Proceedings of the ANROEV Conference

20th Anniversary of Kader fire

8-9 May, 2013 Bangkok, Thailand
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BACKGROUND AND RATIONALE

The Asian Network for the Rights of Occupational and Environmental Victims (ANROEV) formerly known as the Asian Network for Rights of Occupational and 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. The ANROAV members in 2010 decided to change the name of the network, in light of the many overlaps of the OSH movement with its environmental counterpart, the network was renamed as ANROEV, the Asian Network for the Rights of Occupational and Environmental Victims. The industrial disasters of Kader and Zhili, that killed more than 250 workers led to a campaign by the labour and victims groups in Asia towards better health and safety rights of the workers and the victims. ANROEV now has members from 14 Asian Countries and Territories including Japan, Korea, China, India, Pakistan, Thailand, Indonesia, Vietnam, Bangladesh, Hong Kong SAR, Taiwan, Nepal, Vietnam and Cambodia. In addition to the members in Asia, the ANROEV network is now the part of a process to build a global grassroots OSH network linking up grassroots OSH groups / networks in North America, Europe and Central/South America.

This year (i.e.) 2013 is the 20th Anniversary of the Kader fire tragedy and we will join victims of the fire in Bangkok on May 10, 2013 along with our comrades and Thai groups to commemorate the anniversary of this gruesome fire that took place in the Kader factory that took 188 lives on 10 May 1993. Later this year will be the 20th anniversary of the Zhili fire in China where the victims and member of our ANROEV China network will be coming together to remember and honour the victims of the Zhili fire. Over the past 20 years our network has moved on from accidents to occupational diseases and we now have strong victims organising in electronics, silicosis and asbestos. But unfortunately recent events in both Pakistan and Bangladesh have taken us back in time and we are back talking about accidents and fire safety again in 2013. This year there will be focus given to fire safety and occupational diseases. On February 19, 2013, a UN study which is the most comprehensive report on endocrine disrupting chemicals (EDCs) to date, highlights associations between exposure to EDCs and health problems including the potential for such chemicals to contribute to the development of in men, women and children. EDCs can enter the environment mainly through industrial and urban discharges, and waste. Human exposure can occur via the ingestion of food, dust and water, inhalation of gases and particles in the air, and skin contact. 1

1 Effects of Human and Wildlife Exposure to Hormone-Disrupting Chemicals Examined in Landmark UN
Exposure to chemicals in the region, the cocktail of chemicals being used in industries, the extent and effects of this exposure is still unknown and how it affects people and the environment is not fully known. The ANROEV network has ongoing strong campaigns and organizing of victims in the areas of asbestos, silicosis, electronics and mining.

The relevance of the ANROEV network is that our network is a grassroots network which is aimed at strengthening the victims and the people being impacted to seek justice so that they are organized and it also serves as a deterrent to remove the harmful hazardous substances are not used at the workplace. By bringing together the members from across the region, it is these experiences across the region that the ANROEV meetings brings together by creating a platform for the members and by facilitating thematic workshops for the exchange of ideas, to crystallise and form strategies nationally and regionally on existing campaigns and programs which will help shape the future direction of the network in terms of campaign, consolidated actions that can be taken and release of reports based on the collective work of the members. Members of the network have made steady progress and won victories that have pushed the frontier in the fight for justice of victims. The ANROEV conference now takes place every two years to help conserve our resources and to channel our energies nationally into building OSH networks like we have done in China, India and Indonesia. The network will now look at following the same strategy in other countries. These national networks come together on regional campaigns and further strengthen the fight for recognition and compensation and creating a united fight in OSH related issues in the Asian region. In addition, this year at the end of the ANROEV annual conference there will be a global grassroots OSH meeting where a few members of the ANROEV network will meet with members from other OSH and environmental network representatives with the intention of looking at ways of working together, and forming closer linkages with the vision of further strengthening the global grassroots OSH movement and the ANROEV network becoming an integral part of this network.

Report, 19 February, 2013
Biennial 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 Bangkok, Thailand on the eve of the 20th anniversary of the Kader fire in remembrance of the victims who lost their lives in the tragedy. Asia Monitor Resource Centre (AMRC) and ANROEV hosted a press conference at the Foreign Correspondents Club, Thailand on May 10th, 2013, the 20th Kader fire Anniversary, along with the victims of the industrial fires from Bangladesh, Pakistan, China and Thailand drawing the attention of the public and the media towards the state of Occupational Safety and Health and how even after a span of two decades workers are still fighting for the right to have a safe, hazard free workplace as their basic right.

**OBJECTIVES**

- To provide updates from network members on various ANROEV struggles and campaigns during the conference

- To devise strategies and to strengthen the victims’ movement by providing support at the ground for victims in terms of medical and legal support and access to information

- Look at joint collaboration on campaigns, actions, research and advocacy strategies for the next 2 years

- Look at ways to build strong linkages with environmental groups, workers and community groups on OSH issues building a strong OSH movement nationally and thereby making the regional ANROEV network stronger

- Share experiences with OSH groups outside Asia and look at ways to building linkages and support

- Propose a strategic plan for the direction if the network in the next two years
IN THIS SECTION:

- Welcome Remarks
- Keynote Speeches
- Interactive Session on Industrial Disasters in Asia
- Discussions on fire safety and situation in Asia
- Update from the ANROEV Secretariat
- International Updates on OSH Struggles
Welcome Remarks

Omana George from AMRC formally welcomed the participants on behalf of the ANROEV network. She spoke in brief regarding the history of the network and how after two industrial fires that took place 20 years ago namely the Kader Factory in Thailand and Zhili Factory in China, these two industrial accidents provided the impetus to the formation of the network. Now the network has grown and evolved with members from 14 countries and many associate members. She stated that, this year being the 20th anniversary of the Kader fire, the network has come to Bangkok to support and remember the victims of the fire tragedy in Thailand but just as we were preparing for this meeting we had two devastating industrial disasters in Asia, first in Pakistan and then in Bangladesh and since we had an even bigger disaster in Bangladesh wherein a building collapse which housed 5 garment factories has caused the death of 700 workers and continues to rise.

A moment of silence was observed by all present to remember the victims of industrial accidents and workers encountering hazards and diseases at work and those who have passed away due to unsafe work.

Omana then invited Voravidh Charoenloet, Council of Work and Environment-Related Patient’s Network (WEPT), Chen Yuying (Victim of Zhili Fire), and Mr Yongyut Mentapao from the Thai Labour Solidarity Committee (TLSC) to welcome the delegates on behalf of the local organisers.

Keynote Speeches

Dr. Voravidh Charoenloet, The Council of Work and Environment Related Patient’s Network of Thailand (WEPT)

Dr Charoenloet welcomed the participants and stated that the two day meeting is very important to come up with specific plans and develop collective actions to make the existing world a better place to live. The ANROEV meeting is also symbolic to commemorate the 20 years of the Kader factory fire, one of the worst factory fires in the history of industrialization. He recounted the Kader Fire incident where on May 10th
1993; a fire broke out in factory producing toys, Kader industry in Thailand which was a joint venture between a Thai company and Hong Kong Capital. The factory consisted of a 4 storey building which collapsed within 15 minutes after the fire trapping many workers. 188 workers died in this incident and 120 workers were injured. A committee to assist Kader workers was setup which composed of Trade Unionists, NGO and the members of the cabinet. The committee later developed into a movement to seek justice for Kader's victims.

He questioned the gathering, if any lessons have been learnt from this human tragedy and the past industrial disasters like the Minimata incident, Bhopal Disaster and the Zhili Fire to name a few or the collapse of textile factory in Bangladesh where workers perished in heap of dust and fire.

He also deplored the lack of data and under reporting of Occupational Disease victims in the Government Statistics. What the governments in the region call modernization, he termed as ‘Savage Capitalism’ which has led to ‘human made disasters’ which are completely avoidable. He stated that the Kader fire tragedy was a driving force to the OSH reforms movement in Thailand and stressed that international support and networking is important and the regional OSH networking has led to the formation and development of ANROEV.

He ended with a hope to find good solution for workers’ problems and to bring better quality of life to workers.

Mr. Yongyut Mentapao, Vice-president of Thai Labour Solidarity Committee (TLSC)

Mr. Mentapao welcomed the participants on behalf of Thai Labour Solidarity Committee (TLSC), which comprises of members from private sector and state enterprise sector with over 200,000 members and for choosing Thailand as the host for this year’s ANROEV conference. He said that since 2004, Thailand has transformed its economy from an agricultural based to industrial based. The industrial development which started during the 1960s has led to Thailand using intensive and cheap labour as well as long working hours. Labour is just seen as cost of production without any regards for Occupational Safety and Health (OSH) and
TLSC has campaigned annually in order to enhance the awareness of the society on OSH. He expressed hope that the conference this year in Thailand to mark the Kader Fire tragedy will strengthen alliances and collaborations to ensure safety and occupational

Chen Yuying, victim of Zhili Fire, China

Chen Yuying expressed her thanks for the efforts by ANROEV and participants from different countries to help the victims who are going through a very difficult period in their lives, to enable them to get organised and work towards achieving better OSH conditions.

She recounted the incident in 1993 at Zhili factory where the warehouse and workshop were not separated into different buildings and the fuse was made of improper material. The windows were all locked up and meshed. There was only one exit and the doors were locked up with insufficient fire prevention facilities. When the fire broke out nobody was there to help workers to get out. 20 years on many of the victims who were physically challenged, the relatives and family members are still suffering.

In May 2002, a victim’s help group called as “Self Help Station” was formed. Education and awareness activities on OSH have been conducted regularly over the past years and every year on November 19th, the anniversary activity of the Zhili fire is held. Audio visual materials like photos and videos are used to talk about OSH. Information is collected and case studies of the factory fires are compiled and it is seen that the factory fires are still part of workers lives. She expressed hope that as victims we will all stand together and fight for our rights and appealed to people to pay more attention to improve OSH in workplaces.

Introduction

Omana George, Program Coordinator, AMRC Hong Kong

The participant introduction was initiated by Omana George of AMRC country wise. There were participants from Bangladesh, Cambodia, Canada, China, Denmark, Hong Kong, India, Indonesia, Japan, Nepal, Netherlands, Pakistan, Philippines, South Korea, Taiwan, U.K., U.S.A., Vietnam, Thailand and South Africa

Mohit Gupta as coordinator of ANROEV introduced the program for the conference and invited any suggestions.
Interactive Session on Industrial Disasters in Asia

First Panel: Representatives and victim of Kader fire, Thailand and Zhili fire, China
Moderator: Apo Leong
Participants: Dr. Voravidh Charoenloet, Chen Yuying, Chan Kam Hong

Apo Leong - Today we are here to remember the Kader fire which happened 20 years ago. It is called as a man-made disaster as illustrated by Dr Voravidh and Chen Yuying in their opening remarks. But I still have hopes and high expectations among us. We are groups from all over Asia supported by friends from the rest of the world who would like to make changes in our health and safety systems and justice should prevail against the governments and employers.

Apo explained the structure of the session and invited Chan Kam Hong to explain about the movement that was built across the countries for the solidarity work in the aftermath of the Zhili and Kader tragedies.

Chan Kam HONG, ARIAV, Hong Kong:
Kader fire incident

Kader Fire took place 20 years ago on 10 May. When we first heard about this fire, we first thought that it was not a big fire because back then a lot of such accidents happened. But later we learnt about the high number of causalities and we tried to contact our friends in Thailand and came to know that the factory was an investment from HK. The owner and the people responsible were not traceable, so in Thailand, they tried to organise the workers and find the owner. They could only find the representatives in Thailand. We in Hong Kong tried to locate the owner who is a rich man and the chairman of the association of the toy industry. The owner tried to avoid us. In June, the victims group informed us about plans of some victims to fly to HK to put pressure on the owner. 3 victims flew from Thailand but had to wait for a few days to meet the owner. We also mobilized different organisations in HK to protest outside the chamber of commerce of the toy industry, post a letter for a wanted notice for the owner. Finally the owner met us and after a series of negotiations promised to pay compensation to the victims.

As a whole when we look back at the process of investments from HK to different countries, we see that they exported technology and capital along with the
hazards. The investors used the worst safety regulations in the other countries. They dismantled the safety measures from the machines prior to exporting to other countries to make it work more economically.

We tried to liaison with similar organisations in other parts of the country to have a study on the behaviour of the HK industries. After the Zhili fire we continued our efforts in organising victims and building contacts with different organisations. It is very important in the face of all these disasters and hazards to organise victims so that they can stand up and speak about their problems and predicaments and to fight for their rights and justice.

**Question:** In the past 20 years what changes have been noticed particularly for the workers and the victims?

**Answer:** Dr. Voravidh Charoenloet.

After the Kader fire, there are three responses to the incidence:

- A Committee to assist workers, which was formed three days after the incidence has been transformed into an OHS reform movement and has led to the creation of an independent OHS institute. This institute will be setup under the occupational and safety bill. Workers representatives have been helping to draft this bill. So this is one of the achievements.

- Second is to set up networking and international coalition. Trade unions have taken up the issue of OHS on May Day every year. The government finally accepted 10th of May as the National Health and Safety Day and WEPT has been organising the National Safety Week during this day.

- In case of ODs, diagnosis was a major problem and one of our doctors was helping in diagnosis. The government has also set up special clinics for OHS in several hospitals in Thailand.

A film was showed on the Zhili Fire Tragedy with Chen Yuying, Victim from China narrating

“The 23rd of November 1993 was the Zhili Factory fire; 300 workers were working very hard to finish the Christmas holiday orders. There was some spark on the first floor and the fire quickly spread to the second and third floors. But the windows were locked and meshed and the exits were locked. The workers rushed to the stairway but couldn’t get out as it was very narrow. In 1989 when the factory was built it couldn’t get the approval from the fire department. But the owners still operated the factory under a very strict
management. The windows are meshed up with iron bars as they were worried that the workers would steal the products out of the factory. The workers worked very hard for the profits of the owners. And when the fire broke out, the owners were not concerned with their deaths. Before the fire, the fire department did inspect the factory again and recommended 30 measures to improve the situation but the owners ignored these recommendations and it was business as usual. More than 80 workers died in the factory and 1000 sq mt area of the factory was burned down”.

After the film Apo commented on another factory fire in an industrial city in China only 2 days ago. What can we do to prevent such incidents from happening? He then asked the participants for any questions or clarifications.

Questions and Comments:

Mr. Mongkol Yangam commented that the investors are usually concerned about using the area for production rather than health and safety of the workers. The law in Thailand may look progressive but there are no efforts for enforcement or implementation. Work related hazards happen everywhere in the world especially in low cost countries where industries from rich countries migrate to. How many more injuries and casualties do we have to suffer?

Jagdish Patel (India): What happened to the owners of the Zhili and Kader Factory? Whether they were prosecuted for their criminal liability? Also in Bangladesh and Pakistan we have had huge fires recently and what is happening regarding prosecution of employers.

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Phil Robertson, Human Rights Watch: How can we increase the pressure on the brands which are sourcing from these factories and get them to do more on the issues of OHS?

Response from Chen Yuying: After the Zhili fire the owner initially ran away. He was later sentenced to a four years prison term but served only two years. The factory was declared bankrupt. According to the law after filing for bankruptcy, the owner cannot open another factory, but the owner opened another factory on somebody else’s name while he ran the operations. The current working conditions in the new factory are a bit better than the Zhili factory but not good.

Dr. Voravidh: In case of Thailand, the negotiation was to send the workers to the HK headquarters to increase the bargaining power during negotiations. CP Group is a Thai company and has headquarters in Silom and there were demonstrations outside their headquarters.

“Stop mourning. We must get organised” – Apo Leong
They agreed on out of court settlement. In case of Kader the workers were accused of smoking which caused the fire. The criminal charge was put on the workers and the company was not held responsible. The investors from HK capital just flew away.

Patricia Che: When it comes to prevention of accidents in factories, is there room for improvement by collective bargaining and unionization of workers.

Answer: Kader working committee has been campaigning with the government to set up an occupational and safety committee in Thailand. The trade unions have also tried to bring OSH as part of their main issue.

Comment: In Thailand, unions and organisations are involved in OSH right promotion. There is an act in Thailand on the prevention and the facilitation of safety in factory settings but what is needed is the empowerment of the unions. If the union is not strong, they cannot pressurise the employers to enforce this Act. The Government and the companies collude in the implementation of the Act.

Buddhi (BWI): In every country the monitoring or implementation of the law is lacking. There are not enough inspectors and we need the civil society and unions to participate in such monitoring or prevention mechanism but the organising rate in Thailand is very low. We are just 2.5% of the total workforce. In our country safety is not a priority of highest concern.

