

## RECOGNITION AND COMPENSATION OF ASBESTOS-RELATED DISEASES IN EUROPE

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A quotation by the Roman poet Publius Ovidius Naso (Ovid) makes a fitting start to today's discussion about the *Recognition and Compensation of Asbestos-Related Diseases in Europe*. Ovid wrote: "Act, before disease becomes persistent through long delays."<sup>1</sup> It is, as we all know, the delays in acting on asbestos which are responsible for the global epidemic claiming more than 100,000 lives every year. Within Europe the situation is dire with an excess of 500,000 asbestos-related deaths expected during the period 1995-2029.<sup>2</sup>

Although, the first national legislation on the asbestos hazard was enacted in Europe over 80 years ago, the regional prescription of signature asbestos diseases occurred haphazardly over many decades. While asbestosis was recognized in the UK as an occupational disease in 1931, it took a further 38 years for Belgium to do so. In 1942, Germany included lung cancer caused by asbestos on a list of occupational diseases; in Italy this did not happen until 1994. The year when the deadly asbestos cancer mesothelioma gained official recognition in West European countries varies from 1959 onwards.<sup>3</sup> Even today some Eastern European governments refuse to acknowledge the asbestos hazard; as major asbestos producers and consumers they have billions of reasons not to do so.

### European Asbestos Production and Consumption, 2010

	Production		Consumption	
	tonnes	European/Global Ranking	tonnes	European/Global Ranking
Belarus	-	-	26,714	4/12
Kazakhstan	214,000	2/4	-1,371 <sup>4</sup>	-
Russia	1,000,000	1/1	263,037	1/3
Ukraine	-	-	60,347	3/9
Uzbekistan	-	-	98,635	2/5
<b>Total</b>	<b>1,214,000</b>		<b>447,362</b>	

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<sup>1</sup> Ovid 43 BC- AD 17.

<sup>2</sup> Peto J, Decarli A, et al. *The European mesothelioma epidemic*. British Journal of Cancer (1999) 79, 666–672. <http://www.nature.com/bjc/journal/v79/n3/abs/6690105a.html>

<sup>3</sup> European Forum of the Insurance of Accidents at Work and Occupational Diseases. *Asbestos-related occupational diseases in Europe*. Eurogip, 2006.

<sup>4</sup> The consumption figure for 2010 seems to be an anomaly; asbestos consumption in Kazakhstan for the three previous years, averaged over 110,000 t/ year: 40,217 t (2007), 185,625 t (2008), 108,951 t (2009).

From this data, we see that:

- European asbestos production accounts for 60% of global output;
- European consumption accounts for 22% of global usage;
- 62% of European countries (31 out of 50) have banned asbestos; 38% have not.

The entrenched pro-asbestos policies of Russia, Kazakhstan, Ukraine and Kyrgyzstan have stymied efforts by international agencies to protect public and occupational health. Comments and information supplied by delegates from those countries to a European asbestos conference earlier this month are revealing:

- "We do not have asbestos diseases, we have no cancer from asbestos."
- Asbestos waste is treated the same as other construction waste.
- The support for banning asbestos evidenced by the WHO and IARC is based on faulty premises.

Last week, three of the five Member States which initially blocked the inclusion of chrysotile asbestos on Annex III of the Rotterdam Convention were from Eastern Europe.<sup>5</sup>

## **Asbestos Issues within the European Union**

The EU, according to official sources, "actively promotes human rights and democracy."<sup>6</sup> That being so, how can it stand idly by while the asbestos epidemic predicted to take 500,000+ lives sweeps through the region.<sup>7</sup> In the context of this paper, particular areas of failure (discussed below) are injustices towards victims and the lack of a coordinated medical research initiative.

### ***Injustices towards Victims***

Asbestos victims in some EU Member State receive government benefits, civil compensation, medical treatment and counseling; indeed, in France the asbestos-exposed can retire early without loss of pension or other rights. In Austria, a coordinated program to diagnose asbestos diseases at an early stage in order to maximize health care options has been operational for a number of years; no such scheme exists in the UK; what about Belgium? Bulgaria or Greece? Is compensation available as a matter of course for all victims of mesothelioma or only for those whose exposure was occupational? Do the vast majority of those who contract asbestos-related lung cancer fall through the cracks as they do in the UK? How is it that pleural plaque sufferers in France and Scotland are entitled to compensation, but victims in Spain and England are not. As is readily apparent from the questions asked, throughout EU Member States there is a huge disconnect between what sufferers should receive as their due and what they in fact do receive. Each

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<sup>5</sup> The dissenters were Ukraine, Kazakhstan, Kyrgyzstan, India and Vietnam.

