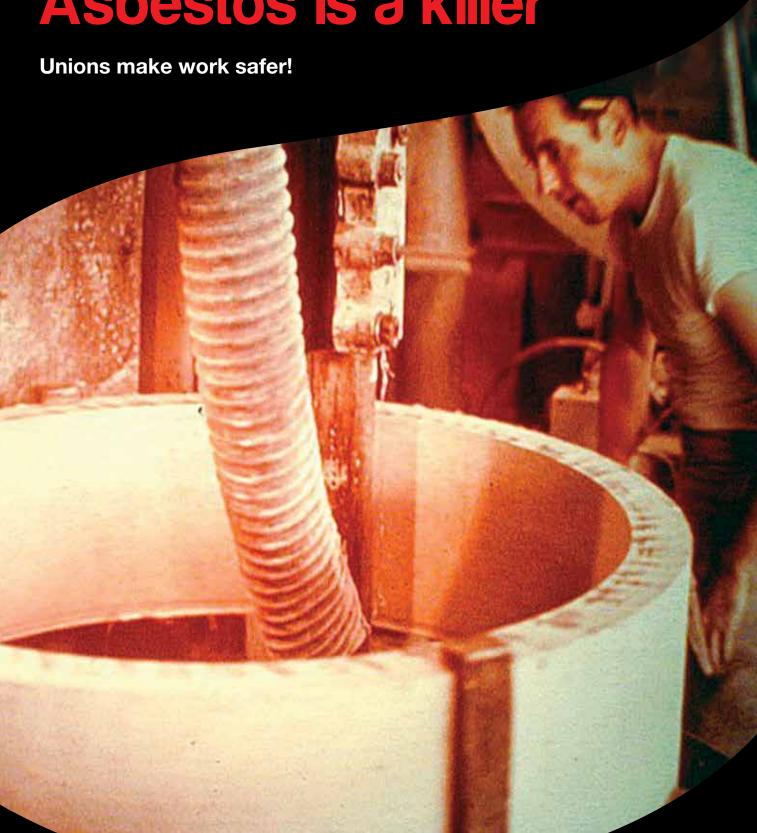
# Asbestos is a killer









## **ASBESTOS IS A KILLER**

And no one knows that better than trade unions.

We have become – and not by choice – authorities on asbestos and the havoc it has created in workplaces and among families.





The sad reality is that our files are replete with the tradic stories of members and their families who have suffered horrific illness and death as a result of workplace exposure to asbestos.

It was largely due to the efforts of unions representing those who suffered that regulations controlling the use of and exposure to asbestos were finally enacted in many countries.

Unfortunately, a global ban on asbestos has yet to be achieved. Asbestos is still around and there are those who continue to tout it as the "magic mineral." In developing countries, it continues to be popular to make many products, most notably fibre-reinforced cement sheeting. In all countries, asbestos exposure continues to be a danger because of its long history of use: not only cement products but in hundreds of other uses such as brake linings, floor tiles, insulation and fireproofing. Weak regulation and enforcement allows people to continue to be fatally exposed to the killer fibres.

There are many lessons to be learned by union activists from the decades of battle waged to protect ourselves and the public from asbestos hazards:

- Legislation and regulation are necessary but do not eliminate our own need for vigilance and workplace activism. The asbestos disease epidemic will continue to unfold for decades, even if we achieve a global ban tomorrow. We need better ways of identifying and controlling hazards before the death toll mounts.
- Our memory is too short. Having greatly reduced the uses and abuses of asbestos in the 1980s, mainly in OECD countries, too many people lowered their guard, believing the battle had been won. This has created an opportunity for the industry to rewrite history, relocate, and win a rebirth.
- Scientists and other supposed independent authorities are not immune to industry influence when powerful economic forces are at work.
- The asbestos history reminds us that our best tool for building improved occupational health and safety is solid union activism at the shop floor level. Unions make work safer!

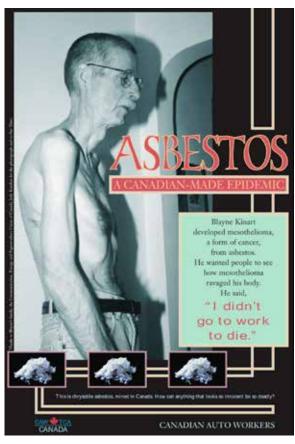
### If you think there is asbestos in your workplace:

Demand an immediate workplace asbestos survey. Your Joint Health and Safety Committee (JHSC) should lead the effort to identify and map all occurrences of asbestos and should be given all resources required to do the job.