Second Panel: Industrial tragedies in Pakistan and Bangladesh

Moderator: Sanjiv Pandita

Participants: Md. Omar Farooq, Mominur Rahman, Repon Chowdhury, Dr. Huma Tabassum, Khalid Mahmood.

A Film on Rana Plaza collapse and Tazreen fire cases in Bangladesh was shown

Sanjiv commented that it seems that in the past 20 years nothing much has changed because when Chen Yuying showed her film about the Zhili fire and even in Kader fire we saw exactly similar things happening so it seems that the problems are just moving to different countries. He then introduced Mr Rahman, a worker in the Tazreen Factory who jumped from the 3rd floor to survive. The Kader fire stood as one of the worst industrial disaster in Asia for almost 19 years till the fateful night of 12 September when there was a fire in Ali garments. We want to understand what happened on that night and why.

Mr. Khalid Mahmood - Major cause of any industrial fire in different cases is the greed of capitalists who want to earn profits. In Pakistan, there are labour laws which are
relatively good, but the problem is the will of the government to implement these laws. In Ali enterprises, there were more than 1,500 workers, but only 60 - 70 of them were registered with social security. The factory was inspected 2 weeks before this accident by the SAI auditors and was cleared. If the local laws are implemented effectively than there is no need for such auditors or for employers to keep 2 sets of books. When I was looking at the Zhili factory video the building structure of the building and that of Ali enterprises is the same. The windows were closed with bars and no exits.

On September 11th around 6 pm, electricity in the factory shut down which the workers assumed was normal load shedding. After sometime the workers heard a small blast and they thought that something had fallen down from the lift. When they went out of the room, they saw smoke coming from one of the rooms on the ground floor. According to the workers, small fires had happened before in the factory but had been controlled by untrained workers using their hands, cloth or some other things. Though the fire extinguishers were installed in the factory but the workers were not trained to use them. There were 2 staircases on left and right but one was closed. The fire soon reached the lift which was going into the basement and about 50 workers in the basement were trapped as the only stairs out of the basement was near the lift. There was no alarm system and the workers were just shouting at each other regarding the fire. Most of the workers on the ground and first floor were able to come out. But the workers in the basement and second floor were trapped. The gates between different departments were closed and there was no other way to go out of the factory from the top floor. On the fateful day, two departments had closed for the day and many of the workers had left, otherwise the casualties would have been higher. Due to the smoke workers could not see where to go. Both owners who were arrested later were at the factory at that time and they asked the workers to bring out the finished goods stored on the ground floor. Instead of saving lives of their colleagues, workers were involved in bringing out the things inside the factory. Fire brigade reached 2 hours after the fire started and their supply of water was finished in minutes and they went back to get more water. Workers tried breaking the wall and made a hole but the hole was big for only one worker at a time. The same day another factory in Lahore also had a fire and 25 workers died in that accident. There were more than 100 workers in that factory but the difference was the efficiency of the fire department in Lahore was able to save lives of more workers. They reached immediately and broke the wall of the factory.

Sanjiv – There is something which needs to be done locally because the importance of fire exits was understood because of the triangle
fire 100 years ago. Fires don’t kill people but lack of exits is the culprit.

He then invited Mr. Mominur Rahman to tell us about his experience on that fateful day.

**Mr. Rahman** – In Bangladesh, the accident happened around 7 o’clock when the workers heard the fire alarm. The workers wanted to immediately leave the factory but the authorities denied the request and asked the workers to go back to work. After that the floor manager and other supervisors went out of the building. By the time the workers tried to come out of the building, the staircase was full of smoke and they were unable to leave the factory. They broke the windows (exhaust fans) of the factory and I jumped from the third floor of the factory and suffered a fracture in the back. 300 workers were severely injured. Most of them suffered injuries as they had jumped from 3rd, 4th or 5th floor of the factory. Many had back pain and fractures in different parts of their bodies. Some of woman workers who were pregnant also jumped out and many of them have had abortions and miscarriage. The workers went to local hospitals for treatment. Out of 300 injured workers only 19 have received compensation from BGMEA and out of 111 dead workers only 43 workers received compensation of 6 lakh Bangladesh Taka (BDT) or 600,000 BDT so far.

**Sanjiv** remembered that there were more than 50 victims who had not been recognized and identified as the bodies were burnt beyond recognition and there were many who were still looking for their missed ones. He then introduced Dr Huma Tabussum who has experience in working on OHS for many years in Pakistan. What is can be done to change things asking her in her experience what is the changes that can be made?

**Dr. Huma:** The main thing which we forget is occupational and environmental health analysis and risk assessment. This will help us know about legal requirements, engineering controls, administrative controls and the required PPE. The legal requirements would compel the employers to have a building that has a stability certificate and all clearances. Fire risk analysis and assessment should be done to find the number of extinguishers and hydrants required and training of workers. The trade unions should include OSH improvement in their agreements. The brands should question these factory owners and force them to comply with building code requirements. Workers should be trained in first aid, CPR and fire fighting and should be involved in the hazard analysis and emergency response plan formation. We need to ensure proper audits without a cut and paste job. If we can do this, then we can avoid such disasters in our country and other places.

Sanjiv questioned Repon that we understand that there needs to be a strong inspectorate which is national and accountable, there has to be a trade union movement which needs to be sensitive and demands accountability, and there needs to be a victim’s movement and organising. And there needs to be pressure from the buyers. As OSHE how do you envisage the things to change in Bangladesh?

**Repon:** Making and Promoting the local action plan is important in fight for safe work. It is important to empower the
workers and improve the machineries related to inspections, and audits. It is sad that talk regarding Health and safety happens only when some accident happens and then we wait for another accident to make a change. The political commitment and goodwill of the government is very important to bring a change and the commitment of the trade unions is very important. Improvement in health and safety of the workplace should be made as the first agenda item during negotiations. It is sad that the governments are making the inspectorate system very weak. They don’t want to improve it as they think that the buyers will go if the system becomes efficient and effective. We need partnerships and collaborations and need to act from our heart and think about the lives of the workers.

Chen Yuying asked who is taking the responsibility in the aftermath of the incident in Bangladesh, is it the government or the employer? Is any psychological action being taken place? Are there any other groups like international organisations which have come forward to help the victims of the fire?

Repon replied saying that the government took the leadership role in these tragedies particularly the last one. It was declared as a national tragedy. Government has setup a high level task force to investigate the causes of the accidents and to decide on the compensation and rehabilitation schemes required. The civil society, trade unions and other stakeholders have a great supporting role. Director General International Labour Organisation who was a trade union member has set up a high level mission to Bangladesh to make garment industry more sustainable, safe and productive and to help make the sector more secure. We need to support the local action plan to make it operational. State inspectorates need to be strengthened.

Sanjiv stated this is not only regarding fires but also regarding ODs. There are many more workers dying every day due to OD but because they die slowly we don’t find that collective numbers. I think ANROEV as a network had moved beyond accidents but unfortunately because of these disasters we are today again talking about fires. We should instead have been talking about chemical injuries and cancers.

Questions and Comments

Jagdish Patel commented that there are several fires taking place everyday where workers die in not so huge numbers. We need to think of all these incidents and find out how many workers die due to fire in a year. And we need to think about how we will tackle these problems.
Discussions on fire safety and situation in Asia

Moderator - Noel Colina

Noel facilitated the discussion by asking the delegates about how to improve safety in workplaces in Asia, how can unions help and governments respond in emergency disasters. How can we as ANROEV work to improve safety at the factory, national, regional and international level?

Responses from Participants

- **Workers** should be made part of the occupational risk analysis
- Workers should be informed regarding the results of their medical surveillance.
- There can be a big campaign against the employers stating that if you do not want to pay big fines or go to jail then just stop killing workers.
- We need to build international campaign that workers have rights to avoid or refuse work if they feel some danger.
- To make a less accident workplace we need to make compensation very expensive.
- Need to have standards which are not country specific.
- Workers need to organise into strong unions so that they will be able to monitor the safety measures.
- Laws should be there to enforce these OSH measures so employers have to follow.
- We need inspectors and auditors who are not colluding with employers and increase their effectiveness.
- Compensation and penalty should be disassociated. Compensation is to be provided to workers so that they can get what they need. But if we tie compensation and penalty together more often than not the corporate will try and deny the worker the compensation. So first compensation has to be given by the state and then the employer should be penalised which is different from compensation.
- It is important that the consumers in the West should be linked with the trade unions in the producing countries. The consumers can be made aware of the working conditions and have a better solidarity and understanding of the situation of workers in Asia.

It is also important to raise awareness of employers because failure of OSH leads to loss of business.
Update from the ANROEV Secretariat

By- Mohit Gupta, Coordinator of ANROEV Network

Brief History of the network was presented with the network currently having members in 14 Countries in Asia and some ongoing campaigns which include Occupational Lung Diseases, Victims organising, Electronics and Mining.

ANROEV network members had undertaken a fact finding trip to Pakistan and Bangladesh and found blatant violations by the employers in collusion with the government officials. Immediate demands of compensation, medical facilities and rehabilitation have been made. A film on the tragedy in Bangladesh has been made following the visit to meet the victims and their families of the Tazreen factory fire.

Ms. Chen Yuying received the International Health & Safety Activist’s award by the American Public Health Association’s (APHA) Occupational Health and Safety Section for her advocacy on behalf of disabled persons, migrants, and injured workers.

Meeting and exchanges were held with other international OSH grass root networks like European work hazards network, UK Hazards Network and US COSH network.

In India several medical camps were organised, national meetings have taken place for victims, new hazards like polyacrylate and its effects are being explored.

In Indonesia, a meeting with the environmental groups was organised to look at critical issues. Data gathering on OSH is in progress with the help of various unions.

In China the Labour-Environmental Exchange strengthened linkages at the ground by expanding connections with the environmental movement by information sharing and advocacy.

The KCOMWEL announced its recognition of the death of Ms. Kim from breast cancer as an occupational death from her work at Samsung Semiconductor plant.

The fight against Samsung, Apple and other electronic manufacturers is continuing with support from all over the world to pressurise them to improve working conditions and workers safety.

Silicosis victims in Rajasthan, India have received compensation of 300,000 INR (5,500USD).

The ABAN annual meeting was held in Bangkok in November last year. During the meeting, Bangkok declaration asking all governments especially Thailand to ban use of asbestos immediately was released. A demonstration outside the Canadian embassy in Thailand was organised.

The International Day of Asbestos Victims” in Paris was organised on October 12, 2012 at the Luxembourg Palace. The symposium
gathered more than 250 participants from more than 20 countries and 6 continents including the ANROEV network and ABAN members.

The Tokyo District Court ordered the central government to pay ¥1.06 billion in redress on behalf of workers who contracted asbestos-related diseases such as lung cancer at construction sites due to insufficient official countermeasures.

Network members in 6 countries have written a paper detailing the situation of workers in terms of occupational health and safety. A book titled “Invisible victims of Development” was released on the occasion of workers memorial day last year.

A legal resources handbook with information on 10 countries has been compiled. OSH videos as a practical tool to gain a wider understanding of the OSH work in five countries have been prepared.

Work is progressing on formation of a medical practitioner’s pool with the first skill share to take place in October 2013.

A workshop on Occupational lung diseases was organised in Hong Kong with participants from 6 countries which presented an opportunity to understand the problems in different regions of Asia on Occupational Lung diseases and to look for solutions.

There was a strategy meeting in S Korea in 2012 looking at the changes in the electronics sector and its complexities. Network members in South Korea helped in the testing of rock sampling of minerals from India to detect and test for Asbestos.

**International updates on OSH Struggles**

**Moderator:** Noel Colina

**Participants** - Dr. Barry Kistnasamy, Tom O’Connor, Hilda Palmer, Thomas H. Gassert, and Jan de Jong

**Dr. Barry Kistnasamy, National Institute of Occupational Health, South Africa:** Power point presentation on situation of victims and justice system in South Africa

Dr Barry spoke in the context of workers health and some of the issues that were encountered and hoped that this will be the start of links in context of a global solidarity network including the African continent.

He said that South Africa is now 19 years into democracy since the historic events of 1994 when Mr Mandela became the new president but unfortunately 19 years later South Africa is a very unequal society. In terms of the Gini coefficient which measures the gap between the rich and the poor, South Africa has just overtaken Brazil to be the number 1. The health outcomes have both racial and gender outcomes so women are at the bottom and in terms of race, Indian origin, African coloured
and white people, the Africans are at the bottom. A lot of money was spent on healthcare but very little in terms of outcomes. In terms of a middle income country, South Africa should be spending about 5% of GDP on healthcare. Life expectancy is about 50 years partly because of the HIV pandemic. South Africa is a rich country with GDP 25th in the world and produce 17% of Africa’s GDP.

The labour market is very interesting with high unemployment but limited informal employment. In South Africa, it is only 1 in every 3 people who work in the informal economy and you can put a tax number on the formal employees. Currently 52 million population out of which there are 17 million workers and about 4 million are in the informal economy and roughly 50-50 split in terms of gender with the informal workers.

In summary, the exact number of victims in our country is unknown. South Africa is the richest country in the region. S Africa discovered diamonds in 1860 and then discovered gold. That is what changed the country in terms of what it is today - in terms of the economic powerhouse. S Africa has externalized the health, social and environmental consequences of an industrialising economy.

There have been talks about global governance for occupational health. There are tools and instruments but some countries have not signed up for it. Dr. Barry spoke about some of the declarations - Alma Ata declaration on Primary health Care, WHO Global Plan of action (2012-2017), ILO conventions on OSH which some of the countries have not signed. How can we prevent more Bangladesh's from happening and more such industrial disasters?

He spoke about the legislations in South Africa where there have been inputs from workers on the Health and safety that have been incorporated.

Very important have been the court battles that were fought both in the constitutional court as well as in the house of Law. Many of the battles are against MNCs and Trans nationals which are head quartered in the UK or in New York, and they have won some major victories for workers. Hopefully they will also get to the court for human rights in Hague.

S Africa was the number one gold producer for many years. In terms of the mining industry there are only 3 things that they do not get out of the ground - oil, water and bauxite. Currently the value of the mineral wealth is estimated at USD 2.3 Trillion. And that’s what has led to most of the issues. The most recent is the Marikana tragedy where on 16th of August last year 34 workers were killed. Case of Mr Makaniya in terms of Silicosis that went up to the constitution court and Anglo gold Ashanti is a very big gold miner perhaps number 4 in the world.

He showed a picture of the rock drillers which is a difficult process and they are the first to drill into the rock, put in the explosives and come out. He showed a picture of the Marikana workers who fought for better wages and salaries and a picture of the mine workers in the early 50s in terms of a medical examination displaying inhuman and gross human right violations.
He shared the fatalities in mines in S Africa which are 32 per hundred thousand against Australian figures of 2 per hundred thousand. It is interesting to note that the same companies can reach a much lower figure in Australia which needs to be looked into in detail. From 1995 when they started tracking tuberculosis is going up. It’s linked with silicosis and you have a 16 times chance if an individual has HIV as well as silicosis then you will end up as having tuberculosis. The last issue is on compensation and we also have a big problem with middlemen who take away people’s money.

Tom O’Connor from COSH network (National Council for Occupational Safety and health)

COSH was formed in 1970s after the US passed the first Act on OSH which required certain conditions on health and safety in the workplace. Groups and committees on OSH were formed in various places from union members, health professionals, legal professionals, injured workers and other interested in promoting OSH in the workplace in order to educate workers about their rights, to provide trainings and to improve workplace health and safety conditions and laws. There are 15 such organisations across the US. The COSH network is like ANROEV, a network of organisations. Several years ago, they realised that they needed a national organisation and so formed a national council on OSH to work on a national level to improve the laws affecting workplace safety and try to advocate for workers rights.

Their philosophy has always been that workplace safety is not a technical issue, but fundamentally a political problem. Despite being a rich country many people die every day of preventable causes. But there is no political will to prevent these. One of the few challenges we face today is the decline of the organised labour movement in the US. In the US, unionisation is down from 35-40% in the private sector to below 7%.

More temporary workers with no knowledge of the workplace hazards are being hired and more such workers are being injured or killed on the job.

There have been cases in US where people have been killed on the job and the penalty is so small to have no affect to change the behaviour of the company. Criminal prosecution is almost nil in case of a worker fatality.

Finally, The US is a culture in which people believe that workplace injuries and deaths are just accidents which can’t be prevented.
When there was a terrible explosion a couple of weeks ago at a plant in Texas where 15 people died and in the news it was reported as an act of God, something that just happened and could not be prevented. The COSH network believes that almost every workers death can be prevented.

Despite the decline of the labour movement, there has been a growth in workers centres which are organisation based in the communities that serve workers in all kind of industries. There are a large number of illegal migrant workers who are heavily exploited. Now there is a strong movement to change the laws to provide legal residency and citizenship for all of those immigrant workers.

