

The Basic Facts about Asbestos

Moderator: Apolinar Tolentino

While many AAC 2009 delegates had some knowledge of asbestos issues, others were coming to the subject for the first time. To deal with varying levels of knowledge, a glossary of terms and a handout (in Chinese and English) on the basic facts were distributed. In her opening remarks, Fiona Murie concentrated on the issue of asbestos cement. Ninety percent of the asbestos being used today went into the manufacture of asbestos-cement (AC) building products such as pipes, tiles, roofing materials, sheets for partition walls and insulating materials. On building sites and during maintenance, renovation and demolition activities, AC materials were sawed, cut, broken, abraded and perforated throughout the working day; as a consequence, asbestos fibers were liberated and workers were exposed to the hazards of contracting asbestos-related diseases.

There was a consensus that the best way to protect building workers from harmful exposures was to stop the use of asbestos. There were alternative substances which could replace asbestos in the production of fiber cement: cellulose, polyvinyl alcohol, p-aramids and polypropylene. With some minor changes, the same production processes and equipment could be used for the manufacture of the asbestos-free cement as for AC. Although production costs were higher, these costs did not take into account the downstream costs of using asbestos, such as worker protection, medical care, welfare and social security benefits, payment of compensation, the high price of asbestos removal

or disposal of contaminated waste.

Until these contaminated products were eliminated from building sites, measures – such as those specified in ILO Convention 162 – should be put in place to protect workers' safety. International agencies and global trade unions agreed that special provisions should be made for asbestos-exposed workers which included: health surveillance and registers of the exposed to facilitate early diagnosis, access to medical care, advice, treatment, rehabilitation, the provision of legal advice, social security benefits and compensation awards and measures to ensure social justice for victims. Securing these rights could best be achieved by the adoption of a strategic campaign with defined aims and action areas which was supported by a coalition of trade unions, victims' groups and sympathetic professionals; a discussion ensued about how best to further these aims [24].

Continuing the discussion of the risk to construction workers was Katsuyuki Iida from the Tokyo Occupational Safety & Health Centre, whose presentation was: *Dust Prevention for Carpenters: Grass-roots Activity on a Construction Site in Tokyo*. Even though Japan banned the use of asbestos, the potential for hazardous exposures had continued, due to the presence of asbestos in the built environment [25]. In the past, construction workers routinely sprayed, cut and processed asbestos materials without protective equipment. Japanese laws – such as the



Panel of speakers for workshop 1. From left: Apolinar Tolentino, Fiona Murie, Sari Sairanen, Katsuyuki Iida, Pat Preston and Kiroyuko Kawamoto

Pneumoconiosis Law – were inadequate in the face of the increasing number of silicosis and asbestosis cases. At the end of the 1990s, the Japan Federation of Construction Workers' Union (Tokyo branch) in cooperation with the Tokyo Occupational Safety and Health Center and the Kam-eido Himawari Clinic started a grass-roots dust prevention program for construction workers which consisted of radiographic screening, medical documentation screening and precautionary training. Over time, there have been improvements to the program:

- since 1998, periodic X-ray screening for pneumoconiosis and other asbestos-related diseases had been conducted;
- since 2000, the examination of medical documentation had identified cases of occupational respiratory disease such as lung cancer, mesothelioma etc;
- since 2002, the trade union had on 36 occasions carried out precautionary training on construction sites; these participatory action-oriented exercises featured the use of a training kit and action checklist [26].

Drawing on these experiences, the union concluded that the incidence of pneumoconiosis increased with age and that government certifications underestimated the prevalence of the disease; of 159 patients with suspected pneumoconiosis identified by the union from 2000 to 2006, only 17 were officially recognized as suffering from occupational diseases. Elevated levels of pleural plaques were also found in male construction workers from the Tokyo area, indicating that this cohort was exposed to high levels of asbestos. As available resources were limited, only 30% of all the at-risk workers were examined; more surveillance and grass-roots dust prevention activity on construction sites were needed.

Australian construction workers had also experienced high levels of asbestos exposure according to Pat Preston from the Construction Forestry Mining Energy Union of Australia (CFMEU). Over 35 years ago, the CFMEU began an industrial campaign to ban asbestos, during which building workers refused to use asbestos-containing products. Booklets, stickers and posters were distributed throughout

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workplaces where these products were being used to raise awareness of the hazard; as a result, many building contractors turned their backs on asbestos to avoid costly work stoppages. At the same time, Australian asbestos manufacturer James Hardie phased out the use of asbestos in construction products for the domestic market. As a consequence of these developments, by the mid-1980s, asbestos-free building material was becoming increasingly

popular.

Even though Australia banned asbestos in 2003, the residual problem of contaminated infrastructure persisted and construction, maintenance and demolition workers remained at risk of occupational exposures. The union began a campaign to address this situation which stipulated that prior to the commencement of refurbishments, an assessment by an environmental consultant was required to determine the amount of asbestos present and the measures required to carry out the work safely. If a building worker was exposed, a letter of exposure was issued which could, if necessary, be used as documentary evidence in the future.

