Chapter 10

Economic Violence, Occupational Disability, and Death: Oral Narratives of the Impact of Asbestos-Related Diseases in Britain

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They made us work with poisonous materials that were killing us, and never told us.

– Scottish asbestos insulation engineer[1]

That employment did something wrong to me.

– Owen Lilly, asbestos cement factory worker with asbestosis, Clydebank, Scotland[2]

Mass violence is usually associated with warfare, genocide, and terrorism. However, it also occurs within modern corporate capitalism and the employment relationship. Pierre Bourdieu developed the concepts of symbolic, physical, and economic violence to explain

patterns of elite behaviour and the exercise of authority and power.[3] Economic violence occurs when the pursuit of profit and production is prioritized at the expense of workers' bodies, resulting in injury, disability, premature death, and psychological harm (including through lay-offs and stress from overwork). Much of this was and remains preventable. The collective *intentional* exercise and abuse of power by corporations, employers, and managers for economic gain is at the heart of this.

The concept of economic violence has been applied in a number of ways – including through more aggressive employer behaviour and managerial styles associated with the shift to neoliberal globalization in the later twentieth century.[4] Economic violence has a long history among capitalist enterprises and can clearly be witnessed in the historic victimization of labour activists ("troublemakers") and in the corporate neglect and irresponsibility that lay behind the carnage of industrial injuries and deaths that characterized industrialization.[5] Robert Storey makes a beautifully eloquent and persuasive case for this in Chapter 2 (this volume) and in his ongoing research on the workers' injury movement in Ontario.[6] Along with these individual traumas (commonplace in most industrial workplaces) went more insidious, chronic, long-term damage to health and well-being, evident in the modern-day epidemic of workplace stress and repetitive strain injuries, and in the exposure of workers to dust, fumes, chemicals, toxins, and carcinogens. The plague of asbestos-related disease (ARD) provides one of the clearest examples of economic violence and corporate crime.

This chapter explores how oral history approaches elucidate the cultures in which economic violence flourished and provides insight into the impact of ARDs upon people's lives. It attempts to get beyond the body counts to explore the outcomes of this economic violence and what it signified for those at the receiving end of it – what chronic disease linked with exposure

to asbestos meant to individuals, to families, and to communities. It draws upon personal narratives from oral history interviews to try to comprehend prevailing work-health cultures, what being diagnosed with a life-threatening disease and encroaching disability signified, and how this affected people's lives. These are "trauma narratives," relating how people made sense of working lives when their or their loved ones' existence was disrupted by contracting entirely preventable disabling and fatal diseases. References to being "killed" (as expressed in this chapter's first epigraph) and to "murder," or "mass murder" feature in these ARD narratives, especially those of bereaved relatives.[7]

My argument builds on oral history fieldwork undertaken by myself and my colleague Ronnie Johnston and that resulted in the publication of our monograph, *Lethal Work: A History of the Asbestos Tragedy in Scotland* (2000). This chapter is part of an ongoing critical process, conducted over the past couple of years or so, which involves revisiting these oral testimonies, collecting some new material, and reviewing similar testimony-based work by other researchers in the field (such as Helen Clayson) as well as ruminating on oral history theory and practice. It reflects my evolving interests in the historical meanings of work, the significance of work-health cultures, and the impact of profit-oriented Fordist production regimes upon workers' bodies.[8]

The focus here is primarily, though not exclusively, upon the lived experience of ARD victims and survivors in the United Kingdom, particularly drawing upon our case study of the Clydeside industrial conurbation centred in Glasgow from the 1930s to the present. An oral history approach enables us to construct a refocused history centred on workers' bodies and emotions. This methodology is capable of enriching our understanding of these encounters between work and the body, what this signified to workers, and how workers were affected by and reacted to risk and danger and to ensuing disability and loss. It enables us to locate those

affected by chronic occupational diseases within the specific socio-cultural spaces they occupied at that time. While oral interview material requires critical and sensitive treatment (necessitating the reflective evaluation of how memories are constructed and the past recalled), they nonetheless provide a wide range of insights into the employment-health interaction.

Asbestos and the Body

The asbestos tragedy is a story played out across the globe, first in developed, early industrialized nations in Europe and North America, then in developing and more recently industrializing countries, such as China, Brazil, and India. Beginning in the late nineteenth century, asbestos was extensively mined and its mineral fibres processed and manufactured to be used as an insulating product and fire retardant. Indeed, asbestos found its way into a startlingly wide variety of commodities and was used heavily in engineering, in shipbuilding, in construction, and in many other places – not least in the construction of high-rise flats and office blocks built from the 1940s on.

Inhaling asbestos fibres is associated with several deadly incurable diseases. *Asbestosis* usually results from prolonged exposure in the workplace and consists of a clogging up and resultant scarring and distortion of the lungs, leading to severe and disabling breathlessness and strain on the heart. Malignant *mesothelioma* is a tumour that usually develops on the outer lining of the lung (pleura) but that also appears on the surface of the abdominal cavity (peritoneum). Mesothelioma can be caused by low levels of exposure to asbestos and is an extremely aggressive cancer. Those diagnosed with mesothelioma suffer higher levels of pain than do most cancer victims, frequently have fluid build-up drained from their lungs (pleural effusions). They

also experience intense breathlessness and weight loss – becoming emaciated and physically wasting away. Patients rarely live beyond eighteen months after diagnosis. *Asbestos-related lung cancer* is the most common malignancy among individuals exposed to asbestos, and both lung cancer and mesothelioma can be caused by occupational or environmental exposures. The total number of deaths from asbestos is not known. However, the World Health Organization has recently estimated that asbestos is responsible for more than 107,000 deaths every year and that, across the globe, an estimated 125 million people are currently being exposed to the deadly mineral through their occupations.[9] According to one medical expert, the final death toll from asbestos will top 5 million and may be as high as 10 million.[10]

The culpability of negligent employers and production-oriented managers, bolstered by the collusion of some governments, is now well established in the asbestos tragedy, though industry continues to mount a rear-guard defence of its toxic product in some places (not least in Canada and in Russia). The weight of evidence unequivocally indicates that, despite knowledge of the dangers of asbestos, industry continued to manufacture and use the product for economic gain, to withhold or destroy documents proving prior knowledge, to influence or curtail new research and knowledge dissemination, and to use its resources to delay regulation, fight compensation cases, and minimize financial losses. Among landmark studies exposing the economic violence of multinational asbestos companies are Paul Brodeur's scathing critiques of the US asbestos industry and Tweedale's seminal work, which makes use of internal company documents of the main UK-based asbestos manufacturing company, Turner and Newall.[11] In *Defending the Indefensible* (2008), Jock McCulloch and Geoffrey Tweedale present a similarly convincing case for the industry globally.

Those who spoke out against the economic violence of asbestos interests risked retaliation – as in the case of the UK activist Alan Dalton and his publishers, who were forced to pay crippling costs and damages as a result of legal action taken against the publication of *Asbestos: Killer Dust* in 1979.[12] Government regulations passed to control asbestos use (such as the first Asbestos Regulations in the United Kingdom in 1931) were limited, subverted, diluted, widely flouted, and ineffective, and, in the United Kingdom, workers bodies continued to be exposed, *despite knowledge of the risks*, for a further four decades or so. This was the pattern across Western industrial nations in the twentieth century and prevails in many countries across the globe today. Mostly, those directly affected by workplace exposure (and family contact) are vulnerable low-income individuals and families, and in some countries the pattern is for immigrants or ethnic minorities (as with the Irish Catholics in asbestos insulation work in Clydeside, Scotland) to be employed in such work. However, asbestos also constitutes a wider public risk, contaminating the environment not only in the vicinity of asbestos plants but also when it is unsettled, as occurs in natural disasters such as earthquakes or in human-made disasters such as wars or terrorist attacks.

