First Day of Conference
October 18, 2010

Opening Remarks

The Asian Network for the Rights of Occupational Accident Victims (ANROAV) is a coalition of victims’ groups, trade unions and other labour groups across Asia, all committed to the rights of victims and for overall improvement of health and safety at the workplace. It was established in 1997, and now has members from more than 14 Asian countries as well as affiliate members from other continents. Annual conferences are an opportunity for these members to learn about the wider struggles of which they are part. Participants share experiences, resources and expertise and give updates on joint campaigns. This year the conference was held in the historic city of Bandung, Indonesia and the A-BAN conference was hosted along with the ANROAV Annual conference since members who are a part of both networks were present in Bandung.

Welcome Remarks

The conference was formally opened on October 18, 2010 by a representative of the Indonesian Ministry of Manpower. It continued with welcomes from network members from Thailand and China, Somboon Srikhamdokae and Chen Yuying (Xiaoying). These women were victims of the industrial fires namely the Zhili and Kader fire which catalyzed the formation of ANROAV. They are now active members of the network. Welcome remarks were also given by Muchamad Darisman, Earl Brown, Noel Colina and Sanjiv Pandita.

In these remarks, speakers highlighted the importance of ANROAV being a victims’ network, and one which will fight for the right to work without sacrificing life, limbs and lungs. Two people die every minute in Asia from occupational accidents and disease. Despite this, enforcement mechanisms are being dismantled, and those responsible for corporate crimes continue to go unpunished. Just as the 1956 Bandung Conference was about the dignity of Asian and African people, the speakers expressed hope that this conference would similarly be a step towards ending exploitation and advancing dignity, this time for Asian workers.
Keynote Speeches

Muchamad Darisman - Local Initiative for OSH Network, Indonesia

Darisman linked this conference with the Bandung Conference, held in 1956. Fifty five years ago in Bandung was a historic moment for the Indonesian nation, as countries gathered from Asia and Africa to fight colonialism and imperialism. To this day, it remains the spirit of Bandung to fight injustice happening in Indonesia. Darisman expressed his hope that this conference would be not only a ceremony, but a moment to improve the rights of workers, their working conditions and the processes that affect them.

“Fifty five years ago in Bandung was a historic moment for the Indonesian nation, as countries gathered from Asia and Africa to fight colonialism and imperialism. To this day, it remains the spirit of Bandung to fight injustice happening in Indonesia.” [Muchamad Darisman]

Earl Brown, ANROAV Governing Board, USA

Earl Brown said that he was excited that ANROAV has come such a long way and now has participants from all over the world. He said that despite distances, we are working on bigger differences, those related to access to the right to health and safety. This cooperation is vital to maintain a democratic voice, and to speak to those who have the obligation to provide health and safety. It is also vital for ensuring that workers in the most industrial parts of our world have the right to work without sacrificing their life, limbs and lungs.

Sanjiv Pandita - Asia Monitor Resource Centre, Hong Kong

Sanjiv Pandita shared his thoughts saying that when we were growing up, the Bandung Conference had a special place for us because it was about the dignity and independence of people in Asia and Africa. But over time we have forgotten the dignity of our people. Nowadays the
exploitation is not that by foreign powers, it is by our own people. Almost two people die every minute in Asia from occupational accidents and disease. What’s more, because we don’t receive any data, we don’t know if this is the real figure. It could be even higher.

“We are facing a crisis now because enforcement mechanisms are being dismantled and replaced by self-enforcement mechanisms. We are also still unable to prosecute those responsible for corporate crimes. These people deliberately or knowingly lead to the harm of workers, we need to find ways to hold them responsible.”

Following the welcome speeches, the 2010 Annual ANROAV conference at Bandung, Indonesia was officially declared open.

Overview of the OSH situation in Indonesia

The representative of the Office of Manpower and Transmigration, Provincial Government of West Java, gave an overview and the current state of OSH implementation in West Java.

The frequency of OSH incidents is increasing. At the end of 2009, 18,000 had been reported. Many more go unreported. According to the reported data, 99.74% of incidents are work accidents, only 0.26% are occupational disease, 0.63% of incidents result in death.

Most workers are in informal sectors, and work outside of formal work relationships. Out of 18 million people, only 5 million are recorded in formal networks, the rest are informal. For the informal group, there is nothing in place to ensure their safety. Whether or not employers implement OSH systems is entirely voluntary.

The Office of Manpower and Transmigration is working to increase awareness among people outside the working networks, to build consciousness about the importance of protecting themselves. They have a target of improving factory inspections. One goal is to implement supervision for 300,000 factories that have implemented OSH systems. The office has OSH experts that operate in working units, they then go out and certify the operating systems in other units. However, this is a challenge due to lack of personnel. There are currently 128 labour inspectors, and 107 supervisors (though only 88 of these supervisors can operate in the field). It is estimated that a total of 407 are needed. This lack of manpower is a significant problem for verification and evaluation of industries. There is also a shortage of doctors. For 26 cities/districts in West Java, there are only three doctors with the appropriate training. Their efforts are therefore spread over many regions.

Update from the ANROAV Secretariat

ANROAV 2010 Report, Noel Colina, ANROAV Coordinator, Philippines

Noel Colina gave an overview of ANROAV’s history and recent activities. The network was set up because of the 1993 Kader Fire in Thailand, and the Zhili Fire in China, which altogether caused 275 deaths. It now has presence in 14 countries in Asia, and affiliate members in Canada, Australia and the United States.

ANROAV is a platform for sharing experiences and expertise, running joint campaigns and forming solidarity groups. There is already great exchange of information between victims and activists from India and China, as well as exchange on victims organising between these two countries. Other recent activities of the network include the Hong Kong protest and support for Bhopal victims. The focus of this conference will be lung disease, asbestos, electronics and mining.

Campaign Updates

Asbestos Campaign

Sugio Furuya, the coordinator of both BANJAN (Ban Asbestos Network Japan) and A-BAN (Asia Ban Asbestos Network) updated the participants on the development of the campaign to ban asbestos.

A-BAN was established in May, 2009 in Hong Kong. The foundation of Ina-BAN (the Indonesian Ban Asbestos Network) this week is an important development. There are already Ban Asbestos networks in seven countries/regions. Many countries have already achieved a ban. It is time for action now, to make an asbestos free world no longer a dream.

Despite its recent founding, the A-BAN network has already been active. April 28th this year, International Workers Day, was marked by many actions. This included the “Paint the Town Red Graffiti Project” in the Philippines, in collaboration with a local artist. In August, BWI held its South East Asia Regional Conference.

Silicosis Campaign

India

Jagdish Patel (Peoples Training and Research Centre (PTRC), India) spoke from his experience working on the silicosis issue in India. Silicosis is prevalent not only in the gems and jewelry sectors, but also in many other sectors. The death toll reduced considerably in the last year. 13 deaths were reported from September 2009 to September 2010, compared with 25 in the same period the previous year.

There have been many other positive developments. In 2009, PTRC received great support from the International Colour Gemstone Association in the US. As a result of their report, pressure was put on Gems and Jewelry Export Pro-
motion (GJEP) Council. They asked PTRC to organise a trip to visit workers at their workplaces, as well as silicosis victims in hospital. As a result of this trip, the GJEP Council promised to set up a common shed where workers could work safely. However, this has yet to happen.

A clinic for polishing workers has been set up, and this year completed three years of services. This clinic has provided lots of concrete evidence on the prevalence of silicosis, which has been useful for compensation claims. 300 workers have been screened at this clinic, out of whom 128 were found to be suffering silicosis. 100 x-rays are still pending decisions.

PTRC has sent more than 50 cases to the National Human Rights Commission for compensation, and awaits their decisions. A claim has also been filed for a silicosis victim who was held in debt bondage by their employer. This worker also lodged a complaint to government, however there has yet to be a response. It is hoped this will encourage others to speak out against the debt bondage system.

Large numbers of horizontal wheel polishers have switched to wet process in last three to four years. Still, no appropriate technology has been found to replace dry vertical wheel grinding, and it is a dilemma for PTRC to know which initiatives to support.

Evidence of empowerment has also been seen. During the public meeting organised by GJEP Council, traders said that dry grinding (cause of silicosis) no longer continues. Workers openly expressed their anger and disagreement with this statement. A further positive development was the publication of “Silicosis: a Lover’s Story.” This comic book helps to raise awareness on silicosis.

**Hong Kong and China**

_Suki Chung of Labour Action China (Hong Kong)_ discussed the silicosis campaign and updated members of ANROAV on the same. LAC has supported silicosis victims’ organising since 2004. A lot has been achieved during these five years, however there have also been many disappointments as claims for compensation have been rejected. Chinese workers come to Hong Kong to seek compensation from their Hong Kong employers. LAC organised a protest at the jewelry centre in Hong Kong, and also a campaign in Switzerland. During the past five years, victims who campaigned for compensation have been rejected again and again. They went through all the legal procedures, had strikes, and organised actions to challenge the authorities and labour rights foundations, and to challenge the actions of the employers.

During this past year, there was finally a breakthrough. In March, the world’s biggest jewelry fair, Basel World in Switzerland, made the decision to disqualify an unjust company, Lucky Gems, from exhibiting. The decision was based on the company’s violations of ILO Convention 155 (Occupational Safety and Health). This represents the biggest decision made by a trade fair with reference to this convention. The Hong Kong jewelry trade fair organisation followed suit, and also banned Lucky Gems from participating. This is an important development, because it is the first time they had terminated exhibition status on the basis of labour rights violations.

However, this was not the only achievement. Despite the company’s disqualification from the exhibitions, it still refused to pay compensation, however the workers achieved this through legal struggle. In August, a mainland Chinese court made the final verdict that the six workers of Lucky Gems were entitled to more than 2.6 million yuan ($370,000 US) in compensation. This is a record amount of compensation won by workers, and sets a new precedent for victims of occupational disease.

This case demonstrates that justice can be achieved, even if it takes five years of struggle and perseverance by workers in mainland China. The struggle in this case was not only legal struggle in the narrow sense. The process was made sustainable by ongoing actions, for instance solidarity campaigns, and solidarity support from a network of organisations in Hong Kong and Switzerland.

_During the seven years of this campaign, a total of 15 million yuan has been won in compensation. The latest success in the campaign followed three months of applying for compensation. This began in August 2010. Workers can seek 5.7 Million RMB for compensation. May expressed gratitude to AMRC, LAC and other groups in Hong Kong for their support to workers and victims throughout the process. These groups have also helped educate factory workers, to help them get what they deserve as compensation._

_Strategy, litigation, social action and networking, and mutual hope among workers themselves have all been essential elements leading to this recent success. Sometimes the campaigners have also had to negotiate with local officials. In January 2010, they started litigation, asking for 25,000RMB per person._

_Presently in China, workers seem to have more space to maneuver. This allows workers to get together more often_
than before. Therefore, workers spent about three months strategising and planning these actions. These discussions included topics such as how to protect their representatives, how to react when ignored during a protest, to police intervention, or to police destroying protest signs. The workers also reminded each other of the importance of taking photos as a record. [Conference participants were shown a photo of one representative beaten up by local thugs during a protest.] Such photos serve as important evidence, and enable solidarity actions.

Other strategies enable workers to economise their resources. In one action, workers stayed in the petition office for two weeks, after climbing in through a window. May noted that the number of people at an action is very important. Between 70 and 100 people are needed in every protest and petition, and workers must know in advance how to persist in spite of suppression by the government and police.

The first of October is National Day in China. Because of the success of the GP campaign, workers involved took this day to celebrate.

**SHARPS Campaign (Supporters for the Health and Rights of People in the Semiconductor Industry)**

Suk-Koun Lee (of SHARPS, and the Korea Institute of Labour Safety and Health) updated participants on the struggle of Samsung semiconductor workers.

Samsung Electronics is a company with global influence, and its profits continue to increase. The average salary for top executives is 4.7 billion Korean Won, equivalent to 4 million USD. According to one Korean media source, Samsung’s CEO, Lee Kun-hee, was Korea’s richest person in 2008, with 8 billion dollars. The company’s clout within Korea has led to Korea being nicknamed “The Republic of Samsung”.

However, this success occur alongside the appearance of a cluster of occupational diseases at Samsung semiconductor plants. To date, there are 96 known victims and 31 deaths. Among these, 42 workers (13 deaths) are leukemia victims. 16 workers have so far claimed compensation. The government has ruled that 10 cases were not work related, the remainder continue to be discussed.

**SHARPS** has organised a number of actions in its struggle for recognition and compensation for Samsung cancer victims. Since December 2009, weekly publicity actions have been held outside the Samsung Giheung factory. Since February 2010, daily one-man picketing has been organised in front of this same factory, as well as joint monthly rallies with coworkers of a Samsung subcontractor. In the past two years, SHARPS organised publicity at the national Workers Convention, and held many actions in memory of victims who have passed away. In March this year, Ji-yeon Park, another Samsung worker and lymphoma victim also died. She was 23 years old.

**SHARPS** continues to struggle using legal avenues. In January 2010, a lawsuit was raised to demand compensation for victims. The compensation insurance system for Korean workers is managed by the government. Workers can raise a suit against government when they are refused compensation. SHARPS accused the government of collusion with Samsung. In October, a lawmaker disclosed a document believed to contain evidence of this. SHARPS believes that Samsung delayed the lawsuit and tried to bribe victims. One accepted due to his poverty. The remaining five victims continued to fight.

**SHARPS** also protested against decisions which deny that victims’ illnesses are work-related. During 2010 it held actions in protest against three such decisions. In 2009 it assisted in publishing the Korean version of “Challenging the Chip”.

**SHARPS is now raising funds to support two full-time activists to continue these activities.**

Presentations by Affiliate Members

**United States**

David Hornung, of the Developing World Outreach Initiative (DWOI), introduced the organisations represented in the US delegation. This gave an overview of the breadth of the US OSH network.

The Labour and Occupational Health Program, Berkeley, empowers workers to take an active role in protecting themselves. It provides health education and technology assistance programs to unions, government, business and community groups.

The Developing World Outreach Initiative aims to address the lack of OSH resources and health and safety professionals in developing countries. It provides training, technology and financial resources to NGOs, universities and OSH organisations in these countries.

The Maquiladora Health and Safety Support Network is a volunteer network of 400 health and safety specialists. They contribute their time and expertise to create healthier working conditions in the 3,000 foreign-owned assembly plants along the U.S.-Mexico border.

- The International Campaign for Responsible Technology works to promote corporate accountability in the global electronics industry.
- The Hesperian Foundation writes materials on community safety and health. It is best known for its publication *Where There is No Doctor*. It will soon publish *A Worker’s Guide to Health and Safety*. 
David also gave a brief overview of US OSH issues. In 2009 there were 4,340 fatalities, down from 5,214 (of 130 million workers) in 2008. Several accidents were given considerable attention. These included a refinery fire in Washington which killed seven, an accident at a coal mine in West Virginia which killed 29 miners, and an incident at Deepwater Horizon off Louisiana, in which 11 workers were killed.

**OSHA (the Occupational Safety and Health Administration)** has increased its enforcement efforts. The organisation recently issued an $84 million fine against a company. It has set an aggressive regulatory agenda to address the hazards of silica, beryllium and combustible dust.

**Europe**

“We cannot accept a system that continues to cause people to become sick and to die.” [Gerhard Elsigan]

Gerhard Elsigan (Austria) discussed the European Work Hazards Network (EWHN), as another example of a regional international network. This model provides a useful comparison and many ideas for ANROAV.

EWHN has been active since 1988. It is a network of national networks covering most European countries. Members see themselves as activists in health and safety. Activists take action, they don’t sit and wait for change to happen by itself. In some European countries, there is still no representation, however EWHN is reaching out to these.

The network acknowledges that victims get only what they fight for. To take up this fight, it brings together workers, labour inspectorates and research institutes to contribute to the development of working conditions. Some of the national networks operate very close to unions, though many are critical of unions because they believe unions do not sufficiently emphasise health and safety. The national networks each operate differently, some have a membership list, some are just a mailing list.

EWHN is active through a variety of activities. It assists in information exchange, for instance through mailing lists. It holds conferences biannually. These have 200-300 participants, the last was held in Leeds, England. The network also facilitates joint campaigns and projects. The international nature of these is becoming more important as funding within the European Union goes more to international projects. Campaigns have included that against organic solvents, which led to a reduction in their use all across Europe.

EWHN exists to support working people in their struggle for decent working conditions. It aims to draw public attention to bad conditions and put the spotlight on those responsible, and to generate energy to fight for improvements. The network aims to provide expertise for safety representatives and all others working on these issues. There is much expertise in companies and in academic circles, more cooperation is needed between these two. The network is not a replacement for national and regional activities. Rather, it serves these networks, and also targets the EU and its bodies.

One huge value of an international network is that it serves as an early warning system of what is coming up next. Before issues come up in journals, concerns can be raised through the network, from others on the ground. An example of this is nanotechnology, which may create problems similar to that found with the asbestos issue. In this regard, the link between the European and Asian networks is an important one, it truly strengthens both sides.

**Update on the National OSH Networks**

These networks’ presentations showed many common challenges: inadequate monitoring of OSH issues, unreliable statistics, lack of reporting, difficulty in diagnosis of occupational disease and struggles for compensation. In each case, the informal sector receives no protection.

**India**

Mohit Gupta, from the Occupational and Environmental Health Network of India (OEHNI), gave an update on the situation of OSH and the OSH network in India.

**Background**

72% of India’s population lives in rural areas. There are 300,000 registered industrial factories. Of these, more than 36,500 are hazardous factories, employing a total of more than 2 million workers. It is estimated that there are currently 18 million accumulated occupational disease cases, however OEHNI believes this to be under-reporting. Statistics are not compiled in an easily accessible format, and different studies provide different statistics. According to one study, there are an estimated 17 million injuries annually, as well as 53,000 deaths per year in agriculture alone.

Occupational health is not integrated with primary health care. The Ministry of Health plays no role, and there is no separate allocation of funding for OSH in the government budget. OSH personnel and equipment are both lacking. There are currently 2308 safety officers, and 701 inspectors. This is a ratio of one inspector per 130 factories per
year. There are currently 1125 qualified OSH professionals, while an estimated 8000 are required. Specialised safety equipment is either not present or not working.

The Labour Bureau is responsible for maintaining statistics. The latest figures available were in 2005. Available statistics only cover some states, and some are questionable. For instance, no major occupational disease violation was found during any inspection. There remains no monitoring of the unorganised sector.

The Occupational and Environmental Health Network of India

This comprises civil society, labour unions, victims’ groups and other labour groups. It works for overall improvement of working conditions. OEHNI has been involved in a number of campaigns.

