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on asbestos related occupational health threats and prospects for abolishing all existing asbestos
(2012/2065(INI))

Committee on Employment and Social Affairs

Rapporteur: Stephen Hughes

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MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION

on asbestos related occupational health threats and prospects for abolishing all existing asbestos

(2012/2065(INI))

The European Parliament,

- having regard to the Treaty on European Union, in particular the preamble and Articles 3 and 6 thereof,
- having regard to the Treaty on the Functioning of the European Union, in particular Articles 6, 9, 151, 153, 156 and 168 thereof,
- having regard to the Charter of Fundamental Rights of the European Union, in particular Articles 1, 3, 6, 31, 37, 35 thereof¹,
- having regard to the ILO Resolution of 1 June 2006 concerning asbestos,
- having regard to the ILO Convention of 16 June 1989 concerning Safety in the Use of Asbestos,
- having regard to WHO declarations on asbestos,
- having regard to the Declaration on the Protection of Workers from the Dresden Asbestos Conference (2003),
- having regard to the Council Resolution of 29 June 1978 on an action programme of the European Communities on safety and health at work, in particular article 4²
- having regard to Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work (the Framework Directive)³,
- having regard to Council Directive 92/57/EEC of 24 June 1992 on the implementation of minimum safety and health requirements at temporary or mobile work sites⁴,
- having regard to Directive 2009/148/EC of the European Parliament and of the Council of 30 November 2009 on the protection of workers from the risks related to exposure to

¹ OJ C 303, 14.12.2007, p. 1.

² Develop a preventive and protective action for substances recognized as being carcinogenic, by fixing exposure limits, sampling requirements and measuring methods, and satisfactory conditions of hygiene at the work place, and by specifying prohibitions where necessary.

³ OJ L 183, 29.6.1989, p. 1.

⁴ OJ L 245, 26.8.1992, p. 6.

asbestos at work¹,

- having regard to Commission Recommendation 90/326/EEC of 22 May 1990 to the Member States concerning the adoption of a European schedule of occupational diseases²,
- having regard to the Commission communication entitled ‘Improving quality and productivity at work: Community Strategy on Health and Safety at Work 2007-2012’ (COM(2007)0062),
- having regard to the Commission staff working paper of 24 April 2011 entitled ‘Mid-term review of the European strategy 2007-2012 on health and safety at work’ (SEC(2011)0547),
- having regard to its resolution of 15 January 2008 on the Community strategy 2007-2012 on health and safety at work³,
- having regard to its resolution of 7 May 2009 on draft Commission regulation amending Regulation (EC) No 1907/2006 of the European Parliament and of the Council on the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH), as regards Annex XVII⁴,
- having regard to its resolution of 15 December 2011 on the mid-term review of the European strategy 2007-2012 on health and safety at work⁵,
- having regard to the report of the Committee of Senior Labour Inspectors, SLIC, on the European Asbestos Campaign (2006),
- having regard to the WHO report ‘Preventing Disease Through Healthy Environments: Action is needed on Chemicals of Major Public Health Concern’⁶,
- having regard to Monograph 100C of the International Agency for Research on Cancer (IARC) entitled ‘Arsenic, Metals, Fibres, and Dusts: A Review of Human Carcinogens’ (2012)⁷,
- having regard to the statement ‘Global Asbestos Ban and the Elimination of Asbestos-related Diseases’ by the International Commission on Occupational Health (ICOH)⁸,
- having regard to the Commission’s Information Notices on Occupational Diseases - Guide

¹ OJ L 330, 16.12.2009, p. 28.

² OJ L 160, 26.6.1990, p. 39.

³ OJ C 41 E, 19.2.2009, p. 14.

⁴ OJ C 212 E, 5.8.2010 p. 106

⁵ Texts adopted, P7_TA(2011)0589.

