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Book Review

Asbestos Blues/Labour, Capital, Physicians and the State in South Africa

by Jock McCulloch, Bloomington, IN: Indiana University Press, 2002. 223 pages.

McCulloch, an Australian historian, is also the author of an earlier book about asbestos mining in his own country, *Asbestos. Its Human Cost.* He has searched out what remains of the record of the history of asbestos mining in South Africa and interviewed many people who were involved, locating surviving reports and correspondence of government health officials, mine engineers, Native Affairs officials, and a diverse array of published sources which, added to material obtained in interviews, he uses to tell this detailed and uniquely South African story.

Many government records and photographs had been destroyed, including thousands of pages of reports of thrice-annual inspections required by law between 1960 and 1980. Asbestosis was not mentioned in a Department of Mines annual report until 1968, 75 years after the start of asbestos mining in South Africa. In the 1960s, publications by the government's Pneumoconiosis Research Unit had to be sent first to the asbestos industry for prior approval.

The annals of toxic corporate crime are replete with horrific stories of inhumanity, but the story of asbestos mining in South Africa is in a class by itself. A central player in the story is Cape Asbestos, a British multinational corporation that managed contract mining employment under conditions that were unusually harsh even for South Africa.

Cape was subject to asbestos regulations in its British plants after the early 1930s, but in South Africa even the modest cost of preventing scurvy by providing some citrus fruits to its workers was avoided for decades. All decisions costing more than 30 British pounds had to be approved by corporate headquarters (1947). As late as 1962, Cape's medical director, Walter Smither, came down from Britain and observed that there were many cases of what he called vitamin deficiency, but made no recommendations to the Board. State health officials reported scurvy on many occasions and also found plague, tuberculosis, and typhus; in one case, the Cape manager lied to a government official, claiming the company had built a hospital in the town of Prieska. For decades, the state looked the other way on Cape's gross abuse of the working people, its utter lack of willingness to provide housing, sanitation, or medical care. The mining was poor people's work; men blasted and extracted the ore, their wives hammered the asbestos fiber free of the hard host rock with their babies beside them. Workers practically starved, while mine management cheated them in weighing the fiber brought in and Cape's company stores overcharged them for cornmeal.

Cape operated a mill in the center of the town of Prieska to separate the deadly blue (crocidolite) asbestos from its host rock. Mine tailing wastes were strewn all around the town, and the contamination remains a mortal threat to the people there to this day. Wanton environmental contamination from mining included the surfacing of roads with mine tailings, children playing on tailings dumps, women washing clothes in the Orange River beside tailings dumps, infants sleeping on asbestos sacks, and the common use of tailings and mud to make bricks and plaster walls of homes. Chest X-ray abnormalities typical of asbestos exposure are widespread in Prieska's adult population. This is particularly alarming because of the high associated risk of mesothelioma documented by Drs. Kit Sleggs, Chris Wagner, and Paul Marchand in this region starting in the 1950s.

Their 1960 report of 33 South African cases of rare pleural mesothelioma, 32 with occupational and/or environmental asbestos exposure histories, triggered worldwide investigations, and mesothelioma would become recognized as a signal tumor for asbestos exposure. In 1962, Cape's most senior medical officer, Walter Smither, tried to transfer 10 mesothelioma victims hundreds of miles from Prieska to Johannesburg, a difficult journey for terminal cancer patients, to remove them from what Smither called "the area of conflict." He did this to defuse local discontent over "the mesothelioma scare" and ensure that they died out of sight of their relatives and members of the Prieska community. A government report on mesothelioma and environmental asbestosis at Prieska was suppressed that year.

At the cabinet level, the Secretary of Mines sent a crisis memo to his counterpart in the Treasury in 1963, laying out the overview of asbestos' hazards as a devastating threat from both the health and economic points of view. This bad news was tightly held, McCulloch reports:

> Over the next 15 years, asbestos production continued to rise,

but no further research was done into the impact of asbestos on human health. Industry and the state were allies with a common interest to protect the foreign exchange generated by South African asbestos. There was no disclosure to consumers or to the general public. In its place was a studied silence, which protected the mining industry and its markets. We will never know how many people died as a result.

The apartheid system in South Africa was freely exploited by the British multinational asbestos companies. With no trade unions or governmental protection in South Africa, it was easy for mining companies to hide the deadly truth, while at the same time avoiding pressure on the government to do research that would further explore the threat to human life. Even mid-level officers of Cape's South African enterprises were not told about mesothelioma. The South African government's failure to do research on human health effects in the 1960s and 1970s deprived unions and governments in Europe and North America of additional information to counter the prolonged growth of markets for asbestos.

The initial failure to find mesothelioma cases in the amosite asbestos mining area in the northeast of South Africa was a result of the poverty and isolation, the utter lack of medical services there, and the very high proportion of migrant workers from Mozambique. This lack of data was nonetheless seized upon by asbestos interests as a reason for questioning whether there was a relationship between amosite and mesothelioma.

Well after the capacity of amosite to cause mesothelioma was documented, the risk was downplayed in a 1991 publication by Dr. Wagner; it was not disclosed at that time that Wagner was a paid consultant to Owens-Illinois (O-I), a company with large liabilities from having sold an insulation product containing amosite asbestos. Wagner's retention by O-I (for "$6,000 per month for some period of time irrespective of whether Dr. Wagner did any work for O-I . . . paid by O-I to a bank account in the US in the name of a third party") was publicly revealed in an affidavit filed in a Texas court in January 2000, in a lawsuit between O-I and the dominant U.K. asbestos company, T&N. The author was the senior lawyer for T&N in the United States; T&N and O-I had shared secrets as co-defendants in damage suits prior to their falling out. This sworn statement was at first withheld from public disclosure by the court, and it is not possible to know what Wagner would have said if asked about it; he died in July 2000. *Asbestos Blues* contains the first published account of this story.

McCulloch made a prodigious effort to understand and explain not only the big picture but also the conduct of the individual doctors, government officials, and managers, conducting lengthy interviews with many of the participants and their family members.

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