OEHNI has been involved with the silicosis campaign in Rajasthan. At a government chest hospital, 800 cases of silicosis were detected during the last 5 years. However, this information was not shared with any government department, so no moves were made to prevent further illness. Some victims have successfully claimed compensation. 70 silicosis cases have been identified in Jodhpur district, 22 have so far died. A complaint was filed with the National Human Rights Commission, and an enquiry team visited. National Human Rights commission (NHRC) ordered payment of compensation for the death cases in April 2010. However, this order has still not been carried out.

As a result, widows and victims sat on a hunger strike. Three collapsed due to exhaustion and were hospitalised. Finally, the chief minister announced an interim relief of US $2200 for each death case. Two days ago, these cheques were handed to the widows.

Other campaigns have continued. Regarding asbestos victims in Rajasthan, OEHNI managed to get government to maintain its ban on mining, despite a threat that this ban would be lifted. Compensation is expected this month following the Hindustan Ferodo Limited Asbestosis Claim. Compensation is still outstanding in a silicosis case which went to the supreme court.

OEHNI also investigated to see whether asbestos was used in the construction projects for the Commonwealth Games. It found that asbestos was not used. This could also be useful in the campaign towards a ban on asbestos in India. If the government is willing to use alternatives to asbestos in high profile projects, this could be considered an acknowledgment by government that such alternatives are indeed preferable.

OEHNI organised medical camps to educate doctors on occupational disease. Further camps were held to screen workers. As these doctors had not been trained to identify occupational disease, some known cases of silicosis were not picked up by the screening. These further demonstrated doctors’ lack of expertise on occupational disease, and the need for specialised training.

China

This was presented by Chen Yuying (Xiaoying), from the Service Centre for People with Disabilities, Chongqing, and Convener of the China Group. She reported on the state of OSH in China, and the network’s recent work.

Industrial accidents

According to data from the Social Security department, in 2006 there were a total of 380,000 industrial incidents, and around 83,000 fatalities. This is a total of about 220 deaths per day. However, these figures are only the reported incidents. Xiaoying noted that many clients of their Chongqing service centre have not reported their incidents to the government. In reality, she believes, these statistics reveal only the tip of the iceberg.

In China, to go through the proper procedures for compensation takes at least one year. Given that most workers are unfamiliar with the procedures, many do not want to go ahead. Despite the revision of the minimum wage (about 10%), actual wages of workers have not improved. Because of low wages, compensation packages are also low.

Occupational disease

According to official figures, in 2006 there were 18,890 industrial disease cases, an increase of 80%. However, it is very difficult to establish the true frequency of occupational disease cases. Because the official standard is very high, many occupational disease victims still do not meet the criteria, and are not included in official statistics.

Occupational disease victims also encounter problems applying for compensation. According to Chinese law, victims have only two years to claim their compensation. However, their diseases are often long-term and hidden, and two years is never enough to claim their compensation. After workers become sick, it is very hard to get another job. This is partially because of their condition, but also because enterprises are not willing to employ them. This adds burden to their family. This is the case, for instance, of rural victims suffering lung disease.

Strategies of grassroots organisations in China

Grassroots organisations intervene on behalf of victims. They visit victims in hospital, provide legal aid, as well as training on techniques to prevent occupational disease. They also provide rehabilitation support and network the families of victims once they return to their home towns. Many new methods of organising have been discovered in the past year. Miscomprehension from the government remains a problem. The network hopes to increase communication between members to streamline their work.
Indonesia

“The lack of information on OSH shows that workers are put second to financial considerations. Investment data is considered more important to collect than that on labour conditions.” [Iwan Kusmawan from SPN (National Workers Union), Indonesia]

Iwan Kusmawan from SPN (the National Workers Union) gave an update on the OSH situation in Indonesia. The OSH supervisors available are far too few to monitor the number of factories. Other sources of monitoring also provide an inadequate picture.

Less than half of companies regularly report occupational accidents, making available figures unreliable. Even less is known about occupational diseases. This lack of information on OSH shows that workers are put second to financial considerations. Investment data is considered more important to collect than that on labour conditions.

Only 30% of companies join Jamsostek (workers’ social insurance fund). Even those workers who are covered by this are often unaware of their rights, and face bureaucratic procedures to get compensation. Around 70 million workers are engaged with the informal sector. These workers are not recognised, receive no protections, and are frequently exploited. The state of OSH conditions for women workers is in a particularly poor state. Overall, this lack of OSH protections for so much of the workforce amounts to a situation in which workers are selling their bodies for wages.

According to Indonesia OSH legislation (no. 1/1970 on OSH), “all workers are entitled to safety and protection at the workplace”. The Indonesian OSH network is working to make this a reality. To strengthen the grassroots movement, it plans to provide training and education, to build a database and continue to monitor OSH conditions. It will use the mass media to campaign on target issues, for instance limestone mining in West Java.

SIMULTANEOUS WORKSHOPS

Workshop 1 - Victims Organising

The workshop was moderated by Sally Choi, Annie Luk and Fahmi Panimbang from AMRC. Key questions were:

- Why do we organize victims, what for?
- What is organizing in your context?
- What are our effective ways to bring people together?
- What are our strategies to gain support for the victims organizing movement?

The workshop included country presentations and discussion on urban and rural organizing. It finished with groups making national strategies to take back to their region.

Day One

The workshop began with self introductions. Participants were from Korea, Hong Kong, Indonesia, China, Thailand and Taiwan. Encouragingly, of roughly 36 participants, approximately 25 were from Indonesia, where victims organizing is still in the early stages.

Sharing Experiences of Organising

China

In China, organisations educate and organise workers by approaching them directly. Many have central offices in industrial areas. These are funded from overseas, and largely staffed by volunteers. Organisations provide a huge range of services for workers. Many offer legal advice and disseminate news. Workers are encouraged to share stories with each other. Through this, it is hoped that workers will pay more attention to OSH issues, and thus that injuries and diseases will be prevented. Some organisations also provide medical checkups, to help workers identify early symptoms of disease.

Because many workers work until 10pm, it is difficult to meet with and organise them. To get around this, some organisations approach workers on their way to or from work, or during dinner. They organise exhibitions in industrial areas. Workers can stop by on their way home, read articles or talk to staff. They also organise victims in hospital, where victims sometimes have to stay for three months while waiting for diagnosis. Most victims of occupational disease are males, however their families will also be affected.

Training of the volunteers at worker centres is very important. This includes workers’ legal rights, how to communicate with workers, and how to build links. Care is needed when approaching workers because of the sensitivity of the issues.

Chinese organisations work despite a number of challenges. While policies and laws are in place in China, using the law to actually get compensation is very difficult. Many organisations lack staff, particularly with legal knowledge. The Chinese government restricts the activities of labour organisations, and is not supportive of the trade union. There is not yet a government department on occupational disease. Government control of the media is also a problem, and news stories about labour cases are twisted to present the government line. There are thousands of strikes every day, however these are not documented in the media.
Hong Kong

The Hong Kong labour movement was born in a time when the economy was still at an early stage of development. Victims of occupational injuries wanted to fight for compensation and for changes to the law and constitution. Hong Kong groups do not face repression from the Chinese government, however some trade unions are more pro Chinese government than others.

Hong Kong groups are using creative ways to involve many people, from many sectors of society. ARIAV (Association for the Rights of Industrial Accident Victims) provides many programmes for injured workers, including on-the-job training, emotional support and legal rights advocacy. It has also formed a Mothers Group and Parents Group to assist victims' families. It organises mothers to campaign for occupational safety in public areas. ARIAV uses exhibitions in shopping malls to publicise their work and promote OSH.

Taiwan

"We need to know that accidents or diseases can happen to every of us. We have to think about the next generation. We have to fight for our rights and our dignity." [Presenter on Taiwan in the Victims Organising Workshop, TAVOI]

Taiwan has enjoyed strong organising for years, and victims organisations are now very mature. They receive support from university experts, and from the church. Since 1994, there have been annual meetings of cooperating trade unions, to come up with a list of demands and claims to present to the government. Gradual bargaining takes place in this way. Their demands include those for improvements in the law. One recent achievement is that workers without insurance are now able to claim compensation. These groups have also successfully campaigned for an increase in compensation, and for court costs to be reimbursed in addition to the compensation package. They are now fighting for the government to pressure corporations to pay compensation, and for greater benefits for workers.

There are six newly established hospitals working on occupational injuries and disease. These hospitals release information on a compulsory basis. It is therefore easy to obtain information about occupational injury and disease cases. In Taiwan there is no repression on strikes or demonstrations, though there is a time limit.

Day Two

Fahmi summarised the previous day's work. Participants then watched a video on how Taiwan groups use cultural means to organise victims.

Continuation of Country Presentations

Thailand

Somboon Srikhamdokay shared about her experience organizing fellow victims of lung disease in Thailand. Previously, she was a committee member of a labour union for a textile company. She quit her job six months after discovering she had lung disease, however, she later returned in order to organise victims. She discovered 300 similar cases among her co-workers. Becoming president of the union, she organised victims to fight for compensation, but the company said it was not their responsibility. After finding lung disease cases at another company, and making contact with their union, she was fired.

She then established an organisation working on OSH issues. They have been campaigning for seventeen years. Following much organising, they won compensation of 6 million THB. Her organisation has since formed a network of trade unions, organisations and academics, which has brought joint lawsuits and worked on organising. Several websites have been established to assist victims. There is now a new constitution in Thailand, which is working to protect people who suffer occupational accidents, however this is not fully implemented yet. For instance, the government has provided clinics, but these cannot operate optimally due to lack of budget. The network's websites also lack funds, however these are still helping victims, and their use is spreading to outside the province.

In some cases, labour unions in fact create OSH problems. They ask victims to struggle by themselves, believing OSH to be the employer's responsibility, not that of the trade union. Labour unions also do not know how to diagnose occupational diseases.

Korea

The OSH system in Korea is good, however still does not adequately recognise industrial diseases. This is shown by the Samsung case. Organisations such as SHARPS are working to publicise the cases of these workers.
While there are several organisations for victims, these are still very weak. Their aim is to make it known that occupational disease is everybody’s problem, not only the workers’. To do this, they involve other sectors of society, for instance university students. They aim to educate all the people so they can stand up together. At present, in the Korean labour movement it is common to be fighting with police during demonstrations.

Korean participants gave a demonstration of the Korean protesting method. This involves singing, yelling slogans and giving out pamphlets. Posters need to be a small size to be allowed by the police. Workers also distribute pamphlets on their way home.

**Rural Organising**

**Chen Yuying (Xiaoying)** gave a presentation on rural organising in China. Given the huge number of migrant workers in China, it is important to organise in rural areas, when workers return to their home towns. In Chongqing, Xiaoying’s organisation provides legal education, counseling, and capacity building among workers before they return to their rural areas. However, they are also working to develop a network of organisations in the rural areas.

When organising in this way, they always start by visiting villages and talking to families one by one. They aim to develop community programs so that once victims return to their villages, there is a network in place to assist them. Workers are often very young. When the victims return to the villages, the organisation’s local branch approach them so they still know about the network in place to support them. For this work, volunteers are vital because the central organisation can’t cover such a wide scope. The organisation is supported by students, and receives financial support from some organisations.

The organisation is also assisting lung disease victims. Most don’t have very high levels of education, so the organisation tries to give their children access to higher education. They have developed some skills for the victims to maintain their livelihoods, for instance making handicrafts.

**Discussion**

Participants had the following questions and comments:

- When organising victims, there are several types of rehabilitation needed: physical, psychological and social. Social rehabilitation includes both returning to their previous social position, and to their former economic situation, either by returning to their job, or by training for something suitable for their new condition. How do other members deal with the issue of victims’ livelihoods?

The main issues in Indonesia are salaries, union busting and out-sourcing. Help is needed to publicise the OSH issue.

Further Discussion

- In Medan, Indonesia, palm oil plantations work without proper work tools. These are supposed to be provided by the company, but instead employers require workers to provide their own.
- In Medan, workers will not go to hospital when they have accidents, because they fear intimidation.
- In Bogor, Indonesia, there is insufficient work on prevention. Rather, the work done is just to manage the victims, not prevent problems occurring.
- In Indonesia, there is just an OSH day, and awards are given to local officials, nothing more. We have to campaign and expose companies without good OSH systems. More real action is needed.
- In China, the Trade Union does not think about OSH. They need to be pressured to do that. People must be encouraged to struggle for their rights.
- How do Korean groups get solidarity from other sectors of society?
- How did Korean groups develop such a strong victims network, and the present solidarity? What is the government’s attitude towards this?
- In Indonesia, there are many Korean investors, especially in the garment sector, who violate the law. Indonesian groups hope for support from Korean comrades to pressure the government, to pressure these investors.
- Korean representatives responded that we must be workers without boundaries, and struggle against capitalists, wherever they are from. To develop solidarity, they hold meetings with many organisations present.

**Movement Building and International Solidarity**

To introduce the next section, Annie from AMRC, Hong Kong gave a presentation about organizing and strategies to gain support.

Victims, those without power, need to build a collective power in order to make things happen. Power comes only with organizing, which gives us the chance to change power imbalances. After sharing experiences, we need to put in energy and act, to let the victim movement move on. Different countries have different circumstances, so national as well as regional strategies are needed.

For instance, to tackle the issue of the bad behavior of Korean and other Asian investors in Indonesia, the following strategies could be employed:

- Put issues in headline news (national)
- Joint campaign of victims organizing (regional).

This would involve comrades from Hong Kong, Taiwan, and Thailand supporting the Indonesian movement.
Lessons from Country Experiences

In Indonesia three problems prevent better OSH standards: 1) Workers are not yet conscious that OSH is their right. 2) Investors deny their responsibility. 3) The government has yet to implement the constitution properly.

National Strategies

To conclude the workshop, country groups came up with the following national strategies.

Indonesia

- Make OSH a priority. Invest in prevention of industrial hazards.
- Make use of Constitution 1992 No. 2 and other rules and regulations.
- To deal with problems from employers and the state: Encourage workers and victims to understand that OSH is workers' basic right.
- To target employers, labour groups should investigate and get involved in monitoring employer practices.
- Regarding the state, labour groups should advocate for better implementation of the law.

Mainland China

- Identify the needs of victims, and make individual problems into public concerns.

Thailand

- Aim for trade unions to be the organizers of victims, and for trade unions to have an OSH committee.
- Bring OSH into collective bargaining for change.
- Put OSH rights as human rights into constitutions.

Time was insufficient to finish this session, and participants were encouraged to continue discussions afterward.

Key Learning

Several key points emerged from this workshop, which had particular relevance for Indonesia.

Lessons from Country Experiences

- Chinese organisations have been directly approaching victims, not waiting for victims to come to them. Their experience also shows that it is important not only to organize victims, but also workers who may potentially become victims. They are also setting up a network to deal with the movement of migrant workers in the rural areas.
- Indonesia may be able to use cultural or religious events to organize workers and to campaign about labour rights. This was seen in the experience of Taiwan, and also in Hong Kong, where organisations hold New Year celebrations to strengthen victims.
- In Hong Kong, victims organizations were established before the economy was strong. This suggests that Indonesia does not need to wait for a good economic situation before they act. On the contrary, poor economic conditions in Indonesia, for instance high unemployment rate, should be considered a source of encouragement.
- In Hong Kong, besides directly organizing the victims, they organize victims' families as well.
- From the experience of Korea, the aim should be to make occupational disease the problem of all people, not only workers. It is important to involve many sectors of society, for instance university students.

General lessons

- It is important to empower victims to help each other, so they can seek support from the trade union and others.
- Victims must be seen (in protest and demonstration). More needs to get published, and into headline news.
- It is important to identify victims' needs, and make their individual problems become general problems and public concerns.
- Medical care, rehabilitation and sustaining victims' livelihoods are all areas where organisations can provide support.
- There is a need to build international solidarity, and for joint campaigns.

Workshop 2 - Electronics

This workshop was led by Robin Dewey, Laura Stock and Ted Smith (United States). About 30 members attended, from China, South Korea, Hong Kong, Thailand, Philippines, US, UK and Indonesia. Participants discussed how to identify hazards in electronics production (and help others to do so), and how to reduce or eliminate these hazards. They then planned how to action this knowledge. Time was also given for participants to discuss their own challenges in working with electronics workers.

A key challenge identified was that workers often don’t know what chemicals they are exposed to. Participants discussed methods of identifying chemicals (eg. Material Safety Data Sheets (MSDSs)), and how to overcome the challenges associated with these. Groups then made action plans.

The electronics workshop recommended that ANROAV set up a working group on electronics, similar to the sub-networks for silicosis and asbestos. This would enable collective action.

Day One

Problems in Electronics

Participants brainstormed the problems in electronics production. These included:

- Chemical exposure, and workers not aware which chemicals they are exposed to
- Occupational disease from toxins or radiation
- Lack of OSH awareness among workers
- Lack of protective equipment
- Difficulty of diagnosing occupational disease
- Limited government management of the problem
- No consumer pressure to force brands to change.

In response to these issues, workers can take a number of roles. They can investigate accidents when they happen, and can push for change, for instance in the community or by forming a union.
OSH in Electronics

“Three separate studies have now shown: occupational illness rates in electronics are three times that in other manufacturing sectors.” [Ted Smith, International Campaign for Responsible Technology]

Ted Smith, from the Silicon Valley Toxics Coalition and the International Campaign for Responsible Technology, gave a history of the development of OSH in electronics. This movement began in 1982 in Silicon Valley. Chemicals from electronics plants leaked into groundwater, which led to birth defects in the surrounding community. This was the first indication that electronics is a dangerous toxic chemical industry.

Several studies have linked chemicals in electronics production with health problems. In 1985, a study in Silicon Valley showed that people who drank the contaminated groundwater had very high rates of birth defects. A 1992 study showed a high rate of miscarriages in women working in Fairchild Semiconductor, the factory responsible for the contamination. Electronics production and cancers have also been linked. An investigation of 30,000 IBM workers found 2.5 times the expected rate of cancers. Three separate studies have now shown: occupational illness rates in electronics are three times that in other manufacturing sectors. While this information has now been around more than 25 years, it has yet to spread thoroughly in Asia.

There are many toxic components in electronics production. These include solvents (used to make chips, disk drives, etc.), lead and cadmium (in circuit boards), brominated flame retardants (on printed circuit boards, cables and plastic casing), Polyvinyl chloride (PVC) (cables) and mercury (in switches and flat screens). Collating the list of chemicals used is an ongoing process.