⁶ http://www.who.int/ipcs/features/10chemicals_en.pdf

⁷ <http://monographs.iarc.fr/ENG/Monographs/vol100C/mono100C.pdf>

⁸ http://www.icohweb.org/site_new/multimedia/news/pdf/ICOH%20Statement%20on%20global%20asbestos%20ban.pdf

to Diagnosis (2009)¹,

- having regard to Eurogip Enquiry Report 24/E (April 2006) entitled ‘Asbestos-related Occupational Diseases in Europe: Recognition - Figures - Specific systems’²,
 - having regard to Eurogip report 08-E (August 2004) entitled ‘Costs and funding of occupational diseases in Europe’³,
 - having regard to Rule 48 of its Rules of Procedure
 - having regard to the report of the Committee on Employment and Social Affairs and the opinion of the Committee on the Environment, Public Health and Food Safety (A7-0025/2013),
- A. whereas all types of asbestos are dangerous and its hazard impact has been documented and regulated; whereas most harmful health effects of inhaled asbestos fibres appear decades after exposure;
- B. whereas as early as 1977 a group of experts commissioned by the European Commission concluded: ‘There is no theoretical evidence for an exposure threshold below which cancers will not occur. A safe exposure level to asbestos has not been established’, whereas this opinion has been affirmed over the years by all relevant scientific advisory bodies, and whereas it is generally accepted by courts that there is no known threshold exposure to asbestos below which there is no risk,
- C. whereas Directive 1999/77/EC states that ‘no threshold level of exposure has yet been identified below which chrysotile asbestos does not pose carcinogenic risks’ and that ‘an effective way of protecting human health is to prohibit the use of chrysotile asbestos fibres and products containing them’;
- D. whereas increased cancer risks have been observed in populations exposed to very low levels of asbestos fibres, including chrysotile fibres;
- E. whereas delivering asbestos waste to landfills would not appear to be the safest way of definitively eliminating the release of asbestos fibres into the environment (particularly into air and groundwater) and whereas therefore it would be far preferable to opt for asbestos inertisation plants;
- F. whereas creating landfills for asbestos waste is only a temporary solution to the problem, which in this way is left to be dealt with by future generations, as asbestos fibres are virtually indestructible over time;
- G. whereas, despite the ban on the use of asbestos, it is still found in many ships, trains, machinery, bunkers, tunnels, galleries, pipes in public and private water distribution networks and especially in buildings, including many public and private buildings;

¹ <http://ec.europa.eu/social/BlobServlet?docId=3155&langId=en>

² <http://www.eurogip.fr/en/docs/EUROGIP-24E-AsbestosOccDiseases.pdf>

³ http://www.europeanforum.org/pdf/Eurogip-08_E-cost.pdf

- H. whereas, despite the ban, existing market surveillance is unable to ensure that asbestos is not imported into European markets;
- I. whereas many Member States have provided training courses for demolition, building and maintenance workers and others who work with the removal of asbestos-containing materials (ACMs);
- J. whereas many workers are exposed to asbestos in their work, particularly in the maintenance and decontamination sectors;
- K. whereas the aim should be job creation and the provision of workplace conditions which promote the health and well-being of individuals and, by extension, social progress as a result of their work;
- L. whereas, in addition to the human dimension of inadequate health and safety at the workplace, this problem is also detrimental to the economy; more specifically, problems relating to health and safety at the workplace are an obstacle to growth and competitiveness while at the same time causing a disproportionate increase in social security costs;
- M. whereas younger workers and construction workers do not necessarily recognise asbestos in buildings when performing refurbishment or demolition work, especially in many Member States which have long-standing asbestos bans;
- N. whereas many ACMs have already been removed, sealed or encapsulated and many companies and building owners have documents precisely detailing asbestos removal sites;
- O. whereas the removal of ACMs from buildings, especially in less economically developed Member States and rural areas, places a financial burden on building owners, and it should therefore continue to receive active support at national and EU level;
- P. whereas ACMs have a typical life cycle of 30 to 50 years; whereas this will lead to an increase in renovation and construction projects and therefore a rise in the number of workers being exposed;
- Q. whereas the success of asbestos regulations in the Member States is limited by a lack of knowledge of the existence of ACMs and the associated risks, as well as a lack of vocational training and qualification of construction and maintenance workers, including construction professionals working incidentally with asbestos;
- R. whereas local communities lack expertise and have serious shortcomings in the execution of prevention, surveillance and enforcement tasks, which are often too fragmented;
- S. whereas the location of ACMs is often hidden and/or unknown and knowledge about these locations is sharply decreasing over time;
- T. whereas a mandatory asbestos audit of buildings, ships, trains, machinery, bunkers, tunnels, galleries, pipes in public and private water distribution networks and landfills

would provide a solid and informed basis for national, regional and European removal programmes;