Once the asbestos has been identified, the JHSC should develop recommendations to control exposure. There are four generally accepted approaches. In order of preference, they are:

1. REMOVAL OF THE ASBESTOS MATERIAL. In all cases, this is the recommended solution. It is the only way to ensure that the hazard is eliminated. Strict procedures for removal must be followed and enforced to prevent additional exposure. This calls for careful planning and attention to the training of all workers and supervisors as well as to the choice of replacement materials.

- 2. ENCAPSULATION OR SEALING OF THE ASBESTOS MATERIAL. Coating or impregnating the asbestos material with a bonding agent immobilizes the fibres and reduces their release. Danger still exists, however, because the bonding material will deteriorate with time, and work (cutting, grinding, repairs, etc.) may be performed on the material, creating the potential of fibres being released. Encapsulation should be considered a temporary measure with the objective of removing the asbestos material at some appropriate future date.
- 3. ENCLOSURE OF THE ASBESTOS MATERIAL. If neither removal nor encapsulation is possible within a reasonable time, the next best approach is to separate the asbestos material from the rest of the workplace by some kind of fixed barrier (removable ceilings or walls are not acceptable). Enclosure is not a control measure and should be accepted only as a temporary means of protecting workers until removal can be completed.
- 4. ASBESTOS MANAGEMENT PLAN. If materials cannot immediately be removed completely and safely, a management plan is required. If any asbestos materials remain in the workplace, even if encapsulated or enclosed, an ongoing system is needed to:
- Maintain clear identification of the areas where they exist and exposure may take place
- Educate people what to do if work must take place in or near these areas
- Inspect the materials frequently for any changes
- Formulate a complete removal strategy as quickly as possible



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There will be a day of reckoning for them. I don't know when it is but I hope it's as hard and hurts as much as it does for me...

**Blayne Kinart** 

I last saw Blayne Kinart alive around 2000. He was then a strong and fit-looking 54-year old. He had been a chemical worker, an industrial millwright and a union activist. I had known him for several years as we both worked in Sarnia's chemical valley and were involved with the (then) Energy and Chemical Workers' Union (ECWU), which later merged into the CEP, which in turn became Unifor.

It was in 2002 that Blayne was diagnosed with mesothelioma. He died painfully on 6 July, 2004.

Blayne had worked for Welland Chemical, a producer of anhydrous aluminum chloride and sodium hypochlorite on land near Sarnia, Canada. The plant site was entirely surrounded by the lands of the Aamjiwnaang First Nation. Aluminum chloride was produced there by the direct reaction of molten aluminum with chlorine gas, for use mainly as a catalyst in other petrochemical processes. Welland, associated with the W.R. Grace and Company, abandoned operations in Sarnia in 1998 during a labour dispute that dragged on for over four years. The site was seized by the city of Sarnia for unpaid taxes.

Although many toxic effects can be attributed to the products and by-products of Welland Chemical, it was the asbestos insulation used on and around the aluminum furnace and process equipment that killed Blayne. We know this because mesothelioma, a cancer of the linings of the lungs, is a very specific form of cancer that is only known to be caused by asbestos.

As his body wasted away and death approached, Blayne allowed himself to be photographed so that the world could see what asbestos had done to him.

- Brian Kohler

## WHAT IS ASBESTOS?



Asbestos is a class of silicate mineral fibre. There are three main asbestos minerals: chrysotile, crocidolite, and amosite. These are sometimes referred to as white, blue, and grey or brown asbestos, respectively.

The most common type used today is chrysotile. Formerly, crocidolite was also widely used. Amosite was used less commonly and occurs today mainly in old products and materials. Other varieties of asbestos exist that were not generally used in industry but may exist as contaminants in some products; an example of this is tremolite which may contaminate vermiculite and talcum powder.

Because of their chemical structure, they form long crystalline fibres of amazing strength and fire resistance which can be recovered from the mineral.

Most commonly, asbestos is used in textiles, cement products, brake linings, filters, roofing tiles, flooring, fillers for plastics and thousands of other products.

#### A watch list of asbestos related issues

There are a multitude of environmental and health related issues surrounding the use of asbestos in society.

Despite advances in health and safety standards on many fronts, asbestos is still in use. The first published article linking asbestos to disease came out in about 1906. No other cause of occupational disease has been as extensively studied, yet the industry remains. The art of denying scientific evidence and creating doubt in the public mind was perfected by the asbestos industry; and the tactics have been used by other industries wishing to avoid liability for their actions or products.

It is useful for health and safety activists to keep alert on the dangers inherent with the use of asbestos and to keep the focus where it should be: saving our members' livelihoods and lives.

With that in mind, here is an overview of the issues at stake today.

