

Speech to BWI Asbestos Conference, Vienna, 6th February 2008
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in the Building, Wood and Building Materials Industries (UITBB)

Introduction

Chairperson, Comrades and Friends,

First of all can I thank the BWI for inviting me as President of the UITBB to address this important conference on the most deadly occupational carcinogen that building and building materials workers face.

The BWI and UITBB have distinct differences as organisations most particularly in our political and ideological outlook and our subsequent way of approaching issues. However my perception is that on the key issue of asbestos we are in almost total accord.

The UITBB is here at this BWI conference because we will work together, arm in arm on those issues where we have commonality and we can advance the interests of the people we represent, the building and building products workers of the world.

The outcomes and campaigns agreed on at this conference will I am sure build on the Global Asbestos Conference held in Tokyo in November 2004, where the historic joint declaration of our two organisations concerning a world wide ban on asbestos was first made.

I hope this conference will help to bring to fruition the concluding words of Doctor Yoshioma Temmoyo to that conference that;

...the idea of an asbestos-free world is no longer a dream but a realistic goal, and, ...Working together we can make a difference for the future.

In this address I will first speak about the struggles to ban asbestos and extract justice and monetary compensation in my home country of Australia, and give an up to date analysis of the ongoing effects of asbestos on Australian workers.

I should say I am also the National Secretary of the CFMEU, the main construction union in Australia.

Then I will give some examples of action taken by the UITBB on this issue since 2004.

Finally, I will talk about specific ideas and proposals where our two organisations can hopefully work together jointly.

The James Hardie Asbestos Dispute:

The first historical evidence of legal proceedings over asbestos related injury or death appeared in the Workers Compensation Law Court Reports of my home state of NSW back in 1938. This claim was brought by a widow of a James Hardie worker. The medical evidence in this case proved beyond doubt that the company knew that exposure to this deadly dust could cause serious respiratory disease and death.

In the 1950's, there was a dramatic increase in the number of asbestos complaints and concerns raised by the their workers. Despite this James Hardie became the largest manufacturer of asbestos products in Australia right up until they finally stopped producing the product in 1986.

Company documents also revealed that James Hardie had a policy of employing older workers, because they knew the older the worker was, the less chance there was that the worker would die of any asbestos related illness.

The company unambiguously recognised the potential for large scale legal implications and actions. Between 1995 and 2000, executives of James Hardie Industries Ltd sought to separate the Hardie Group's operating assets from its asbestos liabilities. In 2001, James Hardie set up a fund for asbestos victims' claims. They called it the Medical Research and Compensation Foundation. However, only \$293 million was put into the fund. This amount was clearly insufficient.

When unions and victim support groups challenged this amount, they said that there was no more money! Yet, in October of 2001, James Hardie "moved" its corporate body to the Netherlands beyond the reach of any civil judgement made in Australia, establishing a new parent company, James Hardie Industries NV and transferring \$1.9 billion dollars into this company - ensuring that the link for asbestos claimants of James Hardie Industries Ltd with the Medical Research and Compensation Foundation was decoupled.

The trade union movement played the determining role in the eventual settlement of this major dispute. With my union CFMEU's members frequently refusing to handle any Hardie products on construction sites, combined with the constant adverse publicity, community protests and support from the NSW State Labor Government, we finally brought James Hardie to the negotiation table.

After long and protracted legal negotiations led by our ACTU, Hardie's conceded, ensuring that the company's funds would be used to satisfy all current and future compensation liabilities to all Australian victims of its asbestos products, estimated to be around AUS \$4.5 billion over the next 30 years.

A Grass Roots Hero - Bernie Banton

The public face of this broad union campaign was a former James Hardie worker Bernie Banton who died from the combined effects of three asbestos diseases - asbestosis, asbestosis-related pleural disease and peritoneal mesothelioma - on November 27th 2007.

Bernie campaigned right up until his death, achieving two further vital victories. The first of these was in successfully suing a James Hardie subsidiary, the Asbestos Injuries Compensation Fund, for further compensatory damages for his mesothelioma and for aggravated exemplary damages. Late in the week before his death his precedent setting claim was settled, making it easier for other asbestos sufferers to advance similar claims.

During these final weeks of his life, he presented a 17,000 signature petition to the Federal Government's Minister for Health to have the mesothelioma drug Alimta made available cheaply to all sufferers by having it listed on our national Pharmaceutical Benefits Scheme. Within a week of his death the committee recommended Alimta for listing on the scheme and it was listed on January 1st 2008.

Bernie was given the rare honour of a state funeral service, the newly elected Labor Prime Minister Kevin Rudd spoke at his funeral paying tribute to Bernie's outstanding achievements.

Bernie's coffin was given a guard of honour by trade unionists as the 3000 mourners filed out of the service.

Statistics

We in Australia currently have the world's highest incidence rate of mesothelioma. Until the 1960s, 25% of all our new housing was clad in asbestos "fibro" cement manufactured in Australian factories like the one Bernie Banton worked in.

