

# Asian Network for the Rights of Occupational Accident Victims (ANROAV)



Proceedings of Annual Meeting  
September 24-26, 2004  
Chiang Mai, Thailand

**Introduction:**

The annual meeting of the Asian Network for the Rights of Occupational Accident Victims (ANROAV) took place in Chiang Mai from September 24 to 25. The ANROAV annual meeting is the highest decision making process for the ANROAV programmes. This meeting also serves as a forum to review the past year ANROAV programme and devise the future strategy for ANROAV. In this year's meeting, the main focus will be on the critical issues concerning the Occupational health and safety in Asia and devising effective strategies towards them and also to strengthen ANROAV as a network and to enhance fruitful partnership among its members.

**Objectives:**

The objectives of the 2004 annual meeting are as follows:

1. Outline the major OSH concerns in the region and each of the sub regions like East Asia, South East Asia, South Asia and the Pacific.
2. Devise strategies for the most common, critical issues and concerns in the regions.
3. Develop working groups for each sub region.
4. Outline and develop an annual plan for the network and assign specific responsibility to the network partners by considering their expertise.
5. Map the available resources/expertise among the partners or members and develop strategies to share these resources/strategies.
6. Devise a common plan for advocating for better health and safety laws and systems at the National and the International levels e.g. how to advocate for including OSH as the fundamental right in the constitution of every country (even though right to life is already defined as a fundamental right) and also how to include conventions on OSH as the core ILO conventions.

**Participants**

The meeting had a total of 24 participants, mostly ANROAV members from Nepal, India, Bangladesh, Hong Kong, Taiwan, Thailand, Cambodia, Vietnam and Indonesia.

## **Programme Schedule**

### ***September 24 : Day 1***

Morning Session: Moderator Apo Leong

- |                    |   |
|--------------------|---|
| 9:00 to 9: 15 am   | Welcome and Introduction by Achan Voravidh  |
| 9:15 to 9:30 am    | Participants Introduction   |
| 9:30 to 10:00 am   | Victims Presentation by Somboon (Thailand) and Ren-Zhi Liao (Taiwan)                |
| 10:00 to 10:30     | Tea Break   |
| 10: 30 to 11:15 am | Presentation of the ANROAV activities and the new three year plan by Sanjiv Pandita |
| 11:15 to 12:30 pm  | Discussions   |
| 12:30 to 2:00 pm   | Lunch   |

Afternoon Session: Moderator Earl Brown

- |                    |   |
|--------------------|---|
| 2:00 pm to 3:00 pm | Dividing the participants into groups of East Asia (Hong Kong, Taiwan and Japan), South East Asia (Thailand and Indonesia) South Asia (India, Bangladesh and Nepal) and Mekong (China, Cambodia and Vietnam). Group discussions on the sub-regional plan and activities |
| 3:00 pm to 3: 45pm | Presentation to the Larger Group  |
| 3:45pm to 5:00 pm  | Consolidation and finalisation of the plan  |

### ***September 25, Day 2***

Morning Session Moderator : Voravidh

- 9:00 am to 12:30 pm  
ANROAV Campaigns
- 1) Toy Campaign: Apo Leong
  - 2) Asbestos Campaign: Furuya Sugio
  - 3) Chemical Safety (including Electronics): Vijay Kanhere and Voravidh
  - 4) Strengthening the Victims Movement : Hong Chi

12:30 to 2:00 pm Lunch

Afternoon Session

New ANROAV structure and strategies to strengthen it

New ANROAV Website

Discussion on the membership

Presentation of the draft of the ANROAV publication “Compensation Systems in Asia”

Discussions/Closing

## *September 26 : Visit to the workers Center in Lamphun*

### **Proceedings: Day 1**

Moderator- Apo Leong.

#### **Introduction and Welcome by Achan Voravidh**

Occupational Health and Safety is often neglected in Asia. This is a grave problem in Asia. In the past we have seen some gruesome accidents like the Kader Fire and the Longang Factory explosions. These accidents are quite visible, but the occupational diseases remain invisible. They are not even being seen by the workers, trade unions or even the community. We need to do a lot of work towards the building the awareness of the grassroots groups. If we look at the trade union struggles and campaigns, often wage is the central issue in these campaigns. OSH has not been prioritised. In the export led growth, countries rely on the cheap labour to have competitive advantage. This means that workers lives are also cheap. The problem is that Occupational Safety and Health are not still seen with relation to the right of the worker. Victims of occupational accidents and diseases are the worst affected as they have virtually no rights. For the past many years victims have tried to organise themselves as if they stand alone, often, their voices are not heard at all. Thus they have started to organise to form groups of injured and diseased workers. Their voice is heard in the public and for the past decade this unique form of networking has been taking place in Asia. ANROAV is also one of the examples of this type of network. The coming two day ANROAV meeting will help us to identify the key problems and issues related to OSH in Asia. We need to focus on collective efforts to develop new strategies towards addressing this problem. I welcome all the participants to this meeting and hope you have a very fruitful meeting.



### **Session 1**

#### **Victims Presentations**

##### **Presentation by Khun Somboon from WEPT**

We (WEPT) have been organising the victims of the factories and now we are also trying to organise the communities that are being affected by the industries. One such case has been to organise the community affected by the pollution due to the Mae Mo power plant in Lamphan. We are also trying to generate awareness among the trade unions about the OSH issues. I, myself, have been fighting against my employers in the textile factory, where I developed Byssinosis. I won the case but now the company has appealed the verdict so the fight is still going on. We are working with many trade unions in the four industrial zones in the suburbs of Bangkok. In Nava Nakorn Industrial zone, we managed to form a network of victims suffering from occupational diseases. However, the problem is that if we try to organise the workers and victims in some



form of a trade union, often the leader of such union will be fired from the job. In one such electronic factory, where we tried to organise the workers the leader of the union lost her job and now she works in WEPT. We are also trying to sue the factory for the illegal dismissal for the worker. The other problem we face is the denial of justice. In the case of Mae Mo victims, there was a decision taken by the Thai government favouring the victims. However, the problem was that decision was never implemented. It is very difficult for us to go to court as the administrative costs are too high and difficult for poor people to fight. The tenure of the Thai Government is finishing in January. They are portraying themselves as working for the poor. However, in reality poor are suffering because of the government policies. We are working closely with the 'assembly of the poor' to bring the real face of this government to the people.

