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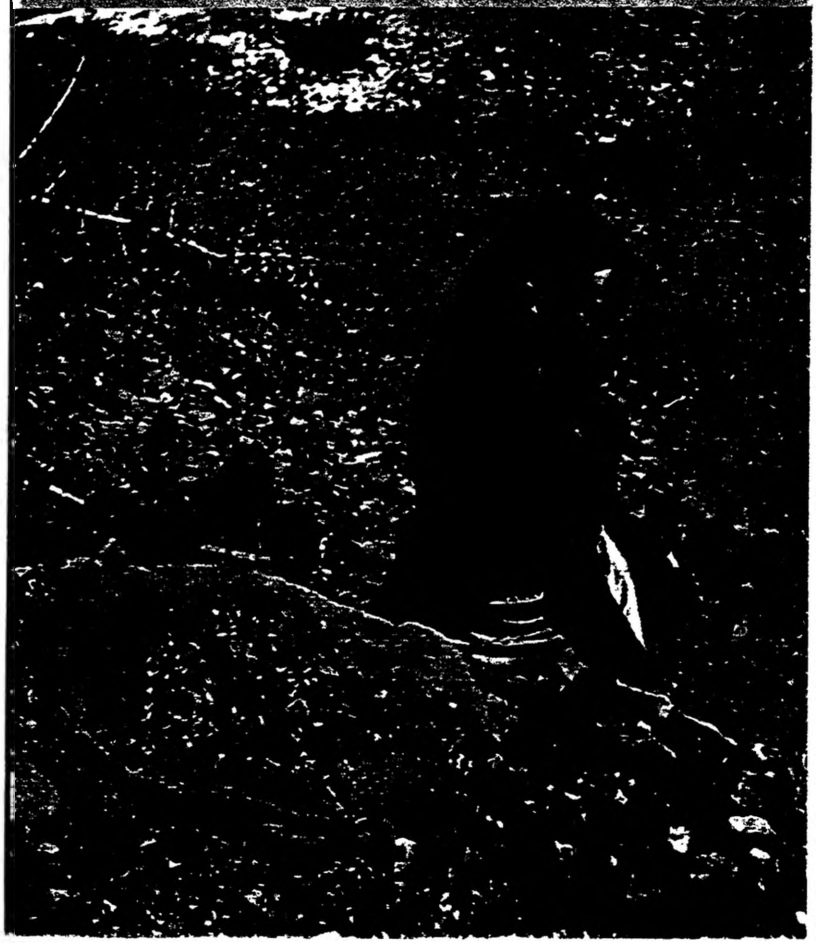
AFRICAN ISSUES

ASBESTOS BLUES

LABOUR, CAPITAL, PHYSICIANS & THE STATE IN SOUTH AFRICA

Jock McCulloch



2002

AFRICAN ISSUES

Asbestos Blues

Labour, Capital, Physicians & the State in South Africa

JOCK McCULLOCH
Associate Professor
Social Science & Planning
RMIT University

JAMES CURREY
Oxford
INDIANA UNIVERSITY PRESS
Bloomington & Indianapolis

attractive by the political turmoil that followed the Sharpeville massacre. The paper Wagner gave at the 1959 Pneumoconiosis Conference brought him to the notice of Dr John Gilson, the head of the Medical Research Council's Pneumoconiosis Unit at Llandough Hospital in Wales. Gilson persuaded Wagner to join the Pneumoconiosis Unit in 1962, where he worked until his retirement in 1988. When Wagner returned briefly to South Africa in 1966 he was confronted by senior figures from what he terms 'the South African medical establishment', who accused him of damaging the local economy.[47] He was taken aback but glad he had chosen a career outside South Africa.

The discovery by Sleggs, Wagner, Webster and Marchand was felicitous. To make that particular find at that time took a mixture of skills. Chris Sleggs was the local clinician treating tuberculosis patients with new-generation drugs. He expected his patients to recover. The most troublesome patients in a hospital like West End were those who did not suffer from tuberculosis and therefore didn't respond to treatment. The worst of all were lung cancer patients; their decline and inevitable deaths undermined the morale of patients and staff.[48] Mesothelioma cases were conspicuous at West End, and Sleggs had good reason to find a way of treating them. Paul Marchand was a young surgeon at the beginning of a distinguished career. Marchand's skills meant that the biopsy material sent to Wagner, the pathologist in Johannesburg, would have been relatively easy to interpret. Marchand also struck up a friendship with Chris Sleggs that was important in helping to overcome Sleggs's intellectual isolation. Marchand encouraged Sleggs, and they remained in contact until Sleggs's death in 1987. As head of pathology at the PRU Ian Webster wanted to understand asbestos-related disease, and he was in part responsible for the appointment of Wagner. Chris Wagner was a gifted pathologist who responded creatively to the puzzle presented by Sleggs's patients.

