Prevention of Occupational Diseases and Improving Workplace Safety

Proceedings of the ANROEV Conference 2015
4-5 September, Hanoi, Vietnam
Members of ANROEV, CDI, and ABAN facilitated the workshop, and demonstrated a variety of excellent, thoughtful presentations with handouts on different sections. All PowerPoint presentations, slides, and photographs on the preparation and presentation of the workshop were gratefully recognized and delivered to participants in a USB.

The stories and experiences of the victims made a great impression on the attendees; these served as motivation to carry out joint follow-up actions to protect workers in different countries. The two-day workshop was filled with innovative exercises, self-expression, inspiration, and experience-sharing. Participants from 20 different countries joined the simultaneous workshops. There was high commitment from network members to do joint activities in the future.

The minutes below capture the key content and discussion points during the Conference.

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Day 1 (Session 1)

Welcome and Introduction by
Duong Viet Anh, Director, CDI Vietnam

The Asian Network for the Rights of Occupational and Environmental Victims (ANROEV) is a coalition of victims’ groups, trade unions, and other labour groups across Asia, all committed to the overall improvement of health and safety at the workplace. ANROEV was formally constituted in 1997 and now has members from 14 Asian Countries and Territories, including Japan, Korea, Taiwan, China, Thailand, India, Indonesia, Bangladesh, Pakistan, Philippines, Hong Kong, Nepal, Cambodia, and Vietnam. In addition to its members in Asia, the network is now a part of a worldwide process to build a global grassroots OSH network linking up OSH groups/networks in North America, Europe, South Africa and Central/South America. The network is aimed at strengthening the victims and affected people so that they are organized, and also serves as a deterrent against the use of harmful and hazardous substances at the workplace.

More than 100 people from 20 countries participated in the conference. The delegates included representatives of health and safety organizations, labour groups, environmental networks, universities, the government of Vietnam, international organizations like the ILO and the WHO, victim’s groups, and the media, and newspapers.

The Center for Development and Integration (CDI) is a Vietnamese non-government, non-profit organization working to protect the legitimate rights and interests of workers. CDI actively takes part in internal and external networks to share information/experiences, and to carry out initiatives in order to improve labour conditions for the workers.
Preventing occupational diseases and improving workplace safety is a global issue, even among developed countries in the Asian region. In South Korea, for example, workers at Samsung have been conducting demonstrations to demand compensation for diseases caused by workplace conditions, for which Samsung subsequently established a fund valued at $80 million.

Vietnam has gone through 30 years of innovation and growth, with the industrialization process greatly promoted, owing to a high growth rate of 7%. There are over 280 industrial zones and 15 coastal economic zones and 25 border economic zones in the country. OSH is not a small issue, engaged in as many enterprises in Vietnam in metallurgy, petrochemical, and textile have problems on OSH, especially regarding emission of waste and toxic gas, sewage discharge, and other environmental pollutants.

He cited Vedan as an example, a company alleged to have discharged toxic water into water resources in Southern Vietnam, affecting not only the workers in the company but also the surrounding residential areas. The recorded number of deaths in the world due to diseases and accidents at the workplace numbers to millions every year. The number of sick people in Vietnam may similarly become quite high, which will pose a great burden to the society.

A solution to this problem must be found; there must be cooperation from and involvement of the government and trade unions, and the ideas and opinions of the workers should be heard. In 2012, the government of Vietnam has promulgated a labor law that entitles all workers employed in the enterprise, including private and public sector, to social and health insurance; this means that if workers are suffering from any occupational disease, they are entitled to treatment and curative measures. The Vietnam government is responsible and accountable to the workers. The role of trade unions and workers is very important. There have been many strikes in Vietnam on this issue and the government had to intervene to protect the rights/benefits for the workers.

He stressed that in this regard, employers should be aware of their roles and responsibilities, and should work to improve the lives of the employees. The conference should focus on three main points, as follows:

1. Sharing experiences among network members from different countries.
2. Developing an action plan of cooperation between organizations and scholars from different countries and members of the network.
3. Developing a joint statement or set of recommendations to be shared with employers, governments, and trade unions to ensure the rights/benefits of the workers.

Speech by
Sanjiv Pandita
Executive Director, AMRC

Sanjiv gave his warmest welcome to the participants of the meeting and stated that this meeting gives us an opportunity to share with each other the struggles of the workers.

Strength and uniqueness of the network is that it is the victims themselves who lead the network. The network started in 1993 after disasters in Thailand and China.

Nowadays, millions of workers are impacted by and exposed to different hazards. In terms of glorified growth stories from Asia, countries are witnessing 5% to 7% GDP growth, but it is important to underscore who pays the price of this development.

Another important point to note is the colossal migration from rural to urban areas in all countries, including China, India, Vietnam and many more. This vulnerable group of people is exposed to numerous hazards at workplaces. Most of them work in informal sectors, like street vendors or home-based workers, and are exposed to different kinds of hazards.

The problem we are facing is that we know there are people who are getting sick and are dying, but the immensity of the problem remains unknown. No country in the region has clear data on this. We have little data on accidents but no country has any data on occupational diseases. ILO reports that more workers die due to occupational diseases compared to accidents. We know it is a big problem but statistics are not available. We also have wonderful laws and declarations. In 2008, at Seoul, ILO issued a declaration which put occupational safety rights at the same level as human rights, and that the worker’s health and well-being need to be protected. However, since then, we have witnessed a series of catastrophic accidents in Bangladesh, Pakistan, Philippines, and China that have killed many people. Just as the network was thinking about moving forward from accidents to occupational diseases, these accidents have brought the focus back on accident victims. It is strange in today’s day and age that we still need to discuss about fire exits, when we should be talking about workplace exposure to chemicals and its health impacts. Either the enforcement doesn’t exist or it is being systematically dismantled in favour of self-regulation and standards, like ISO, which is not the way to go ahead.

We are demanding effective, accountable, and democratic enforcement mechanism to enforce the laws in different countries. He emphasized the role of workers and victims because they are excluded from the decision-making process as regards their health and safety. Changes on the ground have to happen FOR US and WITH US.

Sanjiv stressed that yet another problem is justice. Most of the people who were exposed to hazards and are getting sick are denied compensation. There are bureaucratic hurdles and the process is lengthy. We need to find ways to simplify the process and to give these people their due right.

He added that we moved from an accident network to an occupational- and environment-disease network. We realize that victims of occupational and environmental hazard victims are the people exposed due to the same reasons. There might just be a wall separating them but even this wall is now becoming invisible due to home-based work. We have been trying to bring both these groups of people together to fight for justice. Vietnam has made great progress towards enacting legislations with OSH as a focal point. The country has also invested on improving working conditions and ensuring workers’ right to a safe and healthy workplace.

Article 35 of the Constitution makes it a state responsibility to provide for occupational safety and health and ensures that the workers have a protected environment. From 1 July 2016, the OSH law will be officially enforced. The labour court has also passed several orders supported by legal decrees and standards, to support the prevention of occupational accidents. Some key points made during his address were:

1. Summary of results for the period 2011-2015 in terms of the frequency and statistics of occupational accidents in Vietnam – Many activities have been implemented and preventive programs have also been launched. Areas of high risk and hazards have seen progress in terms of reduction in the frequency of accidents. The average number of deaths per year reported to the social insurance system is about 650 to 700. The figure in the period of February 2012-2013 stood at 693. However, figures reported by other agencies are about three times higher, and even this higher number does not reflect the true picture. Sectors like mining,

Opening speech by
Vo Dai Luo
General Director, VAPEC Vietnam

Deputy Anh Tho
Deputy Director General, Department of Work Safety

MOLISA OSH legal framework and situation in Vietnam
Questions and comments

Comment - It’s great news that Vietnam has a compensation law on occupational diseases. The new law seems to be outdated in terms of limiting the number of occupational diseases. In fact, we should not limit compensation to a few diseases and instead include all diseases occurring at workplaces, and we hope that it can be corrected.

Answer - During the process of law development, the Vietnamese government also organized a study tour to the USA to learn experiences from OSHA and other agencies. Some experiences have been included in particular policy issues.

Question - In the new labour law of Vietnam, what is the role of trade union? Will there be power of prosecution by workers and trade unions? What will happen to the fines imposed, will they go to the workers?

Answer - Unions in Vietnam have a very important role in collaborating with employers and government agencies. The OSH law has two articles on the roles and responsibilities of trade unions. They can directly carry out the program and engage in corporate investigation at enterprises. The unions are responsible for collaboration with the employers to organize a workplace safety network throughout the enterprise. The trade unions are also engaged in councils on occupational health at the national and provincial level. Also, farmers’ associations, professional organizations, and other occupational associations will also have a legal framework to allow them to cooperate with the government to promote OSH in a better way.

- There are emerging work-related diseases and concerns on ill-health in different sectors of work.
- The cost of work-related accidents and diseases, and the contribution of OSH to increasing productivity and growth are huge.
- Different models of growth and work are sources of complications in terms of outsourcing and supply chain issues in the areas of OSH.
- There are limited national statistics on occupational accidents, particularly on occupational diseases.
- Resources for national OSH systems, including for enforcement, are inadequate.
- There is also a need for OSH prevention and enforcement in SMEs and informal economy, and for vulnerable groups of workers.

There are, however, some positive national and international practices:

1. There is a lot of improvement in the region in terms of OSH legislation.
2. There is strong engagement with social partners by the ILO.
3. There are innovative initiatives for compliance at workplaces for OSH, even as compliance remains poor.
4. There is a need for studies that will bring attention to the workers’ health and to raise awareness of occupational diseases.
5. There is a need to create international and sub-regional alliances and networks working on OSH.
6. Overall improvement (e.g. poverty, health, education) comes alongside growth in the region.
7. There is growing awareness about OSH brought about by information and communications technology.

Some key developments on OSH in recent years in the ASEAN region and beyond include the following:

- The G20 meeting was held last year that came with the Ministerial Declaration that “OSH is a priority”.
- The post-2015 agenda on Sustainable Development Goals focuses on decent work and OSH.
- Several Projects in Lao PDR, Vietnam, Philippines and Indonesia on OSH are under way.
- Labour inspection capacity was strengthened in all ASEAN countries and a number of others countries.
- The OSH legal framework in Samoa was revised; OSH PPE and yet everyone seems focused on it, instead of on other solutions.
- The OSH legal framework at ILO takes into account the Universal Declaration on Human Rights (UN, 1948); the International Covenant on Economic, Social and Cultural Rights (UN, 1966/1976); and several ILO conventions and recommendations, among them C155 and its Protocol, and C187. Although the conventions have not been well ratified throughout the region, Vietnam ratified one convention last year. C155 is ratified by 63 member States, 10 of which also ratified its Protocol, while C187 is ratified by 33 member States.

The global OSH strategy is based on three pillars and consists of Building and maintenance of a national preventative safety and health culture, and the introduction of a systems-approach to OSH management. A systems approach to OSH depends on building a National OSH Policy, a National OSH System, and a national OSH PPE. ILO is helping different countries build upon these frameworks and improve OSH conditions. ILO also pushes for a systems-approach at the enterprise level, which includes hazard identification, risk identification, hazard control and hierarchy of control. It is surprising how little is known about OSH culture where: the right to a safe and healthy working environment is respected at all levels; governments, employers and workers actively participate in securing a safe and healthy working environment through a system of defined rights, responsibilities and duties; and the highest priority is accorded to the principle of prevention.

We should also look at developing a National profile on OSH based on selective indicators, such as the occupational accident index, asbestos ban, national profile, and coverage of health services, among others.

Some of the potential areas of collaboration in 2015 and 16 include:
- An OSH flagship programme funded by US Department of Labour on Building a Generation of Safe and Healthy Workers
- Safe & Healthy Youth, with Philippines and Vietnam as the target countries (pilots);
- Some of the recent OSH developments in Vietnam include the ratification of two important Conventions, C155 and C187; the passage of a new OSH Law; and the updated position on chrysotile asbestos.

ILO has been working on OSH projects in Vietnam since 2001 and has programs continuing up to 2018.

Some of the challenges on OSH in Vietnam are the following:
- The implementation of the OSH law, particularly OSH protection, should be extended to the informal economy, even as knowledge of the sector is limited
- Address the risk of the reorientation of asbestos by 2020 and counter the asbestos lobby.
- Acknowledge the underreporting of data and promote the understanding that OSH includes not just accidents but also diseases.
- High level of informal sector
- Low general awareness of OSH and of a prevention culture.

Questions and comments

Question - The gender issue has not been mentioned in your presentation. Can you talk a bit more about the work to address women’s health issues related to OSH? What is the situation on this issue in Vietnam and in the region?

Answer - Gender is a cross-cutting issue in all ILO programs. There are different major conventions and frameworks to identify different impacts on women. The programs in Vietnam are very much donor-driven, and the last one was in the construction sector. There hasn’t been a gender-focused program in recent times, but we hope that the new program focusing on youth will have a gender focus. It is important to note the issue of outsourcing, which involves the transfer of dirty technology from one country to another and can become a big issue in terms of environment and worker health and safety.

Question - India has very good laws on OSH but are not implemented properly. How does ILO plan to deal with this situation? Is there any program for construction workers in India?

Answer - The construction industry has been a focus of ILO as it is a high-risk sector, and we have had projects in Vietnam on the construction and mining sectors as these are biggest areas for deaths due to accidents.

Question - What is your assessment of the roles and contributions of social organizations on OSH-related issues? What is the work plan of ILO to collaborate with these organizations?

Answer - ILO is generally a partner of the government. It cooperates with the Ministry of Labor, and the WHO generally partners with the Ministry of Health. So our cooperation and involvement is limited but we are open to work with such organizations technically. Social development organizations in Vietnam are likely to get a boost once the new law on associations is passed, which would make it easy for the registration of NGOs. The growth of CSOs has already been big over many years. The role of CSOs and trade unions are very important for compliance with OSH law.
Victim’s testimony facilitated by Omana George, AMRC

Lea Bersabal, Kentex fire Victim, Philippines

Lea showed video clip of the Kentex factory fire in Philippines. Lea is one of the elected representatives of the Kentex Fire accident victims Network.

Lea worked for Kentex Manufacturing Inc. in Valenzuela City, located in the northern part of Metro Manila, for nine years. The factory made footwear, particularly Havana slippers for the local market. She worked for eight hours a day and received a daily wage of P202.00 ($4/day), which is below the minimum daily wage of P481. An overtime payment of P29.00 per extra hour of work ($0.63) was given. She worked as a reviser of steel matting through which even a mouse couldn’t pass through. She narrated the anguish she felt when she saw her fellow workers and friends waiting for help that didn’t arrive, and how she is still haunted by their screams for help.

She added how her co-workers desperately called for help, by waving their hands from the windows that were covered with steel matting through which even a mouse couldn’t pass through. She narrated the anguish she felt when she saw her fellow workers and friends waiting for help that didn’t arrive, and how she is still haunted by their screams for help. She expressed the fear she felt, especially for her children, if she were one of those trapped in the cage-like second floor of the building.

The Kentex fire accident victims’ network demanded justice for the more than 70 workers who died and the families they left behind. She narrated how labor groups and government institutions which subsequently inspected the site found glaring violations of health and safety standards. Worse, the Labor Department, the primary agency responsible in ensuring worker’s safety, granted Kentex a certificate of compliance with regard to general and occupational health and safety standards in September 2014, just eight months before the tragic fire occurred.

The tragic fire happened in the morning of 13 May 2014. The fire started on the ground floor near the stairway where some welding was being done. The unlabeled sacks of chemicals placed in the area caught fire, which spread quickly. Workers tried to put out the fire by pouring water to the sacks of chemical but it continued to grow bigger.

They also did not remit the monthly and safety standards in September 2014, just eight months after five (5) months. Their fight for justice has gained initial positive results, with the approval of a substitute legislative bill in the committee level of Congress. The bill provides heavier penalties for all employers found to have violated health and safety standards. This is expected to help in preventing workplace accidents and deaths. Justice for the Kentex workers! Justice for all occupational victims! Safe workplaces for all!

Rajendra Pavekar, India

Rajendra narrated that how his father used to work in the asbestos factory of Turner and Newall, a British company where he was exposed to asbestos dust. His father was a sweeper, and Rajendra recalled how asbestos dust would cling onto his father’s clothes, including even his undergarments. He spoke about how he used to play with his father when he returned from work with all the asbestos fibre dust on his clothes. He was three years old at the time. His mother would complain about the amount of dust on his clothes and a ball of white dust was formed after washing his clothes. His father died of heart attack in 1992.

A few years later, they met with representatives of the Occupational Health and Safety Centre (OHSC) who were investigating and diagnosing workers of Hindustan Ferrado. In 2010, both he and his mother were examined and scars on their lungs were found. His mother has to be repeatedly admitted to the hospital, the expenses leaving him in deep debt. He added that he, too, sometimes feels so suffocated he could barely breathe. Chrysotile fibres look bright and beautiful but are very hazardous, capable of slowly poisoning the body. He appealed to all to get asbestos banned, as we cannot prevent asbestos fibres from reaching the lungs no matter the protection used. He stated that because of the efforts of several activist groups, he did not feel alone. Currently, there are 800 to 900 asbestos victims including 200 to 300 family members. He spoke of a documentary made to highlight their plight which allowed the whole world to know about our suffering. We all should come together to ban asbestos soon as we do not want others to suffer like we have. One of the victims was also able to go to Geneva for the Rotterdam convention meeting and he also made an appeal to ban asbestos and got a standing ovation. I again appeal that no workers should suffer from any occupational disease.

Suparno, Sabastion K3 Centre for OSH, Indonesia

Suparno shared a sad story of worker Sabastion, who committed suicide following the supposed inaction of government agencies on his repeated complaints about serious accidents which happened in Bekasi industrial area that caused suffering and losses for many workers. The Bekasi regency has eight industrial areas with almost a million workers. One of the biggest industrial areas is MM2100 industrial town, with more than 170 manufacturing and
supporting companies. He spoke of an accident in one of the factories, PT Tirta Alam Segar, in which the worker lost his fingers. The accident occurred when the worker was trying to pull a product stuck on the roller using his right hand. His hand was squeezed and all except his little finger had to be amputated. Issues in the workplace. The Sebastian K3 Center, the Bekasi region government, and the labor union are discussing ways to form a team that will lead and take action against companies that violate safety standards.

On 7-April 2015, Sebastian accompanied with support from organizations, fought for the rights of workers who had suffered from accidents. They reported violations of the company to the labor office of the (DISNAKER) Bekasi region. After Sebastian reported the violations, DISNAKER sent an officer to inspect the company on 15 April 2015, but the inspection did not result in any solution for the workers. Disappointed with the decision of DISNAKER, Sebastian committed suicide by burning his own body and jumping from the top of stadium roof on 1 May 2015.

Sebastian Manuputty was an activist of union labor PT. Tirta Alam Segar. He joined in 2008 as Operator of Cup Printing and was involved in the union formation in the company. He fought for issues that violated the law and the problem of work accidents. Meeting due to ill health was played.

Chih-Kang Wu, Taiwan
He stated that after 16 years of struggle they have recently won a small victory in the court case. There are over 500 victims and families involved in the biggest labor case in Taiwan. The court has awarded over USD 7.7 million for over 500 victims as compensation. The company RCA (Radio Company of America) was set up in 1969 and worked till 1996 when the plant was sold to Thomson and GE.