- U. whereas the EU has developed an ambitious policy for energy efficiency and the revised Energy Efficiency Directive is expected to establish a long-term strategy in each Member State for renovation of buildings, but this policy is not combined with asbestos removal strategies;
- V. whereas doubt as to whether asbestos is present or has been encapsulated or removed from specific buildings leads to possible conflict between employers and workers and whereas prior knowledge about the presence of asbestos will provide much safer work conditions, particularly during refurbishment work;
- W. whereas, in line with Directive 92/57/EEC¹, in dangerous situations facilities must be provided to enable working clothes to be kept in a place separate from workers' own clothes and personal effects;
- X. whereas encapsulation or sealing of ACMs should only be allowed when materials are properly labelled with warnings;
- Y. whereas three Member States still allow asbestos fibres in electrolysis cells while technical alternatives exist and have been successfully implemented in other countries;
- Z. whereas there are still unacceptably high differences between Member States' schedules for recognising occupational asbestos-related diseases;
- AA. whereas underreporting of asbestos-related diseases is one of the main obstacles for the treatment of victims;
- AB. whereas national health surveillance programmes for workers exposed to asbestos diverge widely across the EU, especially regarding post-occupational medical supervision;
- AC. whereas asbestos exposure is a threat to the general population and causes diseases to a recognised extent²;
- AD. whereas according to WHO estimates, the number of cases of asbestos-related diseases in the EU is 20 000-30 000 per year and has not yet reached its peak;
- AE. whereas due to the very long latency period and due to the lack of knowledge among medical staff, victims often do not receive timely and proper support from healthcare

¹ Directive 92/57/EEC: Annex IV PART A GENERAL MINIMUM REQUIREMENTS FOR ON-SITE WORKPLACES 14.1.2 If circumstances so require (e.g. C1 dangerous substances, humidity, dirt), facilities must be provided to enable working clothes to be kept in a place separate from workers' own clothes and personal effects.

² A parliamentary committee concluded in 1978 after an 18-month investigatory period that asbestos presented 'a danger both to workers in the asbestos industry and to those exposed in other situations' (European Parliament 1978)

providers;

- AF. whereas Poland is the only Member State to have adopted an action plan for an asbestos-free country;
- AG. whereas labour inspections are being reduced in many Member States and whereas moves towards more deregulation increase the risks from asbestos;
- AH. whereas many construction workers and building users remain unprotected against high levels of asbestos exposure;
- AI. whereas, even with a ban, millions of tonnes of asbestos remain in buildings and there is no register of where it is located and how much asbestos needs to be removed;
- AJ. whereas any new legislative proposal must take account of existing legislation at national and European level and must be preceded by a detailed assessment of its possible impact as well as by an analysis of its costs and benefits;

Screening and registration of asbestos

1. Calls on the EU to develop, implement and support a model for asbestos screening and registration in accordance with Article 11 of Directive 2009/148/EC and to request owners of public or commercial buildings to:
 - a. screen buildings for the presence of asbestos-containing materials;
 - b. prepare plans to manage the risks they present;
 - c. ensure that such information is available to workers who may disturb such materials;
 - d. in the case of Member States who already implement compulsory screening schemes, to increase the efficiency of such schemes;
2. Urges the EU to develop models for monitoring existing asbestos in private and public buildings including residential and non-residential housing, land, infrastructure, logistics and piping;
3. Calls on the EU to devise models for monitoring asbestos fibres in the air in the workplace, built-up areas and landfills, and fibres present in drinking water supplied through asbestos cement pipes;
4. Urges the EU to conduct an impact assessment and cost benefit analysis of the possibility of establishing action plans for the safe removal of asbestos from public buildings and buildings providing services which require regular public access by 2028, and to provide information and guidelines to encourage private house owners to effectively audit and risk-assess their premises for ACMs, following the example of Poland; in the case of comprehensive national withdrawal action plans, competent government ministers should coordinate the action, while the responsible authorities of the Member State should control the conformity of local withdrawal plans;

