Europe's Asbestos Catastrophe: Supporting Victims, Preventing Future Tragedy

Questionnaire

The answers to these questions are intended to inform the discussion which will take place in Brussels on September 17 & 18, 2012 regarding the asbestos crisis in European countries.

The **deadline** for the completed questionnaire to be sent to the EFBWW is **August 29, 2012**. Please send completed questionnaire to Ann Cocquyt: email: acocquyt@efbh.be

Respondents Information

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Asbestos Usage

- How much asbestos (metric tonnes) was used in your country before its use was banned?
  Approximately 4 millions tons were imported and 300000 tons produced
- What types of asbestos were used (chrysotile, crocidolite, amosite)? All three but mainly chrysotile (From Canada and Russia).
- When was national asbestos consumption at its highest?
  In the seventies, e.g. 177000 tons imported in 1974.
- What were the main purposes for which the asbestos was used?
  Asbestos-cement, floor tiles, brake pads and clutches, isolation, fire-proofing, etc
- How common was the use of asbestos in schools, hospitals, public buildings and homes; what per cent of these buildings still contain asbestos?
  Very common in schools, hospitals, specially of course those constructed between 1950 and 1975! Percentage is difficult to evaluate.
- How is asbestos waste dealt with on a routine basis and after natural events such as storms, earthquakes, etc. which damage asbestos-containing roofing materials?

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1 This event is being organized jointly by the European Federation of Building and Woodworkers (EFBWW) and the International Ban Asbestos Secretariat (IBAS).
2 Clearly, not every respondent will be able to answer every question; if information is not available on a certain subject, feel free to write u/a (unavailable). We are looking to compile a snapshot of key issues in countries attending the Brussels events so would ask that you provide concise responses as the replies will need to be translated.

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On routine basis there is a comprehensive legislation which, when applied, is quite effective. The possibility of a natural disaster affecting asbestos in place inside buildings is probably not taken into account.

### Human Cost

- How many people are diagnosed with asbestos-related diseases (asbestosis, mesothelioma, asbestos-related lung cancer, ovarian and laryngeal cancer, and pleural plaques) every year in your country? 
  Difficult to evaluate, the available data for mesothelioma suggest there are between 800 and 1000 cases per year. The INSERM report (1996) gave a minimal estimate of 1950 deaths (750 mesotheliomas and 1200 lung cancers). The total number is more likely to be today above 3000. The number of diagnosed pleural plaques is above 4000.
- How many asbestos-related deaths are recorded each year? Where possible, please provide data showing the annual number of asbestos-related deaths from 1990-2010. The data for mortality match the data of cancer incidence. Note that of course there are data for the number of mesothelioma, but the number of lung cancer attributable to asbestos can only be estimated.
- Please provide (as an attachment) annual data for diagnoses of the core asbestos-related diseases: asbestosis, mesothelioma, asbestos-related lung cancer, pleural plaques for the period 1990-2010.
  [I will bring that to Bruxelles but can’t compile this while being in Brazil (Marc)]
- It is recognised that asbestos can be implicated in a wide range of other cancers (laryngeal, gastrointestinal, ovarian etc.); please give details of any diagnoses of cancers other than mesothelioma or lung cancer where asbestos has been, or was suspected to have been a causal factor.
  A small number of laryngeal and gastrointestinal cancers are being recognised as occupational ARD and/or by the FIVA; their actual number is difficult to evaluate.
- How many asbestos-related deaths have there been recorded annually for the period 1990-2010 (where such data are available).
  [I will bring more complete data but can’t compile this while being in Brazil (Marc)]
  Some data are available. Recently the National Institute for Sanitary Survey estimated the number of mesothelioma per year in France to be between 800 and 1200.

### Government Regulations and Policy

- Please name the government regulations which:
  > prohibit the import, use and sale of asbestos
  Decree n° 96-1133, 24th December 1996 “relatif à l’interdiction de l’amiante”
  > recognize asbestos-related diseases as occupationally-caused
  There are two government regulations: the general social security scheme for occupational diseases (Tables 30 and 30bis refers to ARDs) and the Fonds d’Indemnisation des Victimes de l’Amiante (FIVA) created by law n°2000-1257, 23rd December 2000.
  > what diseases are recognised as occupationally caused?
    Mesothelioma (pleural, peritoneal and pericardial); Lung cancer; asbestosis; pleural plaque and pleural thickening; there is also a complementary system that allows some other cancers (laryngeal, gastro-intestinal) to be recognised as occupational disease.
    NOTE: the criteria for lung cancer is of interest: a lung cancer is considered attributable to asbestos exposure, either in the presence of radiological signs.

