Occupational cancer in Asia

Worldwide epidemic of occupational cancer is killing one person every minute, but this tragedy is being ignored by both official regulators and employers. In many Asian countries even Trade Unions have been ignoring these deaths. Workers, in many cases either do not know the hazards of the materials they are exposed to and those who now are afraid of losing jobs. Large numbers of workers are outside coverage of social security schemes, labor laws are seldom implemented and now in the name of liberalization the Courts, too are taking U turn. In such situation no worker can think of taking risk.

ILO estimated deaths due to occupational cancers worldwide to be 57,296. Estimated contribution of China and India combined for fatal accidents is 31%. Considering 31% contribution of countries in Asia, figure for Asian countries will be 17,761.12

Global Union coalition has launched campaign on Occupational cancers with an aim to bring down the incidence rate to zero. ANROAV welcomes this move. This gives us an opportunity to look at the situation in Asian countries. It would be mere slogan for the Asian workers at the moment but it does inspire us to act. Real numbers of the sufferers of occupational cancers is not yet known in many Asian countries.

ANROAV members are struggling with these diseases. JOSHRC is in forefront in struggle against Asbestos. TAVOI is struggling against RCA. Friends in China are campaigning against Cadmium poisoning. Silica is carcinogen. ANROAV members in Indian and China have launched campaign against silica related diseases.

ILO has passed convention on occupational Cancer numbered 139, way back in 1974, more than 30 years ago. Barring Afghanistan and Japan no Asian country has ratified this convention including China and India. Though the national laws has been ammended in many countries to take care of the provisions of this convention. In India Factory Act has some elements of this convention but the workers employed in the units which are not covered by the Act are not protected.

Occupational cancers- lung cancer, mesothelioma, leukemia, skin, bladder, nose and liver cancers – are among ten leading occupational diseases in China1 The prevalence of smoking and the intensity of passive smoke exposure in Chinese workplaces make this exposure one of the most deadly occupational hazards seen.2

A retrospective cohort study of lung cancer among silicotics in China’s metallurgical industries was carried out. Significant excess lung cancer risk was observed among silicotics in all categories except for casting. There was more than twofold excess lung cancer risk among both and non-smoking silicotics An expanded cohort study of 74,828 benzene exposed and 35,805 unexposed workers were followed during 1972 to 1987, based on previous study in 12 cities in China. Statistically significant excess was noted for leukemia and lung cancer.

Cancer incidence among 27,011 diagnostic x-ray workers was compared to that of 25,782 other medical specialists employed between 1950 and 1980 in China. X-ray workers had a 50% higher risk of developing cancer than the other specialists. Leukemia was strongly linked to radiation work. Cancers of the breast, thyroid, and skin were increased among x-ray workers employed for 10 or more years. Significant excesses of leukemia and cancers of the breast and thyroid occurred among x-ray workers first employed prior to 1960 when radiation exposures in China were high.

In 1997 there were 629,672 reported cases of work related diseases in Vietnam out of which lung cancers were 0.05%. 10In one another study, incidence of cancer was 0.23% in small & medium scale units in Vietnam.11
OCCUPATIONAL CANCER KILLS HUNDREDS OF THOUSANDS OF WORKERS

Global union coalition, launched stage one of a “zero cancer” campaign to tackle what it says is the No.1 workplace killer worldwide. Anita Normark, General Secretary of the Building Workers International highlights the problem: “Bad, and often illegal, working conditions cause ill health that mean disaster for hundreds of thousands of families every year. The social invisibility of the impact of working conditions on our health creates a vicious circle where diseases are not recognized as occupational, so they are not recorded and notified, therefore they are not properly treated or compensated and, worst of all, they are not prevented. Health and safety is top priority for unions in the building and timber trades, where our people are exposed to a wide range of nasty, cancer causing substances.” The global unions have produced a new cancer prevention guide, which reveals that over 600,000 deaths a year – one death every 52 seconds – are caused by occupational cancer, making up almost one-third of all work-related deaths. The guide launches the first ever international zero occupational cancer campaign, involving 11 global trade union organizations together representing over 300 million members in more than 150 countries.

