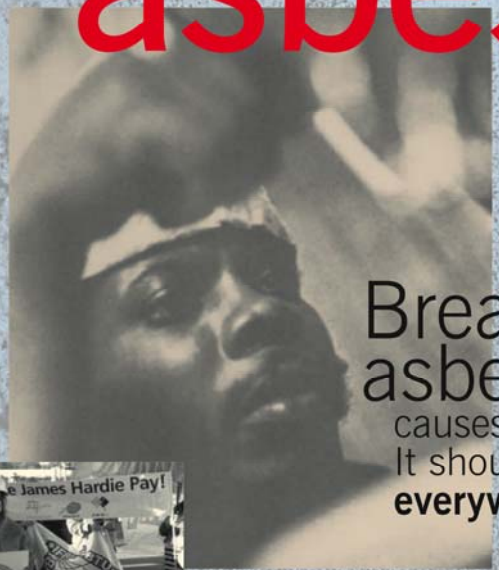
Global Action on Prevention of Asbestos Diseases

Building and Woodworkers International - BWI

ban asbestos



Breathing asbestos dust causes **fatal** lung diseases. It should be **banned everywhere**.

Asbestos materials are already in buildings everywhere

We need proper working methods and Protective Equipment so we don't breathe it in.

BWI • BHI • BTI • IBB • ICM

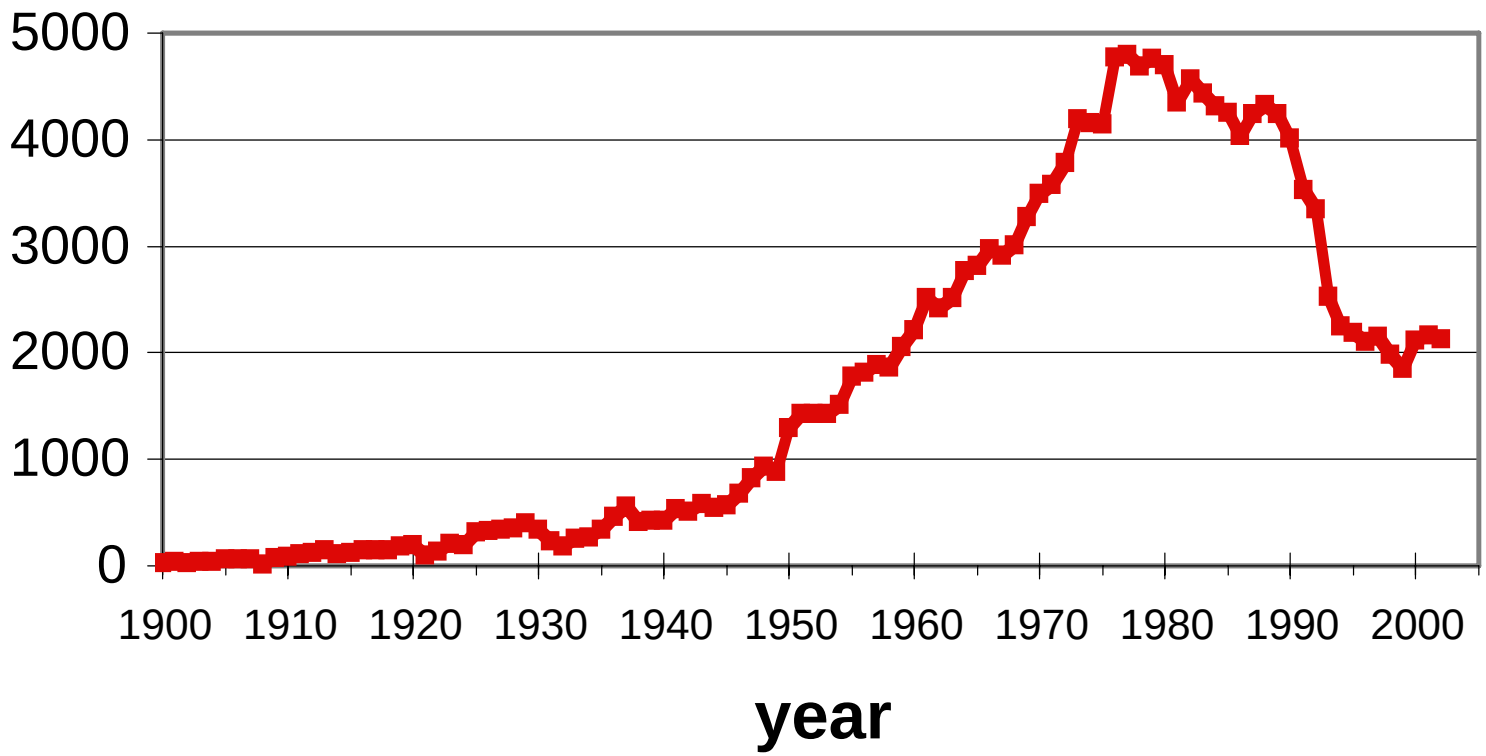
Problems

- 100,000 deaths a year from diseases caused by asbestos: lung cancer, asbestosis, mesothelioma
- 95% of chrysotile asbestos is used in cement products
- Increasingly aggressive asbestos marketing

  campaigns in developing countries
- Increasing use in countries where laws and standards are weak and where information is not readily available