5. Urges the Commission to integrate the asbestos issue into other policies, such as EU policy on energy efficiency and on waste;
6. Proposes the combining of a strategy for the renovation of buildings to make them more energy-efficient with a parallel gradual removal of all asbestos;
7. Urges the Commission to recommend the Member States develop public asbestos registers which would serve to provide relevant information on asbestos risks to workers and employers prior to renovation work being undertaken and complement existing health and safety protections required under EU law;
8. Urges the Commission, in cooperation with the Member States, to ensure the effective and unhindered implementation of European asbestos legislation and to step up official inspections;
9. Calls on the Commission, in view of the lack of information for employers and staff regarding asbestos, to cooperate with the Member States and the relevant stakeholders, including the social partners, in creating and developing services providing advice and ongoing information;
10. Calls on the Commission, in cooperation with the national authorities, to provide the necessary support to ensure protection for the entire EU workforce, given that small and medium-sized enterprises, which employ most of the European workforce, are particularly exposed as regards to the implementation of health and safety legislation;
11. Urges the Member States to properly implement and observe the requirements of Directive 2009/148/EC and ensure that the responsible authorities of the Member States are duly informed about intended plans for work with ACMs;
12. Calls on the Secretaries General of the EU institutions to provide a complete register – which should be open to the public – of ACMs in EU buildings; calls on the EU institutions to lead by example by establishing public asbestos registers;
13. Urges the EU to make differentiation between friable and non-friable asbestos compulsory;
14. Calls on the Commission to promote the establishment throughout the EU of centres for the treatment and inertisation of waste containing asbestos, combined with phasing out all delivery of such waste to landfills;

Ensuring qualifications and training

15. Calls on the Commission to establish a working group, together with the Member States, to develop minimum asbestos-specific qualifications for civil engineers, architects and employees of registered asbestos removal companies and to provide asbestos-specific qualifications for the training of other workers likely to be exposed to asbestos such as employees in the shipbuilding industry and farmers, with a strong focus on people in charge of removing asbestos on the ground, by strengthening their training, their protective equipment and the control of their activities by the responsible authorities of the

Member States;

16. Calls on the EU to draw up, together with the social partners and other stakeholders, programmes and awareness-raising activities on asbestos-related risks and the need for appropriate training for all staff likely to be affected by ACMs, in accordance with Article 14(1) of Directive 2009/148/EC, and to improve information about existing asbestos legislation and provide practical guides as to how to comply with it;
17. Underlines that training for anyone involved (employers, supervisors and workers) in work that may involve (or does involve) asbestos should cover: the properties of asbestos and its effects on health, including the synergistic effect of smoking; the types of materials or products that may contain asbestos and where they are likely to occur; how the condition of the material or products affects the ease of release of fibres; and what to do if materials suspected to contain asbestos are encountered;
18. Calls on the Commission, in cooperation with the Member States, to propose a specific directive with minimum requirements for the vocational training of construction and maintenance workers, including managers and construction professionals working incidentally with asbestos, as well as of employees at landfills for the disposal of waste containing asbestos and at centres specialising in the treatment, safe removal and disposal of asbestos waste, and also to work with and support the social partners and other stakeholders to improve implementation of Article 14(2) of Directive 2009/148/EC through raising awareness of the need for appropriate training and to develop information and materials to provide this; such training must be provided at regular intervals and at no cost to workers;
19. Calls on the EU through SLIC and national labour inspectorates to ensure that labour inspectors receive ACM training and that labour inspectors in the field receive proper protective equipment;
20. Calls on the Member States to ensure that occupational physicians are properly trained so as to ensure that they know about asbestos and are hence able to provide the necessary information to the workforce under their supervision;

Development of removal programmes

21. Encourages the EU to work with the social partners and other stakeholders at European, national and regional levels to develop and share action plans for asbestos removal and management. These plans should include: proposals for legislation; education and information; training for public employees; national and international training; programmes to fund asbestos removal; awareness-raising activities relating to the removal of asbestos and products containing asbestos (including during removal from buildings), public amenities and sites of former asbestos factories; cleaning premises and building installations for the destruction of asbestos and asbestos-containing debris; monitoring of the effectiveness of existing legal requirements; exposure assessments of at-risk personnel; and health protection;
22. Calls on the Member States to move forward with the phasing-out of asbestos in the shortest possible timeframe;