Normark continues: “Our global campaign to ban deadly asbestos is gaining momentum but much more needs to be done to prevent exposure to asbestos which is already present in millions of buildings all over the world. This year we want to expand our asbestos campaign to cover other cancer causing substances in our sectors, for example silica from cement; wood dust; organic solvents in glues, paints, lacquers and wood finishes; deadly pesticides used in forestry and in timber treatments; asphalt used in roofing and paving, and the dangers of skin cancer from outdoor work. We need to alert workers to the hazards and the prevention measures that should be in place. This year for Workers International Memorial Day, around 28th April, hundreds of unions in the building and timber trades will be carrying out training and campaigning activities on the prevention of workplace accidents and ill health.”

Occupational Cancer/Zero Cancer: a union guide to prevention, provides information about workplace cancer risks and advice on practical steps workers and unions can take to make workplaces safer and is being distributed with action guidelines to unions worldwide.
ILO C. 139

ILO Convention 139 gives governments minimum standards to deal with cancer causing substances at work. It also has a Recommendation (R 147), which gives more detailed advice. The convention has been ratified by 35 countries.

Ask your government for a meeting to discuss a cancer prevention campaign.

Article 1
1. Each Member which ratifies this Convention shall periodically determine the carcinogenic substances and agents to which occupational exposure shall be prohibited or made subject to authorisation or control, and those to which other provisions of this Convention shall apply.

2. Exemptions from prohibition may only be granted by issue of a certificate specifying in each case the conditions to be met.

Article 2
1. Each Member which ratifies this Convention shall make every effort to have carcinogenic substances and agents to which workers may be exposed in the course of their work replaced by non-carcinogenic substances or agents or by less harmful substances or agents; in the choice of substitute substances or agents account shall be taken of their carcinogenic, toxic and other properties.

2. The number of workers exposed to carcinogenic substances or agents and the duration and degree of such exposure shall be reduced to the minimum compatible with safety.

Article 3
Each Member which ratifies this Convention shall prescribe the measures to be taken to protect workers against the risks of exposure to carcinogenic substances or agents and shall ensure the establishment of an appropriate system of records.

Article 4
Each Member which ratifies this Convention shall take steps so that workers who have been, are or are likely to be exposed to carcinogenic substances or agents are provided with all the available information on the dangers involved and on the measures to be taken.

ANROAV Collaboration with American Ind.Hygiene Association( North Carolina Section)
The Developing World Outreach Initiative of the Northern California Section of the American Industrial Hygiene Association is launching a partnership with the Asian Network for the Rights of Occupational Accident Victims (ANROAV). Objective of this initiative is to protect the lives and health of working people throughout Asia in the years to come.

Among the joint efforts the Northern California Section can undertake with ANROAV and its members are:

* Provision of written materials in English on OHS topics, including books, videos, CD-ROMs, and power point presentations made by AIHA-NCS members;

* Interaction with ANROAV member groups by local section members who frequently travel to Asia and who could conduct “mini-workshops” of 1-2 days over a weekend, or one-on-one technical assistance and advice;

* Possible summer visits by occupational health students from Bay Area universities (with funding from COEH) to conduct an OHS project with the member organization, such as risk assessment, industrial hygiene monitoring, training, preparation of verbal presentations or written hazard information sheets;

* Participation in the September 2007 annual ANROAV meeting; and

* Financial support for small projects with specific ANROAV members.

This would be a great opportunity for the ANROAV members to learn as well as exchange ideas with the professionals in Industrial Hygiene.
Book Review

Good deal of literature has been produced by American academicians and activists on Occupational Health & Safety. The history and experiences narrated are of not only historical value but it is a learning and inspirational, material for the activists of the rest of the world. Story of development is not different than other world. We, in the other world, sometime feel amused while going through the pages of this record. How similar the story! Human behavior is not much different through out the world. religion, culture, customs, language though different a thin common string can be found as far as protecting self interests are concerned – particularly among the capitalist class, with help of people in power and powerful people.

Some excerpts from the introduction would help understand what the book is about.

Dying for work – Ed.- David Rosner and Gerald Markowitz

This book seeks to bring the discussion of workers’ health and safety into the mainstream of American labor and health history. We believe that the health status of workers and their families is central to the issues of workers’ control and public health in industrializing America. We begin with the premise that the exploitation of labor is measured not only in long hours of work and lost dollars but also in shortened lives, high disease rates and painful injuries.

