

Neil Hodge says Indian authorities are ignoring the deadly threat asbestos poses to many thousands of people

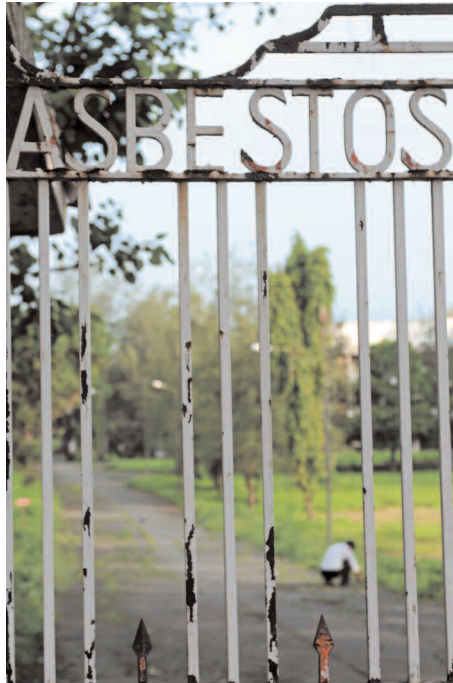
India's asbestos time-bomb

As one of the world's largest importers of asbestos, India is on the verge of discovering that over the next 50 years, hundreds of thousands of its citizens are at risk of developing respiratory illnesses and cancer which the country is ill-equipped to treat.

India is one of the world's major users of chrysotile (white) asbestos. Unfortunately, its knowledge of how the material should be used and what health and safety precautions should be undertaken is alarmingly limited. Nearly all of the country's asbestos is mixed with cement to form roofing sheets, which is often easily damaged. Once broken, the substance is no longer safe and potentially lethal fibres are released into the atmosphere.

According to a report published recently in *The Lancet*, the leading international medical journal, between 2000 and 2007 India's asbestos usage rose from roughly 125,000 metric tonnes to about 300,000. Bolstered by asbestos import tariffs that have been reduced from 78 per cent in the mid-1990s to 15 per cent by 2004, the country's asbestos-cement industry is increasing by roughly 10 per cent every year, employing more than 100,000 people. Further, since 2003, companies no longer require a special licence to import chrysotile asbestos. It is estimated that, since 1960, India has incorporated about seven million tonnes of asbestos into its buildings.

Asbestos cement is even used to make moulds of Indian gods for parades and festivals. Last year, I photographed children making statues of Ganesh – the elephant-



The gates of an asbestos factory in Mumbai

headed deity – with sacks of the stuff. None wore safety masks. None were aware of the associated health risks. More astonishingly, an Indian news channel reported in 2007 that asbestos was being used in parts of the country to help to bleach rice in order to make it more “attractive” as “extra white” basmati – and charging a premium for it.

Yet despite such reporting, the overall impression among Indians is that asbestos

usage is safe. Late last year, the *Times of India* ran an advertorial on behalf of the asbestos industry. Entitled “Blast those Myths about Asbestos”, readers were assured: “Only safe white fibre is used in manufacturing of asbestos cement products in India” and that the “problems” other countries have encountered “are not relevant in the Indian context”. Yet the World Health Organisation's position is very clear. “All types of asbestos are carcinogenic”, says its director of public health and environment, Maria Neira.

There are no official figures for the number of people killed in India by asbestos-related diseases. This is because there is no centralised system to record industrial accidents or deaths, and there are very few physicians with any training in occupational health.

Dr Sudhakar Ramchandra Kamat, formerly head of the department of pulmonary medicine at the King Edward Memorial Hospital in Mumbai, says he saw his first Indian asbestosis patient back in 1968 – a 35-year-old railway engineering factory worker from Madras (now Chennai). But he warns that there has been little effort to change the working conditions which have caused such diseases, with no effective enforcement of health and safety legislation to protect workers, and no real recognition of the scale of the health risks surrounding the use of asbestos since then.

Worse still, he says, companies and health officials simply lie and misreport the actual numbers of people affected by asbestos use: “Medical tests on sick employees are usually

“Asbestos cement is even used to make moulds of Indian gods for parades and festivals”



A boy watches as his father, Anjunan Muthulingam Adtraveda, who has been diagnosed with asbestosis, takes medication to help him breathe

carried out by the employers' own medical staff. It is in the best interests of the company for the doctor to find that the employee's breathlessness is due to tuberculosis or smoking, rather than any work-related cause. As a result, there are very few formally recognised asbestosis sufferers in India and hardly any recorded mesothelioma cases, though there is no doubt that thousands exist."

In the past decade, there have been international attempts to limit the practice of selling potentially lethal products to developing and under-developed countries. For example, in 1998, the United Nations' Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade agreed a multilateral treaty to promote shared responsibilities in relation to importation of hazardous chemicals. This came into force in 2004.

Under the convention, extremely hazardous chemicals and pesticides that have already been banned or severely restricted in various parts of the world are put on a special list. Countries must then first obtain "prior informed consent" before they can export these hazardous products to another nation.