World Asbestos Production

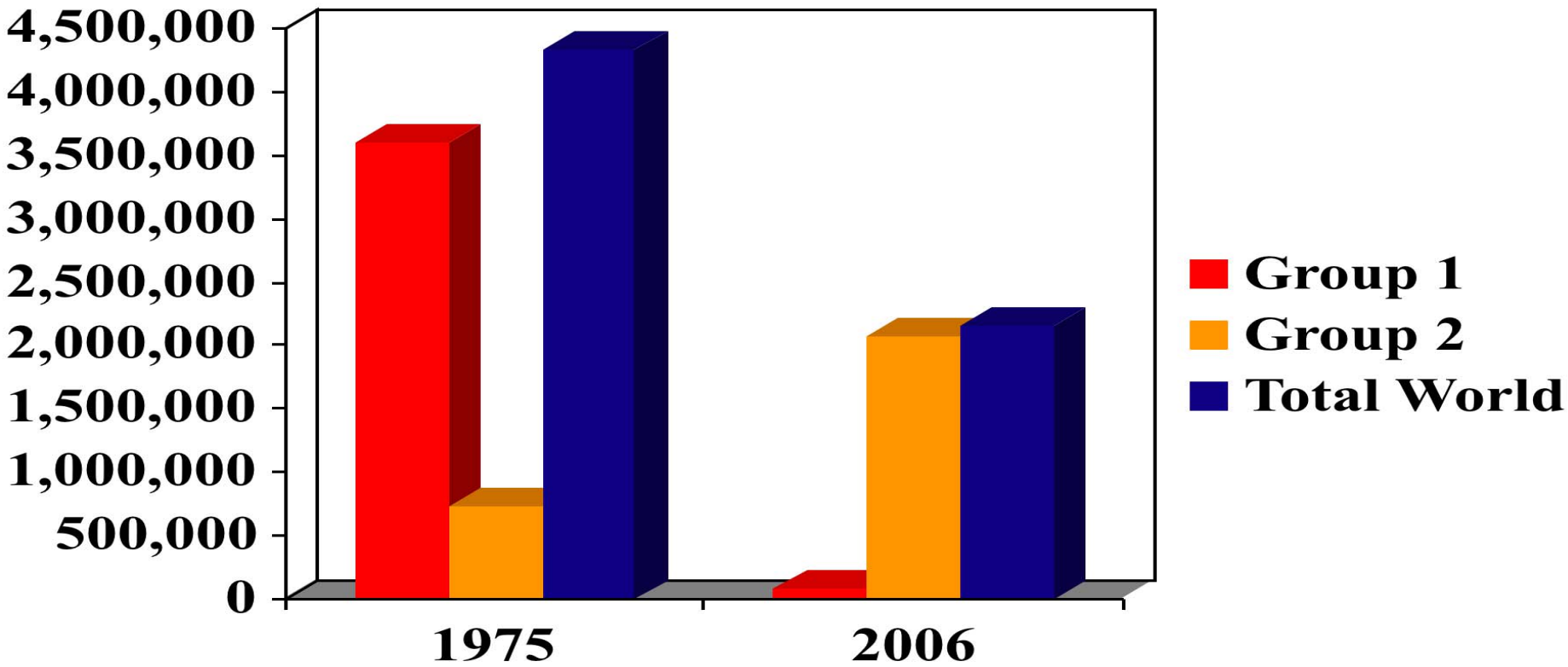
(US Geological Survey, 2004)



Four Action Areas

1. Address the global industry marketing campaign by asbestos producing and exporting countries, led by Canada.
2. Address importing countries on alternative materials and the need to reconvert the asbestos cement industry
3. Protect workers (and other users) from exposure to asbestos

Changes in Global asbestos markets



Group 1: USA, Canada, Western Europe, Australia, New Zealand, Japan

Group 2: East Europe, Russia, Asia (exc. Japan), Latin America and Africa

Here are the UN trade statistics for asbestos imports in India 2004 Š 2006:

Year	Quantity imported	Largest sources for imports
2004	172,398 metric tons	69,686 mt from Russia 44,036 mt from Canada 24,355 mt from Brazil 19,312 mt from Kazakhstan
2005	236,494 metric tons	114,030 mt from Russia 38,245 mt from Zimbabwe 33,490 mt from Canada 29,883 mt from Brazil 16,846 mt from Kazakhstan
2006	306,427 metric tons	152,820 mt from Russia 63,980 mt from Canada 48,807 mt from Kazakhstan 34,953 mt from Brazil

