

Chapter 7

Asbestos: the long reach of the deadly fibre

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“We beat these sacks. The dust went everywhere. We were white from head to toe, and we breathed in all that stuff!”

“If the wind blew the wrong way, the dust spread throughout the town.”¹

These two quotes from people affected by asbestos shed light on how asbestos used to be processed, and how asbestos-containing products were used for decades. There are myriad examples of ways in which asbestos was used. We know of thousands of products used in a variety of fields and occupations²: in the textile industry where the predominantly female workforce stood in piles of asbestos, in the construction industry where workers cut through asbestos-containing slabs with angle grinders and came into contact with exposure levels sometimes one hundred times current exposure limits, or in shipbuilding where tonnes and tonnes of asbestos were used as insulating material, installed by hand. Though those affected by asbestos worked primarily in the construction industry, asbestos also claimed victims among workers in many other sectors of the economy, including shipbuilding, automotive, textiles, or in the manufacturing and handling of asbestos cement.

Workers who worked directly with asbestos were often not informed of the health hazards posed by this substance and there were usually no protective measures at all, especially for those working in close vicinity. Nearby residents or an asbestos worker’s family also went without protection. Emissions from processing plants in the ambient air contaminated whole swathes of land and it was normal at the time to take work clothes covered in asbestos home to be washed. The handling of asbestos in ports also meant that the fibres were spread over large distances when the wind blew in a certain direction. In the North Italian town of Monfalcone, home to one of the country’s largest shipyards, people are still dying from asbestos-related diseases at a rate significantly higher than the national average, despite the fact that many of them never worked at the shipyard.

Awareness of this problem dates back to the late 19th century when first hints arose that asbestos could pose a hazard to health. By the 1920s, research conducted in a number of countries had proven that asbestos could lead to the scarring of lung tissue (asbestosis). The risk of lung cancer caused by asbestos was confirmed in the late 1930s, followed

1. Taken from Schön A. and Weitowitz H.J. (2014).

2. In Germany there are believed to be around 5,000 different products on the market.

by proof (in the 1960s) that exposure to asbestos triggers pleural and peritoneal mesothelioma. It took years, if not decades, for many countries to even acknowledge these terrible diseases. In the meantime, science also discovered a link between exposure to asbestos and ovarian cancer. Finland now offers compensation for this.

The harmful impact of asbestos on health is predominantly due to the geometry of the fibres (i.e. the ratio of length to diameter). Once inhaled, the needle-like respirable fibres can become lodged in the lung tissue, as the lungs have no defence mechanisms and are unable to shift the fibres. Mesothelioma reduces a person's lung capacity, ultimately leading to an incredibly painful and gruesome death.

1. Suffering and awareness - the fight and slow success

Despite its health hazards, for decades asbestos was considered the 'mineral of a thousand uses', an ideal material. Heat- and acid-proof, it can be used in many areas such as insulation, heat and fire protection, brake pads, etc. These properties, its ready availability and relatively low cost of use mean that in many areas of the world asbestos is still a popular material and a profitable asset. However, major economic interests were and still are the main reason why the epidemiologically and scientifically proven devastating effects of asbestos dust have been concealed, brushed aside and denied. From the very outset, victims have had to fight against this denial, against scientific studies commissioned by those with a vested interest in the continued use of asbestos, and partly even against resistance from trade unions fearing job losses. The number of publications and books documenting these conflicts could now fill whole bookshelves.³ The lengthy latency period before an asbestos-related disease's symptoms and devastating impact become apparent is a further reason for the slow progress in fighting asbestos.

Asbestos-related diseases are insidious in that they often break out 30, 40 years after exposure, if not later. As a result, experts also estimate that the diseases will only peak in some European countries between 2017 and 2025, depending on when asbestos was banned. This means that, despite the Europe-wide ban in force since 2003, the problem of asbestos remains relevant.⁴ According to Belgium's Occupational Diseases Fund, for instance, the number of cases of lung cancers caused by asbestos and the average number of mesothelioma cases have increased further in recent years, now averaging 180 per year. In 2013, 202 people died from asbestos-related lung cancer, well over the average of 112 in previous years. Nevertheless, it is difficult for the Fund's representatives to determine whether the diseases have already reached their peak.

An asbestos-related disease means never-ending suffering for the victims and their families in two respects. The worst part is that there is no cure for asbestos-related

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3. Cremers and Gehring (2013) provides an excellent overview and outlines viewpoints from various perspectives. See also the bibliography at the end of this article.
 4. The Europe-wide ban is based on an EU directive adopted in 1999, the implementation of which, however, saw Member States being given a certain period of time to transpose it into their respective national law.

diseases; they are usually fatal. This diagnosis completely changes the lives of the victims and their families. Next comes the unthinkable: in most cases their disease is not recognised as an occupational disease and compensation is even rarer.⁵ The fight for recognition often becomes a second source of suffering alongside the actual disease. It is an uphill battle, fought between those with power and those without, and the victims are rarely given confirmation that their work was the cause of their disease – especially not when many years have passed between the victim working with asbestos and the onset of the disease. Workers do not normally have company documents at hand stating which materials they worked with and for how long. They are often completely unaware of the hazards and dust they were exposed to; there are usually no documents about this at all. Either the data was not even collected or documented, or has since been destroyed⁶, meaning that workers have no structural access to this evidence.

