9 · Mobilization and political momentum: anti-asbestos struggles in South Africa and India

LINDA WALDMAN

Although specialists have been aware of the dangers posed by asbestos for over a hundred years, in recent years widespread knowledge of asbestos's carcinogenic properties has led people to become more aware of the associated, and highly dangerous, occupational and environmental illness. As a result, new movements have surfaced across the world seeking to secure a healthier life through the banning of asbestos.

Focusing on these mobilizations in South Africa and India, this chapter asks how, in relation to asbestos activism, do changing patterns of power and governance affect the meanings, experiences and patterns of citizen mobilization (and vice versa) in a globalizing world? Anti-asbestos movements in South Africa and India have very different trajectories and consequences which have created different and new axes of inclusion and exclusion. In South Africa, activism has led to the banning of all asbestos use, whereas mobilization in India struggles for government recognition of asbestos risks against a powerful pro-asbestos lobby. This chapter explores these contrasting mobilization strategies, asking what has led to these outcomes and who stands to gain from the process. Although comparison tends, by its very nature, to highlight similarity and perhaps simplify a complex reality, it also provides an opportunity to explore what facilitates – or indeed obstructs – mobilization through global and local relations. Ultimately the chapter examines how anti-asbestos mobilization impacts on citizenship in terms of rights, values and accountability.

Common forms of asbestos (fibrous rock) are white (chrysotile), blue (crocidolite) and brown (amosite). The largest deposits are found in Canada and Russia, but it has been – and in some cases continues to be – mined in Australia, Brazil, Canada, China, India, Italy, Kazakhstan, Russia, South Africa and Zimbabwe. Because asbestos is fireproof, very durable and does not corrode, it has been used in an incredible range of products, including cigarette filters, mattresses, beer filters, brake linings, buildings and ships (McCulloch 2002). But microscopic asbestos fibres are carcinogenic and cause pleural effusion, pleural plaques, pleural thickening, asbestosis, lung cancer and mesothelioma. Pleural

plaques are seen as benign and without physical symptoms, while mesothelioma is always fatal. All asbestos diseases have extended latency periods and people experience the symptoms only twenty to forty years after exposure. All forms of asbestos disease are untreatable. Given these dangers, the use of asbestos is regulated by global authorities.

The shifting nature of global authority

Many international organizations are involved in global health governance, which, although in its infancy, addresses health issues across national boundaries, across sectors and involving diverse actors and interests. The 'confusion of mandates' within global health governance is evident in the failure of any single organization to take the lead (Dodgson et al. 2002: 13). Because there is no formal authority offering a definitive view on questions of global health, the role of knowledge becomes critical. Global health governance is thus a form of 'soft' governance: the World Health Organization (WHO) can recommend actions but cannot compel states to comply. The World Trade Organization (WTO) relies on states to debate and agree on the dangers of certain industrial products, but cannot impose its judgement.

In relation to asbestos, international organizations have sought to mediate between corporate interests and health. For instance, the 1986 International Labour Organization (ILO) Asbestos Convention establishes guidelines for the safe use of asbestos, but does not forbid its use (Danish Confederation of Trade Unions 2005). During the late 1980s and 1990s Canadian asbestos corporations sought to influence the International Programme on Chemical Safety (IPCS), the WHO and the WTO through promoting the 'controlled use' of asbestos (McCulloch and Tweedale 2008). All these organizations relied heavily on industry-sponsored scientific expertise, and failed to support a ban on asbestos. Towards the end of the 1990s, however, wide-scale protest and social mobilization led to a reorientation of these global regulatory bodies. Industrial science and corporate voices were subsequently marginalized as mainstream scientists insisted on independent asbestos risk assessments by the WHO, WTO and IPCS (Castleman 2000). These international regulatory organizations then reached greater consensus, recognizing that all asbestos is carcinogenic, that there is no realistic way of controlling its use and that there are no safe exposure thresholds. This consensus has, however, not brought about an end to asbestos use; in part because these debates are too entrenched (McCulloch and Tweedale 2008) and, in part, because asbestos has to be banned by national governments, not international regulatory authorities.

Since the early 1990s, global social mobilization against asbestos has monitored and challenged these global authorities as it has sought to facilitate country-specific bans. Activists have created an interconnected network of anti-asbestos organizations in places as far afield as Japan, Korea, South Africa, Brazil and India (Castleman 2007). In 1999, the International Ban Asbestos Secretariat (IBAS) – formed in response to the growth of anti-asbestos movements – demanded a global ban on all forms of asbestos. Thereafter, country-specific movements, internationally networked through IBAS, challenged the WHO, the WTO and the IPCS on their industrial alliances and ultimately forced the consensus described above. IBAS's global forum for diverse anti-asbestos activists resulted in new campaigns starting in India, Malaysia, Canada and South Africa.

The asbestos industry

Initially a few large multinational corporations dominated the international asbestos market. In the 1930s these corporations formed a cartel which set prices, eliminated competition, emphasized asbestos's positive attributes and downplayed the health risks. The companies financed scientific research and invented new uses for asbestos, marketing it as quintessentially modern (McCulloch and Tweedale 2008). Asbestos production was cheap, primarily because production costs had been externalized on to workers and people located near production plants while ignoring its social and environmental effects (Castleman 2007).

The economic viability of large multinational corporations was undermined by social mobilization in the late 1990s, which resulted in many countries banning asbestos. In countries where asbestos awareness remained low, nationally owned, small-scale companies replaced the multinationals. In India, for instance, Everest was started by a multinational that dominated the UK and world asbestos market. In the mid-1990s, it became wholly Indian-owned. Everest still uses asbestos, ostensibly in a controlled environment and in accordance with national health and safety regulations. The degree to which it is monitored and meets national standards is, however, questionable (Tweedale 2008). In contrast, the South African company Everite was influenced by its Scandinavian connections and by the Scandinavian bans on asbestos in the 1970s. It introduced sophisticated health and safety procedures and worker training in the 1980s and stopped asbestos production in 2002 – both well in advance of South African national requirements.

These different ownership structures have also influenced how