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**Introduction**

Silicosis is a chronic, non-malignant, potentially fatal, fibrotic and diffuse occupational lung disease with no specific cure (1-3) for which several classification systems exist, but which is at best irreversible and sometimes progressive to the point of mortality, even long after the exposure has ended. The continuous inhalation of silica particles of an intensity and duration sufficient to cause silicosis is 41 ± 27 months, a brief exposure period (4). Despite all efforts to prevent it, silicosis still affects tens of millions of workers in hazardous occupations and kills thousands of people every year, everywhere in the world. Only in the United States, silicosis caused or contribute to the deaths of 88, 103, and 111 persons in 2011, 2012, and 2013 respectively (5). Specifically, the risk of silicosis in sandblasting workers is notoriously high due to the significant silica exposure.

The usual associations of silicosis are with mining, tunneling, quarrying and certain other professions and indeed, until recently there has been a dearth of published cases implicating garment manufacturing. Sandblasting is a process of smoothing, cleaning, stripping, strengthening and polishing a hard surface by forcing solid particles at high speeds using compressed air. It is a part of the so-called “dry” process in garments washing, a technology, which is used to modify the outlook and appearance of garments; and it has become the key method for finishing most modern jeans requiring a ‘worn-out’ look. It is a physical, mechanical and water-free process, which creates localized abrasion or color change on the denim, and no chemical use or dying is required. The resulting silica particles and nanoparticles are respired during the process. The process is fast and cheap and demand for pre-worn denim has led to a massive rise in its use. But this fashion comes at a price: the health and even the lives of sandblasting workers. Most factories use sea sand which is rich in silica particles of up to 0.5 mm diameter and if/when inhaled, they penetrate the lungs to the level of the alveoli, and, lodged there create the permanent alterations in lung architecture known as silicosis after a couple of years. Although widespread throughout the world, the first time this disease was associated anywhere with the sandblasting of denim was in Turkey in 2005.

This case study aims to examine the relationship of silicosis with denim sandblasting, drawing on the Turkish experience, where workers who were weak, insecure and invisible through economic, social and political factors, showed their potential with allies to transform the situation. To achieve this, a literature review on globalization and informal work, how they affect the economic and political aspects of life and garment manufacture has been performed; and the past and present occupational health consequences of globalization have been examined. An historical perspective is helpful in revealing the role of the national and international campaigns in procuring the ban on denim sandblasting and the social and legal reforms. A case study on denim sandblasting in Turkey has been conducted by carefully highlighting the stages involved to illustrate Turkey's experience of the primary role of civil society and denim workers' right of access to healthcare provides a learning point for other countries on dealing with occupational health hazards.

Because of this, Turkish experience has much offer to other developing countries, where sandblasting of garments remains an on-going threat to workers' health; this study therefore draws specific conclusions on what currently is unique to Turkey, but may inspire similar success abroad, making recommendations for the Turkish experience to be replicated in other developing countries.

**Methods**

The present research is an exploratory case study, which looks at the actions and activities of the Solidarity Committee of Jeans Sandblasting Laborers (hereby referred to as the Committee) based in Istanbul. For this purpose, we employed a method informed by the qualitative approach, seeking to identify the key themes and ideas. We sought to understand how members of the Committee frame and articulate their political and civic involvement to the cause and also the pathways they pursued to reach their goals. We analyzed national policy and debates on the subject of sandblasting, the observations of the principal investigator, who participated in the campaign from 2008-2012, and reflects the views expressed within interviews conducted with key informants who were members of the Committee.

Eleven core members of the Committee worked to obtain social rights for denim sandblasting workers throughout the entire episode. Three members of this group consented to provide more detailed interviews. One informant was a former denim sandblasting worker, who used to be the most active member in terms of campaigning. The other participant is a physician who became a well-known public figure in all scientific and public activities. The third participant is a journalist who took an active role in the Committee’s press and public relations. The principal author of this article is also a former member of the Committee. We developed our interview guideline consisting of 16 open-ended questions mainly asking for the turning points and critical achievements in the history of this civil initiative. Review of collected documents, meeting notes, news clips, different articles and reports on the various activities of the Committee also contributed to data collection and interpretation. Data collection was accomplished between April to December 2015. After data collection, various types of materials are thematically analyzed to understand historic progression and key events that occurred. Analyses were compiled and presented under different themes that is thought to play a major role both in the denim industry and health of workers.

