

Asbestos in Scotland

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This paper outlines the asbestos hazard in Scotland and draws upon a systematic oral history project to analyze from the workers' perspective the nature of exposure, the limitations of government regulatory initiatives, and the ramifications of contracting asbestos-related diseases for sufferers and their families. Current issues are investigated, stressing the agency of workers, trade unions, sympathetic local councils, and, especially, the victims' pressure groups. The occupational and environmental health threats of asbestos in Scotland remain significant, although recent E.U.- and U.K.-based decisions to ban further use of asbestos together with active campaigning by local activist groups have helped to reduce them. Mesothelioma mortality rates remain high, due to historic exposures, and much work remains to be done to reduce the number and plight of asbestos-exposed workers. *Key words:* asbestos; mesothelioma; Scotland; Clydeside.

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IN PASSING¹

Hello Jack! Want a lift up Kilbowie Hill?
Aye thanks, a'hm going up to the doctor's
I've a bit of a chill
or something.

Hello Jack! Going up the hill?
Aye thanks, a'hm going back to the doctor's
This is more than a chill,
'am ill.

Hello Jack! Found out yet what's making you ill?
Aye, it's that bloody asbestos, the merchants of death
Knew it would kill,
And said nothing.

Today Jack got a lift o'er Kilbowie Hill,
No hacking cough, no breathless pause,
Cause Jack isn't ill
Anymore.

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A parting hymn, a pious prayer.
We said farewell to Jack until
The curtains drew quietly to a close,
And everything was still,
Except a sob,
From Jill.

—JAMES MURDOCH² (2000)

Scotland holds a significant place in the history of the asbestos tragedy. The asbestos industry started early in Scotland, from the 1870s, though there was particularly heavy use of the mineral from the First World War through to around 1970, especially in the industrial heartland of Clydeside, centred on Glasgow, which was a port and a major shipbuilding and heavy engineering region. This left a grim legacy of disability and death from asbestos-related disease. In the last quarter of the twentieth century the government's official statistics (the HSE Mesothelioma Register) recorded rates of mesothelioma in Scotland running at 31% higher than the U.K. average, while in the Clydeside region rates were almost double, and in Glasgow the rates were two and a half times higher than the U.K. average. A particular hotspot was the town of Clydebank, several miles west of Glasgow, which officially recorded the highest rate of mesothelioma mortality in the whole of the United Kingdom.

This article explores the Scottish experience, drawing upon the documentary evidence and upon the voices of the asbestos-disease sufferers. The first section, written by authors McIvor and Johnston, investigates the history of the asbestos tragedy in Scotland. The second section, by authors Gorman, a well-known asbestos activist in Scotland, and Watterson, comments on the contemporary scene and recent events over the past decade or so.

INCUBATING DEATH: THE HISTORY OF THE ASBESTOS TRAGEDY IN SCOTLAND

The issue of asbestos in Scotland has been at the forefront of media attention for some time, and several books have been written on the topic, as well as radio and television programs. A recent book by Geoffrey Tweedale, *Magic Mineral to Killer Dust* (Oxford, 2000) exposes how Turner and Newall, one of the largest asbestos manufacturing companies in the United Kingdom, continued to expose its workers to the dangers of asbestos dust long after the directors were aware of

these dangers. At a more local level, an edited volume by Gorman, *Clydebank and Asbestos: the Unwanted Legacy* (Clydebank, 2000), looks at how this shipbuilding community on the Clyde—in which Turner and Newall built an asbestos cement factory—became the asbestos-disease capital of Europe. There have also been several medical papers written on the subject of asbestos in the West of Scotland, and a major report by the victims' support group Clydeside Action on Asbestos (CAA) gives a detailed account of how sufferers of asbestos-related disease have had to fight for recognition and compensation.³ Finally, the recent book by Johnston and McIvor explores the history of the asbestos tragedy in Scotland, drawing extensively upon a systematic oral history project in which over 30 asbestos-disease sufferers were interviewed.

