

OBSCURED *by* DUST



Sufferers from mesothelioma, one of the three diseases caused by asbestos fibres, describe its symptoms as being like having one's lungs slowly filled with cement.

Most Australians will come into contact with asbestos fibre at some time in their life. Contact may occur in the workplace, in the street, the train or in the home; apart from tobacco, asbestos is the most commonly used carcinogen in the contemporary world.

It is a substance which has brought many advantages to producers and to consumers. Asbestos fibre resists heat, cold and sound. It strengthens cement sheeting and pipes which carry water and sewage to urban populations. It also causes a number of appalling diseases which have ruined the lives of asbestos workers and the consumers of asbestos products. At least one of those diseases was well known long before asbestos was mined commercially in this country and long before asbestos products were introduced into virtually every Australian home.

People living in a contemporary urban environment cannot escape inhaling some asbestos fibre. Unlike many other hazardous substances, it affects people without regard for occupation and social status. In January 1980 it was revealed that asbestos insulation was to be removed from the Royal Yacht Britannia. The yacht was built in 1952 and, as with most vessels from

Asbestos has wrought havoc on the community, ruining lives and leading to agonising deaths. Its best-known victims are former workers at the mining towns of Wittenoon and Baryulgil. But all of us are exposed to asbestos in our daily lives.

To the hard left, it's another case of capitalist exploitation. To the industry, it was all a terrible case of bad luck. *Jock McCulloch* suggests that the truth behind the asbestos story may be rather more complex . . .

that era, asbestos insulation was used extensively throughout its structure. The cost of removal was not made public but the news caused something of an outcry in the UK, as much out of fear for the welfare of the Royal family as for the millions of pounds to be spent on removal during a period of economic recession. Asbestos had already been identified as a carcinogen at the time



it was used in the Royal yacht, and it continued to be used widely throughout the next thirty years.

In 1985 *The Canberra Times* revealed that a large number of custom-built fire doors intended for the new Parliament House had been buried at the Gungahlin tip. When the doors arrived at the building site they were found to contain asbestos. The trade union in control of the site, the BLF, had rejected initial reassurances that the doors were asbestos-free and, after examination, it was discovered that over half of the consignment contained fibre. The doors were not returned to the manufacturer for fear that they would merely be resold to another, less discriminating, customer. They were trucked to the tip by the Department of Territories and buried using department equipment. The total cost of dumping the doors was in excess of \$50,000. Without trade union intervention the new Parliament House would have resembled the original building which is so heavily insulated with asbestos as to make the costs of removal prohibitive. Now empty, it may remain a monument to asbestos' indiscriminate impact.

In the United States it is estimated that 250,000 people will die of asbestos-related disease by the turn of the century. This gives some



indication of the importance of the asbestos scandal and the havoc which the use of asbestos has wrought upon community health.

It also suggests that, in financial terms, the eventual cost will be extraordinary. In evidence given in February 1982 before a US Congressional inquiry, an insurance official told a House of Representatives Committee that product liability suits were likely to exceed \$US38 billion. In the past six years those fears have been realised. More disturbing still is the prospect that the asbestos story will eventually be repeated in other industries which have manufactured carcinogenic products.

For more than a decade, asbestos has been a public issue in Australia. The Commonwealth government alone faces a potential bill of \$9 billion for the removal of asbestos from public buildings and work has already been completed at a number of major sites including the former Commonwealth Centre in Melbourne. (Work on the old Parliament House in Canberra,

estimated to cost \$40 million for asbestos removal, has been put on the back burner for 12 months.) Australia's leading property investor, the AMP Society, is also faced with the huge cost of removal from many of its most prestigious holdings. There are many casualties in the asbestos story, and they include two of this country's largest corporations, CSR and James Hardie Industries.

The most publicised human casualties of the asbestos industry in Australia have been those men and women who have worked at the mining towns of Wittenoom in Western Australia and at Baryulgil in New South Wales. The casualties also include workers in plants manufacturing asbestos-based products, as well as those employed in that wide range of occupations where such products were used. While, in the past five years, a number of cases have been settled out of court, it is only since May this year that the tide has turned in favour of asbestos industry and in favour of those who have contracted asbestos-related diseases.

In the Victorian Supreme Court on 23 May this year a jury awarded Klaus Rabenalt a total of \$676,000 in damages against his former employer Micalco, a fully-owned subsidiary of the conglomerate CSR. This sum included \$250,000 set aside specifically to punish the company for its malpractice. It is the first time in Australian legal history that punitive damages have been awarded. At the age of 52, Rabenalt suffers from mesothelioma, a cancer for which there is no cure and no effective treatment. On average, a person suffering from mesothelioma has 18 months to live from the date of diagnosis.