Asbestos Industry propaganda

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

B. **Substitutes for chrysotile are more harmful to health.**

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

D. **The ILO supports "safe use"**

Response to Industry Propaganda

A. **Chrysotile IARC Group 1 carcinogen. Beyond doubt that it is deadly, international consensus.**

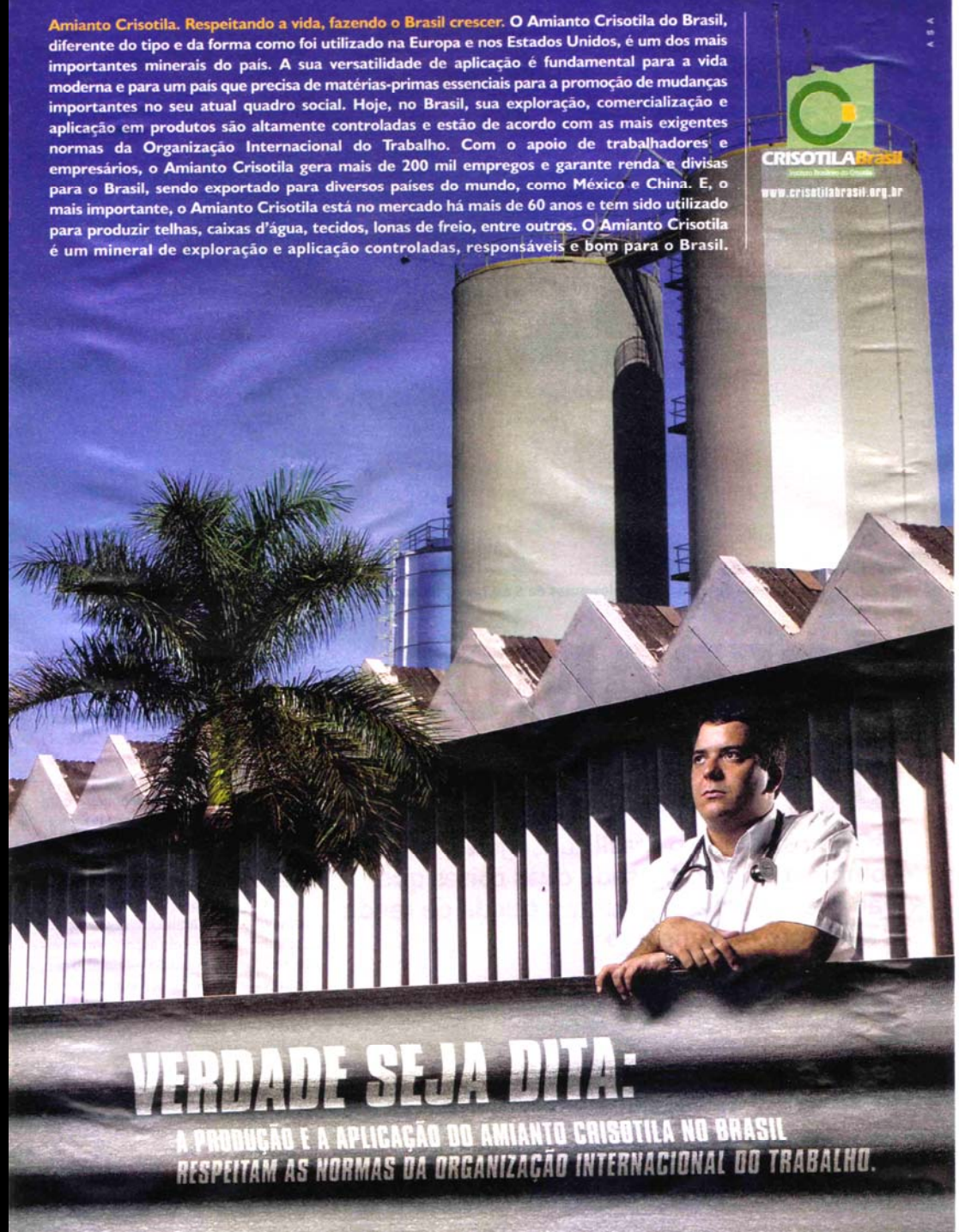
B. **Safer substitutes are available. They have been evaluated by WHO -IARC and have low health risks from inhalation.**

C. **No safe threshold of exposure. “Controlled use” is pure fantasy, not happened anywhere, particularly in the building sector and in developing countries.**

D. **ILO policy clarified in 2006, BWI very active in the work to achieve that. But the asbestos industry was and still is on the attack…**

Amianto Crisotila. Respeitando a vida, fazendo o Brasil crescer. O Amianto Crisotila do Brasil, diferente do tipo e da forma como foi utilizado na Europa e nos Estados Unidos, é um dos mais importantes minerais do país. A sua versatilidade de aplicação é fundamental para a vida moderna e para um país que precisa de matérias-primas essenciais para a promoção de mudanças importantes no seu atual quadro social. Hoje, no Brasil, sua exploração, comercialização e aplicação em produtos são altamente controladas e estão de acordo com as mais exigentes normas da Organização Internacional do Trabalho. Com o apoio de trabalhadores e empresários, o Amianto Crisotila gera mais de 200 mil empregos e garante renda e divisas para o Brasil, sendo exportado para diversos países do mundo, como México e China. E, o mais importante, o Amianto Crisotila está no mercado há mais de 60 anos e tem sido utilizado para produzir telhas, caixas d'água, tecidos, lonas de freio, entre outros. O Amianto Crisotila é um mineral de exploração e aplicação controladas, responsáveis e bom para o Brasil.

CRISOTILA Brasil
Instituto Brasileiro do Crisotila
www.crisotilabrasil.org.br



University of Indonesia

Dept. Of Respiratory Medicine
Faculty of Medicine

Dept. Of Occupational Health & Safety
Faculty of Public Health

INTERNATIONAL SCIENTIFIC SYMPOSIUM

CHRYSOTILE FIBER :
RECENT RESEARCH,
STRONG DATA & NEW REALITY

For safe and responsible use
of chrysotile fiber

1 - 2 March 2006

Golden Ballroom
Hilton Hotel
JAKARTA

ICA
International Chrysotile Association

Canada

CHRYSOTILE ASSOCIATION

Please Bring This Invitation to be exchanged with The Symposium Kit

Canadian Embassy Ambassade du Canada

On the occasion of the FICMA's Scientific Seminar
on Chrysotile

The Embassy of Canada in Indonesia

request the pleasure of your company

at the Networking cocktail

Thursday, March 02nd, 2006
15h30 - 17h30
(after the last session of the second-day program)

Ballroom of the Hilton Hotel Jakarta
Jl. Gatot Subroto
Jakarta

Dress: Business Suit/Batik L.S.