For over twenty years, RCA dumped toxic waste water into a well in the factory in Dao Vien. In the early 1990s, the factory operated like many other companies. The soil and groundwater were highly contaminated after the factory was closed. Even more appalling was that the workers drank this contaminated water, and they firmly believe that is the reason behind the thousands of deaths by cancer and acute diseases of former employees of RCA. Hundreds of former workers have died of cancer or are cancer patients following their exposure to toxic chemicals while working at the RCA factory over 40 years ago. RCA was one of the largest electronics manufacturers in the world.

To continue with the spirit of Sebastian, FSPMI formed a foundation named after him - “SEBASTIAN K3 CENTER”. Its activities include education, advocacy, and consultation for all employees in Indonesia, including demanding the government to conduct surveillance of health and safety issues in the work place. The Sebastian K3 Center, the Bekasi region government, and the labor union are discussing ways to form a team that will lead and take action against companies that violate safety standards.

A video message from Sebastian’s wife who could not join the meeting due to ill health was played.

Yeyong Choi, BANKO, Korea
Yeyong shared the full picture of the disaster. He spoke about Reckitt Benckiser, a company headquartered in UK, whose humidifier-disinfectant products have killed a large number of people. In Korea, during winters, people use humidifier to increase humidity in the environment. Since 1994, large numbers of chemicals for disinfecting the humidifiers were launched. These chemical are released into the air and subsequently enter the lungs, damaging them by fibrosis.

The results of the South Korean government’s investigation were released four years ago, and it was surprising and uplifting that such a familiar product used daily can kill so many people. The product was investigated and recalled but no action was taken against the producers and killers. So far, out of the 540 confirmed victims, 140 have already died. The victims come from across the country and include all ages. Reckitt Benckiser’s products are well known all over the world, with over 2 billion consumers using their products every day; over 100 of the deaths were caused by the product stated as 100% safe by this company. He narrated several tragic cases and showed photos of babies and families who have suffered. The victims have formed a group and are fighting against the government and the companies. He shared the activities and campaigns which the group has undertaken in the UK and South Korea, and the online petition against the company. A court case will be filed against the parent company in London. He stressed that the daily use of these products can affect lots of people, often through the skin and at times affecting even internal organs like the lungs. According to him, spray-type products, including cosmetics, should undergo safety pre-tests before being sold in the market.
Omana George
Program Co-ordinator, AMRC, Hong Kong

Brief overview - OSH in Asia.

She showed some figures on OSH in Asia:

- 2.35 million people died from work-related accidents or diseases in 2010, of which 2 million were caused by various types of diseases and 350,000 from work-related accidents. The figures imply an average of more than 6,300 work related deaths every day - stated at the ILO World Congress, Frankfurt, 2014.
- In Asia, 1.1 million workers die due to work-related accidents every year.
- The United Nations Environment Programme (UNEP) estimates that 6.6 million people die every year in Asia due to various environmental health reasons. This is about a quarter of all the deaths in the region.
- Exposure to hazardous substances at work causes diseases and affects a large number of people globally due to occupational diseases in the region.
- As per estimates in China and India, there are about half a million fatalities every year due to work-related accidents, and most of the workers in these sites are women, and they work with dangerous solvents and chemicals, often impacting on their reproductive health without any protection or compensation.

Most of the workers in these sites are women, and they work with dangerous solvents and chemicals, often impacting on their reproductive health without any protection or compensation. They have not received any compensation, are neglected, and are still fighting for their rights. Most of the workers in these sites are women, and they work with dangerous solvents and chemicals, often impacting on their reproductive health without any protection or compensation. They have not received any compensation, are neglected, and are still fighting for their rights. Most of the workers in these sites are women, and they work with dangerous solvents and chemicals, often impacting on their reproductive health without any protection or compensation. They have not received any compensation, are neglected, and are still fighting for their rights.

Omana George
Program Co-ordinator, AMRC, Hong Kong

Day 1 (Session 2)
Moderator: Samuel Li, AMRC

Updates on the work and outreach of the ANROEV network

In the last session, we heard stories of the hardships faced by workers, but we also have lot of people working to help them. Session 2 focused on updates to the various campaigns that are ongoing to improve the situation of OSH in the region.

She showed some figures on OSH in Asia:

- Workers have no access to information on hazardous substances that they work with.
- The implementation of labour laws remains lax and enforcement mechanisms are systematically dismantled, leading to self-regulation.
- Unions are under attack, resulting in low rates of unionization.
- Governments and companies do not prioritize OSH.
- Diagnoses remain a major issue, so that we are unable to identify and put a number on how many workers are affected.
- Compensation remains elusive for majority of the affected.

Mohit Gupta
Coordinator, ANROEV

Update from the ANROEV Secretariat

Work being undertaken by the network becomes very important in the light of unabated industrial disasters and tragedies. Some of the impacts of the work done by ANROEV network members:

1. One of the major problems faced by the members is the failure to diagnose occupational diseases due to various reasons. The network has been able to make major impact with regard to diagnosis.
   a. The first training of medical practitioners took place in October 2014 in Penang: 20 doctors nominated by grassroots groups working on OSH in the region were trained on occupational lung diseases and NIHL. There are several requests to organize similar trainings at a country level.
   b. Diagnosis of workers for occupational lung diseases were increased/improved in China, India, Pakistan, South Korea and other countries.
   c. New occupational and environmental diseases are being diagnosed and their causes, like the humidifier-disinfectant and pneumothorax, are being identified.

2. Trainings and workshops conducted
   a. A chemicals hazards workshop was held in Hong Kong where groups from mainland China took part along with other participants from Asia. The meeting served as a platform to learn from each other’s experiences, especially to understand how to build a movement for this purpose with limited political space.

3. Compensation for victims – Silicosis victims in India have been able to claim compensation with the help of NHRC, while asbestos victims in India did the same, this time from T & N.

4. Victims' network - Network members have been instrumental in helping setup victims’ networks in other areas to fulfill several goals:
   a. In Bangladesh, victims of the Rana Plaza and Tazreen fire disaster have come together to form a network to demand justice. The network is led by the victims and all decisions are made jointly.
   b. The Bangladesh Ban Asbestos Network was launched in November 2013 during the ABAN conference in Dhaka, dedicated towards banning the use of asbestos in Bangladesh.
   c. IOHSAD, together with other labour organizations, conducted a fact-finding mission (FFM) within 24 hours after the Kentex fire incident occurred. The victims and their families have come together to fight for their rights by forming a network.

In terms of reasons and contributing factors:

- There is increasing precariousness of work and vulnerable conditions where employment remains informal and profit-driven. There are many cases from different industries where profit is put before human life and dignity.
- Workers have no access to information on hazardous substances that they work with.
- The implementation of labour laws remains lax and enforcement mechanisms are systematically dismantled, leading to self-regulation.
- Unions are under attack, resulting in low rates of unionization.
- Governments and companies do not prioritize OSH.
- Diagnoses remain a major issue, so that we are unable to identify and put a number on how many workers are affected.
- Compensation remains elusive for majority of the affected workers.

She showed some pictures of prominent industrial disasters. She also showed the site of the Rana Plaza disaster where victims are still searching for information about their missing family members. They have not received any compensation, are neglected, and are still fighting for their rights.

Shiela showed some pictures of prominent industrial disasters. She also showed the site of the Rana Plaza disaster where victims are still searching for information about their missing family members. They have not received any compensation, are neglected, and are still fighting for their rights.

Compensation remains elusive for majority of the affected workers.
5. The continued use of harmful chemicals in the electronics industry is causing a large number of workers to fall ill. In January this year, ICRT organized a meeting in San Francisco which brought together several network members and other stakeholders to frame and issue a challenge to the electronics industry to use safer chemicals, ensure workers safety throughout the work chain and proactively disclose safety information on chemicals used.

6. In South Korea, there were about 530 known deaths owing to the use of a certain brand of humidifier-disinfectant. The deaths included pregnant women, infants and the elderly. Network members led by the Asian Center for Environment and Health and BANO have undertaken several protest actions against the multinational companies to demand justice for the victims and for the removal of such toxic materials from the market.

7. A special session on asbestos was organized at the International Congress on Occupational Health at Seoul, South Korea. The session was well-attended and the problems in Asia on asbestos were presented.

8. The Rotterdam Convention to include chrysotile asbestos in the PIC list was held this year in Geneva. ANROEV and ABAN network members participated in the conference and countered the propaganda of the industry. Although chrysotile asbestos was still not listed in the PIC list, industry and government officials were shocked by the presence of victims and were forced to take notice. These officials at the convention were definitely rattled by the presence of the networks’ members.

Noel Colina
Philippines

“Break the Cage” Campaign

Noel Colina presented on the “Break the Cage” campaign. Who can forget the Zhili fire, Ali fire, Tazreen fire, Kentex fire and similar tragic events that killed hundreds of workers, clearly illustrating that factory conditions in Asia have not improved over the years. What is “Breaking the Cage” campaign? The campaign aims to reflect the continued neglect of workplace safety across Asia, where workers are forced to face sweatshop conditions, and compel employers to understand that products are never more important than people’s safety and well-being. Many workplaces are like prisons with barred windows, and workers are treated like criminals. The campaign aims to build a counter-narrative to the publicity made by employers on how to make workplaces safe. It will counter the allegation that always seems to blame the workers for workplace accidents. The group plans to collect photos and publicize these using social media, and show the realities faced by workers in their workplaces. We need to stop the murders and invite all to join the campaign and break the cage.

A R Repon Chowdhury
OSHE, Bangladesh

Rana and Tazreen Victims’ Rights Network - Empowering Victims

In Bangladesh, about 12,000 workers suffer from fatal accidents and a further 24,000 die from work-related diseases each year. The inspectorate has to record each and every accident and report the figures but there are no credible official statistics.

Statistics compiled by OSHE through their survey, based on newspaper and police reports, show that in 2014, 465 workers were killed and 444 were critically injured. The figures from 2005 to 2015 have been steadily increasing: 12,860 workers were killed and 444 were critically injured. The figures from 2013, with the core objective of empowering and mainstreaming accident victims, while giving voice to the victims as they call for social justice, fair compensation and showed the public some pictures of different activities.

He spoke about Rebeka, a worker who lost one leg in the Rana plaza tragedy and died recently, and added that many more Rebekas are still fighting for their lives without proper treatment.

The activities done by the network include:

- Advocacy, lobbying and networking with other stakeholders for fair compensation;
- Medical treatment and rehabilitation for victims;
- Child education support projects for the victims’ families;
- Medical treatment for severely injured workers;
• Development and completion of a database and
• Training programmes for alternative livelihood
A multi-donor trust fund has been established with the help of ILO. Around 5,000 injured and families of dead workers have claimed compensation so far, starting from at least one million Bangladesh taka for the families of deceased workers; 2,800 victims or their families have begun to gradually receive compensation. Some 40% of the fund has already been distributed among the victims. But not all victims have received compensation due to defective selection criteria for beneficiaries, and fight is still going on.

A multi-stakeholder level consultation facilitated by C&A Foundation is under way to set up a similar compensation fund for Tajreen fire victims. Two leaders from the Tajreen Fire Accident Victims’ Network are regularly attending consultations. The fight is set to go on until all victims receive fair compensation, social justice and rehabilitation support.

Dr. Huma Tabassum
LEF, Pakistan

Occupational lung disease diagnosis and the implication - post Medical Practitioners Training

Dr. Tabassum summarized the situation in Pakistan as regards occupational health, where occupational medicine training is nonexistent and there are no certified physicians or nurses. The doctors are hired on a part-time basis to look after occupational health of only the formal sector workers. There is no forum for such doctors to learn the practical aspects of occupational health. The test results are not shared with the workers and further treatment, follow-up and compensation are not offered.

She stated that she undertook this training as it was the need at the time, and that she wanted to understand the practical aspects of the subject, especially the interpretation of the results, to understand the informal sector and learn how others are dealing with these problems.

The training was an excellent experience, with its good curriculum, practical experiences, and the opportunity to visit workplaces. The training focused on the interpretation of test results, chest radiography, audiometry and spirometry. Assignments and case studies were given to sharpen the participants’ knowledge and to help them work for both the formal and informal group of workers.

The training was also an awareness sessions for home-based workers, child workers and formal sector workers employed in different types of manufacturing units, who were told about work-related disorders, especially lung diseases. Occupational safety health camps were organized. Clinical examinations and lung-function testing were done, and workers were informed of the results and what to do further.

Problems faced – It is a tough job and workers did not want to assert their health-related rights for fear of losing their jobs. Employers did not want the workers to be told about the work-related hazards and other health risks given their duties, fearing social security contributions and legal litigations. There is a lack of equipment and resources.

Future plans involve setting up more vigorous awareness camps especially on environmental health, compensation and rehabilitation for the workers.

Jason Chan
LAC, Hong Kong

Occupational chemical poisoning - Chinese electronics industry

In the last few years, there has been an increase in the cases of occupational cancers due to chemical exposure in the electronics industry, which necessitated the conduct of an empirical research.

The study aimed to find out about the extent of the situation and determine how chemical poisoning affects Chinese workers. Both quantitative (Snowball, convenient sampling n=59) and qualitative (n=16) approaches were employed in the study.

He shared in brief the diagnostic procedure for occupational diseases in China, and the various problems and hurdles that were encountered in the entire process. He stressed that the process is long, and diagnosis in most cases is usually just a suspicion and never confirmed. Further confirmation is required to prove that the disease is work-related for workers to be able to get a disability assessment.

As per official statistics on chemical poisoning in China, there have been 637 cases of acute poisoning and 904 cases of chronic poisoning. The figure for occupational cancer stands at 41.

As per the study’s findings, a third of the cases were occupational poisoning due to Benzene. 17.31% were diagnosed with occupational leukemia caused by benzene. A quarter was poisoned by n-hexane, which showed a clear diversion from the statements of Apple that they are committed to ban these substances.

The workers involved in the study were middle-aged married women, to also look at how chemicals impact the reproductive health of workers. In most cases, these women’s spouses were unemployed and they faced financial troubles. Many of them worked in either Shenzhen or Dongguan. Because of the frequent change in employment, workers usually have short, fixed-period contracts between one to three years. Four hours of daily overtime work was normal. Diseases have long latency periods and can sometimes take over 10 years, so that more than one employment contracts may be covered when talking about the compensation process.

The study showed that the average medical expenses were about 367,038.73 yuan. The average salary of the workers is about 2,620.27 yuan, which means that they will have to work for over 11 years to earn that much.
Dr Jeong Ok Kong

SHARPS, South Korea

Update on Sharps campaign in South Korea

SHARPS has been working since 2007 for worker’s compensation and rights, and against the globalization of problems at the workplace.

For the last eight years, a high incidence of diseases in the high-technology electronics industry has been recorded. In 2007, 350 cases were collected, mainly from Samsung electronics. The number is expected to increase in the future. Of these cases, more than 120 people have already died. She showed some of the photos of the victims and pointed out how young these women workers were mostly in their 20s or 30s. Of these cases, more than 120 people have already died. She showed some of the photos of the victims and pointed out how young these women workers were mostly in their 20s or 30s. The oldest male victim was in his 50s. Most of them suffered a lot due to their ill-health and poverty. Less than 1% of the cases have so far received compensation.

Of the 354 cases, only 67 were found to have been able to show some of the photos of the victims and pointed out how considered

The occupational exposure limit is based on one single substance. Thus, it is probable that all these hazard factors created a synergistic interaction to heighten the risk of contracting the disease; multiple exposures should be thus considered.

The fact that the association between a certain chemical and a particular disease has yet to be studied cannot be taken as grounds for assuming that there is indeed little or no association. Since the last ANROEV meeting, SHARPS has been undertaking many activities with the Right to Know campaign, organizing to raise awareness of subcontractor issues, negotiating with Samsung, conducting a workshop in Indonesia and becoming a member of the Good Electronics Network. No one has the right to kill people without taking responsibility. The responsibility has to be taken by the company and the government no matter how big and powerful they are. No more death in Samsung.

Ms. Kathy Jenkins

European Work Hazards Network, UK Hazards Network and Scottish Hazards Network.

She stated that the factories in Europe are also facing the same problem, but the scale of the problem in the two regions is different. Many countries in Europe are facing problems because of the neoliberal global agenda. In the name of business-friendly economic policies, changes in regulations are made resulting in diminished labour rights.

The group is trying to support and organize victims, and invigorate the trade union struggle for OSH which remains less prioritized compared to job loss. Workers face major problems when claiming compensation. The government has recently introduced a fee for the compensation tribunal, which used to be free. The group aims to not only support the victims/ workers but also change the situation at their workplaces.

The UK Hazard Movement is made up of trade union representatives, victims’ representatives, and representatives from specific campaigns such as the prevention of cancer, anti-drug campaign, FACK, and anti-asbestos campaign, among others.

The European Work Hazards Network is a grassroots, informal network of people from different countries involving researchers, experts, workers, and victims who came together to share information on occupational safety. Over the last six to seven years, members have exchanged delegates between their conference and ANROEV conferences, in recognition of the fast-moving globalization of issues on OSH, and the impact of European multinationals in Asia. The network hosts the conference every two to three years.

At their last conference, they had an international solidarity workshop which extended to several hours. Some of the recommendations from the conference were increased support for workers to be able to do research and find out what is happening in their own workplaces; the promotion of the precautionary principles; the development of a global OSH network; collaboration on international lobbying efforts; and the linking of environmental and occupational networks, among others.

The next European Work Hazards Conference will be held in Rotterdam on 27-29 May 2016. For further information, visit http://www.ewhn2016.org.
Occupational Lung Diseases

The objective of the workshop was to discuss reasons for the non-diagnosis of occupational lung diseases in different countries, even though Occupational Lung disease is one of the most common, classic and typical occupational diseases. It also discussed possible courses of action.

Dr. Gassert from Boston gave a talk about the various occupational lung diseases other than pneumoconiosis, and how to approach and diagnose these diseases.

Domyung put across three common scenarios of occupational bronchitis, pneumoconiosis and occupational asthma, and participants were asked about their perception of diagnosis in each country. All of them had some problems with the recognition of these diseases as occupational. It wasn’t difficult to diagnose but professionals were reluctant to certify the disease as occupational.

Dr. Huma from Pakistan gave an introduction on what she had learnt at the medical practitioner’s workshop that was organized in 2014, to facilitate diagnosis of occupational lung diagnosis. She gave her update on what she could do after that training: be more proactive and competent in dealing with problems especially in the informal sector. She narrated an amazing story of silicosis in Punjab which involved a print media report about disease there, following which the Chief Justice of the court in the area ordered an investigation that brought to light eight cases of silicosis which further lead to a change in OSH regulation and administration in the area. It was an amazing synergy between political figures, activists and professionals, and the goal was to replicate this synergy in other sectors, problems and areas.

As Vietnam introduced a new OSH law this year with significant changes to include the informal sector, efforts must be made to help Vietnam to diagnose, compensate for and solve problems with OSH in the informal sector in the coming days.