One response to these hazards has been the development of the “Right to Know”, the right of workers to access information on the chemicals they are exposed to. In 1983, a law was passed in the US that companies must report their whole chemical inventory to the local authorities. This allows groups to investigate health hazards. Similarly, since 1986, companies in the US have been required to publish a “Toxics Release Inventory”, a disclosure of the chemicals they release into the environment. Nowadays, these are available on the internet. Once companies began to publish this information, nearby communities became concerned, and started organising. Unfortunately, these are not laws that most countries have.

While “safe legal exposure rates” have been developed, there are problems with these. The standards are developed for healthy adults, for a forty hour week. Many workers work longer hours, especially in Asia. Workers with poor health may also be differently affected. For pregnant women there is no safe level of exposure to many chemicals. Because of these limitations, the standards do not truly protect human health. Another problem is the speed at which new hazards are introduced. Electronics is a rapidly developing industry, and OSH regulations simply cannot keep up.

The electronics supply chain has changed over the years. Previously, companies manufactured their own products. Now, most is done by subsidiaries (subcontractors), making the supply chain difficult to track. The industry is also increasingly globalised. As production has moved from the Silicon Valley, so have the problems. For instance, RCA in Taiwan is currently in trial over contamination issues. Meanwhile, the industry protects itself with marketing.

In the electronics life cycle there is also the issue of e-waste, which threatens the environment and disposal workers. In the US, the Electronics Take Back Coalition works to reduce e-waste, and 23 US states now have e-waste laws. However, more work on this is needed. There is also the need to unite occupational health and environmental health, which is already being seen in Taiwan.

Identifying Hazards

Participants brainstormed hazards in electronics production. These include:

- Safety hazards: Machines cutting fingers/hands, pressing machines, other tools
- Chemical hazards: chemicals, soldering, other fumes
- Biological: TB and typhoid (during the rainy season), contagious illnesses
- Physical hazards: deadlines causing stress, repetitive work, long hours (lack of rest), noise, radiation

Activity:

Participants then split into five groups for a “hazard mapping” activity. Each group created a workplace map, marking out the hazards. This is an awareness raising activity which can be used with workers.

Participants then brainstormed sources of information about workplace hazards. These included:

- Asking a senior worker or other coworkers
- MSDSs- Material Safety Data Sheets (problem- often in another language)
- Labels (often in another language)
- Union officers, safety committee, NGOs, government
- Internet (not always available), mass media
- Surveys, university research studies, other data, eg. injury reports
- Doctors, community workers, eg. health workers
Discussion

“Workers often don’t know what chemicals they are exposed to.” [Electronics workers participants]

A key challenge identified was that workers often don’t know what chemicals they are exposed to. A description of the chemical is not enough to make an identification. Workers often don’t know the chemical names, just the commercial names. Chemicals are often mixed, making them even harder to identify. Sometimes only office staff are informed about the chemicals, not the workers using them.

Available sources of information are not always helpful to workers. Chemicals databases often do not list the common names. Workers may be unable to read, or unable to read English. They then struggle to find the names of chemicals.

There are many layers of translation needed before information is useful to workers. For instance, MSDSs are often in foreign language, or at least in highly scientific language. This needs to ‘translated’ so they can learn the practical application.

Consolidation of websites is needed. There are currently lots of websites with information, but because this is disparate it is confusing and misleading. It would be very helpful to collate this into one or two websites. Internet is not always available to workers. Organisers need to do education to get around this.

What is needed:

Materials:

- Consolidated central websites
- Dissemination materials with very basic, simple information to communicate key ideas. Eg. ‘X-rays are radiation, and they can cause cancer’. Workers can then contact NGOs to ask for more information.
- Glossaries in colour, with market names as well as chemical names
- MSDS/factsheets with symbols and icons

Education:

- Workers need to be taught to use MSDSs to find chemical names. NGOs and unions can then research the chemicals.
- NGOs and unions could use community radio or health promoters to spread information among workers.
- Information could also be disseminated in audio file format, then sent to workers by phone or internet. They could then listen to it during or after work.

Other:

- More information is needed about new chemicals. We need to listen to common symptoms of workers to investigate new diseases.
- We need to promote awareness on chemicals in general. We will never get on top of all the different chemicals. We should have a global approach to chemicals, looking at chemicals as a whole.
- Direct actions, even small in scope, are very important to inspire those who will start action in the future. These actions turn victims and workers into activists. They also increase accessibility to information.
- It should be a criteria for ISO certification that workers are informed of chemicals they are using.

Toxicology of Chemicals:

Garrett Brown explained factors that influence a chemical’s toxicity. These include time exposed, concentration, reactivity, interaction with other chemicals, and route of exposure. The characteristics of the workforce are also important (age, gender, health, and whether pregnant or not). Effects can be acute (having a rapid onset) or chronic (developing over time). This means that apparently healthy workers are not necessarily free from the risk of chronic illness.

Chemicals affect the body in different ways. Some chemicals enter the body through the skin (eg. solvents), some are inhaled, others are ingested when eating, drinking or smoking if workers have the chemicals on their hands (eg. lead). A chemical’s adverse effects can be local, for instance skin dryness, or systemic, such as organ failure. Systemic effects may occur with no local effect at the place of exposure.

Some chemicals can have effects at very low doses. They may be dangerous even below levels that humans can smell, which makes it hard to know you are exposed. Effects may be different at different dose levels.
Controlling Hazards:

Activity:

Participants broke into groups and did a “body mapping” activity for a chemical they chose. They discussed where on the body this chemical entered, and which organs it affected, then put stickers on one member of the group on these parts of the body. This exercise can be used to educate workers about the effects of particular chemicals. It also demonstrates that one chemical can have systemic effects.

Two areas are of particular concern in electronics: reproductive problems and cancer. Reproductive problems can be caused by solvents, and affect both men and women, as well as a developing fetus. Cancer can be caused by many agents, for instance heavy metals such as nickel, and solvents such as benzene.

When diagnosing problems, it is important to understand which chemical is involved, what dose, and which route of exposure. This is why it’s so important for workers to know what they are working with, and what else they are exposed to. The goal must be to prevent any exposure. This is employer’s responsibility.

Hierarchy of controls for chemical hazards

1. If possible, remove the hazard.
   - Redesign products, use substitutes, use automated production, install ventilation.
2. Change management practice or policy to reduce exposure.
   - Train workers, reduce time workers are exposed, redesign workrooms to keep workers away from hazards.
   - Masks, goggles, gloves, etc.

PPE should be the last choice, because it puts the responsibility on the employee, rather than the employer. It is also uncomfortable to wear!

Other hazards must also be controlled, for instance ergonomics problems and stress.

How to Gather Information about Hazards: MSDSs and Factsheets

Workers should attempt to identify chemicals they are exposed to. They can then find further information. After this, they may decide not to use that chemical.

Material Safety Data Sheets (MSDSs) are one method to identify chemicals. They should contain the product name, chemical characteristics, fire and explosion hazards, reactivity and health hazards. They should also contain precautions for safe handling, storage and use. MSDSs have a number of problems. Language is complicated, they are sometimes incomplete, and they are developed by the industry, often without the needs of workers in mind. Exposure limits are not necessarily reliable. Despite this, they are often the best way to find the chemical name. They can then be supplemented with other information sources.

Chemical Factsheets are also sometimes available, often prepared by NGOs. These are often more complete, and are prepared with workers in mind. However, their information sources still need to be reliable.

Comments:

- It is very hard for workers to know what concentrations they are exposed to.
- Information needs to be shared, so that people don’t have to start from the beginning.
- It’s not only the person using a chemical who is exposed. Chemicals waft. Safety equipment doesn’t necessarily help workers on other areas of the floor, it may only protect the worker using the chemical.

Activity:

In groups, participants compared a MSDS with a chemical fact sheet prepared by an NGO. After using the sources to look up the health risks associated with the chemical, they gave feedback about the differences between the documents. The fact sheet had more complete information, in less scientific language. However participants agreed that both would be difficult for many workers to understand.

Action Plans

<table>
<thead>
<tr>
<th>Country</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>China</td>
<td>To tackle lack of information about what chemicals are being used: Collect data about key chemicals: cadmium, benzene, and hexane Make an NGO version of the MSDS that is understandable Educate workers about these chemicals</td>
</tr>
<tr>
<td>Korea</td>
<td>Win first lawsuit against Samsung semiconductor Get more evidence about health effects Build support groups for workers with outside experts Take photos of Samsung for online campaign Public campaign in collaboration with subway workers</td>
</tr>
<tr>
<td>Indonesia</td>
<td>Education campaign on H&amp;S for workers-regular workshops by the union and OSH committees Work with victims to help them get the support they need</td>
</tr>
<tr>
<td>Thailand</td>
<td>Bring together workers and experts, to teach workers about H&amp;S using body maps etc. Get more information about the chemicals Do education about these effects Campaign about a H&amp;S law</td>
</tr>
</tbody>
</table>
Workshop 3 - Lung Diseases

This workshop had 20 participants, from India, Japan, Iran, Indonesia, South Korea, China, Hong Kong, US, UK, Canada and Austria. It included talks on legal aspects, diagnosis, and many country updates. The workshop later divided into two groups, one focusing on silicosis-pneumoconiosis, the other on asbestos.

There were the following actionable outcomes:

- Asbestos group participants suggested that ANROAV organise two workshops during the next year, one on asbestos substitutes, and another for asbestos medical experts.
- The silicosis network plans to increase information sharing, particularly between China and India. They will also attempt to contact more than 200 Cambodian garment workers who may have been exposed to silica dust while sandblasting jeans. If this is successful, the network will try to organise a diagnosis campaign.

Day 1

Silicosis-Pneumoconiosis

Legal Aspects (Earl Brown, Solidarity Center, USA)

The workshop began with a presentation from Earl Brown on legal aspects of silicosis-pneumoconiosis. He has represented workers in many cases seeking workers compensation benefits for workplace disease and injury. He gave many examples from his practice.

How these diseases are handled in law depends on the relevant national legal system. Both common law and civil law systems for workers’ compensation end up developing complicated bureaucracies that often do not deliver the benefits promised in law to injured and diseased workers and their families, or to the survivors of breadwinners killed at work or who have succumbed to work inflicted disease. In common law countries (such as in Britain, India and the US) the important details of workers’ compensation law is often set by judges, so activists therefore need to keep an eye on what judges do. Also, what bureaucrats in ministries decide about workers’ compensation programs?

On the other hand, civil law systems in Asia (such as Japan, Korea and China) have not developed adequate workers compensation programs, even though Asia has the largest number of victims of workplace death, injuries and disease. One problem has been and remains compensating victim of workplace lung diseases. Outside the framework of workers’ compensation programs the law of damages has not been well developed in Asian civil law. Workers’ compensation program just don’t work very well. Benefits are stingy and slow. Workers who are disabled by injuries or diseases at work can’t get enough money from ordinary civil suits to take care of the medical needs, or to provide for their families either. Survivors of deceased workers, often completely alone in the world and without any source of support, can’t either. Victims must find a lawyer to get compensation, which is not easy in any country, for instance China. Industry further corrupts the legal system.

It is hard to say how many victims there are worldwide. The system depends on medical diagnoses, and many cases go unreported. Also, in some systems, government doctors are relied upon for diagnoses. However, these doctors will not support workers as reliably as those employed by workers’ unions. In some systems, the disease must be recognised by the employer. However, company doctors are reluctant to identify occupational sickness. In 1989, one women was sick because of a factory’s fiber dust. But strangely, it was said that she was sick because of washing activities in her home.

There remain many problems that must be overcome. One is the present lack of data. There is a time lag with the recognition of occupational illness. Data collected now will help the struggle towards diseases being legally recognised in several years time. Law enforcement is also a problem in the civil law system. Legislators often side with them against workers. Corruption is also a problem. Knowledge about occupational illness is low. Lawyers need to learn about medical aspects of workplace disease, and unions should help mediate between lawyers and doctors. Shareholders also ought to be informed about the moral
and legal liability from occupational illness.

Discussion

- **India**: The presentation above fits with the legal problem in India. We have to draft a petition and give it to a lawyer. In our compensation law, it is not the disease that is compensated, but the manifestation of the disease. You have to show the manifestation. *(Jagdish Patel)*

- This is so theoretical, rehabilitation process. To qualify for compensation is very subjective, if the worker has a 20% handicap and the workers cannot prove it exactly, then the worker does not receive compensation.

- **China**: There are lots of contradictions in the application of national laws in China. There are many irregularities between national and local laws. In many cases, local judges use local laws instead of national laws. Even though there are laws, it is difficult for us to implement them.

  - *Earl Brown*: We see in China that local judges don’t recognize the diseases. China has civil law, so theoretically you can bring cases to the High Court (where they adhere to national laws). It is difficult to find doctors in China. For example, one lung disease victim found his evidence to be invalid, because the doctor [who diagnosed him] didn’t have the required OSH investigation license.

  - *Comment*: All that is required is a procedure to show that the lung has lost its elasticity. But in this case, the government did not admit the evidence because the doctor didn’t have the OSH license. There is an educational film (doctor, lawyer, judge) that really understands this system.

- **UK**: NGOs and victims groups should not only interpret the law but also change the law. In UK, one particular law changed within 6 weeks.

- *Comment*: In Asia, [instead of preventing exposure to toxins] some employers give the workers milk to detoxify toxins. And the doctor and lawyer agree with that practice. This happened in the UK in 1930. We propose to increase workers’ education about this.

- **Canada**: The industry is producing misinformation. For instance, a scientist was paid by the Asbestos Union to say that asbestos is good for human lungs. Later, in court, a lawyer showed that he was bribed with 100 million dollars. If you find these ideas being publicised, you have to demolish them.

Changes in Korea’s Pneumoconiosis Program of Korea *(Domyung Paek, BANKO)*

Dr Paek spoke on pneumoconiosis diagnosis. In his experience, screening is often done for prevention, however in practice this does not help. First, screening is often inadequate, and doesn’t necessarily distinguish definite cases from suspected cases. Second, removing people from the dust means removing them from employment. This is is often an impractical option. Because workers continue to be exposed to the dust, the curable diseases (even those picked up in screenings) become incurable. Death rates among pneumoconiosis victims are 2-3 times higher than the general population. This confirms that screening is not working, as it does not result in identification and treatment of victims still in the curable stage.

Regarding treatment, a paradigm shift is needed. Rather than medical treatment, pneumoconiosis patients need social treatment, that is, better nutrition and decent housing. Furthermore, compensation should be paid in a pension form, not in a lump sum, as pneumoconiosis is a progressive disease. The role of the central board should be that of Gatekeeper, not arbitrator, and local hospitals should provide care for acute victims.

A proposed new program includes screening as before, and social treatment for those with definite pneumoconiosis. In the past, only a small number received income and compensation, even though many were affected. This is different with the new model.

The following lessons have been learnt:

- It is important that there is not over-medicalisation of the problem. Medical treatment is only one aspect, social treatment is also needed.
- Building a larger social system is more important than providing incentives for a small sector of society.
- Foreign systems can be imported, but these should always be tested.

**Discussion**

- In the diagnosis procedure, how do you distinguish between pneumoconiosis and tuberculosis? Is pneumoconiosis really curable? What is your medical definition of OSH? In Chinese, OSH is categorized into three stages. Is there any definition like that in Korea?

  Answer: Distinguishing them is difficult. It is done by observing the shadows of the x-ray of the victims. Pneumoconiosis is incurable, but there is a stage of complication that can be cured. It is difficult to differentiate between the suspected and the definite cases (this needs a period of time).

- About social pensions, is there any social security related pension for victims? In China, the overall category is the same. Pneumoconiosis is the most prevalent in Asia, but diagnosis has become impossible. Is there any simpler way to diagnose Pneumoconiosis aside from expensive x-rays? Is there any international standard?

  Answer: the standard diagnosis was based on that of the ILO. Compared with complicated techniques, x-ray is simple.

Response from India: the important thing is the main-
It is also a problem to establish who is responsible, and another barrier making it likely they will drop the case. Workers need the support of legislation, it is common for workers to have to go through court process lasts for 5 years. Due to new laws and legislation, it is difficult to ascertain whether the pre-

tenance of x-rays [as a common method], so that we have a standard for the diagnosis, because new tools are appearing every day.

- Is it possible to diagnose silicosis from blood samples?

Answer: there are no specific biomarkers, it can be used. In Iran, the diagnosis of pneumoconiosis, silicosis is based on the history of exposure, radiology (X-rays, CT scans), and a physical examination.

**The Problems with Diagnosing Occupational Disease (China)**

**Case study:** One victim, named Yang, believed that he had tuberculosis. Yang was fired because medical staff found that he had early symptoms of occupational disease. After being dismissed by his employer, he went home to his village and was (incorrectly) diagnosed with tuberculosis. He was then hospitalized. In 2002, in every province, there were very few hospitals that could diagnose pneumoconiosis, only the most sophisticated hospitals could do so. In 2005, he was certified in Guangdong as having silicosis stage II+. After he finally received a correct diagnosis, he proceeded with legal procedures to get compensation, his legal right.

In China, it is difficult to diagnose occupational disease. There is a complicated system of categorization. Many victims do not qualify, therefore are not eligible for compensation. There are also inconsistencies in diagnosis between different provinces (home and working provinces), and a standardised diagnosis system needed. In order to be considered an occupational disease victim there is a law that you have to show certification from the place where you work. As in Yang’s case, workers are at risk of being fired when workplace medical staff find symptoms of occupational disease. It is therefore difficult for workers to get certification from their workplace. They therefore struggle to get compensation.

The legal procedures are also problematic for victims. The court process lasts for 5 years. Due to new laws and legislation, it is common for workers to have to go through many unnecessary steps. Workers need the support of their friends and family networks, so many need to return to their hometowns. If their hometown is far away, this is another barrier making it likely they will drop the case.

It is also a problem to establish who is responsible, and to track them down. In Yang’s case, the enterprise moved three times. It is also difficult to ascertain whether the previous or current employer should be the one responsible.

**Campaign Updates**

**Asbestos Campaign 2008 in the Philippines (Noel Colina)**

A congress was held, which passed a general ban on asbestos. However asbestos is still allowed in certain situations. There is draft legislation, however this needs to have agreement from senate and the legislative for presidential endorsement. On April 28th, International Workers Memorial Day, there was an action called the ‘Paint the Town Red Graffiti Project’, in collaboration with a local artist. Activists use new new media (Facebook and Twitter) for these campaigns. Noel suggests that Indonesian groups use Twitter.

**Indian Asbestos Campaign**

Asbestos has been used in India for almost 70 years. There are still asbestos workshops, for instance one in Gujarat. 57 asbestos-based industries of varying capacity have been given Environmental Clearance. There are conditions for asbestos use. Only sterilized asbestos is to be used, and there should be no human handling.