When governments were forced to take action (pressured by campaigners, trade unions, progressive politicians, and media exposure) and to impose strict(er) regulations – and eventually to ban asbestos – multinational corporations in Western economies either closed and set up elsewhere or used subcontractors, exporting the risk to underdeveloped and developing nations (e.g., in South America and Asia). This has been the pattern over the past fifty years or so as regulations tightened in Europe and North America from the 1960s onward. However, because of the long time-lag between exposure and cancer outbreak – from thirty to fifty years – there is an enormous legacy of disability and death, with mesothelioma mortality set to peak in Europe

and North America in the 2010s and 2020s. This "asbestos time bomb" is currently ticking in the developing, recently industrialized, and industrializing nations, with astronomical death rates predicted over the coming decades in Russia, India, Africa, South America, and Asia.[13] In some communities, mortality rates from asbestos-related cancers outstrip all other causes of death. In the infamous Wittenoom blue asbestos mining and milling district in Western Australia, mesothelioma death rates are running at 40 percent of the employed workforce.[14] The mine continued to be worked with few precautions against the carcinogenic dust for two decades after management was aware (in the 1940s) of the risk to health, only closing in 1966 and leaving a grim legacy of disability and death.

Oral History and Historiographies of the Body in the Workplace

This chapter puts workers' bodies at centre stage in this story and privileges the testimonies of those directly affected. This dovetails with a turn towards the patients' perspective and the personal in medical and health history, to some extent bringing occupational health in line with a historiographical trend towards a focus on the "lived experience" and the emotional journeys associated with trauma, ill-health, and premature death. Oral history has featured in this, for example in the work of Joanna Bornat and Lucinda McCray Beier.[15] As Michelle Winslow and Graham Smith recently argue: "It is a mark of the contribution of oral history to the history of medicine that studies located within living memory are open to criticism if they fail to include oral history."[16]

The history of occupational health has been dominated by studies that focus on corporate irresponsibility and neglect, in some notable cases forensically exposing the prior knowledge of hazards, neglect, and abuse that resulted in epidemics of industrial disease – such as “black lung” (coal workers’ pneumoconiosis) and ARDs. A range of interpretations exists within what is a hotly contested terrain, from those at one end of the spectrum (who make a case for economic violence) and those at the other (who defend industry, shift the blame elsewhere, and castigate left-orientated historians and other researchers for inappropriate use of hindsight and failing to contextualize the issue within the period and the prevailing state of knowledge and existing work-health cultures).[17] Company records, court files, and state inquiries were among the core source materials for such studies. As Walker and LaMontagne argue, the asbestos story has been “dominated by medical, scientific, legal and government perspectives,” while “the voices and perspectives of those most directly affected – exposed and diseased workers, their families and communities – are … relatively rarely heard.”[18] With some exceptions, the debates tended to pass over or neglect the lived experience of disability and disease and to gloss over the agency of victims and their individual and collective responses. The shift towards the personal and to discourses, influenced by postmodernist ideas, has begun to change this landscape, with a clutch of recent studies focusing on lived experience and how people directly affected articulated their stories and shaped their narratives.

What, then, can eye-witness oral testimony bring to the field and how can it add to our understanding? By providing a view from the workplace we gain valuable insights into the limited effectiveness of regulatory frameworks while also getting a sense of the complexity of work-health and body cultures, the interplay of identities (such as gender and class), and the agency of workers negotiating paths through the prevailing exploitative social relations and

managerial, productionist work cultures. A number of studies turn to oral evidence to elucidate work and occupational health. These include Bloor, Perchard, Walker, Clayson, and McIvor and Johnston, who focus on the United Kingdom; Walker and LaMontagne, and Di Pasquale, who interview asbestos workers in Western Australia; Storey, who focuses on injured workers in Canada; and Portelli, who interviews coal miners in Harlan County, in the United States.[19] The latter provides a model oral history project, comprising over two hundred interviews undertaken in fieldwork in Harlan County over more than twenty years. Multiple aspects of economic violence, health, and the body are explored in Portelli's sensitive, panoramic, and seminal monograph. Another exceptional oral-history based investigation is Suroopa Mukherjee's *Surviving Bhopal* (2010), which focuses on the stories of female survivors of the infamous Union Carbide gas leak in India.

These investigations have taken place and have been influenced by concurrent developments in the discipline of oral history. Partly in response to criticisms about the unreliability of memory and partly in order to make its position more robust, oral history has morphed from what has been termed "reconstructive" oral history – in which, typically, testimony was uncritically accepted at face value – towards more "interpretative" approaches. The latter was influenced by the postmodernist turn and by the influential work of Italian oral historians, notably Luisa Passerini and Alessandro Portelli.[20] What emerged was a phase of introspection in the discipline, and the outcome was a more theoretically informed and methodologically rigorous oral history. Ideas were borrowed from a wide range of social science and other disciplines (including sociology, anthropology, psychology, and linguistics) and tested against the empirical evidence. Memory studies basically confirmed the fundamental reliability of memory, and the subjective nature of the evidence – formerly criticized as a weakness –

became recognized as a strength. Silences in life stories and misremembering were identified as being significant in their own right and were judged to be full of meaning. Intersubjectivities also became a focus. Testimonies were observed to be composed and shaped both by the interviewers' subjectivities (such as gender and class) and in a dialogue with the interviewee as well as by the prevailing wider media and culture – what has become known as "the cultural circuit."[21] It was established that repetitions, metaphors, and anecdotes in oral testimonies have significance and that personal storytelling is subject to prevailing narrative structures and "rules" within particular societies and cultures. There is a process of adaptation here as narrators gauge their immediate audience (the interviewer) and imagine their wider perceived audience (the end users and readers of the archived final product). In recalling their past in an interview context, narrators are filtering and sieving memories, constructing and composing their stories, and mixing factual evidence with their own interpretations as they try to make sense of their lives in an active, dialogic, and reflexive process of remembering.[22]

So, oral history scholarship and methodologies have become more sophisticated and have contributed to a widening understanding of the body in work and working bodies. The unique nature of oral evidence is now widely accepted and its veracity recognized. Oral historians are now much more reflexively critical of their material and acknowledge the influence their own subjectivities have upon the interview and how narrators position themselves in the narrative, using the encounter as a way of projecting a sense of self. The "new oral history" that has emerged has been influenced by postmodernist ideas, which have challenged and been fused into the radical tradition of oral history. This tradition was pioneered by an earlier generation of socialist and feminist oral historians who were driven by a desire to give marginalized people a voice and a place; their agenda for history was concerned with both equality and

democratization. Oral historians postulate that *what* is remembered and *how* it is recalled is significant in its own right and reveals much about how people derive meaning from the past and gain composure in the telling.

Power, Structure, and Agency: Prevailing Workplace Cultures and the Body

How, then, did the participants in the asbestos tragedy – the victims, witnesses, and survivors – make sense of their experience and articulate their stories? What can oral testimonies tell us about the cultures in which such economic violence was incubated and how individuals and families felt, responded, and navigated their way through diagnosis, encroaching disability, and death?