**Implications of Globalization on Sandblasting and Health**

Vintage-seeming jeans (appropriately discolored or whitened), symbolizing freedom and comfort, have a social appeal that cuts across gender and class boundaries. Of the 5 billion jeans manufactured worldwide annually (6) ,a high proportion is vintage. Sandblasting for denim started in Italy in 1988(7). It is a technique beneficial to the producers as it is both cost-effective and demands only unskilled labor to accomplish.

Work is central to human life and having an income is integral to well-being, necessary for a decent standard of living and a means of meeting basic needs and building capabilities (8). The conditions in which people work is one of the World Health Organization’s (WHO) social determinants of health and there is an extensive literature on how physical, chemical, biological or psychological factors that cause ill health at working places, namely the occupational diseases. Workers spend almost 1/3 of their lives at work, and they get exposed to (physical, chemical, biological, radiological, ergonomic and behavioral) hazards. WHO defines occupational health as “... all aspects of health and safety in the workplace, and has a strong focus on primary prevention of hazards” (9).

The long-term harmful effects, the so-called ‘occupational diseases’ include chronic respiratory, musculoskeletal, audiological, dermatological and the work-related non-communicable diseases including cancers, circulatory diseases and stress-related disorders (10). Occupational risks are among the top 12 overall risk factors for disease burden globally(11,12) and work-related health problems result in an economic loss of 4–6% of Gross Domestic Product (GDP) for most countries; yet about 70% of workers do not have any insurance to compensate them in case of occupational diseases and injuries(10) . As has been accepted by WHO as a work-related illness and with its potential to cause progressive and permanent physical disability, silicosis is one of the oldest occupational diseases. Although known for centuries and being incurable yet perfectly preventable, it still occurs today in many countries and in many occupational settings both in developed and less-developed countries (13).

Workers in developing countries disproportionately bear the brunt of work-related illness and injuries. The problem arises from a system where multinationals operating in a globalized system shift risk from high income to low-income countries. Globalization that refers to sustaining economic growth, reducing barriers against free trade and transferring technology and capital between countries, has long been assumed to strategically resolve the engrained problems of unemployment and poverty in both developed and developing nations (14,15). This implies that poor will not only benefit from more resources, but also claim their democratic freedoms and human rights due to government policies that is expected to follow.

However, costs associated with globalization seem to outweigh the anticipated benefits; it generates greater inequalities in the distribution of income- making the rich richer and the poor poorer; exploits the global workforce- transferring jobs from developed countries –thus undermining wage rises of labor- to developing countries yet to be exploiting their labor against social welfare standards, and worker protection legislation to lower the costs. The negative impact of globalization - especially on vulnerable sections of the community results in the violation of various rights, such as freedom from cruel, inhuman or degrading treatment, freedom from servitude, the right to equality and non-discrimination, the right to just and fair conditions of labor, the right to collective bargaining(16).

In developing countries where unemployment, underemployment and poverty levels are high, informal employment is often seen as a panacea and comprises more than one-half of non-agricultural employment in most regions of the developing world(17), playing a major role in creating jobs, providing income and increasing production and employs those who would otherwise be without work or income(18,19). Informal workers are estimated to number 1.8 billion (thus 50 - 90% of the global workforce), and differ in occupation, social and legal status (12,20,21). The majority of new jobs in developing countries are found in the informal category. Informal workers constitute a higher proportion in developing (>40%, accounting for 25-60% GDP) than high-income (~5%, up to 5% GDP) countries (20). Informal employment which fits to the work that the ILO labels as "precarious"(18) leaves the workers at risk of wage slavery, limited security, no social protection and inhumane and unsafe working conditions.

The working conditions in precarious employment are linked with adverse occupational health and safety (OHS) outcomes, and a range of studies have shown greater risk for temporary workers than permanently employed workers and a higher incidence of workplace injury (23) as a result of exposure to the most hazardous labor, poorer conditions and receiving less occupational safety and health training aimed at reducing accidents. Furthermore, temporary workers also have less access to OSH professionals, they lack access to affordable, quality health care and suffer from the absent regulatory enforcement of OSH standards (10), they are harder to protect and thus prone to poor health, injury and illness (20,22,24). Occupational diseases, which are becoming rarer in developed countries are actually increasing in developing ones (25).