OSH and Environmental Victims Organising

The workshop began with a series of case studies, with examples from China, the Philippines, and Pakistan, among others, showing occupational hazards and discussing how these hazards are being handled or dealt with. There was a discussion on how one could appeal for or file cases not only against companies but also against the auditors who issued certifications for these companies. A short film on the issues of construction workers in India was shown and we saw how modern You tube musical videos can be used to generate awareness. The idea that emerged from the discussions was that there are three categories of victims: those who are aware that they are victims and are able to articulate their situation; those who realize that they are victims but are either unable to articulate their problem or are voiceless; and those, particularly environmental victims, who do not even realize that they are being victimized. The added issues of penalties and available remedies were discussed. A presentation from Hong Kong showed how provisions on penalties and fines were being misused, resulting in extremely low penalties. A presentation from India on the 2010 NGT Act narrated how the tribunal allows victims to seek compensation and remediation for environmental conditions. There were also examples from Bangladesh, particularly on how things are changing in the garments sector after the Rana plaza tragedy. Examples from Thailand focused on how companies try to hide accidents, and how unions must take on the task of raising public awareness of such issues. A suggestion from South Korea was to compile campaigns and issues by using a simple form which will allow for better preparation for future meetings, instead of having to discuss the same things that often lead to wasting time. One important point which came up was about the “price” of death - can it be different in different countries? In summary-first is the need to raise awareness through information; second is to have fact-finding teams to report when accidents happen; and to gather evidence and seek legal remedy.

Digital Communication, Solidarity and the Building of a Strong-Ties Network

The workshop discussed how to use existing tools like Facebook, Twitter, Weibo and others to create a counter-narrative to existing mainstream media. Since most of the organizations do not have a lot of resources, there was a discussion on quick and easy ways to create stories from the ground and to share them across multiple networks. The workshop started with an audit of what participants have in their organization, and their existing know-how, among other things. There was a discussion on social media strategies, and the creation of compelling images and content that encourages the public’s involvement. Three groups were formed to create strategies for different campaigns. One of the subgroups involving participants from Vietnam and Thailand discussed how to create an online campaign on living wages in ASEAN, and planned to create images featuring daily wages in comparison with the amount of rice and eggs. There was also a discussion on how to make short videos, infographics and memes and to use and integrate these into the organization’s existing programmes.

Occupational Lung Diseases

There were representatives from nine countries making up a diverse group. We found that workers in every country are struggling for proper diagnosis and compensation. Participants from Indonesia presented the results of two surgical masks. They collected dust samples which showed significant amount of chrysotile fibres. Workers are eager to join campaigns and have taken risks to take pictures and carry personal samplers hidden under clothes. A survey documented complaints of eye irritations, cough and breathing problems. Eleven workers were selected for detailed medical examination, and all showed some lung damage but no signs of early asbestosis were seen yet. In another study of a near textile plant, samples of factory dust and air inside workplaces exceeded the Permissible Exposure Limit (PEL) Six cases of mesothelioma were detected but doctors refused to issue certificates.

Participants from Foshan, China narrated a case study of ceramic workers who did not get any hazard information or PPE. They described difficulties in different stages of the compensation procedure, ranging from establishing employer-employee relationship, diagnosis, and compensation. When workers speak of the illnesses they have contracted, they are fired so workers prefer to remain quiet.

In India, a court passed an order for the payment of compensation to victims, but the responsible agency has refused to implement the order. The NHRC also ordered relief for the victims but the state government is refusing to accept the recommendations. Of late, the state of Gujarat has paid compensation to silicosis victims in unorganized sector.
Advocate Krishnendu narrated his experiences on the court cases for compensation and stated how no one knows how many years it will take for the decision to be handed down. There was a discussion on why ANROEV members were focusing only on pneumoconiosis when data shows that lung cancer cases are over 32% of occupational diseases, and why we don’t come across such victims. Dr. Paek explained that pneumoconiosis is a classic case of lung disease and that huge clusters can be found in cases of pneumoconiosis, but such is not the case for lung cancer.

- Chemical hazards in the Electronics Industry

The participants discussed about how there has been a major transition in the industry, which started in the Silicon Valley and is now predominantly based in Asia, especially in Taiwan, China and Vietnam, with big players like Samsung. Another transition is in terms of Mores Law - each new generation of technology gets twice as fast and twice as small, which has led to exponential growth in electronics in terms of making available a much more powerful technology at a lower cost. The development has also led to a growth in personal technologies, such as mobile phones and TVs. Sanjiv presented on how the growth of the industry has been primarily in Asia: Asia is not only producing but also consuming electronics products in large quantities.

Most of the discussion in the workshop was regarding capacity-building. AMRC, ICRT and CDI have conducted several trainings in several regions, which have been a good trial process where internet availability is a challenge? how to address the concerns of the victims. Though Samsung has agreed to put up about USD85 million towards compensation, it has rejected a core recommendation to establish an independent body. A letter to Samsung has been put up and signed by thousands of people.

There was a discussion on how to develop simple messages to share through social networks, for example, by taking pictures using Samsung phones and asking Samsung which path it intends to follow - more illnesses at work or working in harmony with nature and the workers.

Questions and comments

Question - Some of the challenges presented in the digital workshop were that workers are not well-educated and there is a language barrier. How can we include victims’ families in the process where internet availability is a challenge?

Response - On the issue of lack of access and language, people are using ordinary mobile phones in audio modes. Some of the phones are made in Bangladesh, which are cheap. People can call a number and listen to the top four reports. We can have language segregations. Call backs can be set up so that workers and people do not end up even paying call charges. The reports are also put up on an online site so people with internet access can access them. Net penetration and mobile penetration is increasing and voice methods can be used to overcome the language barrier.

Comment - There are no laws specific to migrant labour in Taiwan.

Response - There is a need for all of us to take bigger responsibilities and ensure better preparation rather than leave the matter to a select group.

Comment - In the age of globalization, companies use separate entities as their suppliers and we need to think that in case of disasters and pollution by some companies in your country, we should also check the connection between that company and global corporations. We should raise the profile of such companies who try and escape responsibility by creating subsidiaries and other entities.

Response - Corporate working is like a maze involving subcontractor, subsidiaries, principal employer etc. Financing is another aspect which needs to be looked into who is financing and who is doing the work. There have been attempts to map some companies like Vedanta and Rio Tinto.

Question - How can migrant workers working with asbestos be helped, especially Cambodian workers on contract working in Thailand and South Korea? Who is responsible and how do they claim compensation?

Comment - We are all humans with the same anatomy and there is a need for one OSH law starting at Asian level.

Comment - There is an ILO convention on OSH and that should be made as a launching point for all countries to ratify. There is also an ILO mechanism for compensation which was used in Rana plaza in Bangladesh and in Pakistan. Even in South Asia, a large number of workers go to Middle East. These workers face a lot of problems. We can use international mega event to put pressure on the governments to respect labour laws.

Comment - There are no laws specific to migrant labour in Taiwan.

There was a discussion on the statement of the conference and how to move forward.

Last Session - discussion on steps for next 2 years.

Sanjiv Pandita
Executive Director, AMRC

ANROEV was formed to respond to accidents and we are slowly evolving to work more towards occupational diseases. However, over the last two meetings, we had to respond to a series of accidents/disasters, which has led to the formation of victims’ groups, but there is renewed focus on accident prevention.

We have had representatives from Pakistan, Bangladesh and Philippines composed of people helping victims of grave tragedies, and we witnessed the death of Sebastian who killed himself for the cause of OSH. This network has also provided space for several campaigns to develop, like campaign on lung diseases. We have major campaigns which are independent, like the asbestos and electronics campaign. We also have campaigns to organize victims and call for a ban on benzene campaign.

An important question is whether these are the campaigns we want to focus on or is there some other campaign we also need to focus on? Some of the existing campaigns have also grown vertically and we should discuss how to connect these campaigns together and these campaigns should not become an institution in themselves. There was some dissatisfaction with the workshops with some repetition and we need to find means to overcome this challenge, particularly as regards communication, within the network.
Sanjiv showed a chronology of different network meetings and how the network has grown since its inception:

<table>
<thead>
<tr>
<th>Year</th>
<th>Network meeting Place</th>
<th>Key features</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>Macau, China</td>
<td>Initial phase, conceptualization and alliance building. Participation from 7 Asian countries.</td>
</tr>
<tr>
<td>2001</td>
<td>Bangkok, Thailand</td>
<td>In conjunction with the anniversary of Kader Fire Rally in Bangkok for OSH. Participation from 11 Asian countries.</td>
</tr>
<tr>
<td>2002</td>
<td>Bangkok, Thailand</td>
<td>In conjunction with the anniversary of Kader Fire Rally in Bangkok for OSH.</td>
</tr>
<tr>
<td>2003</td>
<td>Bangkok, Thailand</td>
<td>10th anniversary of Kader, identifying joint campaigns, Asbestos campaign identified. More than 80 participants.</td>
</tr>
<tr>
<td>2005</td>
<td>Hong Kong, China</td>
<td>Participation of victims' groups from China. Protest outside Jewelry Fair-Hong Kong Book 'Struggle for Justice' released.</td>
</tr>
<tr>
<td>2007</td>
<td>Hong Kong, China</td>
<td>Occupational disease campaigns strengthened. Participation from US and Canadian groups.</td>
</tr>
<tr>
<td>2008</td>
<td>Manila, Philippines</td>
<td>Simultaneous workshops on lung diseases, Electronics, victims organizing Samsung victims from Korea joined the network.</td>
</tr>
<tr>
<td>2009</td>
<td>Phnom Penh, Cambodia</td>
<td>Network broadens with about 150 participants representing 19 countries. Local network in Cambodia initiated Asian Ban Asbestos Network created.</td>
</tr>
<tr>
<td>2010</td>
<td>Bandung, Indonesia</td>
<td>Bandung Declaration on OSH. Participation from European Work Hazards Network and US COSH Network. Name changed to ANROEV to include victims of diseases and environmental hazards. Joint research on OSH initiated.</td>
</tr>
<tr>
<td>2011</td>
<td>Jaipur, India</td>
<td>More than 50 victims from India joined the meeting. ABAN meeting also took place. Presentation of the research findings.</td>
</tr>
<tr>
<td>2013</td>
<td>Bangkok, Thailand</td>
<td>20th anniversary of Kader Fire. Participation from victim of Tazreen fire. Participation from Africa Initial discussion from Global Grassroots Network.</td>
</tr>
</tbody>
</table>

There is still a lot which needs to be done. Who will take the responsibility to build common campaigns in terms of time and resources?

Following were some comments/suggestions from participants for future network activities:

1. Workshop presentations should be submitted well before the conference. There should be suggestions to make it more strategic and oriented with the action plans.
2. Ship-breaking industry in Pakistan, Bangladesh and India with focus on beach dismantling. We should concentrate on this sector. There is already a small network and the responsibility will be taken up by NTUF. Environics Trust can help in connecting with other international ship breaking platforms.
3. 3rd anniversary of Ali Enterprises fire in September 2015. NTUF will start campaign from September 6 onwards in Karachi leading to a gathering of workers at the factory site. Request network solidarity and some write up in support of workers. NTUF will circulate draft for endorsement of network members.
4. Link between environmental and occupational hazard victims is weak. We can take some sectors which are supplying raw materials suppliers and explore possibilities.
5. Lack of ownership from network members in not organizing workshops properly. During the period between meetings, how closely are we linked and how closely are we discussing our activities with other members. How do we bridge the communication gap?
6. Need more information on campaign on humidifiers and other commonly used items in South Korea to expand to other countries which are using similar types of products, so that we can involve more people in such campaigns.
7. We should have an internal and external assessment of the network as the next round will be the 20th anniversary of the network.
8. Also in the workshop, the voices of the victims were hardly articulated due to language problems. Suggestion is for the next meeting to be dominated by victims and seek how we can organize the victims and encourage mobilization.
9. The voice of the ANROEV network should be heard in one declaration instead of repeated declarations – the voice of the ANROEV network should be respected and heard by the biggest authorities as the victims’ voice is the most important. We can highlight our plan or declaration at a high-level international meeting like APEC, where rulers and government officials are present.
10. Organize the campaign related to the ILO conventions to put pressure on different governments.
11. Launch campaigns on occupational cancers where data show high numbers.
12. A resolution to condemn deaths in Qatar which is hosting the FIFA World Cup.
13. Global OSH network - We need to develop time-bound action plans to launch a global representation of victims.
14. Pay attention to the legal areas – labour lawyers’ network should be developed.

15. Suggestions for workshop – Develop matrix of existing labour policies, compensation mechanisms and penalties in different countries that will help us to improve on/pursue different struggles in various countries and will fill the gap between meetings.

16. The network should get engage with trade unions, primarily on OSH.

The members identified some common issues:
- Diagnosis - how can we help?
- Compensation, treatment/rehabilitation irrespective of the disease.
- Criminal liability/prosecution - how can we build criminal cases against employers?
- Export of hazards - companies keep moving from one country to another; how can we have a joint action?
- Implementation of laws/prevention - look at institutions tasked with implementing and strengthening the laws.
- Resources and solidarity for victims.

How can network members help each other?
- Share resources and expertise - doctors, lawyers etc.
- Labs for tests - hygiene labs and other local labs

Suggestions to set up four working groups:
1. Research and documentation
2. Education and training, including diagnosis
3. Campaign and advocacy, including victims organizing
4. Communication and social media

Those working in groups will be sharing and continuing discussions through emails.

Closing speech:
Sanjiv Pandita, Executive Director, AMRC - He closed the workshop and expressed sincere thanks to all participants for devoting their time to the seminar, and extended special thanks to the organization teams for the excellent facilitation and to CDI colleagues and interpreters for their valuable effort to make the workshop successful.

Viet Anh - CDI: She appreciated the active participation from all attendees and the great job done by the facilitation teams. She said that over the last two days, they have had different emotions, sometimes simmering to do something while sometimes settled back by the suffering and losses of the victims. According to her, these emotions and representations have added strength to all of them, including the organizations, individuals, scientific researchers, and policy makers working towards protection of employees. She talked about the need to take strong action in order to protect workers, protect basic human rights, the rights of labor safety, and hygiene at workplace.

The conference provided a valuable opportunity for them to acquire a lot of knowledge and experience. Many Vietnam delegates were startled to hear the evidence and information regarding about the harmful effects of work at the electronics industry, which was thought of as clean sector. The evidence and the struggles of workers in different countries will be the motivation to help Vietnam to do much more.

It’s believed that in the near future, the related agencies such as Ministry of Health, MOLISA, Vietnam labor federation, and social organizations will have an even stronger action to protect the rights of workers. The economy of Vietnam would not grow if Vietnam’s human resources lack physical and working skills.

CDI is committed to accompany ANROEV network, along with other organization members to promote hygiene and occupational safety.

***Conference Ends****
The workshop had a mix of physicians employed by government institutions, physicians assisting grass root organization, victims, activists and others. Domyung Paek welcomed all the participants and stated the objectives of the workshop—

- Although occupational lung diseases are among the most common Occupational Diseases, diagnosis or identification is a problem in many countries. What can we do for this common but not easily diagnosed problem?
- Introduction to different kinds of occupational lung diseases, which include not only pneumoconiosis but many other lung diseases.
- Discussion on problems with diagnosis in different countries, with emphasis on Pakistan, about improving the situation following the medical practitioners' training last year.
- Whether we can come up with any other alternative approaches - whether there is an easier way to identify the victims or approach this group of problems.

**Occupational lung diseases**

Facilitated by Dr. Domyung Paek, Dr. Huma, Sanjiv Pandita

Dr. Tom Gassert gave a presentation on different occupational lung diseases.

We have all heard of pneumoconiosis. But there are other types of lung or airway diseases that one can get. Cadmium is a metal or allergen which can cause asthma. Asthma is a very common lung disease which can be caused by work or you can already have asthma which gets aggravated at work (occupationally aggravated lung disease). Cobalt is also an allergen and can cause asthma and interstitial lung disease. Cobalt, nickel, arsenic and some other metals can cause hard metal lung diseases. Brown Lung or Bysinossis and Bagassosis are common among workers in the sugarcane industry. Pnemothorax is caused when your lung collapses and air escapes into the chest. Lung cancers also contribute to a large number of cases.

He showed a picture of a lung and explained its different components. He showed an image of a workforce from Boston where there were a lot of skin and lung disorders. The workplace was a large excavation where an interstate highway approaches. There were ventilation tunnels about six feet high and there was high pH in the soil. The workplace reported large numbers of occupational lung diseases.

He added that we need to think about dust and particulates and their size. In case the particle can be seen with the naked eye, then it will not go down one's lungs. It's the invisible particles which are 10 microns or smaller that can enter the nasal passage and go all the way to the lungs. Nanoparticles are less than 0.1 micron in size.

How do we diagnose airway lung disease - We use a pulmonary lung function test or spirometry which involves a forced maneuver in which you take a deep breath and you blow out very vigorously. It allows us to categorise different types of lung diseases and their severity. We mainly divide them into obstructive versus restrictive lung diseases and fibrosis changes. Fibrosis usually occurs in restrictive lung diseases. Sometimes, you can have a combination of both obstructive and restrictive diseases.

He showed a picture of a normal lung tissue under a microscope. He showed the alveoli and where the gas exchange occurs in the lung. The oxygen is picked up by the red blood cell in this region and taken all over the body.

If the volume of air you can move in or out is lower than normal but the airway is not obstructed, it is classified as a restrictive disease. He showed the types of curves and graphs which are ascertained in the PFT test as compared to the normal lung, and explained moderate severity in which the actual volume is about 60% of predicted value.

He showed a picture of a normal lung tissue under a microscope. He showed the alveoli and where the gas exchange occurs in the lung. The oxygen is picked up by the red blood cell in this region and taken all over the body.

He showed a picture of a diseased lung tissue and explained that the alveoli are damaged, which is called a bullae where the walls break down and you lose the elasticity and they snap. The lung sounds are reduced and the person is short of breath, which is called as COPD or emphysema. This is also seen in black lung cases.

In interstitial lung diseases or fibrosis, we can see the thickening of the walls and it's difficult for gas diffusion which happens in pneumoconiosis.

In asthma and Bysinosis, we have a constriction of the bronchioles and the airway closes down, producing sounds similar to wheezing when air passages are narrowed or reduced. There are four cardinal symptoms for asthma - wheezing, shortness of breath, chest tightness and cough. Giving affected people with a broncho dilator medicine will help them feel better.
Asthma can be defined as a chronic inflammatory disease of the airways involving cells and their products, resulting in recurrent reversible episodes of airflow limitation and bronchial hyper reactivity, which manifests through wheezing, breathlessness, chest tightness and cough. There are two types of asthma – allergic and irritant. More than 300 agents are reported to be causes of asthma. There is an evidence-based list of irritants which is available online http://www.occup-med.com/content/8/1/15. You can establish if asthma is work-related by occupational history, blood tests, or when other workers are facing similar problems. Sometimes, workers are given a peak flow meter to track their air flows over the workday and take medication when required.

There are also inorganic and organic dusts. Among the inorganic dust there are fibres, silicates, and fibregenic dust. The increases caused include pneumoconiosis. In some such cases, spirometry, lung biopsy or transbronchial biopsy (putting some water inside the lung) to check what is inside your lung is performed. The organic dust can cause organic dust toxic syndrome, hypersensitivity pneumonitis (HSP), fungal infections, bacterial infections and toxins.

Inhalation fever is a flu-like fever which is seldom diagnosed. It is self-curing in a couple of days, and requires higher exposure to causal agent as compared to HSP. There is no latency period or sensitization and all people are susceptible, and there is high tolerance with repeated exposure.