23. Underlines the necessity of developing safe working procedures, including the correct use of personal protective equipment, for workers who may work near asbestos-containing materials;
24. Calls on the Commission to undertake research to review the existing limit value for asbestos fibres; any lowering of the value, and the actual value set, must be based on robust scientific evidence;
25. Urges the EU to replace the phase-contrast optical microscopy (PCOM) method with the Accuracy of Transmission Electron Microscopy (ATEM), which is more accurate and provides for better detection of thin particles;
26. Calls on the EU to establish a roadmap for asbestos-free workplaces and an asbestos-free environment, based on the principles laid out by the WHO¹;
27. Calls on the EU through SLIC and national labour inspectorates to ensure full enforcement of EU and national asbestos regulations;
28. Calls on the Commission to include a coordinated strategy on asbestos in the upcoming Community Strategy for Health and Safety 2014-20 and to supply the European Agency for Safety and Health at Work with effective tools to improve the collection and dissemination of technical, scientific and economic information in the Member States and to facilitate the formulation and the implementation of national policies designed to protect the safety and health of workers;
29. Calls on the commission to review progress on the development of chrysotile-free diaphragms used in electrolysis installations, in accordance with REACH, Annex XVII, Part 6 and to ensure that substitution takes place before the end of the 10-year exemption period granted in 2009;
30. Calls on the EU to strengthen ex ante evaluations of substitution products for asbestos;
31. Calls on the Commission to promote research and remediation activities aimed at hindering re-suspension of single fibres, and/or at destroying the fibre-like crystal lattice of asbestos;
32. Points out that, as regards the management of asbestos waste, measures must also be taken – with the consensus of the populations concerned – to promote and support research into, and technologies using, eco-compatible alternatives, and to secure procedures, such as the inertisation of waste-containing asbestos, to deactivate active asbestos fibres and convert them into materials that do not pose public health risks;
33. Calls on the Commission and the Member States to strengthen the controls needed to oblige all stakeholders concerned, in particular those involved in asbestos waste treatment in landfills, to respect all the health provisions set out in Directive 2009/148/EC, and to

¹ WHO - 'Global Health Risks: Mortality and burden of disease attributable to selected major risks' - http://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_full.pdf and http://www.who.int/ipcs/assessment/public_health/asbestos/en/

ensure that all waste containing asbestos, irrespective of its fibre content, is classified as hazardous waste according to the updated Decision 2000/532/EC; stresses that such waste must be disposed of solely in dedicated hazardous-waste landfills, as provided for in Directive 1999/31/EC, or, when a permit is granted, be processed in dedicated, tested and secure treatment and inertisation plants, of which the population concerned shall be informed.

Recognition of Asbestos-related Diseases

34. Recognises that the two Recommendations on occupational diseases have not led to harmonised national standards and procedures in respect of identification, notification, recognition and compensation for asbestos-related diseases, and that national systems therefore still differ enormously;
35. Urges the Commission to amend Recommendation 2003/670/EC to reflect the progress of medical research and to include cancers of the larynx and ovary as asbestos-related;
36. Deplores the lack of information from several Member States that impedes a reliable prediction of mesothelioma mortality in Europe, when according to the World Health Organisation (WHO) between 20 000 and 30 000 cases of asbestos-related diseases are recorded every year in the EU alone and more than 300 000 citizens are expected to die from mesothelioma by 2030 in the EU; attaches, in this context, great importance to informing and training citizens and exchanges of best practices between Member States in the diagnosis of asbestos-related diseases;
37. Stresses that all types of asbestos-related diseases such as lung cancer and pleural mesothelioma – caused by the inhalation of asbestos-suspended fibres thin enough to reach the alveoli and long enough to exceed the size of macrophages, as well as different types of cancer caused not only by the inhalation of airborne fibre but also by the ingestion of water containing such fibres coming from asbestos pipes – have been recognised as a health hazard and can take several decades, and in some cases more than 40 years, to become apparent;
38. Urges the Member States to ensure that all cases of asbestosis, mesothelioma and related diseases are registered by means of systematic data collection on occupational and non-occupational asbestos diseases, to categorise and officially register pleural plaques as an asbestos-related disease, and to provide, with the assistance of dedicated observatories, a reliable mapping of asbestos presence; stresses that such a register and map at EU level should include the exact location of public and private sites containing asbestos, as well as providing clear details of those landfills containing asbestos waste, so as to prevent ground in which such materials are buried from being disturbed unwittingly, and to contribute to prevention and remedial actions;
39. Calls on the Commission and the Member States to carry out action research into the scale and severity of the clinically measurable psychological impacts, in communities around

the EU, of diseases solely attributable to exposure to asbestos¹;