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of asbestosis or pleural alterations, or when ten years of exposure can be documented (there is an indicative list of trades).

- are self-employed workers compensated?
  In principle yes, otherwise they can get compensated via the FIVA

- provide protection for workers at-risk of exposure: i.e. construction workers, demolition workers, asbestos removal workers
  There is an extensive legislation which when properly applied provides protection. The main text is decree n° 96-98, 7 February 1996 relatif à la protection des travailleurs contre les risques liés à l’inhalation de poussières d’amiante and its subsequent revisions

- mandate measures for minimizing hazardous exposures: to workers, consumers, the public
  Same answer, the main decree n°96-97 relatif à la protection de la population contre les risques sanitaires liés à une exposition à l’amiante dans les immeubles bâtis, the main revision this time in decree n° 2001-840, 13th September 2001.

Both workers protection decree and public protection are now included in the public health code.

- Have surveys been carried out to determine the amount of asbestos in schools, hospitals, public buildings and homes?
  Survey of a building for asbestos containing materials is compulsory for public buildings and, in case of sale, demolition or restructuration for all buildings.

- What is the government’s policy for removing asbestos from schools, hospitals, public buildings and homes?
  The law imposes, according to the evaluation of hazards, either to manage asbestos in place with rigorous procedures or to remove it. In the case of schools and hospitals the general policy is to remove the asbestos.

**State Help for Sufferers from Asbestos-related Diseases (ARDs)**

- Does the Government provide help for patients with ARDs?
  Yes, social security provides help within the general health insurance system and there is a very important specific scheme via the institution the Fonds d’Indemnisation des Victimes de l’Amiante (FIVA)

- Is this help part of the social security system?
  The FIVA acts as a complement to the social security system

- What conditions does it cover?
  The social security usually covers health care and, in the case of a recognized occupational ARD offers a rent (depending on the salary and percentage of invalidity); the FIVA offers further compensation for moral damages, physical and daily damages.

- What are sufferers entitled to claim?
  Any person who has been exposed on French territory and suffers from ARD is entitled to claim, so are members of the family of a person deceased from ARD.

- What is the monetary value (in Euros) over a 12 month period for the average claimant?
  Indemnisation by the FIVA depends on a lot of parameters, for pleural plaques sufferers an average of 15000 euros, for cancer (lung or pleura) an average over 100000 euros. The annual rent proposed for an occupational ARD via the social security system is proportional to the salary and depends on the attributed percentage of invalidity; for a cancer the FIVA offers an annual rent of 18000 euros.

**Stakeholders**

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• What groups (non-governmental organizations, charities, trade unions or government agencies) are active in raising awareness of the asbestos issue in your country; please provide names of groups and contact details.
  The ministry of Labour (Direction générale du travail) is the main government body dealing with asbestos issues.
  Epidemiological and medical research institutions the INSERM and INVS (Institut de veille sanitaire)
  The main organism for technical issues, prevention, asbestos management is INRS (Institut National de Recherche sur la santé et Sécurité)

ANDEVA is a national structure regrouping many local or regional associations; our network is certainly the most active in raising awareness, acting for a fair compensation of ARDs and promoting public policies. There are of course several other small groups.

• Is there an active campaign regarding the asbestos hazard in your country; please provide details about it. If there is no such campaign, are there any plans for one in the future?
  There were several active campaigns in the past ten years, there is need to renew the warnings.

Key Issues: National and European

• Identify the top five issues your country needs to address regarding its asbestos legacy.
  1) Improve enforcement of the quite comprehensive laws regarding prevention against asbestos in place inside buildings.
  2) Stabilise the compensation schemes for victims.
  3) Increase and stimulate funding for research on medical therapies and techniques for asbestos treatment and disposal.
  4) Promote stop of asbestos use abroad (e.g. by enforcing such a change among French related companies)
  5) Draw lessons from the errors that lead to this tragedy (establish historical responsibilities, etc)

• What do you think are the priority asbestos issues requiring action by the European Parliament?
  1) Create a compensation scheme similar to or improving the French FIVA which compensates fully every ARD.
  2) Improve prevention against asbestos in place, sharing the various approaches by countries (and taking the best of each).
  3) Promote awareness and prohibition of asbestos throughout the world; especially exert pressure on asbestos producing countries to stop their exports.
  4) Develop research on therapies and technical procedures to deal with asbestos in place and wastes.
  5) Have a general investigation on the genesis and responsibilities in the tragedy of asbestos.

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Personal Goals of September 2012 Asbestos Event in Brussels

- What are you hoping to achieve through your attendance at the two-day event in Brussels on asbestos in September 2012?
- Create/renew contacts to achieve collectively the goals mentioned in the previous item by us and our colleagues

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