

Building and Woodworkers International want Action to Ban Asbestos.

BWI General Secretary, Anita Normark, this year launched an appeal to join the international effort to convince the Canadian Government to recognize that asbestos is the world's biggest industrial killer and that it should be banned in all countries.

Anita Normark said: "Today's exposures guarantee an epidemic lasting at least another generation, with the asbestos graveyards shifting from the developed to the developing world."

"At the moment, there is at least one death every 5 minutes, and some jobs are effectively a death sentence. There is no safe level of exposure, so there is no acceptable level of exposure. This is the preventable industrial health calamity of the modern era."

The International Labour Organisation estimates that more than 100,000 people die of asbestos diseases annually. Most of these people were exposed to asbestos in the building trades. Today, 90% of asbestos is used in cement products for roofing and building materials and cement pipes. More building workers die each year from past exposure to asbestos than those who are killed in falls – yet occupational ill health is largely invisible and ignored. We need clear action from the ILO to achieve a global prohibition of this deadly material.

Canada is one of the largest exporters of asbestos said Normark and “we aim to show its Government that workers in a large number of countries are concerned about Canada’s disdain for the occupational and public health of citizens and workers throughout the world. Russia, China and Brazil are also big producers and exporters of asbestos, and we need to convince them to use alternative materials. However, their governments, unlike the Canadian government, do not finance massive advertising campaigns in developing countries to convince them that asbestos is perfectly safe. This behaviour is immoral, and is social dumping of the most cynical kind. Whilst forty industrialized countries have banned asbestos, and are using alternative materials, developing countries are targeted by the asbestos salesmen who will deny the health hazards in order to make profits”.

Canada peddles deadly asbestos to the third world

On May 23 – 26, 2006, the Canadian government, the Quebec government, the Chrysotile Institute and the International Chrysotile Association are hosting an International Conference on Chrysotile in Montreal, Quebec. (see attachment for programme)

In 2002, the latest year for which we have figures, Canada produced 242,241 tonnes of chrysotile asbestos and exported 235,138 tonnes (97%) to 85 countries; 68% of Canadian chrysotile asbestos exports goes to Asian countries.

As a beacon of civilization, is it not immoral that Canadians are pushing a product no longer considered safe in Canada to countries less advanced in protecting occupational and public health?

The Canadian Federal government is deliberately concealing the harm caused by this known human carcinogen so that they can profit from exporting it. The government of Canada is mining, marketing (through deception) and exporting chrysotile to countries which have no expertise or regulatory framework to deal with the health hazards.

The Province of Quebec, rich in asbestos reserves, has considerable political influence with the Federal government, and this is exploited by the asbestos stakeholders in order to promote their product. They are aided and abetted by academics and pet scientists who are paid to lie about the health hazards all over the world. Notably Dr. David Bernstein PHD, who is trying to bolster asbestos markets in South East Asia.

Canada in Indonesia

On March 2-3, 2006, an "International Scientific Symposium" was held in Jakarta, sponsored by the asbestos industry and the government of Canada. Canada's involvement was featured in brochures announcing the event and a cocktail party invitation at the end of the conference hosted by the Canadian Embassy. (see attachment)

Indonesia is an important chrysotile asbestos market; in 2004, it imported 20,219 tonnes of chrysotile asbestos of which 86% came from Canada.

Dr. Zulmiar Yanri, Head of the Indonesian Occupational Safety and Health Centre, Department of Manpower and Transmigration, sought to invite a leading independent authority on asbestos to the meeting, Dr. Douglas Henderson of Australia. Dr. Henderson was on the 4-person scientific expert panel appointed by the World Trade Organization (WTO) in adjudicating the WTO asbestos case brought (and lost) by Canada to challenge the French ban on asbestos. He is the author of numerous scientific papers and books on the pathology and other medical aspects of asbestos. Dr. Henderson was ready to attend to bring some objectivity to the otherwise strictly industry affair. When Dr. Yanri's suggestion to invite Dr. Henderson was rejected by the sponsors, Dr. Yanri expressed her solidarity to the cause of public health by not attending.