The following events have recently taken place. A round table conference has been held on issues related to asbestos. (It is difficult to coordinate with the government.) An Indian organisation went on strike, but their permission was taken away by the police. Indian groups carried out an investigation on the use of asbestos during the Commonwealth Games, 2010. This offended the ministry.

**Hindustan Composites Ltd.**

An Indian organisation has been pursuing compensation from a textile company in Hindustan (a UK company). The group has screened 41 workers who have been working with asbestos. All of them were found to be sick, varying from category 1 to 6 in severity, and all successfully got compensation.

Finding these asbestos victims gave the organisation a chance to find others. The victims personally contacted their friends, and found a further 600 people, 120 of whom had asbestos sickness. Some workers’ wives had also been indirectly infected with asbestos. These cases were sent to court, and the court agreed to give compensation to 53 workers. From 120 people that sent their documents, 97 people got compensation. If this strategy is indeed found to be successful, the organisation will repeat it when pursuing compensation for workers.

**Asbestos textile industry in Osaka Prefecture Sen’nan Region, Japan**

The asbestos textile industry began to operate in 1907. There are 200 asbestos-related workshops in the Sen’nan region, including subcontractors.

Workers were exposed to large quantities of asbestos dust. One worker testified: “I couldn’t see my friend’s face from the entrance because of dust.” They also faced poor living conditions. One worker remarked that they placed their child “in a basket, because there was no place other than that”.

Many of these Sen’nans workers became asbestos victims. The issue of compensation was brought to court in 2006.
The defendant was the Japanese government. Nowadays, almost all enterprises are closed, so it is not possible to trace the employer.

**Additional comments from Indonesia**

In Indonesia, the problem of asbestos is worse than in many other countries. As a material it is cheap and freely available. Related diseases are not covered by Jamsostek (health insurance). It is the government’s responsibility to address this problem, but victims have usually died before their case is brought to the court.

**Day 2**

**The Silicosis Problem and Asbestos Trade**

Ramchander, silicosis victim from Rajasthan, India

“I worked in sandstone mines near my village for 25 years. Two years ago I had an illness and the hospital said that I suffered Tuberculosis. The Mine Labor Protection Campaign (MLPC) arranged my medical check up, and said I suffer from silicosis. Now I demand the government to give me compensation. When I started work, I was getting 2 rupees per day. When I stop working, I was getting 25 rupees per day. After that, I was unemployed sitting at home. In last few years, many workers died in my village and nearby, but only 21 got compensation. In the last month alone, there have been four deaths, two from my village and two from a nearby village. No one knows who really owns the mine. The owner gives the shares to so many people. There are no documents to show who is the owner. We use explosive materials which create lots of dust and we don’t have equipment to protect ourselves. We were not given any information. The government hospital has recorded that 800 workers have suffered silicosis, but none of them got compensation because they don’t have the evidence to sue.”

**Silicosis in Gujarat, Jagdish Patel (People’s Training and Research Centre, India)**

The People’s Training and Research Centre (PTRC) works on two different industries, gemstone and stone crushing. There are about 15-20 stone-crushing factories in the Gujarat area. The workers of tribal societies go to Gujarat for work. However, they are not registered in Gujarat and have no health insurance, so when they sue, they don’t have any evidence. All of them work through contractors. The factory conditions are extremely dusty, even in the dormitories.

PTRC works only in Gujarat state. For five years, it has provided medical checkups for the government so that workers get certification. One silicosis victim was unable to walk, and suffered severe damage to his lungs. Despite being acclaimed 20% disabled, the factory said they lacked the criteria to determine his condition. He died in June. There are another four victims, they have not been compensated.

In the gemstone industry, many workers are in debt bondage. PTRC gives them a little money, and provides a care center for their children, as well as medical care. These workers breathe silica dust while grinding semi-precious stones. They face a high risk of silicosis.

Because it is continuously advocated, PTRC tries to make workers start up home industries with safe technology. However, they are not independent, they are bonded to the company. It is a dilemma for PTRC as to whether to support this home based industry.

**Silicosis Group**

Participants were from Taiwan, China, Cambodia and India.

**Comments:**

- **China:** actually the working situation in the home-based industry is not that bad, the workers use water and oil in the machines.
- **India:** there are 70 cases of silicosis as a result of sand-blasting.
- **Cambodia:** The big problem in Cambodia is that we don’t know how to diagnose. Sand blasting depends on the season. I worked in a garment factory from 1999. My job was at Tak fak factory, producing lots of jeans in dark. In my section, the washing section, they used many chemical substances to soften the jeans. Any factory that has a sand-blasting section will also have a washing section. Workers have no idea about what is happening. The uniform for sand-blasting workers is just like an astronaut, but it is too heavy and uncomfortable. We have limited resources and capacity to understand this. This is also a political problem. This year we will extend our struggle and we have to stick to the priority of our goals: the 250 main factories. 200-300 workers might be involved in this sand blasting.

**Key issues:**

- **Diagnosis.** In some countries like Cambodia this is a severe problem. In India it is a problem in some areas. Strategies to overcome this were discussed. In India they have set up a clinic where experts from a medical college give voluntary services. The medical professionals provide a certificate which is used as evidence.
- **Legal issues.** Compensation, prevention, and how to penalise the polluter.
- **Data In China,** official data is available, however this is not the case in India.
- **Social treatment and rehabilitation,** and the problems of widows, orphans and victims’ livelihoods.
- **Workplace monitoring and factory pensions** were also identified as issues.

**Steps to advance the silicosis campaign:**

- Participants thought that partner organisations should prepare literature giving basic information on silicosis in local languages. A delegation can visit countries to consult local organisations.
- Cambodian silicosis victims: by conference time next year, a diagnosis camp will be organized.
- China and India agreed to cooperate in making a model
gem and jewelry company using Chinese technology in Gujarat India. ANROAV China member Labour Action China (Hong Kong) will help PTRC to acquire Chinese machines for an Indian demonstration project. LAC plans to send a team of trainers to India to train workers in use of the machines. This is intended to make workers familiar with the machines, and to gain their acceptance of this technology.

Asbestos Group

International Transfer and Campaign

Takehiko Murayama gave an overview of the international trade situation based on UN Data. In general there is an increasing demand of asbestos. Exporting countries include Russia (the biggest), Kazakhstan, Brazil, Canada and China. Importing countries include India, Indonesia, Cambodia, Vietnam, Thailand and China. Re-exporters are Bahamas, Oman, UAE and the USA.

In 2009 most transactions had a low price and low quantity. Canada has the highest price to India. In the past five years the price has increased. In Indonesia, the import volume is increasing. Brazil is the main exporter to Indonesia, followed by Canada.

“Pollution Export” of the Asbestos Industry and the Ongoing Aftermath

Yeyung Choi, A-BAN, talked about the international movement of the asbestos industry. This has been shown by many companies, which after creating victims in their own countries, have moved their pollution elsewhere.

NICHIAS, a big Japanese asbestos company, has 20 asbestos factories in ten Asian countries. This has been a case of transnational transfer of asbestos plants, through a Korean asbestos company, to elsewhere in Asia:

- Japan (1951-2001) and Germany (1951-1990) ⇒ South Korea ⇒ Indonesia (until now). There was a demonstration in Tokyo against NICHIAS.

There are two asbestos factories in Cibinong Indonesia (PT JEIL Fajar and PT Trigraha). There are two sets of data in Indonesia, cement industry in 2003, and the textile industry. The quality of asbestos in Indonesia is the same as in Korea in the beginning of the 1980s. Even 500 meters away from the factory, there is still contamination from asbestos. This area includes schools, such as Cibinong High School.

Another asbestos company involved in the international transfer is REX, a German company, located in Vellberg Germany. In early 1960, workers had no protective masks, which led to many victims. This was shown by the research data of Dr. Jurgen Hinz, entitled “the Death Transfer”. He shows the list of asbestos related disease. The peak of deaths were between 1980 and 1990. Pollution has since been exported from Europe to Africa.

ETERNIT is a Belgium asbestos company. (It is now an multinational company, Belgium, Japan and Congo). In Belgium, there were houses and a sport complex around the two asbestos manufacturers. There were also playgrounds that used asbestos pipes. In the investigation Yeyung was involved in, they selected samples from roofs, pipes and roofing materials. They found concentrations as high as 20% each of chrysotile and crocidolite. This asbestos fac-

tory has received ISO certification, which casts doubt on the effectiveness of the ISO standard.

Further Comments:

- In India, we started our own clinic. We got doctors from the local medical college, and the local hospital gave us free access. We provide information to the doctors about silicosis in OSH. Our small clinic works by providing cheap medicine and paying transport for the patients. The main issue we face is how to lobby local medical resources to give us a certificate as evidence that is useful in legal proceedings.

- In Cambodia, diagnosis and treatment are poor. There are no people interested in silicosis. Therefore a first priority should be to motivate the doctors to help us. Many workers don’t know why they sick.

- (Hong Kong) The approach has to be both bottom up (collecting evidence from the victims and bringing it to court) and top-down (ILO putting pressure on the country).

Day 2 - Tuesday 19th October

Following the conclusion of workshops, the Conference re-grouped. Members from each workshop gave reports for other participants.

Sharing on OSH Strategy

OSH in Iran

Dr Ramin Mehrdad, Center for Research for Occupational Health Issues, gave an overview of the Iranian OSH system. Iran has population of more than 70 million, and progress in many health indicators is encouraging. There is now 99% immunization for many diseases. Infant mortality rate is dropping, and life expectancy rising, this is now 71.

OSH is overseen by two major authorities, the Ministry of Labour (which is responsible for safety), and the Ministry of Health and Medical Education. Following new regulations, annual medical examinations of all workers and employees is mandatory, as is measurement of hazards at the workplace. Compensation is available for all accidents and injuries suffered at work, or on the way to or from work. This is easily obtained.

Factories with more than 500 workers are required to have a ‘health house’. These provide primary care, and refer patients to the district health centre for some procedures. After that, for some surgeries or diseases, patients are referred on to the medical university of the province.
Medical universities have been integrated with the health system since 1985. This system works well to gather disease data, as information is reported from the workplace health centres up to the health ministry.

As of 2010, in addition to a ‘health house’, every factory with more than 100 employees must have a physician at least part time, and those with more than 500 workers must have an occupational medicine specialist as a consultant. Physicians are trained on OSH issues, and act as a networker between the Ministry of Health and Medical Education, employers and employees.

Outstanding problems in Iran include lack of awareness among employees, and some lack of implementation. This is particularly the case regarding protection from occupational diseases, for example, exposure to asbestos remains a problem. Conditions in small businesses are also of concern, as they are not required to provide the above medical facilities.

**Actions and Petitions**

**Cambodian Garment Workers Petition**

**Athit Kong**, from the Coalition of Cambodian Apparel Workers Democratic Union, shared about striking workers in Cambodia, and called for ANROAV’s support.

This year there was the largest ever general strike in Cambodia. This was due to a government decision in July to increase the minimum wage in the garment sector only. Unions opposed this, believing that the path to this decision was in violation of Labour Law articles 4 and 107. According to law, negotiations in the garment sector should be held every year. However, in practice, negotiations are held only every four to five years. The trade union campaigned for the government not to do it in this way, and in the same month submitted an objection to the increase in minimum wage. The government responded rightfully that they have the right to adjust the minimum wage. However, the union still objected to their violation of articles 4 and 107.

The trade union attempted to get the GMA (employers’ association) into negotiations, however this was unsuccessful. The ministry ignored their complaint. The trade union therefore planned a general strike in the garment sector from 13th-17th of September.

In September, more than 200,000 workers were mobilised to strike. (The trade union has only 40,000 workers, but they were joined by others.) This forced the government to invite parties to enter negotiations. However, employers complained that the strike was illegal, and on the 16th or 17th of September a court order was issued for workers to return to work. Yet some factories did not allow union leaders to return to their jobs. 4500 workers of Hong Kong based retailers were unfairly dismissed. Following trade union discussions with the Prime Minister and a working group, the government pushed for these workers to be reinstated. However, there are still 104 union leaders outside of their factories, as well as 643 workers.

On behalf of Cambodian representatives, Athit called for networks’ support for a petition on this issue. ANROAV supported the petition and expressed their solidarity with the workers of Cambodia.

**Bandung Declaration on OSH**

**Led by Sanjiv Pandita**, participants discussed and agreed to a joint statement summarizing the essence of the ANROAV conference’s objectives. Entitled the "Bandung Declaration", this statement aims to prevent workers and communities from being exposed to workplace hazards. It acknowledges the right of victims to have treatment, just compensation and rehabilitation in society. It also notes that the organisations and individuals responsible must be penalised.

The Declaration links back to the 1956 Bandung Conference, which was about the dignity and independence of people in Asia and Africa. It is a reflection that exploitation
Background to the Declaration: the Current State of OSH in Asia

The Bandung Declaration comes in the aftermath of the economic crisis. It also comes amid the trends of increasingly informalised work, and increasing privatisation of compensation and OSH enforcement, all of which are seeing workers’ rights eroded.

The global economic crisis has taken its toll on OSH rights, and these have been greatly reduced. Cost-cutting measures have included cutting back on safety and health at the workplaces. Workers who lost their jobs in the crisis have found themselves working in more precarious jobs with unsafe working conditions.

Work is increasingly informalised. More workers work on contracts with fewer rights and greater risks. Hazardous work is also being increasingly dumped into the vast informal sector, removing responsibility and exposing millions of workers and their families to numerous hazards.

OSH enforcement is increasingly being privatised. On a policy level, the governments in the region keep on boasting the need for improvement in health and safety at workplaces. The ILO has been promoting the 2008 Seoul Declaration on Safety and Health. There was also the ASEAN OSHNET meeting in Bandung, September 2010, which acknowledged OSH as an issue. However, the reality is denial, with many governments still hiding behind a lack of data.

There is a difference between stated and the implemented policy. While all governments want to appear to promote safe and healthy workplaces, at the same time, they are busy (in collusion or at the direction of business) privatising OSH enforcement.

There is a trend of governments dismantling existing institutions of enforcement, for instance factory inspectorges. The ill-funding, and therefore failure of these institutions provides an easy excuse for business and other members of the society to criticise, and advocate for these to have a minimum role. Such institutions are perceived as an ‘impediment’ in the free market economy. More ‘efficient’ self-regulatory mechanisms are proposed instead.

This self regulation is increasingly being legalised. Many governments in the region have reduced their enforcement drastically, and instead are emphasising self-regulatory standards such as OSHA 18000. While there is virtually no government money earmarked for enforcement, auditing and self regulation of business manages to be a thriving multi-million dollar industry. It would only take a fraction of the money businesses spend on self-regulation to enforce government regulation. This self regulation is grossly insufficient however, as the majority of businesses are not covered.

Workers compensation is also being privatised. While workers insurance companies have become big business, workers are frequently unable to access compensation.

In the context of these issues, participants discussed the Bandung Declaration. After a brief discussion, the declaration was unanimously accepted. (For a record of suggestions raised, please refer to the minutes.)

Hong Kong Petition

Monina Wong, from IHLO, called for ANROAV’s endorsement of a Hong Kong petition to support the wage struggles of workers in China. The Asian Transnational Corporations Monitoring Network (ATNC) endorsed this statement in October in the Philippines, and on behalf of ATNC, Monina invited ANROAV to do the same.

The petition opposes the intervention by Hong Kong investment in the recent collective legislation process in mainland China. Hong Kong is a major capital exporter in the region, and the movement of its capital inevitably brings consequences relevant to ANROAV’s work. Strikes in Cambodia, Bangladesh, Vietnam and China are one marker of this moving capital, and OSH rights will also be affected. The changing road of this Asian capital is something we will continue to see in future years, and a systematic approach to monitor it is needed.

The petition comes on the back of an increasing number of strikes in China. These have proliferated, and not only for back wages, but also aggressive strikes for wage increases. Strikes take place in non-traditional industries. They have expanded to auto, and other labour intense industries. Strikes have increasing demands. For instance, the Honda strikers brought up reform of the ACFTU (All China Federation of Trade Unions).

In reaction, the Guangdong Provincial Government has brought up new legislation. This is about allowing quasi-wage bargaining at the workplace. While the proposed collective bargaining model acknowledges collective negotiation for wage increases, the new legislation does not provide for freedom of association, or the right to strike.

The petition is to protest against this. It is aimed at the Hong Kong General Chamber of Commerce, the Chinese Chamber of Commerce, and the Hong Kong Federation of Industries. The petition points out the responsibility of Hong Kong investment in union busting, and, through this, its role in maintaining the low wage regimes in other Asian countries. It makes two demands:

- First, that the above groups stop lobbying against collective wage negotiations in China, and that they respect the right of workers and trade unions to such bargaining.

- Second, that these groups stop busting independent trade unions in Asia and abide by ILO convention 98 on collective bargaining.
ANROAV gave support.

This petition highlights the necessity to build stronger solidarity between ATNC and ANROAV. The transnational movement of capital will undoubtedly have its effect on OSH rights in the region. Improvements in monitoring, and in the strength of the labour movement are needed. Greater cooperation between these networks will advance the interests of both.

General Discussion

The floor was opened for general discussion, and a number of participants expressed comments, suggestions or encouragement.

Gerhard Elsigan, on behalf of the European Work Hazards Network, passed on the highest respect to ANROAV, and the desire of his network to continue cooperation. He noted that although OSH organisations often face opposition from business associations, it is not their role to increase business profit, but to improve conditions for workers. Accepting anything other than decent work is an insult to those who have already suffered, and to the capabilities of those who are working for change.

“It is about decent work for workers. Anything else is an insult to those who have already been hurt. It is an insult to the future. What’s more, it is an insult to students, workers, teachers and scientists, because there is brain enough to develop safer conditions and alternative products. It is about creating better products and better working conditions.”[Gerhard Elsigan]

An Indonesian delegate from (SBN, West Java, Indonesia) expressed her organisation’s gratitude for being able to attend the meeting. They are excited to be fighting for victims’ rights alongside other participants.

“We from the Workers Union SBN are grateful to attend this meeting... Hopefully we can fight alongside you all.”

Sanjiv Pandita (AMRC, Hong Kong) suggested that ANROAV could in the future be developed into a global grassroots network. While there are already top level networks, there is not yet one at the grassroots level. ANROAV already has affiliate members from the European network and COSH network, which are doing very similar things to ANROAV. There is also an African network based in South Africa. If they were to become involved, the network would cover a significant part of the world.

