

India

In recent years, the annual consumption of asbestos in India has risen by more than 30%, making it Asia's 2nd biggest consumer. Seventeen companies in India operating 49 asbestos-cement (ac) factories produced 2.4 million tonnes of ac products worth more than US\$200 million in 2005.²² The industry's success buys it powerful allies; plans by Visaka Industries Limited, one of India's largest asbestos groups, to build a huge ac plant in Sonia Gandhi's constituency in Rae Bareilly, Uttar Pradesh were approved in record time. On January 1, 2006 production began at this site even though no systems had been put in place to provide medical check-ups for the workforce and no independent agency had been appointed to monitor workplace exposure levels, both of which are measures stipulated by the Supreme Court. Visaka's marketing strategy is to replace traditional thatched roofs in rural areas with locally produced ac materials; to defray heavy freight costs, factories have been set up in Andhra Pradesh, Tamil Nadu, West Bengal and Karnataka. Sales figures provided to the Securities and Exchange Board of India on January 5, 2007 by Visaka show annual growth of India's ac industry in 2003/4, 2004/5, 2005/6 as 16%, 17% and 22% respectively.²³

At the same time as industry pressure succeeded in creating a pro-asbestos bias in government policy,²⁴ little has been done to protect the 100,000 workers routinely exposed to asbestos in India and nothing has been done to compensate those who are suffering. A 2004 study of workers at the Hindustan Composites mill in Mumbai found that 23% showed signs of asbestosis; a research project (2004) commissioned by the Labor Ministry of at-risk asbestos workers reported similar findings as did research undertaken by the Industrial Toxicology Research Center. Community activists have identified hundreds of asbestos victims from West Bengal, Rajasthan, Jharkhand, Andhra Pradesh and Tamil Nadu. Anecdotal evidence suggests that the level of asbestosis amongst power station workers throughout India is also high. Despite an order by the Supreme Court that the Government must check all power plants, no action has been taken by the Labor Ministry. In an academic paper (2005) which warned of the dire consequences of current hazardous exposures, official industrial hygiene surveys were cited which found asbestos fiber levels:²⁵





- of 200-400 f/ml in asbestos mills in Pullivendalla, Cuddaph, Andhra Pradesh;
- of 10f/ml in two large-scale mechanized asbestos-cement factories and 2-3 times higher than the PEL²⁶ in an ac factory;
- 100 times higher than the PEL in small-scale processing asbestos textile units;
- 6-8 times higher than the PEL in a large-scale asbestos textile and brake manufacturing company.

The (Indian) National Cancer Register does not document cases of mesothelioma; the Indian Government does not record the incidence of occupational disease. Only 7% of the Indian workforce is organized; the vast majority of workers, especially in the construction industry, remain unseen and unheard.

Public health campaigner Madhumitta Dutta sums up the situation in India as follows:

"Cases of occupational disease never get reported due to the nexus between management, medical professionals and government agencies. Industry-sponsored studies carried out by government agencies like the Central Labour Institute, as cited on the industry's website, show that during 2001-2005 there was not a single case of asbestos-related disease amongst workers in asbestos-cement manufacturing units..."

Despite their knowledge about the serious consequences of hazardous asbestos exposures, the government and industry continue to put millions of lives at risk as national asbestos consumption increases and lethal working conditions persist. Asbestos use in India constitutes a 'Crime Against Humanity'.²⁷

On two occasions, the Indian Government has, with a handful of other national asbestos stakeholders,²⁸ blocked United Nations efforts to add chrysotile to the Prior Informed Consent (PIC) list of the Rotterdam Convention. In an article analyzing the Indian Government's on-going support for the asbestos industry, Gopal Krishna, the Coordinator of the Ban Asbestos Network of India (BANI), wrote:

"BANI, the Occupational and Environmental Health Network of India (OEHNI), civil society groups, trade unions and human rights groups have demanded an immediate ban on all uses of asbestos including an immediate end to the import of chrysotile. Other measures to identify, compensate and treat the asbestos-in-

jured and regulations to minimize harmful exposures are also being proposed. BANI demands the criminal prosecution of those responsible for asbestos exposures such as factory owners and company directors. Asbestos is a public health issue which the Government has ignored for far too long. In the public interest, BANI appeals to the Government of India to support the inclusion of chrysotile asbestos on a trade 'watch list' that already contains all other forms of asbestos."²⁹

BANI's appeal fell on deaf ears and on October 10, 2006 India was one of 6 countries which frustrated the wishes of 95% of the Parties to the Convention by blocking the PIC listing of chrysotile.³⁰ The intransigence of the asbestos bloc was criticized by UN spokespeople who pointed out the threat this precedent posed to the Convention's future. Trade unionists, NGO representatives and even Canadians were critical of the attack on this multilateral environmental initiative with Dr. Larry Stoffman from a Vancouver-based cancer-prevention body finding his country's position "morally reprehensible."

In preparation for 2008 when the PIC-listing of chrysotile will be reconsidered by the Parties to the Rotterdam Convention, the (Indian) Department of Chemicals and Fertilizers has commissioned the National Institute of Occupational Health (NIOH) to research the hazards of chrysotile use in India; 74% of the funding for this study comes from the Department of Chemicals and Petrochemicals and 26% comes from the (Indian) asbestos industry. There is little doubt that industry representatives have influenced the planning and preliminary findings of the study; as members of the study's review committee, they also hold considerable sway in shaping the final document. Despite repeated requests, the Department of Chemicals and Fertilizers refuses to disclose the text or proposed methodology of the study to groups representing civil society; there has been no communication whatsoever with trade unions, occupational health campaigners, public interest groups or medical experts. When the NIOH report is submitted in March 2008, it is unlikely to be an accurate and unbiased representation of the impact chrysotile usage is having in India.³¹

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Central Labour Institute, India