**Jeans Sandblasting in Turkey**

Turkey has been a key textile and ready-to-wear garment player worldwide for many years, success being predicated on technical know-how and geographic location. Export market share in these two areas has been increasing since the mid-1990's; and in 2008, Turkey was the world's third largest denim exporter, with a turnover of 2.3bn USD and 300,000 workers in this industry (6).

During the 1990's, when the fashion for jeans looking as if they were old or had been used for a long period, with discolored hems, and bleached material, rather than the pristine condition preferred up until then showed up, the clothing industry largely outsourced production to as yet unregulated regions such as Turkey, Bangladesh, and China due to the imposition of strict regulations on sandblasting in many European countries. The first known operation in Turkey was in 1997(7).

Turkey, with its large population of working age and low labor costs, simultaneously became central in the denim industry. Small and medium-sized factories, aided by the large informal economy, sprang up, especially in Istanbul. It was estimated that there were more than 1,000 workshops in Istanbul alone in 2005(7). 2010 data showed that 44% of overall employment in Turkey was informal (26), with two-thirds of informal employment in textiles and garment manufacture. Nearly comprehensive OSH legislation was in practice hampered by non-enforcement due to low monitoring levels. Thus, an environment favorable to investment in denim manufacturing grew up in Turkey. Operators were primarily young, male migrants, with the average employment age of 16(7), from distant parts of Turkey or immigrants from Azerbaijan, Georgia, Romania, Moldavia and Bulgaria who were employed mainly in workshops functioning as subcontractors of global brands (6,27). Majority were uninsured, and the average exposure time was estimated to be around two years (7). Working in conditions, which optimized sand use (narrow, closed and unventilated workspaces) at the expense of concern for occupational hazards has proven highly detrimental to operators' health.

It was in Turkey that the negative health effects of sandblasting process in the garment industry were recognized, with Turkish doctors being the first to sound the alarm over silicosis amongst garment sandblasters. There was a lag between the period of highest prevalence of the sandblasting technique in the late 1990's and the first scientifically-validated case series on denim sandblasters published in 2005. Initially, in the early 2000's, misdiagnosis of silicosis with tuberculosis or asthma was frequent in such workers(3) or viewed as sporadic. In 2005 the first major study to link sandblasting jeans with silicosis was published.

In this landmark publication, Akgun and colleagues reported two denim garment manufacture-related cases with massive silica exposure amongst non-smokers aged 18 and 19 in Erzurum, Turkey (28). Some 35 additional cases, from four cities involved in the industry, were published within two months of this publication by pulmonologists (1). A flood of cases followed (1,4,29-34) .

Despite a paucity of reliable data, experts estimated the numbers involved in denim sandblasting from the mid 1990's to the nationwide ban in 2009 as 5-15,000 individuals (6,35,36). Four to five thousand of these workers reached the diagnostic threshold for minor, moderate or severe silicosis. What initially appeared to be sporadic cases eventually took on the dimensions of an occupational disaster. At the time of writing, 2200 such cases are registered, with 101 confirmed deaths.

This glimpse of the hidden iceberg was a call to arms for people with no other connection between them than shared awareness and concern about informal workers lacking a voice. The Solidarity Committee of Jeans Sandblasting Labourers ("The Committee"), a voluntary civil initiative composed of individuals with many different backgrounds, was formed in June 2008, aiming to raise public awareness, to advocate for workers' social rights and press for legal reform. Its members included ex-sandblasters, physicians, lawyers, social workers, academics, journalists, artists and labor activists. This group of activists convened regularly to implement strategies in response to changing conjuncture. The domestic struggle inspired worldwide efforts and support came from such well-known international non-governmental organizations (NGOs) as the Clean Clothes Campaign (CCC), the organization that aims to improve the working conditions of people within the garment industry, took the ban to the global agenda.

The Committee facilitated free transportation to hospital to allow access to medical care, whilst monitoring hospital admissions. They also corrected the duplicated records from Ankara, Istanbul, Erzurum and Diyarbakır to allow a truer picture of the epidemic to emerge. Evidence was gathered from former workers in the industry to give "inside" information necessary in preparing a road map for change. A regularly updated website led to increased public support and facilitated timely dissemination of information. A variety of stakeholders, political parties, scientists, universities, NGOs and trade unions were active in discussion. Media appearances were undertaken by members of the Committee on television and radio programs featuring real-life silicosis stories explored in detail (38).

