

Plenary Presentation

3.2 BAN ASBESTOS NETWORK JAPAN (BANJAN)

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My name is Sugio Furuya, secretary general of BANJAN (Ban Asbestos Network Japan), and secretary general of the Japan Occupational Safety and Health Resource Center, too. Thank you very much for giving me this great opportunity to speak with you. I only speak a little English, but I will do my best. Please excuse me if my English sounds awkward.

Before getting into the talk, let me introduce three members of BANJAN who are attending this conference with me.

Mr. Fuyushi Nagakura. He is a vice secretary of BANJAN and the chairperson of ASNET (Japan Citizen's Network for Wiping Out Asbestos). He is working for the biggest Japanese fish market "Tsukiji", and an active trade union member.

Dr. Yuji Natori. He is a physician and a board member of BANJAN. Also he is a member of the Association of Institutions for Community and Occupational Health Care. The areas in which he has been working are education and epidemiological studies especially for shipyard and construction workers, and medical treatment for the victims.

Mr. Shigeharu Nakachi. He is a researcher of the Environment Monitoring Institute, a NGO working for citizens and workers. He had lived in the Hanshin area when a strong earthquake hit this area five years ago, killing more than 6,000 people. Though his apartment was also damaged, he worked really hard to warn people about the danger of asbestos discharged from buildings, as a leading member of the Hanshin ASNET (Network for Improving the Measure to Counter Asbestos in the Earthquake-damaged area).

Our group, BANJAN, was established by trade unions, citizens' groups, occupational safety and health groups and individuals in 1987. The ILO Convention No.162 concerning safety in the use of asbestos, adopted in 1986, lead these organizations to unite. Member unions include the All Japan Prefectural and Municipal Workers' Union, the National Federation of Construction Workers' Unions, the All Japan Shipbuilding and Engineering Workers' Union and the All Japan Dock Workers' Union.

Since its establishment, BANJAN has been actively working to raise awareness of the hazards of asbestos and its health effects. In addition to holding many campaigns urging stricter regulations and the use of safer substitutes, we have been supporting and promoting victims and citizens' actions.

Let me give you some background information about how Japan is so-called asbestos paradise. Almost all asbestos consumed in Japan comes from foreign countries. Japan's annual imports of asbestos reached a peak at about 350,000 tons in 1974. Although the import has decreased continuously since 1989, Japan still remains one of the world's biggest

consumer and importer countries.

In 1999, Japan imported about 120,000 tons of asbestos. Among them, about 50% were from Canada, 20% from Zimbabwe, 10% from South Africa, 6% from U.S.A, 5% from Brazil, 4% from Russia. It is estimated that asbestos had more than 3,000 types of applications in Japan during the peak period. Recently, more than 95% of asbestos is used for construction materials such as asbestos cement products.

So, as you imagine, we had many things to do. Making a new law to ban asbestos was one of our main goals and in 1992, BANJAN developed the draft of Ban Asbestos Law, which intended to introduce a total ban on all asbestos in the country. This proposal was submitted to the National assembly. Through intensive campaigns we collected more than 630,000 signatures from people nationwide (in favor of enacting the law.)

Unfortunately, the bill faced strong opposition of the Liberal Democratic Party, and was rejected with little discussion. I have to admit that the rejection was a severe setback for Japan's anti-asbestos movement. But BANJAN continued to press the government and succeeded in strengthening many existing regulations, including the government decision to prohibit manufacture, import, supply and use of crocidolite, amosite and products containing them in 1995. Chrysotile, or white asbestos, still remains unregulated. As long as not used for spraying, chrysotile is still legal for use in Japan.

In addition to ongoing asbestos accumulation, we also have to tackle the public apathy. During 1987-88, the removal of sprayed asbestos from school facilities became a big issue of public concern, causing a so-called "school panic". This helped Japanese people recognize asbestos as an industrial killer. But unfortunately, not only government officials but also politicians, journalists, trade unions and citizens are now thinking that asbestos is a past problem.

But legacies never go away. At the time of the "school panic", many local governments investigated the situations and conditions of asbestos in public facilities and took measures to remove or control it. But now a lot of problems are occurring because those measures were inadequate.

Regarding private buildings, the situation is much worse. I will introduce one terrible example. Last year, in Bunkyo, one of 23 wards in Tokyo, about 100 children were exposed to a large amount of asbestos dust at a kindergarten. This horror was caused by the local government, which carried out repair work of the kindergarten building with almost no control measures.