Please reply by fax to FICMA (Hengky or Bintang) at 751-3188 or tel. 766-3504/5

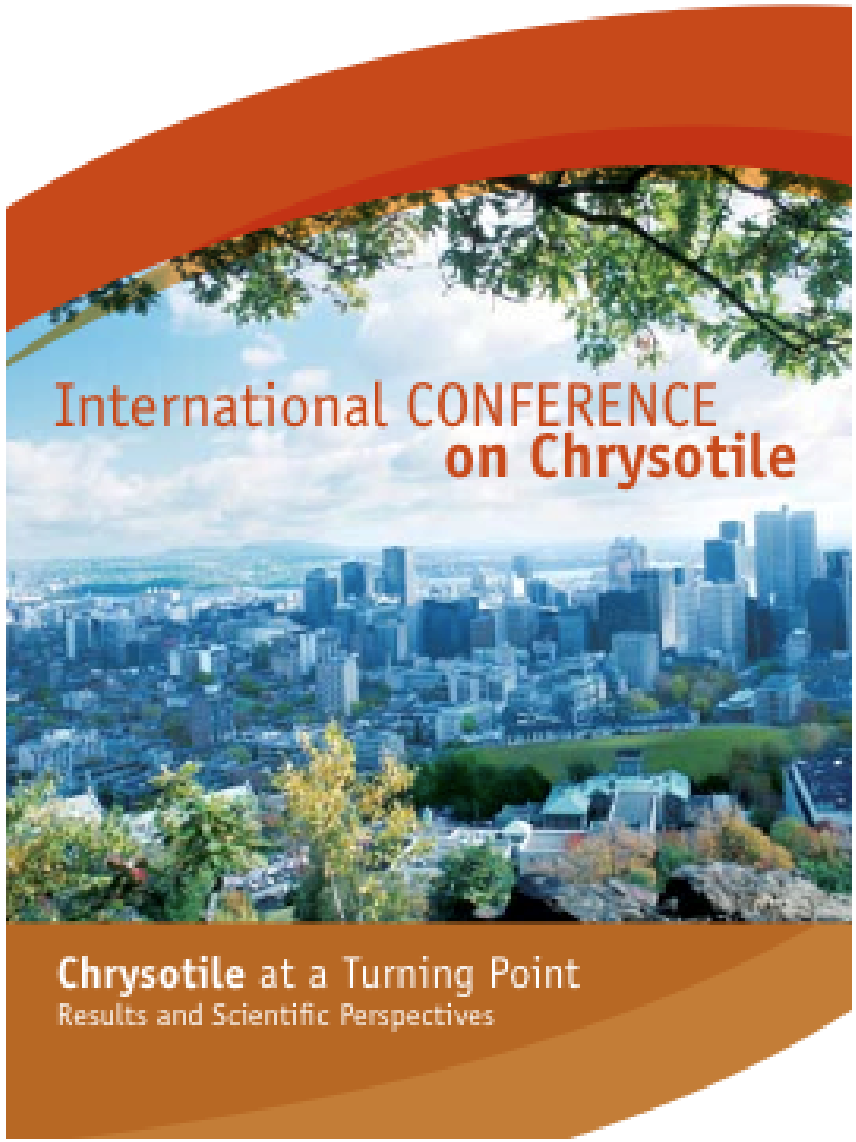
O Yes, I will attend _____
(Please write your name and company)

O No, I will not attend _____
(Please write your name and company)

Canada

CHRYSOTILE ASBESTOS SAVES LIVES

Preliminary Agenda



Resolution concerning asbestos
(adopted by the 95th Session of the International Labour Conference, June 2006)

The General Conference of the International Labour Organization,

Considering that all forms of asbestos, including chrysotile, are classified as known human carcinogens by the International Agency for Research on Cancer, a classification restated by the International Programme on Chemical Safety (a joint Programme of the International Labour Organization, the World Health Organization and the United Nations Environment Programme),

Alarmed that an estimated 100,000 workers die every year from diseases caused by exposure to asbestos,

Deeply concerned that workers continue to face serious risks from asbestos exposure, particularly in asbestos removal, demolition, building maintenance, ship-breaking and waste handling activities,

Noting that it has taken three decades of efforts and the emergence of suitable alternatives for a comprehensive ban on the manufacturing and use of asbestos and asbestos-containing products to be adopted in a number of countries,

Further noting that the objective of the Promotional Framework for Occupational Safety and Health Convention 2006 is to prevent occupational injuries, diseases and deaths,

1. Resolves that:

1. Resolves that:

(a) the elimination of the future use of asbestos and the identification and proper management of asbestos currently in place are the most effective means to protect workers from asbestos exposure and to prevent future asbestos-related diseases and deaths; and

(b) the Asbestos Convention, 1986 (No. 162), should not be used to provide a justification for, or endorsement of, the continued use of asbestos.

2. Requests the Governing Body to direct the International Labour Office to:

(a) continue to encourage member States to ratify and give effect to the provisions of the Asbestos Convention, 1986 (No. 162), and the Occupational Cancer Convention, 1974 (No. 139);

(b) promote the elimination of future use of all forms of asbestos and asbestos containing materials in all member States;

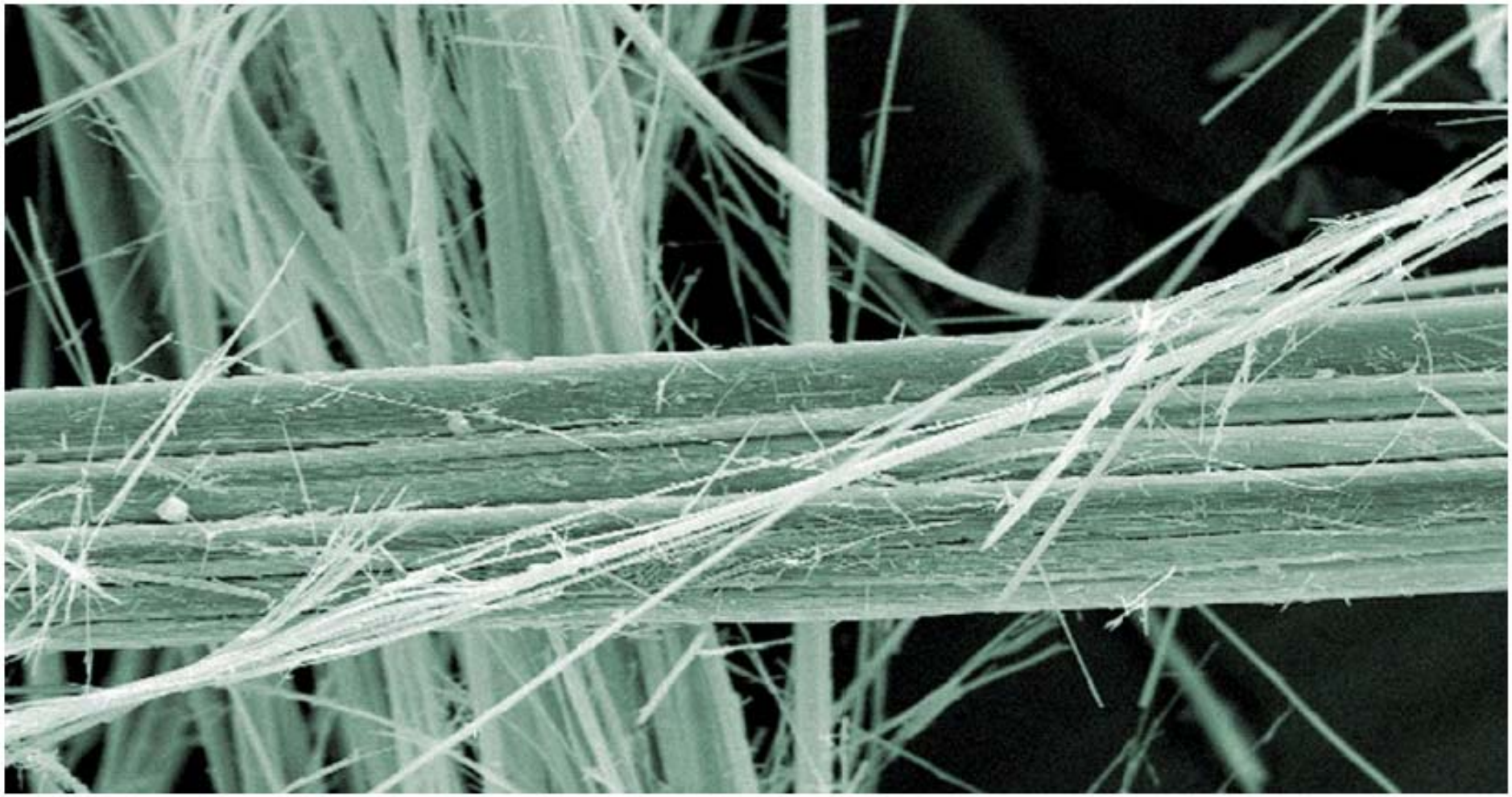
(c) promote the identification and proper management of all forms of asbestos currently in place;