**Hilda Palmer – International Hazards Campaign and European Work Hazards Network (EWHN)**

Currently their slogan is “we didn’t vote to die at work”. The Hazards campaign was set up in 1987 after the second hazards conference. It is a network of independent local organisations across the UK. They organise an annual hazards conference where we have around 400-600 union safety reps participating. They also publish the hazards magazine.

They have developed a hazards charter which has all their demands with the government on health and safety and basically their demands are for better health and safety for the workers, better regulations, stricter enforcement, penalties that actually act to give justice to the victims but also act as a deterrent. In UK last year, 86 people went to jail for harming animals. 5 employers have ever gone to jail for hurting workers. Our charter includes demands for ban on asbestos and a lot of other hazardous chemicals and ban on hazardous practices and what they want is good and independent H&S services for workers in communities.

Globally work kills more than war every year: 2.3 million is a minimum and gross underestimate. The Hazards Campaign agrees with the following statements:

‘If terrorism took such a toll, just imagine what would be said and done.” Jukka Takala, International Labour Organisation

‘No worker should have to sacrifice life, limbs or health to earn an honest day’s pay—not here in the United States, not in Bangladesh or anywhere else. Yet, corporations continue the push for profits, seeking to avoid regulation and oversight. They claim that stronger worker protections and enforcement kill profit, when the reality is that failure to act kills workers.’ Statement from AFL-CIO president, Richard Trumka.
A quote from Kern Ward Jnr Charleston Gazette- “Terrorists want media attention, so we give it to them. Unsafe industries don’t want media attention- so we give that to them”. Unsafe and unhealthy workplaces are employers waging war and terrorism against workers, aided and abetted by governments that deregulate, cut enforcement and scrutiny. The only people who benefit are unscrupulous employers.

The workforce of the UK is about 28 million, and about 7 million are trade union members. Using official statistics the Hazards Campaign estimates per year:

- 1,400 killed in work-related incidents
- 50,000 dying of work illnesses (cancer-18,000, heart disease -20,000, lung and other diseases -12,000). That’s 140 per day: 6 per hour
- About 2 million suffering work-related illness, 27 million working days lost to injury and illness

In the UK, official estimate is 30 billion pound every year is cost due to poor health and safety and hazards campaign estimates this cost to be 60 billion. The official estimate of who bears that cost is that those individuals harmed pay 55%; state/public purse pays 24% and employers who cause the harm pay 22%.

Since 2010 our government has been driving health and safety backwards, it bases its attacks on lies that we have got the best H&CS in the world where we actually 20th out of the top 32 countries. There aren’t enough inspectors, majority of the workplaces are now deemed to be low hazard and risk, and we are told that compensation system is right whereas less than 10% of workers who are injured or killed get compensation.

We have also setup victim groups FACK – Families against corporate killers, where we use the experiences of the families to get across the messages and we explain that we are the ones who bear the burden, we use Hazards magazine which explains very clearly what is going on. We tell people that regulations don’t kill jobs but lack of regulations kill people.

The EWGN is a network of European networks which also holds a conference every year and I would like to remember our colleague Simon Pickvance who died last year who was a major campaigner and had a major impact on some of you. We all need to accept that a better world is possible, we pledge solidarity with you and we will fight with you to put pressure in a way that will help you all.

**Thomas Gassert - Occupational Lung Disease - Situation, Prevention, Rehabilitation**

He gave a brief account of his workday on Dec 3, 84 when the Bhopal tragedy happened in India and he received a call from Reuters News Service asking about Methyl Isocyanate. There were reports of 20-25 deaths. Since then AMRC has been working on workers health and safety. He gave a brief introduction of his presentation during the Lung Diseases workshop in the afternoon.

**Jan de Jong, FNV**

He spoke about the problems regarding gas in containers in which one is the problem with gases which are added to kill vermin and the other is the release of gases from the
production process. He spoke about benzene, toluene, 1,2 dichloromethane where the problems of workers are the same all over the world. He spoke about causalities in Holland due to Benzene which was sprayed over shoes in the container. There are deaths reported from ports of Antwerp because of leaking phosphene into staff quarters on board of the ship. He said that, In Europe there is a lot of awareness regarding this problem and there are campaigns in France, Denmark, Belgium, England and Ireland and other places. The issue has been on the agenda of ILO, IMO and there is a concept text ready for a code of practice which is quite strong for UN document.

We need to raise an awareness campaign all across the world about these hazardous substances and we should all join together and it should be a single initiative. He showed some material for the workshop which he had prepared. Economy is war. When you expose people to solvents it’s a crime against humanity and consigners as well as producers are responsible and liable for this exposure and should be brought to court.

Questions and Comments:

Jagdish – There have been several cases of aplastic anaemia in diamond cutting industry in Gujarat where they use benzene in small amounts. But no cases have been reported from places where it is used in large quantities. In Gujarat there is huge problem of leptospirosis among agricultural workers and malaria among construction workers.

Suki – we strongly support the ban benzene campaign and we are trying to initiate such a campaign. We also handle cases of chemical poisoning in China; the companies are listed in HK and have headquarters in Amsterdam and Rotterdam. It will be a global campaign

Thomas – Benzene is the best known cause of Leukaemia. The movement to ban benzene is very difficult but must be fought and won. Latency period for leukaemia is typically 7 to 10 years. Leptospirosis and malaria are insect borne diseases. Important thing to note is that outdoor workers are often unprotected.
Tom – Workers fear reporting an accident because they are held responsible for it and fired. We are trying hard to discourage aspects which discourage workers from reporting an injury. Even in US with regards to reporting of an occupational diseases and injuries, there are serious financial implications and there is lot of pressure on physicians to not report a recordable injury.

Hilda: We have good regulations in UK in terms of chemical exposure and in case a chemical causes injuries then it should be eliminated.

Khalid – the employers who are killing the workers must be tried under terrorism charges but in fact the trade union and organised workers are sent to jail under anti terrorism charges and this has happened in 2 cases in Pakistan with textile workers. Some workers in Faisalabad are facing 590 years of collective punishment.

Even in the Chilean mine disaster, the media focused on rescue and not on the cause. Mining involves a lot of children going into tunnels where only those small bodies can fit. There is a need to look into the mining industry very closely and it is an important issue.

Various workshops were held during the second half of day 1.
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• ANROEV Statement regarding Fire Safety
MEETING PROCEEDINGS

DAY 2: MAY 9, 2013

Plenary session 2

Moderator: Sanjiv Pandita

Garrett Brown - Maquiladora Health & Safety Support Network, USA

The session began with a presentation from Garrett Brown who gave a brief account of Latin American Countries and insight about the possible international relations and links between ANROEV and organisations in the region. Latin America is a big continent that runs from the US Mexico border down to Antarctica. It has 3 types of economies, the big economies in Mexico, Brazil, and Argentina with lot of mining and manufacturing services. They have a very robust trade union movement throughout Latin America which has a large representation in the formal sector. There is also a big social movement in these countries. Then there are the smaller countries on the other end of the scale particularly in Central America. There are 6 countries that used to be 1 back in 1820. These are countries with mostly agricultural, poor and informal sectors. Then there are the middle countries which now have Socialist or nationalistic governments like Venezuela, Ecuador, Uruguay and some others.

The countries closer to movements such as ANROEV will be Mexico and some countries in Central America. Mexico even though it is a large country has a large labour movement and has a traditional economy and has a couple of aspects very familiar to anybody at this conference. One of which is that it has a very large Maquiladora section. Maquiladora assembly plans are very similar to free trade zones plans that are throughout Asia. So you have a trade zone where manufacturing and assembly plants exist and national laws to protect workers in terms of wages and hours and discrimination, health and safety simply do not apply inside the FTZs. There are issues related to hours, wages, and unionisation so OSH is not a big focus despite all efforts. Also in Mexico they have a very big electronics sector which many people know about in Guadalajara which is the second biggest city in Mexico.

It has characteristics very similar to other parts of Asia which is that they have a huge temporary or contingent workforce. These are people who don’t even work for people who run the factories. They work for staffing agencies which work for the plants which then work for Nokia or Apple or Dell. There
are also electronics in the border city of Tijuana. So Mexico is a country where there are strong social movements and very active social justice organisations which work for labour, environment rights and is an area where ANROEV can find co-thinkers or collaborators.

There were revolutions in some of these countries or areas and have similar economies or conditions to countries which are represented here today and he thinks that there are opportunities for ANROEV to connect and collaborate and ANROEV could bring an increased focus on OSH which is needed desperately in Central America and in other parts of the world.

Sanjiv invited Sari for her Presentation about situation in Canada.

*Sari, Canadian Auto Workers, Canada*

Sari spoke about the OHS situation in Canada. CAW represents members in every single province and territory of the country. Some of the rights that are enshrined into our legislation are the Right to refuse dangerous work, Right to participate in health and safety in the workplace and the Right to know what kind of chemicals one is working with. There are also legislative tools to have joint H&S committees and protection from reprisals although the tools are seldom used due to the long and tedious process. They experience the same challenges of ensuring that there are enough inspectors for enforcement. Under the global harmonisation system of looking at chemicals, the workers are being trained in the new pictograms and the new process and the safety datasheets. Over the years violence and harassment has made it into our legal framework and workers are protected. Every single one of them is experiencing some sort of pain from work and through lobbying with the government ergonomics legislations have been formed. She showed a picture of protest by re-fuellers on an airport base on an island in Toronto who had trouble during their first collective bargaining. These workers had not been given training or equipment for H&S.

Many of the delegates have been involved in the Ban Asbestos campaign. The gentleman in the picture she showed was Sandy, who was exposed to asbestos at his workplace but never expected to get sick like all workers. He developed Mesothelioma and this is the poster that was created with his blessings. He was a bodybuilder and took great pride in healthy living and working out and he wanted to show the ravages of Mesothelioma. She said that the last of the mines in Quebec was recently closed as a result of political change. The federal government stopped funding the Chrysotile institute.

They are seeing new trends across Canada regarding mental health issues as well as nano technology. The introduction of Nano materials in their workplaces has also created problems.
One of the tools that they have developed is the Mental Injury toolkit. You can download it from the website free of charge. It has 5 chapters gives the best practices as well as collective bargaining tools and a survey.

They work along with partners like the OSH clinics for Ontario workers, who have occupational physicians and other staff to provide expertise assistance and Thread for Life and organization that was formed by families who had lost loved ones through tragic fatalities in workplaces. Canada has about 30% of its workforce unionised which is not enough and we need to increase that and they are going to join with the Communication, Energy and Paper workers into a new and larger union to address the problem of union density across the country.

Domyung Paek; South Korea - spoke about the clusters of leukaemia that have broken out from the Samsung semiconductor industries and discussed about how to deal with risk as a system instead of learning about risk factors one by one.

He showed a picture of Miss Hwang and her father which was taken in 2007 while she was getting chemotherapy treatment. She was employed in SSF (Samsung Semiconductor factory) in 2003, developed disease in 2005 and passed away in 2007. Her father demanded proper recognition of the case and brought it to the workers compensation board which did a study and report came out in 2008. There were risk assessments of those factories in 2009. The case wasn’t recognised by the insurance board and we had to go to the litigation court to be recognised where a decision is awaited.

The controversy regarding this case is very simple. The company says there is no evidence of increase in cancer (leukaemia) in semiconductor industries while the victims say there are clusters of cases. Also company says there is no evidence of uses of or exposures to carcinogens at this factory and the victim says many different hazardous chemicals have been used.

In the study conducted, the government agency asked the companies to submit the list of employees of those factories but the company said that they have just 10 years of records of employees from 1998 onwards. The agency matched their personal Ids with death certificate and cancer registry to determine whether anyone of them has died or has cancer. By doing this you can calculate statistical data and mortality ratio or incidence ratio. He showed the result of the study.

After 2008, one of his students extended the follow-up to 2011. On the left is total mortality. You can see the line indicating 1.1 means the ratio of deaths due to cancer in this worker group is same as general population. Total mortality is far below 1 which means that the workers did not die or didn’t get cancer higher than the general population but
on the right cancer even the total mortality is lower. Some of the cases of cancers among women workers was 2.5 times higher than the general population and was significantly elevated. The thing was that this was the only one finding which had any significance statistically.

There is a system in Korea which determines the occupational disease recognition for this kind of difficult cases called as occupational disease review committee. This committee determines whether the case is occupational disease or not. They follow 4 points

1. Identification of Disease
2. Identification of Exposures
3. Evaluate Exposure-Disease Relationships
4. Rule Out Co-founding Risks

The process looks simple but there are many nuisances. Identification of disease was not difficult and the case was diagnosed with pathology evidence and biopsy. But with identification of exposure many members of the committee insist that we have to rely on objective record to identify a past exposure and specially restricting to those chemicals that had been named as human carcinogens by IARC which are not that many. It was a block because with objective record it was not clear whether they were exposed or not.

And also the evaluation of the exposure disease relationship many members of the committee said that there is not enough epidemiological evidence of risk of increase in leukaemia in this group. And because of this argument the case was denied as occupational disease. And we had to go to court.

This is amicus curie brief that was submitted to court in 2010 which says that the study needs to be interpreted by the overall conditions of how it is conducted. It showed the flaws in the target group where the workers who have remained employed in last 10 years are significantly different from the original workers who had started the work. The control group considered was the general population where there might be many problems and so it is unfair to compare the two. Some more contentious points were indicated.

That was a risk assessment approach following 3 steps. The first is whether the company has scoped the risks based on Systematic Check of Suspicious Problems. For example whether they have registered every chemical of the company or whether they have checked the composition of those chemicals to make sure that the analysis is
correct. The second is whether they have assessed those suspicious problems with objective records and the third is whether the management of risks was carried out by this comprehensive risk assessment. It turns out that the companies that were investigated did not have measure and carry out all the assessments that were required. In short they had an assessment system but the assessment was limited in scope and had gaps.

If we approach the risk factors individually i.e. how the risk factors are generated and how they are managed and how they are controlled also there are some problems. For e.g. Semiconductor industry is a cutting edge technology and many say that it changes very soon and is difficult to study. If we have just risk factors they change but if we have risk factors of risk factors, it may not change and emergent properties like accidents, setups and renovations are not covered. And also we need some way to see how the problem can be solved.

There are some aspects of the system which is stopping us from assessing risks properly and from controlling those most deep rooted risk factors. So every system or society or factory is not same in terms of how you control the risk. If we look into that as a system there are differences and we have to find ways from one to another.

In most systems the risks are not dealt properly. Yesterday we spoke about accidents. But accidents don't happen by accident. It is caused by something or somebody. The lesson we have to learn from accident experience is how to avoid very short-term causes (greed) by changing longer-term backgrounds (system). We have to consider how we can change the long term causes and backgrounds to change this greed.

And finally this picture shows the father who is taking care of his daughter and is not a wealthy man. He is a taxi driver and lives in a humble house. He wants to know and he has the right to know why his daughter fell ill and died.

Workshops - Report and Presentations

**Electronics Workshop** – Dr Gassert spoke about the hazards of electronics industry and stated that the traditional risks and hazards in this industry are same as every industry with additional hazards like nanomaterials. Several databases on chemical hazards where people can search for information were tried and compared to find advantages and disadvantages each. There was a discussion on how to modify the pre-existing database and especially how to build some database based on language which workers can use easily which will require lot of resources. There was a discussion on communication and its need and the way to improve.

Tom added that there was need felt to tell victim stories, investigate problem and creating a team of professionals available globally to provide more information on a particular chemical. There are experts who are willing to contribute their time and may be ANROEV can think about making a pool of these people.

**Lung Disease Workshop**: Lung Diseases are the diseases which most of the workers in Asia succumb to and they don't know about them because of a long latency period. The
The aim of the workshop was to find the extent of problems in Asia in terms of workers, their health and community issues and to understand the existing struggle. Our friends from Panna spoke about how they struggled to get people certified as suffering from silicosis and Dr Tom gave a detailed account of occupational diseases and stressed on prevention. The delegate from S Africa gave a brief account of these diseases and added that one tends to overlook occupational diseases as we cannot see them like injuries and burns.

The A-BAN report on asbestos was given and the information that in Rotterdam convention some countries have opposed the bill. We concluded that there should be grassroots mobilisation, should establish doctor’s network and training, should use digital x-rays which experts in other countries can read and establish a B-reader force by training of doctors, tracking of workers and link the campaign with compensation.