### **Presentation by Ren\_Zhi Liao (TAVOI, Taiwan)**

When I was 16 years old, I suffered from the Industrial Accident. I was working in a Ceramic Factory. I was also studying arts at that time in the evening school. I suffered a serious injury in one of my hand in November 5, 1996. I was very worried about my future and wept all time. Initially, I was assigned to do some work in the oven. Many of the workers was routinely getting burn and other injuries there. As the company started to grew I was assigned to do other sorts of work There were many orders and we had to work



for long hours and that left me exhausted. This led to the tragic accident where my left hand got crushed in the heavy rollers. I was suffering from 40% disability in my left hand and was incapable of lifting anything with that hand. I could not even lift the simple toilet paper with my left hand and gave me lots of pain. I felt incapable of doing even the very basic things with my left hand. This injury left me traumatised and I am still having nightmares in the middle of the night. This started to affect my family also as I often screamed in the middle of the night. The government and the company were very apathetic about my case and the company even refused to pay me any compensation. At that time my teacher helped me to approach different organisations to fight for my compensation. Thus, I was introduced to Taiwan Association for Victims of Occupational Injuries (TAVOI), an organisation working for the occupational accident and disease victims. They helped me to fight my case against the company. In was, however, fired from the job as I appeared on a press conference on TV where I was advising young workers how they could prevent accidents at the workplace. My employer was very angry and he scolded me, but I stood firm on what I had done and felt there was nothing wrong with that. Subsequently, I was forced to resign from my job. Now I also work with TAVOI and help the other accident and disease victims to claim their compensation. My major responsibility in TOVOI is as an instructor to young students in colleges and university and prepares them about the possible hazards at the workplace before they start to work in the factories. Before the accident I was studying to be a good arts designer. However, now I have realised that apart from getting recognition as a professional designer I want to use my skills in strengthening the movement so that workers and students can fight for their basic rights.

## ANROAV New Three Year Plan by Sanjiv from AMRC

### Key Facts

- Work related deaths are one of the major killers of workers globally. As per International Labour Organisation (ILO) global statistics (based on 1998 data) about two million workers die due to work every year, which means that every 15 seconds a worker dies somewhere.
- Asia is home to one of the largest workforce. China has the largest number of fatality figures followed by India (460260 and 310067) – ILO
- These statistics may appear alarming, yet these are only the tip of the iceberg. No country, including the most developed countries, record and compensate all work related accidents and disease. Thus government statistics do not reflect the actual gravity of the problem. In reality, no one knows how many workers die or become diseased or injured at work. Most Asian countries do not have a proper reporting mechanism. Even though some of the *accidents* might be reported, the majority of the occupational *diseases* are never reported
- **OSH; ‘a privilege rather than a right’:** Even though the right to life is a fundamental right in most countries, ironically, occupational safety and health (OSH) rights, which in real terms translate into the right to life, are yet to be recognised as fundamental rights (except few countries like Canada, which recognises OSH as a fundamental constitutional right). In fact, OSH is often perceived and portrayed as a duty of the worker rather than his right. Also the OSH rights are often portrayed as a privilege benevolently provided to workers. Ironically even the eight ILO ‘Core Conventions’, which are promoted as ‘basic minimum conventions’ that countries should ratify, contain no convention on OSH
- **Lax Implementation:** Most of the countries in Asia (with exceptions like Cambodia) have some form of legislation aimed at protecting workers from hazards at the workplace and to offer them or their families some sort of social security in case of death, injury, or disease. However, the problem is the implementation. Regulatory authorities in most countries are weak and ill-equipped. In any country, the number of factory inspectors is simply far too few for the number of enterprises they are supposed to inspect; it is almost impossible for them to visit all factories. For example in Thailand there are only enough inspectors to visit around 10,000 factories per year but there are 300,000 factories that qualify for inspection – each factory can be visited once every 30 years, but the average life of a factory is far less than this, so most factories are never inspected. The situation is compounded in places like Cambodia because the wages of factory inspectors are lower than the official minimum wages of the garment factory!
- **Doctors and Diagnosis:** There are not many doctors available who can correctly diagnose the occupational disease. Many of the specific occupational diseases like



Byssinosis (textile workers' disease) and silicosis (construction workers' disease) have been and are mostly wrongly diagnosed as tuberculosis. In a community where having a doctor is a privilege, having an OSH specialist is simply out of question

- **Forgotten and Ignored:** Dead workers and their families, who bear the brunt of suffering for industrial development, are easily forgotten even in the most 'developed' countries. The management responsible for what could be argued as 'murders' are hardly ever prosecuted or get away with small fines. Thailand's Kader Fire in 1993 that resulted in the biggest number of deaths in a factory fire in world history claimed the lives of 188 workers. It took almost 10 years for the Thai court to rule that it was 'one worker's negligence' that started the fire; the man, Viroj Yusak was jailed for 10 years, but the company was fined a mere 520,000 Baht (US\$12,579) for violating the building code
- **Cheap Labour – Cheap Lives and Limbs:** Neo-liberal policies, adopted by most developing countries under direct pressure of the International Monetary Fund and the World Bank and indirectly guided by multinational corporations, have led to relaxed labour legislation beneficial to investors. Export-led growth in most Asian countries means products have to be competitive in the international market and is largely achieved by making production cheaper; paying workers less and spending little on their safety. The availability of abundant cheap labour (due to huge unemployment) makes it easier for management to replace sick or injured workers rather than investing in health and safety mechanisms. Workers are effectively forced to work in hazardous conditions otherwise they and their families will die of hunger
- **Trade Unions and Labour Groups:** A strong trade union is perhaps the most important element in ensuring safety at the workplace. But these are tough times for unions as neo-liberal forces are bent on reducing their memberships and changing employment relations in a way to make unions redundant (by employing mostly short-term contractual workers). It is difficult to talk about OSH in these times when management often threatens to shift production rather than invest in safety. Very few collective bargaining agreements include provisions for safety and if does, the demand is mostly restricted to provisions of personal protective equipments (PPE - masks, safety shoes etc.) rather than removal of hazard. Many countries, in the region, on the other hand, do not have free and independent trade unions. In many countries where labour is free to organise, trade unions dismiss OSH matters as inconsequential, preferring to concentrate on wages and holidays; unionists also need educating on the importance of OSH
- **Right to Know:** Even though many countries have laws where workers have the right to know about workplace hazards, in practice they do not know. Management hardly ever provides the information regarding hazards like chemicals etc., their effects on workers' health, and the means of avoiding them. Most of the information available on this subject is very complex, full of jargon, and rarely reaches the workers. In the eyes of government and managers, workers are often reduced to mere 'subjects of research' for 'experts' to conduct various tests on to study the effect of hazards. Most resulting

research papers are not shown to workers, who receive no information about potential hazards

- **Double Standards by TNCs:** Many TNCs observe good safety norms in the west and countries with good safety regulations and implementation. But they are just as likely to flout these norms when producing in countries with lax implementation to reduce production costs. The 1984 Bhopal disaster in India was a result of such double standards. In addition many obsolete and hazardous processes are being shifted to Asian countries
- **Gender Issues:** The past few decades have seen more and more women in Asia moving from rural areas to seek employment in cities or special industrial zones. Most of the machinery they use was designed for men. At work women are also exposed to a range of chemicals and other hazards like motor-generated radiation. Chemicals and radiation at the workplace are major reproductive hazards for both men and women. Women face the results of occupational stress as they mostly have monotonous jobs and poverty-related stress because of the general low pay women receive. Sexual harassment at work is also a major health hazard

### **The Asian Network For the Rights of Occupational Accident Victims (ANROAV)**

- The Asian Network for the Rights of Occupational Accident Victims (ANROAV) is a unique network, which primarily consists of victims groups; labour NGOs, Trade Unions, labour researchers and individual labour activists. ANROAV was initiated by victims groups.
- ANROAV was consolidated into a stronger network as a result of two fires- Kader and Zhili as the victims of the fire received very little compensation even though they worked hard for the profits of the company.
- ANROAV was formally constituted in 1997 and at present has members from 13 Asian Countries.