Inhalation fever due to metals may be seen in welders and solderers who are often exposed to zinc oxide and lead oxide. It can occur with exposure to all sorts of metals. Sequelae are rare but may include: RADS (irritant-induced asthma) and chronic changes in lung function. Inhalation of cadmium or mercury fumes may initially mimic metal fume fever, but toxic pneumonitis with delayed pulmonary edema if it occurs can be fatal.

Sugarcane workers are at risk of exposure to Bagass which causes Bagassosis. Farm dust and lung diseases are a big issue and often never diagnosed. Majority of the earth’s surface is silica and silica exposure occurs with soil and grain dust. High silica content has been found in sugarcane processing.

**Lung infections**- These include bird influenza in poultry. Hue fever among sheep and goats, anthrax, myobacterial diseases, leptospirosis, rabies and many more.

**Nano particles**- These have huge surface to mass ratio which changes their toxicology properties. Their size ranges from 1-100 nanometers in diameter. There was a study of persons working near copiers/printers. The exposed group was exposed to nano particle counts of more than 1 million per ml of air with an average size of 8nm which is a huge amount. These particles can be irritant or sensitizers.

**Bysnossis** is an obstructive disease in cotton handling or carding room. He showed the spirometry patterns of the disease pre-shift and post-shift, with a characteristic Monday drop. He also stated that it is very severe disease and discussed the schilling criteria of grading the disease.

**Restrictive lung diseases** can be caused by dusts like asbestos, coal and silica. The increase of dust burden in the lung activates lung cells due to immunization response, which causes an inflammatory reaction on small airways and alveoli leading to fibrosis over a period of time.

The ILO classification of B Reading was established to standardize chest x-ray interpretation of pneumoconiosis. A certified B reader would look at the thickness of pleura, nodules of fibrosis are usually formed in upper two-thirds of the lungs. Silicosis and TB come together and silicosis and black lung can also occur together. Silica is also carcinogenic. Whole-lung lavage or lung washing is ineffective in silicosis or COPD. Coal dust can cause black lung while beryllium can also lead to lung diseases.
Case 1 - A construction worker in early 50s with cough problems. He is a smoker. The worker was exposed to dust in his occupation and has some problems in the airways and lungs. Can we confirm occupational bronchitis? What are the steps and tests?

Case 2 - A middle-aged welder with shortness of breath. Whether we need to confirm pneumoconiosis in this case and what we need to do manage this is difficult to define. We can ask for an exposure history from the workers and try and see if symptoms worsen at work or not, whether these can be identified as occupational in different countries and whether you have any difficulties or problems in being recognized as an occupational disease.

Case 3 - A periodically or occasionally wheezing middle-aged woman engaged in a cleaning job. Suspected asthma but can we confirm diagnosis of occupational asthma.

South Korea - Case 1 involving a construction worker who also smokes is very common in South Korea. Large numbers of similar cases are diagnosed as silicosis with this kind of problem. But in case X-Ray does not confirm silicosis, one cannot say whether the case can be diagnosed as an occupational asthma. X-Ray and spirometry are the two main tools used for diagnosis. In cases of COPD, only very severe cases are recognized as occupational in case there are no X-Ray findings. Even though occupational bronchitis is a category in law, only a small portion can get diagnosis in Korea. In case 2, pneumoconiosis among welders is not recognized and most physicians give their diagnosis according to the given official list. In case 3, occupational asthma can be diagnosed as work-related but not clear if patient can be compensated. Even in Korea, all three cases will have problems in being recognized as an occupational disease.

Vietnam - For case 1, if we want to diagnose occupational disease for a construction worker, there needs to be an employment period of two years at the workplace. In case of cough for more than 1-2 months after a specified employment period, then we can make an occupational bronchitis diagnosis. We have followed guidelines by WHO and have found a few similar cases. The doctors send such patients to the health centre where a committee at province-level makes the final decision. Case 2 and 3 are similar and not easy to make final diagnosis as occupational, as the exposure period is difficult to define. We can ask for an exposure history from the workers and try and see if symptoms worsen at work or not, but such cases are not compensable in Vietnam. To prevent and reduce occupational disease, biological monitoring can be done for diagnosis but the costs are high to be integrated in primary-health checkup.

Comment from Tom - We need to use preventive medicines with primary, secondary and tertiary prevention levels. In primary prevention, which does not involve physicians, the focus is on engineering controls to reduce exposures. Secondary prevention is medical surveillance, including pre-employment surveillance, which might include biological monitoring and other tests like spirometry, peak flow meters and periodic X-rays. Tertiary prevention is when someone is already sick and we want to prevent complications. So we can focus on biological testing and try to reduce costs. As part of case management, we need to improve the work environment to reduce exposures.

Case 2- A middle-aged welder with shortness of breath. The final decision. Case 2 and 3 are similar and not easy to diagnose these cases. Vietnam, India and South Korea disease. Whether we need to confirm pneumoconiosis in this case and what we need to do manage this is difficult to define. We can ask for an exposure history from the workers and try and see if symptoms worsen at work or not, whether these can be identified as occupational in different countries and whether you have any difficulties or problems in being recognized as an occupational disease.

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Dr. Huma also faced the problem of absence of data after the medical practitioners training. She was denied use of data from the industry, citing ethical issues, and denied publication permission. Informal sector workers usually think about earning at the cost of their health. When we arrange OSH camps, which are successful for formal workers, they are given information about hazards and the use of PPE, and receive treatment and screening for several diseases, but for informal workers, only general examination and lab tests were done. They were scared of and denied from undergoing PFT and awareness sessions with them.

A new occupational health and safety council was formed in the province of Punjab in response to the fatalities in Gujranwala and Sialkot. New guidelines for OSH for workers exposed to silicosis have been prepared and the government has started a campaign in the media to inform the first time, placing the responsibility of ensuring workers’ health and safety on the employers. They are also advertising a number on which there is no forum for workers to contact in case they are the responsibility of ensuring workers’ health and safety on the construction sector and conducting awareness sessions with them.

Comment from Domyung - It looks like in Pakistan, especially in Punjab, the new system is in place. Please tell us more about how this new system was introduced, who contributed and what was the role of medical professionals and other stakeholders. Who are monitoring and pushing for this system? Why is this initiative or system only for silicosis? Also, amendments or create a new law. The government agreed to form an H & S council and stated that the council will make the new law. Silicosis was targeted as there were identified victims and unfortunately, we don’t have other victims yet identified. The Factories Act of 1934 is the only law which is applicable for OSH. Construction workers are not covered under any H & S law.

Vietnam - We have a social security system in Vietnam managed by the government in which all industries need to participate. In case workers are injured or diseased, they are compensated through the system. I am not sure about informal or independent workers as they do not have provisions to join this system yet. We have only 29 occupational diseases in our compensation law, and compensation is paid as per calculated disability. If the worker is employed for one month, the employer has to contribute to the worker’s social security.

Tom - We had a medical practitioner’s training in Penang. We should also hear about how the training helped and how to move forward.

Question - Will organizing similar types of workshops help in Pakistan? The new law is a dramatic event so how can we extend it in other areas? Can this type of workshop help?

Dr. Huma - We created awareness among the workers, especially child workers and home-based workers who are the most neglected. We have organized workshops for workers, unions and employers, including parents of child workers, to educate them on OSH issues. It is difficult to approach and work with such workers as the management and employers are secretive and workers can lose their jobs. We do require similar trainings in Pakistan.

Sanjiv - The main objective of the training was to build the capacity of grassroots groups. We have struggled for diagnosis and there are very few doctors who can diagnose and who have confidence to certify. The key criterion for training was that the doctor needs to be attached to the grassroots organizations. Lung disease is entering a critical phase in terms of both occupational and environmental victims, especially given the recent data released by the WHO. Many Asian cities are facing major problems related to pollution. In the ICHO meeting, there were few Chinese scientists who were testing biomarkers which might be available soon but we don’t have further news. In the past five years, there are some positive changes in India with the intervention of NHRC and the judiciary when they asked states to report on silicosis. NGOs have helped in bringing cases to court, but even these cases are few and from some areas only. Somehow, we need more doctors on the ground. There is immense wealth in the region but there is a visible divide. Access to medical facilities is not there for the entire population, which is a challenge. How can we sensitize about doctors’ right during their studies when there is very little incentive for them to become an OSH doctor?

There is also the problem of political will and even public hospitals don’t want to take the risk of diagnosis and taking care of victims of occupational diseases. Workers are scared and even though we are offering them advice and holding meetings, we need to go and convince workers to join. The first thing they ask is what will they get, will they lose their wages if they participate and if diagnosed, will it have a social impact. How do we fix these issues?

The ANROEV format is a combination of professionals, activists and legal experts, among others, but there is a need to find some synergy and convergence, and try and promote events in Pakistan. The new OSH law in Vietnam is also amazing, and implementation and developments, especially the inclusion of the informal sector, need to be monitored. Vietnam’s experience will help a lot in other countries.

In these informal areas, diagnosis has not penetrated yet and even drinking water is not available but mobile penetration is high so we can have an app which can help in the diagnosis.
Don't use. Social media is anything that allows you to network. Each country can have very specific social media tools, for example, zing in Vietnam, or weibo and wechat in China.

Some top social media tools are Facebook (allows you to have personal connections and tools for non-profit groups to connect to audiences: used worldwide, it has pages which can be used for organizations), Twitter (allows short messages or tweets for sharing news or sending people to websites), Instagram (allows the use of hashtags, image-focused, 12 seconds of videos), Vine (6-second videos), LinkedIn (recently in news as a way for Chinese partners to connect with others, bridging media) and YouTube (videos sharing).

You need to have a space where people can find you, such as a blog used in the Samsung campaign, which is free and shareable. Social media is growing exponentially and almost everyone is using it. Mobile technology has made these tools easily accessible. Social media is free and allows instant feedback from your audience.

**Mapping exercise**

Participants were requested to answer two questions - What social media are you using and who does the social media-related tasks in the organisation? The result was that most of

**Guidelines for developing a content calendar**

A content calendar is an overall understanding of what topics are being covered on social media, like emerging issues or important dates in the month we want to highlight. We need to

**Tips on using social media**

- Pick one or two social media platforms.
- Dedicate staff time for great content creation and develop plan and strategy. Plan and write posts weekly, if not monthly, and make it easy for people to share your social media. Use consistent hashtags.
- Having a content calendar is very important.
- Follow up - always follow up and respond when people comment and like.
- Evaluate: Look at analytics - all tools allow you to check usage and responses. If you are using something which is not getting you a lot of likes or comments, it might not be a wise use of your time.
- Focus on expanding the network, especially to people who matter.

Before using social media, we need to determine whom you want to talk to. Do you want to talk to people inside your country, outside your country, or everybody? Facebook currently is the biggest tool. Our need is to bring the stories from the grassroots to a wider audience. In Australia, there was a campaign in which they gave a smart phone to a homeless person with a Twitter account for a week. The person for that week will tweet or share what he thinks and what’s happening to him. After one week, another homeless person takes over. People followed the Twitter account and through the entire storyline, people can know what the homeless people are talking and thinking about and started to think of them as people. They called them “voiceless” and were bringing the voice outside and letting it be heard.

All companies have their own polished and sophisticated social media departments, but is what they say really the truth? You need to have a space where people can find you, such as a blog used in the Samsung campaign, which is free and shareable. Social media is growing exponentially and almost everyone is using it. Mobile technology has made these tools easily accessible. Social media is free and allows instant feedback from your audience.

**Digital communication, solidarity and the network building workshop**

Facilitated by Noel Colina and Miriam

Participants from US, UK, India, Vietnam, China, Bangladesh, Philippines and South Korea.

The workshop introduced/shared tools for participants to improve their content messaging and use, create, and integrate digital communication into their work. It identified digital tools that can be utilized by grassroots organizations in building solidarity to promote their programs and actions.

Miri introduced the agenda of the workshop and stated that people have different perspectives on and about Social Media. She added that they will try to have a common framework for this workshop involving people using/not using social media.

They will map what social media tools people are using and who in the organization is doing tasks related to social media. They will talk about how to develop powerful content and stories, and about developing a social media strategy in the organization. They will facilitate group exercises to use these tools for a specific issue. They will focus on visual thinking, info graphics and memes.

**What is social media**

Social media entails different things, like websites, applications and emails, all resources to create, share and exchange content. Content is not limited to text but includes images and video. The idea is to expand our network so that our content can reach further into spaces which we normally don't use. Social media is anything that allows you to network. Each country can have very specific social media tools, for example, zing in Vietnam, or weibo and wechat in China.
develop a content calendar of all social media: content on the website, or emails to be sent, for example. The calendar can be developed for a month or any realistic timeframe, like a week. We need to be strategic about what we are posting. The calendar also needs to be flexible so, for example, if there is an accident, we are able to respond immediately.

A content calendar plan from Hesperian and Noel was shared. We also need to be aware of not flooding people’s timelines with a lot of messages and we should space our messages—1 message per hour, for example. It is also possible that some people are not awake at a particular time, and spacing messages can help reach a wider audience and elicit responses. “Don’t put all your eggs in one tweet”, so goes a saying.

Facebook and Twitter allow scheduled posts. You can write a bunch of posts and schedule them for posting. Content calendar can already include a plan to continuously post even if someone is on vacation. If people know that you are posting some important and interesting things regularly, they will keep coming back so we need to be consistent.

Do people feel that the content needs to be edited or approved?

Many organizations don’t have an editorial committee and people are tuned in to each other so a complicated or unwanted situation doesn’t arise. But it’s worth having a sense about what is being posted about, from the view of an organization, as anything posted on social media can leave a permanent mark.

The kinds of topics and media to share

At Hesperian, we write about a lot of things but we don’t post about, let’s say, abortion even though a lot of our material is written about it because it’s controversial and can create reactions which we don’t want. We don’t post on some other controversial topics as an organization. The organization needs to decide about topics you want or don’t want to include.

We should post a mix of issues and reposts—follow the 4-1-1 rule. It means that you should share other people’s posts about four times and then there should be one post on your campaign and one post about your organization’s work. Sharing other people’s posts increases your goodwill and helps increase your network.

Creating content

We need to create content that validates the work that we are doing for people and that motivates people to take action, like clicking on and sharing your post. You need to first define the audience, what you are offering and the actions you want.

The WHO (Who is your audience) - There is internal WHO - people you know and are already part of your network - and an external WHO - people not yet in your network. It is clear that we need really big networks with a lot more people who can take lots of actions. What’s important to think about is who they are with respect to gender, age, views and beliefs. What motivates the people you are trying to reach for them to take action such as share your link, where these people are located in terms of posting at different times and what they want to learn. For Hesperian, people know that we post about health. Language is another important thing to focus on. Focus also at the East-West differences – interesting to think about what kind of stories appeal to the western crowd against other partners in Latin America or Asia and this will be known intuitively within your network.

WHAT - Your offerings need to be interesting to the people, and should be issue- and campaign-focused, attractive and visual; they must be short, shareable, positive (people share more if there is a positive element), action-driven, and derived from a real person’s voice. We should engage people with questions and be consistent and predictable. Content can be specific for each audience: donors like success stories, partners like the real-life account or videos of impact, people who don’t know us find it attractive when tools like manuals or guides are available.

Stories - Many of us create researches and write books and flyers, but sometimes this kind of content, like putting a 200-page book into one tweet or post, is not possible. How do we find what story to tell and how do we tell it? When we do write stories, we should show rather than tell without complicating it.

The group in Melbourne mentioned earlier wanted to share a story about homeless people. They could have written a book or made a video but this would have been expensive, time-consuming and limited in reach. Instead, they innovated and used a Smartphone and social media. They also announced the project so that even people outside Melbourne were able to immediately connect with such homeless persons. There was also a campaign in China about a Foxconn victim suffering from an occupational disease. The victim, during her time in the hospital, was posting on weibo about her situation and what they want to learn. For Hesperian, people know that we post about health. Language is another important thing to focus on. Focus also at the East-West differences – interesting to think about what kind of stories appeal to the western crowd against other partners in Latin America or Asia and this will be known intuitively within your network.

Question to participants

What if OSHE created a Facebook page for one of the victims of Tazreen fire, publicize it and tell people about their fight for compensation? People can know how it feels to be a victim every day, through posts with real emotions which people can consume and limited in reach. Instead, they innovated and used a Smartphone and social media. They also announced the project so that even people outside Melbourne were able to immediately connect with such homeless persons. There was also a campaign in China about a Foxconn victim suffering from an occupational disease. The victim, during her time in the hospital, was posting on weibo about her situation and what they want to learn. For Hesperian, people know that we post about health. Language is another important thing to focus on. Focus also at the East-West differences – interesting to think about what kind of stories appeal to the western crowd against other partners in Latin America or Asia and this will be known intuitively within your network.

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Another example could be about how does it feel to be a mesothelioma victim with your lungs at 40% capacity—what if we made an account with the permission of the victim, telling her everyday story, like having to stop during a 10-minute walk.
to the market as it was becoming hard for her to breathe? A victim preparing for a marathon, someone who loves to bike but is now sick with mesothelioma, these accounts can be followed.

Another example can be on the wage increase campaign - try to live on US Dollar 2 a day - showing rather than telling by using a photo is more powerful. How much can US Dollar 1 a day buy in different countries? A picture showing such content can be used.

How to develop a social media strategy

- Start with an audit - who can do what, what resources do we have in the office (like phones and cameras), how much time can we allot in a day, how is internet connection in the field
- Who do you want to talk to - donors, media, the public
- What should be our goal - real and time-bound as per resources available
- What kind of images do you want to have - aggressive, soft
- Content calendar
- Monitor and review - is it effective according to analytics
- Revise
- Be nice - opposition should be handled delicately

Miriam discussed and shared the resource audit and social media strategy used in Hesperian. Noel narrated AMRC’s strategy and steps undertaken to increase Facebook presence—the “working women” photo contest which was undertaken by AMRC with a goal to get more photos and increase online presence.

Group activity

The participants were divided in three groups and each group determined what one wants to discuss/campaign for and created a social media strategy by applying the guidelines and tools which were discussed.

Memes

They are pictures which are recognizable. They can be unique to each country and can have words which can be funny and sarcastic. Memes bring in audiences that are not necessarily interested in “serious” topics by making them catchy. Memes are easy to share and can be downloaded. They don’t need to be attributed to anyone. There is a rule called K.I.S.S: Keep it Simple, yet Silly. Too much text will make the meme lose impact and we should not make them too serious. Memes are easy to share and can be downloaded. They don’t need to be attributed to anyone. There is a rule called K.I.S.S: Keep it simple.

What should we do in the social media group?

- Videos
Everyone has smart phones that can be used to take photos and record videos. Before making a video, we need to have a script a beginning, middle and an end. Decide on what you want to show. Making a video takes practice. Music is important. Keep it short and sweet. Short videos lasting for 6 or 12 seconds don’t require a long script but longer videos will require a script. We can use Blender, a free tool for editing videos.

Some examples of good pictures and videos which are easy to understand and meaningful for campaign messages were shared.

- Infographics
Better to show than tell. Noel shared some examples: how much does a shirt really cost? We have our data but we can create some attractive graphics. How much does one worker earn in making a shirt or an iPhone? First, we choose a good topic; it has to have a good headline, create a hierarchy in the content, and have good graphics. There are many sites which can be used to create infographics. We also need to tell people what to do – link to websites, somewhere they can go to for action. Infographics cannot be used to tell the whole story.

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Some examples of good pictures and videos which are easy to understand and meaningful for campaign messages were shared.