Social Media Workshop: There were several things discussed in the workshop like why we use Social media, what are the advantages, and shared the success stories on campaigns using social media, like Hesperian and Thai Campaign. There was discussion about the ease of use of social media and the issues regarding China Government blocking use of social media in the country. The first thing for the organization to do is to make a social media policy. There were several group discussions on creating campaigns like Samsung Campaign, Justice for Rana Tragedy and others. There is a proposal to use hash tag when we post anything on OSH on twitter for people to follow to make group issues. This hash tag can be used for mapping purposes and we can see the issues, conditions in SE Asia.

Questions and Comments

Sanjiv commented that the development of Digital X-Rays can be helpful for diagnosis. We are hoping that we can carry these machines with the local radiologists to the mining areas and send the x-rays to the experts.

Tom added that there was discussion on strengthening and unifying our language and defining certain terms like what does sustainable electronics mean and other terms? In the professional medical literature and scientific literature we need to use a set of key words.

Question – Was there any discussion on how to integrate the social media that we have with our Chinese comrades. Can we have an ANROEV App?

Noel suggested that one can do technical things to do a China filter which might be extensive and expensive. Cheapest way would be to create the information inside China through Social Media and then integrate it with information from outside China.
**Chemical Poisoning Workshop** – there were a series of engaging debates. Some problems that were identified and discussed include diagnosis and inability to prove cause, implementation and workers awareness. Information received from different sources and countries is patchy or incomplete. One of the things that was criticized was how TNCs apply different standards to different countries. One of the problems in the Ban chemicals campaign for e.g. Ban Benzene campaign is whether we are just replacing one hazardous chemical with another. There is material produced by different groups which needs to be collected, synthesised and also translated. Some of the available information is in terms of list of carcinogens, for workers education and training manuals. LAC has volunteered for translation.

Although we don’t have official numbers we can provide our own number from the ground experiences and there can be a collection of cases from different countries to make a portfolio of the situation in Asia. Groups from Europe can provide information and help to hold the TNCs to account. There was discussion on our campaign targets and in particular for a ban benzene campaign. On a country level focus on signing the benzene convention and the ultimate goal is proper chemical management. There were also talks on how to make the precautionary principle as a law. Government and corporations need to be more public about the chemical use and the discussion on chemicals should be included in school curriculum. FNV already has a post card on the campaign and there can be similar materials. There will be an email group.

**Questions and Comments:**

*Jagdish:* Whether there was any discussion to link with other campaigns like Ban chlorine campaign of Green Peace and groups working on lead poisoning and organic pollutants.

*Ted:* We need to focus on classes of chemicals and safer alternatives.

*Jan:* What we discussed is that as an example we will pick out a few nasty ones which are common and then hook onto those categories. We don’t want a chemical to be replaced with another hazardous one.

*Victims organising Workshop* – in this workshop some organisers from China introduced their work in China regarding victims organising. When they work on assistance for victims they face difficult situations because of law and administration. There was a presentation on the work of SEWA from India, how they organise women in the informal sector; they started in 1972 and have achieved a lot over 40 years. Friends from Vietnam also shared good experiences in organising victims and the trade unions in Vietnam play a significant role. There was consensus that in organising victims and advocacy work we need NGOs to have their own ability to generate resources and should not rely on funding resources.

*Legal Practitioners Workshop* – The workshop used video and presentations to engage the participants. In the video methods, in the Philippines, ETON tragedy where 10 workers died and until now no benefits have been received by the victims. In Hong Kong there is an employee
compensation ordinance, and in China there is a social insurance law regarding the OSH. Pakistan and India have very similar workmen's compensation law and employee social security. In Cambodia there is a National Social Security Fund, so countries have laws for compensation. Each country faced the same problems like complication of compensation system and enforcement of the laws. The workshop discussed what is going to be done next – Training and skill update of local doctors, mobilize doctors to diagnose may be from another country and case studies for alternate compensation strategy. Database on compensation cases from the region is proposed. There will be focus on advocacy and lobby at the regional and national level and pressure will be put on regional and international bodies like ASEAN and others. There was discussion to put criminal liability on employer and employee should not be required to prove causation. There are 5 videos from 5 countries produced in Chinese, Khmer, Urdu, Hindi and English on the problems encountered in terms of legal battles and compensation.

**Hilda Palmer** then spoke about Simon Pickvance who was a champion for workers rights and a campaigner for health and safety at the workplace. He has passed away in late 2012.

**Simon Pickvance**: Hilda Palmer was his colleague and comrade for many years. Simon was an amazing networker and campaigner who believed that workers situation can be improved only by speaking with the workers and using their knowledge to find solutions. Simon was a kind and gentle man, generous with his time and energy and passionate about workers’ health. He exposed the hidden epidemic of work-related ill-health and proved the solution lay with workers own knowledge and empowerment. He frequently exposed the failings of the official health and safety agencies and the occupational medicine establishment in underestimating the level of exposure of workers to a range of hazards including organic solvents, dusts and carcinogens, the extent of illness caused by work, and the reality of workers lives. Simon established methods of taking occupational histories from workers and using them to argue for prevention and to help claim compensation. He was a very clever man who started out as a research scientist – getting a mention for some work he had done in the Nobel Prize of John Sulston.

But joined other young scientists keen to use their knowledge for people not profit at the
British Society for Social Responsibility in Science out of which came; Hazards Magazine. He moved to Sheffield and became a bricklayer to earn money while setting up the Sheffield Occupational Health Project. Sadly exposure to asbestos in this work was to kill him from Mesothelioma. His integrity, his respect for workers knowledge, and commitment to empowering them, is a shining example to us all and one we can all carry on in our OSH activism.

Sanjiv commented that similar centres have come up in India in Mumbai and Ahmedabad. There was a long struggle with Byssinosis workers where the workers did a Lung Function test themselves and challenged the official investigations. Demystifying of the information is what Simon was striving for; that the knowledge should reach the workers at the grass root level. He gave us all the training manuals and as ANROEV we would like to build similar work centres in other places.

ILO C121: This is a proposal from the China ANROEV group because next year is the 50th anniversary of the C121 compensation working group. This convention which was drafted in the 50s is all in terms of employer-employee but work-injury should not be confined to employees because different kinds of employments like contractors or informal workers are more in use nowadays. Migrant workers are not covered under any state insurance scheme and the TNCs have different OSH standards in different places. Gender is another problem and 1950s language does not talk about female employees. OSH is not among the ILO core labour standard and it should be made one of the core standards.

It was agreed that ANROEV will participate in the campaign as a network and members agreed that the recommendations and suggestions on the document will be sent to LAC by May 20th 2013.

Dr Barry from South Africa proposed that South Africa can serve as one of the proposers for this document as the ministry of health after discussing with the ministry representatives.

Endorsement from SIACOM: About 2 years ago there was a meeting in Vienna to develop recommendations for the UN on the hazards in the life cycle of electronics. 400 delegates met in Nairobi last year from 31
countries and all of those groups ended up endorsing these recommendations. There are additional recommendations on identifying the list of chemicals, right to know about the chemicals in the workplace and production, reduction of exposure and measuring and monitoring of industrial hygiene. Right now workers are subjected to legal exposure limits that are thousands of times less stringent than people exposed in the community. The electronics industry is notorious for not embracing all of the provisions included in the ILO conventions including the freedom of association. It is proposed today to get the support of ANROEV so that these recommendations can be sent to various governments and companies and explain to them that this is an emerging and important concern which has been endorsed by all the groups in Asia and they need to start taking action urgently. The members agreed to sending any suggestions by May 20th else the resolution would be considered as endorsed.

Last endorsement is on ANROEV statement on repeated industrial disasters in the region.

Statement from the ANROEV Network

Enough is Enough – Stop these Murders at Workplaces in Asia

The Asian Network for the Rights of Occupational and Environmental Victims (ANROEV) is deeply saddened and outraged at the recent industrial disasters in Pakistan and Bangladesh. Within a spate of 8 months more than 1300 workers have died and the toll is still rising as the bodies are being pulled out of the Rana Plaza. Just when this statement is being written there is one more fire in a garment factory in Bangladesh killing more than 7 people.

ANROEV being a victims’ network, spread in more than 14 Asian countries, was bonded together by two similar devastating fires in Thailand and China two decades back. Thus ANROEV fully understands the pain and agony that the victims and their families are facing and would like to express deep solidarity with the affected workers and their families. It is very unfortunate – as we are observing the 20th anniversary of the Kader fire, which stood as the worst industrial fire for about 19 years, till the recent industrial disasters in Karachi and Dhaka. They have opened the old wounds again and this time more painful. History keeps on repeating in gruesome way.

ANROEV members also express their deep outrage at the colossal loss of life, which is now unprecedented by any scale. Fire and structural safety of the buildings is the basic right that workers in Asia rightfully deserve. Providing safe fire passage is well known for more than a century since the ‘Triangle Fire’ of New York in 1911 and if it is not provided or remains blocked any deaths henceforth should amount to ‘murder’ and not just an accident.

Events of the last 8 months have clearly demonstrated a complete failure of the CSR and hollowness of the ‘self-regulatory’ standards and industry audits that manufactures and brands have been adopting in collusion with states. It has led to the weakening of the state regulatory mechanisms, which otherwise could have allowed inspections of these facilities by local authorities and thus disasters could have been prevented. It has also shown the failure of both for profit and non-profit social
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auditing, that seems to be detached from the realities at ground.

Ironically, majority of the post-disaster proposals include the same failed and discredited CSR approach and corporate led top down proposals that tends to privatize what should be ‘state’ function like setting up of strong labour laws, OSH regulations including building codes and enforcing them.

At this point we also need to understand the underlying causes that include:

- The Economic model of neo-liberal development that systematically dismantles the local institutions of regulation and liberates brands and businesses both local and multinational to operate not only without accountability but with unprecedented impunity.
- Blood ‘quest’ for profits by the major clothing brands and retailers come at the cost of workers’ life and health. The price of clothes does not reflect the real cost of the production, damage to environment and health of workers and communities. These costs are borne by the workers, their families and the communities, sometimes for many generations.
- Lack of governments in the region to fulfill the responsibility to protect their citizens by failing to enforce present laws and criminally prosecuting the businesses who kill workers at workplaces.
- Anti-union practices and lack of freedom of association that have kept the workplaces virtually union free. With limited bargaining power workers find it difficult to change the condition at work.
- Levels of poverty among the workers that forces them to work in dangerous environment so that they can feed their families.

The network therefore demands:

1. Immediate fair compensation to all the victims and their families and proper long term rehabilitation for all the affected workers and their families.
2. Free and independent enquiry into root causes of the accident, which should lead to long term structural changes that includes building/strengthening of the local democratic institutions, making them accountable to the workers and people and allows for the progressive taxing of the industry that fund these institutions.
3. Criminal prosecution of all the responsible parties – including the owner, buyers for their negligence and auditors that ‘certified’ the premises as safe.

Henceforth

1. Companies should be obliged to comply with national and international health and safety measures, whichever is a higher standard, in a serious manner through which should be monitored locally by strengthening the local independent inspections
2. Union and workers participation at all levels in health and safety policies and decisions has to be recognized as indispensable component in ensuring safe and healthy workplaces. Concrete steps should be taken to ensure freedom of association.
3. Active formation and recognition of victims’ organisations as legitimate representatives of the injured and dead workers

There was discussion on the statement and changes suggested were incorporated.

Dr Barry commented that it is his first ANROEV conference and it has been a tremendous privilege to be with colleagues who are concerned about fellow citizens on the planet. He looks forward to discussions on extension around the world and building on the gains that ANROEV has made and extends the solidarity to other workers and victims on the African continent.

Mr. Chalee Loysoong said that he would like to provide his gratitude to this conference. This was his first time working with ANROEV, and thank the network for choosing Thailand. He hopes that for the next meeting they would be able to collaborate various efforts on the various topics that have been discussed to bring progress to this part of the world. All the organisations in ANROEV will continue to strengthen the forces in order to force the employers and governments around the world to improve their act to stop thinking only about profits. They should pay attention to the safety of the workers to our brothers and sisters in the labour force who are the people who produce and make the products which are available in this world. On behalf of the Thai labour solidarity committee, they will join ANROEV in a moving forward their work and see all members at the next meeting.

Meeting ended with thanks to local host, translators, WEPT and the Solidarity Centre Bangkok office who had provided local support for the conference.

A meeting of the ANROEV members was help at the end of the conference.

The members selected the new Executive Committee of the network with the members being - Chen Yuying (China), Sugio Furuya (Japan), Hong Chan (Hong Kong), Noel Colina (Philippines), Repon Choudhary (Bangladesh).

The members also selected the Regional Advisory Board with the members being – Voravidh Chareonloet (Thailand), Earl Brown (USA), Apo Leong (Hong Kong), Dr Barry Kistnasamy (South Africa), Dr Thomas Gassert (USA), Dr Domyung Paek (South Korea), Jagdish Patel (India), Miriam Lara-Meloy (USA), Ted Smith (USA) and Professor Yu (China).
MINUTES OF THE WORKSHOPS
Chemical Poisoning Workshop

Moderators – Suki and Jan de Jong

Introduction of the Workshop – By Suki

The workshop began with a brief introduction. It was said that this is the workshop to discuss chemical poisoning and how we can campaign on the elimination of using chemicals in industries whereas previously we have talked about campaigns on Samsung which is more brand or industry specific. One of the important aspects is that so called high tech industries have established factories in Asia and we are witnessing a spurt in chemical poisoning cases like leukaemia, blood cancer cases among others. Many cases of organ failures have also been reported. However there has been a lot of difficulty in identifying these cases because it is very difficult to establish the cause and relationship and in most of the cases compensation is difficult. We also know that there are so many chemicals that are actually replaceable and safer substitutes available but the cheaper and hazardous chemicals are still widely used at the expense of valuable human lives. Although we have many regulations and guidelines in many countries but the whole problem is regarding enforcement. The problem is not limited to compensation, but also about how to create workers awareness on chemicals and their hazards, and elimination of hazardous chemicals in all industries. There is a need to develop a coordinated and synthesized action plan to establish a regional campaign or an international campaign to put forth the call for a complete ban. We may be able to establish some representative case for e.g. companies who have factories in China but are a listed company in HK and headquartered in Holland and there are possibilities to put forth the case in international court in the home country of the enterprise. We need to pursue some sample cases to pursue the criminal liability which is very important.

Discussion:

It was suggested that the campaign specify clearly that we are talking and demanding for a ban of hazardous chemicals and not everyday chemicals like water, sugar, salt etc. All campaign material will be so made to clearly specify this distinction.

Suki suggested that one set of established training material should be prepared which can be used in different countries.

Ashish Mittal stated that we need to first target the chemicals which are known human carcinogens and neurotoxins according to official classifications. He gave an example from India which has banned mercury and instruments in hospitals are being replaced. India has stopped lead in petrol but has replaced lead with benzene although its use has reduced from 5% to 1.5%. There is an ongoing campaign in India for unleaded
paints and many companies have agreed to stop using lead in paints. We have to go beyond factories and also look at school and medical labs which use hazardous chemicals.

**Question** – Are we talking about hazardous chemicals or hazardous substances and what is the range of substances we are talking about?

**Answer** – There are many hazardous chemicals and we want to start with a campaign against benzene because in China more than 60% of occupational cancer is related to benzene and it has occurred in industries like toys, electronics, shoe, container and many more. There are substitutes available which are not being used because of the cost. For campaign purposes we need to identify some really hazardous chemicals widely used in industries. There is a document in your dossier regarding the Ban benzene campaign.

**Jan de Jong** stated that the talk regarding chemicals is endless so if we want to start a campaign it is wise to pick a few to target. It is important to not make it too broad and narrow it down to a few substances and start an international campaign. We need to use the same forceful statements and do surveys in targeted plants or facilities. There is a need to create or find good awareness material which is similar everywhere. Make sure that the face of your campaign (face, brand, names, and symbols) looks the same in almost every country.

**Todd** stated that benzene is a good target in terms of elimination but by itself it is not sufficient. He gave an example of US where Benzene has been replaced by toluene which is also a dangerous chemical and should also be banned. So important question is when a chemical gets chosen to be banned is there a safer alternative that should be used instead.

It was suggested to look at categories of harm, whether it is a carcinogen or reproductive toxin or neurotoxin and it is recognized that we don’t want to use anything that has these qualities and that ends up with the problem of substituting one bad thing for another.

It was suggested to have a layer approach - campaign for complete ban of a few dangerous chemicals and then look at other chemicals based on categories. We should narrow down the target but should have very clear classifications and categories and all those chemicals should be banned and so that makes the campaign more visible and concretized.

**Peter** spoke about the situation in Taiwan. It should be the responsibility of the importer to pay for the safety test and prove that the chemical is safe and after import it is the responsibility of the government to know how many chemicals are in use and their hazards. There are more than 600 chemicals in use in Taiwan but the government knows about only about 60 of them. The workers
should have more knowledge about what they are using in the workplace. There is a need to put more responsibility on the importers and ensure transparency of information.