### **Structure**

ANROAV has central secretariat in Hong Kong housed at ARIAV, three sub regional secretariats and two programme based secretariats.

### **Programme Aims**

The core objectives of this project are:

- Work towards the promotion of OSH as a fundamental right of workers to realise its recognition as a core issue at factory, national, regional and international level.
- To help workers, trade unions, labour NGOs and other labour groups and activists (including victims' groups) to develop their knowledge of OSH and to build their capacity to deal effectively with OSH-related issues.
- To carry out participatory research on OSH which can help in understanding the problems, identifying trends (related to cheap production and relocation of hazardous industries to Asia), relating workers' accidents and sickness to the work they do and establishing strong worker participation in OSH issues as a basis for decision making

- To facilitate the real participation of workers and their trade unions in all forms of decision making related to OSH and to work towards the creation of an enabling environment or democratic institutions (like safety committees)
- To promote exchanges for education and use of resources for OSH among labour groups in the region.
- To promote more emphasis on occupational diseases those are neglected because most OSH programmes target accident prevention.
- To strengthen the network of organisations working on OSH in different locations to improve solidarity and sharing of knowledge and resources.
- To prepare easy-to-read publications aimed at demystifying the technical concepts and jargon-laden information about OSH and bargaining strategies for workers in simple, local languages.
- To advocate better OSH laws and policies at all levels.
- To prepare a database of medical and legal experts in all countries and make it available to workers and labour organisations.
- To run joint campaigns and develop solidarity on common issues in the region.
- To campaign against ‘corporate murder’ at work and campaign, in collaboration with environmental groups, against unsafe workplaces that threaten workers and the surrounding community as a whole.

### **Programme Activities**

The core ANROAV programmes can be listed as follows:

**Research:** There is a great need for good action research on OSH both at the micro and the macro level. ANROAV as a network will conduct research at both the levels. At one level, research will be conducted in various parts in Asia about the hazards workers face and the present strategies to deal with it. ANROAV will also conduct the policy level research to identify the broad level policies that are responsible for the present state of the OSH in the region. This research will be helpful to all the labour activists in forming their long term strategy to demand better OSH rights for workers.

**Capacity Building:** ANROAV will conduct capacity building initiatives for the members as well as the trade unions and other labour groups in the region focussing on OSH. It will include Training of Trainers (TOT) on ranging from basics of OSH to the specific issues like bargaining on OSH with the management, conducting research on OSH, formation and functioning of safety committees, issues of compensation etc.

**Education and Information Sharing:** ANROAV will also act as nodal point to provide information on different issues on OSH and also facilitate various educational events like trainings and workers exchanges (south –south or south-north). The medium to deliver information will be conferences, workshops, trainings, educational pamphlets, booklets and website.

**Networking:** ANROAV will also facilitate networking with other labour groups in Asia and other countries. ANROAV will also network with other similar networks in US (COSH) and Europe (Hazard Network) to form a global coalition on OSH.

**Campaigns:** ANROAV will also be a platform to launch campaigns on common OH issues that cut across the region. Some of the campaigns that have been identified by the members include: Electronics and Chemicals Campaign, Safe Mining Campaign, Asbestos Campaign and Double standards by the MNCs.

**Advocacy:** Based on the research findings, ANROAV will advocate at all levels (local, national and regional) for better OSH policies and their implementation.

**Publications:** At present AMRC in collaboration with the ANROAV members is compiling a book on the compensation systems in Asia. The book will be published in November 2004 and will come

ANROAV publishes a quarterly newsletter providing information about the members' activities and other OSH issues in the region. In addition, ANROAV will also publish easy to read books on issues like compensation, chemicals, OSH as a bargaining tool. ANROAV will also publish a series of research papers on OSH scenario in Asia, based on our research.

### **Functions of the Secretariat**

**Overall co-ordination:** The ANROAV secretariat co-ordinates the network's activities, including communicating with the network partners, acting as an information portal and inviting new members.

**Campaigns:** The areas for campaigns identified in the last ANROAV meeting are: safe mining, chemicals and electronics, asbestos and transnational corporation (TNC) double standards (individual TNCs have better safety standards in one country with strict legislation and bad safety conditions in country with lax or poor OSH laws)

**Newsletter:** The ANROAV secretariat produces a quarterly newsletter, *OSH Rights*, which provides information about OSH activities in the region.

**Web site:** ANROAV is working on a Web site which will have links to all the members (who have Web sites) and an information page on members who have no Websites. The Web site will also provide information about the ANROAV activities and campaigns.

**Networking and Lobbying:** The ANROAV secretariat is the nodal point for strengthening the network, inviting more members and building links with other networks in the region. ANROAV has been working to build links with National COSH, an OSH network in the US and the Hazard Network of Europe.

**ANROAV Annual and Sub-regional Meetings:** ANROAV annual meetings are critical for drafting strategies for the programmes and assigning responsibilities to members. These meetings also provide a venue to discuss, review and evaluate past programmes. Sub-regional meetings focus on specific problems in the sub-regions (like South Asia or South East Asia etc.) and specific strategies to respond to them. Following meetings are planned for the next three years

### **Suggestions and Comments from the participants**

- Need to bring more lawyers into the network, many lawyers tend to work on human rights issues, and OSH rights are also human rights. The existing law in different countries has provisions to prosecute the employer but it is not being utilized at present. Lawyers need to be sensitized.
- Need to bring more Doctors into the network.
- Research should be more focused and extensive. It should not be mere collection of existing secondary data and newspaper reports. In China we can conduct research on the relation between the long working hours and the health and safety problems.
- Inclusion of maternity protection.
- Inclusion of HIV/AIDS as an OSH issue.
- OSH activities should be extended to the service sector.

- ANROAVA strong network is essential for a good campaign so we should try to strengthen our network.
- Extend our services to the informal sector as more and more work is being done informally and due to lack of clear employer employee relation.
- The present compensation systems do not have any sort of democratic decision-making. Most of the funds collected are used for the administrative purposes and a small amount is used to pay the actual compensation. We need to work on democratization of the social security sector and ensure that workers representatives have a say in the decision making.
- We need to emphasize the environment inside the factory is also environment so OSH should also be a part of the mainstream environment movement.
- Migrant workers are often blamed for transmitting the communicable diseases (like SARS). In reality they are themselves victims of the disease and discrimination. Need to address the issue of migrant workers.
- Inclusion of consumer society.
- There is a great need to increase the awareness of the employer so employers or their bodies should also be included in ANROAV.