In Australia 65% of those with work related mesothelioma are either tradespersons or labourers, two thirds of whom are drawn almost equally from the construction and manufacturing industries. Based on the latest Australian Safety and Compensation Council statistics, the number of new mesothelioma cases is expected to increase from 600 cases per year in 2001 to about 1000 cases in 2010.

The same report shows that in the years 1998 to 2004 of the eight major occupational diseases identified, workers compensation claims for four of these are falling. But leading the increases are cancer and respiratory diseases fuelled by mesothelioma and asbestosis, with the report cautioning that;

It should be noted, however, that the incidence of 2003-2004 claims for asbestosis is expected to increase once preliminary data has been updated.

Mesothelioma is second in the Australian league table for compensated workplace fatalities with Asbestosis close behind in fourth position. In the construction industry this is higher still with 61% of disease related fatalities caused by mesothelioma or asbestosis.

Examples of UITBB activity

Turning to my organisation the UITBB, I want to give some snapshots of our activity in this area since the 2004 Global Asbestos Conference.

First and foremost I would highlight the overarching asbestos resolution that we adopted on September 25th 2006 at our 14th World Conference of the UITBB in Athens. This resolution formalised our long standing opposition (first articulated at our Brazil meeting in 1995) to the use of asbestos based products by calling for a complete ban on the mining, manufacture and use of asbestos and asbestos-based products. The resolution called on our affiliates and supporters to vigorously campaign against this deadly product through the use of industrial and political action at both the national and international levels.

In terms of policy development this was followed in April 2007 by a high level UITBB seminar in Helsinki conducted conjointly with the Finnish Health Front. A prominent feature of the Helsinki seminar was the active involvement of associations of victims, their widows, health professionals etc. The Helsinki meeting built on our Athens resolution by urging all countries to provide for;

- i. compensation for asbestos victims,
- ii. legally binding regulations on asbestos related work in the field of demolition, conversion, renovation and maintenance,
- iii. ratification and implementation of the provisions of ILO Convention 162 and to apply the provisions of the Recommendation 172 as a minimum level under which it is impossible to go.
- iv. that Convention 162 must not provide justification and cannot be considered as an encouragement to continue the use of asbestos,
- v. strict mechanisms such as road maps and other measures allowing for appropriate monitoring and disposal of asbestos waste,
- vi. intensive studies of and use of alternative products to asbestos,
- vii. employment security for workers in the asbestos related industries during the conversion process of these industries,

- viii. that asbestos related diseases must be statistically registered so as to allow for a scientific monitoring of the problem,
- ix. the establishment of specialised hospital services capable of dealing with this time bomb and for specific training of doctors in view of and early detection of pathologies due to asbestos.

In February 2007 the 5th UITBB Asia-Pacific Building Unions Seminar in Manila passed a unanimous resolution affirming support for our policy of banning asbestos production and use. This was an important development given the proliferation of asbestos in the Asia-Pacific region.

Another occasion of note was at the 15th World Congress of the World Federation of Trade Unions (WFTU) in Havana in 2005, where there were many UITBB affiliates in attendance and two vigorous debates took place over asbestos. Some of our Brazilian colleagues who represent workers in their asbestos manufacturing industry attempted to convince the specially convened discussions of the merits of their argument about the controlled use of asbestos.

This turned out to be a very useful debate for us, as it showed the strong level of support for our policy from across a broad spectrum of our affiliates and supporters.

We respect the right of those who would advocate a different view and acknowledge that it is always good to test the ideas and conceptions that form policy. At the Havana meeting from my point of view it was heartening to see the commitment of many of our affiliates for our declared position. This gives me great confidence in the depth of feeling for further action to implement our policy.

Another activity I would mention is that in September 2005 the UITBB held a world day of protest around the asbestos issue. The target of these protests was the Canadian

Government - to expose its reprehensible position. The call for protest action by the UITBB was followed by 17 trade union organisations in 15 countries on all continents simultaneously demonstrating outside Canadian embassies in 18 cities, many of them national capitals, with thousands of copies of a specially prepared leaflet for the occasion distributed to the public.

While these examples show the commitment of the UITBB to the issue there is much more to be done. We must, in my opinion, be focussing our future efforts on the most vulnerable, disempowered workers and citizens globally.

Possible Joint Activities

So what can we do? We acknowledge the valuable work of the BWI, the International Ban Asbestos Secretariat, the WHO, the ILO, Victims Associations and many others but let me make the following suggestions for possible joint campaigns by our organisations.

As I said earlier the backbone of the Australian campaign was the refusal of CFMEU members to handle asbestos products. This decision and its successful implementation was the seed action around which a broader community campaign grew.

This campaign started with an education campaign to alert construction workers to the dangers posed by asbestos and that is where we need to concentrate first in this continuing struggle.