Following Rabenalt's victory, in the first week of August the West Australian Supreme Court awarded damages totalling \$371,000 to Peter Hayes and Tim Barrow, both of whom, like Rabenalt, had worked for Micalco at Wittenoom. As with all cases defended by Micalco, the trial was protracted, eventually becoming the longest trial in WA legal history. Consequently, Peter Hayes who, like Rabenalt and Barrow, suffered from meso-

thelioma, died three months before the verdict was reached. The judgment opens the way for a flood of litigation against Midalco and its parent company CSR. There are at present over three hundred claims pending against CSR in Australia and a further two hundred in other countries where the fibre from Wittenoom mine was used. It now seems possible that its past involvement in the asbestos industry may destroy CSR just as so many American asbestos producers have been ruined over the last fifteen years.

Asbestos fibre causes three diseases: by 1930 the fibre was known to cause asbestosis, a serious disease of the lung, among men and women working in the industry. By 1948 it was known that asbestos can cause cancer of the lung; and finally, in 1955, a South African study of an asbestos mining community established that asbestos is the sole cause of a fatal cancer of the lining of the lung and abdominal cavity. That disease is mesothelioma. Unlike the first two diseases, mesothelioma is not dose-related and therefore it is not just an occupational disease, but threatens any person coming into contact with asbestos fibre. Mesothelioma has a latency period of up to forty years and can result from the most trivial exposure. Subsequent research into asbestos and human health has substantiated these early findings. There is no question that asbestos is a carcinogen, and no company has sought to base a legal defence in a case involving mesothelioma upon the issue of causality.

In assessing the behaviour of the industry, it is not sufficient merely to examine, as courts do, the publication dates of the major studies which proved the hazardous nature of asbestos or to map out the history of legislation regulating the asbestos mining and manufacturing industries.

To do so implies that the industry had no independent resources to monitor changes in the oral tradition among researchers which most certainly moved ahead of substantive published results. The

industry had access to resources and to data denied independent researchers. One can only assume that physicians employed by firms such as CSR and James Hardie would have known more than other researchers, if only because of their strategic position. They knew who was working in the industry; they had access to the health records of those workers; they knew which parts of the productive process were the most dusty; they had access to dust count data, however imperfect, and they had access to oral evidence as to the fate of male and female employees who died from respiratory disease. This was true particularly in asbestos towns such as Wittenoom.

Despite these advantages, producers in Australia and in the United States have adopted the same stance regarding the question of foreseeability. Each has argued that the seminal studies by Merewether (1930, 1948), Wagner (1955) and Selikoff (1962) did not bring about an immediate change in medical orthodoxy, but were disputed within the profession for many years after their date of publication. Therefore, there was no onus upon the industry to adjust its hygiene practice in accordance with what was mere supposition. What the industries' spokespersons chose to obfuscate, however, is that this notion of medical orthodoxy is in effect a political concept. It is a concept that industry has used to diminish its level of responsibility.

Physicians working in London hospitals in the 1950s were well acquainted with an oral tradition which portrayed asbestos as a potent carcinogen. By 1955, Merewether's report was already six years old and the first cases of cancer of the lung from asbestos-weaving and fabricating industries were becoming visible. The industry refused to act, and in its defence now argues that there was no necessity for change because government authorities were satisfied that existing precautions were adequate. In the past decade, asbestos producers have sought to blame the imperfections of medical knowledge, the incompetence of

government bodies and the physiologies of the victims themselves. And yet the industry was far better informed about existing medical knowledge than were the regulating authorities.

Two dominant interpretations are used to explain the asbestos story. From the fundamentalist left comes the idea that such tragedies arise because of a systematic and well-organised conspiracy within the industry. That conspiracy, supposedly, saw corporations suppress medical evidence proving asbestos was hazardous, so that high profits could be dragged from the suffering of workers and consumers alike. By neglecting to introduce adequate protection for its workforce, companies such as Midalco were able to reap higher and higher profits. Unfortunately, there

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is no evidence that either CSR or James Hardie ever succeeded in making money from their asbestos mines and, if any criticism is to be made of those firms, it is that they were incompetent rather than malevolent capitalists.

