There has been an outburst of public anger after the ‘discovery’ of asbestos polluted social housing, despite there being several other topical asbestos related incidents. This coupled with the spectacular Turin trial against some captains of industry who were sentenced for knowingly exposing their workforce for decades to the killing fibre and the alarming reports of annual death rates among teachers who were working in asbestos containing public schools. In turn, the driving thoughts behind recent research by a group of outstanding international experts were of a more pragmatic nature. The aim was to document that asbestos is still carried around the globe and that there is no reason to retreat from the fight against the trend and its effects. Unfortunately, the European Union (EU)- wide ban is not the end of the hazardous story; it is only one of the necessary steps to protecting workers and citizens against the fatal consequences of the use of a mineral fibre that started as the eternal, global insulation champion. The fairy tale of ‘safe handling’ that still leads to import and use in large parts of the world has to stop.

In the following sections we summaries major developments that led to a slow phasing-out in Europe and a turn to other continents by the industry.

First evidence

The Earliest concern of the health effects of asbestos exposure was reported in the annual reports of the British Chief Inspector of Factories (as early as 1898) and in the first studies of mortality among asbestos workers in France, with scientific evidence of hazardous risks related to the use of asbestos stemming already from the early 1900s. From that moment on, specialists published articles that stated that asbestos workers generally declined on account of the assumed health-injurious conditions in the mining of asbestos. In the United States (US), the first compensation claims were filed in the late 1920s. Several empirical studies conducted later on made it clear that asbestos is the single most prominent cause of mesothelioma, a mostly fatal cancer of the pleura. In several countries, studies that correlated male pleural cancer death rates with per capita asbestos consumption, 25 to 30 years earlier, found a linear relationship. Soon there was also enough evidence to conclude that lung cancer and asbestosis correlate with past asbestos consumption rates and that no safe use, of the fibre, exists. The Attorney’s Textbook of Medicine, published in 1934, devoted a full chapter to asbestos exposure, therein noting that asbestosis was incurable and usually resulted in total permanent disability followed by death. By the 1930s, asbestos manufacturers and their insurance companies knew that asbestos was killing workers at alarming rates. However, asbestos based products remained popular and the production of asbestos peaked worldwide in the late 1970s and early 1980s, when it was being mined in at least 25 countries. Prestigious health institutions expect that with an incubation time varying from 10 to 50 years asbestos related diseases will increase till the 2020s.

The long legislative road

It became clear that the European legislator was aware of the risks of contact with the fibre as a list of occupational diseases was formulated in 1962. With reference to the Treaty of the European Economic Community (EEC), it was noted that the EEC Commission had the task of stimulating a narrow cooperation between Member States related to the ‘prevention of occupational diseases’. The aim was to harmonise the existing national lists and asbestosis (with or without lung tuberculosis or cancer) was then listed in the category of ‘occupational diseases by inhalation’, based on the notion that danger to human health arose mainly as a result from the inhalation of fine asbestos dust, particularly during the production and processing of asbestos products.

In the mid-1970s an expert group (commissioned by the European Commission) assessed the latest medical and scientific findings and concluded that it is not possible to determine a safe exposure threshold below which cancers will not occur. Simultaneously, a European Parliament committee led by the British Labour Member of the European Parliament (MEP) John Evans concluded that asbestos presented ‘a danger both to workers in the asbestos industry and to those exposed in other situations’ and that ‘all varieties of asbestos in use in the Community can present a danger to human health’. Evans asked for the ban on crocidolite and on the spraying of asbestos; the asbestos use should be gradually phased out and finally be forbidden.

It was Norway that banned the general use first, in 1984, followed by Denmark in 1986, Italy in 1992 and the Netherlands in 1993. In the Federal Republic of Germany, the complete prohibition of asbestos manufacturing and its use came into effect at the end of 1994. France followed in 1997 and Belgium in 1998. However, it again took a long period before further progress could be achieved at EU level. Finally, March 2003 brought the definite ‘ban’ Directive, coming into effect in 2005.