#### **Afternoon Session: Moderator Earl Brown**

The participants were divided into four subgroups of East Asia (Japan, Taiwan and Hong Kong), South East Asia (Thailand and Indonesia), South Asia (India, Bangladesh and Nepal) and Mekong (China, Vietnam and Cambodia). Participants discussed on the proposed activities in these sub regions for one hour and then presented their findings in the larger group.

#### **Group Presentations**

##### **1) East Asia Presented by Wan Ling from Ching Jen Center**

Karoshi was identified as a very serious problem in the region and following activities were proposed:

- Follow and update this issue on various aspects. It is not identified as an occupational disease in many countries (only in Japan).
- Campaign on this issue in other Asian Countries.
- Service Industry
- Identify the main industry in each country in the coming 6 months.
- Industry that needs attention and more work needs to be done.
- To share the issues and strategies in the 2005 ANRAOAV annual meeting.



#### **Documenting the Struggle o Victims Organizing**

It is necessary to document the different victims' movements in Asia and the document should be available in English for the larger labor activists. This document will be helpful in organizing victims in other countries.

#### **Comments from the Participants**

**Apo:** Apart from Karoshi we have to draw our attention to other workplace problems like workplace violence and stress which may or many not be related to Karoshi where workers under stress use their mental stability and either kill themselves or harm other people. This is a common in industrialized countries in Asia like Japan, Hong Kong etc.

**Earl:** In your area you have China which has twice the coal mine accident of India. There are so many industrial diseases and deaths. We need to control the machinery sales to China as China is one of the largest buyers of the dangerous machines. What will you focus on in China?

**Ka Wai :** A similar problem of ship breaking is happening in China, which is very dangerous and some of the groups like Green Peace have started to make some intervention there but not much happening yet.

**Somboon:** Is Karoshi a recognized compensable disease?

**Hong Chi:** Karoshi is only recognized in Japan as an occupational disease but groups in Taiwan, Korea and Hong Kong are pressuring government to recognize it as an Occupational disease.

**Furuya:** Karoshi is a socio-medical disorder and Japan has developed specific indicators that can be identified in worker who is working under high stress or working for long hours. These indicators if identified can prevent the death of the worker.

### **South East Asia Presented by Bent Gehrt from Workers Rights Consortium**

- Need to set up concrete and realistic targets.
- Empower the accident and disease victims in countries where there are no victims' groups.
- Ideally there should be such groups in all the ANROAV member countries.
- Facilitate the exchange between the various victims groups.
- Enable workers to conduct monitoring of her workplace - need to develop a tool kit that can enable the workers.
- Training of the workers, trade unions and the community leaders adjoining the industry.
- Unified campaign on corporate crime, CEOs and the policies that are criminal.
- Inclusion of health and safety into the various standards.
- Clearly state the priority areas to work upon.
- More emphasis on training.
- Less representation of the Victims groups in ANROAV.



### **Comments**

**Earl Brown:** If you are looking for a criminal case against the company, don't indict a policy make it personal. There is nothing that focuses the attention of the company than to indict the top person like CEO of the company.

## South Asia by Vijay from OSHC India.

### Research

- Occupational Diseases (Textile, garments, construction and waste handlers)
- System of compensation.
- Waste Handlers.

### Training

- Workers, Trade Unions.
- Doctors
- Employers

### Campaign

- Ratification of ILO conventions related to OSH by the national governments.
- OSH legislations. New OSH labour laws are coming in all the countries which is supposed to cover even the informal sector.



### Advocacy

- OSH as a core fundamental right.

Initiate the formation of the victims groups in South Asia. There are at present no victims groups in South Asia so we need to make efforts to develop such groups.

**Voravidh:** What is the process to campaign on the OSH as a fundamental right to make it more concrete not just abstract?

**Pranjal:** When we talk about the fundamental rights, constitution of some countries such as India provides for right to health and decent work. What needs to be done is to make these provisions applicable at the ground level.

**Earl Brown:** We should be aware that in the Universal Declaration of the Human Rights in 1966, two conventions on the political, social and economic rights, both the conventions established the right to healthy environment as a fundamental right. It is the principal responsibility of the employer to provide such conditions. Under the convention the governments are required to preserve and protect these rights.

**Voravidh:** We all know that it is the principal responsibility of the employer to provide safe working conditions in the factory. However, in a very strange case in Thailand, where a worker was affected due to hazardous conditions, the judge of the labour court in his verdict put the blame both on the employer and the worker. Employer because he violated the OSH law of the country and the worker because he continued to work in such unsafe conditions. Under such circumstances it is very difficult for workers to apply for compensation as they are forced to work under the unsafe conditions due to poverty etc.

**Earl Brown:** In a similar judgment in Thailand, a woman who contracted Bysionosis working in the textile factory for over five years, the judge rule that she contracted the disease by doing laundry at home.

## Mekong Presented by Nguyen Thane Lo from NILP Vietnam.

### Regional Program

- EPZ Garment workers Exchange  
2005- Zhuai (China)  
2006-Ho Chi Min (Vietnam)  
2007-Phnom Penh (Cambodia)



### Industries

- Mining and asbestos

### National Programs

#### China

- Research (Mining, IT and Computers, Compensation and Rehabilitation)
- Networking
- Workers Exchange.

#### Cambodia

- Research on Garment Industry and EPZ
- Training of Trainers (CCADWU, WAC and GAP)
- Local compensation and assistance to victims.
- Awareness about Compensation.
- Lobby Government and the ILO.

#### Vietnam

- Research on Mining and the EPZ.
- Workers Exchange.
- EPZ workers training.
- Participating in the Asbestos Conference.
- Craft Village awareness of OSH

### Comments

What will be the impact of Phasing out of MFA in the region?

**Apo:** There is a big debate on the effect on the garment workers in countries like Cambodia, Bangladesh and Sri Lanka by the phasing out of MFA in early 2005. There are many wild guesses that the whole industry might collapse in smaller countries like Cambodia and all of it will shift to China. Each country has to address the problem nationally. It is not feasible for country to develop their economy based on just one industry. This happened in Hong Kong also, as the garment industry flourished there in the golden days of 70s. However, now most of the industry has moved out of the Hong Kong. Hong Kong has been able to survive by converting industries to more service based and R&D. The TNCs on the other hand like GAP and LEVIS are manipulating and controlling the scene from behind. If there is no control on the supply chain, the big player will play around and the workers will be

pitted against each other. In reality even if all the quotas go to China, the workers will not be the winners. The suppliers will be the winners as they are in win-win situation wherever the quotas go. On the contrary, the Chinese workers are told if you don't work hard, we will shift to other country. These long working hours are known to cause accidents and diseases among the Chinese workers. Effectively, this quota game is pitting workers against each other and further speeding the race to the bottom where workers are forced to work in utmost unsafe conditions.