(d) encourage and assist member States to include measures in their national programmes on occupational safety and health to protect workers from exposure to asbestos; and

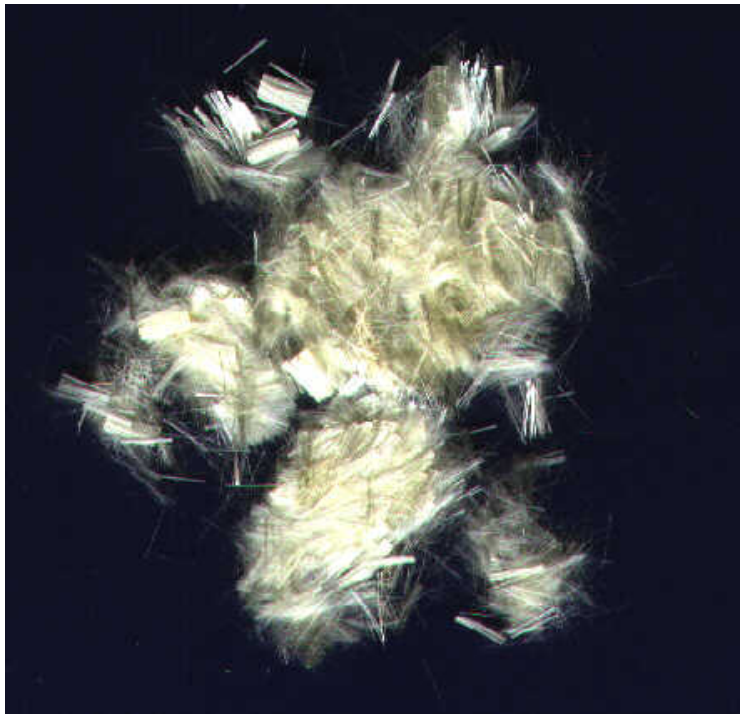
(e) transmit this resolution to all member States.

2. asbestos cement substitutes

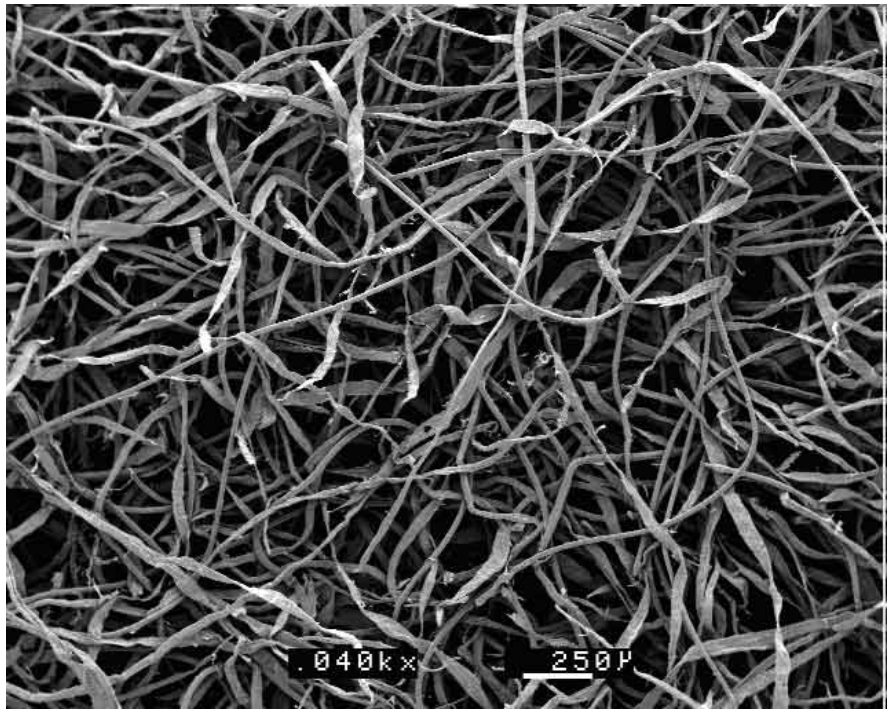
- Non cement products. Or alternatives which are highly compatible with cement, have good tensile strength and can be replaced using the same Hatscheck plant used for the manufacture of asbestos cement products. E.g. cellulose, Poly Vinyl Alcohol, p- aramids and polypropylene. Used in cement products in the 44 countries which have banned. Also used by companies in many countries where asbestos is not banned. Important TU work on just transition.
- Product COSTS are higher, but must take into account the costs of using asbestos: worker protection, medical, welfare, social security and compensation costs, and removal and waste.



