loss of

employment and the deprivation to the whole region in the event of an asbestos ban. Influenced by corporate unions, workers from the mineral and asbestos-cement industry became concerned about the loss of jobs. They lent their support to the controlled-use approach by signing the National Progress Agreement of the Harmless Use of Asbestos. The worker's ambivalence demonstrates the depth of the social contradictions that affect the trade union movement in Brazil.

At the end of the São Paulo meeting, the São Paulo Declaration was approved. The São Paulo Declaration asserted that the production, processing, and use of all types of asbestos represent a major risk to the health of workers and that of private citizens. It denounced the multinationals (Eternit and Saint Gobain) that export asbestos to countries such as Brazil, and denounced their use of intimidation and disinformation such as "the controlled use of asbestos."⁽⁴⁾ The São Paulo Declaration called on all governments to place an immediate ban on the use of asbestos in any form, to promote the use of substitute products that have been proven harmless, while maintaining and creating jobs, to dismantle safely all structures containing asbestos, and to provide health care and compensation benefits for asbestos victims. It created a worldwide Ban Asbestos Network, composed of associations in Europe, America, and Asia, with the common objective of an asbestos-free world.⁽⁶⁾

Asbestos Industry Experts

A medical authority from the International Labor Office (ILO) in Geneva, Switzerland, attended the São Paulo meeting. Dr. Michel Lesage presented himself as an unbiased representative of the ILO. To our surprise, he sat with the industry representatives and shared their opinions, promoting the use of asbestos in Brazil and arguing against an asbestos ban. Later, it was learned that Dr. Lesage had long represented the international asbestos industry as an official of the Quebec Asbestos Mining Association and the Asbestos Institute of Canada. Four years earlier, Dr. Marianne Saux, purportedly representing the French Ministry of Labor, had come to Brazil and taken the same position as industry representatives. In a dramatic series of disclosures in a document called "Amiante Le Dossier de L'air Contaminé," by Francois Malye,⁽⁷⁾ we learned that Dr. Marianne Saux had actually been employed by the Saint Gobain Corporation at the time. We find this masquerade of false credentials and hidden agendas to be particularly offensive and unethical.

Conclusion

Brazil today does not adequately profit from the experiences developed countries have had with asbestos mining and manufacturing. There is an epidemic of occupational diseases that goes unrecognized because of powerful private interests and government collusion. Brazil cannot afford to wait for an epidemiologic assessment of the damage caused by asbestos before denouncing the harmful effects of asbestos production and consumption.

Trade unions in Brazil are taking a courageous stand by calling for a ban on asbestos mining and manufacturing. In developed countries the long-term social and medical costs resulting from asbestos exposure have resulted in the European Ban Asbestos Movement. In developing countries, heavily reliant on industrial expansion that readily accepts hazardous and environmentally outmoded industries, a call for an asbestos ban is quite extraordinary and laudable.

At every step of the way, European corporations in Brazil, led by Saint Gobain and Eternit, have opposed the trade union efforts to ban asbestos. They have been joined by the Canadian government and by Brazilian politicians more interested in protecting private interests than in the public's health.

Saint Gobain has a strong influence on the French political strategy in the European Union concerning asbestos regulations. Several countries, which already have bans on asbestos at a national level, are pushing for a European directive forbidding asbestos in the whole of Europe. Such a regulation should be extended to every country where European multinational corporations operate. Despite its own ban on asbestos, which took effect in 1997, France is the leader of the group of nations that defend asbestos production, in Europe and elsewhere.

References

1. Giannasi F, Thébaud-Mony A. Asbestos in Brazil (sociological aspects). In: Peters CA, Peters Bj (eds). Current Asbestos Legal, Medical and Technical Research. Vol. 10 of the Sourcebook on Asbestos Diseases. Salem, New Hampshire: Butterworth, 1994, chapter 10.
2. Berman D. Asbestos in Brazil. Exposure, the Bimonthlyjournal of the Waste and Toxic Substance Project. jan/Feb 1985; No. 43.
3. Giannasi F. Constitution des contre-pouvoirs au Brésil. Expérience des personnes exposées à l'amiante. Presented at the INSERM's Seminar, Paris, France.
4. Castleman BI. Asbestos: Medical and Legal Aspects. Englewood Cliffs, Newjersey: Aspen Law & Business, 1996.
5. Mendes R. Medicina do Trabalho e Doenças ProfissionaisAsbesto. São Paulo, Brazil: Edit. Sevier, 1980.
6. Thébaud-Mony AT. Science in the face of hostility in Sao Paulo. *In: New Solutions. journal of Environmental and Occupational Health Policy.* AFL-CIO, Lakewood, 1995;5(2):64-66. Publication of the Oil, Chemical and Atomic Workers (OCAW) International Union.
7. Malye F. Amiante Le Dossier de L'air Contaminé. St. AmandMontrand (Cher), France: Les Éditions le Pré aux Clercs, 1996.