## **Day 2: Moderator Voravidh**

### **ANROAV Campaigns**

#### **Toy Campaign: Apo**

The Toy Campaign has been one of the major campaigns of the ANROAV. It was launched after the two major fires in Thailand and Southern China and many of us in this room participated in this campaign. The campaign had many major achievements. The Toy Charter was one of the milestones. This is the first so called Code of Conduct developed by the Southern groups. As we know most of the CSR initiatives or the



Codes are mostly Northern driven or developed by the companies. After we developed the 'Toy Charter', many more codes were developed however, the terms and conditions were not the same. Examples of such codes are the code of conduct developed by the Mattel, a famous toy brand name and also the Hong Kong Toy Council developed its own code of conduct. These codes have three basic drawbacks :

- 1) All these codes lack the participation or involvement of workers or the victims. They are driven from the top.
- 2) The monitoring process in these codes relies on the profit driven companies (auditors) who may not be familiar with the real situation and thus puts in question the whole process.
- 3) There is hardly ever a proper disclosure of information. The information is only proved as summary and that too in English.

The Toy Charter was developed by us sitting in this room. However, we were not able to achieve all possible results. Yet, there were many offshoots of this movement like the strengthening of the victims' movement in Asia. During the campaign many of us faced lots of hardships. In 1996, during a demonstration in Hong Kong, 6 activists were arrested. Many of the injured victims of the fire died before they could receive any sort of compensation. Groups working on the campaign like AMRC, HKCIC received many threatening letters from the companies. This campaign which started with some companies soon widened its scope to seek safety in all Industry not just one factory. In Thailand our friends have been making a demand to have a broad based five partite OSH institute that can cover all the workers needs. One victim of the Zhili Fire Ms Chen Yu Ying, who suffered more than 75 percent burns on her body, has started a self help group for the Industrial victims in remote Sichuan province of China. This campaign has been instrumental in empowering of the Victims. As we know the victims' movement has grown stronger in many places like Japan, Korea, Taiwan, Thailand and Hong Kong, but now the need is to duplicate these efforts in other parts of Asia and have these groups all over the Asia. We should also encourage the importance of health and safety in other international

campaigns like CSR and codes of conduct. We also need to make efforts to build solidarity with the environmental campaigns like Bhopal etc.

### **Comments**

Ka-Wai: I would like to touch upon the basic flaws in the codes of conduct. These are also known as the soft laws as there is no legal binding on these codes. It is also termed sometimes as 'Universal Globalisation of the labour laws'. These codes lack the basic and much needed mode of enforcement. Also all these codes are targeting the manufacturing factories. However, there are no codes designed for the supply chain where they are also much needed.

### **Asbestos: by Furuya Sugio of JOSHR Japan**

Asbestos is a naturally occurring mineral fibre and is used for more than 3000 applications. It is used in friction materials like brake lining etc. However, most of the asbestos at present is used for the building materials like asbestos cement sheets and roofing material. Asbestos is a proven carcinogen also called 'killer dust' and 'silent time bomb'. Asbestos causes fatal diseases like asbestosis, lung cancer and malignant mesothelioma. These diseases have long latency period. As per ILO asbestos related disease kill about 100,000. In Japan, the asbestos related diseases have started to surface only now, even though it has been used for many years. The number of mesothelioma deaths in 2003 was 878 were as in 1995 it was 500. In other Asian countries the diseases related to asbestos have not surfaced yet. However, in near future we will see a definite trend of the asbestos related diseases in other Asian countries also as the consumption continues. Asia is becoming the biggest market for the global asbestos industry, with China, India, Japan, Thailand and Indonesia among one of the largest consumers of Asbestos in Asia. However, in countries like Japan, South Korea, Taiwan and Singapore the consumption has been steadily decreasing. In other countries like China, Vietnam and Thailand the consumption has been increasing. Many countries have already completely banned the use of all forms of asbestos. The asbestos ban in the European Union will be effective from January 1, 2005. Similarly, Japan will ban asbestos from October 2004. Worldwide more than 40 countries have introduced the ban on asbestos. A joint committee of WHO and ILO on Occupational Safety and health held in December 2003, recommended a special attention to be paid to the asbestos related diseases. In a message from the workers memorial day April 30, 2003, the ICFU agreed to promote clear position on the world ban on the use of asbestos. This is good news that a global trade union is promoting a global ban on the use of asbestos. However in the Rotterdam convention meeting held in September 18, 2004 failed to include the asbestos on the list that requires Prior Information Consent (PIC).

### **Background of the Rotterdam Convention**

Toxic pesticides and other hazardous chemicals kill or seriously sicken thousands of people every year. They also poison the natural environment and damage many wild animal species. Governments started to address this problem in the 1980s by establishing a voluntary Prior Informed Consent procedure. PIC required exporters trading in a list of hazardous substances to obtain the prior informed consent of importers before proceeding with the trade. In 1998, governments decided to strengthen the procedure by adopting the Rotterdam Convention, which makes PIC legally binding. The Convention establishes a first line of defense by giving importing countries the tools and information they need to identify potential hazards and exclude chemicals they cannot manage safely. If a country agrees to import chemicals, the Convention promotes their safe use through labeling standards, technical assistance, and other forms of support. It also ensures that exporters comply with the requirements. The Rotterdam Convention entered into force on 24 February 2004.

The move not to include asbestos was spearheaded by Canada and Russia who are the largest producers and exporters of asbestos. The other Asian countries that lobbied with Russia were India, China, Kazakhstan, Kyrgyzstan, Ukraine and Indonesia.

Banning the complete use of all forms of asbestos is the only way we can reduce its impact on the workers and the community. However, it is a long struggle to get this ban enforced. In Japan we established the Ban Asbestos Network Japan (BANJAN) in 1987 and it took us 17 years to finally get a ban enforced in Japan. I hope it will take less time in other countries.

Finally we are having the Global Asbestos Congress in November 2004 where we will work on strategies to enforce a complete ban of asbestos globally.

### **Comments**

Voravidh: The problem of Asbestos in Asia is grave. However, we are still facing the basic problem of identifying the victims in Asia. For example in Thailand we know we use asbestos in various products like roofing sheets, yet we have no information about the possible victims in this industry. We need to create better information network so that with better sharing of information we can also identify and possibly organise these victims in future.

### **Coal Mining Campaign: Presented by Sanjiv Pandita**

AMRC visited an underground coal mine in Katras, about 20 Km from Dhanbad city and under BCCL operation, in December 2002. Some of the observations in the mine are as follows:

The mine is about 500 to 600 meters deep and there is only one shaft, in which a cage/lift is operated manually via a crane and pulley. Coal tubs and personnel ascend and descend using the same lift, however, when the lift is carrying coal tubs, no persons are allowed in and vice versa. The cage/lift is operated on the basis of a signal system which is a sort of bell that indicates to the cage operator if the tubs have been loaded and if the cage has touched the ground.

