Title: Global Asbestos Use Policy: Workers Still at Risk
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Introduction
The current U.S. administration has suggested rules that would loosen current tight regulations on asbestos in the U.S. and this has provided policy openings in other countries suggesting greater use of asbestos insulation in the future. Specifically, the 2019 EPA rule provides a legal loophole that would permit new U.S. mining and continued importation and uses of asbestos for chemical manufacturing, brake pads, and gaskets. Even though asbestos use is banned in 55 countries, current and past exposure to respirable asbestos fibers is estimated to cause 255,000 deaths annually and to cost $US18 billion worldwide. We examine the current and near-term implications of loosening regulations focusing on two nations--India and Vietnam.

Problem
Asbestos-related diseases include mesothelioma, lung cancer, asbestosis, laryngeal cancer, ovarian cancer, autoimmune diseases have been well known in the occupational medicine field for decades. There are nearly 40,000 deaths annually linked to asbestos exposure in the U.S. even though fiberglass has replaced asbestos for the past 3-4 decades. American companies that manufactured asbestos products were forced into bankruptcy in the 1970s and 1980s because they hid the hazards of airborne asbestos fibers from workers and from physicians. There are effective means to prevent workers’ exposure to respirable asbestos fibers, but they tend not to be linked with safe use or with worker education. The very high toxicity of this fire-resistant fiber led to its extensive use in buildings, brake pads, gaskets, and military (shipboard) equipment insulation and to many industrial countries (excluding the U.S.) to ban its use. Asbestos remains a serious health hazard for many workers who are now involved in cleaning hazardous waste sites, in remediating old buildings, and in decommissioning ships. Workplace Health Without Borders-US is very concerned that new US asbestos rules will lead to more health problems among developing nations, with particular attention to India and Vietnam.

Methods
We have reviewed the asbestos use literature from the UN and ILO with a focus on Vietnam and India, two nations with knowledge of the health hazards of this product. We know that medical surveillance, wet methods, and the use of respirators can be effective means to control asbestos dust and prevent asbestos-linked diseases.

Findings
Vietnam is one of the 10 nations with the greatest use of asbestos in the world. The Government of Vietnam was directed by 2020 to completely eliminate chrysotile and all types of asbestos from commerce. Currently, the Vietnamese Ministry of Construction is drafting a Decree on the management of construction materials, including policies to encourage the production of environmentally sound products with strict control of construction materials containing asbestos. However, the Decree will push out elimination of asbestos to 2030. Because of its low cost and availability Vietnam uses asbestos as a common roofing product and for asbestos-cement piping. Current labor protections for asbestos workers in Vietnam are still very low. It appears that continued use of asbestos is
harmful to people's health, and the economic loss in compensation, medical treatment, and waste disposal will far exceed the taxable amount of asbestos construction materials industry has brought in. This current draft also goes against the recommendations of the World Health Organization (WHO), the International Labor Organization (ILO) that all types of asbestos, including chrysotile, are carcinogenic and do not have a safe threshold for use.

India’s asbestos–cement products make up 90 per cent of all commercial applications and like in Vietnam, these products are also being used for low-cost building materials. Though India has banned the mining of asbestos in the 1990s, it still imports the raw fiber from countries like Russia and Kazakhstan. World-wide India is one of the biggest importers of raw asbestos. There are ~110 asbestos manufacturing plants are currently in the country and they employ thousands of workers which in turn supports many more businesses indirectly. Data from the Government of India shows that asbestos use has grown by more than 80 percent in the past decade. With flexible import policy, this has given more leniency to the industries and asbestos insulation business has flourished in the past decades. With the light touch of regulations and lack of regulatory implementation of existing laws it is becoming more challenging to maintain the workers’ health and to ensure safety. In India asbestos is classified as hazardous substance according to the Hazardous Wastes (Management and Handling) Rules of 1989, but there remains justifiable concern for workers’ and consumers’ health.

Conclusions

Given the loosening of US asbestos rules by the EPA, this suggests that uncontrolled asbestos exposure in the workplace and in the general environment will rise worldwide. That means that workers manufacturing, installing, and cleaning up this known hazardous fiber will continue to die from mesothelioma, asbestosis, lung and laryngeal cancer, auto-immune diseases, ovarian cancer and other diseases. As it stands in countries such as Vietnam and India, there are very little limited enforcement mechanisms to ensure that companies will control this very toxic dust. Furthermore, there appears to be an absence of leadership to control the current (or future) asbestos health burdens. Although fiberglass has replaced asbestos as a preferred insulator in many developed countries, marketing and the low cost of asbestos means it will continue to wreak havoc on the health of workers. Overall, this adds weight for passage of a federal law to ban all uses of asbestos in the US (Alan Reinstein Ban Asbestos Act [Arban] and it behooves business leaders and scientists in Vietnam and India to seek less toxic replacements for asbestos construction products.