In other words, the convention requires that intended recipient countries be informed of the hazards and have the right to refuse entry of the hazardous chemical, if they believe they are not able to handle it safely.

However, not all dangerous substances have been added to the list. Kathleen Ruff, senior advisor in human rights at the Rideau Institute, a Canadian foreign policy research consultancy, says Canada has "consistently stalled" on the inclusion of chrysotile (white) asbestos being added to the list (which it still mines, exports and terms "safe").

This is despite a review by the UN's own clinical review committee which recommended that it should have been included. Ruff says that under the terms of the convention, there needs to be the universal consensus of all members before a substance can be banned, "so it is easy for countries that have a vested interest against hindering the activities of its own industries to thwart the entire process". She adds: "Such actions are grossly irresponsible and should amount to criminal negligence."

The Canadian government states it has had "a memorandum of understanding" between it and the country's asbestos produc-

ers since 1997.

It insists that, to this day, the chrysotile industry still does not export to companies that do not use chrysotile in a manner consistent with Canada's controlled-use approach. But Ruff counters: "This memorandum of understanding is meaningless, because the government and the industry do nothing to enforce it. In the face of indisputable evidence that asbestos use in the developing world is uncontrolled, the memorandum of understanding lacks credibility."

Other experts are equally damning. "Anyone who says there's controlled use of asbestos in the third world is either a liar or a fool", is the verdict of Dr Barry Castleman, an independent consultant and asbestos expert.

Anti-asbestos campaigners in India are exploring ways of bringing a case against Canada and its asbestos producers for deaths caused by its usage throughout India. Anthony Menezes, an asbestos victims support campaigner based in Mumbai, says: "We are finding new cases of people suffering from asbestosis and breathing difficulties nearly every week because they were working with asbestos directly or in factories where it was used to lag pipes and boilers. Not one of them ▶"

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► was ever given any kind of instruction about the dangers of the substances they were handling, or even provided with dust masks. Now most of these factories have closed down and there is no possibility to try to bring a case against them. Since Canada exported these chemicals, it can take responsibility for the deaths they have caused.”

Raghunath Manwar, general secretary of the Occupational Health and Safety Association in Ahmedabad, India, says: “If you look around, almost everything in this city is made from asbestos cement, and dangerous fibres are released if the material is cracked, which most of it is. It is shameful that a product whose dangers were known more than 100 years ago in the West is still being exported to poorer countries. The only ways to stop this are to get the substance banned internationally, and to try to take legal action against the Canadian government and the asbestos producers that are based there.”

Similar cases have been successful in the past, although the number is low. In February 1992, 20 South African workers who had contracted mercury poisoning at mercury-based chemicals manufacturer Thor brought compensation claims against the parent company and its chairman in the English High Court. The claims alleged that the English parent company was liable because of its negligent design, transfer, set-up, operation, supervision and monitoring of an intrinsically hazardous process, particularly since the company’s British operations had been criticised

for its poor health and safety standards prior to establishing the factory in South Africa. In 1997, the claim was settled for £1.3 million.

In December 2001, a £21 million settlement was signed for around 7,500 South African claimants who were suffering from – or had died from – asbestos-related diseases while working for asbestos mining company Cape in South Africa. This came about following a landmark decision in July 2000 when all five Law Lords held that the case should be allowed to continue in the English High Court, and that a case of such magnitude required expert legal representation and experts on technical and medical issues, none of which could be funded in South Africa.

John Sherman, senior fellow at the Harvard Kennedy School in Boston, Massachusetts, takes the view that companies can – and should – be held liable for dangerous products they market to countries which are either unaware of the dangers inherent in the product, or which have low levels of health and safety legislation and enforcement to protect those people who may come into contact with it. He says a key way to do this is to make organisations more accountable for the actions of their supply chains.

In June 2008, the UN Human Rights Council welcomed the “protect, respect, remedy” policy framework put forward by the UN Secretary-General’s Special Representative on Business and Human Rights, Professor John Ruggie. While not legally binding, the

council underlined the state’s duty to protect people from abuses by or involving non-state actors, including business. It affirmed that business has a responsibility to respect all human rights. It also stressed the need for access to appropriate and effective judicial and non-judicial remedies for those whose human rights are impacted by corporate activities.

In a UN report put before the UN General Assembly on 22 April 2009, the special rapporteur said: “The state duty to protect is a standard of conduct and not a standard of result. That is, states are not held responsible for corporate-related human rights abuse per se, but may be considered in breach of their obligations where they fail to take appropriate steps to prevent it, and to investigate, punish and redress it when it occurs.”

John Sherman argues: “There should be more scrutiny surrounding the business activities of those companies that produce dangerous products. They should be held more accountable for how their products are sold, where they are sold and how they are used. I can see no reason why such concepts are not extended to companies producing and selling substances that are clearly known to be hazardous to health and I think this is an area ripe for negligence claims.”●

Neil Hodge is a photojournalist who has been documenting people affected by asbestos in Britain and India. To view his work, go to www.neilhodge.co.uk



Mumbai: Dr S R Kamat holds up a slide of an X-ray which shows the effect asbestosis has on a person’s lungs. All pictures: Neil Hodge