### *Periodic Medical Examination and Health Issues*

- Many workers complained about the PME. Even though it is a legal requirement and every worker has to undergo PME every five years, some workers working in mines for more than five years had never had one.
- Some workers who underwent PME complained about its in efficiency. For some no diagnostic tests were carried out and even if the tests are done, they cannot see the report.
- One worker termed the whole system ‘faulty’ as in his case his physical examination was carried out by a gynaecologist.
- If a worker gets sick, the doctor does not even touch the worker. He just prescribes the medicine which may not be available in the dispensary.
- In some cases workers who had an accident were termed fit to work by doctors.
- In a weird case, a worker whose leg was amputated was sent to work as a driver.

### *Water and Drinking Water at the Workplace*

- Drinking water seems to be a major issue in the whole mining area. Almost all the workers complained about the non-availability of potable water. They have to work for hours without any water and this causes serious dehydration. Some of them have to drink dirty or polluted water. Many of them have to buy water to survive.
- After blasting no water is available for spraying, so workers work in a very dusty environment. Even in the opencast mines, workers complained that water is sprayed only on the road but not at the place of work.

### *Other Safety Issues*

- Some workers complained of heat and gas inside the mines due to the poor ventilation system.
- Workers complained about the shortage of safety equipment like safety shoes etc. and they work only in their undergarments.
- Some workers complained that there is only one main fan in their mine and in case of breakdown they have to work without ventilation.

### *Hazard Allowance*

- Mr Pandey from Indian National Trade Union Council (INTUC) cited an interesting case of safety mismanagement. According to him, the officers of the BCCL receive a dust allowance of 500 rupees per month whereas workers who work in the mines receive nothing<sup>1</sup>.

### *Living Conditions*

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<sup>1</sup> It should be noted that the hazard allowance cannot be accepted by workers as it is a trick employed by management to cut on the safety costs and put the lives of workers at risk. However, this point only highlights the notion that managers who live miles away from the coal mines receive dust allowance, which otherwise could have been used in improvement of the safety conditions.

- Workers are provided residential quarters by BCCL. However, many workers complained that these residential areas are filthy with almost no drinking water. Workers also complained of unhygienic conditions around the residential areas. Mosquitoes are also a menace.

This was just an example from India to show the type of hazards that workers face in the Coal Mines. We know workers in the coal mines of China die regularly. In fact China has one of the highest accident rates in its coal mines. We have also coal mining in Thailand, in Lamphan and that is causing problems to the adjoining community. What we need is a unified campaign on the safety in the coal mines in Asia.

**Comments:**

Earl Brown: As a lawyer, I have represented American coal miners for a long time. I have gone into many Chinese coals mines. Comparing mining between US and China- irrespective of pace, mining is bad. In US, coalmines are safe only after 1974. It is safe because of United Coal Workers in US. Chinese mining goes from deep high tech to the most unsafe mines that have twice the death rate than Indian mines. The most problematic are the small scale and to certain extent the illegal mines, where workers work with almost no protection. The result we know as media reports, everyday coal miners die in China. The need is to have an effective monitoring and regulatory system.



Voravidh: We need to form a working group within ANROAV to develop a strategy on the Coal Mining Campaign. More recently, there is a trend to use coal as the energy source so as to reduce dependence on petroleum. In Thailand also, the government is planning to open many mines. In Thailand, most of the coal mining is carried out in the open cast manner and this not only affects the workers but puts the whole community at risk. So we need to have a campaign to include both workers and community. We should have a workshop to focus on the mining issues and invite Earl Brown to be the advisor for it as he has so much of experience working with the workers in coal mines.

Earl Brown: The environmental impact of both underground and open cast mining is huge. In my home state of Alabama, a shopping mall was abandoned because in the parking lot every now and then huge flames of fire used to shoot up. It is because of the underground coal mine about 25 square kilometres wide which is at fire for the past ten years and they do not know how to stop the fire. Similarly in West Virginia, and what is happening in Laos now, they just blew the top of the mountain to extract coal. This has created a problem for generations as due to erosion there are unprecedented floods.

Ka Wai: In China coal is cheap energy source and many a formidable population of workers depend on coal mining for their livelihood. May green groups are concerned about the coal burning due to the environmental problems it creates. However, in near future we cannot expect the coal mines. Yet, we can focus on the safety in these mines and also involve green groups in sustainable and safe mining for future.

Vijay: There are already some campaigns going on sustainable mining involving the workers and the community. One such campaign is run in India by Mining Men and Minerals (MMM), and we should get connected to such groups.

Somboon: We have a problem in the coal mines in Mae Mo and we are organising a Mining Conference on the 25<sup>th</sup> of January 2005. This will be a parallel meeting in conjunction with the Thai Governments propose 'World Mining Day'. I would like ANROAV to participate actively in this workshop. WEPT works closely with Green Peace on this issue and Green Peace is providing the technical assistance on how the community can monitor the impact of the mining.

### **Chemical Safety Campaign**

**Vijay:** In Chemical safety campaign one of the essential points is to getting connected with the environmental campaign. The environment is not a phenomenon that begins outside the premise of the factory. We should note that the air, water and the soil inside the premise of the factory or mine also constitutes the environment. Usually it is taken for granted that the environmental degradation takes place outside the factory and thus environmental groups are not interested what is happening inside the factory. We have to work closely with environmental groups so that they can accept that environment inside the factory is also important. We have started to make such collaboration with Green Peace in India and the impact of such campaign is good. We have to also think in terms of getting connected with the community. We know that more and more workers are going to work in the informal sector so we have to also think more in terms of community based groups.

**Voravidh:** I am going to share some of the experiences in the Electronics Industry in Thailand. I have been actively involved in the study of the Electronic Workers in Lamphun. Electronics Industry uses lots of chemicals in their work process and many of the workers are routinely getting exposed to these harmful chemicals. However, there is not much information about the number of victims as chronic diseases take time to develop and workers might have moved out of the company by then. Thus the number is grossly underestimated. Access to information is also one of the major problems we face. Most of the electronics factories are operating in the special industrial zones and most of the time the National laws do not apply in these zones so it is difficult to get information about the chemicals from them. Most of the time workers also have no information about the chemicals they work with and what impact it can have on their health. It is very difficult for them to organise themselves into a trade union due to very oppressive conditions in the zone. The diagnosis remains a major problem for the worker. If they are sick, they need a correct diagnosis to link their disease with their work. We carried out blood tests of some workers and found out abnormally high level of zinc in their blood. However, the problem does not stop here. Workers need to fight legal battles with the companies to get compensation. This is very difficult for workers as it costs lots of money. We need to develop a comprehensive support network to deal with this issue also raise awareness among the community and finally empower them to take on these companies.

### **Comments**

Sanjiv : Electronics assembling and manufacturing is a very hazardous industry. Many workers in US and Europe working for the semi-conductor industry have developed serious health hazards including cancers. However, the electronics industry has not compensated

even one death in the west as they have refused to link these diseases with the work. Now most of the electronics industries are shifting to Asia, particularly China and we need to develop an effective campaign to promote safety in these industries, other wise workers will continue to develop these fatal diseases, as we have already seen in Lamphun in Thailand.

