

Jock McCulloch. *Asbestos Blues: Labour, Capital, Physicians and the State in South Africa.* Oxford: James Curry, and Indianapolis: Indiana University Press, 2002. xviii + 252 pp. \$22.95 (paper), ISBN 978-0-253-21541-3; \$49.95 (cloth), ISBN 978-0-253-34127-3.



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The Legacy of Asbestos Mining in South Africa

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Recent legal claims made by thousands of South African victims of asbestos against multinational asbestos corporations underscore the importance of Jock McCulloch's book on the history of asbestos mining in South Africa. In December 2001, in a landmark case, 7,500 claimants received a settlement of £21 million from Cape plc, the largest British-owned asbestos mining company in South Africa. Soon thereafter, however, the company, facing serious financial problems, reneged on the settlement. In February this year, another settlement of R460 million was reached between Gencor and South African asbestos victims. Facing legal action, Gencor had been unable to proceed with distribution of Impala Platinum shares to shareholders and therefore had a strong incentive to settle with claimants. However, the majority of the bills for environmental clean up in South Africa remain outstanding and many living near former asbestos mines continue to be at risk.

Similar asbestos-related legal claims have been taking place in the United States, Australia, and the United Kingdom since the 1930s, yet it is only recently that

South African lawyers have pursued litigation against asbestos companies. *Asbestos Blues* is an examination of how multinational asbestos companies avoided litigation during the mid-twentieth century in South Africa. McCulloch shows how British-run asbestos companies, profiting from the National Party's apartheid structure, covered up evidence of the carcinogenic nature of asbestos fiber and continued to operate at higher rates of profit without warning their employees or the public of the dangers. His study, based on archival documents and personal interviews, juxtaposes descriptions of company denials and state indifference with chilling images of men, women, and children working and living unknowingly within clouds of deadly asbestos dust (the cover disturbingly depicts a young woman holding her infant whilst cobbing piles of blue asbestos).[1]

Tracing the history of asbestos mining in South Africa from the mid-nineteenth century to the present, McCulloch disputes testimony by asbestos companies that they were unaware of the extent of the dangers of asbestos. Instead, he argues that British-owned companies were in the best position to have knowledge of the health

effects of asbestos. In the 1930s, when the first scare of asbestosis and lung cancer became prominent among workers, British companies applied effective safety regulations in their British mines and factories. However, regulations were never applied in South Africa. As Elaine Katz has shown, South Africa did have a history of legislation to control dust levels on the gold mines as a means to provide compensation for (mostly) white miners who fell victim to silicosis, although these measures were only partially effective.[2] Because asbestos mining relied on “dry milling and air flotation, the methods used to control silica dust in gold mines could not be applied to asbestos mills” (p. 21). Therefore, asbestos workers remained at risk. Later in the 1960s, when South African medical practitioners recognized mesothelioma, an incurable disease that can arise from even minimal exposure to asbestos fiber, the industry helped fund the Pneumoconiosis Research Unit’s survey of asbestos-related disease. Yet, after the survey’s initial findings confirmed the magnitude of the problem, the industry stifled further research in order to protect itself from litigation (pp. 118-200). After all, asbestos fiber had been used in everything from roads, building materials, and school playgrounds to clothing, bedding, and even tampons.

Although McCulloch places liability strongly on the shoulders of corporations, he also holds the South African government accountable for not implementing and enforcing effective safety regulations. He argues that the failure of the asbestos industry to implement health and safety regulations was facilitated by the apartheid system and divisions within the government. McCulloch describes how junior government officials strongly criticised conditions on the mines, while senior officials simply ignored their suggestions and adopted a discourse that praised the asbestos industry for its remarkable improvements (p. 141). He suggests that a cooperative relationship existed between heads of government departments and asbestos companies. In addition, the Nationalist government’s racial, class, and gender ideologies enabled the companies to continue to operate with poor labor conditions and high profits. Yet, McCulloch does not explore the reasons for the split views within the government. Nor does he adequately explain the rationale of the department heads for ignoring health concerns other than to suggest their desire for profit.

Asbestos companies rarely supplied medical care to their employees. Therefore, physicians at public hospitals who treated asbestos workers noticed commonalities among their afflicted patients and took it upon themselves to conduct further research. With the exception of

one British company medical doctor, McCulloch depicts the medical practitioners who were involved in this story as passive participants. They saw themselves as men of science and disclaimed responsibility for the corporate and political scandal that was growing around them. Because the companies held most of the research documenting the risks of asbestos, inspectors and independent analysts were dependent on them. The effect was to suppress the real extent of the danger and to delay badly needed regulation. Later, in the 1960s when links between mesothelioma and asbestos were established, McCulloch argues that there was no medical mystery to explain the failure to deal with the dangers of asbestos. Medical researchers knew the risks, but the companies were able to refuse cooperation and prevent the story from being told until the 1980s, when British and U.S. asbestos associations, in an attempt to evade litigation, declared South African blue asbestos to be harmful and deemed their own white asbestos safe.[3]

However, as the book is about understanding liability for asbestos-related disease, one would think that the role of medical practitioners was more complex than McCulloch suggests. As the Truth and Reconciliation Commission (TRC) asserted, the medical community contributed to human rights abuses on various levels, often through non-disclosure and negligence.[4] The limitations of the TRC’s study aside, it does raise questions about the responsibility of the medical practitioners to asbestos workers. How aware were medical practitioners of the negative aspects of asbestos fiber before the 1980s? McCulloch suggests that they knew quite a bit. Physicians noticing a link between asbestos and mesothelioma presented their research to the Pneumoconiosis Conference in Johannesburg in 1959 and published a paper in the *British Journal of Industrial Medicine* shortly thereafter. In 1961, a second paper linking asbestos and mesothelioma was published in the *South African Medical Journal*, the journal of the South African Medical Association (pp. 174-9). Yet, there is no mention of whether any medical practitioners attempted to pressure the government or corporations to change working conditions at mines. If they did not, was corporate pressure the only reason for their failure to expose the dangers of asbestos? What role did the Medical Research Councils or South African medical associations play?