Garrett Brown (MHSN, United States), on behalf of US representatives, expressed confidence that the United States would continue to have representation at ANROAV meetings. Interest in ANROAV has increased among members of the US Canadian Occupational Safety and Health Network (COSH). This presents possibilities for the networks to work more closely on campaigns, common industries and common multinational employers. US representatives also pledged to help in bringing organisations from South America into a global network.

“These bonds of solidarity are important because bad conditions in one part of the world affect conditions everywhere.”[Garrett Brown, US]

Jagdish Patel (PTRC, India), agreed that it is a great dream for all the continents to come together on the grassroots level. However he noted that ANROAV still needs to intensify its work, as it still lacks representation from many Asian countries.

Chen Yuying (Xiaoying) (Chongqing Self-Help Center, China), noted that participants at this meeting had not discussed adopting an ANROAV logo. Given the network’s fifteen years of history, she believes this would be a welcome step.

Sanjiv Pandita agreed. He said they had previously sent an email asking for logo suggestions, but received no responses. He thinks this should be a democratic process, but hopefully there are artist friends among the network who can design some logos from which participants could select. Sanjiv also took the opportunity to thank the doctors and lawyers who are part of the network, as they are vital to the struggle.

Closing

The conference was closed by Earl Brown, with thanks to all translators, organisers and hosts who had worked to make the conference possible.

Looking Forward

“Most workers' groups in Asia work against all sorts of odds, with limited manpower and resources. To achieve small things they need to struggle a lot. This needs to be appreciated and encouraged.” [Jagdish Patel]

Several decisions were made regarding the future of ANROAV. Following a suggestion from Jagdish Patel (Peoples Training and Research Centre (PTRC), India), participants agreed to institute a prize to recognise the efforts of ANROAV member organisations. This will be named after Vijay Kanhere, an Indian activist who passed away after working with ANROAV for nearly a decade. Vijay was known for his steadfast nature in the struggle to secure justice for OSH victims, and his memory will be treasured by activists in India and overseas. The Vijay Kanhere Award will be presented at each annual conference to an organisation which has made an outstanding contribution to the development of OSH rights.

ANROAV Members Meeting

At a sub-meeting of ANROAV members, participants decided that the 2011 conference will be held in India. It was noted that the organisations in the host country receive special encouragement from the conference. Accessibility (due to visas etc) is also an issue. At this meeting, groups from Nepal and Bangladesh had been unable to attend. Many members shared hope that one day the conference could be held in China.

Regarding the Coordinator of the ANROAV Secretariat, participants extended Noel Colina’s term for at least one year. It was noted that special work is needed to overcome language barriers, and improve communication with Chinese and Thai groups.

ANROAV members also decided to change the name of the network. In light of the many overlaps of the OSH movement with its environmental counterpart, the network will be renamed ANROEV, the Asian Network for the Rights of Occupational and Environmental Victims.

Participants look forward to the year ahead, and to the 2011 conference, which will be held in India.
Appendix

Workshop 1 Victims Organizing

Parahyangan Convention Hall, Horison Hotel, Bandung – Indonesia

Monday, October 18th - Tuesday, October 19th, 2010

Session One: Monday, October 18th, 2010

Introduction

Moderator: Sally from Asia Monitor Resource Centre, Hong Kong.

The Victims Organizing workshop has four objectives:

- Why do we organize victims, what for?
- What is organizing in your context?
- What are our effective ways to bring people together?
- What are our strategies to gain support for the victims organizing movement?

Let’s hope that at the end of the workshop, we can get more answers for those questions. We will ask the participants to share their experiences.

Participant Self Introductions

The workshop was attended by participants from Korea, Hong Kong, Indonesia, China, Thailand and Taiwan. Participants introduced themselves and spoke a little about their background so that others are familiarized with them.

Sharing Experiences

China

In occupational diseases, we have a special condition. It happens in one particular company but it effects other workers. The training of the worker volunteers is also very important. We need all the victims for our movement. The picture here shows industrial accidents. We have also made an international day for industrial victims. We have also prepared a video clip presentation but we have a problem with the audio devices. So let’s take 10 minutes tea break.

Video Clip Presentation

I want to show you a video about health issue [education]. The workers do not have protection. There are many cases of industrial accidents. Every week we have a health issue [education session] inside the industrial areas. The most important thing is not the [publicising of health issues] but the prevention. We also provide medical checks and publications about OSH issues. We try to disseminate news about workers in the factories. We encourage them to share among themselves. We provide legal advice. We set up central offices in the industrial areas. At the same time, we also invite workers from other fields to become our volunteers. We have more meaningful things to do that makes our life more meaningful. The workers can share with each other and listen to each other. We also publish a newsletter on this issue. Through the publicity sessions, we hope that workers will pay more attention to OSH issues.

In China, the government doesn’t support the labour union, they even pressure them. Our staff are also very busy, because workers have to go to work until 10pm, so they don’t have time to come to our office. So we have to find some other ways to meet with workers. One of them is to visit workers in hospital, or we go to workers when they are on their way home or having dinner. In fact, we have different workers to work with. We set up teams on certain topics. The other way is we do exhibitions in industrial areas. Through our exhibitions, we hope that we will be able to support workers in OSH issues. When they are on their way home, they can stop by and read the articles in our exhibit and there are also our staff as well to talk to them. Because we do have a lot of capacities to promote their rights, but when we talk to them we need to speak carefully, because it’s a very sensitive issue. Most of the workers are still young girls.

Questions and answers:

- I see that some of your organizing programmes are very good. But I don’t see a real labour union in China. In Indonesia, we are free to establish a labour union, we have a regulation on that. I would like to ask, in China is there a regulation that free labour can establish a labour union as well? In Indonesia each labour union has their own system and interests, that is why we have a regulation on that. I would like to ask, in China is there a regulation that free labour can establish a labour union as well? In Indonesia each labour union has their own system and interests, that is why we have a regulation on that.
- According to China’s Constitution, the workers don’t have the right to strike. China’s government is very strict. In China, we have to use alternative ways. This is the reality in China, the government uses a lot of re-
restrictions and repression. We have to have institutions first, but in China it’s difficult to set up NGOs.

- As we know, in Indonesia, it’s very difficult to work occupational disease (not accidents), because in Indonesia, OSH has not yet become a major issue. How are comrades in China working on that?
- The government doesn’t have a department that specially works on occupational diseases. So we have to struggle on this issue by ourselves.
- I want to ask about the financial problems of workers, what did you do about that?
- Have we found a solution about the financial problems of workers? No, I am afraid not. We can’t do much about this. We can’t solve it. Sorry about that.

Additional questions and answers:

- How do you do sponsor the activities?

We have a foundation from overseas not from China which funds our movement. In China we don’t have such an organization. Actually, we can collect funds from the members, but it’s difficult to set up organization with actual members in China.

- As we know, there are a lot of countries at this meeting. We know that in China it’s really difficult to set up an NGO. I want to ask, can this ANROAV meeting be one of the solutions? Is ANROAV able to cooperate with the other organizations from America or Europe and become the pioneer that does more about OSH systems?
- What is the government protection on OSH? How is out-sourcing practiced in China? What does the political party do about that issue?
- I would like to ask, if there is a protection from the government in China, can ANROAV do something about that? And what exactly does the Chinese government do when there is an industrial accident? If they didn’t do something about that, what about the human rights issue, because the UN protects everybody’s human rights.

In China, we do have lawsuits to protect labour from occupational diseases. But the problem is always about the execution of the law. They always wait for the workers to come for help, but when the workers come for help, they always have some excuses. I think the state knows about the situation. We do have policies and laws. But to execute them is always the problem. Sometimes it’s about the procedures. On one hand, the employer is not an option, on the other hand the government is not an option. If workers want to fight for their rights, they have to overcome a lot of difficulties and procedures. Everyday we have thousand[s] of strikes, but we have to mention that the workers have to fight for themselves. We can see that workers in China never stop fighting for their rights. There are a lot of organizations like us. We are a grassroots labour organization. Why do the victims have to organize themselves? Based on the communist experiences, we spread the message and get more worker to join us.

China has media repression as well. So when the media wants to blow up our issue, there are a lot of problems. The government will corrupt our issues into a political issue. We use different ways in different situations. In China, the problem is the system. We have to report our cases and to apply certain policies to explain our case. Sometimes, we do use the official trade union, because they have the access we need. Sometimes they will take our cases. We also sometimes see how, through the media, the government makes a news story about a labour case into their own version.

ANROAV is an organization is Asia, we work in Asia. It’s good to build links with organizations in other continents, but we will not depend on them. This is our problem, we have to solve it and to struggle by ourselves.

About the outsourcing issue, we will talk about that tomorrow.

Hong Kong

Why does our association organize victims?

There are many manufacturing industries developed in Hong Kong. But there is a severe lack of protection. When there is an occupational accident, they don’t know what to do. I want to talk about our approach for crisis invention. The service we provide includes emotional support. We also do some rights advocacy. We are going to ask the council to give compensation for the victims. We ask the government to improve occupational safety to protect our workers. This year, we noted one accident in Hong Kong. So we did an investigation. Last year there was a memorial day for those workers who died.

What are the effective ways to bring people together?

We have organized some programmes for injured workers. We ask our injured workers to join the program. We also have an on-the-job training program. We also have a Mama group, to provide service to the victims’ families. And also we have a program to celebrate Chinese New Year. We also have parents group, we have some talks with the mamas. We also go out to share our strategies. We have some ways to publicise our programs, we go to some famous markets in Hong Kong, our mamas make handicrafts and sell them. We also have another program to promote occupational safety, for example we set up exhibitions in a shopping mall to promote occupational safety through leaflets etc.

Questions:

- From your explanation, we can see that the conditions in Hong Kong is better than in China. We can see that in China the government is more repressive than in Hong Kong. My question is: what is the relationship between the HK government and the labour union?
- First I want to respond: our comrades in HK are using creative ways to involve many people, from young people to old people. But I would like to ask, is that effective, and is that what you are really planning to do, or is it just an improvisation?
- I am very interested in this HK presentation, I see the conditions there are better. I would like to ask whether the advocacy there is internal or external, and what kind of advocacy is it, and from where? To what extent are the workers visiting the consultation service centre?

Answers:

In HK we have two types of trade union, one is from China (more pro government), and the other one really represents our workers. When we talk about trade unions, we want a trade union that really talks about the workers. The government won’t repress us, mainly because we do have a lot of space to do our work in public spaces. This is the
characteristic in HK, the government does not do much but they don’t represent us.

We also do things in the legal area, including about compensation. Regarding the Mama group, we organize activities and also advocate about legal rights. We work together to claim compensation for the workers. We also organize the mamas to campaign about occupational safety in public areas.

We do have some materials on occupational safety. Regarding the HK labour movement, many workers got injured and that created a HK movement to fight for compensation and press the HK government to change their rules and constitution. We can’t say which is better or worse, HK or China. The HK government doesn’t apply international labour standards, this is the same with China or Asia.

**Taiwan**

When the victims get together we also get the support from the church. At that time, we can say all organizations are very mature, because we have experts from the university to help us learn how to talk to the government and get compensation. We have three types of trade union in Taiwan: 1) occupational 2) industrial production 3) NGO workers. We have had very strong organizing for years. In 1994, we had some trade unions working together, and every year we had an annual meeting. Then we showed to the government our demands and claims, so we were bargaining with the government little by little. Laws have been passed on gender equality, occupational disease and salaries. We also demanded them to make insurance policies. In the past few years, we have had a lot of development in our work, mainly in occupational safety law. One of the elements of that law is that workers who do not have insurance are still able to claim the compensation. We also advocate for victims with disabilities. We have had achievements in increasing the compensation.

Now we are also fighting for more workers to enjoy more kinds of benefits. We also demand the government to pressure the corporates to pay our compensation. In construction work, there was an accident. If the construction employers can’t pay for the accident, the government will pay for it. We also demand the government to set up a fund that will pay for the compensation. We also demand that the workers do not need to pay the lawyers fee as well. Because the lawsuits last for a long time, so we demand that government repay all the process costs. We demand that the government pay subsidies to the workers.

Compensation will depend on your years of work. 18 years ago when I suffered an accident, I had a two-year lawsuit, I got two million Thailand dollars in compensation. Since then, I have been very committed to the labour organization and I learned about lawsuits and other new knowledge as well. In our health system, there are six newly set up hospitals working on occupational injuries. They are all set by the medicine college (university). So it’s very easy for us to get information from them including the occupational diseases. We have compulsory notification. The cases will be reported to us on a compulsory basis. For us, the trade union and the NGOs and government departments have to examine the victims. Victims with both minor injuries or serious injuries. We have a system for grading levels of injuries. In a case like mine, my family wasn’t able to take care of me, because they have to work to earn their living. At the moment, we have focused on helping the family members to find a job. We still have other issues of concern; the family members of diseased workers, the trade union, and also the victims. We would like to gather the three issues together.

In Taiwan, we don’t have a strong restriction and repression on strikes/demonstrations. But there is a time limit on strikes/demonstrations. We also demand the officials to meet us, and usually they will come to see us when we tell them our demands. We have people who receive our services then they can start their work. We also have very close coordination with the organization in hospital. I would like to encourage our fellow victims to stand up, because in all industrial areas, as long as industry exists, accidents might happen, even when you are only working as a volunteer. I just want to say that everyone can do lot about that. If you have any questions, I’ll try my best to answer them.

**Questions:**

- You said that there is a fund. Is the fund a compensation or a subsidy, do the workers have to pay it back? How much is the fund? What kind of assistance do workers get in the court process?
- I would like to ask, Taiwan is one country that recently did a lot of expansion, especially in Indonesia. How good is the management implemented by Taiwanese investors, especially their management of occupational accident or disease cases? Because in Indonesia, there are Taiwan investors and their management is very close[?], different from the investors from Korea/Singapore. Why is the management from Taiwan investors very bad?
- I want to share experiences. I agree that in order to struggle, the victims can not depend on others, because the victim themselves is the only one who knows their actual condition. The spaces where the victim can articulate their experiences are very important. I want to share my legislative advocacy experiences. Since 1999, Indonesia has ratified our constitution about human rights, but it’s not parallel with the constitution about industrial relations, including occupational safety. The OSH issue constitution is really out of date and is just lip service, because our previous president said that Indonesia is an industrial country just to invite the investors. When the constitution that protects labour from industrial injuries can not be used, we use other constitutions like the health constitution. We are still demanding for the social insurance for industrial accidents and diseases to become one of the articles in the constitution.

**Answers:**

- About the procedure of the government repayment for the court process, this is already calculated in the compensation.
- The capitalists from Taiwan in Indonesia, why is there a difference between Taiwan investors and others? I think worker have to struggle for their rights. In our workplace we always have a standard system. In Taiwan, when we find a case, we always use a lawsuit to claim the compensation. In Taiwan, the workers have the right not to work if the employers don’t provide the standard system. I think this is a good system for us. If we want to wait for the court to interpret the law in how the government must behave, it will take a long time. So we have to set out our targets clearly.
- I’m not sure that you agree, but the workers are the only one who have to struggle for their rights. I have to tell you one thing, we have to work together, we have to struggle, we need to know that accidents or
The victims groups are also trying to strengthen the victims through: a) advocacy b) strikes/demonstrations. The work approaches consist of: 1) How to organize/organize the workers/labour. In Indonesia, maybe we can do it already organized. They also use the culture approaches to organize the workers who have already become victims, and also those who have potential to become victims.

Yesterday we also talked about: 1) legislative procedures related to their recent condition. And what about the family, can they accept organizers who help the victim? Will the company mind if organizers fight for the victims when the victims do not work there anymore? (Or even when they still work there?)

We can start to campaign on OSH by: 1) identifying OSH issues 2) organizing OSH victims. The victims organization has to be the main point from which to encourage the victims movement.

Questions and Comments:

(Indonesia) How about the victims’ livelihood if they can’t work in the same place anymore? Is there a program about that? And what about the family, can they accept organizers who help the victim? Will the company mind if organizers fight for the victims when the victims do not work there anymore? (Or even when they still work there?)

We will discuss about livelihoods specifically later. Now, we will play the video clip from Taiwan on how they use cultural events to organize workers.

Now, we will have a sharing from our sister from Thailand.

Continuation of Sharing Experiences

Thailand

Her name is Somboon Sriwhamdokae and she wants to share her experience. She’s one of the committee in a labour union for textile companies. She had accident and also suffers pain in her chest. One of the medical clinics said that 60% of her lung is not functioning anymore. After six months, she quit her job. And after she quit, she suffered uncomfortable treatment from her friends. Then she tried to unite those of her friends who had the same condition, and also to write about her story. After she wrote her story, there were many workers with similar cases who came to [her organisation]. At first she felt so frustrated, but after she wrote her story and a lot of people came, she found out she was not alone. She did not want to work there anymore. Then there were problems in her family; her husband said that she is infected with lung disease. She not only had problems in her workplace but also in her family.

In Hong Kong, the victim assistance organization was established in a very low economic situation. So, we don’t have to wait until society or labour have a good economic situation before we act. Conditions in Indonesia, where the economic rate is very low and the unemployment rate is very high etc. are supposed to encourage us more. In Hong Kong, besides directly organizing the victims, they organize victims’ families as well.

From Taiwan, we learned that victims have to be continuously organized. They also use the culture approaches to organize the workers/labour. In Indonesia, maybe we can also use cultural or religious events to organize workers and to campaign about labour rights.

Yesterday we also talked about: 1) legislative procedures 2) how labour lawsuits are enforced 3) sustainable living for victims 4) medical problems and psychological rehabilitation. When we organize victims, there are two issues: 1) related to the medical problem (how we cure physically) 2) related to psychological problem.

The work approaches consist of: 1) How to organize/strengthen victims 2) Victims helping victims 3) Handling the cases through: a) advocacy b) strikes/demonstrations.

The victims groups are also trying to strengthen the victims through cultural events. Now we will watch a video clip on how our Taiwan comrades use cultural means as effective ways to organize victims.
lished a lot of organizations, and finally their demand was accepted. They got compensation from the government of 6 million bath. They were also informed that there is an organization that can diagnose their disease. They also got a fund to make a website. They demanded the legislative to make a constitution that can protect them. When the constitution reformation happened in Thailand, they tried to make a network of labour unions. They also linked the trade union and academics, and they made a website, so when you have a technical problem on an occupational accident, you can visit their website. They provide information and training. The labour union where she works already accepts suggestions from victims of occupational accidents. They struggle for the victims to get diagnoses and other entitlements, including compensation.