- Infographics
Better to show than tell. Noel shared some examples: how much does a shirt really cost? We have our data but we can create some attractive graphics. How much does one worker earn in making a shirt or an iPhone? First, we choose a good topic; it has to have a good headline, create a hierarchy in the content, and have good graphics. There are many sites which can be used to create infographics. We also need to tell people what to do – link to websites, somewhere they can go to for action. Infographics cannot be used to tell the whole story.
OSH and Environmental Victims Organising
Facilitated by - Asian Citizens Center for Environment and Health, South Korea, TAVOI, Taiwan

Yeyong welcomed all participants and stated that for the first time, “environment” has been included as part of such a workshop and there might a lot more varied topics and ideas. The workshop had participants from nine countries including seven victims of different occupational diseases.

Case report from China by LESN

The case started in 2012. The golf head factory was shut down in 2013. The company moved the production line to Taiwan and retired all the workers. However, some workers at that time found themselves to be suffering from hand vibration disease (HAVS) and decided to fight and filed cases. Once the factory closed, some workers went to another factory for jobs. Some of these workers went on strike last year which failed due to state repression, including police beating the striking workers. The workers’ association was about to be dismissed when we came to know about their cases. However, in the meantime, the workers had lost all confidence due to non-action on their cases and we spent a lot of time holding workshops and trainings on occupational disease for these workers to gain their confidence. Soon, we started receiving more and more cases from not only this factory but another factory as well. There were cases of benzene poisoning, hearing problems and pneumoconiosis.

We are trying to link workers from all three factories. These factories are running with financing from Taiwan and are producing more than 80% of golf heads in the world. Yesterday, we also came to know about factories in Vietnam and Taiwan. The company is currently delaying the requirement of conducting a medical examination for the workers and in between, the company is forcing workers to make an out-of-court settlement. We have 72 cases of workers with such diseases and 34% have taken this settlement and have left. Others are applying for occupational disease diagnosis and half of them were given suspected diagnosis but so far only 9% have confirmed diagnosis.

Question - Why are the workers having health problems? What was the company manufacturing?

Answer - The company made golf heads, which require a very special and precise technique. She showed a photo of how the disease is affecting the hand; it is also known as “white finger” because of using a drill machine. It affects the blood circulation on the hand. The company is currently delaying the requirement of conducting a medical examination for the workers and in between, the company is forcing workers to make an out-of-court settlement.

Question - How do workers from the different factories communicate with each other?

Answer - Workers share their stories and experiences in the workshops that we conduct. Also, we have set up a WhatsApp group in which workers can get support and responses.

Comment - Some people have filed complaints with regards to FIFA’s liability in cases of deaths of construction workers in Qatar related to construction activities for the 2022 World Cup. Around 4,000 workers have so far died in the construction. One lawyer in Zurich has sued FIFA for breach on behalf of an NGO based in Switzerland. It has resulted in massive publicity and has led to improvements in the workers’ conditions. We can use the same principle to target golf’s governing body.
provide the relevant information. With experience, workers also know whether the judge hearing the case is pro-worker or not and in case the judge is not pro-worker, they would put pressure on the judge through various ways, like escorting them to the court and sometimes even complaining to their superiors.

Comment - Chen Hung Ling: I was a construction worker in Taiwan 23 years ago. I suffered an occupational accident and was paralyzed. From my experience, it is very important for all the workers to unite. The government is forced to stop unlawful construction activities only by putting pressure on it.

Chih-Kang Wu: He is an RCA worker and it took 17 years to get observed and respected. He is an RCA worker and it took 17 years to get observed and respected.

Comment - Apo: Many times, media and consumer groups work that attracted more female workers, and male workers were mostly supervisors, leading to a big gender imbalance. Once they saw the symptoms of the disease, the supervisor would proactively contact the former workers of the line. This system was like an umbrella so that the former workers could be contacted to find who is facing similar health issues. The factories were doing work that attracted more female workers, and male workers were mostly supervisors, leading to a big gender imbalance.

A video about a Unilever case in India was screened: In a small hill station called Kodakkanal, a subsidiary of Unilever with a turnover of over 12 billion pounds was producing thermometers. There was reportedly widespread poisoning of workers, communities and the environment following the use of mercury without any protection, including goggles. Mercury can cause problems to the eyes, nervous system, skin, and reproductive system, among other health problems. The factory is located near communities and they families to share their experience about the accident. Two videos were uploaded on YouTube and have been seen by over 3 million viewers in the association have filed a case in Germany against the KIK factories, providing them a camouflage to avoid labour laws, social security and welfare measures, but nothing changes on the ground. We call these as a “Death Certificate” for the factories. About 500 victims have filed cases in Italy against the audit company RINA.

After the Rana plaza fire in Bangladesh, international agencies and brands, including ILO, made an agreement and compensated the victims, but in Pakistan, such groups and approaches were missing. Pakistan has now received a GRP+ status from the EU, which means that 10% duty has been waived on textile products; brands are expected to bring in more business and we need to ensure that workers’ rights are observed and respected.

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Case from Philippines

Nadia De Leon spoke about organizing the victims of Kentex fire which happened in May 2015.

Factors we considered - The fire was considered as the deadliest industrial accident in recent history. Urgent and quick response was essential. The small company is owned by a local businessman and was producing a knock-off of brand of slippers (“Havana”). The workers were mostly unorganized and most of them were contractual and temporary workers.

There was a management-controlled union with only 46 members out of the over 200 workers. A crucial role was played by OSH groups like IOHBAID in organizing victims in the first phase and an alliance has now been formed with the victims and their families as core members.

Chronology of the event - A fact-finding mission was organized by several labour groups which found various violations in the workplace. The government had issued a certificate of compliance eight months before the accident. The results were used to convince and encourage the victims to form an organization. We went to workers’ houses and encouraged them to seek justice and to file criminal charges against their employer and government officials. A week after the tragedy, we held a meeting with more than 100 victims and families to share their experience about the accident. Two weeks after tragedy, we held a general assembly to build formal unity to seek justice and file cases, and slowly, we are preparing people to fight for safer workplaces for all workers.

The first phase of organizing involved a lot of documentation, trust-building and evidence-gathering for legal matters.

Challenges we faced - We were faced with victims in several physiological and emotional conditions. They were mourning and there were contrasting groups in which some victims did not share information while others wanted fast action and swift results. Trust issues were also faced. The workers enquired about the lawyers and whether they are competent and honest to handle such a case. The alliance was also formed because of financial reasons so that we can get commitment in terms of support, unity and resource-wise. We contacted church
people, workers' unions and other relevant groups to build a network. Families are also looking for new work for sustenance.

**Lessons learnt -**

1. Legal assistance is important for organizing and advocating. We should not wait for tragedy to happen and we should have pool of lawyers.

2. Different forms of consolidating victims- This can be in the form of meetings and protest actions; cultural forums can also be used.

3. Force the government to change the regulation- By putting pressure on the government, we were able to bring to fore an OSH bill that would penalize employers found to be violating OSH conditions with heavier penalties compared to earlier laws.

**Case from Nepal**

We have done 4 studies on lead in paint used in houses, schools and furniture. We have found oil-based paints containing very high levels of lead. In some samples, the concentration was about 130,000 ppm, which is about 2000 times more than US standards. We did a study to check lead levels in homes, schools and hospitals and again found that lead and dust were very high and sometimes, the level of lead was more than 40 mg/sq. feet. The third study was reading lead and dust were very high and sometimes, the level of lead victims were even more than US standards. We did a study to check lead getting justice? There is a big role for already organized concentration was about 130,000 ppm, which is about 2000 victimization and bring legal and other skills which can result in campaigns engaging schools and children to force the government to respond to this issue and last December, our government has enacted a 90 ppm standard for lead in paint, which is equivalent to the international standard. Even painters were suffering from several health implications because of lead and we brought them to a forum to share their cases. The big factories are slowly improving their products.

**How can we develop a campaign where we can ask for compensation due to such exposures?**

**Comment -** We need to ban lead from paint. The issue of lead is a universal and serious. It is mixed issue with occupational exposure and consumer exposure.

**Comment, R. Sreedhar -** Particularly with victims of environmental hazards, there are categories of victims. One is victims who know they are victims and are vocal. They are looking at more support. Second is those who realize they are victims but don't know what to do about it. Third is a very large category who doesn't even realize that they are victimized. Unless there is an external catalyst, organizing doesn't seem to be happening. None of the examples discussed today are events where spontaneous workers or communities organization took place. How do we bring evidence about their victimization and bring legal and other skills which can result in getting justice? There is a big role for already organized groups who are the best ambassadors for the next level of victims.

**Question, Nien Yun -** Is there any experience of occupational victims approaching the community for help or fighting for the case together? For example, in the RCA case, workers initially faced high rates of cancer and eventually, residents also faced high rates of cancer and more number of cases than workers were found. Some residents feared for their children especially considering marriages of daughters and worried about the issue affecting the price of their land and houses. When you organize workers and communities, the interests might not be the same and they might even go against each other. How can you coordinate or bring different interest groups together to maximize the association to work together?

**Comment, CDI -** In Vietnam, there is no victims' association or group. We have a network of workers including some people affected by environmental conditions. The workers do not raise voice and feel that health issues are because of personal reasons and not due to workplace conditions. It is difficult to organise them and ask for compensation. We provide information and legal aid for them and tell them that the investigation report of any accident is very important. In Vietnam, if an accident is work-related, compensation is paid by employer. We have trade unions in Vietnam but these are usually management-controlled. We have also seen many cases of environmental pollution- one company polluted water, and marine life and fishing were affected. After sustained pressure, people finally got compensation. Organising victims is quite weak in Vietnam and we have learnt a lot from all of you.

**Sharing from Chen-Hung Lin -** In Taiwan recently, there were two large-scale explosions. In March this year, there was an explosion in a gas pipeline. More than 40 people died in the accident and it cost about 5 billion Taiwan dollars to clean the mess. The victims were not just local residents but fire officials who went to help. Nearby buildings were also destroyed. There was another explosion in August at a public party where the organizers sprayed a lot of fine corn dust that exploded upon ignition. More than 400 people were seriously injured and half of them are still in ICU.

**Comment, R. Sreedhar -** In issues related to coal mining, there are mostly informal mine workers and people who are displaced and lose their lands due to mining. There are different groups which are working with such people. Currently Greenpeace and Mines, Minerals and Peoples’ network (mm&P) work together on some issues. There are skills available with environmental groups which are useful and linkages which are beginning to happen. Also in India, we have larger organizations like mm&P the National Alliance of People’s Movements (NAPM) and other forums where people come together and can raise significant issues.

**Comment -** The Division between workers and communities is artificial perhaps because of legal avenues and available laws. Workers are harmed by environmental hazards just as much as people outside the factory are. In Bhopal, we had workers and non-workers who were affected by the gas leak. It's better to have a uniform approach.

**Comment -** Before we setup BANKO, the asbestos issue was only occupational. But after BANKO was established, we pushed this issue as an environmental one. Suddenly, the issue was taken up big by media and the public. The trade unions also supported us strongly as it is a national issue and can be a platform to organize the workers in unions.
There are three legislations for OSH in HK. First is the OSH ordinance, second is the Factories and Industrial Undertaking Ordinance and third is the Construction Site Regulation.

The first ordinance applies to both industrial and non-industrial sectors, such as factories, catering, banking, offices, labs, mail and educational institutions. This ordinance covers three roles:

- The employer who has the duty to make sure that the workplace is safe and healthy, and to provide safety devices, information, training, supervision to workers, and safe access to a workplace.
- Second role is for the occupier, to make sure that the premises are safe and that every substance at the plant is safe to the users.
- Third is the employee, who needs to contribute to the safety and health of other people at workplace by, for example, following instructions from employers.

If there is any violation, the penalty includes fines ranging from HKD 18,000 to HKD 500,000 and up to 12 months of imprisonment. In 2014, a security guard assisted a resident in going and investigate and contact the victims and their families. Although the two employers were found to be in violation of the ordinance, the final penalty was HKD 50,000 for one employer and HKD 35,000 for the other.

The second ordinance applies to all industrial institutions, mine and quarries, manufacturing establishments, electrical aspects and labs, maintenance establishments, and under this, the maximum fine is HKD 500,000 along with imprisonment of up to 6 months. In 2013, a construction worker was working on scaffolding and died after falling from the 18th floor. Although the two employers were found to be in violation of the ordinance, the final penalty was HKD 50,000 along with imprisonment of up to 6 months.

The third ordinance applies to construction site safety issues and includes different work at the site. Employers must ensure safety and are responsible for the employees’ knowledge in using the machinery. The maximum penalty is HKD 200,000 and up to 12 months of imprisonment.

For our work, whenever we know of an industrial accident, we go and investigate and contact the victims and their families. Sometimes, victims might face emotional and psychological issues and of course, they might not know what to do in terms of getting compensation. Our work is to assist them to get compassion grant and compensation. Compassion grant is extra and separate from compensation.

Comment - In terms of OSH, prevention is more important than punishment and compensation. As ANROEV, with the participation of victims, we need to move towards labour education to create awareness among workers on OSH matters.

Question - Is there any case where the employer has been criminally charged with worker health and safety offences under public law in HK? Answer - A couple of years ago, two workers were killed when the employer knocked down the workers while driving the car. He was charged with criminal manslaughter but eventually the charge was dropped. But if the employer had been charged for manslaughter, the insurance company will not pay compensation to the workers.

Question - How many employers have so far been penalized and how much time does it take? Is this money separate from compensation fund or does the fine go to the worker? Answer - We don't have official figures. There are a lot of things which are identified as hazardous substances by law and there are stringent measures for their handling. There are different rules for the handling, storage and importation of chemicals, microorganisms, GM organisms. The Environment Ministry lays down clear rules for making sure that the pollution does not injure to people but damage to water quality or to plants and animals. The Environment Ministry lays down clear conditions in the environmental clearance the violation of which can cause harm.

In the case of workers, we have several laws and regulatory agencies for mines and factories that carry out inspections. These are a lot of things which are identified as hazardous substances by law and there are stringent measures for their handling. There are different rules for the handling, storage and importation of chemicals, GM organisms. The Environment Ministry lays down clear rules for making sure that the pollution does not injure to people but damage to water quality or to plants and animals.

Since 2010, NGT has been the agency where people can go to seek compensation for harm due to environmental pollution and compensation to individuals and communities, and can ask for remedies or treatment of conditions, so that the responsibility lies with the factory which caused the pollution.

Presentation by R. Sreedhar

When we talk about environment, it implies air, water, land and the interrelationship between them. Victims of environmental hazards are outside the factory limit, while victims of occupational hazards are confined to the workplace. Victims of environmental hazards can be because of pollution in the river, loss of land access to some other areas and other issues. Practices inside the boundaries also affect those who are outside. A lot of factories may have some good practices inside but release pollutants outside and there are many such cases. There are a lot of things which are identified as hazardous substances by law and there are stringent measures for their handling. There are different rules for the handling, storage and importation of chemicals, microorganisms, GM organisms. The Environment Ministry lays down clear rules for making sure that the pollution does not injure to people but damage to water quality or to plants and animals.

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Since 2010, NGT has been the agency where people can go to seek compensation for harm due to environmental pollution and compensation to individuals and communities, and can ask for remedies or treatment of conditions, so that the responsibility lies with the factory which caused the pollution.
The law also recognizes that some impacts are not immediately visible. For instance, in one of the cases, asbestos mine where a waste dump has been lying for the past 20 years causing harm was brought to court as it is affecting the communities and causing grave harm.

There are other things which government is pushing for, like looking at clean technology, doing a life-cycle assessment and launching a training programme on dealing with the polluting industry itself. Emphasis is on adopting cleaner technologies.

There is also a reporting system which has been developed. Every industry is supposed to report, on a regular basis, on what happens inside and outside a plant or factory. Action can be taken for non-compliance. There have been cases where there was release of ammonia. Another incident was the release of toluene that resulted in several deaths.

Why remedy - We need remedy to hold violators accountable. Remedy involves two elements: the victim's access to appropriate authority and access to relief. Even during organizing, we need to check where claim lies and how we can push for that claim. For example, there was a pollution issue and we went to the environmental court and involved the state PCB and the ministry in the case. We also went to the NHRC which recommended establishing an expert committee to determine the impact on local community after looking at environmental violations and noticing the respiratory problems, eye problems and skin disorders of affected people.

Organising in India - What you see around in India is what we call struggle groups or victims who are affected by mining or industrial pollution. We do some capital and campaign mobilization and undertake some social media interface. We have a centre in the capital and a secretariat to support the process. We also undertake fact-finding and legal advocacy to complete the cycle, so that compensation can be obtained or the company is prevented from continuing with unlawful practices.

Question - How do you escalate your actions regionally or internationally?
Response - Many Indian groups are also linked with international groups, for instance, on OSH we are linked to AMRC or ANROEV. Similarly, with mining issues, we are linked to the Mines and Communities Network. There is a constant interaction and information exchange. When there are issues, they get amplified and we find quick response.

Question - Any compensation given to occupational or environmental victims?
Response - For individual environmental victims, we cannot say, but spontaneously citizens have complained, for example, the Vellore citizens' committee which fought against pollution. It is often not individuals but a community which is involved in environment-related cases.

Question - In these cases, in terms of compensation, do you seek legal aid or pro bono lawyers?
Response - In the initial years, we struggled to find pro bono lawyers. From 2006, we started working with a group of young lawyers and formed a joint platform called ERC. Victim's cases can be filed immediately without worrying over having lawyers and money. NGT also has a bar association which has both lawyers and technical members. When NGT levies fine, that money is made available for legal aid through NGT BA for people who cannot afford to file cases. Officially, the case in NGT has to be settled in 120 days but it never happens. In a few cases, there is clear victory for people but sometimes, the court finds a compromise.

Question - Is there any subsidy from the government to help workers who can't afford a lawyer?
Answer - Technically, yes, there is a legal aid process but the procedure is long. You don't know who the lawyer will be. So people take it only in rare cases.

ARIAV Tahir, OHSE foundation

They showed some photos of organizing activities of the organization. In one campaign, the worker worked for Nestle in cold storage and died due to freezing. The factory is located outside the city centre. The family waited for 10 days after the accident but the company did not do anything. After 10 days, someone from company called the family and offered HKD 2,000 as compensation. The deceased worker had a 9-year-old daughter and his wife was also worried about the funeral expenses. We also spoke with the company and demanded compassionate grant and assistance in covering funeral expenses but the company did not respond. We assisted the family to protest outside the company and contacted the local press. During the protest, we staged a ritual performed for the dead. The protest lasted for about 7 hours but the company still did not respond. The next day, we saw lot of photos and stories in the media. Finally, Nestle, fearing damage to their reputation, went to the labour department and we had a tri-party meeting. Nestle paid for the cost of the funeral and gave 12 months' worth of salary as compassionate grant (not compensation).

In another campaign, a worker was pressed to death by a lift at a construction site. The employer even denied that the worker was employed at the site. A protest was staged at the site with the family members. Finally, the company paid the funeral expenses and gave a compassionate grant. During the protest, we used a loud speaker and many Buddhist monks came and prayed. The local residents complained about the noise and chants, which put additional pressure on the company.

In Hong Kong, there isn't a lot of industry or large establishments anymore. There are small industrial accidents affecting a small number of people. On average, 190 workers died in accidents in all workplaces and about 50,000 were injured, but prosecution is low.