Implicit in these questions is the effect that conventional ideas about race, gender, and class had on medical research. Indeed, as Randall Packard noted, practitioners before the late 1930s and 40s often believed that disease was caused by blacks’ inability to deal with in-

dustrialisation and “civilisation.” Even after many practitioners began to accept the environmental causes of disease, practitioners failed to condemn the racial capitalism that caused substandard conditions, and racially based views persisted among some practitioners.[5] McCulloch states briefly that the asbestos industry sometimes blamed the prevalence of asbestos related disease on the susceptibility of certain individuals (p. 201). It is unclear whether he is talking about racial susceptibility or something else. Indeed, little discussion exists on the extent to which ideological views about race, class, and gender affected the actions of medical practitioners or the views of company officials. As McCulloch points out, asbestos mining was the work of the poor and the workforce was mostly made up of Colored and black men, women, and children. These were the very people who were profoundly affected by apartheid ideologies. In a chapter about women miners, he highlights the important yet often unrecognised role that women and children played in the industry until the 1970s (pp. 143-144). However, these women were rarely diagnosed with asbestos-related diseases because of the informal nature of their work. Similarly, many men remained incorrectly diagnosed because during apartheid many had worked illegally in the area. Some white men also denied working with asbestos because asbestos mining was often associated with poverty and they were ashamed to admit that they were once so poor (p. 169). One can infer that the casual nature of asbestos labor placed limitations on medical research. Yet did the fact that it was mostly poor black or Colored women and men that fell ill have any affect on the lack of funding or interest in medical research?

The book contains some interesting narratives about workers in the asbestos industry. McCulloch conducted interviews with former workers and family members. However, because many workers died prematurely and left few records, the voices of government and company officials unfortunately overshadow those of the workers in the book. McCulloch argues that the government’s staunch opposition to black trade unions enabled the industry to continue unchallenged until recently. But surely opposition to asbestos mining did not always take the form of organised union or legal action?

McCulloch’s chapter on the mines in South Africa describes how asbestos mining for some workers was initially more popular than gold mining. It suggests that asbestos mining offered workers more freedom than the gold mines. Gold mining was seen as more dangerous than asbestos mining and did not allow workers to con-

tinue living with their families. Did these advantages of the work outweigh any knowledge of the deadly nature of asbestos, or was workers’ knowledge minimal? It is unclear to what extent workers knew about the dangers of asbestos. McCulloch states that by the 1940s some workers seemed to know about the deadly effects of asbestos (p. 167). What action, if any, did workers take to change their working conditions? Did the need for employment prevent workers from acting to protect themselves?

As can be seen by my questions above, McCulloch’s study raises some important issues regarding the roles played by individuals in asbestos mining. Indeed, *Asbestos Blues* is a welcome addition to an understudied area of South Africa’s history and will most likely form the foundation for future studies on the asbestos industry in South Africa and the world. However, at times I wished for a more defined contextual framework that would highlight each chapter’s importance, especially as the book is organised thematically and not chronologically. The text also has some minor errors. To name just a few, “decidedly” on page 10 should read “decided.” “Gauterg” on page 15 should be “Gauteng” and “built” on page 22 should be “build.” On page 40, “were” should be “where.” The word “plant” should be “plants” on page 43. “As” on page 63 should be “At” and “closed” on page 100 should be “close.” Nevertheless, the book contributes significantly to current debates on multinational corporate responsibility and discussions about the legacy left behind by the asbestos industry, i.e. the damaging effects asbestos mining continues to have on the lives and livelihoods of those whose stories have only been heard in present-day legal suites.

Notes

[1]. Cobbing is the breaking down of asbestos rock into ore by hand.

[2]. Elaine Katz, *The White Death: Silicosis on the Witwatersrand Gold Mines, 1866-1910* (Johannesburg: Witwatersrand University Press, 1994).

[3]. McCulloch defines two types of asbestos: serpentine and amphiboles. Serpentine asbestos is chrysotile or white asbestos. Amphiboles are crocidolite, or blue asbestos, and amosite. Amphiboles are mined in South Africa and Australia, while serpentine are mined mostly in Canada, Russia, Zimbabwe, Italy, China, Kazakhstan, and Brazil (p. 1).

[4]. South Africa, Truth and Reconciliation Commis-

sion of South Africa, *Truth and Reconciliation Commission of South Africa Report*, vol. 4, (Basingstoke and Oxford: Macmillan Reference, 1999).

[5]. Randall M. Packard, "Tuberculosis and the De-

velopment of Industrial Health Policies on the Witwatersrand, 1902-1932," *Journal of Southern African Studies*, vol. 13, no. 2, Special Issue on The Political Economy of Health in Southern Africa (January, 1987), pp. 187-209.

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