These organisations then joined with others to make a network, especially with community groups working on [electricity and pollution harm]. Together, they have also brought lawsuits. They have already organized 200 people and a lot of organizations as networks. As a whole, this movement has been improved in Thailand. The new constitution is already protecting people who suffer occupational accidents. But the problem is not yet over, because the constitution is not fully implemented yet. There are a lot of complicated procedures. She demands that the government make particular policies, but they government doesn’t do anything beside talking and making statements. Actually, the Government responded their demands and opened some new clinics, but the clinics cannot function optimally because of the lack of budget. The clinics ask victims to pay for their medical treatment, there is no insurance, and the government is supposed to pay the costs of treatment at the clinic. We have campaigned for 17 years, and we really demand the government to pay compensation for occupational victims. There are difficulties with our website because we have to find more people or the government will amputate this website. We think the government is also supposed to build a good OSH system.

Our experience is that OSH problems also come from the labour unions, because when they find the occupational victims, they ask the victims to struggle by themselves. They think that the occupational system is the employer’s responsibility. They have to conduct meetings regularly with groups to get mental support. The use of the website is widening, and now gets hits from outside the province. The other problem is, the website also lacks funding, and we are still helping the occupational victims. The government is really not able to help with the financial problem and only suggests that we build a network.

Korea

(Played a video clip). Currently in Korea the OSH system is good, but the problem is they do not recognize industrial diseases. That is the main problem we encounter. Among Samsung workers, within three years they might develop leukemia or cancer, and these workers are only 20 to 30 years old. When these kind of things happen, we publish the cases. We also let journalists and the media know about the case. Presently in Korea we have several organizations for victims. But we are still very weak.

When these kind of things happen, the most important thing is to make this the problem of all the people, not only the workers. For example, we involve university students. So we educate all the people to stand up together. In our struggle, we always have incidents fighting with the police. The police repress us but I think it can raise our consciousness. We think that they are people who have a lower level of awareness, so we don’t want to fight them. Maybe you know Koreans as people who struggle a lot, fight a lot, but it’s only in our history. But now in the Korean labour movement, fighting with police during demonstrations is very well known. Occupational disease is not only the problem of workers but also everybody else, that is the reason why we involve university students.

I will show you the Korean way of demonstrating. Please stand up everyone. Thank you for struggling with us. We will sing a song for all of you. This is song for the workers. We yell our slogan too. This is what we do when we do demonstrations on the street. If something happens we have to get our message across to other people. This is an example of our pamphlets. When we hold demonstrations, we always make our posters in a small size, otherwise the police will not let us. The workers also distribute pamphlets on their way home. This is quite well known in Korea. This is specially for women workers, because in Korea there are so many women workers who work standing up and not sitting down, so they have a problem with their legs. We are always trying to involve other people (not only the workers) and to spread the issue to everybody, so we can get angry together and fight together. Even though we [here] are from different countries, we are basically the same. So it’s good for us to work together and have a discussion together.

Now Xiao Ying will make a presentation, and after that we have a discussion.

Xiao Ying, China

While yesterday we heard about urban areas, I would like to share about work in rural areas. First of all, I will share a story. (Shows pictures about their movement, struggle and celebration.) We set up an organization and we register it, so the government can’t do a lot of intervention. We provide legal education, and we do a capacity building among them before they come home to their rural areas. This is the logo of our organization. We organize victims and also help them down the legal path. It’s really important to organize people in rural areas. This is the structure of our organization. We always start from the family. This is our office and this is our board. We have psychological counseling for the victims. We also get support from students. We also have financial support from some organizations. We always go to the villages and visit the families one by one. We will develop some community programs so after the victims go back to their villages, they still can get some help. This is a picture of lung disease victims. Most of them don’t have very high levels of education, so we try to give their children higher education. We develop some economical skills like making handicrafts. Regarding these strategies, we have to be able to find our strength. In Indonesia, I found that the workers are very young, we have the same situation there. I think it’s important too to have a good relation with the media, because they will help us to publicise the issue. When we say something, it will upset the government, but when we talk to the journalist first, they can help us to publish the issue. When the victims return to the villages, we have to approach them so they still know about us, and it’s really important too to have volunteers because we can’t cover all in a very wide scope. We think it’s a direction where we have to work hard. Training is another area of our work, so they can have a clear concept of the work.
We have this morning three powerful presentations. I think we have a different level of understanding of what is organizing. So, we can learn from each other. Indonesia can learn more from Thailand, because we have the same level of community and also the feudal system, and in Thailand they have already a good level of organizing. Now we can have questions and answers and then we can form strategies on how to organize victims.

Questions:

- I would like to ask the second presenter, do you have a problem with the victims’ livelihoods? How can you solve that?
- I want to add something. I am from Bogor. I see that until now we have just managed the victims, but I don’t hear about preventive action. So besides how we manage the victims, I want to hear about preventive action.
- I am from Medan. (Minggu Saragih) We have to make the victim network so strong, as is the solidarity among organizations. I want to learn about that. Also, what does the government do? Are they supportive or repressive? About the police situation, we have the same situation here. In Indonesia, there are a lot of investors from Korea, but there are also many Korean investors (especially in the garment sector) who don’t obey the Indonesian rules. We hope for support from our Korean comrades to pressure their government to pressure their investors to obey the Indonesian rules. Maybe they can’t make a selection, because the Korean investors are very bad, there’s a lot sexual harassment and other problems.

Answer from Korean comrades:

I will first respond to our Indonesian friend. I’ll say that we are workers without boundaries. We are workers! We are labour! We may be all Korean but we are totally different, because they are investors and we are workers. I think that all investors and capitalists are bad and they will continue their bad behaviour, whether they are Korean, Chinese or American capitalists, they are all the same. The most important thing is that we, the workers, the peasants, the students, are together. We are united. And we will have a meeting, not only from one organization but from many organizations.

China:

It’s common that in the beginning the trade union doesn’t think about the occupational system. But they have to do that. With time, the experience and the spirit of the trade union will improve. Why do the victims not come for their rights? According to our experience, it’s the trade union that can take cases and can show protection for the victims, they will feel encouraged. It means you have to press the people to struggle for their rights.

Xiao Ying:

In China, for example, there is a labourer who has silicosis, he tried to publicise his case and then he opened up his chest and showed in the media the condition of his lungs.

Further comments:

- I think we have to have the same perception. Because of the global financial crisis, we have a very bad economic situation. Occupational accidents are not a reason to discriminate in labour movement, we still have to involve them, because we need them, we need their share. So the rehabilitation has to ensure they can still participate in a labour movement.
- I am from Medan. (Minggu Saragih) We have to make the same perception about the victims organizing. I would add that the overall movement is a campaign, because meeting like this needs a large amount of funds. We have to campaign and show which companies don’t provide good OSH systems. In Indonesia, we just have an OSH day and give awards to some local government officials, nothing more. We need more real action.

Now we move to Movement Building and International Solidarity.

Movement Building and International Solidarity

Annie from AMRC, Hong Kong gave a powerpoint presentation.

What is organizing?

Today and yesterday we have heard a lot of stories about organizing, on how to organize. Some people are born with power. But why are victims powerless? Those without power need to come together to build a collective power in order to make things happen. Power building is when we can organize properly to have the power. Organizing gives us the chance to change power imbalances. After sharing experiences, we need to put in energy and act, to let the victim movement move on. Different countries have different circumstances.

Strategies to gain support for victims organizing

Comrades in Indonesia said that OSH issue is not the priority issue here. So how can make this an issue here? I think we have to talk in two areas: Regional Strategies and National Strategies.

Regional Strategies

Issue 1: Bad behavior of Korean and other Asian investors.
Strategies:

- Put issues in headline news
- Joint campaign of victims organizing. Eg. comrades from Hong Kong, Taiwan, and Thailand should support the Indonesian movement.

Discussion

Indonesian friend:

It’s good that we are in the Bandung newspaper now, but it’s not in the headline news yet, maybe next time we have to think about how to make it headline news. I suggest that we first have a focused discussion group based on country, because Indonesia consists of a lot of areas and NGOs, so we have to come to the same understandings first. After that we can present the result of the each country for group discussion.

China:

We have talked about other work too, but I think the priority has to be given to the work of organizing victims. In fact, NGOs should concentrate on organizing victims. In fact, we also have support from Hong Kong. We work mainly with victims, a lot of workers speak about their raw situation. So it’s important to identify the problem, and make an individual problem into a collective problem.

Indonesia:

I don’t think we need to make the other discussion group. I think that because in Indonesia the OSH system has not yet become an issue, we have to make it an issue. When a problem happens in one place, other places have to give their solidarity. We have to map and identify problems. I think, in any company, if there are any workers who suffer an occupational accident, we have to fight with them. The other thing is, we need to involve medical staff to help us, because we don’t have many skills to diagnose diseases. Particularly in Indonesia, because we are developing country which lacks resources. So how can other stronger labour organizations from other countries help us?

National Strategies

These will be different from country to country. But how can other countries help?

Indonesia

- We should make OSH a priority. We must invest in prevention of industrial hazards.
- We should make use of Constitution 1992 No. 2 and other rules and regulations.
- To deal with problems from employers and the state, we must make workers and victims understand that OSH is workers’ basic right. As for employers, we as labour groups should do investigation and get involved in monitoring of employer practices. Regarding the state, we should advocate for better implementation of the law.

Mainland China

- Identify the needs of victims and make individual problem into public concerns.

Thailand

- Trade unions must be the organizers of victims, and trade unions must have OSH committee.
- Bring OSH into collective bargaining for change.
- Put OSH rights as human rights into constitutions.

We’ve run out of time. But can we discuss the strategies of each country over lunch?

All of us want to make OSH a priority issue. We have to let the victims be seen. How to make a victims and OSH issue to be seen? One issue is media, another is medical consciousness. We need support from everybody, not only from labour. We have to improve solidarity actions and build a network. We need collaboration over the entire region, so it’s truly regional collaboration. Because we are limited for time here, please make a more detailed strategy over lunch and write it down. Thank you very much.

Workshop 2 Electronics
Horison Hotel, Bandung – Indonesia
Monday, October 18th - Tuesday, October 19th, 2010
Day One: Monday, October 18th, 2010

Coordinators/Presenters:

Robin Dewey, Labor Occupational Health Program, Berkeley (LOHP), USA
Laura Stock, Labor Occupational Health Program, Berkeley (LOHP), USA
Ted Smith, International Campaign for Responsible Technology (ICRT), USA
Garrett Brown, Maquiladora Health and Safety Support Network (MSSN), USA

Participants were from the following countries:
South Korea, Hong Kong, China, Indonesia, US, Philippines. Altogether, there were approximately 30 people who attended this workshop.

Note taker: Dea Triana Savitri
Welcome and Overview of Workshop
Robin Dewey, Labor Occupational Health Program, University of California Berkeley, USA
Robin welcomed everyone and explained that this workshop would be focused on the health hazards in the electronics industry as well as on taking action to improve the health and safety of workers. The four instructors (Robin Dewey, Laura Stock, Ted Smith and Garrett Brown) introduced themselves and then the participants were asked to introduce themselves.

Robin provided an overview of the workshop. The group brainstormed issues facing electronics workers in Asia today – cases of cancer, reproductive problems and other diseases; workers committing suicide due to high production pressures; ergonomic injuries and other kinds of injuries. To address these health problems effectively, it is critical that shop-floor workers be involved in health and safety activities. The roles they need to play include conducting inspections – looking for the health and safety hazards in their workplace, investigating accidents when they occur, verifying that the employer has corrected hazards and solved safety problems, and providing peer training to co-workers. Robin explained that the purpose of this training will help participants work with electronics workers to develop these skills. The learning objectives for the workshop were:

- Identify health and safety hazards in the electronics industry.
- Identify and evaluate different methods for reducing or eliminating hazards.
- List various methods of gathering information about job hazards.
- Develop an action plan for using the information and skills from the workshop back in workplaces and campaigns.

There are a variety of actions people can take – ranging from actions taken in an individual workplace, to organizing a union, to generating support from community members and policy makers for health and safety improvements in an industry or country. All of these actions are important. Robin reviewed the workshop materials and then introduced Ted Smith who made a presentation concerning the lifecycle of electronics.

**Lifecycle of Electronics -- Ted Smith, Founder, Silicon Valley Toxics Coalition / International Campaign for Responsible Technology**

Ted provided an overview to the electronics industry and global issues, including the recognition that workers and communities are affected at all stages of the lifecycle. He provided a history of chemical contaminations in the US, including the Fairchild case which concerned groundwater pollution in California’s Silicon Valley which poisoned families. Ted gave a history on working on health and safety in electronics. This started in 1982, following the discovery of groundwater contamination in Silicon Valley. This used to be called Valley of Heart’s Delight. In 1982, the industry allowed chemicals to run into the groundwater. This led to birth defects. This is how we first learned that electronics was a dangerous toxic chemical industry. In 1984, there was a high rate of birth defects in the spill area. 30 years ago, we knew about it. This information hasn’t spread enough into Asia.

In 1985, a study was done showing that people who drank that water had very high rates of birth defects. A 1992 study showed a high rate of miscarriages in women working in this factory. This is now 20 year old information. Clips from a 1992 study were shown, women exposed to chemicals in semiconductor factories face higher rates of miscarriages. In 1992, miscarriages were linked to certain chip-making chemicals. A broad industry-financed study has found (it is the 3rd in 4 years) that glycol ethers have toxic effects. This study was financed by the industry, they had to admit it. Occupational illness rate is three times that in other manufacturing. Three separate studies have shown this.

**Toxic components in electronic products include:**

- Solvents used to make chips, disk drives, etc
- Lead and cadmium in circuit boards
- Lead CRT monitors
- Brominates flames retardants on printed circuit boards, cables and plastic casing
- Polyvinyl chloride (PVC) cables
- Mercury switches, flat screens

Neurodevelopmental toxicity is also an issue. Chemicals can cause brain disorders which are common, costly, and can cause lifelong disability such as:

- Autism
- Attention deficit disorder
- Mental retardation
- Cerebral palsy and
- Blindness

In the electronics supply chain, previously companies manufactured their own products. Now, most is being done by subsidiaries. There are powerful brands, but it is at a growing number of subcontractors that all the work is actually done. We need to understand these linkages so we know who is doing the subcontracting, we need to know who is pressuring who. To learn more [the trail of subcontractors], Mother Jones has a fake iPhone application on their website, it takes you to the information. The application is pretend, but it’s on their website.

There has also been the development of the ‘Right to Know’. A booklet on this was developed in 1982. In 1983, a law was passed that companies must report their whole chemical inventory to the local authorities. Once we have access to this information we can then investigate the health hazards. Unfortunately, this is not a law that most countries have. However, there is a new UN treaty that has just come into effect regarding the right to know, and an upcoming workshop on the right to know (with workers and community residents).

According to the Toxics Release Inventory 1986, Companies must publish what chemicals are released into the environment. Now, companies and releases are available on the internet. Once companies published this information, communities started getting mad and starting organising. Most polluted areas are poor neighbourhoods.

A man named Eric Clapp did a study, he was able to get information about the rate of deaths in plants at IBM. He published a corporate mortality study. He looked at records of over 30,000 workers who had died over 30 years. He found 2.5 times the expected rate of cancers. IBM tried to get this study blocked but it was published. Information is available at www.ehj

Some companies may say “We meet all legal standards for exposure rates”. But, these standards are inadequate. Environmental protections are much more stringent [than those to protect workers]. For instance, the environmental limit for Benzene, is 1000x the limit allowed in the envi-
nvironment. How can we force employers and government to start enforcing health protective limits?

Developmental neurotoxicity (chemicals that cause brain damage in growing children) e.g. Autism, A.D.D., mental retardation, cerebral palsy and blindness. Developing fetus is so vulnerable, there is no safe level. Most people doing electronics production are women of childbearing age.

Moore’s law- (Moore was the inventor of the semiconductor chip.) He predicted that each semiconductor would be smaller and bigger capacity than the one before. This has been true. Change is so fast, health and safety cannot keep up. Our challenge is to make every generation of technology safer and more environmentally friendly than the one before.

In electronics, there is also the issue of e-waste. A report was written on this: Exporting harm, high the trashing of Asia. This depicts how waste is shipped back to Asia. In places such as Guiyu China, this trash is dismantled. Last month, we introduced new legislation in the US on e-waste dumping. However, the US has refused to sign the Basel Convention. The Electronics TakeBack Coalition has been working on issues of e-waste. 23 states now have E-Waste laws.

Next month on November 7th, a new video is going to come out called the Story of Electronics. This is similar to the Story of Stuff. It is a cartoon depicting the issues in the electronics industry.

The electronics industry has been rapidly globalised. It has moved from Silicon valley to all over the world. So have the problems. For example, RCA in Taiwan. They are in trial right now.

Meanwhile, the industry has been protecting itself. Samsung has hired Environ. This organisation is notorious for doing environment friendly studies. David Michaels, the number one OSH person in US has written a book about this called ‘Doubt is their product’. It is about how industry’s assault on science harms your health.

We think we need to unite occupational health and environmental health. More collaboration is needed with other organisations. For example, Waste Not Asia, is similar to ANROAV but on the environmental side. In Taiwan, this collaboration is already happening, for instance people campaigning against a new industrial park.

The Electronics Take Back Coalition demands:

- Take it back
- Make it clean
- Recycle responsibly

www.computertakeback.com

The International Campaign for Responsible Technology (ICRT) is an international solidarity network that promotes corporate and government accountability in the global electronics industry. Network members are united by their concern for the lifecycle impacts of this industry on health, the environment and workers’ rights.

Overview of Health and Safety Hazards in the Electronics Industry:-- Laura Stock, Labor Occupational Health Program, University of California Berkeley, USA

This section of the workshop started off with a large group introduction to the topic of hazards in the electronics industry. Laura reminded the group that we had said earlier that one of the ways shop-floor workers can be engaged in health and safety improvements is by inspecting the workplace, looking for hazards. The word hazard is a broad term that means something that can hurt you, make you sick or harm your mental health.

Hazards can be divided into 4 different categories -- safety, chemicals, biological and physical hazards. The group brainstormed examples of hazards in these categories:

- Safety (hazards that can harm you right away): Machine cutting finger/ hands; tools; etc.
- Chemicals: Soldering; cleaning chemicals; etc.
- Biological (living organisms that can cause disease): Typhoid
- Physical hazards (other hazards that can harm one’s health): Deadlines causing stress; repetitive work; long hours; noise

Laura noted that some of these hazards are obvious and some are more hidden.

Laura then led the group in a small group activity called, Hazard Mapping. Five groups prepared hazard maps of different electronics processes or other types of workplaces. Each group then presented its map to the rest of the class, pointing out the 2-3 key hazards they are most concerned about in this workplace.