The first point I would make is that such eye-witness testimonies lay bare the realities of irresponsible and abusive power relationships – economic violence – at the point of production and the limited resources that workers could bring to bear upon their situation. The space in which workers toiled and the environment in which bodies were located was frequently vividly recalled, with dust, death, and disability as recurring motifs in asbestos workers' work-life narratives. Such workers in the United Kingdom (and elsewhere) recalled asbestos dust suspended like a "fog" or falling like "snow" in their workplaces in the 1950s, 1960s, and 1970s, and of *playing* with the material – for example, making "monkey dung'"(asbestos cement paste) "snowballs."[23] Either information was withheld from workers or only selective (and sometimes misleading) information about hazards was leaked out (such as the benign nature of white compared to blue and brown asbestos). While workers had some intuitive and lay knowledge,

they were ignorant of the *extent* of the dangers. They recalled feeling pressured to work with the toxic material, to "cut corners," ignore safety regulations, and maximize productivity because of wage or bonus systems – or simply because there was no alternative employment (as, for example, was the case for the Italian migrants who worked in the Wittenoom mine in Western Australia from the 1930s to the 1960s). An unskilled machine operator who worked at the Turner and Newall Clydebank (Scotland) asbestos factory for eight years in the 1960s commented: "I knew it was dangerous before I went in there 'cause there was people complaining, but when you have two of a family to bring up it was better than walking the streets. I never was idle in my life."[24] In this sense these workers were victims of a Fordist, productionist culture that exalted hard graft and the maximization of earnings at all costs. The problem was primarily a structural one, the product of an exploitative system pivoting around profit maximization and the abuse of economic power. Also relevant here is the persistence of insecurity of the postwar generation of workers who could recall the mass unemployment of the interwar economic depression. The prevailing postwar economic context of deindustrialization in the heavy industries in the United Kingdom (and elsewhere) and the decline of manufacturing in general, with widespread factory, yard and mine closures, provided the backcloth to this unfolding tragedy.

This has to be understood, however, within a cultural framework – a milieu that facilitated the tolerance and persistence of abusive economic violence. Men were habituated to undertaking dangerous work, to accepting a high-risk threshold, and to being part of a fiercely independent working-class culture that frowned upon those who complained or "made a fuss." A dominant (or hegemonic) mode of "hard man" masculinity was forged in such heavy industry workplaces. Stakhanovite grafting was exalted within working-class communities in the United Kingdom (and elsewhere), where the "top producers" and highest earners were lauded and

praised. One Clydeside sheet metal worker who started work in 1942 reflected upon his life in a 1999 interview:

> Being a man with no education, the only thing you had was the muscle in your arm and what experience you got with metal, and a very willingness to work. I would go in and say to people, “Yes I’ll do that in that time.” And whatever it took to do that [job] I would do it. Silly now, looking back through the years, you know.[25]

Those who sought to protect themselves could be pilloried as lesser men, subject to peer pressure to take risks, to compete, to conform, and to maximize earnings. This was what was expected of men in the performance of their “provider” and “breadwinner” roles, and it lay at the very core of mid- to late twentieth-century working-class masculinities. This high-risk threshold culture and behaviour was invariably condoned by employers and management; however, to a surprising degree, it was also accepted as an integral, immutable part of working-class life. Workers were socialized into this. Such risks were part of the fabric of manual working lives and was rarely questioned. As Portelli argues in his recent oral history of coal miners in Harlan County, there was “a cultural disposition” among miners to embrace managerial profit maximization through a culture of hard graft.[26] Risk was influenced intimately by the wider context. In “Third World” and developing nations, poverty and short life expectancy came into play. As one young Indian asbestos factory worker commented in an interview: “I am not going to die immediately. Who knows what my future is.”[27] In India, the casual and contract workers were the most vulnerable and were forced to accept risks. Mangabhai Patel worked insulating boilers in Ahmedabad until his asbestosis forced him to quit the job. He recalls: “As a casual worker you cannot even ask for

anything, your job is very insecure. Casual workers are treated very badly, given low wages and the most dangerous kinds of jobs."[28] Moreover, while not powerless, workers lacked the capacity (provided by capital) to change things, even in the developed economies where trade unions were more entrenched. As one Clydeside worker put it: "It was like fighting an atomic war with a bow and arrow, you know. You hadnae a chance."[29]

Trade unionism partly embraced and reflected such machismo attitudes. Again, the oral testimonies elucidate a range of behaviour from the militant rank-and-file activists who campaigned relentlessly against asbestos exposure (such as Ron Todd in Clydeside beginning in the 1960s) to the indifference of trade union officials and union hierarchies sensitive to job insecurities and the need to prioritize wages and jobs within a precarious employment environment. This might be understood where the threat to jobs and, concomitant with this, the capacity to perform the traditional male provider role was at stake. Increasingly, over time, trade unions in the United Kingdom came to challenge the economic violence associated with asbestos, to question prevailing high-risk work-health cultures, and to nurture an alternative health and safety conscious workforce. Somewhat belatedly, perhaps, the trade unions edged towards a more progressive policy that combined prevention as well as compensation.[30] They developed into a pivotal countervailing force against economic violence, coming to challenge the entrenched masculine culture that had been socialized into accepting high levels of risk, with shop stewards playing a key protective role at the point of production.

That said, there were tensions and conflicts, and it cannot be said that British workers automatically followed union policies, especially when this clashed with their proclivity to maximize earnings in industries dominated by payments-by-results wage systems and subcontracting (as with asbestos insulation). This could lead to vertical "alliances" between

management and men against the "health and safety bureaucracy." Thus the factory inspectors, and sometimes the unions, might be distrusted as interfering bureaucrats despite their key role in challenging and campaigning against economic violence. For example, at the Red Roads building construction site in Glasgow in the early 1960s, joiners (carpenters) told their trade union official to "get to fuck" and not to interfere when he warned them of the dangers of sawing asbestos insulation boards.[31] Tragically, many of these "white mice" working on the Red Road job subsequently died of mesothelioma and lung cancer.

Workers were enmeshed within the dual exploitative pressures of a productionist culture and gendered ideologies that exalted the tough, risk-taking, competitive, hard-grafting worker. The unions might challenge this, but, at times, they also tolerated and legitimized it – as, for example, in their support for the system of extra payments (sometimes referred to as "danger money" or "dirt money") for working in dust. At the point of production there was a tension between protecting the body and conserving labour power, on the one hand, and taking risks and pushing bodies to the limit in order to maximize production (and hence earnings) and to fulfill managerial expectations, on the other.