The parents of the children were horrified, and united to demand that the local government investigate the facts and take immediate as well as long-term measures. After exhausting discussions and fights, the local government finally set up an expert committee to assess the risk and recommend measures to be adopted. Throughout this process, BANJAN and citizens' groups such as ASNET have supported the parents. Let me add that, by the recommendation of the parents, this expert committee includes three BANJAN members— Dr. NATORI, Mr. NAGAKURA and me. The committee is now in session and we have been actively involved in discussions in favor of citizens and residents.

After listening to my talk so far, some of you might think that so many people would be dying from asbestos in Japan. Interestingly, statistics shows that the mortality from asbestos is not

that large compared to other industrialized countries. Why is this possible? Now, let me talk about it.

Japan's mesothelioma mortality has been available since 1995 from official sources. According to these, the mortality was 500 or 600 every year. This means 5 or 6 per million per year. The great majority of mesothelioma cases are caused by asbestos, and it is said that each mesothelioma case is associated with between 1 or 2 (or more) asbestos-related lung cancer cases. So we assume that several thousands of asbestos-related deaths are occurring annually in Japan.

Despite the large amount of asbestos consumption, these figures are still much lower than current data for other Western countries. According to experts, this (low level of asbestos-related death in Japan) is a result of lagging growth of asbestos consumption, since Japan started to use a large amount of asbestos later than most Western countries. So experts are warning that Japan would catch up with Western countries in asbestos deaths, and if nothing is done to prevent further exposure, Japan would outstrip Western countries in the near future.

The number of annual compensation cases for asbestos-related disease remains low. The number of asbestos-related lung cancer and mesothelioma victims compensated by the Workers' Accident Compensation Insurance Scheme was less than 10 before 1984, between 10-20 during 1985 to 1991, between 20-30 during 1992 to 1997, and 42 in 1998.

The data on asbestosis is not available and the data on pneumoconiosis includes asbestosis victims. Every year more than one thousand pneumoconiosis victims newly receive compensation. But these figures are far lower than the estimated total mortality. The greater part of eligible victims is left uninformed by authorities, employers and medical doctors.

BANJAN, Japan Occupational Safety and Health Resource Center and local occupational safety and health centers set up the "Asbestos-Occupational Cancer Hotline," a one-day telephone consultation service in 1991 and 1992. We received 325 calls in the first year and 193 in the second year. Local occupational safety and health centers have continued consultation services for asbestos victims and survivors to collect compensation and force employers to take responsibility. Through our efforts, the number of compensation cases has been increasing step by step. We have helped several hundreds of victims and survivors to collect compensation already.

Member trade unions of BANJAN have been providing consultations, support and training and education on asbestos issues for their members. I would like to emphasize that some member unions of the National Federation of Construction Workers' Unions have recently established a scheme to screen asbestos-related diseases from regular medical checkup data. They gather thousands of X-rays from regular medical exams of their members, and have medical experts check for asbestos-related diseases. This is a great way for early diagnosis and discovering hidden asbestos victims.

Now, let me talk a little bit about our efforts in Yokosuka city. The city is known in Japan for its shipyards the U.S. naval base; a large number of asbestos victims has been found in this city.

In 1982, a Japanese newspaper revealed that one-third of the deaths of patients who died from lung cancer at a hospital in Yokosuka city in past five years were due to asbestos (39 persons, mainly naval and shipyard workers).

Shocked by this news, several institutions, including the Kanagawa Occupational Safety and Health Center, the Uruga Branch of the All Japan Shipbuilding and Engineering Workers' Union, began to offer medical examinations for pneumoconiosis and asbestosis for all former naval and shipyards workers in 1984 (11 times until 1989). The Kanagawa Occupational Safety and Health Center is one of the pillar member organizations of the Japan Occupational Safety and Health Resource Center.

The Kanagawa Occupational Safety and Health Center has supported victims with asbestosis, helping them to apply for compensation to the Workers' Accident Compensation Insurance Scheme. In 1985, the Yokosuka Branch of the National Association of Pneumoconiosis Victims was established by asbestosis and pneumoconiosis victims. This national victims' organization consists of about three thousand pneumoconiosis victims. As of now, there is no organization composed of only asbestos victims at the national level in Japan.