Speakers at the event included: Clement Godbout, Chairman of the International Chrysotile Institute (the new name of the Asbestos Institute, based in Quebec); a Canadian mines official; a representative of the Russian asbestos industry; Ericson Bagatin, a doctor who works for asbestos mining interests in Brazil; and asbestos industry consultants Drs. David Bernstein and John Hoskins. An Indonesian asbestos industry spokesperson from FICMA gave a presentation on "best practice," and several governmental officials and a doctor from Indonesia completed the program.

This conference in Jakarta demonstrates how asbestos mining and manufacturing interests, coordinated by the government of Canada, continue to defend and expand markets for asbestos in countries where a lot of asbestos is still used.

There are many more recent examples of "Scientific Symposiums" and media campaigns from India, Brazil, Zimbabwe, Chile, Peru and elsewhere. (see attachment for brazil campaign, funded by Canada).

The Asbestos Industry Lies

The Industry arguments for continuing to market chrysotile asbestos are entirely without foundation. They have three basic points which they continue to reiterate, and a fourth justification for promoting the use of asbestos cement products world wide.

1. Chrysotile asbestos is fundamentally different from, and far safer than, other kinds of asbestos.

Chrysotile is classified by the WHO- IARC as a known human carcinogen (group 1). The cause and effect relationship of chrysotile asbestos and mesotheliomas is thoroughly established, despite the long latency period between exposure and symptoms. There are no confounders, in particular smoking, which can be used as an argument as is there is in the case of lung cancers.

2. Respect for the Threshold Limit Values and industrial hygiene will guarantee the absolute safety of chrysotile. "Controlled use"

In the first place, there is no safe threshold of exposure to chrysotile fibres. That is to say that some people will still die as a result of lower levels of exposure. Secondly, the idea of "controlled use" is pure fantasy, particularly in developing countries. It is extremely difficult to achieve "controlled use" according to TLVs in the asbestos cement industry. But then what happens when the roofing products or pipes leave the factory and are being placed into the built environment. In the building trades there is no such thing as controlled use. There is widespread lack of compliance with even the most basic safety standards on scaffolding and fall protection - the most obvious hazard in the construction sector.

3. Substitutes for chrysotile are more harmful to health.

We have lived with many substitutes for many years without their having generated the occupational and public health epidemic caused by chrysotile.

It is quite true that some man made mineral fibres so closely mimicked the properties of asbestos that they were causing fibrosis, and were suspected of causing lung cancers. Since then, fibre dimensions have been adjusted to reduce respirability, thereby reducing the hazards from glass wool, rock wool and ceramic fibres. Furthermore, many other alternatives have been developed, which are highly compatible with cement, have good tensile strength and can be easily replaced using the same Hatscheck plant as is

used for the manufacture of asbestos cement products. Notably these alternatives include cellulose, Poly Vinyl Alcohol, p- aramids and polypropylene. These are the principal products used in reconversion of the industry in the 40 countries which have banned asbestos.

4. The International Labour Organisation endorses the "controlled use" of asbestos.

This assertion is crucial to the asbestos industry as their alibi.

On April 11th, The Canadian Consul and Trade Commissioner in India, WG McEwen responded to BWI affiliate the Indian National Rural Labour Federation, who had written to ask why Canada exports chrysotile to India.

"Canada has long recognised the difference in toxicity between amphiboles and chrysotile and strongly supported this differentiation when the ILO Convention 162 on Safety in the Use of Asbestos was negotiated in 1986. The latter Convention endorsed Canada's controlled use approach as a responsible and valid approach to managing the potential risks associated with the use of chrysotile".

This is a manipulation of the true situation. In fact, Convention 162 does call for the prohibition of asbestos. However, this Convention refers principally to the measures required for the prevention of exposure to asbestos which is already installed. This standard is vital for the protection of those involved in renovations and demolition, for example, carpenters and plumbers.

ILO Convention 139 on Occupational Cancer calls for the substitution of known cancer causing substances, and this is the only logical, health based approach to the use of chrysotile asbestos.

The ILO Position – Health Based? Or Asbestos Industry friendly?

The failure of the ILO to refute the assertions made by the pro-asbestos salesmen is shameful. It is imperative that there is a clear, public, position from the ILO on this matter.