....Along with labor and health historians, we have asked an economist, two physicians with expertise in occupational medicine, a sociologist and a chair of an academic industrial hygiene program to address historical issues in safety and health in an effort to help define the parameters....The first section addresses the alternative models that the workers, activists, industry and Government have developed for addressing issue of prevention of and compensation for the ravages of industrial accidents and diseases. The second section looks at the development of state and federal regulation of safety and health in the plant. he third section focuses on one of the most ubiquitous industrial poisons, lead and addresses the political and scientific issues surrounding its control. The final section of this volume examines the social and economic conditions surrounding three devastating industrial diseases of the twentieth century: asbestos-related disease, byssinosis and radium poisoning..... What becomes clear from the work of the various authors is that occupational safety and health history illuminates the tensions among and within scientific, economic and political spheres in American Society.....Labor organizers knew that underpaid, overworked and poorly fed workers were more likely to be inured or incapacitated on the job: a miner who worked 12 to 14 hours a day could not stay alert enough to avoid injury from unguarded machinery in unlighted , noisy and humid shafts; miners found their lives constantly threatened by speed-ups, explosions, dust and suffocation. n contrast, employers, fearing the loss of control over production and the added costs of improving working conditions have traditionally resisted reforms.. Paternalistic benefit programs were introduced by mis-
management as means of increasing managements’ control over the work force. The role of health professionals, most notably of doctors and industrial hygienists has been shaped by this conflict between labor and capital. More often than not, professionals have found themselves compromised by the political implications of their work. Even there (in Government job as doctor) the professional cultures and political context of industrial hygiene and occupational medicine have often made them less sensitive to the problems of the common laborer. In the decades after the civil war, Americans witnessed the virtual explosion of urban and manufacturing centers. With the growth of the railroads, development of national market, increased exploitation of natural resources and massive immigration of labor from Europe, conditions of work changed dramatically. America moved from being a fourth rate industrial power to being the leading industrial producer in the world. Speed-ups, monotonous tasks and exposure to chemical toxins, metallic and organic dusts and unprotected machinery made the American workplace among the most dangerous in the world. The enormous wealth produced by the new industrial plants was achieved at an inordinate social cost. As early as 1904 The Outlook, a mass circulation magazine commented on horrendous social effects of industrialization. “It is becoming as perilous to live in the U.S. as to participate in actual warfare.” At the 25th Annual Convention of AFL in 1906, a dramatic chart showing the death rate from consumption in 53 occupations, it was pointed out that marble and stone cutters, cigar makers, plasterers, printers and servants all had the death rates well above 4 per thousand while bankers, brokers and officials had the lowest death rates – below one per thousand...AFL claimed that health status would be a direct measure of the success of the trade Union movement...Cleaning up the workplace and keeping the workforce healthy were seen as benefits to both the worker and the public. In the growing garment industry of New York, many dresses were sewn on a piece work basis in tenement slums, raising the specter that the same diseases infecting those in the tenements would be transmitted to the middle class. It was this terror that led the National Consumers League to become active in tenement reform and anti TB campaign...In the cold war years of 1950s, a newer perspective on the relationship between industry and society developed in conjunction with a growing popular concern over environmental pollution and occupational safety. The most dramatic results of these movements were three pieces of legislation passed in 1969 and 1970 – Mine Safety And Health Act and Occupational Safety And Health Act respectively.

Continue from : P. 07

with 1,525 hours in Germany and 1,538 hours in France. Closer to Japan, but still lower, was the United States at 1,929 and Britain at 1,888.

To deal with the high overtime rate, the government prepared a revision to the Labor Standards Law to increase pay for such work. However, it also wrote another bill to exclude senior white-collar employees from overtime pay, the so-called white-collar exclusion. Management ranks are already excluded from overtime pay.

Strong public opposition to the exclusion forced the ruling bloc — the Liberal Democratic Party and New Komeito — to shelve the bill. But labor experts and unions fear it is only being held back so it won’t affect the bloc’s chances in the July House of Councilors election, and that after the poll they will submit it to the Diet.

The mother of the young man who died of a heart attack said the contentious bill would do more damage than just ending overtime pay. (The Japan Times)
Khambhat Exchange Visit

Omana George, AMRC

In October 2006, a National Consultation on Silicosis was held in Baroda, a city in the state of Gujarat in India. Two Chinese victims of silicosis attended this conference, and also made a visit to the village of Shakarpur in Khambhat, which is 80 km away from Baroda, for an exchange of experiences and insights with fellow victims of the disease in India. This exchange between fellow victims of work-related silicosis, which was arranged by AMRC and Labour Action China (LAC), is the subject of this article.