In some of the interviews conducted among Scottish asbestos workers the tone fizzes with bitterness, resentment, and anger; in others, it reveals a quiet stoicism and fatalistic acceptance of one's lot. The discovery and confirmation that employers or managers were aware of the risks long before workers were told of them were repeated narratives in the oral testimonies, as was the perception that what had happened constituted intentional killing predicated upon prior knowledge of the deadly nature of the mineral being processed or handled. Clearly, evidence and knowledge that has accumulated since exposure has influenced the way people remember and recount workplace conditions and trauma. While this did not register with

us as clearly as it should have in the late 1990s, when we were trying to interpret the oral testimonies of Scottish asbestos workers for *Lethal Work*, in retrospect (and in the re-reading of these interviews) there is much evidence of what has been called the "cultural circuit." Memories were framed with reference to later media and trade union exposures of the deadly risks of working with asbestos and were influenced by knowledge accumulation that had occurred since the personal experiences being recalled (some of which had occurred forty or more years previously). One landmark TV documentary that clearly made an impact (and was mentioned by several interviewees) was *Alice: Fight for Life,* the story of a woman's lingering death from mesothelioma that screened on British TV in 1982. This hard-hitting, prize-winning, ninety-minute film made for harrowing viewing, particularly the interview footage from Alice Jefferson's deathbed. As McCulloch and Tweedale acknowledge: "It was recognized as a path-breaking work that had put Britain (and other countries) on notice that asbestos was a major hazard. No one would ever look at asbestos in quite the same way again."[32]

Living with Disability and Death

Economic violence destroyed lives, leaving in its wake a legacy of disability, premature death, and deep psychological distress not unlike that found in other post-traumatic stress disorders. As a sixty-four-year-old electrician with mesothelioma reflected: "Until now I thought trauma was a fad imported from America and reserved for the middle classes. I am now wiser."[33] Oral interviewing methodologies enable us to explore and to elucidate this experience, to get behind the sterile body counts to the human dimension, the lived reality. Oral testimonies of those suffering from ARDs illuminate a hidden world of private grief, sadness, anger, frustration,

disappointment, pain, and suffering. In *Lethal Work* we report on the "blighted lives" of ARD victims in Scotland and argue that people were invariably marginalized by their illness.[34] Narrators recalled the encroaching social isolation (with the focus of disabled and ill men's lives shifting from the workplace to the female-dominated and feminized space of the home) and restricted social and physical activities (such as walking, sports, and dancing). They spoke of relative economic deprivation associated with income reduction, of the trauma associated with being diagnosed in a GP's office or at a hospital, and of living and coping strategies as they struggled to adapt to the news that they were going to die from an incurable cancer. We suggest that Blaxter's argument that disability triggers social exclusion applies to these occupationally disabled and dying people, although with important caveats.[35] As Castleman and Tweedale show, the majority of mesothelioma victims did not get any financial compensation – even in industrialized countries with statutory Workmen's Compensation systems in the 1980s and 1990s (including the United Kingdom and Canada).[36]

Speaking directly to participants – to those directly implicated – enables us to provide a refocused history that reveals much about the emotional journey (in what was often a hidden and personalized space) involved in the transition from fit and able worker to disabled and dependent person, with all that this represents for gendered identities. What is being recalled is frequently an intimate, personal story of damage, loss, pain, adjustment – and of mutating identities. If the traditional heavy industries provided an environment in which working-class masculinities were forged, they also had the potential to *emasculate* as encroaching disability curtailed men's capacity to perform as men – as providers and breadwinners, as sexually active partners, as supportive parents and grandparents. Lives invariably became narrowed as individuals, partners, and families had to readjust as workers who were disabled by injuries or chronic disease. Male

workers found it difficult to sustain consumption patterns commensurate with male identities, such as heavy drinking and smoking. Such disruptions could lead to tensions within the family. This threatened a loss of work identity and the package of intrinsic and extrinsic rewards that was associated with work (such as camaraderie, pride in the job, self-esteem). Again, however, there was agency here, albeit operating within the constraints of having to earn a living. For example, some workers with severe asbestosis chose to hide their disability and to continue to work for as long as they could, despite knowing this could further damage respiratory function. The economic and cultural imperatives to act as men and to provide for families influenced such decisions.

What we perhaps failed to see and to convey adequately in *Lethal Work* is how dying a premature and unnatural death, one that was preventable and that was caused by an outside party, increased psychological distress and discomposure. In a recent interview Phyllis Craig (Welfare Rights Officer for Clydeside Action on Asbestos since 1995) was asked about the impact of mesothelioma on the lives of her clients:

> I think the physical and mental go together; the mental is torment; that’s the only word. It’s torture. They have severe breathlessness to the point they feel they are suffocating. And they can’t breathe. And the fear and anxiety brings it on more. And they try to do things, and they can’t walk; they can’t do anything. They need somebody to do it all for them. The physical side is terrible.
> There’s fear; there’s pain; there’s suffering; there’s all sorts of anxieties; there’s coping, there’s worrying and if you add to that that someone else did this, such an anger because they are taking that person away from their partner; their children […] Their careers are ended; everything ends because they know they are going to die. I think it’s ten times worse, or a hundred times worse if you know someone

> else has done this. And the families feel it too; they feel a hundred times worse because their personality does change. They are angry.
> It's devastating [...] It's horrendous for them. They think about their family; they think about their own mortality and they think about the anger inside them because someone else has caused that [...] If you think that someone in your work [has] done something and caused you to be terminally ill and have a horrific death and you're thinking that's what I'm facing because of someone else and because of greed [...] People have terrible anxiety and difficulty coping because this was not something natural that's happened to them. Someone did this to them.
> So the physical pain for them is torture but this is intertwined with the mental picture, losing their family, losing their life and not because they have a cancer that has come and they know that's what happens to everyone [...] but that someone else has killed them; that someone else has taken my life.[37]

To me – a professional eye-witness who has worked for almost twenty years with ARD victims – in Craig's heart-felt narrative the repetition (eight times) of the point that an outside agent was responsible serves to emphasize the significance of this issue.

Recently, in a mixed methods doctoral dissertation that incorporates oral interviews of patients dying of mesothelioma, Helen Clayson (a GP and hospice manager) undertakes the most comprehensive study in the United Kingdom to date of the effects of this incurable cancer. She refers to the "complex emotional turmoil" that diagnosis with a fatal asbestos-related cancer induces and comments: "Bereaved relatives' emotional accounts reflect witnessing severe suffering, express anger and blame around the potentially avoidable asbestos exposure, and present the deaths due to mesothelioma as 'mass murder.'"[38] Clayson emphasizes the prevalence of stoic reactions in the face of severe breathlessness and pain and how "the disease burden is high" even compared to other forms of cancer, usually necessitating multiple visits to GPs, hospital outpatients clinics, and hospital admission in the last year of their lives.[39] Dyspnoea

(severe breathlessness) and pleural effusions (lung draining) to release fluid build-up are common and often distressing symptoms. There is also a stigma attached to having a malignant disease and much "anticipatory anxiety" about the cancer risk among those without any symptoms, or with pleural plaques or pleural thickening, who are aware of their exposure to asbestos throughout their working lives.[40] Joe Cowell, a trade union activist and asbestos worker in the United Kingdom, comments: "I started with 25 [fellow workers]. There's two of us left. The others are dead with asbestos. The graveyard is full of my [trade union] members. I have a black tie I constantly wear, attending funerals of asbestos cases."[41] But the overwhelming reactions that Clayson finds in her investigation are those of stoicism and fatalism, with respondents emphasizing how they are coping with their terminal illness. A fifty-five-year-old woman diagnosed with mesothelioma reflects, "I've been perfectly healthy up to 55, so I've had 55, a lot of people don't get that long."[42] A sixty-six-year-old shipbuilding millwright comments: "I've had my upsets, I've had my tears [...] and after that I just said, 'Sod it, I'll just take each day as it comes.' I even go back to work once a fortnight."[43]

Another issue that we did not understand or sufficiently emphasize in *Lethal Work,* and that seeps out of the oral testimonies, is the impact that serious chronic occupational disease has upon what are distinctly gendered identities. We seriously neglected the effect on women's lives either of directly contracting mesothelioma or of having to support and care for loved ones with this cancer or asbestosis. Mesothelioma challenged women's femininity, corroding their capacity to act as nurturers, carers, mothers, and wives – quite apart from the obvious economic ramifications associated with any loss of their earnings (dual-income families were increasingly the norm from the 1960s onwards). Phyllis Craig reflects:

> Women even if they are working are generally still the homemaker; generally still the person who the family comes to; the Dad usually goes along with it […] And to have that missing, or for her to know that's going to be missing for them would be the biggest concern. For the man it's more financial. They want to make sure they are financially stable. That's the difference. The other one is emotional stability. They [women] fear for their children.[44]

While statistically women were less prone than men to contracting ARDs (given the sexual division of labour and dangerous work "taboo" that existed within working-class culture), as Gorman's and Clayson's work shows, a significant number of them did, and their lives were blighted in similar, if somewhat different, ways than were those of male ARD victims.[45] The proportion of female ARD cases being diagnosed is currently increasing.