Tahir, OHSE foundation

OSHE has been working with three victims’ networks in sectors like garment, construction and ship-breaking. We are also involved in OSH training especially in garment factories. The situation in the garment sector was very different before the industrial accidents. Before these accidents, OSH was only on paper and nobody, including employers, officials and unions, was aware of the issues. After these incidents, there has been a huge development in OSH awareness in factories in the garments sector. The government has enhanced policies on OSH and amended the National Law. OSH is also taking part in this process. We are involved in different onsite and offsite trainings. Now, factory owners, workers and the management are at least aware of OSH. Before, it was only compliance which was looked at but now, owners and workers are becoming more aware of health and safety issues. There are initiatives from different brands also with regards to training on OSH. Things are changing but we still need to go a long way and work together.

Dr. Huma, LEF

There are several cases of environmental damages in Pakistan. A female environmental hazards victim who developed leukemia due to the presence of high-power transmission lines outside her house filed a case for compensation but nothing happened due to the absence of law. The government only enacted a law in 1997 after this case.

In another case, a chemical factory in an industrial area polluted the water channel. People in the community complained and the company had to give compensation and went into bankruptcy. An environmental lawyer in Supreme Court won a case regarding cutting trees on a canal bank depriving the citizens of clean air. There are other cases involving tanneries which were brought to court by people in a...
village where babies were born with severe malformations. With increasing pressure, the industry had to install waste water treatment plants. An oil tanker company had to pay USD 180,000 to Pakistan for the environmental degradation of the sea in 2003. We are awaiting judgment on the health issues of residents near an asbestos dump of the Dadex factory. We faced another case in a sugar distillery owned by a political leader where there were no health and safety standards. But after the issue was highlighted in the media, corrective action was taken by the company. We need to have awareness about our laws and everyone has to come together.

Comments, Repon - There are many experiences from Bangladesh where compensation was given after accidents. The challenge is that in many countries, there is no system of compassionate grant. In many cases, workers are also not interested in filing cases and will just wait for settlement because of pressure. We need to have innovative campaign strategies to change such mentality. Compensation is a right and not charity.

Sreedhar - Showed an example of CGNet Swara, a voice-based platform. Workers and villagers have mobile phones and we have a toll-free number where workers / villagers with problems can leave a missed call. They are called back by the machine and they can record their problem and the contact details of the relevant official for 30 seconds. Our volunteers then call and ask the officials to take action. We also track the impact of the calls we have received. In most countries, mobile phones are accessible and can be used to disseminate information quickly.

Comment - In Hong Kong, there are some Facebook groups set up by construction workers. Whenever there is an accident, they upload a photo which also helps us to get information immediately. We can contact the families using these groups and people even donate money after hearing about these accidents.

Question, Huma - Do you have dedicated person deputed in the call centre? Do they tell the influential person to go and check the authenticity of the report received?

Answer - We call them moderators. Once they listen to the message, they try and verify through links in the area and after verification, we post them on our site and inform people in the network to take action. Sometimes, we need immediate action so the action team speaks to government officials about the situation.

Comment - Do workers in HK have smart phones? In India, our workers might not have access to such phones so Facebook and other social media sites are not accessible.

Comment - What is the role of trade unions, NGOs or social organizations when accident happens?

Nasir, NTUF, Pakistan

In Pakistan, 98% of workers are not unionized. Workers in public sector organisations have appointment letters and the relationship with the management is established. It's comparatively easy to form a union and in case of problems, it's easier to get compensation and other things. There is also social security and health coverage for the workers. Out of the 95% of workers in the private sector, only about 1.5% are unionized. Majority of workers don't have appointment or contract letters and it's difficult for trade unions to find solutions in case of problems due to lack of evidence to prove the relationship with the establishment. When it's a big disaster like in the case of Ali Enterprises, the union can do something. For the first time the owners were put in prison in a criminal case and cases have been filed in Germany and Italy against the brand and auditing company. Ship-breaking is an important sector where workers are exposed to asbestos, chemicals and gases and several health and safety issues are present. About 2,500 workers die every year in the sector, and the management is strong and they crush unions. The situation in ship-building industry is the same and unions' activities are stopped by the military. Unions can get strength only if workers are registered and then many things can be done. This can be achieved through national unions and international solidarity. Pakistan has ratified 35 ILO conventions and has a special status with the EU. We can use this special status under which the country has pledged to respect labor laws including H&S issues. So, solidarity with the international community and unions is very important and pivotal for strengthening the movement inside Pakistan.

Repon, OSHE, Bangladesh

Unions are the registered nominees of the workers and can take a central role whenever there is an issue or accident, but the fact is that because they have to deal with many issues like wages, organizing or working conditions, health and safety are not on the top of their list. It's a big issue which unions need to consider in favor of workers. Also, there is a need to build their capacity to deal with such issues. The private inspection process is a big threat for us and we have to work towards the strengthening of national inspection systems. There is a need to demand a high amount of compensation at a global level because if compensation is less, it's just used by employers to legalize their crimes. Unions also have to make a broad alliance with other social actors to fight against these criminals killing workers.

Kathy, UK

About a third of workers in the UK are unionized mainly in big workplaces. In case something happens in a workplace which has a union, they will investigate and try to get the employer to take the necessary action. Our problem is that many people work in small places are not unionized. We would like union representatives to go to a lot of small organisations but our law does not allow roving representatives. We have an organization called FACK (Families against Corporate Killers) made up families who have lost members due to workplace accidents. FACK helps individual families to get justice and compensation. Once there has been accident, how do we ensure that there are changes at the workplace? Each individual case is studied and lessons are learnt. Members of the FACK go around the UK and seek workers, government agencies and employers and try to educate them about these lessons. But the number of such people is small considering the amount of energy and courage required. We have received a small amount of money in Scotland to set up an advice and support service for migrants and informal workers who are not in unions, and we are looking at providing a good and effective service and the ideas of mobile technology in this workshop will help us.

Comment, Huma - The “price of human being” should be equal. Why should compensation be less in Pakistan or in Bangladesh? Instead of talking about victims, we should focus more on prevention. The union should focus on the welfare, health and safety of the workers.

Comment, Thailand - In Thailand, the labour union committee is involved in OSH issues. The problem is that only a few labour unions which are strong can take immediate action to provide relief. Smaller unions cannot provide assistance on this issue. The workers also have low awareness on OSH.

Over the years, WEPT has helped build awareness about laws and compensation and has helped in the fight for justice. Majority of the victims approach WEPT for assistance. WEPT has organised several training sessions for workers across the country. There are about 500 worker-leaders who have received training.

There is the concept of substitute fund in Thailand, but the workers are unaware of its complicated procedure. The substitute fund is an additional law under the Ministry of Labor and employers are required to pay for the fund. The fund pays workers who suffer accidents in factories and any disease related to their occupation, but the workers have to prove that cause of the injury or disease is work-related. The system is different from the compensation system or the social welfare fund. WEPT provides assistance to workers and enquires about the detail and supporting documents for each specific case for filing in substitute fund. We have lost some cases because – the victims don’t have enough money to fight and the employers try to intervene in the process as they fear that they have to pay more next year in the substitution fund. There is a policy of zero accidents in the country which forces the employers to pay more for the fund in cases of accidents, and many employers try to hide facts about OSH issues or accidents in their factories. Some employers do this also to get the annual reward provided by the government.
Comment, Yeyong - We need to support every case in the region, whether occupational or environmental. I suggest that we make a simple format with the country name, date and other particulars about the case or problem. I would like to suggest one page for each country. For one year till the next conference, we can talk about a lot of cases. In the next conference, the organizers can choose some good examples which can be discussed in depth. We discussed nothing about collaboration or campaigns. We need to try to combine occupational and environmental health and safety but this year we fell short despite trying. Probably, European workers have had collaboration on this type of workshop and can share their experiences.

Comment, Sreedhar - This is very important. When we make so much investment to come together, we need to think about how we can continue to share on a continuous basis. Further, during the preparatory phase of the conference, we need to share more notes to have stronger inputs.

Comment, Vipul - In most Asian countries, there is no expertise at the provincial level on OSH. We coordinate with reporting of accidents ... in the next meeting. For example, in Gujarat, using with unions. The RTI Act, we can collect data from the police.

Comment, Vietnam - I'm a Trade Unionist in Vietnam at the region, whether occupational or environmental. I suggest that legal system in Vietnam seriously looks into OSH, including gender-relates issues in workplaces. For our activities, we have undertaken a variety of communication strategies on OSH, including boosting awareness, knowledge and skills among workers. We have organized many training sessions for different grassroots unions on OSH. We have also organized contests testing knowledge of OSH among leaders and worker representatives. According to the law, each company is required to conduct emergency preparedness drills with the participation of the union twice a year. One distinct feature in Vietnam is the checking and monitoring function for unions under the law. The law also requires obligatory social dialogue every quarter between the management and the union. We have some good examples where workers have contributed ideas that have been appreciated and rewarded by the management during such dialogues. The law requires an annual labour conference for workers to have a chance to talk directly with management members. The unions in Vietnam have the capacity and the expertise at the provincial level on OSH. We coordinate with different state authorities, police and social insurance companies. Workers also have a hot line to get consultations with unions.

Comment, Indonesia - LION has been part of Indonesia Ban Asbestos Network (Ina-Ban) that works on the asbestos issue in Indonesia. The asbestos industry is one of the major industries in the country and LION is interacting with the government to ban it. Another important part of the work is to raise awareness among workers regarding hazardous materials and OSH. For the past two years, LION has been able to undertake some exposure studies inside the asbestos roofing and textile factory. The first such study was conducted with the help of our Korean friends in 2010 and this was a follow-up study. We are trying to diagnose lung diseases in the asbestos industry and this study has been undertaken independently as public awareness about asbestos in Indonesia is low and such independent studies done by Indonesian people carry more weight.

In the previous study, there were three asbestos victims identified. However, these victims have not been compensated yet. There are no mines of asbestos in the country and it is imported from other countries, mainly from China, Canada and Russia. Asbestos roofs are used and are visible across rural Indonesia. Even in downtown Jakarta, the roofs are mostly asbestos roofs which are cheaper. These roofs don't last long and fall apart in the humidity and sun and we can see small pieces falling down. It also becomes an environmental contaminant and we have little children playing with these pieces and around them. There are no disposal facilities. The monitoring project was funded through two grants – DWOI and IBAS – to do assessment studies in workplaces which had been identified with concerns about dust and other safety issues. We also undertook personal air sampling in the workplaces, medical screening of select workers and training sessions. The project started with meeting the workers to understand the work process. It took about six months to understand the
whole process – the workers mix hot water, cement, fly ash, asbestos fibres and paper pulp in certain ratios which goes into an enclosed mixer. The mixture is then put onto the roller presses where excess water is squeezed out and they are stamped in corrugated forms or left straight. The sheets are stacked, dried and packed. The poor-quality, broken material is grinded during which a lot of dust is released, and this grinded material is added into the mixer. The workers whom we contacted took some pictures for us. It was also found that the pipe which is used to pump in cement and fly ash sometimes leaks and there is a terrible cloud of dust. This leakage usually happens once a week. The photos by the workers showed workers cutting sheets with bare hands and making bends for roofs, and outside areas where the grinders are located showing a build-up of dust.

The workers were trained to take air samples by taking personal air samplers inside the factory after understanding and checking the risks involved. The workers would wear the pump in a little bag on the side and collect the samples during the night shift. Dimu helped the workers to calibrate the pumps and ensure that the equipment was set up correctly and that standard practice was followed. There is no workload difference between the day and night shifts.

The OSHA standard is 0.1 fibres per cc of air in an eight-hour shift and in Indonesia, the limits were the same for all forms of asbestos.

The results of the air sampling showed 0.025 fibre/cc with the regard to the availability of change rooms as their clothes were always for workers to change into clean clothes. Second, the workers were never informed of the results of their medical examinations either.

The workers also collected the dust from the factory areas, which were full of asbestos. Near the waste shelves where bags are stored and other places. We had the samples analysed in an accredited lab in California and found that asbestos were exposed to asbestos and had worked from 4-15 years. The result did not show any early sign of asbestos diseases, but four had dermatitis.

One reason for such diagnosis is that the exposure duration is put at nose level on a wall and we got 1.5 to 2.5 times the exposure limit. One sample also contained crocidolite which was a surprise. We did a wipe sample analysis on surfaces and we got up to 10% chrysotile in some samples. The worker was also able to conduct air sampling where the equipment was put at nose level on a wall and we got 1.5 to 2.5 times the exposure limit.

The results of the neighborhood samples (air and wipe) showed that only one air sample had detectable asbestos (0.001), which is common all around Jakarta. We found one employee who was able to collect some dust from different machines and we found 20-30% chrysotile in the dust. One sample also contained crocidolite which was a surprise. We did a wipe sample analysis on surfaces and we got up to 10% chrysotile in some samples. The worker was also able to conduct air sampling where the equipment was put at nose level on a wall and we got 1.5 to 2.5 times the exposure limit.

Medical examination was conducted on 20 former workers, out of which only 14 went for the examination. For these workers, the exposure duration was from 14 to 22 years. Their ages ranged from 45 to 52 years. All 14 people were found to be clear of any disease. Medical surveillance for 11 employees showed that only one air sample had detectable asbestos.
have bronchial abnormalities, including restrictions or disabilities in the broncho-vascular area. Six had pulmonary restriction and out of these, two were put on disability and suspected of pneumonia. We plan to conduct HRCT to follow-up the examination. This factory manufactures asbestos textiles and gasket insulations. We hope to find other cases of asbestos-related diseases in Indonesia. The problem is there is very little research that has been done in the country and public awareness is low. We are also contacting medical students to involve them in the work. The other challenge is that the pro-chrysotile group is very strong and they had a seminar in a hotel where they invited university people and others to convince the public that white asbestos is safe. So we have academics saying it is safe and others who understand the correct picture. The industry is strong and has a lot of money. LION is already recognized as an enemy of the asbestos industry.

Questions and Comments

Question - Was the sampling in the immediate breathing zone? There can also be enormous variations in sampling results based on moving air so in case of still air, you tend to find very low results.

Response - It is a good point. However, the sampling was conducted with several restrictions, which meant that the samplers were hidden in the workers’ shirts. It is also possible that the shirt fabric was blocking the fibres, which can also account for the low numbers.

Question - What is the government going to do with these workers?

Response - It’s a mystery we need to solve. So far there is no recorded case of occupational disease in Indonesia. One doctor claimed that he had six cases of mesothelioma but didn’t want to confirm the link with asbestos. There is no official data available and the doctor did not reveal the details of the patients to enable us to meet them.

Comment - Sugio - Yes, it is very hard to get personal information about patients from doctors. In Cambodia, they are now establishing a cancer centre but mesothelioma is rare and is not a priority for them. More information from our side is required to enable people to focus on this issue.

Comment - Yes, even in India, doctors refuse to reveal personal information, although they do confirm diagnosing mesothelioma.

Response - Perhaps we need to sensitise the doctors on the human aspects and then perhaps they can give our information to the patient who can approach us for advocacy and compensation.

Comment - Sugio - About 10 years ago, there was no information about mesothelioma from Asia other than Japan. Now we know of about six cases in Indonesia, six from Cambodia and eight to nine cases from Vietnam, although no victim has yet been compensated or recognized as suffering from an occupational disease. In India, some cases in Tata and Gujarat hospitals have been identified and some cases have been compensated. We know that all cases of mesothelioma are due to asbestos exposure. In Japan, if you are diagnosed with mesothelioma and have history of exposure, you are eligible for occupational compensation. In Europe, the US and Australia, only a few weeks of exposure history is enough to qualify for occupational compensation.

Comment - Tublu - The UK has a longer history of asbestos exposure. Since the 1970s, there have been regulations on asbestos dust with a ban enforced since 1999 in the EU. The consequence is that there is hardly any case of asbestosis now. But there are around 2,500 cases of mesothelioma in UK and most of them are people who had low levels of exposure to asbestos dust. One woman who died of mesothelioma had never worked for the asbestos industry and it was found that during her employment in the paper factory for about one year, the paper she handled was laid on a textile made up of asbestos which secreted fibers. There are cases of teachers who have become ill just by punching nail in the asbestos cement plaster boards. In countries like India and others, we would be looking at large number of mesothelioma victims even if asbestos is banned today for the next 30 to 40 yrs.
What NHRC has done -

- Recommended to Pay INR 0.5 million each to the five cases of deaths due to silicosis by the Gujarat government. The state government has refused to respect this recommendation, stating that there are many more cases of occupational diseases and if they start paying money, they will open a Pandora’s box and they don’t want to take any responsibility. Although the quartz industry is covered under the Social Security Act, the workers who were affected were not registered under the act and could not go to the labour court.

- In another action in June, NHRC sent a high-level team to investigate the government’s claim that the workers in Khabat are self-employed while our view is that the workers are part of supply chain as the traders supply raw material for processing and have full control over the quality of the finished product which is returned to them. We are now waiting for the report.

- Submitted a special report on silicosis to the parliament of India.

- Organise a national conference every two years.

NHRC is headed by the retired chief justice of Supreme Court. Its members are appointed by the government. Most of the members are retired high-level officials like the police. They either receive complaints from police or can take suo moto action. NHRC also has wide reference of terms.

NHRC is not in every country. In India, it was setup under the Human Rights Act in 1998. The act mandated the creation of an NHRC and, in every state, an HRC. The commissions are quasi-judicial bodies. They are not courts and they don’t have powers to make judgments and can only make recommendations. They have investigative powers. The vast number of complaints tended to be cases of police misconduct, torture, deaths in custody, administrative violations, and employment discriminations. It has also been used in certain OSH issues like silicosis and asbestosis.

Question - Unlike asbestosis where you can live for long years, silicosis is a horrible disease. The average life expectancy is only 40 to 45 years. It is a very painful death in a short timescale. In terms of these people suffering from silicosis, even if they stop working, will they eventually die from the condition?

Response - Even if they stop working, in cases of massive fibrosis, their condition worsens and they die. Most of the victims which we have identified will eventually die from silicosis and disability for these people should be 100%. The court has also stated the same but actually, in terms of diagnostic criteria, all silicosis victims do not have 100% disability. For compensation, we should consider 100% disability. Silicosis might not get worse in all cases. In case the disease is only in grade 1 or 2, the disease will not progress further in case exposure is stopped.

Response, Domyung - There is something called as simple silicosis with small nodules. We categorize according to profusion into categories and in case of simple pneumoconiosis, they say it progresses slowly and the person can live with a normal life expectancy. However, often, there are other complications. If the reason is coal dust, the disease is benign but for silicosis, it is not benign. So it can progress without exposure.

Question - How do you assess disability % or loss of capacity?

Response - There are not very well-developed criteria to assess disability but lung function test and X-rays are carried out. These are compared with ILO X-rays and determine the size of opacity and based on the category, they can decide the disability. The functional disability is measured by PFT and clinical examination.

Comment - Many countries have made special pneumoconiosis laws in addition to compensation laws.

Presentation on Pottery Industry in Fushan, China

We work in the city of Fushan. There is pottery industry in the region where workers are exposed to asbestos. In their workplace, there is a lot of dust also. Most of the workers are not provided with any protective measures, and workers do not know that they are using asbestos in their workplace.
During the pottery process, the temperature in the furnaces is very high and they use high-temperature heaters and workers need to use insulators which contain asbestos. As a raw material, asbestos is not used.