Background:

LAC had been working to organize and support silicosis victims in China since 2004: AMRC likewise had been involved in a project to strengthen the capacity of gem and jewellery workers to organize around occupational safety and health (OSH) rights. Two victims of the disease, Mr. Su Mingguo and Mr. Li Weizhong, had shown interest in learning more about silicosis, in understanding what was happening to them. They were slowly shedding their roles as passive victims and were becoming proactive in organizing others.

In India their host was to be the Peoples Training and Research Centre (PTRC). PTRC is strong in community-building and grass root organizing in India. Meeting with PTRC would give the victims from China, Mr. Su and Mr. Li, a first hand opportunity to observe, interact and experience the lives of their comrades in India; and they could then take these experiences back with them to China and use the knowledge to organize victims of silicosis in Guangdong. Likewise, the silicosis-ridden residents of Shakarpur could meet two victims from China who shared similar circumstances, so that both sides could have an opportunity to listen and learn from each other.

In India

We (Mr. Li Weizhong, Mr. Su Mingguo and Omana) arrived in Baroda in the state of Gujarat in late October 2006 and took part in a two-day network meeting at the National Consultation on Silicosis titled ‘Struggle for Silicosis—Way Ahead’. At this meeting, we listened to medical doctors, OSH experts, NGO workers, health care workers, trade unionists, and community-based and grass root organizers, all of whom were brainstorming, sharing experiences, and trying to work out a simple method of diagnosis that would not befuddle victims but educate them in a manner that is simple and easy to understand. The objectives of the meeting had been to bring justice to victims by widening their knowledge of the pool of actors involved in the movement, sharing their victories and failures, learning more about common activities and forming alliances and partnerships with those in the group so that they could form a concrete plan for the future. It was obvious while listening to the presentations that the efforts to organize victims were at very different stages in the two countries, India and China. India was at the stage of grassroot education and awareness-building about silicosis—its identification, symptoms and basic information, and of legal struggle regarding diagnosis and compensation. There was also a dire need for data collection on the actual numbers of people who had fallen victim to silicosis in different parts of the country and in different industries, to gain a more holistic picture of the situation across the whole country. In India such information is unknown or the available figures do not reflect the actual picture, whereas in China, official figures are released by the government on the number of silicosis victims and their death toll over the past few years. Still, underestimation of occupational diseases is very common in both countries and official data is far from reflecting the severity of the situation.

Exchange at Khambhat

After the meeting we had a day trip from Baroda to Khambhat where we visited the tiny hamlet of Shakarpur. Shakarpur was a calm, sleepy little community. It was a community of home-based gemstone workers for whom gem-polishing was the sole means of livelihood and family support. As we went into the community we could see fine white dust covering all the surfaces, whether it was the walls, floors, roofs, or the streets, which were the playground of the children of Shakarpur. This dusty appearance became all too familiar as we visited Shakarpur. The dust from the gem polishing was gnawing its way into the lungs and lives of the people.
of Kambhat, causing a slow, painful and dusty death.

We visited the PTRC outreach centre where they were carrying out active work with the community on education, on using safer methods of polishing, and on diagnosis of illnesses, while also running a day care centre for victims’ children, and doing other related work. Jagdish Patel, who is the Director and was our kind host in India, took us around, along with his colleagues and members of the victims association including Ramesh, who had participated in the Hong Kong protests last March. Jagdish explained the workings of the centre, their activities and the program with the community. They had been actively working with the victims to help them get treatment and to seek compensation from the Government of Gujarat. PTRC has been carrying out its work with very little resources and the staff members, who are very dedicated, have been working with the community since 2002.

We heard about many families where members were falling victim to silicosis literally one after another—where one member falls victim to the disease and dies while the next one continues the trade to sustain the remaining members of the family. There were some simple solutions to cut dust exposure, like using dust guards and grinding the stones using water rather than dry grinding, or moving their workplaces to an area outside the hamlet so that the whole community does not have direct impact of the dust; but a lot of the home-based factories did not seem to be practicing them.

\[\text{KAROSHI: HEROIC STRUGGLE OF THE VICTIMS FAMILY FOR COMPENSATION}\]

Labor ministry data show karoshi deaths have remained high over the past three years, with applications for workers’ compensation due to karoshi numbering a record 336 in fiscal 2005, up from 319 in fiscal 2003, the first year the government began to collect the figures. However, only 157 cases were recognized by the government in fiscal 2005, compared with 158 in fiscal 2003.