For men, ARDs could be deeply emasculating. The oral evidence brought to light the existence of a macho, individualist element in workers' culture that coexisted, sometimes uneasily, with the collective, mutual, class-conscious character of traditional working-class communities. This was notable in relation to the Glasgow area, which had a reputation associated with militancy – hence the tag "Red Clydeside." As one shipyard trade union activist (Jimmy Reid) said in the early 1970s, "We didn't only build ships on the Clyde, we built men."[46] Heavy manual work forged masculinities and men developed a complex relationship with dangerous, health-threatening manual work, to some extent embracing the very processes that consumed their bodies – as Connell argues – in order to fulfill manly roles.[47] Peer pressure determined that men should act in certain ways, including taking risks or taking work to fulfill the breadwinner role even when this work was known to be dangerous. Those unwilling to take risks to maximize earnings might be castigated and pilloried – as effeminate, "cissies," "glundies," and needing "iron jelloids" – as a Yorkshire miner recalled in his autobiography.[48] Portelli also finds this in

his study of Harlan County. It is tied to a powerful, pervasive, and enduring work ethic. Fulfilling the breadwinner role conferred status in working-class communities, as Wight's important ethnographic study, *Workers Not Wasters* elucidates.[49] The "sacrifice" of men's bodies could, in turn, legitimize male power within the home and family. Bodily damage in this productionist and competitive work culture was economically *and* culturally incentivized.

Men responded less directly to health education and hazards-awareness campaigns than did women and were generally more reluctant to admit they had a health problem and to seek medical intervention. And, when they became ill, they would refuse to allow help or to admit that they needed it.[50] The wife of a quantity surveyor with mesothelioma reflected, after his death, that "he never made a fuss […] I was the one that used to see him sitting on the edge of the bed with his arms around himself rocking back and forward in pain."[51] A sixty-one-year-old shipyard engineering worker with mesothelioma commented: "A lot of it's my own problem. Too macho to be shouting out when I should be, you know, when I'm in pain."[52] Diseased and disabled workers unable to compete and to perform as "men" invariably felt like lesser men. Those affected narrated how this was lived in their everyday lives and how it felt to them. A Glasgow sheet metal worker reflected: "I've had no social life since about 1980. Eh, people unfortunately don't want to know you when you're ill like y'know."[53] Another reflected, "I'm buggered,"[54] and a Clydeside asbestos sprayer quite aptly described ARD victims as "industrial lepers."[55] Emotions might be controlled by many men, except in private moments, as the wife of the quantity surveyor cited earlier recalled:

> You do your best to bolster them and keep going for them and make light of things. And he took my hand and said: "I'm not going to see xxx as a bride."

> Then we went up to bed together and we just cuddled and we both cried. And it's the one and only time that I saw my husband crying.[56]

She told of how her husband insisted on driving the car out of the drive "and then we would pull in and stop and I would take over." "Men, eh," she pondered, "don't like to give in." A pleural plaques sufferer related: "The depression's bad. You get that something terrible. You just want to greet your eyes out and everything, you know […] You can get a violent one. You just flash up stuff."[57] Of course, coping capacities and strategies ranged widely, but the oral testimonies consistently referred to the psychosocial distress and disruption to lives, commensurate with trauma, experienced by ARD victims and survivors.

From Adversity to Advocacy: Building an Occupational Disease Movement

Looking back over the thirty-one interviews conducted for *Lethal Work* I was struck by the diversity of impacts and responses. These ranged across a wide spectrum, from stoic acceptance and withdrawal from society at one extreme (with "cancer fatalism" much in evidence), to intense frustration, bitterness, and both private and publicly vented anger at the other. In a recent interview, Phyllis Craig (of CAA) observed: "Men [with mesothelioma] are *consumed* with anger."[58] This could be channelled into activity through the mobilization of advocacy groups and through campaigning for more effective preventative measures, fairer compensation, and better palliative care (for a Canadian parallel, see Storey [Chapter 2, this volume]).

The first known asbestos victims advocacy group was established in London in 1978 by Nancy Tait, the wife of a mesothelioma victim.[59] Tait was a tireless advocate for ARD victims' rights and, until her death in 2003, an outspoken campaigner against the asbestos lobby. At least thirty-five such ARD victims groups exist across the world today.[60] Clydeside Action on Asbestos, formed in 1986, was created by a group of volunteer ARD sufferers who had previously worked in the shipyards, on construction sites, and in asbestos factories around the city. One of the founder members, William Harkness, had, for twelve years, been refused any state compensation benefits for his advanced asbestosis. He embodied the mutual help ethos of the diseased workers' movement in the United Kingdom in the 1980s and 1990s. In 1988, he commented:

> I am half dead. I can't walk anywhere. I have to get taxis all the time and I have a machine at home I have to use every day to help me breathe. Clyde Action on Asbestos have been a great help to me over the years and I am determined to be part of the group and help others in the same condition caused by that filth.[61]

This mobilizing capacity of injury, harm, and a burning sense of injustice has been evident across the globe. The story of the Jonckheere family in Belgium provides another good example. The Jonckheeres had a family tradition of working for the multinational Eternit asbestos cement factory in the small town of Kapelle-op-den-Bos in Flanders. In a recent interview, Eric Jonckheere recalled that his grandfather had been employed in the plant since 1936 and rose to become a director and plant manager before retiring in 1956. A great uncle also set up the Eternit plant in the Congo, while Eric's father, Pierre, worked at Eternit as a mechanical engineer beginning in the early 1950s. Pierre died of mesothelioma in 1987, aged fifty-nine. In the village, Eternit had a reputation as a caring, welfarist employer, and Eric

commented on isolated community's attachment and loyalty to the company, and the "pride" that his father and grandfather had in their work. They were deferential "company" men. Eric's father refused to believe the company was culpable for ARDs or that it was withholding information. He accepted the company's reassurances and the company doctor's misdiagnosis of his mesothelioma (which was initially treated with antibiotics). "My father didn't want us to panic […] I never realized the suffering he went through," Eric recalled, "he died in great pain."[62]

A decade or so later, in 1999, Eric's mother, Francoise, was diagnosed with mesothelioma due to environmental exposure in the area around the Eternit factory.[63] Gardens in the vicinity of the plant were covered in white dust. She insisted that her five sons be examined, and it was found that they all had asbestos contamination in their lungs. Eternit offered the standard sum of forty-two thousand euros as compensation, with the proviso that this entailed no admission of blame and that acceptance of the money gave the company immunity from further damages claims. Francoise refused and subsequently became an asbestos campaigner and activist, and a cause célèbre, receiving much media attention in Belgium. Before she died in 2000 (aged sixty-five) she was influential in the formation of the Belgian asbestos victims group (Association Belge des Victimes de l'Amiante [ABEVA]). This advocacy and campaigning work has been continued by Eric Jonckheere, who has been president of ABEVA since 2007. "We started to take the side of the victims," Eric commented. "We were aware we could be next […] These days I cannot answer: will I be the next? Will my brothers be the next?"[64] To date, two of Eric's brothers have also died of mesothelioma: Pierre Paul (aged forty-three) in May 2003 and Stéphane (aged forty-four) in January 2009. Both had young families.