Ultimately, however, the constant struggle of victims and their families, as well as of scientists, trade unions and politicians, increased awareness. Since the 1970s, various European countries limited, and eventually completely banned, the use of asbestos and asbestos-containing products. Scandinavian countries took the lead here, as they became aware of the problem early on. Public institutes worked with social partners to address the problem and the use of asbestos was gradually prohibited. Initially, only certain types of asbestos or uses (spraying) were banned; this ban was then further extended to cover all types of asbestos, products and processing. An EU-wide ban on asbestos came into force in 1999, with all Member States having until 2005 to implement it.⁷

2. So asbestos was banned - and then what?

Nevertheless, the ban in Europe has not solved the problem, either globally or within Europe itself. According to the WHO estimates in 2010, some 125 million people around the world are still exposed to asbestos while at work.⁸ The WHO also puts the number of people dying from asbestos-related diseases every year at around 107,000, not including the number of cases that go unreported. At global level, one in three fatal occupational cancers are caused by asbestos. However, global use of asbestos, which at its peak some two decades ago was being used at a rate of approximately five million tonnes per year, has fallen to around two million tonnes, although this figure has been stable for a number of years and is still incredibly high. As a result, asbestos continues to pose one of the biggest occupational and health issues at international level.

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5. The main asbestos-related diseases are recognised as occupational diseases or asbestos-related diseases in EU Member States. The issue of individual recognition is, however, a completely different story. In practice, procedures, recognition, compensation and medical care vary wildly between individual Member States. The following two publications provide a sound overview of the current situation: Eurogip (2006) and Kooperationsstelle Hamburg (2013).
 6. The asbestos issue is ideally suited to proving that the documentation obligation under European Framework Directive 89/391 was a milestone in occupational health and safety and is crucial to demonstrating causal links and getting justice for victims. Asbestos' long latency period is a major argument in favour of the documentation obligation's minimum period of 40 years.
 7. However, this Directive also incorporates exceptions for specific products that have not yet expired.
 8. www.who.int/mediacentre/factsheets/fs343/en/

Looking just at Europe, the problem is by no means solved. Although the mining and processing of asbestos and the use of asbestos-containing products have been banned:

- over the next few decades people will continue to fall ill as a result of earlier exposure;
- various asbestos-containing products manufactured outside Europe are still arriving illegally and undetected on the European market;
- the strong, global asbestos lobby and asbestos industry are still “alive and kicking”.

Above all though, we Europeans remain surrounded by asbestos. Housing blocks, public buildings, schools, sports halls, trains and ships are still contaminated. Workers, residents and users are potentially exposed to and affected by asbestos. The hazardous material remains a ticking timebomb hidden in buildings and construction material. Asbestos is becoming a growing problem in the recycling sector (circular economy = recycling of construction materials) and many fields of work lack sufficient checks or fail to implement basic occupational health and safety regulations to protect workers from asbestos.

Asbestos-related diseases and deaths have by no means peaked in Europe, highlighting the important aspect of dealing with victims. The ban on asbestos does not cover the recognition of occupational and other asbestos-related diseases, the right to regular checks for those exposed to asbestos, national recognition practices, help for those affected, or victim compensation. All of these issues remain unresolved.

All too often, victims remain anonymous, with their cases receiving zero publicity or recognition, though rare eye-catching cases do exist where workers receive compensation. For example, in May 2011 a Dutch worker received €50,000 in compensation after it was proven that he was suffering from asbestosis caused by exposure to asbestos. However, how many thousands of people are dying across Europe without any connection to earlier exposure to asbestos ever being made?

Nonetheless, over the past few years support and aid mechanisms for asbestos victims have been established in a number of European countries. In Belgium, for example, a fund for asbestos victims was set up in 2007; the brochure published on its fifth anniversary provided exact statistics on the number of reported and recognised cases.⁹ The organisation is open to anyone needing information or support.

3. The EFBWW campaign for an asbestos-free Europe

In light of the situation detailed above, the European Federation of Building and Woodworkers (EFBWW) started discussing the need for a Europe-wide asbestos campaign in 2007. On 3 March 2011, it launched its Europe-wide campaign, ‘Europe

9. www.afa.fgov.be – Available in Dutch and French.

