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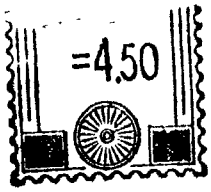
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Jan. 12, 1986 Economic Times

Asbestos: the silent killer

ASBESTOS: Medical & legal aspects; By Barry I. Castleman, Law & Business Inc. Harcurt Brace Jovanovich Publishers.

'In every industrial nation it has long been acknowledged that the social order and welfare, in fact all the advantages of civilisation, exist because of the working man and woman.

Great things have been said about the dignity of labour and society's obligations to people working in factories and trades. The continuing asbestos disaster reveals the depth of failure of societies both East and West to take reasonable steps to protect the health of workers against a long recognised, insidious threat to life. This menace has carried over from the work place to endanger society at large'.

This quote from the concluding part of the book under review sums up to a great extent the problem related to asbestos industry and the health of workers, working in these plants. This book is a doctoral dissertation of Barry Castleman, who is an environmental consultant in numerous federal agencies and environmental groups on public policy relating to the control of toxic substances. He has accumulated a vast knowledge on this dreaded mineral and has served as an expert witness on asbestos litigation since 1976. Undoubtedly this is the best comprehensive, material on most useful aspects of asbestos use in society. The book begins with the historical aspects of development of the knowledge about asbestosis and then goes over, in a masterly fashion into the various side effects of working in a asbestos plant. These side effects include asbestosis, which has been described since long and cancers of various types (like Mesothelioma, Bronchogenic Carcinoma etc.). It not only covers the historical aspects of most of the themes dealt with but also deals with upto date information relating to those.

By 1935, asbestosis as a disease entity occurring in those working in asbestos industry was well established. Apart from asbestosis, cancer caused by exposure to asbestos is a dangerous threat to the workers. The earliest report on this were by a British pathologist Gloyne, who reported of having seen squamous carcinoma of pleura in cases of asbestosis. The carcinogenicity of asbestos was well recognised by 1938 by various German workers as well. Most authors were impressed by the unusually large proportion of lung cancers amongst asbestos workers originating in the lower lobes of the lungs. They also observed the unusually long time elasping between the exposure and the onset of cancer symptoms. Autopsy studies confirmed these observations.

Along with this knowledge, developed various protective legislations for the workers working in asbestos industry, which in a way is society's formal recognition of cause and effect for occupational diseases. England was the first nation to formally recognise asbestosis as a compensable occupational disease. Asbestos manufacturers in U.S. were generally aware of asbestosis in 1930's. The industry in its concern to avoid paying the compensation, consistently underplayed the role of asbestos in causing various diseases, not only that, it also attempted its best to hold down compensation costs in different ways.

By 1950s, a medical consensus had formed about the role of asbestos and compensation claims filed by these workers in 1950's presaged the deluge of damage suits that would come in 1970's. There is a interesting conclusion regarding managements attitude to compensation claims. They spent heavily in buying insurance, hiring legal and medical experts to defend them and to minimize the cost of the claim by every legal and political means.

This state of affairs (in United States and Britain) still sounds much better when compared to the things prevailing here in India. Here we have nearly 7,000 people working in 20 asbestos industries spread all over. As per Dr. S. R. Kamath, an outstanding expert in chest medicine: 'There is no doubt that one third of workers in asbestos factories are suffering from asbestosis'. Despite this, medical experts are very reluctant to give the diagnois of Asbestosis to the asbestos workers suffering from lung diseases. Even the law here has great amount of loopholes e.g. Mesothelioma continues to be left out the scope of the schedule, provisions have been laid down for the suppression and control of dust within the factory premises but not outside the plant, there is no mention of blue asbestos which is banned in other parts of the world.

Threshold and standards relating to asbestos have been extensively documented in one of the chapters. The deficiencies of threshold levels become obvious over a period of time as the inadequacies of the old levels becomes more and more obvious, and work place asbestos standards in Great Britain are a case in point. Even in 1960, the standards prescribed there did not protect the workers against the risk of cancer and the norm set was postulated just on the optimistic appraisal of a limited study of actively employed workers at the asbestos textile plant. And on the top of this independent scientists were refused access to the chest X'ray films, whose interpretation by the medical director of the Textile Plant formed the basis of standard. The consumption of asbestos in United States is drastically coming down and this trend is attributed to public concern over the hazards of asbestos and liability considerations by companies who used to use asbestos in brake linings, fire resistant textiles etc.

One of the significant epidemiological points made here relates to one study conducted at the Mount Sinai School of Medicine. This study dividly showed that death of insulators from asbestosis was common and there was a excessive incidence of cancer. 50 per cent of the workers working for 30 years were sure to die of cancer. It is a great surprise as to why suitable alternatives to asbestos are not used when there is a possibility of using them. The book extensively lists such alternatives which can be successfully used instead of asbestos.

After deeper investigations into the recent Bhopal gas disaster the dual safety standards followed by multinationals became glaringly obvious. But this is not restricted to that industry alone. The same applies also to a greater or lesser degree to all segments of industry in general and to asbestos in particular. The author is emplatic that 'These statements (relating to safety of plants in 3rd World countries) have been subjected to scrutiny on occasion, however, the level of control in practice in developing countries has been consistently poor' and again 'Other aspects of international double standards' abound. Flagrant occupationl nd environmental health abuses have been documented at a Johns-Manville affiliate in Ahmedabad, India, manufacturing asbestos cement and a Turner and Newall subsidiary in Bombay making asbestos textiles and friction products'.

Though the mass awareness about the deadly effects of asbestos is not yet sufficiently widespread, some of the organisations concerned with the health of workers, like International Metal Workers Federation have already demanded a worldwide ban on use of asbestos. The developing countries must weigh the potential health hazards of such substances before coping blindly from the West.

Even if the use of asbestos is totally stopped from today, there is a great potential of lots of exposed people developing this disease in future. The factors aiding the continuation of these deadly occupational diseases are lack of social integrity at the highest levels in industry and lack of courage among politicians to take up public interest and resist the pressures of private interest.

Will it be too much to expect from the workers unions, who at the moment are trying to bring more and more issues related to their working lives, within the scope of bargaining, to take up the issues related the safety at work place, alternate technologies and products to avoid the chemical and other hazards.

It is just to be hoped that those in power of decision making, the ministries and industrialists wake up even at this juncture to give a serious thought to ban the use of asbestos where possible, to look for alternate products and to initiate all possible efforts to protect the workers.

In nutshell this is a remarkable book, outlining most of the complex issues in a very lucid style and in the process bringing to us the knowledge of a slow and dangerous poison—Asbestos. Surely it's a must for all concerned with the health and safety of workers, occupational health physicians, labout lawyers and the unionists who presumably should undertake issues of this type also to the bargaining tables.

— SMITA PUNIYANI