Ka-Wai: Most of the electronics factories in China are not monitored properly. They enjoy a special privilege as they are seen as the economic engines of growth in China. HKCIC carried out a study in collaboration with the Catholic Agency of Overseas Development (CAFOD ). We found out that most of the workers had little awareness about the OSH problems at the workplace. The full text of the report can be found at the website of CAFOD ([www.cafod.org.uk](http://www.cafod.org.uk)).

Bent: I have been involved for past many years with the workers in the Electronic Industrial estate in Northern Thailand. I think for electronics campaign, there is an opportunity as unlike the Mining Industry, we can target some brands in the electronic campaign. There are some problems as the supply chain in electronics industry is much more fragmented compared to the garment or the toy industry. There are many known brands in the electronics industry and we can launch a campaign against them. We can have a electronics charter similar to the ANROAV toy charter. Another thing I want to add is that in Lamphun I have been translating one book which was published by AMRC about the health hazards in the electronics industry. This book is very comprehensive and gives the details of the chemicals used in the electronics industry and possible health risks associated with these chemicals. However, this book is about twenty years old. Is it possible to have revised version of this kind of publication? Many a times even though workers know the name of the chemicals they work with but due to lack of further information they have no idea about the hazards posed by this chemical and its proper usage. In this context, it will be very helpful to the workers to have such revise publication.

Vijay : I want to raise one critical issue about the information dissemination. Nowadays we know that a lot if information is available on hazards in various reports and much of it is also available on the website. However, there is very little information available to the affected workers and the community in a format or language they can understand and this way the key stakeholders remain left out. It is important for us to make this information available to these workers and the community.

Rachnee: I have been working to organise the victims of the electronics industry, both workers and the community, in the Lamphun Industrial area. Sometimes workers may know what chemicals they are exposed to like lead and aluminium. However, they do not have information about its health hazards. It is even more difficult to link their disease with the work. Doctors are hesitant to link the disease of the victims to their work. Recently one such victim Mayure lost her long legal battle for compensation in the court.

Somboon: Sick workers working in the electronics industry often face a big problem. The cost of treatment and medication is very high and since doctors are reluctant to link the disease to their work, so workers have to bear the cost of treatment. We had recently as case of a worker where the work with chemicals had affected her brain. However, it was difficult for her to prove the link with the disease and she had to bear the expensive cost of treatment.

Pranjal: ANROAV should look in terms of core capacity building training programmes for the workers so that they know about the potential hazards of the chemicals. This can also help in their empowerment.

### **Victims Organising Presented by Hong Chi**

Our association, the Association for the Rights of Industrial Accident Victims is mostly organized by the industrial accident and disease victims and their families. We have about 4000 members including 2200 occupational disease victims. We started in 1981. The main aim of our association is to organise the victims and fight for their right of compensation. The 25 years of our existence can be divided into three main periods. From 1981 to 90, we were mainly



focussing to organise the victims to fight for compensation and also advocate for a better compensation system. In our work we found that we do not have (in Hong Kong) a good compensation law and system so it was very difficult for workers to get compensation. We started to provide service to the affected workers in this regard. At first we started a telephone hotline to provide information about the compensation. The hotline is still continuing and every year we have about 10,000 enquiries. Our staff also visits hospitals to contact the injured workers. We also organise exhibitions at the construction site, industrial area and the shopping centre. We also have some short lecture at the social service centre. In this period we were also able to change the system. Nowadays the company is required to buy insurance for every worker which was not the case before. We were also able to change some of the concepts about the disability assessment and compensation. In the past, compensation was based on the degree of disability and was not related to the loss of earning capacity. However, now loss of earning capacity is also taken into consideration.

The second phase of our association is from 1990 to 1998. During this phase we not only organised the victims for right for compensation, but we also organised victims for better safety at the workplace so that there are no accidents at the workplace. The victims know what it is to have injury at the workplace so they did not want any other workers to face the same fate. In this period we were successful in making government to set up a health and safety ordinance. Before this law was passed, the health and safety law protected workers working only in factory and industrial undertakings and there was no protection for workers in the service sectors. The new health and safety ordinance protects all the workers in Hong Kong. We were also successful to fight for the occupational health and safety council. We were also able to increase the number of labour inspectors. Before there were not many labour inspectors and the probability of factory to be inspected was once in two or three years. However, now with the increased strength the factory can be inspected even twice a year. We also forced the government to increase the punishment for the employer who do not take proper safety measures at the factory.

The final phase is from 1998 to present date. Apart from the organising the victims, we also carry out the rehabilitation programmes for the injured workers. We also have a return to work programme. Once the organised workers receive compensation, they face a problem of going back to work. Our programme is designed to give them proper training so that they can go back to work. We are also fighting for the amendment in the law so that workers should have right to go back to work in the same company where they used to work before getting injured.

I want to also share the importance of the Victims Movement as many people question the role of victims in the betterment of the occupational safety and health at the workplace as they feel the victims are more concerned about the money. However, it is important for victims to get organised and demand compensation as it is their right and in the long run they are the evidence of the bad working conditions and play a very vital role in creating better working conditions. I will explain this with an example. In Hong Kong the construction workers face a serious occupational disease called pneumoconiosis. In our early days when we started to organise the victims of the pneumoconiosis disease, we were not sure how to help them. However, we soon found that most of the victims used to work in digging the foundations of the building in a 'Caisson' –a pressurised chamber with little ventilation. In many countries most of the caisson work is done without workers (mechanically). However, in Hong Kong workers used to work in caisson. We organised more than 1000 caisson workers against the company and government was forced to ban such process. However, it took us 10 years to get a ban on such hazardous process. The results are quite visible. Before banning this process, there were about 350 silicosis victims annually in Hong Kong, now there are only 70 to 80. Also the silicosis is not very severe among the workers now, only 5% loss of the earning capacity compared to the previous 70 to 80% loss of earning capacity. This experience clearly shows that a fight by the victims groups reduces the hazards at the workplace.

### **Comments**

Vijay: In your campaign how did you achieve the cooperation of the doctors in the diagnosis?

Hong Chi: It was also difficult for us. Most of the doctors knew about the pneumoconiosis. However, the problem has been always with other kinds of occupational diseases like some skin diseases caused at work. The doctors would often say that they did not get this disease due to work. Previously there was no special clinic for the diagnosis of the occupational disease in Hong Kong. However, now we have two specialised clinics for the diagnosis and treatment of occupational diseases.

Kong Athit: I Cambodia we also have many industrial accidents. However, we have no proper system of compensation. In fact most of the accident victims do not receive any proper compensation. First of all, authorities and labour inspectors do not know how to differentiate the industrial accidents from the non-industrial ones. Workers whose hands get caught in the machine or are incapacitated due to accidents hardly ever receive any compensation. They might at the most receive some hospital treatment but that is also in small number of cases.