40. Calls on insurance and compensation entities to adopt a common approach to recognition and compensation of asbestos-related occupational diseases;
41. Calls for recognition procedures to be simplified and facilitated;
42. Calls on the Commission to urgently put forward a proposal to amend Directive 2004/37/EC on the protection of workers from the risks related to carcinogens and mutagens at work, ensuring that the health of workers at risk of being exposed to carcinogens be protected and safeguarded through the promotion and exchange of best practices in prevention and diagnosis;
43. Calls on the EU to ensure that all asbestos-related diseases, including pleural plaques, are recognised as an occupational disease;
44. Recognises that, due to very long latency periods, asbestos victims are often unable to substantiate the causality of their occupational asbestos exposures;
45. Calls on the Member States not to place the burden of proof on asbestos victims but to establish wider rights to claim compensation as proposed in Commission Recommendation 2003/670/EC²;
46. Calls on the EU to recommend Member States to take steps to ensure that all cases of asbestos-related occupational disease are identified, reported to the competent authority and examined by experts;
47. Calls for offenders to be prosecuted and punished, and therefore for any obstacles to such action which may be contained in national criminal law to be surveyed and abolished;
48. Calls on the Commission to disseminate best practices on national guidelines and practices for national procedures for the recognition of asbestos-related diseases;
49. Calls on the Commission to support the exchange of best practices for the training of medical staff in the diagnosis of asbestos-related diseases;
50. Calls on the relevant agencies of the EU – with the help of independent medical and technical experts – to delineate the scientific proof required to prove that certain working conditions have induced asbestos-related disease;

Support for Asbestos Victims' Groups

51. Calls on the Commission to support conferences which provide asbestos victims' groups with professional advice, and which provide support for their members;

¹ For both victims and their families, mesothelioma is extremely difficult to cope with, not least from a psychological point of view. Research carried out in Casale Monferrato by the University of Turin (Professor A. Granieri) has found that mesothelioma sufferers and their families show various psychological symptoms that come within the scientifically accepted definition of post-traumatic stress disorder (PTSD).

² OJ 238 L, 25.9.2003, p. 28

52. Calls on the Commission to support an EU network of asbestos victims;

Strategies for a global ban of asbestos

53. Underlines that, regardless of the source of exposure or the employment status of the person exposed, all EU asbestos victims and their relatives deserve the right to receive swift and appropriate medical treatment and adequate financial support from their national health schemes;

54. Calls on the EU to work with international organisations to pioneer instruments to label the asbestos market as a toxic trade;

55. Calls, more generally, for the concept of health and safety of employees to be taken into account by national law and to constitute a performance obligation for employers with reference to Framework Directive 89/931/EC;

56. Calls on the EU to make the listing of chrysotile in Annex III of the Rotterdam Convention a top priority;

57. Calls on the EU to address the unacceptable dumping of asbestos on developing countries at forums where trade agreements are being discussed, in particular at the WTO, and to exert diplomatic and financial pressure on asbestos-exporting countries to shut down asbestos mining industries and to stop the illegal and unethical practice of exporting end-of-life ships containing asbestos;

58. Calls on the EU, in cooperation with the World Health Organisation, third countries and other international bodies, to promote worldwide high levels of health and safety at the workplace, for example by identifying asbestos-related problems and promoting solutions conducive to health protection;

59. Calls on the EU to develop and support the export of non-asbestos technologies, and of knowledge of asbestos, to developing countries;

60. Condemns European financial investment in global asbestos industries;

61. Calls on the Commission to ensure that vessels carrying asbestos as cargo in transit can neither dock nor use port facilities or temporary storage within the EU;

62. Instructs its President to forward this resolution to the Council and the Commission.

10.1.2013

OPINION OF THE COMMITTEE ON THE ENVIRONMENT, PUBLIC HEALTH AND FOOD SAFETY

for the Committee on Employment and Social Affairs

on asbestos related occupational health threats and prospects for abolishing all existing
asbestos
(2012/2065(INI))

Rapporteur: Sabine Wils

SUGGESTIONS

The Committee on the Environment, Public Health and Food Safety calls on the Committee on Employment and Social Affairs, as the committee responsible, to incorporate the following suggestions in its motion for a resolution:

1. Deplores the lack of information from several Member States that impedes a reliable prediction of the mesothelioma mortality in Europe while, according to the World Health Organisation (WHO), between 20 000 and 30 000 cases of asbestos-related diseases are recorded every year in the EU alone, and that more than 300 000 citizens are expected to die from mesothelioma by 2030 in the EU; attaches, in this context, great importance to informing and training citizens and to exchanges of best practices between Member States in the diagnosis of asbestos-related diseases;
2. Stresses that all types of asbestos-related diseases such as lung cancer and pleural mesothelioma – caused by the inhalation of asbestos airborne fibres thin enough to reach the alveoli and long enough to exceed the size of macrophages, as well as different types of cancer caused not only by the inhalation of airborne fibre but also by the ingestion of water containing such fibres coming from asbestos pipes – have been recognised as a health hazard and can take several decades, in some cases more than 40 years, to become apparent;
3. Welcomes the verdict, delivered on 13 February 2012 by a court in Turin, on the deadly consequences of asbestos whereby the former owner and the former director of the Italian branch of the Eternit company were indicted as responsible for about 3 000 asbestos-related deaths, and were ordered to pay damages to the victims and their relatives and to civil society associations;
4. Points out that asbestos is still present in many open asbestos mines, unsecured landfills,

water supply systems, wrecks close to shore and ships, in public and private buildings (mainly in roofs, floors, linoleum and vinyl tiles), in trains, bunkers, tunnels and galleries, in some types of ballast used in railway tracks as well as in demolition and waste treatment activities that may imply single fibres re-suspension; point out that the exact location of such asbestos is often unknown and, as a consequence, poses a health hazard not only to exposed workers but to the general public; notes, in this context, 'that the allocation of funds for prevention and treatment could lead to the environmental rehabilitation of dangerous sites and a reduction in healthcare costs, with the added benefit of generating jobs;

5. Calls on the Commission to promote research and remediation activities aimed at hindering re-suspension of single fibres, and/or at destroying the fibre-like crystal lattice of asbestos;
6. Welcomes initiatives in some regions and Member States aimed at replacing asbestos in barn roofs and rural buildings with solar panels, thus creating a win-win situation; calls on the Commission and the Member States to develop this approach further within the framework of the EU's rural development policy.
7. Urges the Member States to ensure that all cases of asbestosis, mesothelioma and related diseases are registered by means of systematic data collection on occupational and non-occupational asbestos diseases, to categorise and officially register pleural plaques as an asbestos-related disease, and to provide, with the assistance of dedicated observatories, a reliable mapping of asbestos presence; stresses that such a register and map at a EU level should include the exact location of public and private sites containing asbestos, as well as provide clear details of those landfills containing asbestos waste, so as to prevent ground in which such materials are buried from being disturbed unwittingly, and to contribute to prevention and remedial actions;
8. Urges the Commission to draw up a study (report) recording the problems caused by the use of asbestos in each Member State, and to identify target actions where they are needed most, such as the safe removal of asbestos from public buildings, specifying the funds that will be needed for this purpose;
9. Underlines that regardless of the source of exposure or the employment status of the person exposed, all EU asbestos victims and their relatives deserve the right to receive swift and appropriate medical treatment and adequate financial support from their national health schemes;
10. Recognises the key role of asbestos victims' associations and groups and other civil society associations, and recommends that the Member States and the EU provide an appropriate fund to support their work and collaborate with them in the establishment of a comprehensive plan to eliminate all remaining asbestos in Europe; stresses, in this context, the importance of informing the public and the importance of the special training of medical personnel;
11. Calls on the Commission and the Member States to carry out action research into the scale and severity of the clinically measurable psychological impacts, in communities around

the EU, of diseases solely attributable to exposure to asbestos¹;

