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According to medical science, asbestos-related diseases fall into four main categories: Mesothelioma, Lung Cancer, Asbestosis (or Pleural Thickening) and Pleural Plaques. Most funding – although not nearly enough – and medical research focuses on Mesothelioma which is widely recognised as much more serious and debilitating. As one South African doctor succinctly summarised: '[life expectancy is] naught to two years with zero recovery, regardless of treatment'. Pleural Plaques, on the other hand, are largely described as 'benign' (Mossman and Gee, 1989), or as one UK lawyer suggested 'you'll die with it, not of it'. In January 2007, the House of Lords declared that Pleural Plaques were 'inert' and ruled that UK sufferers could no longer claim compensation or sue if diagnosed with Pleural Plaque.

These assessments of asbestos-related diseases – that Mesothelioma is the most debilitating and that Pleural Plaques are benign – are made by scientists and, as illustrated in January of this year, influence the legal categorisation of harm. Dangers of unwarranted compensation and increased stress were listed amongst the primary reasons for this ruling: 'There is a danger that those ... who make a business out of litigation, will encourage workers who have been exposed to asbestos to have a CT scan in order to see whether they have Pleural Plaques for the sole purpose of bringing claims for compensation. Such a practice will tend to create stress and anxiety where none exists' (*Grieves v FT Everard & Sons* ; 2006: 17). Asbestos diseases, alongside other toxic threats, are widely recognised for their insidious, fearsome and tainted nature (Douglas and Wildavsky, 1982; Bourke, 2005). The idea that litigation for Pleural Plaques is unnecessary or increases stress is thus completely absurd from the perspective of those men who experience the diseases.

In 1998, 12 members of the Britain's General Union (GMB) branch in Dagenham were diagnosed with Pleural Plaque. These thermal insulation engineers or ladders have worked with asbestos virtually all their adult lives and have intimate experience with asbestos-related diseases. Their earning capacity and their identity as men is intricately related to their experiences as ladders in Dagenham, East London. Dagenham is heavily industrialized, more so than any other London borough. It is crisscrossed with motorways and covered with sprawling council estates. Barking and Dagenham borough has the lowest average income in London with most people earning in the region of £13,000 a year, accompanied by low levels of education. It is the back end of London, or 'the whipping boy of the A13' as one Pleural Plaque sufferer described it. In addition to these structural conditions, 'there are high levels of long term illness and men have the third lowest life expectancy in London' (Barking and Dagenham Council, 2002 :4).

The ladders, who meet fortnightly at the Dagenham Working Men's Club to discuss their exposure to asbestos and their colleagues' compensation claims, have lived in the area all their lives. They have intimate knowledge of asbestos disease. They were also widely exposed to asbestos. The oldest among them began work in 1961, just as the exposure levels were legally increased, and worked with asbestos until

the mid-1980s when it was formally banned. Since then, many report involuntary exposure to asbestos. Consequently, they have watched many family members die of asbestos-related diseases: 'We all have brothers, we come from a trade, we are all family. I lost my brother, an uncle who died at 42 and was a lagger like myself. My father died of lung disease. I also had a cousin diagnosed'. Their experience – watching family members suffer, dealing with doctors and lawyers – has led to deep suspicion of the medical and legal establishment. Their view resonates with those recorded by Burnham (1982) and Brown (1979) on how modern scientific medicine might support capitalist interests and undermine people's health in USA contexts. Or, as Jasanoff has argued, 'Politics is never far from view when one is observing science in action around topics of immediate social concern' (1996: 410). Precisely because these ladders have been exposed to asbestos and precisely because they know the associated dangers and suffering, ladders avoid medical examinations. Even more significantly, ladders do not accept the medical categorisation of asbestos-related diseases described above. The medical and legal terms 'benign' and 'inert' are a mockery of their experience of Pleural Plaque: they 'diagnose us in the beginning with Pleural Plaque but it becomes Asbestosis or Mesothelioma either in the hospital or in the following weeks'.

These men identify as workers, husbands and fathers; they are fundamentally concerned with their ability to bring in money and to support their families. Despite the fact that the Barking and Dagenham housing prices are the lowest in London, many of these men battle to meet their mortgage and other daily expenditures. In addition, the contractual nature of their business means that they do not benefit from the usual social protection mechanisms available. They have no sick benefits, no injury compensation, no means of surviving if they are not earning. These conditions, coupled with their intimacy with other asbestos sufferers, leads to significant opposition to the legal and medical models of Pleural Plaque. As indicated above, they do not see Pleural Plaques as inert and benign; rather all asbestos diseases are progressive. Pleural Plaques are an indication of the men's extensive exposure to asbestos; they point to the presence of other, worse diseases, as evidenced in the fact that some of the 12 men diagnosed in 1998 have died. The presence of Pleural Plaques also signifies a crisis in the men's ability to maintain their lifestyle and identity. Furthermore, Pleural Plaques affect their fitness, breathing and general ability to work, hampering the ladders who have to keep up a certain speed of hard physical labour to ensure stable income levels. Finally, the chairman of the GMB explains that 'the mental stress caused by Pleural Plaque is very severe. 80% of the men diagnosed with Pleural Plaque die of Asbestosis. ... Its about the mental stress – they think they are on the way Mesothelioma'.

Pleural Plaques are the end of the road as far as the ladders are concerned. But, as the disease signals their inability to work as ladders, their failure as providers to wives and families and their imminent demise, they withdraw from the GMB, losing friends and separating themselves from their support structures. The men's ability to create and sustain their masculine identity is significantly undermined. These men's identity appears solidly grounded in their experiences as Dagenham ladders and as family providers. In contrast to much other material on masculinities, it is the experience of asbestos disease which fractures their identities and defines their crisis.

Once diagnosed, men will no longer buy themselves a drink or purchase anything for themselves. They will not spend money. Ladders who have been diagnosed find themselves being constantly watched by the other ladders for symptoms. Every time they come to the meetings, they are reminded of their own situation and they hear about more people dying. Because the diagnosis of an asbestos disease, even of pleural plaque, may signal the inability to continue work lagging and many men stop

attending GMB meetings once diagnosed. This means that they lose touch with their lifelong friends and 'family', separating themselves from their support structure. Disclosure of a diagnosis is thus closely related to the destruction of the social person, possibly even if the physical body is still okay. Moreover, there is no other support structure to which they can turn.

The ladders are fighting for recognition of pleural plaque and its effects on men in the construction industry. This is about the acknowledgement of the ladders' experience, about the recognition that pleural plaques are 'real' and have immediate ramifications. The fight against the medical and legal systems can also be viewed as a metaphor for a certain way of life. It is about the survival of people who have old industrial diseases, about men whose lives are at an end, who are part of the old English working class. Ultimately, the fight is a metaphor for a dying way of life. A legal decision, based on 'scientific medical evidence' that pleural plaques are benign and that sufferers cannot sue for compensation removes the final opportunity ladders have to claim some money – while still alive – in order to provide for their families and for themselves personally; and in so doing to fulfil their role as men. The failure to litigate while still relatively healthy and to be able to invest compensation in ways that allow ladders to feel confident that their families are provided for, increases – rather than reduces – their stress as they struggle to maintain their identity and role as men, ladders and providers. Not being able to sue for pleural plaque means waiting for the disease to progress to asbestosis or mesothelioma. Once this happens, and because of the delayed diagnosis (Higgs, 2006), a ladder's life expectancy is so limited and his quality of life so contracted, that suing for compensation requires too much energy. By this stage, the brutal reality is that the sick men face imminent death.