More than 15 years have passed since a 26-year-old male employee at a major non life insurer died of a heart attack caused by overwork in Tokyo, after spending two weeks in a coma, but his mother remembers the time as if it were yesterday.

The man managed his company’s customer database and was often called into work in the middle of the night and on holidays to fix problems in the system.

The unnamed company and the government denied any link between his death and his job, but his parents sued the local labor office for workers’ compensation, arguing their son died from “karoshi” — death from overwork. They finally won their nearly 12-year legal battle in October 2003.

“We decided to take action because we didn’t want people to think that my son willingly worked (long hours) and that his death was (from natural causes), which would have been too miserable” to accept, she said. This family’s story is not unique. As the Diet discusses new labor legislation to try to deal with what is considered excessive overtime, management and unions continue to battle over how to regulate the time spent in the office.

According to the Health, Labor and Welfare Ministry, the average full-time employee worked 2,041.2 hours in 2006, compared with 2,028 hours the previous year. Another government survey shows that one out of every four male employees in their 30s worked more than 60 hours a week in 2005. No job category breakdown was provided.

In 2003, a worker in the manufacturing sector in Japan worked on average 1,975 hours, compared

\[\text{Continued on : P. 05}\]
The Asian Network for the Rights of Occupational Accident Victims includes:

Asian Monitor Resource Center (Asia-Pacific) Association for the Rights of Industrial Accident Victims (Hong Kong)
Bangladesh Occupational Safety, Health & Environment Foundation, Bangladesh
Chongqing Zhong Xian Self Help Rehabilitation Centre, China
Coalition for Cambodia Apparel Democratic Workers Union (CCADWU), Cambodia
Council of Works & Environment Related Patients’ Network of Thailand (WEPT)
Friends of Women Foundation (Thailand) General Federation of Nepalese Trade Unions (GEFONNT-Nepal)
Hong Kong Christian Industrial Committee (HKCIC) (Hong Kong)
Japan Occupational Safety and Health Resource Center (Japan)
Kanagawa Occupational Safety and Health Center (Japan)
LIPS-Sedane Labour Information Center (Indonesia)
Labour Action China (LAC), (Hong Kong)
Labour Health Centre, South Korea
Macao Workers & Peoples Spirit Association (MWPSA), Macao
National Institute of Labour Protection, Vietnam
Occupational Health and Safety Center (India)
Peoples Training and Research Center (PTRC) India
Panyu Migrant Workers Centre, China
The Institute for Occupational Health & Safety Development (IOHSD), Philippines
Taiwan Association for Victims of Occupational Injuries (TAVOI-Taiwan)
Tokyo Occupational Safety and Health Center (Japan)
Won-jin Foundation for occupational diseased (Korea)

The Network is an alliance formally established in 1997 to forge solidarity links among OSH concerned, pro-labour, non-governmental organizations in Asia. Its aim is to fight for workers’ rights for occupational health and safety. OSH Rights, the network newsletter, is published four times a year. It is edited by the secretariat of the network. Membership of the Network is open to any NGOs concerned with OSH issues in Asia with a view to asserting workers’ rights. OSH related information, ideas, comments and donations are welcome. Please send your support to the secretariat of the network.

Central Secretariat:
Asian Network for the Rights of Occupational Accident Victims (ANROAV)
C/o. Peoples Training And Research Centre (PTRC)
43, Srinathdham Duplex, Dinesh Mill - Urmı Road, BARODA - 390007 Phone:+91-265-2345576, 2631815 Email: pateljb@sancharnet.in; jagdish.jb@gmail.com Website: http://www.anroav.org

 Convention No. **C139** was ratified by **35** countries.

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TAVOI unveils “Partner”

On 28 the April, Taiwan Association for Victims of occupational Injuries shall unveil the monument it has built in memory of the workers died in occupational accidents. This unique venture was started 5 years ago by the dedicated activists of Association. We congratulate TAVOI on this occasion. More reports to follow in next issue.