We are trying to identify sick workers and claim compensation via legal procedures. There are three steps in the process and I will try to highlight the kind of problems faced.

First, it is difficult to identify workers, because in China, when they get into jobs, they do not have a pre-employment checkup. When they resign or leave the factory again they do not have any checkup and no one knows if they are already sick. Very often when workers start to feel unwell, the employers dismiss them. In China, as per the law, you need to identify a certain sickness within two years of leaving employment in order to establish a workplace relation or else, you lose your right to complain.

Second issue is the problem in procedure; as a first step you need to prove a contractual relationship with the employer. It is hard to prove this relationship because the contract does not exist even though it is obligatory. Very often this exists only for big companies and even if you sign it, the copy is kept with the employer and not available to the workers. Usually, you enter into an adjudication process and the employer usually appeals and they are allowed multiple appeals. So it can take up to a year just to prove the work relationship.

Third step is diagnosis. It would take two months or more and again certain documents are required including an assessment of the working environment. If the occupational disease is diagnosed and confirmed, then they would have to calculate the disability which takes another two to three months. Once a certain disability is established, workers can ask for compensation for which they have to undergo another year or more. The amount of compensation is another point of argument and workers can appeal to increase the amount, which takes more time. The worst bit is that if the workers’ situation deteriorates in the process, you have to again undergo the diagnosis and assessment process. Step 3 is very difficult as workers may die in the process of claiming compensation.

At the moment we have four major areas of work; we identify the hospitals where workers go to and we visit them. We also visit the pottery factories to understand the working environment and speak with workers outside the factory as we are unable to enter the factories. We also organize training programmes for legal rights to empower the workers especially on OSH. We take up cases for the workers and we work with public interest volunteers.

Our objective is to help the workers receive compensation through a civil law suit. The civil law suit is separate from the normal compensation law system. Under this, compensation will also cover any emotional damage and assistance to the family members. In a few cities, we have received court judgments that support compensation for workers but the amount is not high. Currently, we only have silicosis and pneumoconiosis cases in China. We don’t have any precedence for asbestos cases yet. The main reason in the assessment of disability is that they have only silicosis and pneumoconiosis and there is nothing on asbestos yet so it is not included.

We want to do to promote this kind of precedent so other cities can follow the same procedure to provide compensation for workers. We want to also put pressure on the local government to put regulations to improve work environment, support the civil law suit and protect workers’ rights.

Comment, Sugio - In Japan, there is no external fund for normal compensation law system. Under this, compensation is another point of argument and workers can appeal to increase the amount, which takes more time. The worst bit is that if the workers’ situation deteriorates in the process, you have to again undergo the diagnosis and assessment process. Step 3 is very difficult as workers may die in the process of claiming compensation.

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We want to do to promote this kind of precedent so other cities can follow the same procedure to provide compensation for workers. We want to also put pressure on the local government to put regulations to improve work environment, support the civil law suit and protect workers’ rights.

Comment, Sugio - In Japan, there is no external fund for organizing victims as well as for workers’ efforts. Victim’s organizations in Japan are financed only by membership fees and donations. Donations mainly come from victims and families themselves when they get compensation or benefits. My presentation is available on the website and please feel free to access it.

Comment, Jagdish - Currently, all our network members have been struggling with mainly silicosis or asbestosis. However, the ILO data shows a high number of lung cancers in different industries and many other lung diseases other than pneumoconiosis. Somewhere, we have not been able to focus on these diseases. Should we shift our focus to cancers? Why don’t we come across these cases though they are almost 32% of the total while respiratory diseases are only 8%.

Comment, Domyung - There are many other occupational lung diseases including lung cancer, but the reason why we have been focusing on pneumoconiosis is because this is a typical occupational disease that cannot be found in any other setting. It is usually only from the occupation and not from environment or smoking. However, we are facing numerous problems and arguments in dealing with these cases itself and we will encounter other arguments like smoking or other exposures in cases of lung cancer. For many countries, the problem is to enable the society to recognize pneumoconiosis as an occupational disease. This is why we have not focused on cancers yet. The first case compensated in the world was pneumoconiosis.

What is understood is that China has its own systems, institutions, standards, professional bodies and procedures to diagnose and compensate, but currently, the system is not working well. And even in India, you go to NHRC or courts or research bodies and it is not organized. There are no established institutions where you go to and raise issues. It makes us think about what the strengths and weaknesses are of having or not having these institutions. Which is better? To me, there are cons and pros to having institutions. What is recommended for India is to have a formal structure/institution to tackle this problem and for China is to abolish the current one and to start again. Even with informal workers, there are ways to help them be included in these institutions. Vietnam has expanded the OSH law to the informal sector so there are ways.

Comment, JB - We have a large workforce in the informal sector but no OSH laws. Why do we come across more cases of pneumoconiosis than cancers? Is it because of clusters? In pneumoconiosis, we have high numbers in one particular area or industry.

Comment - The peak age of lung cancers is 60 or 70 years old compared to pneumoconiosis. As we know, many cases of pneumoconiosis victims die early before reaching this age.

Comment, Tublu - There are two reasons in the case of India. Through our T&N process, we have diagnosed and compensated former workers and family members with asbestosis and some with carcinoma, but even though thousands of workers have been examined, we have not found a single case of mesothelioma and lung cancer. Second, in many of the areas where people don’t have
money, they wait until the final stage, if at all, to seek medical treatment and by that stage, mesothelioma has become diagnosed as lung cancer. We want a case of mesothelioma to bring a case of criminal prosecution either in India or elsewhere against owners and directors of companies.

Another problem is that there is a huge failure of the legal system in relation to OSH. It takes an average of 20 to 25 years for a case to be finally settled. In 2004, 41 workers still working in the factory owned by Hindustan Composites were diagnosed with asbestosis. They filed a case in a labour court in Mumbai under the WC Act 1923 and that case is still pending. The Lower court found that the asbestosis was not proved. Dr Murli gave evidence, but all cases were rejected while the same cases were compensated under the trust scheme. If even under this law, with minimum requirements to prove a case, it takes 11 years or more and still ongoing, how will a case in which there are questions be resolved? Half the workers currently are not even bothered in the case and willing to go through the hassles.

Comment: Also, even after getting a favorable order, the employer might not implement the order. We have seen many cases of orders favorable to the workers but were not implemented.

Comment, Nepal - There is no experience of compensation due to asbestos. I don’t have experience on compensation of occupational diseases but there is a provision to file application for compensation related to environmental damage under EPA Act.

Comment - Is there limit of time in the legal process in India because in China we have a time limit.

Comment - The only example of a limit in determining a claim is in the NGT, which is an environmental tribunal that has a provision to give compensation for environmental damage including personal injury, but we have also filed cases of former workers. The NGT Act says that a case should be fixed in six months but there is no case where this has happened so far.

Comment, Sugio - We have countries like Nepal, Cambodia or Indonesia where there are no cases recognized as occupational diseases and we would like to help or prepare to get the first case of occupational diseases in these countries. Also, three asbestosis cases in Vietnam and some more pneumoconiosis cases have been recognized as occupational but no asbestosis cancer case yet. In the Philippines, some pneumoconiosis cases and more than 10 mesothelioma cases have been recognized but it is still a big challenge to get compensation.

Comment, JB - Although we have shared experiences and good practices, because we have different cultures and political systems, we do not have a common strategy. We are all at different stages of trying to solve problems but we do need to learn from each other.

The workshop’s discussion was on hazards in electronics production, the nature and extent of the diseases that have been identified so far, and the steps taken to address the hazardous working conditions throughout Asia, with a focus on the Samsung cases in Korea, the RCA cases in Taiwan, the leukemia cases in China, and the challenge to the electronics industry that has been developed to promote solutions to these problems.

Speech by Ted Smith
Founder, Silicon Valley Toxics Coalition, Electronics Takeback Coalition and International Campaign for Responsible Technology (ICRT)

Our organisation started in November 2002 with the mission statement as “We are an international solidarity network that promotes corporate and government accountability in the global electronics industry. We are united by our concern for the lifecycle impacts of this industry on health, the environment and workers’ rights.” Following the meeting in San Jose in 2002, many people decided to write their experiences to be published in a book called “Challenging the Chip” on labour rights and environmental justice in the global electronics industry. The book has chapters from US, China, India, Taiwan, HK and Europe. The book has been translated to Chinese and Korean.

Why are we challenging the electronics Industry-
The industry was developed in the Silicon Valley in Northern California. Since then, manufacturing has mostly been outsourced, particularly to Asia which has become the factory for the world. As the industry has grown globally, our movement has also grown globally. Our focus is on what is needed to protect global electronics workers.

In the 1970s, it was discovered that workers were getting sick from chemical exposure in San Jose but only in 1982 was a ground water pollution discovered and a girl was born with a very serious heart defect. The media in US started to cover stories about what used to be called a clean industry. A news
countries. The challenge has been translated into a dozen of languages.

Under this, we are challenging electronics brands, manufacturers and suppliers to proactively reduce and eliminate chemical and physical hazards, through the development and adoption of safer alternatives. The challenge is further addressing Human Rights, workers' rights and environmental protection, with an overarching goal of sustainable production that is safe, healthy, environmentally sound, and just. To achieve this goal, the electronics industry must recognize the following human rights and workers’ rights:

- Right to safe and healthy workplace - It is the industry’s responsibility to ensure effective workplace protections so that workers do not get sick or injured
- Right to healthy communities and a safe environment, free from harm caused by materials used or disposed throughout the product lifecycle
- Right to know what hazards are present in the workplace, capacity to provide more technical assistance to support all chemicals that are there, and what is discharged into the environment
- Right to an effective remedy when harm has occurred. This includes compensation for workers made sick

In order to achieve these goals we have 6 key areas for change and action for electronics brands, manufacturers and their suppliers:

- Be transparent.
- Use safer chemicals.
- Protect Workers.

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In the picture below, one can see the costs of the various parts of an Apple iPhone 6 and 6+. The total cost of labour is only USD 4, while the retail price is USD 649 and Apple has become the most profitable company in the world, while the cost of labour for the product is less than even 1%. So the companies are making tremendous profits while neglecting the welfare of the workers.

One of the things that we have done in our network is to develop what we call “A Challenge to the Global Electronics Industry to Adopt Safer and More Sustainable Products and Practices, and Eliminate Hazardous Chemicals, Exposures and Discharge”. This challenge was drafted in collaboration with the Good Electronics Network and adopted in January 2015, and has been endorsed by over 200 groups in over 40 countries. The challenge has been translated into a dozen of languages.

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Report from New York Times in November 1984 expressed worries about toxins Silicon Valley. An epidemiological study published in 1985 showed high rates of birth defects in the area after drinking contaminated water in San José. Many more similar stories and reports were published. IBM kept a database called “Corporate Accountability File” of 30,000 workers which identified the cause of death over the past 30 years. A famous epidemiologist analysed this information and found that there were high rates of cancer and non-Hodgkin’s lymphoma among production workers that had died at IBM. Some research has been conducted with universities and we have been able to document 1,100 chemicals used in the electronics industry, out of which over 439 are classified as hazardous. Out of the 439, 330 are acutely toxic, 32 are carcinogens, 60 are endocrine disruptors, 41 are germ cell mutagens and 46 are reproductive toxins.

Over the past few decades, globalization has led to the outsourcing of most of electronics manufacturing to Asia and Latin America. This should imply that the knowledge of the hazards should also be globalized. However, companies like Apple and HP headquartered in Silicon Valley don't even know what chemicals are present in the supply chain. They need to find out these information and we need to find new ways to build accountability and transparency among stakeholders in the electronics supply chain.

The cost of treating birth defects caused by chemical exposure in the US is about 8 billion dollars for lifetime care. This is an enormous amount of money which the companies should be paying for but instead, these are costs borne by the society.

A summary of occupational illnesses in the South Korean electronics industry was compiled by Dr. Jeong-ok Kong from SHARPS, which shows that the total number of victims is about 150, out of which 114 are cancers. The numbers are being revised and are now much higher.
Presentation by CDI

Initial impact assessment of environmental safety and occupational health in a number of electronics factories in Vietnam

We have started working on OSH issues in the electronics industry in recent years and have conducted research together with expert groups on OSH in three electronics factories in Vietnam. The factories were producing cameras, mobile phones and printers. This assessment was done as there was intense growth of the electronics sector and there are over 1,000 factories with over 200,000 workers. The sector is expected to grow further in the coming years. Many large brands are planning to shift their factories to Vietnam from China in the coming years. The life cycle of these products is very short and they are constantly being upgraded, and the product is usually not reusable which also leads to a large amount of e-waste.

We found that there was no study or research on Vietnam on the affects, implications or problems in the electronics industry. One of the major challenges in the industry is that it is considered clean. But when we talk about hazards or risks with employers and workers, none of them can answer. Also, there are limitations in the understanding of the law related to the disclosure of chemicals used and health examination results.

Methodology of the study - We conducted direct interviews using questionnaires with workers and employers, along with some factory visits. In-depth interviews and group discussions were conducted. Environmental testing and monitoring were also carried out.

Findings - The labour force in the industry is quite young, and 80-85% of the workers are women with ages ranging from 18 to 25 years old. Most of the workers are migrants. For Samsung, about 99% are migrant workers and most of them are very young. We have not been able to conduct in-depth analysis of the data but we have studied the symptoms of the problems reported, like bone and joint issues and hearing problems, among others.

A common feature of the working environment in the electronics assembly industry is ‘clean room’, which is to ensure the cleanliness of the product. Working in a closed air-conditioned room, you encounter temperature differences compared with outdoor temperature ranging from 5 - 12 degrees Celsius, especially during hot summer days when the outdoor temperature can be up to 37-38 degrees Celsius.

The workers also have to face magnetic doors and some workers have to spend entire days to test phones by making virtual calls and other products constantly, during which they are exposed to the electromagnetic waves and many also develop hearing problems. There is also the resonance of magnetic waves from computer systems, and technical standards quality-check systems use radiation sources such as X-ray and UV light projector.

The posture of the workers is also a concern. They need to stay still and most of the work is repetitive so they have to either sit or stand all the time, causing fatigue. Some workers also develop stress due to working postures or changes in day and night shifts.

Eye problems resulting from working with small parts using microscopes or soldering solvents is another issue. A lot of workers reported eye problems and strain. There are UV light, electromagnetic fields, metals, dust, toxic gases, welding fumes, organic solvents and many more problems. Exposure to solvents and glues and other factors are also hazardous. Some workers couldn’t hours/day) including the night hours. They couldn’t tell what disease they have contracted, they reported ear and eye problems, loss of weight, MSDs, body pains, physiological problems, reproductive health problems, endocrine disorders, neurological issues and mental health problems.

Comments from workers - “I have been with the company for eight months now, and often suffer from eye aches and watery eyes. I had my eyes tested and each eye is only 5/10 compared to 10/10 when I first started. The company requires very high eyes standards, I would not be recruited if my eyes were bad.”

“Every day, people faint, some days there are 3 to 4 people who faint and more on shift-change days. We go to the health clinic for medication and ginger tea, relax for half an hour and then we go back to work.”

The working environment is bad and not safe. It’s noisy and there are UV light, electromagnetic fields, metals, dust, toxic gases, welding fumes, organic solvents and many more hazardous materials. The workers have to work overtime (12 hours/day) including the night hours.

Some results of the assessment that was conducted - The measurement results of 767 chemical element samples were below the permissible standards at all stages of production. Special methods were used to determine chemical vapor at assembly area, if there is acid mist and vapors of organic solvents such as toluene, xylene, benzene compounds and benzene homologues. Measurement results are smaller than the VSCP standard.

It was found that issues in this sector are critical and require great attention. We have organized three training sessions and in each session, about 40 workers participated and most of them were safety staff or trade union members. The trainings were organized to improve the awareness of the workers, increase safety in the sector, give updated information and identify threats and risks in the workplace. We also invited the companies but Samsung did not participate. We have received great feedback and the trained safety officers were able to learn new things and have become more cautious. We look forward to more cooperation to improve the situation. A trainee is usually involved in only a specific process in the production line so when we talk about hazards in some other processes, they sometimes fail to realize that they might also
be impacted even as they might not be undertaking the same process themselves.

CDI made the recommendation to the government to:

- Review and rebuild regulation standards relating to OHS on chemicals, electromagnetic fields and radiation, and ensure the safety of workers and observe international standards. Build a support information network about OSH for the workers.
- Have unified OHS training materials for the electronics sector.
- Collaborate with relevant organizations and businesses to build collective labour sector agreements.

Comment - The recommendations given by CDI are relevant but we feel that training workers might not help. Instead, we need to train trainers who can expand the network further. VGCL will extend full cooperation to CDI and international experts for capacity building. The employers should also organize the training themselves and raise awareness on OHS. The factories should be transparent on the chemicals used in factories and provide prevention tools to reduce harm on the workers.

Comment - The electronics industry in Vietnam is developing rapidly with a large workforce and such trainings are necessary. The approach and method of training need to be changed to train a core group of trainers. The government is also undertaking much training and we can cooperate with the relevant agencies. There should be a classification of the type of training required for different kinds of workers. We should also force the companies to disclose the full list of chemicals that are in use. What’s needed is more involvement from different stakeholders, like government agencies, industries and policy makers to develop the appropriate policy for this sector. We should mobilize the available system of OSH in MOLISA and the Ministry of Health and then formulate strategic and sustainable solutions in the long term including for violations. Though trainings and surveys are critical and necessary to build awareness, these will not solve the problems as the industrial zones are expanding rapidly. It requires cooperation from all sectors and stakeholders. Vietnam has a good OSH and health care system and we should tap into this system and integrate in the training centers of MOLISA and the Ministries.

Response - CDI will continue to do more research and will have further cooperation with all stakeholders/partners to find out comprehensive solutions to issues in the electronics industry in Vietnam.

Ted Smith - We have tried to develop the train-the-trainer model, which is what has been suggested. We are just starting and the model needs to be developed further and we need to work with different agencies here to be able to maximize the capacity for getting this implemented. We are a very small group of people compared to the size of the problem and we are developing the model to exponentially grow by training trainers who can train more people.

Ted shared and explained a recent document (Meeting the Challenge Checklist for Companies) - a survey questionnaire which has been sent to all electronic companies in July. The survey is asking the companies to report on baseline information on what they are doing to meet the challenge. There are questions on transparency, full material disclosure from suppliers, the use of safer chemicals, protecting workers, communities and the environment and compensation and remediation.

Comment - One of the most important things is regulation, which is usually comprehensive and covers all of these aspects. It will be useful for the safety committees and activists to look into this framework and push for this framework, if it is not in place.

There are increasing media reports and videos on the electronics sector available on the internet. Ted played a short video excerpt from the movie “Who pays the price”, which showed stories and victims from the electronics industry in China suffering from issues like long working hours, chemicals exposure, no social activities, no ventilation in workplaces, young workers suffering from leukemia and many more ‘issues. In China, there are lots of teenagers who have to work far from home. Working in the electronics industry, they were impacted by chemicals and suffer from diseases like cancer. They hide their health problems from their families and many workers committed suicides. This problem is not only in China but in other places as well.

Ted Smith - We know that using films and videos can be a very powerful public information tool. In South Korea, there is a commercial film and a documentary film which have been used successfully in the campaign against Samsung. There is another film about the Silicon Valley struggle that is spreading across the world, which will come out later this year.

