

SUBMISSION TO COMMITTEE ON EMPLOYMENT AND SOCIAL AFFAIRS,
EUROPEAN PARLIAMENT

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Brussels, September 18, 2012

1. INTRODUCTION

I would like to thank the Committee on Employment and Social Affairs of the European Parliament for inviting me to take part in this important session.

This is the 2nd asbestos hearing I have been to in recent weeks. The first one took place in Brazil – the issue at hand on August 31 at the Supreme Court was the constitutionality of the law permitting the use of asbestos to continue in Brazil.

The Brazilian constitution guarantees citizens the right to a healthy life; how then can the use of an acknowledged toxin remain legal. A good question and not dissimilar to issues we are considering today.

2. BACKGROUND

The EU's Charter of Fundamental Rights asserts the right to life, the right to the integrity of the person as well as workers' rights to information. The European Convention on Human Rights clearly states that "everyone's right to life shall be protected by the law."

And even so, throughout the EU people are dying in their thousands from avoidable diseases caused by asbestos. In many cases, we cannot say who or where they are as data from many EU member states is lacking. This in itself is an unacceptable situation and something which needs to be addressed by the EU.

In the information vacuum which exists, we rely on predictions made by European epidemiologists. Using their figures for mesothelioma mortality as a starting point and adding deaths from a range of other asbestos diseases in both men and women, it is not unreasonable to suggest that in Western Europe alone, more than 500,000 people will die from asbestos-caused diseases in the current 35 year period (1995-2029).² This equates to the elimination of the entire populations of Sheffield, Grenoble, Nuremburg or Bologna.

I have been asked by the Committee to focus my remarks today on specific issues and to do so in 10 minutes. A daunting task but as a ban asbestos campaigner, I am used to challenges.

In essence the issues fall into 2 categories

1. Understanding the Human Dimension of Europe's Asbestos Tragedy
2. Eliminating Asbestos-Related Diseases

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² Peto J, Declari A, et al. *The European mesothelioma epidemic*. Br J Cancer 1999 February; 79(3/4): 666–672. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2362439/>

3. UNDERSTANDING THE HUMAN DIMENSION OF EUROPE'S ASBESTOS TRAGEDY

3.1 It Could be You!

The fact that an EU ban on asbestos came into force on January 1, 2005 does not make us safe. There is little doubt that all of us have asbestos in our lungs; if we are lucky, we will not contract an asbestos-related disease. For the unlucky ones, the prospects are bleak.

Throughout EU Member States, there is a huge discrepancy between what asbestos sufferers should receive and what they in fact do receive. It is not unusual for victims with environmental, para-occupational or domestic exposure to remain unacknowledged and uncompensated; the same is true for people with asbestos-related lung cancer and self-employed workers.³

EU asbestos victims have the right to receive appropriate medical treatment, practical support and recompense; that they are not receiving what they are due is inequitable and contrary to the fundamental principles for which the EU stands.

Recommendation: EU legislation should be enacted which mandates the human rights of asbestos victims regardless of the source of their exposure, their employment status or the type of asbestos-related illness.

3.2 Missing Elements of EU Asbestos Framework

Amongst European asbestos victims, there is a huge lack of awareness of EU directives or recommendations to protect the population from the asbestos hazard.

Recommendation: The Committee of Employment and Social Affairs of the European Parliament should establish an Asbestos Sub-Committee to act as a conduit between asbestos victims and their elected representatives. The Asbestos Sub-Committee would oversee the setting up of a body to coordinate an EU Asbestos Action Plan; as part of this process, a European Centre for Asbestos-related Disease Research (ECARD) would be established.⁴

3.3 Role of Victims' Groups

Within Europe there are 55+ asbestos victims' support groups. The expertise and knowledge of these grass-roots groups constitute an untapped resource for officials tasked with fulfilling the EU's obligations to asbestos victims.

³ <http://www.hse.gov.uk/statistics/causdis/lungcancer/index.htm>

⁴ On September 4, 2012, the Australian Government announced the formation of an Office of Asbestos Safety to "pave the way for a national approach to asbestos awareness and management in Australia." <http://www.lisasingh.com.au/newsroom/media-releases/a-national-approach-to-asbestos-management/> Australia, a country of 22 million people which is expecting 18,000 mesothelioma deaths between 1945 and 2020, has been proactive in confronting the asbestos challenge while the European Union, with a population of 500+ million of whom more than 250,000 will die from mesothelioma by 2029, has implemented no dedicated medical research, diagnosis or treatment program for asbestos-related diseases.

Recommendation: EU policymakers recognize the role of asbestos victims' groups, allocate funding for their work and include them as stakeholders in discussions regarding the EU's future asbestos policy.

4. ELIMINATING ASBESTOS-RELATED DISEASES

The only way to eliminate asbestos-related disease is to decontaminate the European infrastructure. That must surely be our ultimate goal. Until that is achieved, however, preventive measures must be taken to end hazardous exposures. It is essential to make sure that:

- the location of asbestos contained in buildings, homes and vehicles is known;
- the location of former asbestos producing and processing sites is mapped;⁵
- the location of sites where asbestos and asbestos-contaminated debris was dumped is established;
- at-risk workers receive compulsory asbestos training. Throughout Europe, the asbestos removal industry suffers from low standards and a lack of professionalism. Introducing an educational qualification for people in this industrial sector will raise standards, improve methodology and protect occupational and public health;
- national governments undertake systematic data collection regarding occupational asbestos diseases to improve prevention;
- high-profile initiatives to raise awareness of the threat posed by asbestos are conducted; based on the UK experience, a campaign highlighting the asbestos hazard posed by the contamination of schools is a priority.

Recommendation: The Asbestos Sub-Committee should be tasked with producing a cohesive EU strategy for eliminating asbestos-related diseases; a 2023 deadline for Europe's asbestos decontamination is proposed.

5. CONCLUSION

Europe's asbestos victims are innocent of any crime; the same cannot be said for those who allowed hazardous working conditions to persist and dangerous products to be sold. Obtaining justice for the injured and preventing further disease will require a coordinated program backed by the political will to implement it. We must do better.

⁵ Local people and former workers from asbestos companies contain a pool of knowledge regarding the location of asbestos-contaminated sites, most of which have not been officially recorded. This knowledge can be accessed through contact with asbestos victims' support groups.