I propose that the UITBB and BWI jointly produce clear and concise leaflets and publications in the relevant languages of affected countries alerting workers and other citizens to the dangers of asbestos mining, manufacture and the resulting retail

products - working with our affiliates to linguistically and culturally combat the lies and sophistry of the asbestos public relations industry.

In so doing we need to use the advertiser's techniques of product branding to associate asbestos with the skull and cross bones logo which is the closest we have to a universal symbol of death and danger. If other symbols are better suited to certain countries then we must use those as well. I am sure our affiliates will be able to advise us on that issue.

A widespread awareness in industrialising countries of the deadly nature of asbestos is the lynch pin for everything else we do to campaign against asbestos.

At the other end of the spectrum we need to be putting maximum diplomatic, moral and political pressure on countries such as Canada, Russia, China, India and Indonesia. These countries are now the principal exporters of asbestos and manufacturers to the new asbestos markets. We must urge them not to block the listing of Chrysotile at the next conference of the parties to the Rotterdam Convention under its' Prior Informed Consent register in Rome in October this year.

They have succeeded in this at the last three meetings and we must ensure that they are not fourth time lucky. To do this we need to especially engage with our affiliates in these countries to put pressure on their governments to build momentum leading into October this year.

Prior to this the Chemical Review Committee of the Rotterdam Convention is meeting in Geneva in a month from now to consider adding six chemicals to Annex III of the Convention. There are six additions proposed, ironically three of these are jointly proposed by Canada.

Yet I expect Canada and others will continue their opposition to the listing of Chrysotile at this meeting. Chrysotile is bottom of the list for this meeting and unlike the other five proposed listings which are fully supported in the meeting agenda, the papers say the following about Chrysotile;

...the notifications state that the final regulatory actions were not based on a hazard or risk evaluation. In the light of this, these notifications cannot meet criterion (b) of Annex II and the Committee may wish to assign lower priority to their consideration.

I don't pretend to be an expert on the minutiae of the Rotterdam Convention, but this recommendation is to say the least unsatisfactory, when it is beyond argument that Chrysotile as the last remaining form of asbestos not listed under Convention is scientifically proven to be the cause of half of all occupational cancers.

We must ensure, that in Geneva next month that this vital part of the preparation for Rome in October does not go awry.

Next, in September last year the ILO and WHO jointly issued an "Outline for the development of National Programmes for Elimination of Asbestos-Related Diseases", as delegates will no doubt be aware this sets out a systematic plan to tackle asbestos diseases at the national level. This recognises that;

...the most efficient way to eliminate asbestos related diseases is to stop the use of all types of asbestos.

This document needs to be widely distributed by us and to be at the forefront of our affiliates lobbying campaigns with the governments of the growing national asbestos markets.

In respect to the ILO we need to move beyond the controlled usage conception of Convention 162 and forge a new convention that unambiguously bans the mining and manufacture and retail of asbestos products. A new convention must commit nations to provide for a just economic transition for workers and poor consumers of asbestos materials in those countries. Further to provide proper, speedy and non adversarial methods of compensation of asbestos victims and their families, whether as workers or citizens.

With the principles of equity and human solidarity in mind I believe we need to campaign to convince governments to subsidise poor peoples' non asbestos building and roofing materials in industrialising countries. If, in this way, we can divert the manufacture and purchase of asbestos roofing materials into non asbestos materials we will start to reduce the demand for asbestos and save countless lives through prevention and of course raise standards of living as people move from thatched roofing to rainproof industrial materials.

We can and must also demonstrate that producing replacement products is a job creation activity and not accept the negative argument that jobs will be forever lost by substituting for asbestos based products.

Campaigning along the lines I have mentioned takes resources and we need to apply our collective energies to identifying ways in which we can fund such proposals. A potential source of these funds is the overseas aid budgets of industrialised countries. Our affiliates must lobby their national governments to committing some of these funds to the elimination of asbestos and asbestos diseases overseas in a similar way to that taken to the AIDS epidemic in various developing countries.

In this transition the introduction of national and possibly international export industry levies can also help to fund this process. Obviously this would involve the need to get the WTO to recognise the legitimacy of such an approach.

We need to convince governments of industrialising countries to use their health, industry, customs and taxation policies to encourage their companies to move out of asbestos and into replacement materials. Further to provide palliative and pharmaceutical care, with just compensation for their victims, both workers and citizens.

Acknowledging in all of this that we will not be successful overnight we need to campaign along the same lines for national and foreign aid for the provision of proper personal protective equipment (PPE) and training in their usage amongst workers in manufacturing and construction involving asbestos.

Conclusion

As trade unionists we are all driven by a desire to improve the living standards of our members at work and in their communities. The urgent task to prevent disease and widespread death for the sake of corporate profit is axiomatic in our work.

As the recent actions of the ILO and WHO reflect, there is a gathering global momentum to turn the tide against the use of asbestos.

I thank you again for this opportunity to speak, and I do hope our organisations can work together on this critical issue, struggling for justice in a global battle to ban asbestos and justly compensate its victims.