A program for medical monitoring was being planned in order to provide an early warning of symptoms. Current Australian regulations were quite rigid about asbestos auditing of buildings on a regular basis or during planned work [27]. Asbestos removal work was conducted by specialists under a licensed regime; the union ran courses for members of the asbestos removal industry. In light of the risk asbestos posed to members of the public, the CFMEU provided training courses to educate community members on how to manage domestic asbestos so as to prevent the unregulated ripping out and disposal of hazardous products.

Other at-risk groups included workers in the airline, aerospace, automotive, fisheries, health-care, hospitality, manufacturing, mining and smelting, railways, shipbuilding, transportation, retail and wholesale industries, according to Sari Sairanen, National Health and Safety Director of the Canadian Autoworkers Union (CAW) [28]. During

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her presentation, **CAW Asbestos Action**, the speaker focused on the case of the infamous Holmes Foundry. In 1998, the Occupational Health Clinic for Ontario Workers was informed about a cancer cluster mostly amongst retired workers from the Holmes Foundry. The union became involved and organized an intake clinic, explaining to the workers the possible dangers to which they had been exposed. Following a public meeting which was attended by 200+ members and their families, an investigation to identify the cause of their health problems was begun. Evidence was found which showed that although the government had known that asbestos levels at the foundry far exceeded allowable concentrations, no attempts had been made to enforce the regulations. The injured lobbied for official recognition and compensation for their work-related illnesses; to date, over \$30 million had been obtained for the victims and their families. Other

asbestos scandals uncovered by the CAW were the existence of hazardous asbestos practices at a General Electric factory and an Air Canada call center.

Building on these victories the CAW had developed an asbestos program which included the following components: training, worker health organizers, collaboration with health and safety committee members and occupational physicians, bargain protection in collective agreements, lobbying for legislative changes, and support for the abolition of asbestos use in Canada and overseas. The CAW's 2003 Asbestos Resolution summed up the union's policy as follows:

“the CAW call on the Canadian government to ban the export of asbestos; withdraw its financial and political support from the Asbestos Institute; work with the unions and communities involved to ensure a just transition for workers in the asbestos mines and surrounding communities and lobby for a world wide ban on the use of asbestos...”

It is well known that many people who contract asbestos-related diseases have already retired, due to the long incubation periods of these illnesses. The problems caused by the long delay before the disease manifests itself and the age of the injured were discussed by Hiroyuki Kawamoto, from the Kanagawa Occupational Safety & Health Centre (Japan), in his paper *Challenges of Retired Asbestos Workers*. In December 2007, the Asbestos Union (AU), a

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branch of the All Japan Shipbuilding and Engineering Workers Union, was established specifically to assist retired asbestos workers and people whose family members had died. Mr. Kawamoto was appointed the General Secretary. The AU demanded information and claimed compensation from former employers of the injured. It brought legal actions before the Labour Relations Commission, a body composed of representatives from trade unions and companies. To avoid protracted negotiations and a struggle with the union, companies usually made an offer. The AU had had cases where the financial sum awarded was US\$200,000. Some companies, however, refused to negotiate and the AU was currently taking action against Honda, Nissan and other big Japanese companies. Profiles of typical AU members included:

- a garage worker employed in a Honda factory for 2 years in the mid-1960s who had one lung removed after he contracted mesothelioma; although the govern-

ment recognized his condition as an occupational disease, Honda did not, and a lawsuit was filed in March 2009;

- a subcontractor for Sumitomo shipbuilding diagnosed with mesothelioma, having been exposed to asbestos at work; he was given no information about asbestos and had no opportunity to protect himself from hazardous occupational exposures; the company denied liability;
- the AU chairperson who had worked for 40 years as a plumber in an oil company; he had been diagnosed with pleural plaques and was angry because he was never given any information about asbestos.

During the question and answer session which followed the presentations, issues raised by conference participants included the following:

- while public awareness had been raised in Korea regarding asbestos contamination of consumer products due to recent media coverage, workers doing refurbishments and maintenance were still being exposed to asbestos despite the existence of laws which mandated workplace protection; a national campaign would be run by the Korea Building and Construction Union to raise workers' awareness, identify victims and begin compensation procedures on their behalf;
- in Canada, the Quebec unions had sided with the asbestos industry to broadcast a message of economic well-being to asbestos communities; the CAW and other like-minded organizations were lobbying for a “just transition” program to move the mine workers to safer jobs; although it was a slow process, more politicians were declaring their support, and while the focus of the upcoming general election would be the economy, there was an opportunity to exploit this event to force politicians to declare their position on asbestos; the Canadian ban asbestos movement was re-energizing itself and was re-engaging with allies in political parties, victims' groups, trade unions and human rights groups to bring pressure on the federal government to change its pro-asbestos policy;
- the occupational threat posed by asbestos remained in post-ban countries; the Asbestos Union (Japan) was a new type of union; publicity surrounding the cases of retired workers raised awareness of the asbestos threat to the current generation of workers.

Having heard many comments from delegates about priorities in Asia regarding asbestos, a consensus was reached that the establishment of an Asian Ban Asbestos Network was crucial.