2023 - Asbestos Free', in the European Parliament.¹⁰ The campaign's goals and basic concept are clear: to influence legislation at European level and help initiate tangible measures to eliminate the remaining asbestos within Member States. First and foremost, however, the campaign is intended to draw the attention of stakeholders and politicians to the topic of asbestos.

Following the European ban, the topic disappeared from public view, with knowledge about the dangers of the substance generally dwindling. This is a further reason why the current campaign is so important. The following five topics have been identified as priorities:

- necessary improvements to working conditions;
- improved registration of existing sources of asbestos, particularly in private and public buildings and infrastructures;
- training/informing the workforce, especially those whose jobs/work bring them into contact with asbestos unintentionally;
- enhanced recognition of asbestos-related diseases;
- compensation and compensation procedures regarding these diseases.

Since the campaign's launch it has become clear that the topic is widely recognised as being relevant if its significance is properly explained and the various remaining areas of concern outlined.

4. In the meantime - prospects

During a joint seminar on asbestos held by the S&D Group (Socialists and Democrats) and the EFBWW in the European Parliament (EP) in June 2011, the proposal was made to submit an EP own-initiative report on asbestos. The proposal was accepted and Stephen Hughes, the *rapporteur*, sought cooperation with unions and victims' associations, ultimately submitting a draft comprising 36 specific points. Following debates within the EMPL committee, a total of 62 points were adopted.¹¹ The points have now been broken down into the following thematic areas:

- screening and registration of asbestos;
- providing training;
- development of removal programmes;
- recognition of asbestos-related diseases;
- support for asbestos victims' groups;
- strategies for a global ban of asbestos.

10. The campaign's action plan is available at www.efbww.org/default.asp?Issue=Asbestos Documents and Posters&Language=EN

11. Visit the Parliament's website to view the report in all EU languages: www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+TA+P7-TA-2013-0093+0+DOC+XML+Vo//EN

The individual demands are mainly addressed to the Commission and the Council, with the former in particular called on to take various tangible initiatives. The report also partly addresses Member States.

The fundamental aim of eradicating asbestos from Europe (from all public institutions and buildings by 2028) is a complex matter and can only be achieved through national asbestos removal plans. Poland has taken the lead in this regard by launching a national asbestos removal programme striving to safely remove all asbestos from all of the country's buildings by 2032. However, there are also discussions in this direction taking place in other countries as well as at EU level.

Various joint activities launched by the European social partners in the construction industry are also encouraging. In a project between the EFBWW and FIEC (the European Construction Industry Federation, an employers' association), information material has been compiled for all groups of construction workers who do not intentionally work with asbestos but may still come into contact with it. These groups include electricians, roofers, heating engineers, energy efficiency technicians, demolition workers, and so on. The material is available in 15 languages.¹²

The European Economic and Social Committee (EESC) has also held intense discussions on the asbestos issue, with the result that an own-initiative opinion is now being prepared, covering asbestos removal, the registration of existing sources of asbestos in buildings, and support for asbestos victims. The EESC intends to publish the report at a joint event with the European Parliament and the Committee of the Regions.

By focusing on improved support for victims and better recognition of and compensation for asbestos-related diseases, the EESC is addressing a very important point. A report compiled jointly by the EFBWW, the ETUC and the victims' association International Ban Asbestos Secretariat (IBAS) provides an overview of the recognition of and compensation for asbestos-related diseases in 15 Central and Eastern European countries, as well as comparing recognition practices and medical procedures for monitoring asbestos workers and victims. A similar report covering 13 Western European countries was produced (for both reports see footnote 5). Although most cases are now officially recognised in almost all countries, compensation practices vary wildly. For example, while France has a high level of recognition of asbestos-related lung tumours, in Germany the rate is very low. There is usually no support or places where victims can find information about the various aspects of the disease, recognition thereof, medical support, compensation claims, and so on. One positive development is in Austria where a programme to help asbestos victims has been launched, including the setting-up of a 'one-stop-shop' where victims can find information about all aspects of the problem.

12. The material is available in 15 languages: www.efbww.org/default.asp?Issue=Asbestos&Language=EN

Yet recognition procedures still require victims to prove the causal link between the disease and exposure to asbestos. The European Parliament has made proposals in this regard that have now to be taken up at national level – exactly what the German Cancer Society did in 2014. Together with victims’ associations and several trade unions, it called on legislators to reverse or alleviate the burden of proof in procedures for recognising asbestos-related occupational diseases.

Despite these encouraging developments and clear proposals made by the European Parliament, the European Commission *inter alia* has unfortunately failed to include any tangible action plans regarding asbestos in its Occupational Safety and Health (OSH) Strategic Framework 2014-2020. Constant pressure needs to continue to be exerted on European legislators in this regard. There is still a long way to go at all policymaking levels and in practical implementation, as well as with regard to enhanced victim support, before we move on from a European asbestos ban to a genuine solution to the problem.

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