

Asbestos in Brazil

Brazil is the fifth largest producer after Russia, Canada, Kazakstan, China, and one of the major consumers of asbestos in the world. Brazil produces 200,000 tons of asbestos per year. Brazil exports about 70,000 tons of asbestos per year, principally to Japan, India, Thailand, Nigeria, Angola, Mexico, Uruguay, and Argentina. Until the 1980s, production, consumption, and diversification of asbestos-containing products were carried out without any regulation and control of occupational and environmental exposures. At the time Europe and the United States were acting to limit asbestos exposures, during the 1960s and 1970s, no trade unions and no social movements could express themselves in Brazil because of the military dictatorship.

While asbestos use in Canada amounts to 500 g per citizen per year, and that in the United States less than about 100 g per citizen per year, asbestos use in Brazil averages 1,400 g per citizen per year. As in other third-world countries, consumption in Brazil increased at a rate of about 7 % per year, in the three last decades of last century, while the United States and other industrialized countries were phasing out their use of asbestos. Brazil uses 70 % of its own asbestos production and also imports some Canadian asbestos [1].

About 25 % of the deaths in Brazil have no defined cause. This means that it is impossible to know the true cancer mortality rate or the true incidences of deaths related to mesothelioma, lung cancer, and asbestosis. No epidemiological study of asbestos workers has ever been conducted in Brazil until 1996. A great majority of the low-earning workers exposed to asbestos have no access to medical care (according ILO less than 10 % in developing countries), including cancer diagnosis. Moreover, there is no available means for unbiased medical evaluation of people subjected to exposures to asbestos near production plants or building sites, or other environmental exposures.

Governmental Protections

In Brazil, there are some 3,000 manufactured products containing asbestos. It is mainly used in asbestos cement, in friction materials, in the textile industry, and in plastic, chemical, and furniture products. The asbestos has been used in large scale since the 30's but its "boom" occurred in the 1960s and 1970s. When Brazil's authorities began to inquire about health risks in asbestos-manufacturing operations in 1985, the government depended upon the companies to provide and demonstrate the use of standard air monitoring equipment. Beginning in 1986, with the approval of the ILO Convention No. 162, the Brazilian Interinstitutional Asbestos Group, coordinated by the

Labour Ministry, was created. The objectives were to assess the health risks in the asbestos-cement industries, to educate workers, and to develop a regulatory policy for asbestos exposures consistent with those of other countries. As of 1991, the official workplace exposure limit for asbestos in Brazil was 4 fibers/cm³, 20 times as high as the 0.2 fibers/cm³ threshold adopted in the United States so far. But such comparisons hardly begin to convey the conditions of asbestos workers in the developing countries. In 1991, the Brazilian federal government ratified the ILO Convention No. 162, reducing the workplace exposure limit to 2.0 fibers/cm³. Leading unions in Brazil started pushing the government to eliminate asbestos, despite the country's considerable asbestos mining and manufacturing industry. In 1994, workers and the automotive parts industry agreed to phase out asbestos in friction products by 1998, but the Labour Minister refused signing it.

The first health assessment of asbestos exposures was done in nine asbestos-cement plants in São Paulo State, the most developed in Brazil. In those plants, 3,500 workers had been exposed to asbestos. The two-year study results showed significant health consequences for workers, including asbestosis, radiological abnormalities, and dismissals for poor health. As a consequence of the study, the asbestos-cement industry employers signed a national agreement with workers representatives to initiate better controls on asbestos exposure.

A more recent agreement for this professional category enlarges the scope of control to the sources that are generating the risks. The exposure limit now is 0.4 fiber/cm³. Moreover, the agreement forbids the use of subcontract workers in the production plants. The agreement establishes safety committees whose recruitment is under the workers control. Similar regulations have been adopted for the mining sector.

The world's experience with the industrial use of asbestos leads to the conclusion that the only way to ensure an end to asbestos-related disease is to ban it. The "controlled use of asbestos", the thesis defended by asbestos producers led by Canadian lobby at WTO's panel, was considered unrealistic by the unanimity of the witness-experts and was decisive in getting WTO to finally reject Canada's claim on that basis [2]. This approach, which has been taken in Sweden and other developed countries, is even more necessary in developing countries, where the vulnerability of the exposed people together to stringent regulation and enforcement are not a viable alternative to a ban.