Public awareness was vastly increased by mention in Arena, a popular TV show. Many workers began self-presenting at hospitals, even when asymptomatic, as a result of concern over employment in the industry or following case identification amongst colleagues. There was an apparent abrupt rise in case registrations and mortality, but, given the informal nature of their employment, and lack of registration under social security schemes, most such patients found themselves not entitled to legal rights or benefits. Cases where the disease was so severe as to preclude further paid work lacked entitlement to an "occupational disease report" or temporary/permanent incapacity state benefit. The consequence of their unrecognized legal status was a return to their previous abode with the expectation of a lingering death.

In the interim, a class action was undertaken by victims with the assistance of lawyers working *pro bono*, the aim of which was to establish linkage between informal employment and employer liability. Whilst criminal prosecution was being prepared against employers accused of causing disease and death through inhumane conditions, simultaneously a case was being prepared against the Ministry of Labor and Social Security stating that it had failed in its duty to “organize and control working conditions, employer-employee relations and occupational health and safety; take and impose necessary measures to ensure occupational health and safety; guarantee, mainstream and develop social security coverage” and had not prevented employment under such poor conditions. Litigation targeting local authorities for deliberately ignoring workshop activities that would have failed licensing requirements by not providing essential OHS equipment was undertaken. The Committee's legal team organized the filing of complaints.

In Istanbul, Ankara, Diyarbakır and other major cities, marches happened, and these demonstrations helped raise public awareness and increase pressure on the government. A petition featuring leading Turkish intellectuals and artists was produced. Some singers performed benefit concerts for the victims of the tragedy. Two massive concerts using the title "Our Voice, Your Breath" brought revenue used for transportation and legal fees, whilst two documentaries were filmed by volunteers: The Return ("Dönüş") based on the human story of the victims, The Dust ("Toz") based on the legal struggle. They were widely screened at meetings.

There was discussion in the Turkish parliament about the issue and investigations were launched. The Committee wrote to parliamentary representatives enclosing monographs with the latest figures. The Ministry of Health, the Ministry of Labor and Social Security Institutions and the Parliamentary Human Rights Commission discussed the issue and raised concerns. The Committee visited the Turkish parliament at least five times to talk to deputies and ministers and submitted a draft law proposal. The Turkish President also met with the Committee members.

On March the 27th, 2009 the Ministry of Health issued a circular entitled “Ban on Sand Use in Denim Abrasive Blasting” prohibiting “the use of any material containing sand (silica dust) or crystalline silica in abrasive blasting applied on jeans or other types of cloth”, then the Ministry of Health promised free treatment for all silicosis patients and problems resulting from a lack of procedural clarity were rectified by the Council of Ministers in January 2010 such that all state hospitals then provided free treatment to silicosis patients irrespective of social security status (38). The campaign was credited with having achieved this reform. Two provisional clauses were added to laws numbered 6111 and 2022 in the Turkish Legal Code giving an entitlement to a disability pension in proportion to impairment whatever their social security status and irrespective of other income, this entitlement passing to their heirs on their death. Approximately 1000 individuals have benefited from this provision, although a deadline, which is opposed by campaigners, has meant many who failed to meet the deadline have now lost their entitlement.

**International reactions and progress**

Undoubtedly, major steps have been taken globally. At the international level, the Joint ILO/WHO Committee on Occupational Health identified the global elimination of silicosis as a priority area for action in occupational health; and following their recommendations in 1995, the ILO and WHO have joined forces to launch the Global Program for the Elimination of Silicosis (GPES) as an international technical cooperation program. Given the tripartite structure of ILO dealing with government, employers, and workers, GPES shaped a policy perspective between developed countries, developing countries and international organizations with an approach that requires “every actor to have a responsibility”. Countries were required to set up national programs covering legislation, health surveillance and the improvement of technical standards as necessary to prevent silicosis. To date, Brazil, Chile, China, India, Peru, South Africa, Thailand, Turkey, and Vietnam have established their National Programs for the Elimination of Silicosis (25,39).

When the Turkish Government finally banned garment sandblasting, pledged free treatment for silicosis victims whatever their social security status and granted a disability pension to destitute patients whether formally employed or not, given the international dimension to the sandblasting issue, other campaigning has also occurred in tandem with the Turkish campaign.