Sleggs was the first to recognise the connection between place and disease and to suggest that asbestos may be the cause of the extraordinary tumours that were appearing at West End. Yet until the end of his life he remained unconvinced that mesothelioma constituted a distinct disease, believing instead that the cause lay in some interaction between tuberculosis and asbestosis.[49] There are several possible reasons for his rigidity. He was a tuberculosis specialist, and he had little time to keep abreast of research on asbestos and cancer, the very literature to which Wagner was contributing. As superintendent of West End he was overworked and often irritated by the demands on his time made by Webster and others at the

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[47] Interview with Chris Wagner.

[48] This was suggested to me by Tony Davies who for more than a decade directed a tuberculosis eradication programme in Zimbabwe. Interview with Prof. Tony Davies, 21 November 1998, Braamfontein, Johannesburg.

[49] According to Ian Webster, Chris Sleggs believed that plastic pleurisy developed in tuberculosis patients in the Northern Cape and that with interaction with dust produced mesothelioma. See Ian Webster 'Mesotheliomatous Tumors in South Africa' Pathology and Experimental Pathology', in Harold E. Whipple (ed.) *Biological Effects of Asbestos* Annals of the New York Academy of Sciences, vol. 132, 31 December 1965, pp. 624–46.

PRU. His correspondence with Webster extended over almost thirty years, yet they never managed to get on first-name terms. Sleggs's practical concerns in running a regional hospital meant that he was less interested than Wagner or Webster in the rather abstract question of causation. Researchers at the PRU solved the mystery of the tumours at West End, but they offered Sleggs no means for treating his patients.

Kit Sleggs retired from the Department of Health in 1974, and he and Kathleen moved to Fish Hoek, near Cape Town. He continued to work on his case notes just as he had done over the previous twenty years. Sleggs suffered a severe stroke in 1982, which left him unable to write. He died at Fish Hoek on 22 June 1987. In his memoriam Paul Marchand wrote: 'Much of the credit must go to Sleggs for recognising what was at the time a new disease and also for helping to define the hazards of asbestos.'[50]

There has been some controversy over should have been the senior author of that first article by Wagner, Sleggs and Marchand.[51] It was, after all, one of the most important occupational health discoveries of the twentieth century. Should the credit have gone to Sleggs, who did the initial work and proposed the connection with asbestos, or Wagner, who established the precise nature of the tumour? Ian Webster, backed by his medical director, Harry Gear, said the paper was a pathology paper that only postulated the association with asbestos, therefore Wagner's name should go first. But the import of the paper was on causation and not the description of the tumours. Sleggs and Marchand wrote a second article emphasising the casual factor, which was published in the *South African Medical Journal* in January 1961.[52] But by then the credit had gone to Wagner. Sleggs was a diffident chest specialist running a regional hospital for Coloured and black patients. Wagner was working exclusively on asbestos-related disease at South Africa's premier occupational health institute. Wagner went on to a brilliant research career in the UK. Sleggs remained at West End pursuing his own vocation.

Toward the end of his career in 1985 Wagner received the Charles S. Mott Prize from the General Motors Cancer Research Foundation. It was in recognition of his South African work from thirty years earlier and his continuing contribution to cancer research. When Wagner died in May 2000 the British press was full of glowing obituaries. One writer commented of Wagner's 1960 paper: 'It would be difficult to over-emphasise the importance of this study, which was to become the most quoted paper in occupational medicine. It initiated an explosion of research into asbestos-related diseases.'[53] There is a postscript to Wagner's career, which was unknown to those who wrote such obituaries.

The intensity of asbestos litigation and the vast sums of money involved have sometimes led to a falling-out between asbestos companies. One such case is that of Owens-Illinois Inc. (O-I) and T&N Ltd, which began in the Eastern District Court of Texas in June 2000. One

[50] 'In Memoriam Christopher "Kit" Sleggs' by Paul Marchand, p. 728

[51] See Marchand, 'Discovery of Mesothelioma'

[52] See Wagner, Sleggs and Marchand, 'Diffuse Pleural Mesothelioma', pp. 28–34

[53] Obituary, Christopher Wagner, *Daily Telegraph*, 11 July 2000

of the issues at stake was the level of knowledge that O-I had about the dangers of asbestos, and in particular its attempts to improperly influence the medical literature. An affidavit presented in defence of T&N by Paul Hanley, a New York attorney, who since 1981 has acted on behalf of that company, involved Chris Wagner.