Globalisation from below: Building an Anti-Asbestos Movement in Brazil

Osasco city (in Greater São Paulo) with 1 million inhabitants is the Brazilian capital of the victims of asbestos. During 50 years two great companies, one of asbestos-cement and other of friction materials had in general used this raw material without any information to the workers and the population on its risks. When locking up its activities in the early 90's, had left stop backwards an enormous social debt.

For absence of any social protection and by the companies, these former-workers had constituted in 1995 the Brazilian Association of People Exposed to Asbestos (ABREA), that has as objective goals: to give visibility for the problem, to carry through medical examinations in the exposed ones, to consider actions for indemnification, to inform to the population and the consumers on the risks and its admittedly less harmful substitutes to the health and to fight for the banishment of asbestos in whole Brazilian's territory, as already occurs in 36 countries around the world. Initially the victims began to contact former colleagues and discovered that many were suffering from respiratory problems. Medical examinations revealed an epidemic of asbestos related disease. They linked up with workers at the Thermoid brakes factory, also in São Paulo, to form the ABREA. ABREA has sought compensation for its members while raising the issue at a national and international level, culminating in the international conference in Osasco in September 2000, that created a very strong influence on the politicians and public opinion that afterwards approved the majority of laws to ban asbestos currently in Brazil in a domino effect. ABREA is nowadays organised in several cities and also in Rio de Janeiro State where a former American corporation Johns-Manville subsidiary has a textile plant which the women are the majority of the exposed workers.

The truth is that all those exposed to asbestos do not feel that their interests have been represented by labor unions or other social institutions of civil society. Through their organization and their actions the members of this citizens group are expressing themselves against the lack of recognition and in defense of their interests in the public sphere. These alternative movements of asbestos victims have organized themselves into true counter-powers or an anti-asbestos movement coming from below [3].

This struggle greatly has increased the visibility of the damage caused by the use of asbestos in Brazilian society at large, disclosed the mechanisms of social invisibility of the asbestos-related diseases and has showed how the industry has justified the so-called "controlled use" of asbestos by propagating a series of myths to try and convince the public that asbestos is safe (e.g. chrysotile is not as dangerous as other types of asbestos; Brazilian chrysotile is purer than foreign chrysotile; "Brazilian" com-

panies use asbestos in a responsible manner differently they used in Europe and USA; exposure can be adequately controlled through engineering controls and industrial hygiene measures; substitutes are too expensive and just as dangerous; asbestos products are especially important for poor people in third world countries; asbestos-related diseases are rare in Brazil; an asbestos ban would create unemployment; etc.).

The development of the anti-asbestos campaign in Brazil has been possible for the recent emergence of a wave of new international social movements that “think locally and act globally”. These new non-hierarchical campaigns have democratized policy development and promoted broad participation of a new generation of activists by using new information and communications technology to exchange ideas, information and proposals. The new global society – as they have been called - have also managed to mobilize large numbers of people in direct action against the governments, institutions and transnational corporations that are bent on building a socially exclusive neoliberal world order – the “economic fundamentalism”.

Conclusion

Brazil up today does not adequately profit from the experiences developed countries have had with asbestos mining and manufacturing. There is an epidemic of occupational diseases that goes unrecognized because of powerful private interests and governmental collusion from the mining state supported by a research carried on by the public university from Campinas (UNICAMP), which 60 % of its budget were paid for the mining company and which has also the “technical” support for the Canadian Universities as for example the McGill and other research centers. This research can be systematically denounced for the conflict of interest by the leading coordinator that is also the “judge” of an extrajudicial agreement offered by the multinational asbestos companies (Brasilit and Eternit) deciding the category of compensation between US \$ 1,700 to 5,000 to be paid for the victims that have to resign any other kind of compensation and receive also as “liberality of the companies” a health care insurance managed by them, that is only valid while the companies can be allowed to use asbestos in Brazil. There is 2,500 asbestos victims already recognized by the asbestos industry that is compensating with small amounts through the extra-judicial agreement even they remain unknown or related in the official statistics of occupational diseases.

In developed countries the long-term social and medical costs resulting from asbestos exposure have resulted in the European Ban Asbestos Movement that pushed a decision from the European Union to ban asbestos until 1/1/2005. In developing countries, heavily reliant on industrial expan-

sion that readily accepts hazardous and environmentally outmoded industries, a call for an asbestos ban by the social movement is quite extraordinary and laudable.

References

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