EXPOSURE LIMITS. Even though there is no evidence that there is any safe level of exposure, most jurisdictions have enacted limits. Check with the authorities in your jurisdiction on what applies in your workplace. When working with or near asbestos, workers need to assure themselves that exposure limits are not being exceeded; that protective measures are adequate (respirators, clothing, etc.); and, that you are not endangering yourself. Unions have made the right to refuse unsafe work one of the fundamental health and safety demands.

SMOKING AND ASBESTOS. An asbestos workers who smokes will have many times the risk of cancer than a non-smoking asbestos worker or a non-asbestos exposed smoker would have. But attempts to deflect the dangers of asbestos by blaming high cancer rates on smoking are irresponsible. The fact is that asbestos workers who have never smoked in their lives can also die of asbestos related cancers.

BLUE vs WHITE. There has been some suggestion that only blue (crocidolite) asbestos is a problem and that white (chrysotile) asbestos is relatively safe. If true, why is asbestos related disease so widespread when crocidolite accounts for only 3 per cent of all asbestos used? In fact, the difference in working conditions for miners in countries where crocidolite was mined, probably accounts for the different mortality rates observed.

IMMOBILIZED FIBRES. Particularly for asbestos-cement products, industry makes the argument that the fibres are immobilized or bound together in such a way that they cannot be released. But, there are workers who must handle these fibres prior to their incorporation into such products and others who must saw, cut or fasten them in such a way that the fibres may be released.

FIBRE MODIFICATION. There is no evidence that chemically modifying asbestos fibres renders them safer, and the only way to find out we are wrong is to wait decades for workers to die or get sick.

SUBSTITUTE PRODUCTS. Fibreglass and other synthetic mineral fibres are the main asbestos substitutes for insulation and fireproofing. While it may be true that they are safer to work with than asbestos, the best approach for workers is to treat asbestos substitutes with suspicion and handle them with caution. The more similar the substitute is to asbestos, the more likely it is to have similar health effects. Cellulose fibres have been found to be an effective and safer susbstitute for asbestos in cement products.

ENVIRONMENTAL ISSUES. Asbestos provides a good example of the linkage between occupational and environmental health and safety. Widespread environmental contamination with asbestos in asbestos producing region and near industries which use asbestos may be causing a "cancer epidemic in slow motion."

JUST TRANSITION. Regrettably, the money already spent by governments propping up this sunset industry could have been used to create a first class Just Transition programme for asbestos workers, their families and the communities that have depended on the asbestos industry. Instead, producer countries have chosen to remain the last defenders of the indefensible.

## HOW ASBESTOS KILLS

Asbestosis is one disease caused by asbestos in the lungs.

Some scientists think that when asbestos fibres are inhaled, cells called macrophages attempt to engulf and digest them. The fibres are not easily dissolved by the digestive enzymes, however - although certain harmful chemical constituents of asbestos may be dissolved enough to be a problem in themselves.

As well, the size and shape of asbestos fibres causes some of them to project through the cell wall of the macrophages, allowing these powerful enzymes to leak out and attack surrounding lung tissue.

The end result is progressive scarring and damage to the lungs, resulting in loss of elasticity of the lung tissue. Damage can become severe enough to cause disability and death.

Cancer is another consequence of asbestos exposure. Estimates of the number of cancer cases vary widely but one estimate is that up to 5 per cent of all cancer deaths in in any given year could be attributable to asbestos.

Of the cancers that asbestos is known to cause, 80 per cent are lung cancers; 10 per cent are mesotheliomas; and 10 per cent are others such as throat, stomach and intestinal.

Although some asbestos cancers are difficult or impossible to distinguish from cancers caused by other agents; mesothelioma (cancer of the lining of the lungs or intenstines) is ONLY known to be caused in humans by asbestos. Mesothelioma is 100 per cent fatal.

#### Don't take your rights to the grave

Most jurisdictions have regulations governing asbestos removal. In general, they describe how to:

- 1. Prepare the work and isolate the area where removal will take place
- 2. Protect the workers
- 3. Minimize the accidental release of asbestos
- 4. Decontaminate the area and complete the work

If there is any doubt about whether the work is proceeding safely or not, remember that the regulations are a minimum standard. Compliance with regulations may not be sufficient in some cases.

Remember that in many jurisdictions, by law or by collective agreement, workers have the right (and in some cases the duty) to refuse unsafe work. If this applies to you, and you believe that the work puts you or fellow workers at risk - don't do it. Don't take your rights to the grave!



#### For more information

If you are concerned about possible exposure to asbestos or simply want to know more about the dangers, ask your union.

#### For further information, contact IndustriALL Global Union or BWI:

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