*Suki* spoke about establishing relationship between cause and information disclosures which are some of the common problems being faced and which is why it is important for all of us to figure out one set of benchmark. How can we prevent the use of such hazardous chemicals in all countries? There will be many difficulties in different countries and it would be difficult to ask the employers and industry to disclose the information of the chemicals in use and litigation might be expensive and lengthy. She suggested to form an action plan on division of work - awareness raising, identify the cases and to make a working model for the campaign.

*Hang Tung* suggested that one of the goals of the campaign can be that the employer should bear the cost of proving whether the chemical has caused the problem or not instead of the worker.

It was also suggested that as part of the organising principle, we state that what is toxic in one place is also toxic in other places as different countries have banned different chemicals.

*Jan* clarified that in different countries there are different demands and responsibilities and it will be interesting if we are able to take a liability case of one country into another country where you have the best chance of success against a company or CEO which uses state of the art technology in one country and willingly and knowingly ignores this in another country. This might become a deterrent on such MNCs and they will stop using hazardous chemicals across their facilities.

*Pauline* stated that chemicals that are banned in countries like the US may be guidance for other countries and this might be termed as a campaign on legislative standards in other countries instead of a campaign on corporate behaviour.

*Todd* countered that we need to stay away from legislative standards. What we need to talk about is scientific standards and for e.g. if European union or other country decide to take certain chemicals out of production because of their hazards than that should be a standard for all of us.

*Suki* stated that we need to do a mapping of chemicals and list of chemicals for e.g. benzene use in different factories. We need to have a list and benchmark, identify major industries using these chemicals, what can be the possible campaign targets and what are the training materials we can establish for all the workers. Jan has prepared a questionnaire which has universal questions which can be used by workers to identify what are the potential hazards and it can be a very important material for us to introduce awareness raising programs at the workplace. We can take a few cases from the research project to demonstrate the seriousness of the issue.

It was pointed out by Sari that over the years, collective bargaining has been used as a tool to get a lot of chemicals out of workplaces and there is a need to discuss about how
workers can influence change in the workplace and how to make them aware of the chemicals they work with. Educating workers about the hazards of the chemicals and to use collective power in the workplace to ban those chemicals and then broader discussions with society should be the way forward. It takes a lot of years to build confidence in workers and the power in them to make the change.

Jan agreed that it is important to start at the workplaces but it is also important to raise awareness with all the different parts in the chain of responsibility. We should use combination of terrorizing the CEO or higher functionary with criminal cases along with awareness. One of the most important things to use is media which can put pressure on employers and politicians. It is possible with a lot of pressure to push things through and it doesn’t mean that all the things will be successful but you need to work on certain sites at the same time.

Another suggestion was the need to work together with other environmental and civil society groups. There were two very important environmental issues in China this year near Shanghai and Quenmin. There were mass actions against pollution and people were organised through social media. In China the media is controlled by the government but mobilization and outreach to a large workers population can happen with the help of social media. Since 2003, impacts have been made with the help of social media.

Suki commented that we have a good combination of people in the workshop. We have groups who work directly with the workers and identify lots of cases. We also have victims groups on a country level. We need to figure out how to make an alliance of all these groups and form one action plan. She suggested to figure out common things to work together including –

1. A joint statement to lay the principles and stating our major demands regarding the elimination of benzene in workplaces.
2. What are the actions we can do at Country and Regional level and how we can identify all our campaign and lobby targets
3. Need to identify and establish training materials which can be used in different countries.
4. On campaign targets if we can out some CEO into accountability and pursue criminal liability that will create some deterrent on big industries.

It was stressed that it is important to establish that there is a need for such a campaign in the country and we need to decide whether we would like to be associated with such a campaign.

Some groups expressed their reservations on limiting the campaign to Ban benzene campaign. It was pointed that even in US only 2% of the chemicals have been studied for carcinogenicity and we need to keep a
close eye on other chemicals which are not on the list

Fahmi suggested that our primary aim now is research to seek information and education to raise awareness and campaigns. There might be difference in situations and context in countries. We can start with an overview of situation in each country and to identify who can do what like AMRC can do what, Hesperian can do what etc to mobilize our resource

We have research groups who can provide information regarding benchmarks and standards. We also have the organisers on the ground who can communicate with workers and can involve case intervention approach to identify the victims. We need to ask ourselves what is the input from my organization. We throw all the inputs and figure what we can do in the next steps

The participants were asked two questions -
1) What you can do or provide from your organization.
2) What you need from us or from the network.

From WSC, Guangdong, and other Chinese participants

Inputs

1. Can create awareness regarding the knowledge and categories of chemicals, and their hazardous nature to the workers. Can also educate on the symptoms of these substances so that people know that the disease is related to chemical including environmental hazards of these chemicals like impact on water and animals etc.
2. legal support to victims and demand for compensation
3. Can prepare publicity material like posters, books pamphlets
4. organise training for workers using traditional media and social media
5. Have case studies which would need translation
6. Advocacy on chemical solvents
7. Some groups have legal advisors providing legal services not only on OSH but all issues. 3000 copies of legal material have been distributed in factories. (Goldpeak)
8. Give capacity training to children of migrant workers(Goldpeak)

Needs

1. Organise NGO workers to learn more about chemicals
2. Give technical support to identify cases like legal and medical support and standards
3. Preparation of educational material
4. financial support
5. Identify classic cases to use as material for campaigning and to trace the MNCs behind it and then to mobilize exchanges in these regards.
7. Need more information about the container workers and how to organise these workers because in China the factories are relocated to inland areas and many of the former workers are suffering from diseases.
Hang Tung – LAC

**Inputs**
1. We can help draft the charter and principles to use and promote in the group and translate into Chinese
2. Can campaign on Hong Kong based companies esp. the toy industry to stop using benzene and we already have identified a case to ban benzene.

**Needs**
1. We want some services and training material to use as standard.
2. what is the international regulation on solvents and chemicals

Jan de Jong

**Inputs**
1. Can Provide research of international liability of worldwide operating companies esp. in Holland,
2. Introduce an international campaign of unions, network of small medical specialists on OSH, we are prepared to take part in organising this campaign.

**Needs**
ANROEV to facilitate and take part of organisation

Lizzie – I am happy to share information resources and already have a list to email and contact information you all can use

Hesperian

**Inputs**
We have made some draft material for worker information with simple description and uses of chemicals esp. in electronics industry.

**Needs**
Help in translation and feedback to make it better

Omar

**Inputs**
We are collecting data on OSH deaths and accidents and we can collect similar data on chemical exposure. We can play a secretariat role for national campaign to ban chemicals. We can implement initiatives taken by the network.

Pauline

**Inputs**
1. Good Electronics network can support and thinking about setting up and framing the campaign,
2. Offer communication channels and bring in organisations involved in GE and not yet part of ANROEV.

**Need** is good campaign demands and clear cases regarding the electronics industry.

Sari

**Inputs**
1. Link with network of other trade unions within Canada as well network of OSH expertise in Occupational Diseases and prevention.
2. Can share experience in collective bargaining
3. Have a chemical exposure log book as part of prevent cancer program

**Needs:** Access to success stories, sharing of information and if there is a common day of action for you to coordinate that with the international community.
Taiwan

**Inputs**

1. Can provide cases of chemical poisoning.
2. Network other organisations in Taiwan including trade unions, and environmental organisations
3. Can provide strategy and standards / regulations with regards to hazardous chemicals in Taiwan and our experience to improve the situation.

**Needs**

1. Statistics and Data.
2. Network and platform working on an international level.
3. Experiences from other countries and financial support from ANROEV.

SHARPS

**Inputs**

1. Share a comprehensive inventory of more than 400 carcinogens which was made by a group of Korean NGOs based on several international inventories.
2. check list which workers can use and using that list worker / union can challenge the chemical problem in that workplace
3. Practical advice on how to deal with chemicals in workplace in several settings but myself as occupational doctor and activist I have some example so that can be shared.

**Needs**

1. Experiences of international joint campaign to increase the sensitivity for future prevention.
2. some success case of union of workers who removed or controlled the chemical problem successfully

Thailand: Our focus has been more on work related accidents rather than chemical poisoning and we have found factories which use banned substances and chemicals and causing severe impact on the workers health. Unfortunately those workers were dismissed and laid off because of health impact and the case went to court and some compensation was paid to the worker.

**Needs**

1. undertake a survey of what industries use it the most and what is its impact
2. Continued exchanges and to share research work and cases studies.

**Inputs**

1. Preparing publication and leaflets similar to a safety data sheet
2. Put pressure on the govt to act more effectively and produce results in terms of chemical control.

Ashish – can share about the use of benzene in India, quantities and industries which use in India And want is - clear tools for the campaign and capacity building for those tools.

Fahmi – we can share country situations and help in conducting survey in Indonesia and Vietnam and share information with you.

Suki consolidated some of these points and gave a summary and a draft proposal.

**Inputs**

1. Case from each country. Can be sick, fatal or use of safe chemicals cases.
2. Have a pool of resource persons including environmentalists, educationists, workers, medical and legal practitioners which can contribute to identify and analyze the situation.
3. Input data and statistics and a list of carcinogenic elements for the research and data

**Outputs**

1. Training manual – where and how can we develop the training materials and datasheets for training the workers. This manual should be universal, based on common standards which can be used as a checklist for workers to identify chemical hazards and what are the preventive measures they can adopt.
2. Based on the input of cases, we can create a portfolio in Asia.
3. Target on the MNCs, we need a campaign and figure out some landmark cases which can testify not only in the country but in the home country of the enterprise. For e.g. collect cases from China about container port cases and put them in Netherlands
4. Alliance of victims groups on regional level focused on chemical poisoning
5. Funding – It can be both input and output. The resources can be important for funding joint and collaborative efforts and programs. Funding required for translating the materials, the fact sheets in different languages.

Contact information of the participants was collected and the workshop closed.
VICTIMS ORGANISING WORKSHOP
Victims organising Workshop

Moderators – Apo Leong, Samuel Li and Chen Yuying

The workshop started with an exercise where participants were asked to draw something which represents them and something which represent workers around them.

The aim of the workshop was to discuss the strategies to start organising work and what are the effective ways of organising. These strategies vary from country to country and there is a need to learn from each other. Other important points to note are the difficulties encountered at local and regional level and a need to learn to create solidarity among us.

Samuel began by giving an overview of the situation in China. He said that the situation is very serious and every year over a million (official figures) are confirmed injured workers and almost 80% are migrant workers. There are many factors like lack of pre-work training, ignorance on safety regulations, shortage of protection equipment, overtime work. Further the workers lack legal knowledge and right consciousness. He said that although China has a social security law, workers are not registered under the work injury insurance because the employers don’t want to pay for them. They face long and complicated administrative and legal procedures for compensation. In China many of the NGOs organisers are themselves victims of occupational disease or work injury. Function of Trade unions is not clear and in a recent research only 4% of the workers felt that TU has contribution on their security or any beneficial role in their protection. There are different strategies for different areas for organising workers as many victims are migrant workers and these workers go back to their homeland if they fall ill.

The next presentation was from Foshan Nanfeiyian Social Service Centre, an NGO founded in 2007 and recently registered through Civil Affairs Bureau of Foshan. They work primarily to Guide migrant workers to defend their welfare, to learn legal knowledge, to build up self help networks for reciprocity, to encourage migrant workers and local community to develop harmoniously.

More than 6000 people have participated in various legal seminars conducted and 10,000 victims have received compensation successfully. The core principal is to Learn and Become Strong. The work involves visiting the victims in the hospitals and
informing them about their legal rights. This team involves people from diverse backgrounds like victims, volunteers, professors and legal practitioners. The victims return for further assistance. There is a hotline where calls from workers on different matters are received. Legal advice is given to workers who want to claim compensation and legal representation is provided only in needy cases. Meetings are organised and victims along with other professionals are invited to share their personal experiences. We receive 6 visits on average every day.

The next presentation was from **Shenzhen hand in hand workers centre**. Shenzhen is situated in Pearl River Delta and the area is prosperous and has had some economic reforms. Though there is a lot development but situation of workers in the region has not improved. The rich-poor disparity is very big and the wages of the workers in many cases is below the minimum wage. The condition of Occupational Safety is also deteriorating and many workers are forced to leave the hospitals before being completely cured. It is becoming difficult to be certified as suffering from Occupational disease. He commented that the GDP of the Pearl Harbour area is paid at the expense of fingers of workers in this area. They visit injured workers in hospitals and have found that most of them are men; injuries are primarily due to cutting of fingers, many workers have been on the job for only about 6 months. Many times the workers blame themselves for the injuries but after discussing with them it is found that the real reason is because they work for long hours, machines are too old or because the protective measures were not there. There is an increase in the injuries and the hospitals are overcrowded with such workers.

A picture of an activity organised on Sundays in industrial area to organise workers was shown. The workers speak about the general problems faced in the factories and are informed about the hazards of chemicals. Another photo of the action undertaken on the International workers memorial day was shown where workers made the signs for ‘work’ and ‘dead’ in Chinese from human bodies.

The workers are organised through cultural activities. They are asked to write dramas and write about the problems in workplaces and how to organise and most of these scripts are performed. They work on individual cases and have hotlines.

Next presentation was by **Tian Yingbin** from **Dongguan Yauwei Safety and Health Service Centre**. They publicize legal knowledge and provide representation in cases like benzene poisoning and work on rights cases for female workers. Their main focus is on furniture industry. Weekly Law learning groups are organised in places populated with workers, pamphlets are
distributed and there are volunteers to pay visits to different hospitals. Workers are informed about minimum wages. Behaviour of legal representatives and judges is monitored and complaints are registered in cases of discrepancies. Consultations are held before a new draft or regulations are formed.

**Chen Yuying** from **Chongqing self empowerment centre for people with disabilities** shared her experiences from Chinese rural area. She is a victim of Zhili fire who suffered 75% burns and had to go through a lot of medical treatment. In May 2002, she registered a NGO with Ministry of Civil Affairs. The organization provides information and enhances capacity building of migrant workers, occupational victims, the handicapped and left-behind children of the migrant workers. The core value is to help people to help themselves and to increase capacity of the workers so that they can help themselves.

OSH victims are organised, hospitals are visited and small group activities are conducted. Villages of the workers are visited to provide them information. Workers from coal mines and factories suffering from pneumoconiosis are provided legal education. Skill training like growing of mushrooms, raising of livestock is provided to help earn livelihood when workers return to their home villages. Rehab activities are conducted and workers encouraged to exercise to stay fit and lead a better life. Children of victims are provided some assistance for their education.

Legal aid meetings, films screenings, cultural nights are organised along with safety meetings and fire prevention learning sessions. There is a library and every month there are interest groups like crafts, drawings, dancing for children.

There are advocacy activities targeting media and government organised in the township square. Sometimes even officials participate and there is a web site and weibo groups to disseminate news of our activities through social media.

**Questions and Comments:**

**Question** – Do the groups charge any fees from the victims for the services and how difficult it is to convince workers to get the services?

**Answer** - We provide free services and for some injuries legal services are provided. Funding is received from Oxfam and it would be difficult to function without this funding. Sometimes we consider whether we should charge workers and recruit them as members but it will not be enough and will not make a big difference to our financial situation. We can also not collect membership fees because we will be investigated by the govt.

**Omar** from OSHE foundation, Bangladesh stated that they also organise and mobilize victims. Victims are identified through different ways mainly through network members in different sector who collect information on any accident or exposure. It is ensured that the victims receive treatment and negotiation is held for compensation with the employers and their associations else a case is filed in the labour court. They also provide educational, training and rehab activities where workers are educated to prevent accidents. After Tazreen factory fire,
Mr Mominur is working to mobilize the victims and process is in place to form a victim's network.

**Question** - Do you talk about legal rights to safe and healthy conditions or legal rights for safe machinery and prevention or is it legal rights for compensation to injured workers

**Answer** - Legal education encompasses all aspects including compensation which is very important but also safe working places.

**Suki** - In China the legalistic approach is very prevalent because workers need to pursue individual legal approach for compensation in the absence of collective bargaining.

**Question** - There must be laws with provisions against injuries and diseases. Whether you educate workers on these laws and provisions and do you educate workers to make complaints about unsafe conditions and has anyone ever complained?

**Answer** - China has a lot of laws related to labour but they are not effectively implemented or enforced. Workers are informed about their rights and what to do in case an accident takes place. Most of the NGOs are working to improve the laws and to prevent occupational injuries. Complaints are made through legal processes. In Shenzhen it is quite difficult to lodge complaint as a worker needs to give his personal information and he is afraid of retaliatory actions by employer. But in some cases there have been improvements after a complaint. Even govt officials are sometimes ignorant about laws and regulations.