Following the implementation of the ban in Turkey in 2009, the Killer Jeans Campaign (40) was launched in 2010 by CCC calling for a global ban on the sandblasting of denim. Briefing notes were dispatched to the Ministries of Health of Azerbaijan, Romania, Moldova and Georgia (41), in line with the countries of origin of affected workers. The media outside Turkey, such as Arte, ZDF, Le Figaro, Le Monde, Der Spiegel, TV5, Le Nouvel Observateur, also carried items featuring silicosis victims in response to activities of the Committee and which raised public awareness. Following this, the Committee formed alliances with CCC, the International Textile Garment & Leather Worker’s Federation (ITGLWF), the International Liaison Committee (ILC), the European Trade Union Federation: Textiles, Clothing, Leather (ETUF-TCL) and many other labor organizations and NGOs. In particular, CCC’s call for an “urgent appeal” and “killer jeans” campaign achieved a wide impact.

The ban had been adopted by scores of brands (over 50 well-known jeans brands to be exact); they announced cessation of garment sandblasting after the practice was proven to cause fatal lung diseases, including silicosis. In August 2010, Levi’s and H&M announced in a press conference that they had entirely banned the use of silica through abrasive blasting in their denim manufacturing workshops all around the world. Many other brands including Armani, Mango, Gucci and the like, followed suit.

Since then, production sites have been shifted to countries where occupational regulations are poor, such as China, Bangladesh (42,43) , also Pakistan, and parts of North Africa (44,45) . Most factories in Bangladesh, where the ready-made garment (RMG) industry is the most important export-oriented business sector, do not meet national and international standards of building and construction legislation, safe working environment, labor rights, etc. The unfortunate incident known as the 2013 Rana Plaza collapse in Bangladesh was the consequence of such non-compliance and is regarded as the most fatal industrial accident in the history of Bangladesh's RMG sector, and one of the deadliest industrial disasters in the world (46). Moreover, the report released by the CCC, “Deadly Denim”, found that regardless of whether a brand has ‘banned’ sandblasting or not, large factories exporting jeans overseas continue to use sandblasting (41).

It is obvious that so many clothing companies have been involved in scandals regarding the use of sweatshops that, yet another scandal hardly seems newsworthy. The details differ, but one thing all these scandals have in common is the consequences arising from a lack of legal safeguards for workers, insecure work and inadequate living conditions. The literature, both scholarly and popular, has focused on economic and political drivers behind this secretive world of work, but social and cultural drivers for this situation exist from consumers, too. Demand may peak for a brand or style or drop off in response to ethically-motivated boycotts.

**Discussion**

There are a number of key themes that emerge from the data collected. Most notably, before meaningful change could occur, the public needed to be made aware of the problem and a gradual build-up of pressure was necessary before a turning point could be reached. Vital to this build-up was the combination of advocacy, campaigning and the mobilization of segments of society to support the affected workers. Whilst the details of which action finally forced the change do not emerge clearly from our data, the impression of a building pressure clearly does. Legislation alone appears to be ineffective, since widespread disregard for legislation nullifies its force. Only when legislation was backed up by enforcement did the law begin to take effect.

Denim sandblasting is a typical example of how rapid globalization has led to the transfer of hazardous production processes and subsequent occupational risks to developing countries where regulatory frameworks are inadequate, and the labor organizations are weak (47). This also accounts for sandblasting jeans being so prevalent in Turkey. Along with some other Eastern European countries, Turkey has become a preferred base for operations rather than those countries in Asia, due to its geographical proximity to Europe and favorable economic environment for investment (48).

Denim sandblasting also makes an excellent case study for factors causing occupational diseases such as asbestosis and silicosis the prevalence of which has substantially been reduced in industrial countries yet is on the rise in developing countries (25). Although the prevalence of exposure to silica has mainly been associated with tunneling works, stone quarries and ore drilling sites, in the recent years workshops of sandblasting in the garment industry have also been marked as sites for development of occupational silicosis (47).

In Turkey’s case, workers in denim sandblasting matched the profile for vulnerable workers: young, male, poor, unskilled, unemployed and uneducated and with origins in Eastern Anatolia. A difference between denim sandblasting and other informal employment was in higher wages, although still lacking social security benefits, which acted to overcome objections to the poor physical conditions as previously outlined. Their disadvantageous situation meant these workers could not negotiate higher wages, social security benefits or better working conditions. Thus, their only alternative was informal employment, whatever the conditions offered.