According to Hanley, on 16 December 1987 he met a Mr R. Bruce Shaw, a New York lawyer representing both T&N and O-I, a major US asbestos manufacturer. O-I used large quantities of amosite but it had never used crocidolite. At that time Hanley and Shaw were representing the same clients, and they discussed issues relating to pending litigation. Hanley recalls:

> At the December 16 meeting Mr Shaw also informed me that O-I had been paying Dr Wagner $6,000 per month for some period of time irrespective of whether Dr Wagner did any work for O-I, and further that the money was paid by O-I to a bank account in the US in the name of a third party.[54]

Hanley agreed to attend a meeting with Chris Wagner in the UK in January 1988 to discuss mesothelioma. At that meeting in London, on 24 January, Shaw and Wagner discussed amosite and crocidolite at length. According to Hanley:

> Mr Shaw privately confirmed to me after the meeting that he was trying to persuade Dr Wagner to say or write publicly that only crocidolite asbestos was an undeniable cause of mesothelioma, and that the role of amosite asbestos was non-existent or at most minimal. At the time my lay view was that this position was scientifically unsupportable.

For that reason Hanley thought Shaw would be unable to persuade Wagner.

> I was therefore quite surprised when, in a paper written two years later, Dr Wagner wrote in a published paper that the evidence was overwhelming that the main cause of mesothelioma was crocidolite asbestos – and that amosite asbestos was implicated in just a few cases. The paper fails to mention any financial support from O-I.[55]

Hanley's testimony has only come to light because of a falling-out between asbestos companies. He is not a member of the anti-asbestos lobby but an experienced attorney whose career has been spent defending the industry. His evidence comes in the form of an affidavit. If what he says is true, it would not be the first time that industry has sought to unfairly influence the creation of medical knowledge about the hazards of asbestos. When I interviewed Chris Wagner at his home in Weymouth in 1998 he told me that he regretted ever having worked on asbestos-related disease. He was only interested in science, and asbestos was always about politics.

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[54] Affidavit of Paul J. Hanley, Jr, 24 January 2000, in support of defendant's motion for relief from default judgment in case of *Owens-Illinois Inc* v *T&N Ltd*. In the US District Court for the Eastern District of Texas, Marshall Division, CA No. 2-98CV011 17 DF, p. 10.

[55] Ibid, pp. 10–11.

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The PRU Survey

The disaster in the Northern Cape

At the Pneumoconiosis Conference held in Johannesburg in 1959 Sleggs and Wagner presented the results of their research on mesothelioma. Their work was obviously important, and delegates endorsed the need for further study. Immediately after the conference the asbestos industry approached the CSIR, the major scientific research body in South Africa, with a proposal for an asbestos research project. There was nothing unusual in that initiative, as it had been the pattern in Britain and elsewhere for government authorities to co-operate with industry. At the same time the industry closed ranks over the issue of environmental pollution. In July 1959, M.F. Baxter of the CSIR wrote to Dr Orenstein, then director of the PRU, about the proposed survey. 'As you know', wrote Baxter, 'the mining people tried to dissociate themselves from any responsibility here particularly in regard to the incidence of asbestosis and mesothelioma in the non-mining (civilian) population.'[1] Orenstein promised to discuss the issue with the Government Mining Engineer, and then 'take the matter up with the members of the asbestosis (*sic*) mining industry'.[2]

The Government Mining Engineer, Tony Gibbs, accepted the link between asbestos and mesothelioma, and he asked Ian Webster from the PRU to co-ordinate a survey of the north-west Cape.[3] There followed a meeting between Ian Webster, Justin Mackeurtan and Richard Gaze from Cape's London office. Gaze, a chemist, was aware of disease at Barking, and that was why he supported the project. Justin Mackeurtan, who was managing director of Casap, opposed it.[4] After some discussion it was agreed that the project would be funded by the asbestos industry, supported by a small grant from the South African Cancer Association.[5]

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[1] Letter from M.F. Baxter, CSIR to Dr. Orenstein, PRU, Johannesburg, 6 July 1959. General Arrangements. The MS Survey. Files 1201/1, NCOH Papers.

[2] Ibid.

[3] Interview with Ian Webster, 4 December 1997.

[4] Ibid.

[5] *Report on the Progress of Mesothelioma Survey as at 30 April 1962*, Pneumoconiosis Research Unit, South African Council for Scientific and Industrial Research, unpublished, p. 2. NCOH Papers.