Sanjiv Pandita
Executive Director, AMRC
An overview of the situation in the electronics industry in Asia and its hazards.

Asia is now being widely recognized as an economic power and we are seeing a paradigm shift in terms of Asian markets being able to drive the world out of recession. It’s often said that 21st century is the Asian century, and the continent is growing in terms of output. The region is also known as a global factory. It is interesting to note the amount of FDI inflow in the region and a lot of this is invested in the electronics sector. China, HK and Singapore are receiving about 100 billion USD in FDI. However, Asia is also investing especially China, South Korea and Japan as an outward FDI, which is mostly going to the garments and electronics sectors. Many brands do not have their own factories and their production is carried out by globalised supply chains; majority of the manufacturing happens in Asia, with China, Taiwan, Indonesia, Vietnam etc as part of the long supply chain. Many electronic goods are being produced in Asia which used to be exported but are now being consumed in Asia because of a growing middle class and a market bigger than those in the US and Europe combined. More than 50% of the global electronics production is consumed in Asia.

In China, there are 1.22 billion mobile phone users compared to a population of 1.3 billion, which shows that almost
everyone has a mobile phone. Apple sells more iPhones in China as compared to the US now. The situation is the same in India where people may not have access to clean drinking water but everyone has access to mobile phones.

People from rural communities migrate to the big electronics companies in search of work. The key is in the past, the brands were also manufacturing themselves but now they have evolved to specialize in certain areas, like Microsoft making software, Intel producing chips and Apple doing nothing but making money out of what Foxconn makes for it. Manufacturing through subcontractors has increased and most of this happens in Asia.

ASEAN is such a small region but its electronics production is growing. Vietnam is emerging in terms of being a major electronics producer and the Philippines and Indonesia are not far behind.

It is interesting to also note how the supply chain works. At the top is the semiconductor wafer manufacturing which involves high-end precision making and high-capital intensive fabrications. This is the most profitable as this is required by all the major producers of such wafers are Intel and Samsung which makes the chip for Apple. Qualcomm has high-end precision making and high-capital intensive facilities and write down the names of these chemicals; widely used in many industries and companies. As far as I know, Apple has already agreed to ban benzene which is good news. I propose for the network to call for the banning of toxic chemicals that are hazardous to workers but hazards do exist.

The process of diagnosis and compensation in China is very complicated. You have to submit a lot of documents to prove that the injury is work-related and most of this information should come from employers. Many workers fail to establish that the injury is work-related because of this lack of supporting documents.

Banana Water. news. I propose for the network to call for the banning of sometimes, there are made up names like Pink Fluid or know, Apple has already agreed to ban benzene which is good news. I propose for the network to call for the banning of toxic chemicals that are hazardous to workers but hazards do exist.

It is important to know where and how we fit in the supply chain to build a regional bargaining power by joining together and demand that the industry formulate standards in the Asian context – no benzene anywhere, for example, and similar campaigns. We also need to understand and learn about the places where they are manufacturing and their supply chains.

The industry has always been portrayed as a clean and green industry - with air conditioning and clean surroundings so everyone has a mobile phone. Apple sells more iPhones in China as compared to the US now. The situation is the same in India where people may not have access to clean drinking water but everyone has access to mobile phones. We have been organizing training of trainers and believe that it is important to know from all participants how can we design these sessions to impart during training for workers?

Response - The key that we have seen is the information related to chemicals. How to get information about what chemicals are used and their toxicity levels, how they impact workers and whether they should be used in the first place. Also, how they can build campaign and bargaining strategies. Often, workers know that chemical is bad but they don’t know how to bargain with the management and we discuss this through role-plays.

Comment - Have you defined the specific skills you want to impart during training for workers? The worker in the movie is a Benzene victim. We think that prevention is the most important concept in the whole process. Under this, first, there should be awareness among workers and the community, second is knowledge of the laws and regulations, and third is knowledge of corporate responsibility including transparency. The impact of a disaster or disease is quite serious. Not only do people lose their lives; families also sustain great losses and there are severe financial costs related to treatment in cases of serious injuries. Most of the workers in the movie have now died and these workers suffered a lot and had huge medical expenses. They were all turned away by the factories and died after working in these companies. Legislation may differ between and among countries. These are not safe workplaces so there are people who are getting sick but we are not able to locate them. This is our objective, to locate people who are getting sick so that the campaign becomes very visible and only then will more focus be put on prevention.

Ted Smith - We have been circulating an open letter to Samsung and getting people to sign the letter on the internet and guarantee remedial measures for workers suffering from any accidents. A remedial or emergency fund should be established to help workers. I am suffering from leukemia due to benzene poisoning and there are more than 500 workers who know who are also suffering from benzene poisoning. Benzene is already banned in many countries but it is still widely used in many industries and companies. As far as I know, Apple has already agreed to ban benzene which is good news. I propose for the network to call for the banning of benzene and work together with workers from Korea, the Philippines and other countries.

Comment - The process of diagnosis and compensation in China is very complicated. You have to submit a lot of documents to prove that the injury is work-related and most of this information should come from employers. Many workers fail to establish that the injury is work-related because of this lack of supporting documents.

Comment, Sanjiv - We believe in working as a network and the victims’ involvement is very important to make this struggle visible. Unless the victims organize and come forward, people will not believe that benzene causes leukemia. That's what happened in the case of SHARPS, where a strong victims’ organizing proved that Samsung workplaces are not safe and there are people getting sick. The challenge for us in terms of the Asian electronics industry is, we have identified victims in South Korea, Taiwan and China but we are still struggling to identify victims in Vietnam, Indonesia, Vietnam and other countries. These are not safe workplaces so there are people who are getting sick but we are not able to locate them. This is our objective, to locate people who are getting sick so that the campaign becomes very visible and only then will more focus be put on prevention.
Update on the Samsung Case

Two days ago, Samsung announced terrible news that was clearly aimed at undermining the last three years of negotiations including more than six months of mediation process. In 2012, when we got the court decision on the work relationship between leukemia and Samsung workplaces, Samsung Electronics (SE) wanted to stop these victims. They asked SHARPS to talk about compensating the victims in exchange for dropping the lawsuit and getting the recognition of these diseases to be work-related. However, the five plaintiffs focused on the official recognition to help future victims. We also agreed to talk on condition that the talks and court case will be separate, which was accepted by Samsung.

We spent the whole 2013 to prepare for the official negotiations. Three agenda items were agreed upon – apologising to victims and families, compensate them and prevent further harm. In December 2013, the negotiations started but Samsung kept breaking the original agreement on the three agenda items and insisted on giving money to support an independent public-interest organization and not by Samsung who should donate a lot of money to support this independent body. This body in turn exchanged for dropping the lawsuit and getting the recognition of these diseases to be work-related. However, the five plaintiffs focused on the official recognition to help future victims. We also agreed to talk on condition that the talks and court case will be separate, which was accepted by Samsung.

In July 2015, the mediation committee, made by Samsung formulated some recommendations which included solving the problem based on an independent public-interest organization and not by Samsung who should donate a lot of money to support this independent body. This body in turn should deal with compensation and prevention and conduct research on all semiconductor industry workers.

But Samsung didn’t like this recommendation and again tried to delay the process. The next meeting was to happen in October 2015 but two days ago, Samsung announced the formation of a compensation committee with the participation of the victims and a lawyer who was working with the six people who had left SHARPS. Yesterday, this group made a statement saying that they had never agreed to put their name in Samsung’s compensation committee. So Samsung is trying to undermine the whole process and circumvent the recommendation of the mediation committee, which they set up in the first place, and they also lied by saying that some of the victims have agreed.

Although we need to improve some part of the recommendations, this open letter is calling Samsung to accept the basic idea of the recommendation. The struggle of more than 350 victims from all over Korea will be wasted if Samsung succeeds. We will keep fighting even as victims feel betrayed. This big company keeps lying and breaking their promises. This letter is important as Samsung is not afraid of victims but is afraid of international pressure.

Comment, CDI - We have translated some information from the campaign and the victim’s cases in Vietnamese. Samsung has been in Vietnam for the last four years and so far we do not have any data on the victims.

Question - From such litigations, what are the lessons that can be learnt to protect the workers?

Question - Do you have a Chinese translation of the workers’ situation in Samsung? We can spread it in China and can also call for boycott of Samsung products to put pressure.

Comment, Kong - Since 2012, we have achieved some good results which we are going to translate to English and Chinese. The best court decision was translated to English and is now available on the website of the Good Electronics Network. The problem is more than 90% of decisions we have so far are terrible and deny any association to the workplace and these decisions are not worth translating.

SHARPS wants to form a small group of people from Korea, Taiwan and China because from Taiwan, the RCA struggle is important and lessons can be learnt, and the situation in China is same as in Korea. Also, these three countries have very similar culture and language.

SHARPS in Korea have two different projects – one is the right-to-know campaign and we already have the new law drafted, the second is to get compensation from the electronics industry and we need a good law for workers’ compensation and we will soon launch a campaign to improve the whole compensation system. We want to break the scientific evidence logic because science cannot be more important than workers’ rights.

To prove the veracity of occupational diseases, we organized a broad group of professionals who after studying them found nothing. We argued that there is not enough information available and should that fact be used to refuse compensation or not. Some judges agreed that if we don’t have evidence. The social system should support the victims. Now, we will put that argument into the law so that every worker with lack of evidence can get compensation. It took more than five years for the first case to get that decision.

Comment - We now have good court decisions in both South Korea and Taiwan on causation saying that all you have to do is that the chemical is known to cause the type of illness someone has and if that person was working with that chemical, he should get compensation.

Comment, Ted Smith - How do we get people to pay more attention to these types of struggles? The power of images is important and they can cross language barriers. Anyone has other ideas – any other pictures which can be used in our campaigns?

Comment - The tobacco industry was also attacked in the same form and we now have pictures of diseases caused by smoking on cigarette packs. We can use pictures of healthy workers and sick workers, pictures of children.

Comment - SHARPS can provide photos of the same workers when they were healthy and sick. The writing can be, “which path will you provide for your employees.”
We, the members of the Asian Network for the Rights of Occupational and Environmental Victims (ANROEV), have assembled in Hanoi to build the capacity of network members with respect to Prevention of Occupational Diseases and Improving Workplace Safety. We hereby affirm that though Asia has come at tremendous human cost and hardship to the workers and their families. The Asian region experiences one of the highest rates of death, injury and disease due to occupational and environmental reasons, with more than a million people estimated to die due to work-related reasons only and millions more due to environmental pollution. This comes in spite of the Joint Seoul Declaration adopted at the ILO World Congress on Health and Safety in Seoul, Korea in 2008, where governments and informal sectors remains neglected and they are marginalised at their workplaces and face numerous challenges at work and home. Majority of the workforce in Asia falls in the informal sector and these workers remain invisible and undocumented in any official statistics. In 2010, members of the ANROEV network came together in Bandung, Indonesia to produce the historic Bandung Declaration of the ANROEV network and adopted at the ILO World Congress on Health and Safety in Seoul, Korea in 2008, where governments to produce the historic Bandung Declaration of the network.

The pledge of the network

The pledge of the network by providing sufficient diagnostic clinics and specialists that are independent, transparent, and accountable;

1. Recognize that health and safety at the workplace is a fundamental human right of workers;
2. Act urgently, decisively and in good faith by making occupational safety and health (OSH) a priority policy issue. This should include the requirement of reporting all cases of occupational deaths and diseases in the respective countries. ILO Convention 155 should be ratified by all the governments in the region;
3. Actively promote legislation and enforcement of laws to protect all workers irrespective of their legal status, especially the undocumented, informal and migrant workers, and resist the attempts to weaken the existing laws and agreements which protect workers;
4. Recognise that workers and their organisations have a crucial role in the implementation of better health and safety at the workplace. Organised and unionised workplaces are safe workplaces and efforts are to be made to protect the freedom of association at the workplaces;
5. Ensure that injured and sick workers receive prompt and immediate treatment, just compensation and rehabilitation within a reasonable time frame. The whole process should be simplified to ensure that victims are not further penalised by unwarranted delays;
6. Ensure the proper diagnosis of occupational diseases by protecting workers from hazardous processes and chemicals like asbestos that are banned elsewhere are also eliminated.

We also affirm that we will:
1. Develop solidarity with working people throughout the world to resist the transfer of risk from one country to another and stop harms caused by unsafe working conditions; and
2. Develop an active and democratically operating global network of health and safety activists where the unique and diverse organising initiatives in different countries are respected and supported.

To achieve this, we urge the governments in the region to:
1. Recognize that health and safety at the workplace is a fundamental human right of workers;
2. Act urgently, decisively and in good faith by making occupational safety and health (OSH) a priority policy issue. This should include the requirement of reporting all cases of occupational deaths and diseases in the respective countries. ILO Convention 155 should be ratified by all the governments in the region;
3. Actively promote legislation and enforcement of laws to protect all workers irrespective of their legal status, especially the undocumented, informal and migrant workers, and resist the attempts to weaken the existing laws and agreements which protect workers;
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5. Ensure that injured and sick workers receive prompt and immediate treatment, just compensation and rehabilitation within a reasonable time frame. The whole process should be simplified to ensure that victims are not further penalised by unwarranted delays;
6. Ensure the proper diagnosis of occupational diseases by providing sufficient diagnostic clinics and specialists that are independent, transparent, and accountable;
7. Ensure that victims and their organizations are included in the decision-making processes related to OSH policy;
8. Recognize that certain sections of the population are more vulnerable to the hazards at the workplace, due to their social exclusion and unequal status in the society. Special attention should be paid to protect these workers that include undocumented workers, migrants, women, and people of colour and minorities, to protect them and uphold their dignity;
9. Establish a legal framework which holds companies, brands and individual directors accountable for the criminal negligence leading to the death, injury and exposure to disease of workers and citizens in any country. Companies should be also held accountable for the actions of their subsidiaries and sub-contractors; and
10. Ensure that hazardous processes and chemicals like asbestos that are banned elsewhere are also eliminated.
Asbestos Action held in the break during ANROEV Conference
Background and Rationale

The Asian Network for the Rights of Occupational and Environmental Victims (ANROEV) is a coalition of victims’ groups, trade unions and other labour groups across Asia, all committed for overall improvement of health and safety at the workplace. ANROEV was formally constituted in 1997 and 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 working plan (mid-term and long-term). Over the past 20 years our network has moved on from accidents to occupational diseases and we now have strong victims organising in electronics, and lung diseases.

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 so that they are organized and it also serves as a deterrent to ensure that the harmful and hazardous substances are not used at the workplace. By bringing together the members from across the region, it is these experiences 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.

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 network has helped establish OSH networks in China, India and Indonesia and is now looking 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.

Objectives

- To create an environment of exchanging views and updated actions among key stakeholders (policy makers, scientists, civil society organizations, and victims networks) related to prevention of occupational diseases and improving workplace safety in Asian countries.
- To develop regional/international strategic co-operation working plan (mid-term and long-term).
- Provide recommendations to governments and inter national organizations for improving related strategies and action plan 2016-2020.

Expected benefits

- Regional, international cooperation among civil society organizations in each region and Asia improved.
- Governments and International donors to pay more attention/supports to ASIAN CSOs action plans.

Expected Participants

Participants will be member organisations of the network, academia’s, scientists, and associated members from other parts of the world who are actively engaging with our network.

Venue: Army Hotel
Address: 1A - Nguyen Tri Phuong Street, Ba Dinh Dist, Hanoi City, Vietnam
Tel: (+84)-04.6299.3322
Email: info@armyhotel.com.vn
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Draft Program

**Thursday, September 3**

- Arrival of delegates
- Registration of International Delegates

**Friday, September 4**

**Day 1 Morning Session 07:30 - 08:30 Registration**

**Opening Remarks**

- Welcome Speech by local hosts - Center for Development and Integration (CDI)
- Official speech

**Session 1**

- Welcome Session 08:30 - 10:30
- Victim’s Testimony 09:40 - 10:10

**Victim’s Testimony**

- Ms. Lea Bersabal - Kentex Fire Victim (Philippines)
- Mr. Rajendra Ladoji Pevekar, OHSC, India
- Mr. Chih-Kang Wu, Victim from RCA Taiwan
- Mr. Suparno, Sebastian Centre for OSH, Indonesia
- Tianjin Explosion - China

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Session 2
Plenary Session 1
10:40 - 12:00
Updates on the work and outreach of the ANROEV network (10 Mins each) 20 Mins
questioning at the end collectively for all presentations
Moderator - Samuel Li, AMRC
1. Key Campaign and ANROEV Network update - Mohit Gupta, ANROEV Coordinator
   and Omana George, Programme Coordinator, AMRC
2. Breaking the Cage Campaign - Noel Colina, AMRC (5 mins)
3. Occupational and Environmental Victims Organising in Korea - case of Reckitt Benckiser
   by Asian Citizens Center for Environment and Health, South Korea
4. Rana and Tazreen Victims Rights Network and what has it changed for the victims in terms
   of their lives and how have they changed or been empowered - OSHE, Bangladesh
5. Occupational Lung Diseases diagnosis and the implications on affected workers and communities
   - post Medical Practitioners Skillshare Dr. Huma Tabassum
6. Occupational Cancers and Benzene Poisoning organising workers and the campaign to
   ban benzene- changes, challenges and updates, LAC, Hong Kong
7. SHARPS Campaign - Updates on the struggle, Advances made in the recognition and
   compensation of victims, building solidarity with the people of Korea and strengthening
   international solidarity for the campaign - SHARPS, South Korea

Session 3
Simultaneous Workshops 13:00 - 17:00
(Members of the network will be facilitators of the workshops and the ANROEV secretariat will work with the facilitators
on content and structure of these workshops)

Workshop 1 Occupational Lung Diseases - Facilitated by Dr. Dongyun Paek, Dr. Huma, Sanjiv Pandita
Workshop 2 Digital Communication, Solidarity and the Building of a Strong-Ties Network - Facilitated by Hesperian Foundation, AMRC
Workshop 3 OSH and Environmental Victims Organising- Asian Citizens Center Facilitated by Environment and Health, South Korea, TAVOI

Tea Break 14:45 - 15:00
Close of Day 1 17:00
Welcome dinner 19:00

Saturday, September 5
Day 2 Morning Session
Simultaneous Workshops 08:00 - 12:00
Workshop 4 Organising OSH and Environmental Victims Facilitated by Environics Trust, ARIAV
Workshop 5 Occupational Lung Diseases Facilitated by PTRC, BANJAN
Workshop 6 Chemical hazards in the Electronics Industry Facilitated by SHARPS, ICRT, CDI
Lunch 12:00 - 13:00

Afternoon Session
Session 5
Plenary Session 2 13:00 - 17:15
Moderator - Noel Colina, AMRC

Report back from different workshops and strategy
10 mins each 6 presentations including questions 1300 - 1400
1. Any matter for endorsements from network members
2. Presentation from CDI
3. Other presentations - to be confirmed
Tea Break 14:45 - 15:00
4. Discussions on Consolidated action plan for the network till 2017
5. Closing remarks for ANROEV Meeting
End of Conference 16:00
ANROEV members meeting (restricted to network members) 16:00 - 17:00

Sunday, September 6
Field Trip for ANROEV Members - to be organised by CDI 8:00
Return back to hotel and lunch 12:00
Departure of Delegates