Industry itself explains events such as those at Wittenoom as being due to the fallibility of scientific knowledge. According to industry spokespeople, the identification of illness and hazard is achieved through specific technical advances. The moral imperative for dust control, or ventilation, or the provision of respirators, must come from the laboratory and not arise from the sensibility of the Board Room. Industry, so we are told, can only do what scientists advise, and the acceptance or rejection of that advice is determined solely by the weight of scientific evidence which is ethically neutral and unambiguous.

But there is a third and more sophisticated interpretation of the asbestos story. In this explanation such tragedies are seen to arise out of

a complex web of relations between capital, government, the public, consumers and the workforce. Each of these sets of relations is mediated through the opinions, prejudices and actions of technicians. Those technicians are centred in state and federal authorities, in industry and in medicine at large which, in this instance, is best described as a "disabling profession". Perhaps the most important single element in the story concerns the way in which medical knowledge is produced, the conditions of its production, and the social, ideological and political circumstances of its dissemination. Without an understanding of that process, the asbestos story remains mysterious.

In the asbestos story, medical knowledge about disease has always been political knowledge — despite the protestations of physicians that their work is immune from the influence of commerce, governments or interest groups. The way in which that knowledge is transposed into medical evidence against an industrial process, or a product, or a pollutant is vitally important in deciding the chances for justice faced by victims.

With any hazardous substance, there is a clear trade-off between work years and life expectancy and the commercial and community benefits gained from the use of a particular product. Lang Hancock's chilling comment that it is not important that the benefits of asbestos to the Australian community cost many lives contains an uncomfortable truth about the hidden assumptions which have operated in Australian industry for far too long. Those assumptions are rarely if ever exposed to public gaze, so that the community can decide if it wishes to endorse an excess number of deaths from lung cancer as the price to be paid for the benefits from a particular product or industrial process. In just the same way, environmental pollution is the cost the community pays for industry in terms of damaged landscape, stricken fauna and flora and unusable water. The two inventories are analagous.

In its defence, the asbestos industry has claimed to have been held captive by forces over which it had no control. Those forces are to be found in the process of production itself. Social philosophers such as Langdon Winner and Ivan Illich suppose that high technology generates a momentum of its own which imposes a specific and narrow range of social and cultural choices upon its inventors and users. This idea has been taken up, albeit reflexively, by industry apologists who claim that the technique of production enforces a kind of fate upon its users who, therefore, cannot be held responsible for the mistakes which the process precipitates. So it is with a sigh that spokespeople from James Hardie and Johns-Manville speak of the inadequacies of dust monitoring equipment, and ventilation systems, and the

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imperfections in plant and machinery which always generated more dust than owners wanted. This idea is implicit in much of the rhetoric used by corporations in their defence of industrial disaster. The idea of autonomous technology appears as a kind of prevailing myth about the industrial process.

During the first decades of the present century public health programs designed to combat the spread of infectious diseases were introduced without any of the political resistance that has accompanied the struggle for controls over the use and dissemination of toxic substances. In the battles to control cholera, tuberculosis and, more recently, infantile paralysis, policy makers merely informed the public that there was a certain risk, and that particular measures were necessary to eliminate that risk. Legislators needed little encouragement to enforce such measures and there was no

opposition. There were no vested interests standing to lose money or prestige or power from the elimination of those diseases.

The contrary has been true of every case involving government efforts to control carcinogens in the market place. The discovery of an association between a disease and a chemical product is a political act. Its creator and the knowledge itself are immediately enbroiled in an environment where the virtues of honesty and objectivity are largely irrelevant. The mere design of the protocol for the study of an illness becomes controversial, and serves to polarise contesting parties on either side of what are simultaneously scientific and political debates. The politicisation of science is used by industry to immobilise opponents by excluding the victims and the public from participation in the debate. That exclusion is rarely, if ever, justified by the nature of the explanations involved, or by the methodology physicians use in researching diseases and their cause.

What needs to be done is to transfer the asbestos controversy into the public arena so that the issue is no longer seen or defined as a technical problem for experts in the legal, medical, technocratic and bureaucratic spheres to debate unhindered by an informed public. In the United States and in the UK, this process has already begun through pressure from litigation, and by the work of consumer and public interest groups. It has not been initiated by parliaments. Neither has the process been precipitated by industries' concern for the victims who, until recently, have been a scattered and politically insignificant group.

Perhaps the destruction of so many lives by asbestos fibre will force the community to realise that the public interest must rest with the public itself and not with industry, no matter how respectable its voice may appear to be.

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