**Question** - What is the responsibility of the TU in the community in province in supporting the victims? In case a company building has collapsed due to accidents and the company is bankrupt, who is responsible for compensation of victims as we have similar cases in Vietnam

**Answer** - The TU in reality are quite separate from workers and trade unions for improvements in workplaces are few. Most of the trade unions are close to the employer and sometimes the chairman of the TU is relatives of the owner or managers. Under the law whether you are closing or bankrupt then the employer is a legal entity and we can take him to court. He needs to take responsibility for everything related to operation or closing down of the factory. In terms of OSH a problem, according to law, once the company is registered than the authority that's responsible for this enterprise needs to take responsibility. This means that the higher level in the govt has to take responsibility of the compensation matters. I worked for an enterprise that closed after 7 years of operation and now I received compensation of 200,000 RMB which took 7 years. The compensation can only be claimed if enterprise is registered for over 2 years so there are many complications and details. You need to have patience to make the claim

In HK we have a system called “insurance or workers fund” and employers contributes to this fund and when the company closes, the compensation can be claimed or allocated from that fund.

**Samuel** listed some of the Challenges in victims organising in China

1. Environment –
a. Crackdown of NGOs in Shenzhen in 2012
b. Shortage of collective campaigns
c. Dealing with the relationship with government officials
2. Unions and legitimacy of NGOs - Some cannot be registered as NGOs but corporate
3. Limited resources - Donation from individuals is very limited and rely on foreign and govt funding
4. Coverage of services - Community-based instead of large area coverage
5. Mobility of victims is a challenge - Migrants workers returning to rural area after getting injured
6. Relationship with the community - Service receipts are migrant workers, Ways to help them to incorporate with local community

One of the most difficult tasks is to get a certificate of confirmation of suffering from Occupational disease. Nothing can be done if this certificate is not there. How to prove our disease is because of our work? There are a lot of limitations in the laws. For e.g. if that factory has had no prior case of Occupational disease, it is very difficult to say that your disease is related to your work. This certificate can only be given by a qualified OSH unit and it is difficult to get this certificate. The other problem is the awareness of OSH diseases. Incubation period is high in case of occupational diseases and after the workers have left original factories, they find it difficult to prove the employment relationship. Workers also find it difficult to provide their history on how they got disease (including working period, kind of works, what chemicals they worked with). There are also Illegal employers who escape from any responsibility. The other problem is even if you got the certificate and entitled to go through the legal process, the costs are too high and the process is lengthy.

All these diseases need medical treatment and costs will increase as time goes and many die due to lack of money for further treatment. They also need family support as they are bedridden and family members have to stop working to take care of them. Even the compensation they received is not enough and it takes very long to get it. It does not cover long time treatment.

**Dr Rachna from SEWA** presented regarding their organisation. She showed a film on the activities. SEWA is a union with more than 3 lakh women members in the informal sector based in Ahmedabad. They organise woman and guides them against odds of vulnerability, invisibility and poverty. The choice of words self employed was consciously made to give prominence to marginalized women. The members are home based workers, vendors and hawkers, manual labourers (agriculture, etc), service providers, producers, beedi workers, agarbatti makers, embroidery, kite workers etc. There is lack of awareness on law, long working hours, lack of social security, sanitation, nutrition, and there is no voice or representation.
Child care is provided to the children of the working women and there are 37 centres and about 30 children in each of these centres. Advocacy and campaign at local, regional, national and international levels is done. SEWA provides insurance, pension and shelter to these women. Capacity building – capable to build her voice and represent herself is done. Trainings are a strong area for SEWA and vocational trainings are provided. She spoke about the National and International linkages – with WEIGO have a long understanding and are currently executing an OSH project for 6 occupations where prototypes have been developed and distributed. Replication of SEWA model in Afghanistan, SAARC and African continent countries is being talked about.

**Questions and Comments:**

**Question:** What is your relationship with other national trade unions?

**Answer:** We have been associated with these trade unions I don’t have the details but will revert back to you.

**Question:** I would like to know how you organised women in diff trade and situations to fight for one common goal.

**Answer:** We start from the members and each area nominates one person. This person takes care of each and every member, has face to face interactions, and any help that is required in any field gets notified and this leader who is trained and in case referral activities are required, it gets notified to the higher authorities.

Participant from Thailand added that they also organise events to mark the occasion of the 20th anniversary of Kader fire. 10th May every year is safety at work day and the govt is pressured to enhance the safety and standard of OSH and introduce new laws and rules to ensure OSH of workers. Union organises workshops on how to work safely and assistance is provided in case of accidents and injuries. They also campaign with labour ministry so that they come up with regulations and enforce them appropriately to prevent reoccurrence of Kader fire.

A volunteer was selected to report the proceedings.
Occupational Lung Diseases (Regional Strategy)

Moderator: Jagdish Patel

Occupational Lung Diseases is huge in terms of occupational diseases. It leads to different kinds of risks. For ANROEV, this is very important, and the objective of the workshop is that our group needs to learn things about lung diseases. How it can be diagnosed, and how it can be treated. Dr Gassert from US will talk about this, so our group can learn about the diseases. We have some experts and activists here to provide knowledge to us.

Yousuf Beg from Panna, India was invited to talk about his struggle with stone quarry workers suffering from Silicosis in India.

Yousuf Beg: Yousuf Beg has been working to organise stone quarry workers and his organisation is called “Pathar Khadan Majdoor Sangh” which literally means Stone quarry workers. They have been working since 1995. Every year they get together on May 1, the International Labour day to talk about issues and strategies. Before 1995 the local people had formed a cooperative which included indigenous people or tribal’s and dalits and they would own the small scale mining operation. But then the big mafia took away the mines from these cooperatives and these people were reduced from owning their own mining lease to working for this mafia. Panna has about 121 stone quarries and 1111 small diamond mines. He was invited to one of the meetings in Delhi organised by OEHNI where he learnt about silicosis which happens to workers of Stone Quarries which was similar to TB and realized that the workers in Panna might be misdiagnosed as suffering from TB by local doctors. In August 2011 OEHNI and ANROEV organised a medical camp where Dr Murli certified 39 workers as suffering from Silicosis. Once the workers were certified, the workers intensified their struggle but the local authorities still refused to accept the diagnosis.

The movement received motivation when widows in the adjoining state of Rajasthan demanded compensation for the death of workers due to silicosis. They were supported in their campaign by the media in a big way. They organised a ‘Jail bharo Aandolan’ where 102 workers got themselves voluntarily arrested demanding recognition as a worker along with issuance of an ID card.
The collector ordered local medical authorities to conduct a health check-up of the workers. The local MLA was given information about the disease and about the misdiagnosis and he raised the issue in the Assembly. The workers also organised a Satyagraha which is a gandhian way of struggle where he sat on a hunger strike and the government was forced to accept their demands. The government carried out a health check-up and confirmed 17 cases of silicosis. Meanwhile a second medical camp was conducted by Dr Murli for 224 workers out of which 84 were confirmed to be suffering from silicosis. There was some monetary relief in the form of INR 1000 given by the local MLA which is a small amount but they are still fighting for getting proper compensation. He works at a small level with a small group of workers. But there is a need to get organised at the local level, state level, national level and international level so we have a consolidated and joint campaign against Silicosis.

**Question:** You mentioned that the local Dr would not recognize Silicosis. Is it because they were employed by the local mining companies or they were paid off.

**Answer:** the doctors themselves did not know what silicosis is and there was lack of knowledge and also they don't diagnose as they don’t want to get into liability issues.

**Question:** How the cooperatives were taken over by the mafia because this would have an impact on H&S of the workers.

**Answer:** the lease for the mining was given by the government. These mafias who are politically powerful ensured that the lease was not given to the cooperatives and instead got the lease themselves. The leases already with the cooperatives lapsed. There was change in the laws as well favouring companies

**Questions:** what is the procedure of the medical checkup? Whether in your country compensation includes long term medical treatment and living allowance.

**Response:** In India any doctor with an MBBS doctor can certify your disease. As these workers are in an unorganised sector where there is no employer-employee relationship compensation is difficult and have to be through a state mechanism. The struggle is going on but if it was a proper entity with clear employer then the compensation would be comparatively easier and would be covered by some insurance schemes.

**Jagdish Patel** – He has been working with agate stone workers in Gujarat. To save the children of workers from silica exposure at their homes, the organisation started a crèche which has been running for the past 5 years. They also provide help in treatment in case any worker or victims in need of hospitalization or medicines. They provide Health education, Legal support and
advocacy and run a weekly clinic in collaboration with a medical college and cardiac care hospital since 2007 and disburse medicines at subsidized rates. Till now 687 workers have been screened, 209 workers have been issued certificates and incidence rate is 30.42% and out of these 209 workers 94 have already died. There have been several studies conducted in the region but still the government does not have any reliable data. The workers don’t come to the clinic and they question regarding what they will get in case of confirmation. They are also scared of trouble in case of confirmation and feel it is better to die without knowing. Cases have been filed with the National human rights commission arguing that when there is no known employer it is the State which is responsible to protect these workers. A PIL was filed in Supreme Court of India and an interim order was passed instructing NHRC to give compensation to confirmed cases of deaths due to silicosis. So far PTRC has filed complaints for 81 deaths between 2007 and 2013. Recently the Ministry of Gujarat has issued a circular assuring free health services to persons suffering from silicosis and several workers have been issued health cards. A huge study to map has been undertaken in the agate industry in which 4500 workers participated. Children aged 6 years were found to be working in the industry. There were 66 children under 14. The study showed that almost 40% workers work for someone else, 50% used machines owned by someone else and 99.9% neither bought raw material nor sold finished goods which means that they are only a link in the supply chain and not self employed as the popular belief is. So in nutshell this study will help us get them some benefits.

Barry Kistnasamy – He works for the NIOH which is part of Ministry of health (MoH) of SA. It started as a Pneumoconiosis Research Unit. There are similar institutes in India, China US etc. They have a staff of 150 which comprises of medical doctors, scientists, laboratory personals etc and undertake risk analysis and provide technical information.

He spoke about injuries which can be immediately seen as a problem like the recent building crash or factory fire. Unlike the disease which takes a long time to show. Worker can be exposed today in mines or any other place and perhaps 20 years down the line might start experiencing problems with his lungs. This disease is inside their body and not externally visible. Another issue is that the doctors are not trained or in China there are special doctors trained on Silicosis. But in many countries Occupational Health is not taught in medical schools. It is very seldom that the doctor will ask - What work do you do?

He explained the mechanism of how dust gets inside the body - breathe it in, with your food or through your skin. He also gave a brief description of the lungs and the class of lung
diseases called as Pneumoconiosis esp. caused by Mineral dusts like asbestosis, silicosis, coal workers dust etc.

He gave an account of the low Threshold levels for dust in Europe and US as compared to Asian or African countries which would lead to a conclusion that Asian or African workforce is stronger which is not true and we need to ensure that the TLVs are lowered and are the same everywhere.

He also explained about different types of faces namely the Negroid, Caucasians and Mongoloids which have different facial features. If you rely only on mask to protect you it may not protect you because it may not fit over your nose and mouth. It’s a similar problem with gloves. Workers should also be made aware that PPE might not give them full protection. We should ideally be looking at engineering controls, he said.

He explained the importance of X-rays which are used for checking what is going on inside the body. With the advent of digital x-rays it is possible to take these x-rays on a computer to another part of the world for a technician to read them. He showed pictures of normal chest x-ray and infected x-rays. Another important machine is a lung function machine which shows how disabled you are, how strong or weak are your lungs.

He showed some data from South Africa where rate of TB has gone up in the last 10 years in mining industry. He showed a slide on compensation and explained that it is very important to have surveillance systems.

He showed pictures of lungs of workers who had died and autopsy was performed and reiterated that it is important to link the x-ray with occupational history to prevent misdiagnose. The key issue is to empower workers to know the conditions they work with. Unfortunately there is no treatment for these diseases.

**Question:** What is the basis of limits in SA? Do you follow any standards set in other countries?

**Answer:** we have limits not only for silica but for many things. The big problem is that companies are saying that if you lower the limits, they cannot measure at that level. But if they can measure in Argentina or other places it is not clear why they can’t measure in SA.

**Question:** What is the relationship between TB and Lung Diseases?

**Answer** – TB is an opportunistic germ. When you have a strong lung you can fight the TB germ but when your lung is weak you are more at risk of getting TB. If you are silica exposed you are at 6 times more risk to get TB.

**Question:** We have a treatment called washing of lung treatment of silicosis in China. Anything like this in SA

**Answer:** Not in SA. It is my opinion that it is not recommended for cases other than for
acute silicosis cases. In 99.9% cases we should not do this procedure. It is very painful.

**Question:** we have had a case of lung transplant. Is it viable and useful in extending life of a worker?

**Answer:** Yes, lung transplants are done in rare cases but you need to have the right qualifications and conditions for transplant. But there are other treatments and you can take out one lung out of the two and you can survive.

**Question:** we have not seen any cancer patients due to silica.

**Answer:** development of cancer has a latency of 30-40 years

**Presentation by Dr Thomas Gassert on Occupational Lung Disease – Situation, prevention and rehabilitation**

He spoke about 3 levels of prevention against occupational disease – Primary, Secondary and Tertiary. Typical symptoms with lung diseases are cough, shortness of breath, chest tightness, and wheeze.

He said that the primary prevention is not done by physician but should be forcefully pushed for like engineering controls, communication training, air quality and PPE is the last line of defence. Secondary prevention is medical monitoring and surveillance and tertiary is when you are sick and injured and we are trying to prevent complications.

He explained the structure of the lung – nose, throat, wind pipe and lung divides in bronchi’s, bronchioles and then further subdivides into smaller clusters known as Alveoli.

He stated that as per the Medical Surveillance for Lung Disease there are OSHA Standards for asbestos and silica, MSHA for coal and other organic dust agents like beryllium and cotton. Some of the tools which are used are medical and social history done via Questionnaire, interviews and physical examination, Pulmonary Function Testing, Chest X-ray or HRCT scan, blood testing like Serology and skin testing for sensitizing agents

He narrated a Case study of a 38 year old metal worker with complains of recent onset of cough, wheeze, and shortness of breath, chest tightness, and itchy skin rashes on wrists, ankles and neck. The Symptoms worsen at work and improve at home and on vacation. He operates a Class-IV laser to cut and shape large jet engine metal components. After analysis through patch test, the worker showed poisoning through contact with cobalt.
He explained the word Pneumoconiosis which is Disease due to an increased dust burden in the lungs. The word comes from Greek: PNEUMON = LUNG, KONIS - DUST and is caused due to Inflammatory reaction of small airways and alveoli to dust deposition in lung. Restrictive disease

Now we have an ILO digital X-Ray system that has recently been developed. Validation studies against hard films verified. Benefits include - Accessible via internet, thus relatively cheap and reaches out to all with internet access, B-Reader interpretation assured, computerized interpretation not yet developed, No more chemical film development; safer, Easy digital storage and sharing

He spoke in detail about Diseases caused due to Asbestos i.e. Asbestos-Related Pleural Disease, Asbestosis, Cancer, Mesothelioma, Associated right heart failure and stressed that the trends show that even if you enforce a ban and restrict use, the graph continues to peak for 20-40 years on before showing a drop because of long latency periods. He showed some photos of lungs infected by Coal workers Pneumoconiosis (CWP) and a chart of occurrence of CWP against level of dust which showed that if you decrease the exposure, the disease just drops. He said that Silicosis affects upper reaches of lung and TB must be ruled out and pulmonary rehabilitation which Can improve quality of life, but not survival. The Work-Related Lung Disease Surveillance System (eWoRLD) produced by US NIOSH is something to look at.

**Question:** we don’t get the medical doctors to get diagnosis. If we have a digital x-rays can they be emailed?

**Answer:** Yes. If it is set properly, you should get the same resolution and it depends on your equipment. There are chances of a human error mostly at the back end.

**Jagdish Patel** presented the report on ABAN activities which was sent by Sugio. ABAN was launched in 2009 in Hong Kong. Objectives of ABAN include - facilitate a total asbestos ban in Asia as soon as possible; take steps to reveal the hidden epidemic of asbestos related diseases in Asian countries; reveal the widespread asbestos contamination of Asian infrastructures; stop the international transfer of the asbestos industry; obtain justice for all asbestos victims, family members and affected communities; achieve an asbestos-free society in Asia and globally.

Groups of asbestos victims exist in Japan, Korea and India and Occupational victims groups in Hong Kong and Taiwan are supporting asbestos victims.