Laura summarized this section and asked whether participants can imagine using this activity with their co-workers, union members and/or constituents as a way of helping them think about the hazards they face on the job. Participants felt it would be a useful tool. She also pointed out Factsheets A and B, Understanding Job Hazards and Hazards in the Electronics Industry, in their packets that relate to this topic.

Investigating Hazards/Identifying Health Problems:--

Robin next led the group in a discussion about other tools that can be used to identify health and safety problems in the workplace. The group brainstormed the following list of methods:

- Co-workers
- MSDS
- Labels (often in another language)
- Ask NGO
- Ask the union
- Internet searching
- Government
- Survey
- Accident investigations
- Injury reports
- Medical doctor
- Community workers
- Safety committees
- Inspections
- Mass media
- Research studies
- Hospital visits

Robin explained that the group would next focus on two of these tools that can be very helpful in getting information about hazards in general and the health problems workers may be facing -- inspections and worker surveys. Robin
Robin asked whether anyone in the group had ever done workplace inspections and then followed up with the following questions (responses follow):

1. What information can you get from an inspection?
   - Which hazards are present and where they are located
   - Which job processes may be hazardous
   - Whether measures are in place to protect workers from the hazards.

2. What information might you miss if this was your only source of information?
   - Workers’ concerns
   - Hidden hazards such as stress

3. What are the challenges you might face in using this method?
   - Getting access to do the inspection.

4. What tips do you have for using this method effectively?
   - Be sure to talk to workers while conducting the inspection.
   - Conduct inspections at different times of the day or on different shifts to study variations in work pace, staffing, and work processes.
   - Revise the tool to reflect potential hazards specific to your own workplace.

Robin summarized this section stressing the importance of collecting information directly from workers and the importance of using multiple tools in order to get a more complete picture of the health and safety problems in the workplace.

Overview of Chemical Hazards in the Electronics Industry-- Garrett Brown, California Occupational Safety and Health Administration / Maquiladora Health and Safety Support Network

Garrett introduced the next section and provided an overview to chemical exposures. He explained, all chemicals have the potential to cause harm, but some are more likely to cause harm than others. He explained the following factors that make a chemical likely to cause harm:

- Toxicity. The more toxic a chemical is, the more likely it is to cause harm, depending on the dose.
- Dose (concentration and duration). How much of a chemical you are exposed to influences whether you will get a health effect. The greater the dose, the greater the harm. Also, the longer the exposure, the greater the harm. In electronics, workers are exposed to many chemicals at the same time, and the workplace exposure limits – even where there are any – are too often not health protective for individual chemicals much less multiple chemicals and untested chemicals. We need to present a strong message that just because exposure standards aren’t violated, doesn’t mean there aren’t hazardous exposures.
- Route of Exposure. A chemical has to get on or inside your body in a way that can cause harm – through inhalation, absorption, and/or ingestion.
- Reaction and Interaction. Other chemicals may react with a chemical you are using to produce a more toxic substance or may interact with another chemical to cause increased harm.
- Individual Differences. Some people may be more likely to be harmed by a chemical based on family history, age, pregnancy, previous exposures, smoking, etc.

Garrett then introduced the small group activity. He distributed colored dots to each table and asked participants to take 5 minutes to talk to others at their table about the chemicals they or their constituents work with and the different health effects those chemicals may cause -- how these chemicals can harm the body. He asked the groups to pick a volunteer and put dots on the parts of the body where they think health effects may occur if workers are exposed to these chemicals. After about 5 minutes, the groups shared examples of chemicals they talked about and health effects they identified.

The class discussed challenges to finding out about the chemicals:

- Worker doesn’t know the actual chemical’s name
- MSDS labels, terms are in different languages
- Worker may not be able to access the internet
- Lack of knowledge
- Literacy
- Market brand names are different

The group also discussed things they need that would help:
• Glossaries in color, with icons, brand names
• Central websites
• Teaching workers to write the name of the chemicals they use and tell the union, NGO
• Get word to workers through community radio + health promoters
• Establish “hotline” link for workers with doctors
• Need MSDS/ factsheet icons with symbols
• Need a global approach to chemicals
• Send information to IPOD, audio films

Garrett next explained that some health effects from chemicals occur right away after sudden and severe exposures and others take a long time to develop. When they occur right away, we call them acute effects. When health effects occur a long time after repeated exposures, we call them chronic effects. Some chemicals can cause both acute and chronic effects. For example, breathing solvent vapors could give you a headache or make you dizzy right away. Breathing those vapors for years may also cause liver damage.

Garrett asked the class: What are clues that might tell a worker that a health effect he or she is experiencing is related to exposures at work?

• Symptoms go away after time off from work, like weekends or vacations.
• Other workers doing the same job have similar symptoms.

Some chemicals cause health effects right at the point of exposure. These are called “local effects.” For example, if ammonia gas is inhaled, it quickly irritates the lining of the respiratory tract. Almost no ammonia passes from the lungs into the blood. So ammonia only causes local effects. Or, for example, acids can cause burns to the skin.

Other chemicals can enter the body and travel in the bloodstream to affect internal organs. We call these systemic effects. The organs most often affected by chemicals are the lungs, liver, kidneys, heart, blood, nervous system (including the brain), and the reproductive system.

Some chemicals cause cancer. Cancer is the uncontrolled growth and spread of abnormal cells in the body. It is not true that all chemicals cause cancer in large enough doses. It is important to know when a particular chemical is believed to cause cancer so you can protect yourself.

Garrett then discussed the problem that chemicals used in the electronics industry can have an effect on the reproductive systems of both men and women. Examples of the reproductive effects of chemicals on men and women include the inability to conceive children, lowered sex drive, disturbances in menstruation, miscarriages, stillbirths, and defects in children that are apparent at birth or later in the child’s development such as attention deficit disorder or different kinds of developmental disabilities.

Several industrial chemicals (such as lead, methyl mercury, polychlorinated biphenyls [PCBs], arsenic, and toluene) are recognized causes of neuro-developmental disorders and brain dysfunction. Exposure to these chemicals during early fetal development can cause brain injury at doses much lower than those affecting adult brain function.

Another 200 chemicals are known to cause clinical neurotoxic effects in adults. Despite an absence of systematic testing, many additional chemicals have been shown to be neurotoxic in laboratory models. The toxic effects of such chemicals in the developing human brain are not known and they are not regulated to protect children.

Garrett summarized this section including asking whether participants can imagine using this activity with their co-workers, union members and/or constituents as a way of helping them think about the health problems or symptoms they may be experiencing.

Garrett pointed out Factsheet C, Understanding Chemical Hazards; Factsheet D, Chemicals causing occupational cancer; and Factsheet E, Reproductive Neurotoxins in the packets for future reference.

Day 2

Robin welcomed everyone back and reviewed the agenda for the day.

Investigating Chemical Hazards—Laura

Introduction to MSDSs: Laura introduced this section by saying that one of the ways to find out about the hazards associated with the chemicals you are using and how to protect yourself is by looking at the MSDS (the Material Safety Data Sheet) for that chemical product. MSDSs are information sheets that the manufacturers of the chemical product are required to prepare and provide to the purchasers of their chemicals. This requirement differs by country.

Laura asked, what must be on an MSDS?

• Product name and hazardous
• Chemical characteristic
• Fire and explosion hazards
• Reactivity hazards
• Health hazards
• Precautions for safe handling, storage and use

Laura then introduced the small group MSDS activity: We will now do a small group activity where we look at a real case of an electronics worker who was exposed to chemicals at her job in the United States. Laura read the case aloud and then had small groups work together to review the MSDS for one of the chemicals this worker was exposed to and to answer some questions related to the case. Half the groups were provided with the MSDS for gallium arsenide and other half with the MSDS for methanol (also called methyl alcohol).

Li Yuan and Her Son

Li Yuan came to the United States from China as a teenager. Her first job in the U.S. was cleaning semiconductor “wafers” made from gallium arsenide with methanol to remove traces of dust that would make the wafers unusable. When she learned she was pregnant, her employer told her not to worry—methanol (methyl alcohol) and gallium arsenide couldn’t hurt her baby. However, her son was born blind and with serious birth defects. Li Yuan and her husband wonder whether it was because of the chemicals Li Yuan used at work.

Report Back: The groups took turns reporting back on the answers:

1. If workers are exposed to this chemical can it make them sick? If so, what kind of health effects might it cause? How do you know?

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Gallium Arsenide -- Health hazard section says there are no adverse health effects except under extreme conditions -- including causing nausea, diarrhea, hot flashes etc.

Methyl Alcohol -- Yes can even cause death. In lower concentrations, can cause skin irritation and irritation to the nose, throat, etc.

2. Could this chemical have caused Li Yuan’s son’s birth defects? If so, why do you think so?

Gallium Arsenide -- Probably not.

Methyl Alcohol -- Yes, it’s possible. It is suspected of being a teratogen.

3. How should workers be protected when working around this chemical?

Gallium Arsenide. -- General ventilation. If not sufficient general ventilation, then respirators approved for toxic dusts should be worn.

Methyl Alcohol -- -- Local exhaust ventilation. If not LEV, then respirators with cartridges.

4. Can you think of anything that Li Yuan could have done to better protect herself?

Ask for information from her employer about the chemicals she is using. Ask for help from an activist group.

5. How helpful is this MSDS in providing adequate information? What do you like or not like about it?

Gallium Arsenide -- not a lot of information.

Methyl Alcohol -- pretty informative.

6. What information is missing from the MSDS that you would need in order to better determine whether the exposure to this chemical potentially caused Li Yuan’s son’s birth defects? Where would you go to get this information?

Internet, activist groups, etc.

Controlling Hazards -- Robin

Robin introduced the next section on ways to control hazards and prevent work-related injuries and illnesses. The group brainstormed a list of the main ways to control exposure to hazardous chemicals:

- Substitute a safer chemical product in place of a toxic one.
- Enclose a process that uses toxic chemicals so no one is exposed.
- Use good ventilation so workers don’t breathe in a chemical.
- Limit how much time a worker is exposed to a chemical.
- Train workers in how to use chemicals safely.
- Use personal protective equipment such as gloves, goggles, respirators, etc.

Robin added that not all solutions are equally effective. She drew a pyramid and explained the hierarchy of controls. Starting from the top of the pyramid, she explained that ideally, employers would establish controls that remove the hazard altogether, such as using safer chemicals or installing local exhaust ventilation systems that remove fumes and vapors from the breathing zones of workers. Local exhaust ventilation is an example of this (engineering controls).

If that can’t be done, instituting policies and procedures such as requirements regarding hand washing and cleaning work surfaces or limiting the amount of time a worker is exposed to a chemical may help (administrative controls).

Last on the list is personal protective equipment, such as respirators, gloves, etc -- things you wear on your body to protect yourself from the hazard. The class discussed why this was put last on the list.

- hazard is still there
- depends on the worker to wear the PPE and PPE can be uncomfortable
- has to be the right PPE for the particular chemical and has to fit properly

The class viewed a slide showing workers wearing gloves and masks. Robin noted that these workers are wearing masks that are not respirators. They are not air tight. They fit loosely over the workers’ nose and mouth. Depending on what the chemical is that these workers are using, it may be completely useless. That’s why it is so important to know what the chemicals are that you are working with and what are the proper protections. If PPE is the only thing available, then it should be the right kind of PPE, be provided to the worker, and should properly fit the worker. Robin also noted that the chemicals shown in both photos are not labeled so these workers may have no idea what they are working with and how they should be protected. She pointed out Factsheet K: Controlling Hazards, in their binder.

Robin then introduced the small group activity, telling the class they would work in small groups to practice thinking about what can be done to control hazards that cause injuries and illnesses in the electronics industry. Small groups would look at a couple of cases where workers were harmed to brainstorm effective solutions to the problems and to consider what activists can do and what individual workers can do to address the problem. She distributed Worksheet #2, Controlling Hazards, and gave small groups 15 minutes to work together, before reporting back.

Report back.

Case 1: This is a group of workers putting parts into the circuit board of an electronics component. The workers work long hours at a fast pace. They have been complaining of shoulder, back and other musculoskeletal pain.

1. What are the specific hazards causing these health problems?

Sitting for long periods of time. Shoulders not relaxed, Repetitive work. Arms raised. Table not at right height. Working long hours without a break. Fast work pace.

2. What solutions would you suggest for addressing these hazards?

Table needs to be at the right height. Adjustable chairs that can be fit to each individual worker. Regular breaks for the workers. Adjusted work pace.
3. What could the union or other activist group do to support the workers?

Help the workers find information. Advocate for the workers, interacting with the contract manufacturers or international brands. Launch a campaign. Make a safety and healthy induction.

4. What could the individual workers do?

Speak up. Ask questions.

Case 2: This worker is suffering extreme stress from having to work a whole month without a day off, at least 12 hours a day. The company doesn’t let people from the same town work or live together so it’s difficult to build up friendships.

1. What are the specific hazards causing this worker’s stress?

Long hours, isolation. No chance to interact with each other.

2. What solutions would you suggest for addressing these hazards?

Breaks. Limit work day. Eliminate the rule about not rooming with friends. Make a direct interaction between workers, give time off for the workers, and make a place for relaxing.

3. What could the union or other activist group do to support the workers?

Help the workers find information. Advocate for the workers, interacting with the contract manufacturers or international brands. Launch a campaign. Organize the workers by gathering for a safety workshop so that the workers can meet and develop relationships with each other. Make some place near the factory for the workers to relax.

4. What could the individual worker do?

Speak up. Ask questions. Join the union. More active talking with other workers; it’s a simple thing but very important.

Taking Action & Moving Forward -- Laura and Robin

Laura informed the class that the last thing on the agenda for the day would be to give country groups a chance to work together to develop a plan of action for what they would do to address the health and safety of electronics workers back in their countries, recognizing that many of them already know what actions they planned to take but suggesting that it can be useful anyway to go over the steps to action planning:

Step 1 -- The first step is to prioritize possible actions and decide on your goals. There are clearly many things to work on and it can be hard to do everything at once. Laura asked the class to think back to when they identified key hazards when working on the hazard maps and then brainstormed with the class a list of reasons that an issue might be a priority to work on first. For example, an issue might be prioritized because:

- It is a health problem that is very serious.
- It is a health problem that affects a lot of people.
- It is a health problem that a lot of people care about or is getting a lot of publicity.
- It is an issue that can be fairly easily addressed/tackled and can therefore give you a feeling of success early on.
- It violates legal standards or codes of conduct.

Once you figure out what you want to work on, the next step is to decide on your goal -- what is it you want to happen? What change are you looking for? Goals are different than tasks -- goals are bigger.

Step 2 -- The next step is to determine what already is in your favor to help you achieve your goal (what supports you have) as well as what obstacles there may be. And then come up with ways of overcoming these obstacles/challenges to the extent possible. Make sure you figure out how to protect the workers if you plan to engage with management.

Step 3 -- You may need more information, more documentation in order to make your case effectively. Think about what information you need and where you will get it.

Step 4 -- Determine whom you need to talk to or involve in your plan in order to achieve your goal as well as what you will say to them to get them engaged.

And then finally, it is important to list out all the tasks, including who will do each task and by what date.

She then asked groups to work on their own action plans. She pointed out Factsheets L and M: Choosing Tools Worksheet and Action Planning Worksheet. Then gave each group 30 minutes to meet and fill out their Action Planning Worksheet.

After 30 minutes, Robin asked each group to report on their action plan, explaining their goal, why they selected this goal, what supports they have in place, what challenges they think they will face, whom they need to engage with in order to be successful, and what they will say to them to get them engaged. The following lists the plans of action by country:

China

Collect data about key chemicals, develop MSDS/factsheets on these chemicals and then educate workers about these key chemicals.

Korea

Win the lawsuit against Samsung, change the system, get more evidence about health effects, build support groups for workers with outside experts. Take photos of Samsung for an online campaign. Launch a public campaign in collaboration with subway workers.

Indonesia

Launch an education campaign on health and safety for workers with the union and the Occupational Safety and Health committee, work with victims to help them get the support they need, work with OSH experts, NGOs, etc.

Thailand

Bring workers together with experts and teach about them.
about health and safety, using body maps etc. Get more information about chemicals, launch a campaign about health and safety laws.

**Philippines**

Get information about certain chemicals that are causing deaths, provide training. Our long-term goal is to get legislation passed to protect workers.

**USA**

Develop a source for sharing information about chemicals and safer alternatives; develop training materials and a clearing house of materials and training resources for use by ANROAV participants.

**Summary and Evaluation of Workshop -- Garrett lead a discussion about what participants liked about the workshop and their suggestions for improvement:**

- **What we Liked**
  - Personal stories
  - Hazard mapping
  - Participatory workshop
  - Easy to understand language of the instructors
  - Good information
  - Networking
  - Being with people with the same problems from different countries
  - Brainstorming solutions, experts to help.

- **Suggestions for Improvement**
  - More time for personal stories
  - More multi language handouts
  - Sharing among countries
  - Need to take this to government workplace
  - An ANROAV electronics industry network
  - Exchange ideas about what works

**Workshop 3 Lung Diseases**

**Horison Hotel, Bandung – Indonesia**

Monday, October 18th - Tuesday, October 19th, 2010

**Day One: Monday, October 18th, 2010**

**Silicosis-Pneumoconiosis**

**Legal Aspects, by Earl Brown**

The workshop began with a presentation from Earl Brown on legal aspects of silicosis-pneumoconiosis. He has represented workers in many cases seeking workers compensation benefits for workplace disease and injury. He gave many examples from his practice.

How these diseases are handled in law depends on the relevant national legal system. Both common law and civil law systems for workers’ compensation end up developing complicated bureaucracies that often do not deliver the benefits promised in law to injured and diseased workers and their families, or to the survivors of breadwinners killed at work or who have succumbed to work inflicted disease. In common law countries (such as in Britain, India and the US) the important details of workers’ compensation law is often set by judges, so activists therefore need to keep an eye on what judges do. Also, what bureaucrats in ministries decide about workers’ compensation programs?

On the other hand, civil law systems in Asia (such as Japan, Korea and China) have not developed adequate workers compensation programs, even though Asia has the largest number of victims of workplace death, injuries and disease. One problem has been and remains compensating victim of workplace lung diseases. Outside the framework of workers’ compensation programs the law of damages has not been well developed in Asian civil law. Workers’ compensation program just don’t work very well. Benefits are stingy and slow. Workers who are disabled by injuries or diseases at work can’t get enough money from ordinary civil suits to take care of the medical needs, or to provide for their families either. Survivors of deceased workers, often completely alone in the world and without any source of support, can’t either.

Victims must find a lawyer to get compensation, which is not easy in any country, for instance China. Industry further corrupts the legal system.