Scotland has had a long association with the asbestos industry. Scottish entrepreneurs were among the pioneers in developing the manufacture of asbestos products, with the first companies appearing in the 1870s. One account suggests that it was two Scottish businessmen who first introduced the mineral to the United Kingdom, establishing the Patent Asbestos Manufacturing Company in Glasgow to process asbestos, imported initially from Canada in 1871.⁴ Thereafter growth was rapid as the potential of the manufactured mineral began to be realized. By 1885 there were at least 19 asbestos manufacturers and distributors in Glasgow and a further handful dotted around Lanarkshire.⁵ The number of companies increased, and at the turn of the century 52 were listed as "asbestos manufacturers" in the *Glasgow Post Office Directory*.⁶ The importance of the industry in Clydeside in this early period is suggested by the fact that of 18 asbestos companies (undoubtedly the largest) listed in a UK Trade Directory in 1884, six were located in Glasgow.⁷ The Scottish Asbestos Company (founded in 1877) was one of the pioneers exploiting the market for engine packing and insulation, producing asbestos blocks, rope, and mill-board for these purposes from their Levenshields works in Nitshill, near Glasgow. By 1914, Scottish trade directories reveal that there were more than 60 asbestos manufacturers throughout the country, including seven in Aberdeen and three in Edinburgh. However, Glasgow and the West Scotland industrial region remained the center of asbestos production and consumption throughout the twentieth century.

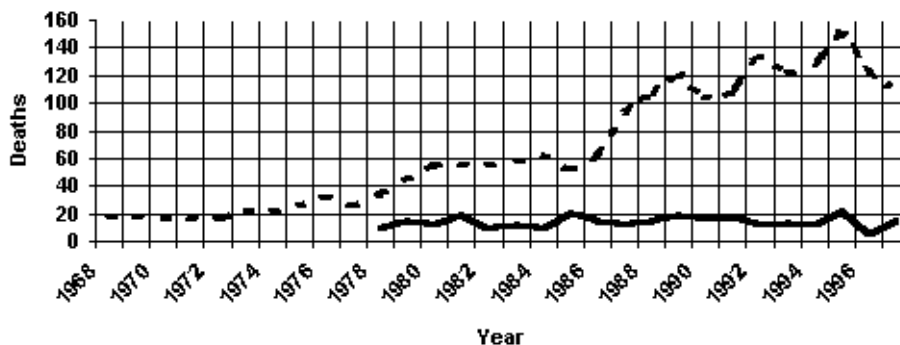
Turner Brothers, the company that came to dominate the U.K. asbestos industry (as Turner & Newall), began manufacturing asbestos from its plant in Rochdale in the late 1870s. In 1938 Turners set up a factory at Dalmuir to manufacture asbestos-cement products, to be used largely in the construction industry.⁸ Turner's Dalmuir asbestos factory expanded to employ at maximum capacity in the 1950s some 320 workers, of whom 45 were women.⁹ They continued production until closure in 1970. Other multinational

asbestos companies also expanded into Scotland. Cape Asbestos and Johns Manville, for example, established Marinite Co. Ltd. in Glasgow in 1952 to produce asbestos panelling, which was widely used in the building industry and on ships as an insulator and fire retardant.¹⁰ It was this that was widely used to insulate the Cunarder *Queen Elizabeth II*, built at John Brown's shipyard, Clydebank, in the 1960s. Marinite directly employed around 250 workers at this time.

However, in Scotland it was the building contractors (and Direct Works Departments of the urban corporations), shipyards, and engineering companies that were the major users of the product. At the end of the nineteenth century, boiler-covering and pipe-covering companies that specialized in thermal insulation emerged. By 1900, there were 26 boiler-covering firms in Glasgow alone. These companies were relatively small but by the 1920s had combined together in an employers' organization to represent and protect their collective interests. This organization expanded to absorb other Scottish firms, becoming the Scottish Thermal Insulation Engineers' Association in the 1940s. One of the largest and most active member companies was Newalls Insulation, a subsidiary of the major U.K. asbestos producer, Turner & Newall. The biggest shipbuilders, such as John Brown's, had their own asbestos preparation sheds in the yards.

A clear indication of the expansion of the asbestos industry can be gathered from the Clydeside statistics of raw asbestos imports, which increased 30-fold between 1920 and 1967.¹¹ Among the main exposure points in Scotland were the shipyards; marine engineering; locomotive construction, motor engineering, maintenance, and repair (friction products such as clutch and brake linings); the oil refineries in Grangemouth; heating engineering (including storage heater construction); and electrical engineering. In the shipyards asbestos was used to insulate boilers and pipes and as a fire retardant to comply with increasingly strict fire-prevention regulations. The extent of the exposure can be gauged from the fact that there were 42 shipbuilding and ship-repairing yards in Scotland in 1960—32 of which were located on Clydeside. The *Queen Elizabeth II* built at John Brown's in Clydebank between 1965 and 1967 provides a prime example of the extensive use of asbestos in ship construction at this time, and at peak more than 3,000 workers were employed in the ship's construction. Many of these, across a whole range of trades (including ladders, joiners, plumbers, french polishers, plasterers, and electricians), were exposed to asbestos dust. There was also significant exposure at dockyards beyond Clydeside, including Leith, the Royal Naval Dockyard at Rosyth, the nuclear submarine base at Faslane, and the shipyards in Aberdeen and Dundee. Asbestos was also heavily utilized as an insulator in the heavy chemicals industry—notably at the B.P. chemicals plant at Grangemouth.

