
Preventing Asbestos Related Diseases In India

The Way Forward



FOR
OCCUPATIONAL AND ENVIRONMENTAL HEALTH NETWORK OF INDIA
AND
INDIA BAN ASBESTOS NETWORK

NEW DELHI, INDIA

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Report

During the 4th International Conference on Occupational & Environmental Health held at Lady Hardinge Medical College, New Delhi from 15-17th February, 2019, Occupational and Environmental Health Network of India (OEHNI) along with India Ban Asbestos Network (iBAN) took the opportunity to be engaged and organized a one-day workshop on the issues related to Asbestos in the country.

The three-day event with national and International delegates from across the globe had an agenda of addressing several issues on environmental and occupational health. Many presentations and plenary sessions took place over the duration of the conference.

On 16 February a workshop on Asbestos with an agenda to discuss the issue with different stakeholders was organized.

Esteemed professionals like Dr. Barry Kistnasamy (South Africa), Dr. Thomas H Gassert (USA), Dr. Tor Erik Danielsen (Norway) among others were present from different countries along with representatives from National Institute of Disaster Management (NIDM), Employee State Insurance Corporation (ESIC), Directorate General of Factory Advisory Services Limited of India (DGFASLI), Ministry of Labour (Government of India). Dr. Kawakami from International Labour Organisation (ILO) also enlightened the workshop with his expertise and experiences.

The experiences shared by each of them were different and many ideas on how to tackle the Occupational and Environmental Health (OEH) in India came forward.

The day started with a welcome note from Pooja Gupta, Coordinator of India Ban Asbestos Network (iBAN) who discussed in brief the current situation in the country regarding use of Asbestos.

There were several presentations during the conference. Some major points from participants are listed below-

1) Sugio Furuya - **Global Panorama of Asbestos and ARDs**

- Asbestos is a proven carcinogen and is also called “Killer Dust” or “Silent Time Bomb” which kills more than 200,000 people every year all over the world.
- About 80% of mesothelioma patients have had some occupational exposure to asbestos.
- Asbestos is not only an Occupational Hazard but also Public and Environmental Hazard
- Misdiagnosis and misinterpretation are becoming subjects of discussion.
- Mesothelioma Mortality in Japan and UK are very high.

- Hundreds of scientific studies available on public platform show cause and global burden of disease.
- The Global Burden of Disease for India is very high and is increasing day by day.
- Various organizations like ILO, WHO, World Bank state the severity of asbestos usage.
- Asian and Middle Eastern Countries show positive increase in the consumption of asbestos.
- Countries like Canada and Brazil banned usage after constant pressure from different working groups.
- While countries like Russia have increased in production and export while decrease in consumption within the country.
- Countries like Sri Lanka gets tangled in international lobby when they seek ban on Asbestos.

2) Omana George- **Visions and actions of AMRC - Asbestos**

- Workers and occupational victims in Asia have organized themselves to claim their rights to a safe and healthy workplace and environment as well as to attain access to diagnosis, treatment, and compensation.
- Engagement and commitments of networks like Asian Network for the Rights of Occupational and Environmental Victims (ANROEV) and Asian Ban Asbestos Network (ABAN) on Occupational and Environmental Health, while building and strengthening National Networks across South Asia.
- Strategy development and networking played key roles in policy making and generating awareness.

3) Dr. Barry Kistnasamy - **Occupational & Environmental Issues in Asbestos Exposure**

- South Africa was 3rd largest producer of asbestos after Canada and Russia till 2001.
- In 1960 Dr. Christopher Wagner reported 33 cases of mesothelioma out of which 8 were work related.
- Costs externalized to individuals, families & communities – should be human capital approach.
- Class action took place which lead to two major funds- Asbestos Relief Trust (\$30m - 7500 claimants) covered occupational & environmental exposure and Kgalagadi Relief Trust (KRT) (\$10m) to compensate the victims.

4) Ravindra Mohite- **Suffering from Asbestos Related Disease**

- He shared his experience working in a factory that used asbestos as raw material. The numbers of victims have reached 700 out of which 500 are ex-employees and almost 200 individuals are secondary exposed. During a medical camp held in 2019-January, 124 individuals filed claims from Mumbai before the Turner & Newall Trust.

5) Panel Discussion on **Business & Human Rights**

- A Panel discussion took place with Mr. Kamal Tewary representing the Trade Unions, representatives from think tanks like Praxis, Partners in Change (PiC) and Building and Wood Worker's International (BWI) and Mr. Darshan Parekh representing alternate industry were among the panelists.
- It was informed that National Action Plan on business and human rights is being developed by Praxis and PiC.
- In 2012 SEBI came up with Business Responsibility for reporting ethics, transparency, consumer rights, employee welfare, non-discrimination and inclusiveness in supply chain. But there are huge gaps in voluntary disclosures. Ministry of Corporate Affairs has developed National Voluntary Guidelines for disclosures.
- Corporate Watch encourages corporates to disclose more about supply chain. NHRC has sought their help. In public procurement OHS issues have yet not come up. Slowly Government of India has started opening public procurement procedure.
- Mr. Tewary said that during National Strike in January, OHS issues were listed in protest by the workers and it was for the first time that such issues were proposed during any labour movement.
- It was observed that without grassroots struggle issues of silicosis and asbestos related diseases cannot be addressed. Civil Society and grassroots organizations will have to come together.
- Mr. Tilak from BWI said that workers are dying to earn their livelihood. Asbestos is not just workers issue but it is community issue.
- While Mr. Darshan Parekh said that India is one of the last few countries to process raw asbestos fibres to convert in asbestos containing material. He demanded to increase import duty on asbestos. He drew attention that major consumer of asbestos is industry and not general population.
- Another victim Mr. Meghval said that he worked in asbestos mine in Rajasthan where 20-25 victims have died so far. About 650 victims have been paid compensation by State Government.