Eric Jonckheere's interview testimony and his family experience raise many issues. One that stands out is the power and control that Eternit exercised over the community, where, for

decades, its reassuring pronouncements and paternalist strategy of ad hoc compensation (combined with control over the local labour market) ensured virtual silence on the economic violence it was perpetrating. The Jonckheeres were for some time the only family who stood up against Eternit: “No-one was talking in the village; nobody was raising awareness […] or challenging the pro-asbestos lobby, very influential in Belgium […] You were bound to keep quiet,” Eric noted, “they were able to silence the people.”[65] Another theme evident here is that of agency – how the family’s devastating experience marked the transition from deference and denial to organizing and mobilizing a diseased workers’ movement.

Oral History and Mobilizing against Asbestos

Lethal Work and the oral testimonies that inform it entered the public domain in 2000. These have subsequently become part of the body of knowledge and, in turn, have had some influence in shaping ideas and deepening our understanding of the cultures that underpinned economic violence relating to asbestos (and the impacts of those cultures) and have played a small part in forming policy and practice. The oral histories provide an alternative discourse, and frequently a critical one, in which what Michael Bloor describes as the “bump of irreverence” is much in evidence.[66] These often powerful and frequently moving narratives (with the interpretation that developed around them) challenged medical orthodoxies and official explanations and placed everyday personal experience at centre stage.

The book had an effect on some politicians (like the Clydebank Member of the Scottish Parliament Des McNulty), adding a little weight to the campaign for more extensive compensation in Scotland, including pleural plaques. *Lethal Work* continues to be featured on the

CAA website, and an article written by the authors has had a permanent presence on the International Ban Asbestos Secretariat (IBAS) website since 2002.[67] The IBAS coordinator, Laurie Kazan-Allen, has attested to the importance of *Lethal Work* in shaping her ideas, as have other asbestos researchers, medics, and campaigners (e.g., Dr Helen Clayson, cited previously). Upon Kazan-Allen's request I assisted with providing witness testimony in compensation litigation, locating two oral history interviewees who worked on the *Queen Mary* refit in Southampton in 1946–47 and similar jobs around that time. Sam Irvine and Hugh Cairney were flown to San Francisco (at the lawyer's expense), where they gave oral evidence in a mesothelioma damages case (March 2001) that resulted in a $1 million settlement.[68] Unfortunately, the plaintiff, Tom Wilmot, never regained consciousness to learn of the outcome of the litigation. Oral history can thus contribute to disease movement mobilizations and compensation struggles – not least as such witness testimony is an established part of evidence accumulation in damages litigation to corroborate product placement (in the Thomas Wilmot case, this was established by asbestos sacks and packages stamped with manufacturers' logos).

While neoliberal economics and the return to mass unemployment across developed Western economies from the 1980s onwards undoubtedly operated as degenerative forces with a negative impact on the body at work, in some places a cluster of countervailing forces co-existed in parallel with them. In Scotland, for example, these included a more distinctively proletarian and leftist culture (exhibited in the strength of the Labour Party vote in that country in contrast to much of England); more dynamic, well-organized advocacy groups (such as CAA); the formation of a new devolved Parliament in 1999 that is more sympathetic to the plight of ARD victims; and the growing influence of European Union Directives on employment rights, including health and safety. In contrast to Canada (see Storey, Chapter 2, this volume), in

Scotland these prevailing circumstances and mobilization capacities helped to neuter some of the worst excesses of economic violence, at least by the early twenty-first century. Among the outcomes are that civil law damages tend to be higher in Scotland than in England, and, over the past decade, the Scottish Parliament has passed compensation legislation that covers pleural plaques, giving Scotland one of the most progressive welfare regimes in the world (at least with regard to ARDs). However, this is no reason to be sanguine. While this may have somewhat eased the economic burden of ARDs in Scotland, relatively little has, or can, be done to reverse or relieve the pain, the suffering, and the utter devastation caused by the economic violence associated with the asbestos epidemic in the United Kingdom and elsewhere. The damage has been done.

Conclusion

The argument advanced here is that the ARD story and the economic violence that underlies it can be elucidated through an oral history methodology. This approach has much potential for the development of a refocused history of work and the workplace and the multifarious impacts employment has upon the body. Oral interviews provide workers' and survivors' perspectives on economic violence, enabling the latter to be understood within the prevailing and mutating cultures of time and place. In once again looking over our asbestos project interviews, what stands out is the frequency of stories about bodies – fit and honed bodies; diseased, disabled, and injured bodies; dead bodies. Not surprisingly, bodily damage is a recurring motif. Portelli remarks on this, too, in relation to coal mining in Harlan County.[69]

Why are we, as oral historians, told these stories? In the process of disclosure we were clearly told things that our narrators wished to relate – memories were sieved and anecdotes selected, and there was much digression from the questions asked. Our interview cohort of Scottish workers was not shy in setting the agenda and exerting control over the interview. They were interpreting their past and framing it. The stories we were told had meaning to the respondents. Many of our narrators were constructing and composing their stories in order to highlight social injustice, mistreatment, and inequality – as Dona Maria did in Daniel James's beautifully crafted biographical oral history.[70] Bitterness and anger frequently seep through. And, directly or by association, our respondents were advocates for policy change – urging us to recognize the lessons of the past, to inform in order to prevent a repetition of this carnage, or to better regulate or more comprehensively compensate victims. There were certainly morality tales about "villainous" bosses pitted against exploited workers represented by "heroic" trade unions – while "activist" narratives expressed the interviewee's rage and frustration.[71] However, not all respondents conformed to one way of storytelling. Other narrative styles were also evident in the cohort, including the "macho" narrative – individualistic, placing gender over class identity, stoically accepting danger and hazards, relishing toughness and the capacity to earn big money while tolerating unhealthy working conditions.

The dignity of labour oozes through these multilayered narratives. What is evident is that, in their storytelling, workers are constructing their identities: these are hard grafters, cooperative work colleagues, good trade unionists, and "real men" who emphasized the work ethic and manliness in the face of tough, dangerous, and health-sapping conditions. The language deployed is colourful and clear – for example, the use of "slavery" and "hell" as metaphors for working conditions. The selection of words and expressions is indicative of what work signified to the

narrators – irrespective of whether it objectively describes such employment. In part this was influenced by the "cultural circuit": narrators were locating their working lives in the past in light of their subsequently accumulated knowledge of improved conditions in the present. To varying degrees they were also trying to counteract the dominant ideological representation of workers under 1980s Thatcherism: the worker as work-shy, compensation-dependent, and lazy, relying upon corrupt and overly powerful trade unions. Where workers' narratives are constructed within this frame, they are predominantly crafted to refute its overt and/or covert message by developing alternative discourses emphasizing their and their fellow workers' credentials as grafters, "workers not wasters" (to borrow Wight's phrase).

