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Chandra Alifen,
Vice President of PT
Siam-Indo Concrete Products

“Asbestos cement used in India is free from all health hazards.”

Interview with Mr. A.K. Saraf,
Chairman of the Asbestos
Cement Products Manufactur-
ers’ Association, India



Asbestos Experiences of Asian Countries

Currently, 70% of annual global asbestos production originates in three Asian countries.⁴ In 2003, Asian countries accounted for nearly 50% of global asbestos consumption with China (491,954 tonnes (t)), India (192,033 t), Thailand (132,983 t), Vietnam (39,382 t) and Indonesia (32,284 t) being the largest users.⁵ Within the region, only Japan has stopped the use of asbestos; in February 2007, the Labor Ministry of Korea announced that a national asbestos ban will take effect in 2009, although details for the phase-out remain unknown.⁶ For asbestos stakeholders in Asia, business is booming; healthy corporate profits liberally dispensed buy political influence at the highest government levels.

With a well-funded war chest, asbestos lobbyists have mounted a coordinated campaign to promote industry’s “controlled use” propaganda in the media, at industry-orchestrated events and during friendly visits by so-called “asbestos experts.” If the “controlled use” of asbestos has not been accomplished in industrialized countries with stringent regulations, well-supervised conditions and trained workforces, how can it be achieved in Asia? Sanjiv Pandita from the Asia Monitor Resource Center, Hong Kong reports that Asian “workers often cut asbestos bags open manually or use hammers to break open the bags. Asbestos dust gets everywhere.” He described conditions he observed at a 2004 visit to a corrugated asbestos sheet factory in Vietnam as follows:

“About 100 workers over three shifts in the factory worked on a single very old production line covered in asbestos dust. Workers did not use any proper protective equipment; some covered their face with a cloth. They used knives to open bags of asbestos (imported from Kazakhstan) and beat the asbestos with wooden

hammers to break down lumps before putting it in the grinding machine. Their clothes were covered with chrysotile dust. The factory has no proper ventilation system, only fans that blow the dust around.”⁷

In Asian ship-breaking yards, it is common practice for asbestos insulation to be removed by hand and dried in the sun to re-sell; the air breathed by the workers is full of asbestos.

The success of industry’s “global asbestos whitewash” can be judged by a selection of extracts from media outlets in Thailand, Indonesia and India:

- “The latest scientific study shows that chrysotile asbestos is safe” (Chandra Alifen, Vice President of PT Siam-Indo Concrete Products);⁸
- “What we need is to push for a responsible approach that focuses on minimizing chrysotile exposure” (Mr. Sjahrul, Chairman of the Indonesian Science Committee);
- “Yes, the risk is there, but it is small compared to smokers, who have a higher risk, 880 out of 10,000... as long as there was no scientific proof, chrysotile should still be used” (Srichant Uthayopas, Director of the Industrial Works Department’s Hazardous Substance Control Bureau, Thailand);
- “Asbestos cement used in India is free from all health hazards” (interview with Mr. A.K. Saraf, Chairman of the Asbestos Cement Products Manufacturers’ Association, India).

Mr. Pandita believes that groups at risk from hazardous asbestos exposures in Asia include:

- workers using asbestos-containing roofing, insulation and friction materials;
- workers involved in ship-breaking operations in India, Bangladesh and China;
- chrysotile miners in China⁹ and Kazakhstan;
- members of the public.

Increasing asbestos use combined with a lack of regulation and safeguards will ensure that the epidemic of asbestos-relegated diseases which has been documented in the UK, the U.S., Europe, Australia and Japan will also occur in China, India, Thailand, Vietnam, Indonesia, Pakistan and Korea.

