

THE INDIAN GOVERNMENT'S COMPLICITY IN THE ASBESTOS SCANDAL

MADHUMITA DUTTA



*Madhumita Dutta, Coordinator,
Corporate Accountability Desk -
The Other Media; email:
madhu.dutta@gmail.com*

On December 10, 2007, the evening bulletin of a national news channel flashed up a bizarre image. A few workers were shown using their bare hands to mix a white powder in with some rice. Then we were shown where the rice ended up – in gunny bags marked “Mohan Basmati Rice, Export Quality.” What we had seen, the channel announced, was evidence of a major food adulteration scam: finely powdered asbestos fiber mixed with talc being used to polish rice, with the aim of making it attractive for consumers willing to pay a premium for “extra white” basmati. The report claimed this was just the tip of the iceberg, indicating rampant use of asbestos in rice polishing mills across the country.

Faced with such a level of criminal activity, one would expect a government crackdown on rice polishing mills. But no action whatsoever was taken! Even more shocking was the revelation that the government had been quite aware of asbestos contamination in polished rice production. A report published by the Agriculture Marketing division (Agmarket) of the Ministry of Agriculture, entitled “Post Harvest Profile of Paddy/Rice,” describes “natural” contamination by asbestos “present in talc, kaolin etc. in polished rice.”

Notwithstanding numerous instances of abuse of a substance that kills and maims millions of people across the world, India has been consistent in maintaining that “controlled use” of asbestos with “appropriate safeguards” is safe; a reality which is far-fetched even in the developed world.

In September 2007, India along with Russia and Canada blocked proposals to control the movement of asbestos wastes being considered by the Open-ended Working Group of the Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal. Due for discussion was approval of the Proposed Workplan on the Sound Management of Asbestos Wastes with Emphasis on Measures to be Taken in Disaster-Prone Areas. The Indian government delegate took the position that more research was needed before declaring chrysotile asbestos to be a hazardous substance.

India had good reason to take such a stand. In 2005, the Ministry of Chemicals and Fertilizers (MCF) along with the chrysotile asbestos product industry commissioned the National Institute of Occupational Health (NIOH) to study the health impacts of chrysotile asbestos on workers. The study was commissioned with an eye on the proposed inclusion of chrysotile asbestos in the Prior Informed Consent (PIC) list of the Rotterdam Convention.

The asbestos industry in India has been trying to stonewall any such inclusion in collaboration with its counterparts in Canada and Russia who are its largest suppliers of raw chrysotile fiber. As per data released by the UN Statistics Division, India imported about 306,000 tonnes of asbestos in

2006, of which 152,820 tonnes was imported from Russia and 63,980 tonnes from Canada.

As part of an elaborate plan to derail the PIC process, the Indian asbestos industry together with the MCF has devised a study entitled “Implementation of the Rotterdam Convention on the Prior Informed Consent Procedures – Study of Health Hazards / Environment Hazards resulting from Use of Chrysotile Variety of Asbestos in the Country.” The total cost of the study is estimated at Rs 5,966,000 (US \$149,150), of which 26% will come from industry. Ostensibly, it may seem India is being prudent by basing its policy decisions on a scientific study; but the following incongruities demonstrate the mala fide intention behind the study (designed to ensure that chrysotile asbestos products would continue to be used):

- ◆ The MCF has been reluctant to share information on the study. An application filed on September 5, 2006, under the Right to Information Act 2005 (RTI Act 2005), requesting information on the study was consistently stonewalled by the Ministry until a summons was issued by the Central Information Commission, the final appellate authority under the Act. Even then, the Ministry reluctantly released partial information and denied access to files, despite the fact that every citizen of India has a constitutional right to inspect public records, including government files. (Only after submission of the first draft of the NIOH report in February 2008, was partial inspection of one of the files allowed.)
- ◆ The study is being conducted under a shroud of secrecy without the knowledge, consultation, or participation of trade unions, occupational health experts or public interest groups. By contrast, the asbestos industry has been consulted right from the conceptual stage of the study and their input is set to continue through to the review process and its finalization.
- ◆ Industry has exerted undue influence on the initial findings of the study. Stipulating anonymity, a scientist from the NIOH confided that representatives of Everest Industries Limited, Kolkata, visited the NIOH after the institute reported to the review committee that a significant number of their workers exhibited impaired lung function (of restrictive type).
- ◆ Representatives of the asbestos industry (some of whom have attended PIC meetings) are part of the review committee of the study.
- ◆ As per the minutes of the review meeting dated December 19, 2006, the “NIOH will analyze and submit its report by March 31, 2008...The report will be finalized after due discussion with the asbestos industry.”
- ◆ The scientific rigor of the study is questionable, judging from a preliminary assessment of the data received under the RTI Act 2005.



- ◆ Repeated pleas to Mr. Ram Vilas Paswan (Union Minister of Chemicals and Fertilizers) to open up the study process and conduct an independent review have been ignored.