### **Afternoon Session: Moderated by Apo**

A new ANROAV constitution was drafted and agreed. (See annexure)

ANROAV also elected Executive Committee members who will be responsible for the functioning of the network in consultation with the members and will also oversee the functioning of the secretariat and the co-ordinator. The elected members are:

- 1) Hong Chi from the Association of the Rights of Occupational Accident Victims (ARIAV), Hong Kong.
- 2) Furuya Sugio from Japan Occupational Safety and Health Resource Centre (JOSHRC)
- 3) Somboon Srikomdokeare from WEPT
- 4) Sanjiv Pandita from AMRC
- 5) Jagdish Patel from PTRC.

ANROAV also placed an advisory board who will advise ANROAV on the regional OSH matters. The present advisory members are

- 1) Meldoy Kemp
- 2) Earl Brown from ACILS
- 3) Apo Leong from AMRC
- 4) Voravidh Charoenloet
- 5) Vijay Kanhere from OSHC.

Annexure 1  
List of Participants

No	Name	Organisation	Contact Details
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## **Constitution for the Asian Network for the Rights of Occupational Accident Victims (ANROAV)**

### **History and Introduction**

The Asian Network for the Rights Of Occupational Accident Victims (ANROAV) is a coalition of victims' groups, trade unions and other labour groups across Asia, all committed to the rights of Victims and for overall improvement of health and safety at the workplace. The industrial disasters of Kader and Zhili, that killed more than 250 workers led to a campaign by the labour and victims groups in Asia towards better health and safety rights of the workers and the victims. ANROAV was formally constituted in 1997 and now has members from 13 Asian countries including Japan, Korea, India, Pakistan, Thailand, Indonesia, Vietnam, Bangladesh, Hong Kong, Taiwan, Nepal, Vietnam and Cambodia.

### **Why ANROAV?**

ANROAV is a unique solidarity group, which works towards making Asian workplaces safe. Due to gross negligence of the OSH in the region the need to have a united front was essential. ANROAV combines the OSH rights struggle in different Asian countries into a one united struggle and demands better health and safety for the workers across the region.

It also provides members a platform to:

- Share their experiences to the other members so that they can learn from it
- Share resources
- Share expertise
- Run joint campaigns
- Form a strong solidarity group in Asia and beyond Asia.
- Demand OSH rights of workers and victims in Asia.
- Strengthen the OSH movement in Asia.

### **Structure**

ANROAV shall maintain a Central secretariat in Asia with one of the member organisation that shall act as the organisational and administrative centered for the ANROAV activities and programmes. ANROAV annual meeting (general body meeting) will elect 5 executive committee members among the members who will be responsible for the day to day functioning of the network. ANROAV will also have a regional advisory board that shall provide advisory services and supervision to the secretariat. ANROAV members and the advisory board will decide upon the location of the central secretariat.

### **Functions**

- To strengthen the victims organisation in Asia and facilitate the formation of victims groups in countries where there are no such groups.
- Work towards the promotion of OSH as a fundamental right of workers to realise its recognition as a core issue at workplace, national, regional and international level.
- To help workers, trade unions, labour NGOs and other labour groups and activists (including victims' groups) to develop their knowledge of OSH and to build their capacity to deal effectively with OSH-related issues.
- To carry out participatory research on OSH which can help in understanding the problems, identifying trends (related to cheap production and relocation of hazardous industries to Asia), relating workers' accidents and sickness to the work they do and establishing strong worker participation in OSH issues as a basis for decision making.
- To facilitate the active participation of workers, trade unions and victims' organisations in all forms of decision making related to OSH and to work towards the creation of an enabling environment or democratic institutions (like safety committees)
- To promote exchanges for education and use of resources for OSH among labour groups in the region.
- To promote more emphasis on overall occupational health that is neglected because most OSH programmes target accident prevention.
- To strengthen the network of organisations working on OSH in different locations to improve solidarity and sharing of knowledge and resources.
- To prepare easy-to-read publications aimed at demystifying the technical concepts and jargon-laden information about OSH and bargaining strategies for workers in simple, local languages.
- To advocate better OSH laws and policies and their effective implementation at all levels.
- To prepare a database of medical and legal experts in all countries and make it available to workers and labour organisations.
- To run joint campaigns and develop solidarity on common issues in the region.
- To work with all the groups involved in the health of workers and community.
- To campaign against 'corporate irresponsibility' at work and campaign, in collaboration with environmental groups, against unsafe workplaces those threaten workers and the surrounding community as a whole.

### **Membership Guidelines**

1. Organisation from the Asia Pacific region.
2. Identify with the objectives and principles of ANROAV
3. Participate in ANROAV activities
4. Organisations working on OSH issues, groups such as Trade Union, Victims Groups, Labour NGOs, and individuals working for OSH rights.

### **Procedure for becoming a Network Member**

1. A new organisation can send application letter to the ANROAV secretariat.
2. The group can be nominated by existing member or recommended by the advisory board.

3. Secretariat will consult with the network member in the respective country about the application.

### **Rights of Members**

1. Participate in programmes of ANROAV
2. Nominate and elect advisory board from the sub-region.
3. Recall the regional advisory board member who are not active and violate principles and objectives of ANROAV.
4. Participate in preparation of annual and three year plans of ANROAV, chart its direction, policy and programmes.
5. Evaluate the programme of ANROAV to ensure its accountability and ensure they are in harmony with the ANROAV principles and objectives.
6. Kept informed about the major decisions by regional advisory board regarding programmes and activities of the ANROAV.
7. Members have priority to access the resources and assistance from ANROAV. In order to allocate the resources effectively, updated information about resources of ANROAV should be made available to the members regularly.
8. Receive annual reports, yearly work-plans and the publications of ANROAV.
9. Dedicated web-page for the member and its activities.

### **Role and Responsibility of the Members**

1. Support the programmes and activities of ANROAV.
2. Support ANROAV in hosting programmes in their respective countries.
3. Provide necessary information (country OSH situation, trends) and reports to ANROAV.
4. Share the resources and expertise with other members in need.
5. Participate in the ANROAV joint campaigns.
6. Take a specific responsibility for the network activities.

### **Membership fee**

Proposed membership fee is 100 USD per year for organisation and 50 USD for individual. Fee will be exempted for the members who cannot pay

## ANROAV Membership Form

1. Organisation:
2. Name of the Contact Person:
  
3. Address:
  
4. Phone:
5. Fax:
6. Email:
7. Website:
  
8. How many persons work in your organisation?
9. Please explain briefly your area of work and services you provide:
  
  
10. What resources does your organisation have? (e.g. Training skills, Information resources, Instruments, Space for training, Books etc.)
  
  
11. What resources can you share with the network?
  
  
12. What support in terms of resources (other than money), solidarity etc., from the network will be beneficial for your organisation? Please list all of them.
  
  
13. How much time can your organisation devote to network?
  
  
14. Do you have any comments/suggestions for the strengthening of the network?