Narrative analysis is increasingly popular in the oral history field, and Catherine Riessman is among those who have applied this to what she calls "illness narratives." Riessman persuasively argues that, while it is important to decode messages in the text and to deconstruct disability and illness narratives through "deep listening," (1) they must be located in actual lived experience and (2) gender, social class, and historical context are important in their composing.[72] Perhaps, in the oral interview encounter, there is a need to shift from a focus on the "essentialist" self to a recognition of what Riessman terms a more "performative" self. Nonetheless, we can become too preoccupied with language, narrative, and intersubjectivity. In relation to blatant economic violence in health and safety cultures (largely imported from the United States) in the North Sea Oil industry, which culminated in the Piper Alpha oil rig explosion in 1988 that killed 167 workers, Brotherstone and Manson argue: "Oral historians, as they make use of evermore sophisticated analytical techniques must not lose sight of the bigger picture, the way in which personal life stories can challenge orthodoxy and demand the construction of alternative critical narratives about the recent past and its significance."[73] In their eloquent and earnest articulation

of their work-health experiences in oral interviews, workers reveal something of themselves and much about how their bodies are affected – directly and indirectly – by the productionist ethos and cultural norms of their workplaces. "Each of us has only one body," Carol Wolkowitz notes, "and it feels the pinch."[74] In common with other trauma victims and survivors of mass violence, those with disabling and terminal ARDs feel the need to have those responsible admit their blame and recognize their role in economic violence. This is crucial for reconciliation, social healing, and making sense of their working lives.[75] Whether one's interest lies in the narrative discourse or the material reality, oral testimony is revealing on many levels. In our (academic) interpretations of such oral testimony (in itself collaboratively constructed in the encounter between interviewer and narrator) we run the risk of perpetuating a form of colonialism (see Taylor, Sollange, Rwigema, Chapter 3, this volume) and of coming into conflict with the victims' own understandings of their experiences. On the other hand, it is to be hoped that our analysis facilitates a better understanding of survivors as complex actors with a range of identities (e.g., in the way masculinities come into play). Developing a dialogue with those directly involved and affected deserves to be employed more widely (and sensitively) in our attempt to explore and understand economic violence and its impacts upon the bodies of workers.

Notes

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interviews, to Laurie Kazan-Allen of IBAS for providing fruitful contacts and leads, and to Phyllis Craig and Eric Jonckheere for talking to me in new interviews while I was preparing this chapter.

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[1] Interview with Arthur McIvor and Ronnie Johnston, 1 December 1999, SOHC/016/A23. SOHC refers to interview material deposited and archived in the Scottish Oral History Centre, University of Strathclyde, Glasgow, Scotland, UK. Where no names are given the interviewee is anonymous.
[2] Owen Lilly, interviewed by Ronnie Johnston, 1 February 1999, SOHC/016/A19.
[3] See Pierre Bourdieu, *Language and Symbolic Power* (Cambridge, UK: Polity, 1991); Pierre Bourdieu, "Foreword," *Dealing in Virtue*, ed. Y. Dezalay and B.G. Garth, vii-ix (Chicago: University of Chicago Press, 1996); Pierre Bourdieu et al., *The Weight of the World: Social Suffering in Contemporary Society* (Cambridge, UK: Polity, 1993).
[4] See Sarah Robinson and Ron Kerr, "From Symbolic Violence to Economic Violence: The Globalizing of the Scottish Banking Elite," *Organization Studies* 33, 2 (2012): 247-66.
[5] See, for example, Arthur McIvor, *Organised Capital* (Cambridge University Press, 1996), esp. chap. 4, 92-117.
[6] Robert Storey, "'They Have All Been Faithful Workers': Injured Workers, Truth and Workers' Compensation in Ontario, 1970-2008," *Journal of Canadian Studies* 43, 1 (2009): 154-85.
[7] Helen Clayson, "The Experience of Mesothelioma in Northern England" (MD thesis, University of Sheffield, 2008), 4.
[8] See Arthur McIvor, *Working Lives: Work in Britain since 1945* (Basingstoke: Palgrave Macmillan, 2013). Especially relevant in this context is chap. 5, 149-200.
[9] World Health Organization, *Asbestos: Elimination of Asbestos-Related Diseases* (Geneva: WHO, 2010), at http://www.who.int/mediacentre/factsheets/fs343/en/index.html.
[10] Laurie Kazan-Allen, *Killing the Future: Asbestos Use in Asia* (2007), 6, at http://ibasecretariat.org/ktf_web_fin.pdf.
[11] Paul Brodeur, *Expendable Americans* (New York: Viking Adult, 1974); Paul Brodeur, *Outrageous Misconduct* (New York: Pantheon Books, 1985); Geoffrey Tweedale, *Magic Mineral to Killer Dust: Turner and Newall and the Asbestos Hazard* (Oxford: Oxford University Press, 2000).
[12] Alan J. Dalton, *Asbestos: Killer Dust* (London: British Society for Social Responsibility in Scirnce, 1979). See also Tweedale, *Magic Mineral*, 248-49; Clayson, *Experience of Mesothelioma,* 55.
[13] Kazan-Allen, *Killing the Future*; David Allen and Laurie Kazan-Allen, eds., *India's Asbestos Time Bomb* (IBAS, 2008), at http://ibasecretariat.org/india_asb_time_bomb.pdf.
[14] Angela Di Pasquale, "Western Australia's Wittenoom Gorge Blue Asbestos Mine: 'Se l'avessimo saputo, non ci avremmo mai portato i figli,'" *Italian Studies* 66, 3 (2011): 374.
[15] Joanna Bornat, Robert Perks, Paul Thompson, and Jan Walmsley, eds., *Oral History, Health and Welfare* (London: Routledge, 1999); Lucinda McCray Beier, *For Their Own Good: The Transformation of English Working Class Health Culture, 1880-1970* (Columbus: Ohio State University Press, 2008).