In a letter dated May 22, 2007, Mr. Paswan was apprised of the discrepancies in the study and far reaching implications for millions of workers handling asbestos fibers. The Minister, who claims to be a messiah of the downtrodden and the working class, promised to take up the matter with the concerned officials. But in the last seven months nothing has been heard from the Minister or the MCF.

Meanwhile, a band of medical doctors and epidemiologists independently reviewed the design and initial findings of the NIOH study from the data obtained by activists using the RTI Act 2005. All the experts were unanimous in their opinion that the study was a flawed waste of resources and conveyed their views directly to the Chemicals Minister.

In his letter to the Minister dated July 24, 2007, Dr. V. Ramana Dhara, Adjunct Clinical Professor of Morehouse School of Medicine & Rollins School of Public Health of Emory University, Atlanta, USA wrote:

“...the proposed NIOH studies will not achieve the objective of detecting the health effects of asbestos and are thus a waste of valuable resources. It is also my opinion that Indian workers are being needlessly exposed to asbestos and the only prudent solution is to ban its production and use.”

Echoing this opinion, Dr. V. Murlidhar, an occupational medicine specialist and former Associate Professor, Department of Surgery, LTM Medical College, Bombay University wrote to the Minister on July 25, 2007:

“It took 40 years for researchers to follow up a large number of people and a large number of peer-reviewed publications (more than a thousand) to prove smoking causes lung cancer. If one has to prove smoking does not cause lung cancer it will need at least the same number of publications and reviews. The same is the case of diseases caused due to asbestos. The proposed study and the Kolkata study are unlikely to find a place in any peer-reviewed publication.... It is a waste of national wealth. It will be better spent in treating the thousands of asbestosis victims in India.”

Dr. Rakhil Gaitonde, a community medicine expert and Training & Research Associate with Community Health Cell, Chennai, Tamil Nadu, wrote in his letter dated September 6, 2007: “If the Honorable Minister is serious about the health of workers and about accurately documenting the multi-faceted hazards of the asbestos industry (both formal and

informal) on the workers and their families, much better effort needs to go into designing appropriate studies. The Proposal and the Kolkata Study are very poor examples of research in an area that is extremely well developed and of which there are numerous brilliant examples in India.”

While submitting a detailed critique of the study, Dr. Arindam Basu, a Kolkata (West Bengal) based physician-epidemiologist and Associate Director, Fogarty International Training Program in Environmental and Occupational Health, Indian Institute of Chemical Biology, wrote in his letter dated July 31, 2007:

“...I found that both the study plan, the execution of the study at Kolkata and its reporting had serious methodological shortcomings, non-conventional data presentation, and interpretations. I request you to see that before this study can be used as a sufficient documentary evidence for policy framing, it be revised for methods and contents, and possibly re-done. It’s recommended to revise the study plans and re-analyze the original data to start with.

...It’s hard to believe that a nationally important research center of excellence such as NIOH should produce methodologically incomplete and insufficient evidence with misinterpreted data on a serious national issue of asbestos hazard.”

To date, none of the above letters has received an acknowledgment or scientific arguments in defense of the study from the Minister or the MCF.

India’s Entrenched Position

At the 3rd Conference of the Parties to the Rotterdam Convention held in Geneva in 2006, for the third time, India became complicit in an international conspiracy – to prevent the inclusion of chrysotile asbestos on the PIC list. In this, India collaborated with five other convention members; leading the pack opposing inclusion was Canada.

India’s rather embarrassing position is driven by its domestic politics and economic agenda. The chrysotile asbestos-cement industry, with an annual growth rate of 9%, estimated annual sales of Rs 10-11,000 million (US \$227-249 million), and foreign exchange earnings of Rs 1500 million (US \$34 million) in 2006, dominates the Indian asbestos market. More important still, it consumes over 90% of the chrysotile asbestos used (close to 80% in rural low-cost housing, schools, pipes and industrial structures), and thereby exercises considerable influence with respect to government policies on imports, production, and sales of chrysotile-based products. Little wonder then that the asbestos industry has lobbied hard to get the import duty on asbestos lowered from 78% in 1995-96 to 15% in 2004. Indeed, it even managed to get the industry de-licensed in 2003. This means that anyone can now import asbestos freely under the open general license.

The relaxation of import tariffs has spurred the growth of the asbestos industry. The production of asbestos-cement products went up from 0.68 million tonnes in 1993-1994 to 1.38 million tonnes in 2002-2003. Correspondingly, the number of asbestos-based product manufacturing units has been rising steadily. As of 2006 there were 32 units in the large-scale sector, most of them concentrated in the state of Maharashtra.