Even formally employed workers in Turkey (defined legally as being part of the formal economy and non-deficient in social security contributions) have inadequate preventive, diagnostic and rehabilitative occupational health services. But this legal position entails only formally employed workers having the right of diagnosis and compensation including in case of their death. The gap between predicted and observed cases of occupational disease (for example, the total number of occupational disease cases recorded for 2014 and 2015 were a mere 494 and 510 (49,50) can be explained as due to poor detection.

All the above factors have contributed to the high silicosis incidence in denim sandblasters and Turkish doctors in 2005 recognized the link between sandblasting jeans and silicosis and published their study, followed by the advocacy activities that involved civil sector and the media, which led to the legal prevention of the use of the method in Turkey in March 2009.

Turkey achieved a certain amount of success in handling the problem, but there still remains much to do. The Turkish “National Action Plan for the Prevention of Pneumoconiosis” that became effective as of December 2006 set short, intermediate and long-term expected results for 2008, 2010, and 2015 respectively. However, the decisions taken by the Ministry of Health, though important, are only a partial solution. The Ministry has not launched a nation-wide campaign to call former denim sandblasters (with or without silicosis) to attend occupational health check-ups.

Currently, despite the existence of this action plan and the following “Communiqué on Applications Regarding the Struggle with Dust” in 2014, implementation is not coercive, and the long-expected results remain overdue, with few concrete successes. Recent studies indicate that due to its non-specific clinical symptoms and unrecognizable shadows on x-rays in the early phase of the disease, silicosis may fail to be recognized and tends to be underestimated (34) ; currently the disease persists to be a health threat and occasional cases of silicosis are being met; and depending on the time span since the date of the ban being consistent with the reported medical evidence for the development of symptoms, patients do consult pulmonology clinics for diagnosis (47). Finally, there are no set program indicators for many of the expected results in the Action Plan, which makes monitoring the achievements and improvements almost impossible. Therefore, Turkey needs to keep up the pace and continue its efforts to deal with this serious problem.

On a global level, given the prevalence of silicosis in countries that have not prohibited the use of sandblasting, Turkey’s 2009 national legislation towards the elimination of silicosis should be a precedent for other countries to follow in order to take action as well. A comprehensive and combined effort by the governments, NGOs, private sector, labor organizations, international organizations, physicians, people within the supply chain and also the community are expected to come up with effective measures to prevent the development of silicosis due to this type of occupation- even to end all forms of sandblasting; and also ensure that the vulnerable populations are informed about silicosis (47).

**Conclusion**

As this type of occupation is a significant threat to public health, World Health Organization and other international stakeholders should take action for effective intervention in collaboration with the national health authorities to inform the public as well as the health professionals. Due to the similarity of symptoms and pulmonary function tests being normal early in the course of simple silicosis, silicosis may be misdiagnosed as tuberculosis or chest infections, as it was the case in Turkey when several sandblasting garment workers were initially diagnosed with primary tuberculosis before the true diagnosis was uncovered. “At the outset, pulmonary specialists had difficulty in imagining an association between pulmonary symptoms and the garment industry” states Barmania (43). Additionally, increased frequency of tuberculosis in silicosis patients confounds the situation further.

Sandblasting workers and their stories need to be heard and their suffering recognized. Academic research and teaching institutions have been of great support so far; but further epidemiological research, both quantitative and qualitative, and data collection is needed to identify the real numbers of people involved as well as monitoring the work places properly. The changes in Turkey are good news but cannot be the end of the story.

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**ABSTRACT**

**Fake fades cost lives: Lessons from the socio-legal struggle with jeans**

**sandblasting in Turkey**

Silicosis is an occupational lung disease with high mortality and morbidity. Silicosis cases are found to be linked to a particular industrial practice – denim sandblasting, used to supply ‘pre-worn’ looking jeans to the fashion industry. This study aims to analyze barriers to reversing the increasing the trend of silicosis in Turkey in despite existing occupational legislations and regulations and falling incidence of silicosis around he world. A wide variety of materials in Turkish, both spoken and written, are examined to identify key themes and lessons learnt. In addition, semi-structured, oral interviews conducted.A picture of a build-up of public and political pressure attributable to a multi-pronged approach involving advocacy, campaigning and societal mobilization emerges. The authors conclude there may be scope for a more fine-grained examination in the future allowing weighting of individual factors in the change. The themes emerging from this study can guide those intending to address similar issues in other countries.

**Keywords:** silicosis, jeans sandblasting, textiles, occupational health & safety, Turkey, campaigning