It was informed that Hong Kong might introduce a Ban on Asbestos in July; Thai Minister of Industry may announce its 5 years phase-out plan, Malaysia DOSH may introduce its 3 years phase-out plan, Pakistan - National Assembly’s Committee recommended Ban, AAI-6 International
seminar/WHO-CC Meeting in November 11-15, Manila


Recently in 2013 European Parliament resolution of 14 March 2013 on asbestos related occupational health threats and prospects for abolishing all existing asbestos; 2013 Australian government will launch its National Strategic Plan for Asbestos Awareness and Management and the Asbestos safety and Eradication Agency on July 1

Questions and Comments:

Sanjiv stated that one imp thing which came out is digitization of x-rays which can be revolutionary if we can understand and implement it in the field. There is a need to identify a B-reader group to read the x-rays and there should be a protocol identifying how x-rays will be taken and how they are read. He also informed that there are plans to conduct a doctors training where we can have doctors trained but they sign a contract with the local groups and have a resource locally available.

Jagdish Patel stated that somehow in Silicosis campaign we are not getting the desired results compared to other campaigns like asbestos or electronics. No information from Indonesia, Malaysia or other countries. Even in India we have no reports from several states

Barry was concerned that if we don’t do this properly because when they come forward the first time, they are healthy but they are incubating the disease and we can’t confirm the diagnosis. If we don’t link the campaign with compensation we might not succeed. Even the asbestos standards in US apply only during the time you are working with asbestos. The moment you stop working, medical surveillance stops. 20-30 years later you come up with cancer. So this is an issue
LEGAL PRACTITIONERS WORKSHOP
Legal Practitioners Workshop

Moderators – Omana George, Mohit Gupta

The workshop started with the brief introduction of the participants. Omana introduced the book published recently on legal resources which includes ten chapters on legal practices and compensation mechanism in the country. The significance of network of medical and legal practitioners was realized a few years back and the purpose of this workshop is to get more ideas on what to do next, what we have in common, and what are the differences between us. As part of the project 5 films from different countries were made to showcase the difficulties in legal systems and compensation.

A short film from Pakistan was displayed which showed the labour conditions, legal system and the impact of globalization in the country.

Presentation

Hong Kong: Legal system is better than in Pakistan. Workers can get compensation in case of death due to their work. There are three items of compensation – payment in case of death, loss in capacity to work, and payment for medical expenses. The compensation system is run by the labour department and the workers and employers buy insurance which pays the compensation. In the present system, the workers pay for their treatment which is refunded later. It is a centralized system.

Question - Does the central fund mean the government pays? In Thailand it is difficult to prove that the injury is due to the job. How to prove the injury, and if it is a long-term effect, how to prove it? How good are the doctors? My question is how to prove that the cancer is caused by job?

Answer: The fund is not from the government, but the insurance pays. The companies will send the case to the insurance companies, and the insurance companies will pay to the workers. It is not difficult in Hong Kong to prove that the injury is caused by work. The problem is when the injury occurs, the workers do not report immediately.

Chinese: How long does the compensation process take? And can the employees get the lawyer, and who will pay for the lawyer?

Hong Kong: The compensation process varies from case to case. The maximum time is two years. Workers can get the lawyer if they can afford but if they can’t, they can apply for legal help.

Question: If the employers do not pay the insurance for their employees, can the workers claim compensation?

Answer: There are two problems in China; one is the social security is low, and second is the law stipulates that if the employers do not buy the insurance for workers, the government will pay for the compensation. But practically no such case is known. And even in such a case, it may take a very long process to prove the legal relationship between employers and workers. The legal process is long and there are many hurdles to
overcome. The employers may delay the case in order to escape paying compensation.

_Presentation by professor Yu from China_ – He stated that after reading all the chapters in the book it can be said that all the countries have the same problem of implementation of the laws. Since 2010 the Chinese government has amended many of the work injury related laws and is trying to enforce the law in the process. There is a social insurance system at the core and there are a series of other related laws including the Law on the Prevention and Control of Occupational Diseases and the work injury insurance regulation. In China the first work injury insurance system was introduced way back in 1953 but it has become a national system since 2004. There are a lot of problems in implementation. Another problem is that China is a very big country with many provinces so although there is this law from the Central Government, in terms of actual implementation in different provinces there are many variations. According to statistics, coverage of work injury insurance is increasing every year. By the end of 2011, there are almost 176.89 million workers who have joined in Work-Related Injury Insurance; 68.28 million of whom are migrant workers. Major problem is that the coverage of Work-Related Injury Insurance is based on labour relationship. In practice it is very important to prove labour relationship and many cases drag on for years. There are many difficulties for employees of privately or individually-owned business to join the Work-Related Injury Insurance. Most domestic workers cannot join the Work-Related Injury Insurance due to several reasons.

The process for applying for work injury compensation is implemented by 3 different departments and is very complicated. According to Regulation of Work-Related Injury Insurance, there are seven cases in which a worker should be determined to have suffered from work-related injuries, three cases that a worker shall be regarded to have suffered from the work-related injuries and three cases in which a worker shall neither be determined nor be regarded to have suffered from the work-related injuries. Labour relationship is the first step to even apply for insurance. If you do not have this document then you have to undergo a very complicated process. At the moment we are amending the list of occupational diseases in China and it is very difficult to change. There were 27,240 new cases of occupational diseases in China in 2010.

_Recommendations for the future:_

- Strengthening the actual impact of the work-related injury insurance
- Enlarge the coverage of work-related injury insurance
- Expand the list of occupational diseases
- Increase penalties on employers failing to participate in insurance program.

**Questions and Comments:**

**Question:** What is the average amount of compensation given in case of Occupational Diseases like Silicosis?

**Answer:** the amount of compensation is determined on the basis of your disability. Also each province has their own implementation measures and they specify what kinds of items are compensable and what are not. Highest compensation for Silicosis in Guangdong is about 600,000 RMB
which was won after 8-10 years of litigation. Mostly the amount of compensation maybe 1/10th of this amount.

**Question** – in Philippines the lawyers do not take up compensation cases because they do not get paid. In China is it different or the same?

**Answer** – In China the lawyer association have rules that each lawyer needs to take up a certain number of pro-bono compensation cases every year. But because this pro-bono is compulsory lawyers do not give good service. In China the workers will always have to pay the lawyers fee and most of the workers can’t afford it. Since last year the law has been amended and now paralegals are not allowed to represent workers in Court. 2500-3000 RMB is the usual lawyer fee which is almost one month’s salary for the workers

**Dimu** – Is amount of compensation money enough for the workers?

**Answer** – we have seen that workers are very pro-active in seeking their rights and even though the amount of compensation is not enough, any money they receive helps.

A Film from Philippines about the ETON tragedy was showed. The case is going for a long time and they are looking at criminal prosecution against the employer but there is no decision yet.

**Presentation from Pakistan** – there are about 3 million workers in the city of Faisalabad which is the textile hub in Pakistan. About 90% of the workers have lung diseases and are diagnosed as suffering from TB. There are several laws in Pakistan which deal with Compensation and the workers need to be registered. The employer-employee relationship has to be established and more than 95% of workers do not have proof of this relationship. There are very few permanent workers and even within these workers all are not registered with the social security department.

There are different laws like the Workers compensation Act, 1923 The Employee Social Security Ordinance 1955, Industrial Act, workers Welfare fund 1971, employer liability Act of 1938 dealing with diff kinds of compensation. The problem is registration of workers and implementation of the law. Most of the cases are settled out of court and the amount is low.

The legal system is complicated and it takes a lot of time to prove that the injury was caused due to work. For e.g. if a worker dies due to accident maximum compensation is only Pak Rs 200,000 which is about USD 2000. In the Act, we have several diseases listed as occupational diseases but there is no awareness among the workers, trade unions and even the lawyers. There are very few lawyers who are trained in these kinds of compensation cases. We have 3 ways to file a complaint – worker can either go through ordinary civil court to proceed under Workers Compensation Act, or they can make an agreement outside the court which is permitted under law. We need to simplify the laws ensure implementation, increase awareness among TU leaders and workers and we need lawyers to deal with these cases.

**Presentation from India** – There are 2 laws for compensation in India; Workers Compensation Act 1923 and Employee State
Insurance Act. Only about 4% of our working population is covered under ESIC Act. This is an insurance scheme in which both employer and employee contribute a certain percent of their wages every month and they are entitled to free medical treatment, compensation benefits and in case of death family members get death benefits. The compensation process is lengthy, complicated and the disability percent is not judged correctly and the amount of compensation is minuscule and not enough to sustain life. In case worker is not satisfied with the judgement of this claim amount he can appeal to the MAT of ESIC and then higher courts. This is mostly for workers in organised sector and big factories. For the rest of the population, they are covered under WC Act which has been renamed as EC Act. It is mandatory to prove your employment. In case you do not have a proof you cannot claim compensation and more than 94% of the population cannot prove this. To file a claim, you need to approach the district court and submit your documents. Any medical practitioner with an MBBS degree can give you a certificate for sickness. It’s a very lengthy process and witnesses will be produced, doctors will be called and there is no time limit for the order and even if the order is favourable to you the employer might not pay you the compensation. The process is difficult, lawyers are difficult to find.

Some alternative mechanisms to claim compensation have been used like in case of silicosis victims a PIL was filed in the Supreme Court (SC), the highest court of the country. Hundreds of victims were diagnosed which the govt denied, medical certificates were produced and in 2009 an interim order was passed to give compensation to all deaths due to silicosis. So far 35 victims have received compensation of 5500 USD. National Human rights Commission (NHRC) has been approached in several Occupational diseases cases because as per the Constitution, Right to healthy and safe life is a right given to all citizens and the NHRC has accepted the cases and passed favourable orders. In several cases where MNCs which had factories in the country, like Asbestos manufacturing units, when they went bankrupt in their country of origin, established Trusts to compensate future victims. In case of T&N, several cases were identified and claims filed in the trust fund. So far 400 claims have been passed by the fund and they have received a good amount as compensation. There is also an environmental law which can be used to receive compensation and other benefits which is National Green Tribunal (NGT) and under this any person living in the vicinity of the project, if he feels that his right to life is being impacted due to pollution being caused, can approach this tribunal for a claim. Several projects have been closed because of these complaints.

Omana: Even though, the situation of getting the compensation takes a long time, but these are good examples that give us hope. Alternate strategies can be explored at getting compensation in other countries

Presentation from Bangladesh – the compensation law was enacted as per the British Act of 1923 which was later modified. Now the Act is Bangladesh Labour Act 2006 after several amendments. It is a single law with guidelines specified based on 3
principles - social justice, social equality and international labour standards. The practical problem is that this labour law does not cover all workers in the country and the Informal sector (almost 80% of working population) does not have access to these laws. Even those who have the rights to claim have a lot of problems to claim because of lengthy procedures and amount is less. There is a need for structure and delivery system in place to ensure those rights and a combined effort is needed from every stakeholder.

Amount of compensation is very low and in case of death the compensation is about 1 lakh takka which is about 1200 USD. This low amount is a major reason for poor working conditions and employers continue to violate the laws because they know they need to pay small amount in case of accident. There is an urgent need to formulate standard of compensation across the globe so that it can guarantee an accident free workplace and a decent life for the victims. There is also need for a good labour lawyer network to take up cases and ensure documentation for every worker before they join the labour market.

Question – Are there any standards or regulations regarding PPE? What are the Measures to reduce risk factors and Standards for Medical Checkups? For Pakistan – 90% of textile workers have lung diseases. Do you have any plans to address such problems under your National Agenda?

Answer – Use of PPE is guided by the provisions under the law but the employers keep violating the law. Enforcement mechanism is a complete failure and they close their eyes. NO PPE is provided in informal sector. Hazard mapping is very important and is required by law. We have provisions for pre-employment medical check-ups and regular medical checkups which are done just as a formality. This medical file disappears in case of accidents and a copy is not provided to the worker.

Pakistan – Each and every thing is explained under the law but the problem is labour inspections is very weak. There aren’t enough inspectors as govt does not want to implement the laws. There are plans to conduct a medical camp for the textile workers to find the cause of disease and then move forward for compensation.

India – All provisions are provided in the law and the problem is the implementation. What is not specified are the medical checkups that are required to be done and hence only some basic checks like height and weight are measured and other important tests are not conducted to identify the problem.

Noel – Safety standards are not by law. It is merely a document that recommends so if you do not follow there is no penalty and hence you can kill workers and not pay any penalty aside from the big problem of implementation. We are looking at Australian laws where they have intentional man slaughter where if employer contributes
to death of a worker then he can go to jail. Such a law should be implemented in all countries to make violations a criminal liability and employer goes to jail.

Presentation from Cambodia—Since 2002 the Ministry of Labour and Training has established the national social security fund which has different benefits. The employer has to register the worker in the fund and in case of accident fill a form and submit with evidence and documents. However the fund currently has covered only 700000 workers and many workers are still not covered. There are more than 3-4 million workers. There is no list of Occupational diseases which needs to be made. Obstacles are no diff from other countries.

Philippines: The compensation procedure is a very administrative process. Worker has to complete the documents, go to the agency and wait for decision. The worker can go to court for any reason other than compensation. It’s the same for informal workers.

There is a need for a labour law which can prosecute employers. He gave an example of the ETON cases where 10 workers died after falling from a makeshift platform. The owner is the second richest person in the country and the case is currently in the Supreme Court. The process can take years and workers don’t have financial endurance for such long cases. There are plans to file a bill in congress to make violations of safety standards as criminal under which the employer can go to jail for 6-12 years.

Question: Who pays for the social security fund in Cambodia? Can the workers submit claims themselves?

Answer - The company has to be registered and become a member. Employer needs to pay 8% of the workers’ salary out of his pocket and workers don’t need to pay anything. The compensation can be submitted by both employers and workers but as per procedure it’s the responsibility of the employer.

Recommendations and Suggestions

Cambodia: Diagnosis of the work and Occupational diseases. Need To mobilize the doctors who have more experience in diagnosis. Worker capacity is a big challenge; they don’t even know what Occupational disease is. There is a need to advocate on brands and govt to take immediate action to support the Disasters in Pak and Bang

Pakistan: Share examples and experience in more details from India, we can follow PIL and need to identify cases and the process you followed we would like in detail to follow.

There is a need to campaign against the long time taken for compensation. There should be a database of each country; how many workers have been able to get compensation to campaign for improvement of the process with the policy makers

Bangladesh: The regional movements against institutes like SAARC and ASEAN to
bring this issue on the agenda for discussion and core action program of the region.

**China:** Check possibility of criminal liability and raise demand as a network. Why do we need to prove causation and it should be the other way round and workers should not be required to prove cause.
SOCIAL MEDIA WORKSHOP
Workshop on Use of social media and internet tools to organise campaigns

Moderators: Noel Colina and Miriam Lara

Social media is an important tool. The workshop will analyse and answer questions like – What, why and how do we use? Answer to these questions will help in a clear strategy to use them. Why we use - for friend, for personal use or for the organization?

How do we maximize resources from using media? What is our organization’s social media policy? What are goals?

The participants were informed about Face book and twitter as social media tools. Twitter doesn’t have a public page. It limits 140 characters so it limits long discussions. Organisations need to have a social media policy as it is important in terms of engagement else we will use many resources without the desired impact.

Miriam from Hesperian Foundation stated that every person in the organisation posts on their individual and organisation pages. This enables the spread of information to a wide audience with 30000 people subscribed to the organisation network plus the thousands known to each individual employee. If there is someone in your staff focusing on social media, one can get great results.

Noel informed the participants about a graffiti contest on asbestos which was offline in real life, but which had a “People’s Choice Award” which was judged based on the opinions given by people through the website and social media. This increased the audience and also created a lot of awareness on the core issue of the campaign. Social media should not be confined to the Internet. The idea is to cast your net wide to get volunteers and to get people involved in your campaigns. One can even have a fund raising event. Everything one does must continue off line as well which is important for us activists.

Question – How much resources and personnel hours are used in the campaign?

Miriam – There is a lot of time and resources which go into the campaign but you get all the people who will be added in your list of supporters and this should be considered as investment which will pay in the long run.

One of the participant from Thailand stated that in campaign for Free Somyot and All Thai Political Prisoners, organisations like Thai Labour Campaign worked with friends from other organisations by using social
media as a tool to mobilize a lot of support. Signature petitions, solidarity messages, letters, postcards, photos, protests and other mediums were used. However, there is a need to be responsible and careful and ensure that the supporters are not intimidated or victimized by the authorities. We need to continue activity offline, meet people from different regions and visit others.

*Noel* stressed that before using social media we need to consider questions like - Who do we want to talk to? How to build community? Who are your audiences?

*Khalid* stated that his personal face book page is read more than the organizational page and with experience he has learned about the audience. There are organisations that are paying Face book to advertise and promote their pages.