Chrysotile fibres

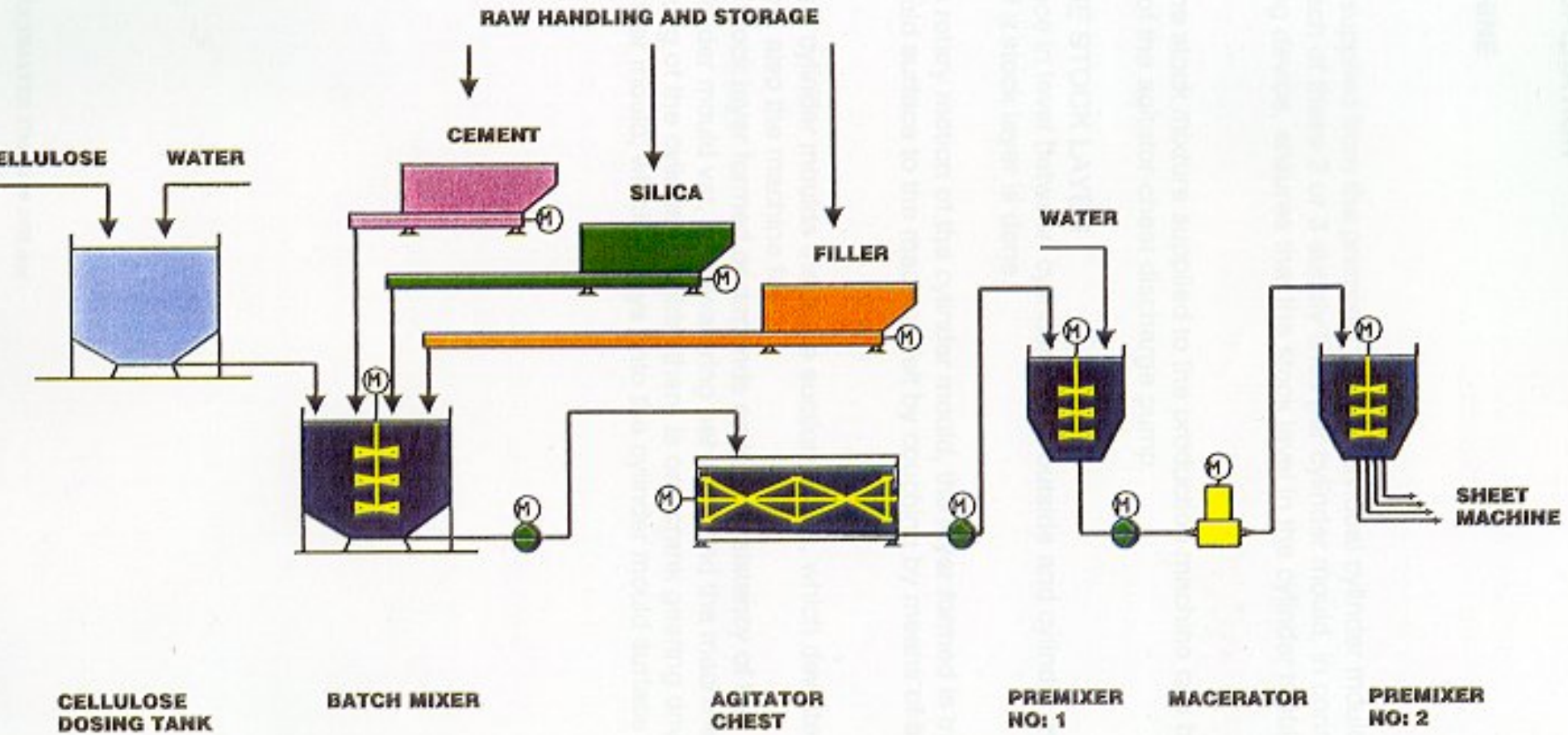


PVA fibres



Cellulose fibres

FC-STOCK- PREPARATION - PLANT



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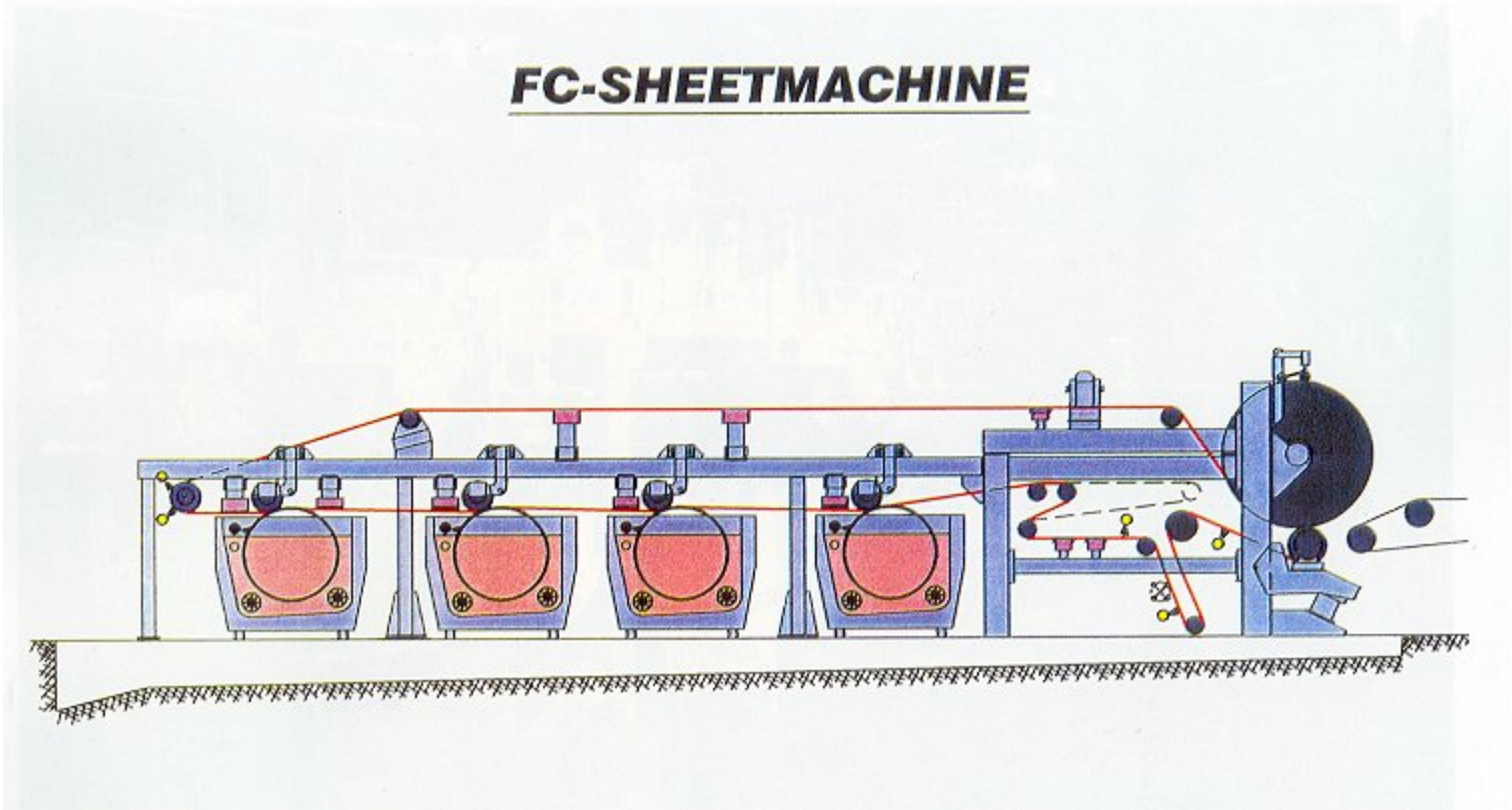

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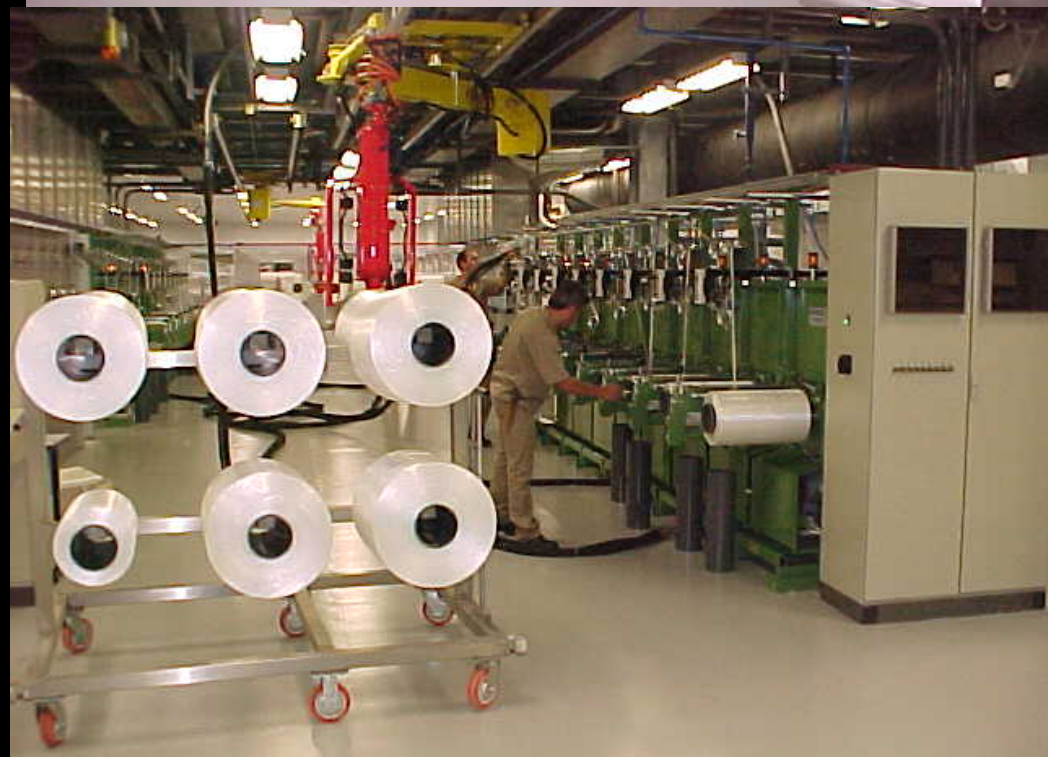


3. Workers must be protected

- Asbestos cement materials are used every day in construction - in pipes, tiles, roofing materials, sheets for partition walls and in insulating materials.
- Cutting, breaking, sawing, perforating and abrading asbestos cement materials liberates asbestos fibres
- Inhaling asbestos fibres causes lung cancer, asbestosis, mesotheliomas, pleural thickening and pleural plaques
- It is urgently needed to stop introducing asbestos into the built environment and to protect workers who may be exposed during maintenance, renovation and demolition activities in buildings that contain asbestos.
- ILO Convention 162 provides information

4. Rights of those affected

- ILO Convention 162 Internationally recognised Rights. WHO, ILO, ISSA, BWI, International T.U. campaign on:
- Health Surveillance and registers of exposed people for early diagnosis
- Medical advice, treatment, rehabilitation
- Legal advice, social security

International Labour Office

World Health Organization

PROGRAMME ON SAFETY AND HEALTH AT WORK AND THE ENVIRONMENT

DEPARTMENT FOR PUBLIC HEALTH AND ENVIRONMENT

Outline for the Development of National Programmes for Elimination of Asbestos-Related Diseases

Introduction

The term "asbestos" designates a group of naturally-occurring fibrous serpentine or amphibole minerals with current or historical commercial use due to their extraordinary tensile strength, poor heat conduction and relative resistance to chemical attack. The principal varieties of asbestos are chrysotile, a serpentine material, and crocidolite, amosite, anthophylite, tremolite and actinolite, which are amphiboles.