Article 10 of ILO Asbestos Convention No. 162, 1986 states:

“Where necessary to protect the health of workers and technically practicable, national laws or regulations shall provide for one or more of the following measures-

(a) replacement of asbestos or of certain types of asbestos or products containing asbestos by other materials or products of the use of alternative technology, scientifically evaluated by the competent authority as harmless or less harmful, whenever this is possible’

(b) total or partial prohibition of the use of asbestos or of certain types of asbestos or products containing asbestos in certain work processes.”

Occupational Cancer Convention 139, 1974

Article 1

1. Each Member which ratifies this Convention shall periodically determine the carcinogenic substances and agents to which occupational exposure shall be prohibited or made subject to authorisation or control, and those to which other provisions of this Convention shall apply.

2. Exemptions from prohibition may only be granted by issue of a certificate specifying in each case the conditions to be met.

Article 2

1. Each Member which ratifies this Convention shall make every effort to have carcinogenic substances and agents to which workers may be exposed in the course of their work replaced by non-carcinogenic substances or agents or by less harmful substances or agents; in the choice of substitute substances or agents account shall be taken of their carcinogenic, toxic and other properties.

The position of the World Health Organisation is as follows:

"Exposure to chrysotile asbestos poses risks for asbestosis, lung cancer and mesothelioma in a dose-dependent manner. No threshold has been identified for carcinogenic risks" (EHC 203)

The WHO recommendation is to:

"Prohibit and enforce the prohibition of the production and use of chrysotile fibres and products containing them or restrict chrysotile to essential uses in which no safer alternatives are available".

Time for the ILO to adopt a health based position on asbestos

Much has changed in the twenty years since the ILO's asbestos guidelines were introduced. By the mid-1980s when Convention 162 was drafted, only the Scandinavian countries had banned asbestos.

In 2006, 40 countries in Europe, the Americas, the Middle East, the Antipodes and Asia have imposed national asbestos bans. Major international bodies including the International Programme on Chemical Safety, the European Union, the Collegium Ramazzini, the Senior Labour Inspectors Committee, the International Social Security Association, the World Trade Organization, the Building and Woodworkers International, the International Metalworkers' Federation and the International Confederation of Free Trade Unions support the pro-ban position. So do the Governments of: Argentina, Australia, Austria, Belgium, Chile, Croatia, Cyprus, Czech Republic, Denmark, Egypt, Estonia, Finland, France, Gabon, Germany, Greece, Honduras, Hungary, Iceland, Ireland, Italy, Japan, Kuwait, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Saudi Arabia, Seychelles, Slovakia, Slovenia, Spain, Sweden, Switzerland, United Kingdom and Uruguay and scores of independent scientists.

Proposed Asbestos Resolution for the International Labour Conference 2006

The Building and Woodworkers International proposes the following resolution to the Committee on Safety and Health for the consideration of the 1996 International Labour Conference.

Considering that:

- All forms of asbestos, including chrysotile, are classified as known human carcinogens by the International Agency for Research on Cancer and by the International Programme for Chemical Safety
- An estimated 100, 000 workers die every year from diseases caused by exposure to asbestos
- 90% of chrysotile asbestos is used in asbestos cement materials
- It has taken three decades of protracted efforts and the emergence of suitable alternatives for a comprehensive ban on the manufacture and use of asbestos and asbestos-containing products to be adopted in a substantial number of countries. Furthermore that these countries now permit the handling of in -situ asbestos only during asbestos removal, demolition, renovation and maintenance work carried out under strictly controlled working conditions.

Conference calls upon the International Labour Organisation to:

- Adopt a clear health-based position in favour of prohibition of the use of all forms of asbestos and asbestos containing materials.
- Make an explicit statement clarifying to all Member countries that Convention 162 does not provide a justification for, or endorsement of, the continued use of asbestos.
- Continue to encourage Member States to ratify and implement the provisions of the Occupational Cancer Convention 139 (1974)
- Continue to encourage Member States to ratify and implement the provisions of Convention 162 (1986), Safety in the Use of Asbestos.
- Promote the elimination of the use of all forms of asbestos and asbestos-containing materials in all Member countries
- Assist Member countries in drawing up national action programmes for the management, control and elimination of asbestos from the working environment.