In China workers can post information about misbehaviour of their employers and conditions of employment through blog. These posts are linked with other mass media. Target groups are workers, government, unions, blacklisted companies, and traditional media. Traditional media can copy the post and report to public through its own website. So Social media can be used effectively to reach and connect with the traditional media. It was stressed that due to the power behind social media it needs to be used judiciously and with responsibility.

*Noel* explained the use and purpose of hashtags which are words to identify posts as an important tool. He demonstrated the section on twitter where all information for a particular hashtag is collated. One doesn’t need to follow the account to view the post.

**Question** – who develops the hashtag and how do you know about it?

*Hilda* clarified that different people use different hashtags. For e.g. they setup the hashtag IWMD as it was thought as the best one. Diff people use diff hashtags. The difficulty is to get all relevant organisations to use the same tag. One can search for hashtags. The hashtags need to be circulated among the organisation with emails and post on Face Book.

*Noel* added that the tags can also be picked from different posts. It is easier for us to get a very concentrated message on twitter and linking everything together. The difficulty is to let people know about the tag. So for our network and for campaign we can discuss the tag to be used even before the campaign starts.

*Ted* – how do we get everyone to use the same tag for IWMD 2014?

*Noel* – perhaps we can start advertising the tag and let everyone know using social media. 2 months prior everyone is informed about the tag which will be used. The tag should be kept short and understandable because it counts against your limit of words

*Ted* – Is it possible to acquire email addresses of people following your campaign on twitter or Facebook.

*Noel* – The email ids can be hidden. But in case you are acquiring emails from FB or twitter, people should be informed as it is like stealing information.

Social media is an effective way to promote something but it needs to be immediate.
Regular updates about the campaign need to be posted and sometimes an organisation might find it difficult due to manpower.

Ted - We have to analyze cost and benefit and find the best way to get most impact with least costs.

Noel stressed on the need to maximize resources. Every organisation needs to have a social media policy and allocate hours towards it. There are tools available to schedule your posts. It can be ensured that the posts are posted online at the specific time when most of our audience is online. Organisations can also look at ways to automate / integrate and make the posts appear on their website as well from twitter.

It’s important to know the key people / champions in the issue you want to challenge to amplify your message. Clear policy will help maximize resources. Whatever goes onto the Internet remains forever. You might delete the post from your account but if somebody can capture and shared it, so its forever.

The participants broke into groups to design a social media campaign using the questions provided in the Dossier. They were asked to decide the campaign, the goals, identify the audience and identify who in organisation will focus on the work.

Presentation of 4 groups:

Group 1: We decided to run a campaign to pressurise Samsung to recognize that the cancers are occupation related and pay compensation to the victims and prevent future cases. Our audience is people who are aware of the topic, labour rights organisations, trade unions, environment groups, consumer activists and we will also target Samsungs facebook page. Tags will be used based on the groups identified as targets. An open group containing background information on the campaign will be setup on Facebook with instructions on what people and supporters should do along with a link to our website. There will be draft messages for people to send to Samsung, their CSR people, media and others. The aim is for 6 messages a day to be sent to Samsung by diff people.

Group 2: Short term campaign for justice for Rana plaza tragedy victims in Bangladesh. The immediate goal will be to get compensation for the victims and families with wider goals like arrest of the owner, enforcing of laws and following of safe practices by the brands. Target group will involve the Government of Bangladesh, the employer and owner of the building, brands that were buying from these factories, local and global public. There would be an e-petition to the government, and FB pages and emails of brands will be targeted, there will be demonstrations outside their headquarters, consumers will be asked to take their clothes to the local store and get them changed, a criminal case will be filed with the police and government will be asked to get employer to pay compensation. There is a need for one full-time staff as campaign coordinator and a legal advisor (volunteer). A page for the Rana victims will be created and all the contacts will be invited to like it. Twitter will be used to spread the message.
Group 3: Campaign: The name of campaign is dangerous substance close to us: Chrysotile Asbestos

Goal: to reduce using asbestos causing cancer. Audience will be Thai, TU leaders and general public.

This campaign will educate public and network about this chemical and its impact to raise awareness and concern to reduce its usage. Creating material like clip video, posters is activity of the campaign. Translate material from other language into Thai will be undertaken.

Group 4 We have weibo.com (Chinese version of twitter) for migrant workers’ right promotion. Workers can post their story via weibo. If there are many cases, there will be a press release. A list will be made ranking province of worse behaviour of employers. Express our opinions to public to get in touch with traditional media. The questions from participants are is there any control from the government or sanction? In practice we will save information of migrant workers from searching by the government.

Question – is there control by government on Weibo or can they delete posts.

Answer – there is censorship on weibo and posts are deleted. We try and avoid certain key words.

A proposal for the plenary was discussed regarding the use of hashtag to curate reports on accidents and diseases. The idea is that every time someone reads a report about someone dying from falling you use a tag, and collate all news from all countries involved and then it can be ascertained how many news came from which region. We need to decide the tag for use which should not be too long and should be widely understandable and structured. Some suggestions received - occvictims, endDanger, stopHaz, EndHaz, Occdeath,
ELECTRONICS WORKSHOP
Electronics Workshop

Moderators: Dr. Kong and Ted Smith

Presentation: Global Electronics Industry presented: worker and community health by Thomas H. Gassert

The monitoring project started in 1981. There is a toxicology text book that compiles lot of chemicals for workers. From the study, the question is how to go forward in the next few years to figure out what’s going on in this industry.

In 2000 there were nearly 1,000 chip fabrication plants globally with hundreds of billions of dollars invested. Electronics industry required the use of staggering amounts of toxic chemical, metals and gases. Chip makers used around 300 types of chemicals. Hewlett Packard had MSDSs for over 3000 chemical in early 1980s.

Outsourcing is a major source of escaping the responsibility by the company. Large numbers of undocumented workers are hired. Since 1990s EMS firms captured some vertical in-house manufacturing of older electronics industry. E.g. US owned Flextronics international based in Singapore, was top ranked globally among EMS companies recently and has expanded into China and Malaysia.

Chip industry in Mexico used cheap labour. Then it moved out to South East Asia and China in economic zone. China is a huge source for this decade for semiconductors, transistors and electronic parts assembly.

As for labour unions: most of workers are un-unionized in this industry. Employment of women where only young and un-married workers are hired and if you are married you will not get the job. 75% of production workers were women in Asia and Mexico like in China.

List of Chemicals

Chemicals: Acids can burn you and a lot of them are bad while alkalis have high PH, Cryogenic Gases like argon can worsen atmosphere. Cyanide is a poison which can kill very quickly. Fillers are used to make PCB and plastics which can be highly irritating to the skin and eyes. Oxidizers are used to clean chip and it is highly reactive chemical. Resins are put to surface and created for circuit and can cause cancer. Semiconductors are basic raw material for making electronic devices. They are made by chemicals such as silicon. Solvents like acetone are used for cleaning. Even when painting nails, there are solvents.
used. Some are very hazardous and are called as cleaners to hide their names.

The important points are:

- How to handle it (solutions)
- How you provide health care to workers, what you need to provide them,
- How do you conduct the investigation, how to report and press consumers, and
- What about legal system?

### Questions and Comments

One of the participants narrated the story from battery factory which used cadmium, benzene and other solvents. The workers were not told about the hazards or chemicals used. Workers thought that the cause of their prolonged headaches was overtime and ignored symptoms like headaches, kidney pains and many pregnant workers even had abortions. Even the doctors stated that the symptoms were not work related and asked them to go to specialists. Almost 70% of workers had kidney problems because of cadmium poisoning.

There are new technology and chemicals and how should we address the OSH problems of the workers. What should workers do, are there any defences?

**Thomas’s response:** There is need to figure out what is going on and share more information. There are new chemicals and equipments everyday and there is not much information available. In workplaces’ OHS, they have hierarchy of control that workers from below just know about the first line defence.

1. In NXP semiconductor factory, there is a union recognizing safety and the management provides new equipment. Therefore, the task is to raise awareness on this issue with the union members and to provide education on chemicals to non-unionized workers. However, the management had a project to reduce cost of production while the union highlighted equipment issue to the management. There are regular audits and monthly meeting on safety with the management in our workplace which is a procedure of safety.

**SHARPS’ experiences:** Korean government researched a lot about cancer, but nothing changed. There are 500 chemical used for semiconductor production, but only 10% were monitored. There should be researches by workers from their experiences to counter the research by the industry.

**Edwin** from Indonesia stated that they have observed a company for the last six months to check about problems faced by the workers like headache, lung disease. Most of the workers have complains of headache. There are chemicals like lithium, carbon, electrolyte, aluminium to which the workers are exposed.

**Power Point Presentation on tools for hazard assessment by Ted Smith from International Campaign for Responsible Technology**

How can we better use the existing research to understand chemicals and hazards?

How can we build conversation among workers about the problems of chemical and using safer chemicals? How can we tackle the
problems when we have information in hand? Thousands of chemical are undeclared and not studied yet.

He spoke about the right to know by using Good Guide that we should access to. It ranks products, Plum Chemical Hazards Database Website.

The question is how to work with unions in the workplace, do you think what kind of information or media that help them understand about many chemicals. He spoke about some websites which can be used to find information on chemicals and their hazards.

ChemHat can help workers to understand about different chemicals. This is database for workers to know how different chemicals’ affect their health and what safer alternative are available for the chemical.

SubsPort website is support for substitution of chemicals and find safer alternatives way

RiscTox, putting breast cancer out of work. Breast cancer rates have increased by 40% since 1978.

Asthma is up to 100% in the USA and is going up in the world. Autism diagnosis up 1000% and 30% more babies are being born too early. In the US, current OSHA penalties are too low as maximum penalty for a serious OSHA violation is 7,000 USD.

Small five groups do exercises: using the various databases like Chemhat, Risc tox, the hazmat, European TU list based on a MSDS sent by Edwin and giving feedback

The groups found that some database was easier to use and provided good information regarding one chemical but it does not have information about another chemical. Chemhat was found to be more user friendly then other databases. It was suggested to have these databases in local languages so that workers can use. Some information was found to be too technical for workers to use but the information could be useful for the trade unions. In some cases the full names of chemicals were required to search for information. The groups noted that in case of prevention, the only option being shown was the use of PPE but there should be mention of engineering controls, controlled use, label or substitutes. The EU list was termed as important because it identified the chemicals on the watch list and identifies their functions so if a chemical is on this list one can look at what the functionality is and perhaps identify some safe alternatives.
It was also informed that WHO has a universal classification in 2012 March. We can also use ILO safety cards and these can be translated into native languages.

Perhaps we will need similar trainings in diff countries on these tools. We still don’t have a very good list of all the chemicals that are involved.

There was a discussion on communication because that is so important in what we are doing.

Todd stated that we learn a lot in these meeting and develop a lot of information which is shared and then everyone goes home. There are a couple of questions that need to be answered - Who are we talking to and what our audience for communication is. It’s different for people who are working at factory level to those who are working on campaigns on larger levels. Can we say that we have a single sort of message that we have to develop for diff audiences we are working with? What’s the objective and content of our communication? Those are the kind of questions that will be helpful for us to talk about.

Miriam added that there are a lot of stories and it’s a challenge to deliver the message. There is a need to clarify why we are doing this and how to do it. Story telling is a very important and interesting way to spread your message.

The participants were informed about Story telling which is a very important and interesting way to spread the message. Story telling from worker to worker leads to discussion among them about what is going on. We need more such stories so that workers themselves can understand about the warning signs and the hazards. Todd suggested the use of pictures of workers and their sufferings on the cell phones so that the consumers are aware, Blood Phones which is similar to the blood diamond whether that can have some impact and the more we build an international campaign to put pressure on these companies.

Another idea was to use body marking where we have a group of workers doing the same job and they mark on the body where they are
hurting and feeling ill and people realize that what they are feeling is not something to do with them and everyone is feeling the same way. If everyone has pain in the same place, it's a work related problem.

Question - How do we collect the stories? Can we make a publication – quarterly or monthly of stories?

1. Collect stories at meetings where people give testimonies

2. There are stories with all the groups which need to be written and shared among the network

3. It is easy to now have a recording on a phone and tell a story and which can be shared.

4. A participant spoke about a workers exchange program with the Indonesians where they were invited to come and speak to workers in India. It was quite resource intensive but it showed how different the policies are in same company in 2 countries. Of course we need to get the stories from the workers but it’s also important that it is not a one way traffic and we should also give back and make them aware.

Ted shared the draft resolution that has been prepared which addresses 3 stages of electronics industry namely the design, production and e-waste and termed it as comprehensive. The resolution was adopted by the participants to be further discussed with the larger plenary of the network.
Agenda

**Wednesday, May 8**

8:30 - 9:00 Registration

**Session 1** - 9:00 – 9:20 - Welcome and Opening Session

*Moderator* - Omana George

9:00 – 9:20 - Opening Remarks and welcome

**Session 2** - 9:20 – 10:40 – Interactive Session on Industrial Disasters in Asia

*Moderator* – Apo : 9:20 – 10:00

Victims and representatives of the Kader Fire - Thailand and Zhili fire - China

*Moderator* – Sanjiv Pandita : 10:00 – 10:40

Victims and representatives of the Tazreen Fire - Bangladesh and Ali Enterprise - Pakistan

10:40 – 11:00 Tea Break.

**Session 3**

*Moderator* - Noel Colina

11:00 - 11:15 - Discussion on fire safety and situation in Asia

11:15-11:30 – Update from the ANROEV Secretariat – Mohit Gupta

11:30 - 13:00 – International Updates on OSH Struggles

11:30 – 11:40 - Situation of Victims and Justice System in South Africa - Dr Barry Kistnasamy, NIOH, South Africa


11:50 - 12:00 - Hilda Palmer – UK Hazards Network and European Work Hazards Network (EWHN)

12:00 – 12:10 – Garrett Brown – Maquiladora Health & Safety Support Network

12:10 – 12:20 – Sari Hannele Sairanen – Canadian Auto Workers Union

12:20 – 12:30 – Jan de Jong - FNV

12:30 - 12:55 Discussion

Brief Presentation by Thomas Gassert

13:00 - 14:00 Lunch
Session 4 - 14:00 – 18:00 Simultaneous Workshops

**Workshop 1** - Occupational Lung Diseases - regional strategy - Facilitator - Jagdish Patel (PTRC) and Mohit Gupta (ANROEV)

**Workshop 2** - Chemical Poisoning - Facilitator - Suki Chung (LAC)

**Workshop 3** - Use of Social Media and Internet tools to organise campaigns - Facilitator - Noel Colina (IOHSAD) and Miriam Lara (Hesperian Foundation)

18:00 Close of Day 1

**Thursday, May 9**

**Session 5** - 9:00 – 13:00 Simultaneous Workshops continued

**Workshop 1** - Electronics Workshop – Strategy planning and strengthening of work in Asia and OSH and Environmental Groups Meeting (Exchange and identifying common issues for stronger collaboration) - Facilitator - Ted Smith (ICRT) and Dr Jeong-ok Kong (SHARPS)

**Workshop 2** - Victims Organizing - Facilitator - Xiao Ying (ANROEV China) Samuel Li (AMRC)

**Workshop 3** - Legal Practitioners Workshop - Facilitator - AMRC

13:00 - 14:00 Lunch

**Session 6**

14:00 – 16:45 - Plenary Session 2

**Moderator** - Sanjiv Pandita

14:00 - 14:15 - Presentation by Domyung Paek

14:15 – 14:25 - Simon Pickvance contribution to ANROEV network

14:25 - 14:35 - ILO 121 Endorsement from network

14:35 - 15:20 - Report back from the workshops

15:20 – 15:35 – Tea Break

15:35 - 16:20 - Report back from the workshops continued

16:20 - 16:30 - Closing Remarks

End of Meeting
Asia Monitor Resource Centre

Asia Monitor Resource Centre (AMRC) is an independent non-governmental organisation (NGO) that focuses on Asian labour concerns. AMRC provides information, research, publishing, training, labour networking, and related services to trade unions, labour groups and other NGOs throughout the world, and particularly in the Asia Pacific region.

AMRC’s mission is to support democratic and independent labour movements in Asia. In order to achieve this goal, AMRC upholds the principles of workers’ rights and gender equality, and promotes a participatory framework.

Asian Network for the Rights of Occupational and Environmental Victims

The Asian Network for the Rights of Occupational and Environmental Victims (ANROEV) formerly known as the Asian Network for Rights of Occupational and 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. ANROEV now has members from 14 Asian Countries and Territories including Japan, Korea, China, India, Pakistan, Thailand, Indonesia, Vietnam, Bangladesh, Hong Kong SAR, Taiwan, Nepal, Vietnam and Cambodia. In addition to the members in Asia, the ANROEV network is now the part of a process to build a global grassroots OSH

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