6) Mr. Perry Gottesfeld- Truth in Publication: Exposing False Claims on Installation and Removal of Asbestos Roofing

- The global situation of asbestos industry was discussed. It was brought into light that the studies published into different journals are not always reliable.
- Peer reviewed scientific publications can be manipulated to promote false claims to support the ongoing use of asbestos.
- It is important to be vigilant to claims that can be used to delay banning asbestos products.
- He shared examples of such published papers which are biased.

7) Dr. Tor Erik Danielsen - Evaluation of the Norwegian Labour Inspectorate's efforts to prevent asbestos exposure

- Norway still witnesses new cases of pleural mesotheliomas more than 30 years after the ban of use.
- In the autumn of 2016, an internal working group was commissioned to evaluate the Labor Inspectorate's efforts to check the preventive measures.
- These task groups clarify regulations for asbestos management towards other public agencies such as the Environment Directorate and the municipalities in Norway.
- Consider today's practical use of policy and finds out potential new legal requirements.
- Provides a recommendation for how the Labour Inspectorate should handle asbestos issues in the future.
- Even after so many precautionary measures, Norway still faces challenges such as lack of information on all vulnerable sites, lack of information on all the workers working in such buildings/sites, lack of proper knowledge, etc.
- India can learn for Norway's experience and build its roadmap based on these.

8) During & Post-Disaster Relief, Recovery: Dealing with Asbestos Hazards

- The main point he raised is lack of awareness among institutions like NIDM.
- Challenges faced during disaster and post disaster scenarios are mainly rescuing and evacuating those entrapped without considering the dangers of such chemicals.
- Research & capacity building is needed within the institution.

- Issues like this to be integrated to HRVA studies.
- They asked for assistance for further development of course materials and creating awareness.

9) Dr. Abhijeet Jadhav- Environmental exposure and future health impact of Asbestos

- While giving an over view on the asbestos exposure Dr. Jadhav shared his case study done in the area of Chaibasa, Jharkhand.
- Incidence rate of Mesothelioma among exposed population is likely from 14 to 32 per 100000 exposed people.
- Even if we consider minimal reported incidence are at 20%, there will be 12 million people with asbestosis over a period of next three decades.
- Palliative care is the prime need of these people as they are from the poorest informal sector with no health coverage.
- The number of victims will increase in next 30-35 years due to environmental exposure.

10) Dr Thomas H Gassert- Asbestos Related Disease Diagnostic Challenges

- Coming from Harvard Chan School of Public Health, Dr Gassert gave a descriptive overview on how and when the diagnostics are important in order to prevent the disease.
- Lack of expertise, absence of surveillance, cost implications and information often lead to late diagnosis and medication.
- He elaborated the process and progression of the disease while sharing information on how medical practitioner should be more vigilant while taking medical history.
- One major suggestion as a subject expert was to generate a simple algorithm for diagnosis of asbestos vs. other lung diagnoses to help not misinterpret.

11) Pooja Gupta- Environmental Asbestos Pollution- An Under-recognized Threat to Health in India

- She shared an overview of current Indian situation.
- Even after various regulatory mechanisms already present in India the lack of implementation creates all the disarray in the country.

- Occupational Health Surveillance Program is one such mechanism to prevent workers from exposure by training them in fiber handling, handling finished products and in spill management. But such basic training are also usually missing.
- The lack of compliance of the basic guidelines by the industries may put them at default but no stringent actions take place.
- There have been various judgments and victim's testimonials available that certifies the danger of asbestos exposure nonetheless no preventive measures are taken on larger scale by the policy makers.
- The regulatory mechanism should consider that more than 90% of the working groups are informal and how they can make regulations that benefit them.
- She also discussed the lack of awareness among different stakeholders is the major cause of the irresponsible regulatory mechanism.

12) Panel Discussion- **Regulatory Reform and enforcement**

- The last discussion of the day was in continuation to the issue of how the national and state regulatory boards can enforce laws and reforms.
- Panelist were Dr. Kistnasamy (South Africa), Dr. Danielsen (Norway), Representatives from NIDM, ESIC, DGFASLI, Ministry of Labour and Dr. Kawakami (ILO).
- The key points that came out was how Indian officials can learn from the past experiences of countries like South Africa and Norway and acknowledge the burden of diseases in the coming years if not regulated now.
- The pro-activeness of the government now will help in addressing the situation or it will multiply ten folds in near future.
- It was also discussed that government bodies like ESI and labour department can act as flag bearer and give necessary and important submissions to the policy makers and others regulatory bodies.

The workshop closed with various discussions on how India can avoid the increasing burden of disease and how right regulatory reforms/ implementations can help it survive the imminent catastrophe in near future.

Photos



Image 1- Banner For the Workshop



Image 2- Participants in the Workshop



Image 3- Participants During Session



Image 4- Mr. Mohite during Stall Setting



Image 5- Perry Gottesfeld during Presentation



Image 6- Dr. Erick sharing his experience from Norway



Image 7- Facilitating Dr. Kawakami from ILO



Image 8- Dr. Jugal- Head of VMCC, sharing his thoughts how medical practitioners can be of more help in early diagnosis.



Image 9- Dr. Barry Kistnasamy during his presentation



Image 10- Panel Discussion on Regulatory Reform and enforcement