Still on the agenda in Europe

In 2013, the European Parliament sought an all-encompassing and comprehensive approach in its own initiative report. The starting point was that the protection of workers from asbestos must be improved. It is noted that the hazardous impact of all types of asbestos has been documented and regulated and that increased cancer risks have been observed in populations exposed to even very low levels of asbestos fibres, including...
and deliberate and wilful failure to implement precautions in the appeal confirmed the charges for wilful and deliberate environmental damage causing thousands of deaths of workers and members of the Casale Monferrato community in the province of Piemonte, Italy. In the first court case, in February 2012, he was sentenced to 16 years in jail and given multimillion dollar fines. The Court of appeal confirmed the charges for wilful and deliberate environmental disaster by contaminating the area with asbestos fibres, and deliberate and wilful failure to implement precautions in the workplace and increased the sentence to 18 years.2

The industry lobby
The industry had hard figures on asbestos-related diseases much earlier than the public authorities. Between 1929 and 1935, industry-commissioned studies found that about half of asbestos miners and asbestos textile workers would fall seriously ill. The link between asbestos and lung cancer was first shown in the early 1940s, but the report were kept tightly under wraps. Understanding the possible impact of public reaction on its bottom line, the industry set about creating several distracting arguments. It kept asserting that observing basic industrial hygiene rules was enough to eliminate the risks and that asbestos was a substantially less dangerous disease than silicosis, therefore there was no need for binding legislation. With all the knowledge about the hazardous risks related to asbestos exposure, a powerful asbestos industry lobby on governments and employers organisations continued the promotion of the safe use. Effective global lobby groups specialised in downplaying the dangers of asbestos and in postponing the adoption of bans, strongly influenced the debates and chrysotile industry lobbyists were engaged to confuse the issue and mislead policy makers. Although chrysotile asbestos is found to be potentially similarly harmful as amphibole asbestos the Chrysotile Institute, formed in 1984 to promote the use of chrysotile asbestos, insisted that the use of chrysotile asbestos posed little risk to workers if handled safely. The Institute still wrote in 2011: ‘In fact, many scientists indicate that when properly used under controlled conditions, chrysotile asbestos in its modern day high-density applications does not present risks of any significance to public and/or worker health’. Nowadays most asbestos lobbying organisations are based in countries with economic ties to asbestos like Russia, India and Brazil. In May 2013 there was a fourth effort to tighten the worldwide shipping regulations of asbestos. Canada remained neutral for the first time. The industry lobby, now led by Russia together with 6 other countries (Zimbabwe, Kazakhstan, India, Kyrgyzstan, Vietnam and Ukraine), again vetoed a widely supported proposal to place chrysotile on the Rotterdam Convention’s ‘Prior Informed Consent’ (PIC) list.3

The future challenge
The problems related to asbestos-related hazardous risks are manifold. Compliance with relevant regulation and legislation is not controlled in a sufficient manner, companies do not respect the current removal and safety rules and local communities have serious shortcomings in the execution of prevention, surveillance and enforcement tasks. Surveillance and enforcement tasks and competences are too fragmented. Waste management is in its infancy and training facilities are inadequate or lacking and in some countries, victims still have to follow complicated and dismissive procedures on their way to find justice. Training and qualification are decisive steps for a controlled and responsible phasing out of asbestos containing products. A promising practice is the joint development by the European social partners in construction of training modules designed for workers that deal with asbestos containing materials in the maintenance branches. Although the outlook has improved, with Canada no longer in the camp of the strong promoters of the ‘safe handling’, we are still far from a global ban and asbestos is still carried around the globe. The perspectives for a ban did not automatically enhance inasmuch as several international political aspects – international trade and global export and shipping, increased use as building material in many third-world countries, the international asbestos lobby handed over to Russia and satellite states – still block adequate action.

This column is based on the book *The long and winding road to an asbestos free workplace*, CLR-Studies 7, International Books, Utrecht. (www.i-books.nl/new/thelongandwindingroadtoanasbestosfreeworkplace.html)

1 The report drafted by Labour MEP Stephen Hughes passed the European Parliament plenary session on 14 March 2013 with a huge majority of 90% of the votes.


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