Exposure to asbestos causes a range of diseases, such as lung cancer, mesothelioma, and asbestosis (fibrosis of the lungs), as well as pleural plaques, thickening and effusions. There is also evidence that it causes laryngeal and possibly some other cancers.

Taking into account the rising number of cases of asbestos-related diseases due to the intensive use of asbestos in the past and the fact that some countries still continue to use chrysotile asbestos and even increase its use, the Thirteenth Session of the Joint ILO/WHO Committee on Occupational Health (2003) recommended that special attention should be paid to the elimination of asbestos-related diseases in future collaboration between ILO and WHO[1].

This document is intended to facilitate countries, particularly those that still use chrysotile asbestos, in establishing their national programmes for elimination of asbestos-related diseases. It also addresses countries' efforts to prevent asbestos-related diseases arising from exposure to the various forms of

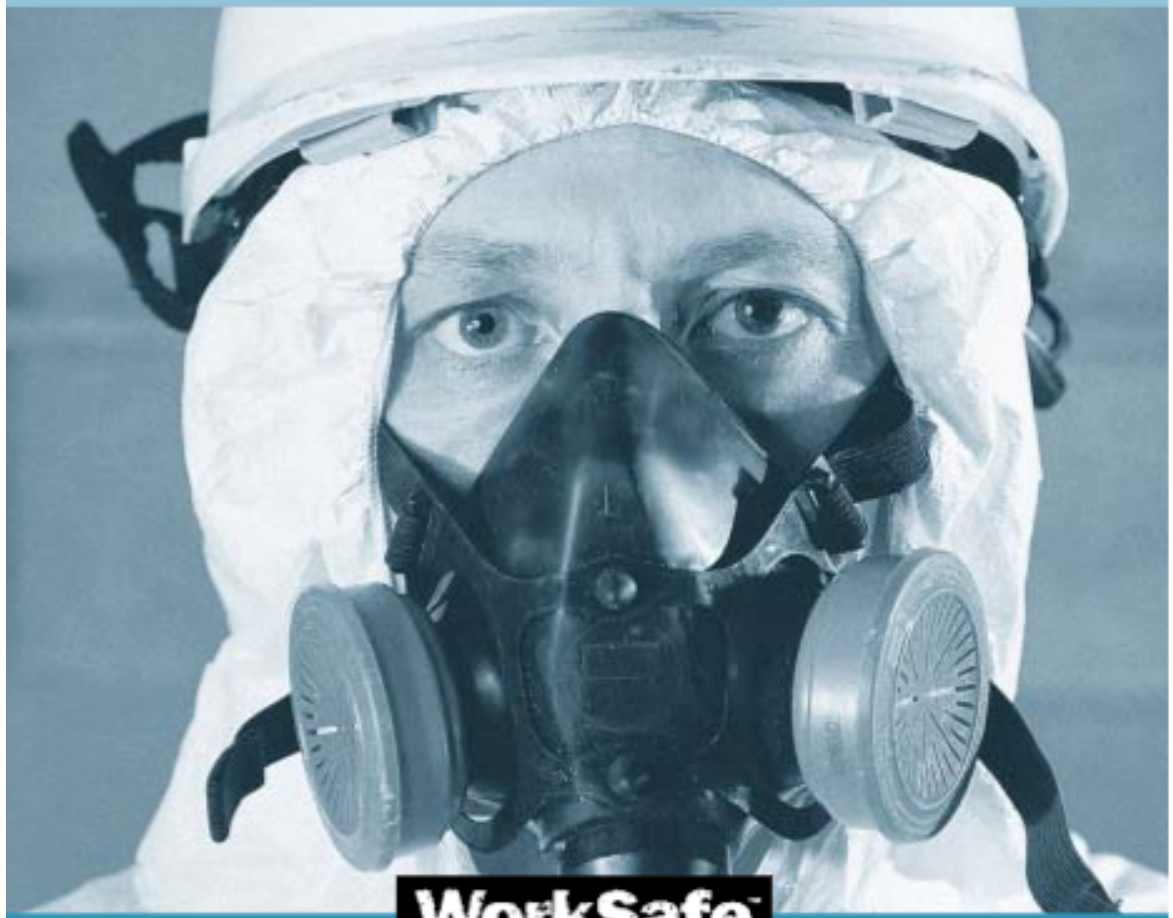
Asbestos:

towards a worldwide ban

ISSA • AISS • IVSS

Safe Work Practices for Handling

Asbestos



WorkSafe™

WORKERS' COMPENSATION BOARD

A practical guide on best practice to prevent or minimise asbestos risks in work that involves (or may involve) asbestos: for the employer, the workers and the labour inspector.

A guide issued by the Senior Labour Inspectors Committee (SLIC)

A non-binding guide to best practice

EUROPEAN COMMISSION
Employment, Social Affairs and Equal Opportunities DG
Social Dialogue, Social Rights, Working Conditions, Adaptation to Change
Health, safety and hygiene at work

USGS
science for a changing world

Worldwide Asbestos Supply and Consumption Trends from 1900 through 2003

Building and Woodworkers International

- www.bwint.org
- Cancer? No thanks!