[16] Michelle Winslow and Graham Smith, "Ethical Challenges in the Oral History of Medicine," *The Oxford Handbook of Oral History*, ed. Donald A. Ritchie, 372-92 (Oxford: Oxford University Press, 2011), 372.
[17] See Peter Bartrip, "Too Little, Too Late? The Home Office and the Asbestos Industry Regulations, 1931," *Medical History* 42 (1998): 421-38; Peter Bartrip, *The Way from Dusty Death* (London: Athlone Press, 2001); Tweedale, *Magic Mineral*; Jock McCulloch and Geoffrey Tweedale, *Defending the Indefensible: The Global Asbestos Industry and Its Fight for Survival* (Oxford: Oxford University Press, 2008).
[18] Hannah H. Walker and Antony D. LaMontagne, *Work and Health in the Latrobe Valley: Community Perspectives on Asbestos Issues. Final Report* (Melbourne: Centre for the Study of Health and Society, University of Melbourne, 2004), 1.
[19] Ronald Johnston and Arthur McIvor, *Lethal Work* (East Linton, UK: Tuckwell Press, 2000); Arthur McIvor and Ronald Johnston, *Miners' Lung* (Aldershot, Ashgate, 2007); Alessandro Portelli, *They Say in Harlan County: An Oral History* (New York: Oxford University Press, 2010); Clayson, *Experience of Mesothelioma*; Walker and LaMontagne, *Work and Health*; Michael Bloor, "No Longer Dying for a Living," *Sociology* 36, 1 (2002): 89-105; Andrew Perchard, *Aluminiumville* (Lancaster: Crucible Books, 2012); David Walker, "'Danger Was Something You Were Brought up Wi': Workers' Narratives on Occupational Health and Safety in the Workplace," *Scottish Labour History* 46 (2011): 54-70.
[20] See, for example, Luisa Passerini, *Fascism in Popular Memory* (Cambridge: Cambridge University Press, 1987); Alessandro Portelli, *The Death of Luigi Trastulli and Other Stories: Form and Meaning in Oral History* (Albany: SUNY Press, 1991).
[21] For the development of this idea, see Alistair Thomson, *Anzac Memories: Living with the Legend* (Melbourne: Oxford University Press, 1994); and Penny Summerfield, *Reconstructing Women's Wartime Lives* (Manchester: Manchester University Press, 1998).
[22] On this, see Lynn Abrams, *Oral History Theory* (London: Routledge, 2010); Paul Thompson, *The Voice of the Past*, 3rd ed. (Oxford: Oxford University Press, 2000); Robert Perks and Alistair Thomson, eds., *The Oral History Reader*, 2nd ed. (London: Routledge, 2006).
[23] See Johnston and McIvor, *Lethal Work*, 63-111.
[24] Interviewed by Arthur McIvor, 1 June 1999, SOHC/016/A26.
[25] Interviewed by Ronnie Johnston, 1 February 1999, SOHC/016/A9.
[26] Portelli, *Harlan County*, 139, 143.
[27] Cited in Allen and Kazan-Allen, *India's Asbestos Time Bomb*, 34.
[28] Ibid., 7. Indian casual workers were also not given the regular medical check-ups that permanent workers received.
[29] Interviewed by Ronnie Johnston, 3 February 1999, SOHC/016/A18.
[30] On this, see Vicky Long, *The Rise and Fall of the Healthy Factory* (Basingstoke: Palgrave Macmillan, 2011).
[31] Interviewed by Arthur McIvor and Ronnie Johnston, 1 December 1999, SOHC/016/A23. The interviewees' father died of an ARD.
[32] McCulloch and Tweedale, *Defending the Indefensible*, 118.
[33] Interviewed by Ronnie Johnston, 15 March 1999, SOHC/016/A13.
[34] See Johnston and McIvor, *Lethal Work*, chap. 6, 177-208.
[35] Mildred Blaxter, *The Meaning of Disability* (London: Heinemann, 1976).
[36] Barry Castleman and Goeffrey Tweedale, "The Struggle for Compensation for Asbestos-Related Diseases and the Banning of Asbestos'" in *Dangerous Trade: Histories of Industrial*

Hazard across a Globalising World, ed. Christopher Sellers and Joseph Melling, 181-94 (Philadelphia: Temple, 2012), 187.
[37] Interviewed by Arthur McIvor, 28 January 2013, SOHC/016/A35.
[38] Clayson, *Experience of Mesothelioma*, 4, 30.
[39] Ibid., 131-67.
[40] Ibid., 30, 135-36, 252-53. A diagnosis of pleural plaques, or pleural thickening, provided evidence of asbestos exposure and was the cause of much "anticipatory anxiety." However, it was rare for compensation systems to provide any benefits for these conditions in their own right.
[41] Cited in Allen and Kazan-Allen, *India's Asbestos Time Bomb*, 5.
[42] Mrs. T, cited in Clayson, *Experience of Mesothelioma*, 149.
[43] Mr. J, cited in ibid., 149.
[44] Interviewed by Arthur McIvor, 28 January 2013, SOHC/016/A35.
[45] Tommy Gorman, "Women and Asbestos," *Clydebank: Asbestos, the Unwanted Legacy*, ed. Tommy Gorman, 127-37 (Glasgow: Clydeside Press, 2000).
[46] Cited in Martin Bellamy, *The Shipbuilders* (Edinburgh: Berlinn, 2001), 199.
[47] Robert W. Connell, *The Men and the Boys* (Cambridge: Polity Press, 2000).
[48] Joe Kenyon, *A Passion for Justice* (Nottingham: Trent Editions, 2003).
[49] Daniel Wight, *Workers Not Wasters* (Edinburgh: Edinburgh University Press, 1994).
[50] Clayson, *Experience of Mesothelioma*, 253.
[51] Interviewed by Ronnie Johnston, 22 March 1999, SOHC/016/A20.
[52] Mr. I, cited in Clayson, *Experience of Mesothelioma*, 140.
[53] Interview, SOHC 016/A9.
[54] Interviewed by Ronnie Johnston, 22 December 1998, SOHC 016/A2.
[55] Tommy Nelson, interview on *Hidden Hazard, Forgotten Victims* (CAA video, 1995).
[56] Interview, SOHC/016/A20.
[57] Interviewed by Ronnie Johnston, 25 January 1999, SOHC/016/A4.
[58] Interviewed by Arthur McIvor, 28 January 2013, SOHC/016/A35. Narrator's emphasis.
[59] This was the Society for the Prevention of Asbestosis and Industrial Diseases (in 1996, renamed Occupational and Environmental Diseases Association). See W. McDougall, "Pressure Group Influence and Occupational Health, SPAID/OEDA, 1978-2008" (forthcoming PhD diss., Glasgow Caledonian University, 2013).
[60] Castleman and Tweedale, "Struggle for Compensation," 188.
[61] Cited in *Scotsman*, 15 January 1988, 6.
[62] Eric Jonckheere, interviewed by Arthur McIvor, 21 February 2013, SOHC/016/A36. Significantly, the same Eternit company doctor, Dr. Lepoutre, also later died of mesothelioma. See Salvator Y. Nay, "Asbestos in Belgium: Use and Abuse," *International Journal of Occupational and Environmental Health* 9 (2003): 287-93.
[63] This was one of many such environmental, family, or "bystander" fatalities from asbestos. Fibres were transferred into the home on workers' overalls and dispersed widely on air currents from work sites and waste dumps.
[64] Jonckheere interview.
[65] Ibid. For a parallel in which a single company controlled the community through paternalist policies with a wide range of impacts on workers bodies, see Perchard, *Aluminiumville*.
[66] See Bloor, "No Longer Dying."

[67] See Ronnie Johnston and Arthur McIvor, "Oral Histories of the Asbestos Tragedy in Scotland," at http://ibasecretariat.org/search_item.php?l0=5+25+51&l1=94+10+36&f= eas_rj_am_scotland.php.
[68] The full story is told in Ronnie Johnston and Arthur McIvor, "Oral History in Asbestos Investigations," in *The Asbestos Legacy: The Sourcebook on Asbestos Diseases*, Vol. 23, ed. George A. Peters and Barbara J. Peters, 3-35 (San Francisco: LexisNexis, 2001).
[69] Portelli, *Harlan County*, 147.
[70] Daniel James, *Dona Maria's Story* (Durham, NC: Duke University Press, 2001).
[71] See, for example, interviews, SOHC/016/A18; A22; A23.
[72] See Catherine H. Riessman, *Narrative Methods for the Human Sciences* (London: Sage, 2008).
[73] Terry Brotherstone and Hugo Manson, "Voices of Piper Alpha: Enduring Injury in Private Memory, Oral Representation and Labour History," *Scottish Labour History* 46 (2011): 71-85.
[74] Carol Wolkowitz, *Bodies at Work* (London: Sage, 2006), 117.
[75] See Clayson, *Experience of Mesothelioma*, 53.