Economic liberalization apart, the industry also enjoys political patronage. Close ties between the ruling political party and the asbestos industry is evident from the fact that the deputy leader of the Indian National Congress in the Lower House of the Parliament is the owner of one of the largest asbestos-cement product manufacturing companies in the country. In January 2006, permission was granted to this company, in the constituency of the leader of the ruling party in the state of Uttar Pradesh, to set up an asbestos-cement roofing sheet manufacturing plant with an annual installed capacity of 10,000 tonnes of roofing sheets.

In India, asbestos deposits are found in the states of Andhra Pradesh, Rajasthan, Jharkhand, Karnataka, Tamil Nadu and Manipur. Chrysotile and tremolite are mostly mined in the Cuddapah and Udaipur districts of Andhra Pradesh and Rajasthan, respectively. According to official estimates, there are 7 asbestos mines operational in the country employing about 250-300 workers.

The asbestos industry has benefited immensely in the wake of economic liberalization. It seems that almost every law, rule and guideline regulating the import and use of asbestos is in danger of being revoked or bent to suit the industry. Even though the Ministry of Mines claims that it hasn't granted any new mining leases or renewed existing ones since 1995, it is also true that the industry has cajoled the Indian Bureau of Mines, which was commissioned to review the moratorium on new leases, into recommending lifting the de facto ban on asbestos mining.

A written statement in the Lower House of Parliament (Lok Sabha) by Union Minister of State for Mines, Dr. T. Subbarami Reddy, on November 27, 2007 indicates that the moratorium on mining might soon be lifted by the government. The Minister informed Parliament that:

"A study has been conducted by the Indian Bureau of Mines (IBM) regarding the likely effects on the health of the labourers engaged in the mining of asbestos. The Study recommended imposition of safeguards on pollution level in work environment and other remedial measures. Recommendations of the Study have been examined in consultation with all stakeholders. Some stakeholders have suggested that asbestos mining can be permitted with appropriate safeguards. At present the ban on mining of asbestos has not been lifted."

As per official estimates, the asbestos industry employs 8000 workers in the organized sector. Given that most of the workers engaged in the asbestos industry are from the unorganized sector, it is believed that around 100,000 workers are engaged in the industry and are being exposed to asbestos fibers at workplaces on a daily basis.

Although there are no comprehensive quantitative estimates, a number of government and independent studies have shown the prevalence of asbestos-related diseases amongst workers at different points of time. Despite confirmed cases of asbestosis amongst workers and a number of studies conducted over the years suggesting a wider prevalence, so far only 30 workers have been compensated for asbestos-related diseases. And this notwithstanding a slew of legislation for compensation, such as the Workmen's Compensation Act (WC Act) of 1923 and the Em-

ployees State Insurance Act (ESI Act) of 1948.

The apathy of the industry in meeting its responsibilities to its workers runs deeper. A 1995 Supreme Court order to maintain health records for every worker up to a minimum period of 40 years from the beginning of employment in the asbestos industry or 15 years after retirement is hardly being implemented by the industry. Indeed, the workers are denied access to their own medical records, let alone making them available to public interest doctors or groups working on the issue.

Cases of occupational diseases never get reported due to a nexus between the management, medical professionals and government agencies. Industry-sponsored studies carried out by government agencies like the Central Labour Institute, as cited on the asbestos industry's website, show that during 2001-2005 there was not a single case of asbestosis amongst workers in asbestos-cement manufacturing units. However, the wall of silence on the extent of asbestosis amongst asbestos workers was spectacularly breached by an independent study conducted in 2004 by a voluntary group – from the Occupational Health and Safety Centre, Mumbai – at the factory gates of Hindustan Composites Ltd., an asbestos friction product manufacturing plant in Mumbai, showing a 23% incidence of asbestosis amongst workers who participated in the study.

Conclusion

The study presently being conducted by the NIOH with sponsorship from government and industry is nothing but an elaborate sham, designed to hoodwink the international community, the Indian Parliament and the people of India, and to pave the way for the continued use of chrysotile, which will seal the fate of millions of workers in India.

The case of asbestos use in India is a clear example of a "Crime Against Humanity," where the government and the asbestos industry, with full knowledge of the harmful effects of asbestos, are allowing millions of people to be exposed to this deadly substance. The conspiracy between commercial vested interests and bureaucratic apathy is a fatal combination. Unless the state recognizes the gravity of the situation, the scourge of asbestos-related diseases will reach an epidemic proportion.

Late Breaking News In a response to an application submitted under the Right to Information Act, on June 12, 2008, a letter was received from the Tata Memorial Hospital (see Appendix F) which noted that between the years of 1985-2005, 107 cases of mesothelioma had been diagnosed and treated at the hospital. Incredibly, the letter claimed that no work histories had been taken of any of the patients concerned!

Mesothelioma Cases, 1985-2005

Age Group	Male	Female	Total
10-19	2	0	2
20-29	6	2	8
30-39	6	6	12
40-49	18	7	25
50-59	25	5	30
60-69	17	8	25
70-79	5	0	5
Total	79	28	107