In 1989, the Kanagawa Occupational Safety and Health Center and one of its associates, the Kanagawa Laborer's Medical Cooperative opened the Yokosuka Chuo Clinic. This institution has taken over the medical examination of victims and has provided medical care to victims. Since then many asbestos-related victims – not only asbestosis, but also lung cancer and mesothelioma – have been found in Yokosuka city. It takes a considerable part of the total incidence of asbestos-related disease certified in the Workers' Accident Compensation Insurance Scheme.

In 1986, extensive repair work of the aircraft-carrier Midway was carried out at the U.S. Navy Yokosuka base. Through this, a large amount of asbestos waste was produced. The Kanagawa Occupational Safety and Health Center disclosed the fact of illegal disposal of the asbestos waste. This incident, as well as the "school panic" during 1987-88, promoted the recognition by Japanese people of asbestos.

In 1988, eight former shipyard workers with asbestosis filed a law suit against Sumitomo Heavy Industries Ltd. Dr. NATORI was the director of the Yokosuka Chuo Clinic and their doctor. He also testified at the court for them. In 1995, a family of a shipyard worker who died from asbestos-related lung cancer (the Labour Standards Inspection Office certified as a occupational disease) sued the same company. All victims had worked in the company's shipyards in Yokosuka-city.

Both cases settled in 1997. At the same time, the Uruga Branch of the All Japan Shipbuilding and Engineering Workers Union reached an agreement with the company for compensation applying to all retired workers. According to this agreement, the company should pay, according to victim's age, 10-16 million yen to a family of a retired worker who died from asbestos-related diseases.

The Kanagawa Occupational Safety and Health Center, trade unions in the Yokosuka area, asbestos-related victims, medical doctors, lawyers and others which had supported the litigation cases, decided to continue activities, so they established the Fund for Relief of Pneumoconiosis and Asbestos Victims. This organization has been setting up the "Pneumoconiosis and Asbestos-Related Disease Hotline," three-days telephone consultation service every July.

In 1998, twelve former workers of the U.S. Yokosuka Naval Base Shipyard Repair Facility and four bereaved families sued the Japanese government on the basis of a specified law concerning the U.S.-Japan Security Treaty. The total damage claim was 325 million yen. The

plaintiffs argue that their diseases and the deaths of their relatives were due to asbestos exposure in the workplace. This case is now in litigation.

All the litigation cases mentioned above are personal injury litigation cases, in Japan so-called civil damage compensation claim cases.

We think that it is very important that victims, workers and citizens are empowered to take actions and exchange their experiences with each other. Yokosuka and Bunkyo are model cases of this.

And we are now again calling for an immediate ban on asbestos to Japanese government. Last year, BANJAN requested the Japan Society for Occupational Health, which represents over 5,000 industrial doctors and professionals of occupational health, to take the initiative in introducing a ban on asbestos in Japan.

This April, the society issued a provisional recommendation that “the Permissible Concentration Level” at workplaces be 0.15 fibers/ml for chrysotile. It has been calculated that this level represents a 1/1,000 excess lifetime risk of contracting lung cancer and/or mesothelioma. The formal recommendation is expected to be announced next year. At present, the Governmental Control Concentration Level at workplaces is 2 fibers/cm³ for chrysotile asbestos.

In response to the BANJAN's demand, the Ministry of Labour promised that they would begin work on revising the figure soon. We are urging that the work be expanded to include a total ban on asbestos.

Finally, in Asia, asbestos damage may become obvious in the near future. International asbestos industries are aiming to extend Asian markets. This November, an “International Conference on Chrysotile Asbestos” sponsored by the asbestos industry will be held in New Delhi, India, sub-titled “Strengthening Responsible Use.”

We think it is very important that the ban asbestos campaign should be expanded across Asia to ensure a worldwide ban on asbestos. And we are going to make efforts for it.

In this October the third meeting of ASEM (Asia-Europe [Top-Level] Meeting) will be held in Seoul, Korea. As part of this event, the People's Forum is working with Korean and international NGOs to prepare a workshop entitled: “Globalism and Workers Health.” We will attend this workshop to report on this Global Asbestos Conference and international moves towards banning asbestos.

We will fight to achieve a total ban of asbestos in Japan, in Asia and all over the world !
Thank you.