12. Calls on the Commission and the Member States to commit to the 2023 deadline proposed by trade unions for a complete ban on asbestos within the EU, ending all exemptions for chrysotile asbestos diaphragms, to lower the threshold for worker exposure to asbestos fibre, set in Directive 2009/148/EC, by increasing provisions to safeguard workers' health and ensuring appropriate remediation of all public and private sites affected, including non-secure landfills, and to phase out unsecure and hazardous sites containing asbestos across the EU;
13. Points out that, as regards the management of asbestos waste, measures must also be taken – with the consensus of the populations concerned – to promote and support research into and technologies using eco-compatible alternatives and to secure procedures, such as the inertisation of waste-containing asbestos, to deactivate active asbestos fibres and convert them into materials that do not pose public health risks;
14. Calls on the Commission and the Member States to revise the provisions on exemptions for chrysotile asbestos in Annex XVII of the REACH Regulation, and to ensure that substitution takes place before the end of the 10-year exemption period granted in 2009;
15. Calls on the Commission and the Member States to strengthen the controls needed to oblige all stakeholders concerned, in particular those involved in asbestos waste treatment in landfills, to respect all health provisions set out in Directive 2009/148/EC, and to ensure that all waste containing asbestos, irrespective of its fibre content, is classified as hazardous waste according to the updated Decision 2000/532/EC; stresses that such waste must be disposed of solely in dedicated hazardous-waste landfills, as provided for in Directive 1999/31/EC, or, when permit is given, be processed in dedicated, tested and secure treatment and inertisation plants, whereby the population concerned shall be informed.

¹ For both victims and their families, mesothelioma is extremely difficult to cope with, not least from a psychological point of view. Research carried out in Casale Monferrato by the University of Turin (Professor A. Granieri) has found that mesothelioma sufferers and their families show various psychological symptoms that come within the scientifically accepted definition of post-traumatic stress disorder (PTSD).

RESULT OF FINAL VOTE IN COMMITTEE

Date adopted	28.11.2012
Result of final vote	+: 49 -: 1 0: 0
Members present for the final vote	Elena Oana Antonescu, Kriton Arsenis, Sophie Auconie, Pilar Ayuso, Paolo Bartolozzi, Sandrine Bélier, Sergio Berlato, Nessa Childers, Yves Cochet, Chris Davies, Anne Delvaux, Bas Eickhout, Edite Estrela, Elisabetta Gardini, Matthias Grootte, Françoise Grossetête, Satu Hassi, Jolanta Emilia Hibner, Dan Jørgensen, Karin Kadenbach, Christa Kläß, Eija-Riitta Korhola, Holger Kraemer, Jo Leinen, Peter Liese, Zofija Mazej Kukovi, Linda McAvan, Radvil Morknait -Mikulnien, Antonyia Parvanova, Andres Perello Rodriguez, Mario Pirillo, Oreste Rossi, Richard Seeber, Theodoros Skylakakis, Claudiu Ciprian Tnasescu, Salvatore Tatarella, Thomas Ulmer, Åsa Westlund, Glenis Willmott, Sabine Wils
Substitute(s) present for the final vote	Nikos Chrysogelos, Julie Girling, Georgios Koumoutsakos, Judith A. Merkies, Britta Reimers, Birgit Schnieber-Jastram, Alda Sousa, Rebecca Taylor, Marita Ulvskog, Andrea Zannoni

RESULT OF FINAL VOTE IN COMMITTEE

Date adopted	24.1.2013
Result of final vote	+: 40 -: 2 0: 1
Members present for the final vote	Edit Bauer, Heinz K. Becker, Jean-Luc Bennahmias, Phil Bennion, Pervenche Berès, Vilija Blinkevičiūtė, Milan Cabrnoch, Alejandro Cercas, Minodora Cliveti, Marije Cornelissen, Emer Costello, Andrea Cozzolino, Frédéric Daerden, Sari Essayah, Richard Falbr, Marian Harkin, Roger Helmer, Nadja Hirsch, Stephen Hughes, Ádám Kósa, Jean Lambert, Patrick Le Hyaric, Thomas Mann, Elisabeth Morin-Chartier, Csaba Orban, Siiri Oviir, Konstantinos Poupakis, Sylvana Rapti, Licia Ronzulli, Elisabeth Schroedter, Joanna Katarzyna Skrzydlewska, Jutta Steinruck, Traian Ungureanu, Andrea Zannoni
Substitute(s) present for the final vote	Georges Bach, Malika Benarab-Attou, Sergio Gutiérrez Prieto, Richard Howitt, Jan Kozłowski, Svetoslav Hristov Malinov, Paul Murphy, Ria Oomen-Ruijten, Gabriele Zimmer