It is hard to say how many victims there are worldwide. The system depends on medical diagnoses, and many cases go unreported. Also, in some systems, government doctors are relied upon for diagnoses. However, these doctors will not support workers as reliably as those employed by workers’ unions. In some systems, the disease must be recognised by the employer. However, company doctors are reluctant to identify occupational sickness. In 1989, one women was sick because of a factory’s fiber dust. But strangely, it was said that she was sick because of washing activities in her home.

There remain many problems that must be overcome. One is the present lack of data. There is a time lag with the recognition of occupational illness. Data collected now will help the struggle towards diseases being legally recognised in several years time. Law enforcement is also a problem in the civil law system. Legislators often side with them against workers. Corruption is also a problem. Knowledge about occupational illness is low. Lawyers need to learn about medical aspects of workplace disease, and unions should help mediate between lawyers and doctors. Shareholders also ought to be informed about the moral and legal liability from occupational illness.

**Discussion:**

The presentation above fits with the legal problem in India. We have to draft the petition and give it to a lawyer. In our law for compensation, it is not the disease that is compensated, but the manifestation of the disease. You have to show the manifestation. (Jagdish Pathel, India)

**Answer:** this is so theoretical, rehabilitation process. If they said [workers had to have a] 20% handicap and the workers cannot prove it exactly [they would not get compensation].

There are lots of contradictions in the application of national law in China. There are many irregularities between national and local laws. In many cases, local judges use local laws instead of national laws. Even though there are laws, it is difficult for us to implement them.

**Answer:** China has civil law, so theoretically, just bring it to the High Court. We see in China that the local judge doesn’t recognize the diseases. This leaves two choices: to bring it to the high court, to show them
China national law. It is difficult to find doctors in china. For example, there is one patient in a factory with one employer. He got a lung disease, but the evidence is invalid because the doctor doesn’t have the license of OSH investigation.

Answer: Diagnosis by the doctor can prove that the lung has lost its elasticity. But in this case, the government did not admit the evidence because the doctor doesn’t have the OSH license. There is a film (doctor, lawyer, judge) that really understands this system. But this film is made for education.

**Laurie:** NGOs and victims groups should not only interpret the law but also change the law. In UK, the law changed within 6 weeks.

In Asia, the employer gives the workers milk to detoxify toxins. And the doctor and lawyer agree with that practice. This happened in the UK in 1930. We propose to create a school for workers.

Concerning the practice of giving milk, I even went to the company in India and my recommendation was to repair the tank where the fumes were emitted (close it properly). Kathleen Ruff, Canada: A scientist that was paid by the Asbestos Union to say that asbestos is good for human lungs. Later, in court, a lawyer showed that he was bribed with 100 million dollars. Please if you find this concept, you have to demolish the idea.

**Changes in Pneumoconiosis Program of Korea** (Domyung Paek, BANKO).

(Picture of lung exposed to dust)

Pneumoconiosis (PC) is a disease caused by dust accumulation in the lung. Those who are exposed for a long time are especially vulnerable. In reality, the detection is not possible because removing people from the dust means removing them from employment. In reality, the curable diseases become incurable.

Death rates (SMR) among Pneumoconiosis victims

SMR compared with general population 2-3 times higher. Screening is not working.

There needs to be a paradigm shift. Social treatment is needed instead of medical treatment (good nutrition and decent housing).

Pneumoconiosis compensation pension. Pension should be provided rather than a lump-sum because PC is a progressive disease.

New PC program: screening as before, diagnosis and social treatment for those with definite pneumoconiosis.

Previous model: smaller number of people that get income and compensation (treatment), but lots of them have a disability. This is different with the new model.

The role of medicine: Gate Keeper for Social Treatment, not as an arbitrator. Local hospital as the caregiver for the acute workers.

**Lessons:**

Primary prevention is not possible if tertiary prevention is adequate

Medicalization will distort the role of medicine, because medicine is only part of the problem.

Building a larger social system is more important than providing incentives for a small sector of society.

Importing foreign systems (these should always be tested)

**Discussion**

PC law: Combination of compensation and treatment. Korean victim groups can make change.

Diagnosis procedure, How do you distinguish PC and tuberculosis? Is PC really curable? What is your medical definition of OSH? In Chinese, OSH is categorized into three stages, how about in Korea, is there any definition like that?

Answer: Distinguishing them is difficult, it is done by observing the shadows of the X-ray of the victims. PC is incurable but there is a stage of complication that can be cured. It is difficult to differentiate between the suspect and the definite cases (this needs a period of time).

About social pensions, is there any social security related pension for them? In China, the overall category is the same. PC is the most prevalent in Asia, but diagnosis has become impossible, so the diagnosis is based on anxiety. Is there any simpler way to diagnose PC aside from expensive x-rays? Is there any international standard?

Answer: the standard diagnosis was based on that of the ILO. Compared with complicated techniques, X-ray is simple. Response from India: the important thing is the maintenance of X-ray, so that we have the standard for the diagnosis, because new tools are happening every day.

Is it possible to diagnose silicosis from blood samples?

Answer: there are no specific biomarkers, it can be used. In Iran, the diagnosis of PC, silicosis is based on the history of exposure, the radiology (X-ray, CT scan), and physical examination. Dr Ramin Mehrdad from Iran.

**The Problems with Diagnosing Occupational Disease (from China)**

Case study: One victim discovered that he had tuberculosis. In China, it is difficult to diagnose occupational disease. We have a complicated system of categorization. This worker, after being dismissed by his employer, came to his village and got his diagnosis. He was then hospitalized. In 2002, in every province, there are very few hospitals to diagnose PC, only sophisticated hospitals can diagnose it. After he received diagnosis, he proceeded with legal procedures to get his legal right (compensation). In 2005, he was certified as having silicosis stage II+ in Guangdong.

There is a diagnosis problem in China, there is a law that you have to show certification from the place where you work. So, Yang was fired because medical staff in OPC found that he had early symptoms of occupational disease. It is therefore difficult for the workers to get certification from the place where they work.
There is also a legal problem. The process in the court lasts for 5 years. A common phenomenon is that due to new laws and legislation, the workers have to go through lots of unnecessary steps.

Responsibility of the government. This is indicated in this case. Up until now, the enterprise has moved three times from the case. So the worker has even more difficulties in trying to protect his rights. In addition, there is a problem with the previous employer and the current employer. There is actually a complication to find the responsible employer.

We have to come back to the place where we came from because of the positive support. So it’s the responsibility of the government not to send people out of their hometown.

Campaign updates

Philippines (Noel Colina)

Asbestos Campaign (2008). In this congress there was a ban in asbestos (asbestos is allowed in certain situations, but is banned generally). There is draft legislation, you have to have agreement from senate, and the legislative, for presidential endorsement. We use new media (Facebook and Twitter) for these campaigns. We suggest that Indonesia use Twitter.

Ongoing Activities in the Asbestos Campaign, from India

Asbestos has been used in India for almost 70 years. 57 asbestos-based industries of varying capacity have been given Environmental Clearance (EC).

Conditional of asbestos use: Only sterilized asbestos will be used, and there will be no human handling.

There is an asbestos workshop in Gujarat.

Round table conference on issues related to asbestos. Its difficult to coordinate with the government.

We did strike but the permission was taken away by the police.

Gathering of data on use of asbestos during the Commonwealth Games, 2010. But the ministry was offended.

From India, Hindustan Ferodo

We've been working on a textile company to get compensation. It is in Hindustan Ferodo. We screened 41 workers who have been working with asbestos. All of them had sickness from category 1-6 and they got compensation. When we found these asbestos victims, then we had a chance to find other asbestos workers. They personally contacted their friends and found 600 people, 120 of these had asbestos sickness. The wife of some workers had also been infected indirectly with asbestos. This Hindustan company belongs to the UK. These cases were sent to court, and the court agreed to give compensation to 53 workers. From 120 people that sent their documents, 97 people got compensation, 3 million rupees in total. If this really works, we will use this strategy again to gain compensation for the workers.

Asbestos textile industry in Osaka Prefecture Sen'nan region

The Asbestos textile industry began to operate in 1907. There are 200 asbestos-related workshops in the Sen’nan region, including subcontractors.

Testimony of the workers: “I couldn’t see my friend’s face from the entrance because of dust.” “I place my kid in a basket because there is no place other than that”

The issue of compensation for Sen’nan asbestos victims was brought to court in 2006. The defendant was the Japanese government. Almost all enterprises are now closed so it is not possible to trace the employer.

Additional comments from Indonesia

The problem of asbestos is much worse than in any other countries. In Indonesia asbestos is free and cheap. The diseases are not covered by Jamsostek (health insurance). It is the government’s responsibility, but usually victims have died before the case was brought to the court.

Day 2 - The Silicosis Problem and Asbestos Trade

Silicosis Victims, by Ramchander, India

My name is Ramchander and I live in small village in Rajasthan India. I suffer from silicosis. I worked in sandstone mines nearby for 25 years. Two years ago I had an illness and the hospital said that I suffered TB. The Mine Labor Protection Campaign arranged my medical check up, and said I suffer from silicosis. Now I demand the government to give me compensation. When I started work, I was getting 2 rupees per day. When I stop working, I was getting 25 rupees per day. After that, I was unemployed sitting at home. In last few years, many workers died in my village and nearby, but only 21 got compensation. In the last month alone, there have been four deaths, two from my village and two from a nearby village. No one knows who really owns the mine. The owner gives the shares to so many people. There are no documents to show who is the owner. We use explosive materials so there will be explosions with lots of dust and we don’t have equipments to protect ourselves. We were not given any information. The government hospital has recorded that 800 workers have suffered silicosis, but none of them got compensation because they don't have the evidence to sue.

Silicosis in Gujarat, Jagdish Patel

We work in two different places on two different industries (gemstone and stone crushing). There are about 15-20 factories for stone crushing in the Gujarat area. The workers of tribal societies went to Gujarat for work. They are not registered in Gujarat and have no health insurance. So when they sue, they don’t have any evidence. All of them work through contractors. The factory is so dusty, even in the dormitories. Dust is everywhere. My organization works only in Gujarat state. We help their medical check-ups for the government so that workers get certification. That is what we’ve been doing for 5 years.

In the gemstone industry, we haven’t won all workers because all of them are in bondage (debt bondage). We give them a little money, a care center for their children, and medical care. We submitted documents of 50 silicosis
cases because we gave them clinical evidence. Because it is continuously advocated, we try to make workers start up home industries with safe technology. But they are not independent, they are bonded to the company. Should we promote home based industry?

They breathe silica dust while grinding semi-precious stones. They face a high risk of silicosis. It starts with breathlessness.

This photo was not in a place where you visited. But here now the workers have started to use water [wet grinding]. The Chinese group we mentioned has come to Jayapur. In China, there is also home-based industry. China: well actually the working situation is not that bad, the workers use water and oil in the machine. India: there are 70 cases of silicosis in Turkey using sand-blasting.

From Cambodia Democratic Union. Regarding the sand blasting. I worked in a garment factory from 1999. It depends on the season. [My job was at] Takfak, producing lots of gems in dark. The big problem in Cambodia is that we don’t know how to diagnose. In my section, the washing section, they used many chemical substances to soften the gems. Workers have no idea about what is happening. The uniform for sand-blasting workers is just like an astronaut, but its too heavy and uncomfortable. We have limited resources and capacity to understand this. This is also a political problem. Any factory that had a sand-blasting section, there will be also be a washing section. This year we will extend our struggle and we have to stick to the priority of our goals: the 250 main factories. 200-300 workers might be involved in this sand blasting.

Asbestos- International Transfer and Campaign

International Trade Situation based on UN Data, Takehiko Murayama

- UN Commodity Trade
- HS (Harmonized Commodity Description and Coding System) code= 2524: asbestos. This is actually gold material, not specifically asbestos.
- UN Comtrade, Targets of Main Exporter in 2009:
- Exporting countries: Russia (the biggest), Kazakhstan, Brazi, Canada, China.
- Importing: India, Indonesia, Cambodia, Vietnam, Thailand, China
- Generally there is an increasing demand of asbestos.
- Quantity and the value in 2009: mostly concentrated in a low price and low quantity. But Canada has the most expensive price to India. In the past five years I don’t know why the price is increasing.
- Re-exporters: Bahama Oman, UAE, USA
- Import volume of Indonesia is increasing. Brazil is the main exporter to Indonesia, followed by Canada.

“Pollution Export” of the Asbestos Industry and the Ongoing Aftermath

Yeyung Choi, A-BAN

NICHIA, a big Japanese asbestos company, has 20 asbestos factories in 10 Asian countries. There was a demonstration in Tokyo against NICHIA. This has been a case of transnational transfer of asbestos through a Korean asbestos company. It is a case of asbestos plant transfer in Asia.

Japan (1951-2001) and Germany (1951-1990), => South Korea => Indonesia (until now).

There are two asbestos factories in Cibinong Indonesia (PT JEIL Fajar and PT Trigraha). We have two [sources of] data in Indonesia (the cement industry in 2003, and the textile industry). The quality of asbestos in Indonesia is the same as in Korea in the beginning of the 1980s. Even 500 meters away from the area is still contaminated with asbestos (including schools, Cibinong High School).

ETERNIT, Belgium. There are a sport complex and houses around the two asbestos manufacturers. There were also playgrounds that used asbestos pipes. We selected samples from roofs, pipes, and roofing materials, and spray and we found there that was as much as 20% Chrysotile, Crocidolite (20%). Eternit is multinational company (Belgium, Japan, Congo).

Canada exports most of their asbestos to Asia.

There is a fancy name “ISO certification” for this deadly asbestos factory. This is not good since the asbestos is still dangerous.

Discussion on Silicosis

Participants: Indian and Chinese delegates

Discussion topics: Diagnosis, legal aspects, compensation, workplace monitoring, penalizing the employer, social issues, rehabilitation, treatment, family pensions.

In India, we started our own clinic. We got doctors from the local medical college, and the local hospital gave us free access. We provide information to the doctors about silicosis in OSH. Our small clinic works by providing cheap medicine and paying transport for the patients. So the main thing is how to lobby local medical resources so that they give us a certificate as evidence that is useful in the legal proceedings.

In Cambodia, the diagnosis and treatment are poor. There are no people interested in silicosis. So I think the first thing we have to do is to motivate the doctors to help us. Many workers don’t know why they sick.

Suki: I think the approach has to be bottom up (collecting evidence from the victims and bringing it to the court) and top-down (ILO puts pressure on the country).

China and India agree to cooperate in making a role model company using Chinese technology in Gujarat India. This is intended to make workers familiar with the machines, and to build their acceptance in using these machines.
Participants:
Sugiyo Furuya, A-BAN Japan
Suki, China
Silicosis victims from China
Jagdish Patel, Peoples and Research Training Center
Sanjiv, HK
Dr Ramin Mehrdad from Iran, Tehran University, expert in Occupational Disease
Gerrard, Austria
Kate, US
Laurie, UK, advisor of A-BAN network. Studies the dirty tricks of the asbestos trade
Representative from Rajasthan
Ramchadrad, small village in Rajasthan
Shureka from Mumbai
Mohit, OEHNI, India
Earl Brown, US
Rachel, South Korea
Tom Yong, South Korea
Jang Jieol, asbestos victims
Kathleen Ruff, Canada, activist fighting asbestos exports
Gouyang Base NGO, China
Takeshi kuroyama, focusing on asbestos issue

Bandung Declaration on Occupational Safety and Health in Asia
ANROAV Annual Conference Bandung, Indonesia October 17 to 20, 2010

We, the participants of the 15th ANROAV conference, recognise the significance of the historic city of Bandung that upheld the principles of independence, freedom, sovereignty and dignity of people in the Asia-Africa meeting to form the Non-Aligned Nations 55 years ago.

Asia has now taken the centre stage of global industrial production. The Asian region also suffers from the highest rates of industrial accidents, diseases and deaths, with more than a million people dying every year due to work-related reasons.[1] This massacre of workers is an insult to the human rights framework that was the soul of the Bandung Declaration[2] in 1955.

Therefore in the spirit of the Bandung declaration, we, the members of the ANROAV network, pledge to work individually and collectively to take and support actions to develop ‘good work’: work that is safe, meaningful, socially just and environmentally sustainable; work that enables workers to develop skills and knowledge and have a reasonable life/work balance; work where workers are treated with dignity and respect.

To achieve this, we will work and urge our governments to:

- Acknowledge the magnitude of the problem, when more than a million workers are dying every year in Asia and millions more are getting sick or injured
- Act urgently, decisively and in good faith by making occupational safety and health (OSH) a priority policy issue. This should include the requirement of reporting all cases of occupational deaths and diseases in the respective countries. ILO Convention 155 should be ratified by all the governments in the region
- Recognise that health and safety at the workplace is a fundamental human right of workers and that existing problems are due to the institutional failures and denial of these fundamental rights, not because of the ‘carelessness of the workers’ which is often promoted by the corporate sector
- Actively promote legislation and enforcement of laws to protect all workers irrespective of their legal status, especially the undocumented, informal and migrant workers, and resist the attempts to weaken the existing laws and agreements which protect workers
- Recognise that workers and their organisations have a crucial role in the implementation of better health and safety at the workplace. Organised and unionised workplaces are safe workplaces and efforts are to be made to protect the freedom of association at the workplaces
- Ensure that injured and sick workers receive prompt and immediate treatment, just compensation and rehabilitation within a reasonable timeframe. The whole process should be simplified to ensure that victims are not further penalised by unwarranted delays
- Ensure the proper diagnosis of occupational diseases by providing sufficient diagnostic clinics and specialists that are independent, transparent, and accountable
- Recognize that certain sections of the population are more vulnerable to the hazards at the workplace, due to their social exclusion and unequal status in the society. Special attention should be paid to protect these workers that include undocumented workers, migrants, women, and people of colour and minorities, to protect them and uphold their dignity
- Establish a legal framework which holds companies, brands and individual directors accountable for the criminal negligence leading to the death, injury and exposure to disease of workers and citizens in any country. Companies should be also held accountable for the actions of their subsidiaries and sub-contractors
- Ensure that victims and their organisations are included in the decision-making processes related to OSH policy
We also affirm that we will:

- Develop solidarity with working people throughout the world to resist the transfer of risk from one country to another, with a major goal being a global ban on asbestos; make efforts to hold the global electronics industry responsible for the harm caused by unsafe working conditions and continue our efforts to ensure that the industry cleans up the whole supply chain.

- Develop an active and democratically operating global network of health and safety activists where the unique and diverse organising initiatives in different countries are respected and supported.

Stop the Massacre of Workers in Asia NOW