<sup>6</sup> [http://europa.eu/about-eu/basic-information/index\\_en.htm](http://europa.eu/about-eu/basic-information/index_en.htm)

<sup>7</sup> Peto J, Decarli A, et al. *The European mesothelioma epidemic*. British Journal of Cancer (1999) 79, 666–672. <http://www.nature.com/bjc/journal/v79/n3/abs/6690105a.html>

EU asbestos victim has an equal and inalienable human right to receive appropriate medical treatment, equitable compensation and practical support.

**RECOMMENDATION 1: ADAPT EU LEGISLATION MANDATING EQUAL RIGHTS FOR ASBESTOS VICTIMS.**

Within Europe there are 55+ asbestos victims' support groups, all of which work on shoestring budgets and the majority of which have little or no impact on government decision making processes. This is both undemocratic and wasteful as the members of these groups have a grass-roots expertise which should be valued. The daily needs of asbestos victims and their families require an immediate and comprehensive response; the experience of the groups which represent them is an invaluable resource to inform EU policy on the optimum response to the human tragedies caused by asbestos exposure.

**RECOMMENDATION 2: EU POLICYMAKERS RECOGNIZE THE VITAL ROLE OF VICTIMS GROUPS.**

*Lack of a Coordinated Medical Research Initiative*

As the indications became ever clearer of the heavy price Australia would pay for its asbestos heritage, in 2006 the federal government provided the finances and political support to set up a national, coordinated research program into asbestos-related diseases: The National Research Centre for Asbestos-Related Diseases (NCARD). A collaborative plan was drawn up with defined research streams which were identified through a peer-reviewed process.<sup>8</sup> This initiative was progressed by the government of a country of 22 million people which had been told that between 1945 and 2020, 18,000 deaths from mesothelioma could occur.<sup>9</sup>

And yet, the European Union with a population of 501 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. Is this acceptable?

**RECOMMENDATION 3: THE EU ESTABLISHES A EUROPEAN RESEARCH CENTRE FOR ASBESTOS-RELATED DISEASES: ECARD**

**Regional Asbestos Issues outside the European Union**

Nineteen non-EU European states have not banned asbestos; these include two of the world's top asbestos producers and five of the world's biggest users.

In Russia, Kazakhstan, Ukraine, Kyrgyzstan and elsewhere in Eastern Europe, populations are fed a diet of pro-asbestos propaganda. Powerful industry forces collude with asbestos vested interests in governments, lobbying bodies – like the Ukrainian

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<sup>8</sup> [http://www.ncard.org.au/news/2006.11.20\\_Asbestos-Centre.html](http://www.ncard.org.au/news/2006.11.20_Asbestos-Centre.html)

<sup>9</sup> Leigh J, Driscoll T. *Malignant Mesothelioma in Australia, 1945–2002*. INT J OCCUP ENVIRON HEALTH. VOL 9/NO 3, JUL/SEP 2003.

Chrysotile Association, the Confederation of Employers of Kazakhstan –and groups like the International Chrysotile Alliance of Trade Union Organizations (Russia) and the Trade Union of Building and Building Material Workers (Ukraine) to manipulate national asbestos agendas with the sole aim of protecting the image of chrysotile asbestos.

Efforts are being progressed by international agencies, regional bodies and non-governmental organizations to impact on regional asbestos agendas; progress is slow.

**RECOMMENDATION 4: COLLABORATIVE EFFORTS WITH CIVIL SOCIETY ORGANIZATIONS IN EASTERN EUROPE TO RAISE AWARENESS OF THE ASBESTOS HAZRAD SHOULD BE MADE A HIGH PRIORITY.**

## **Conclusion**

The impact asbestos has had on the European population and environment is almost incalculable. During today's discussions we have touched on some of the problems remaining in the post-ban countries: protecting workers from asbestos hidden within national infrastructures, assisting the injured, removing asbestos from society... the list goes on. In countries which have no bans, the list is even longer.

**RECOMMENDATION 5: AN EU ASBESTOS COORDINATOR BE APPOINTED TO INITIATE AND OVERSEE A EUROPE WIDE PROGRAM TO TACKLE THE CONTINENT'S ASBESTOS HERITAGE.**

Tomorrow is Action Mesothelioma Day in the UK. To raise awareness of the deadly diseases caused by asbestos, events are being held by victims groups, charities and campaigning organizations throughout the country. At church services, conferences, sponsored events, asbestos roundtables and informal get-togethers, tributes will be paid to those whose lives have been sacrificed in the name of asbestos.

**RECOMMENDATION 6: TO HIGHLIGHT THE CONTINUING THREAT TO ALL EUROPEANS, THE EU SHOULD IMPLEMENT ASBESTOS AWARENESS WEEK.**