Figure 1—Deaths from mesothelioma and asbestosis in Scotland, 1968–1997.¹³ Dashed curve = mesothelioma; solid curve = asbestosis.



There have also been cases in Scotland of women contracting asbestos-related diseases that they trace back to exposure to asbestos in their World War II jobs in gas mask manufacture, in insulation, and in the Royal Dockyard at Rosyth, or from cleaning their husbands' or sons' overalls.

Deaths from mesothelioma and asbestosis in Scotland from 1968 to 1997 are represented in Figure 1.

A recurring theme in the evidence is the callousness with which victims and their families were treated by employers and the legal system. The case of Charlie Coyle provides a classic example of prevailing attitudes and employers' strategies in the 1950s.¹³ Coyle worked for Newall's Insulation on Clydeside as an asbestos insulation sprayer between 1945 and 1954. In 1954 he was diagnosed as having advanced pneumoconiosis and suspended. He then took up a legal case against Newall's for compensation for negligence. Turner & Newall's solicitors fought the case quite ruthlessly—employing delaying tactics, denying liability, and shedding doubt upon the extent of the victim's incapacity. At that time, Scottish law decreed that if a claimant died, the case virtually died too, so the company solicitors knew exactly what they were doing, informing Turner & Newall:

The man has a very poor expectation of life and if he does succumb the claim will not be any more expensive, and without his evidence the solicitors will be in greater difficulties. In short, I do not think tactically we have anything to lose by leaving the matter in abeyance.¹⁴

With a relatively inexperienced solicitor representing the plaintiff, the process was allowed to be strung out for over a year. In the event Charlie Coyle died in November 1956. Turner & Newall's solicitors then pressured Charlie Coyle's solicitor and widow into accepting an ex gratia payment of £500 in a final out-of-court settlement, with the company officially refusing to accept any liability for Coyle's death. "A hard fight" was threatened if the case went to court. Even in 1956, £500 was a minuscule price to pay for a man's life, cut short at the young age of 48. Had the case gone to court when Charlie Coyle was still living it had been esti-

mated that the settlement would have been nearer to £4,000. Not surprisingly, Turner and Newall expressed their satisfaction with such a favorable outcome.¹⁵

From the late 1970s onwards the dangers of asbestos became widely realized and it was used less and less. Consequently, the main danger point shifted from application to removal. For some time, though, many demolition workers remained dangerously exposed, and it has only been since the mid-1980s that specialized asbestos-removal companies have developed techniques for safely removing asbestos insulation. There were then four main points of contact: the manufacture of asbestos products; the use of such products in construction, insulation, etc.; the stripping and demolition of buildings, boilers, etc.; and environmental exposures, including exposures to dust brought home on work clothes. Our oral testimonies of asbestos victims illustrate graphically just how extensive exposures to life-threatening levels of dust were in workplaces in Scotland and the ways that asbestos-related disease affected the lives of individuals, families, and communities.

In Scotland, the oral and other evidence shows quite clearly that little was done by management to effectively safeguard the health of those who worked with asbestos or to inculcate safety consciousness at the point of production during the period from the 1930s to the 1960s. Lagers and other asbestos workers, as well as those working around them, continued to be assured that their work was safe. Before the mid-1960s, masks were rarely made available and were often ineffective (with dangerous levels of fiber seepage), and where they were issued it was only to those directly working with the product, such as some (though not all) of the asbestos sprayers in the 1950s and 1960s. However, those working in the "immediate vicinity" of such workers remained unprotected.

What certainly exacerbated the problem was the small-scale, diffused nature of most asbestos insulation work in Scotland, undertaken by contractors and sublicensees frequently employing just a handful of men. In such a context, government regulations were difficult, indeed almost impossible, to enforce; noncompliance was endemic, and a high-risk culture in the workplace was allowed to doggedly persist. Moreover, the insis-

tence by influential shipowners such as Cunard well into the 1960s that asbestos be extensively used in ship construction—as on the *QE2*—to maximize fire prevention only served to spread exposure widely within the shipbuilding fraternity, among the ladders and joiners, and throughout other ship-finishing trades.

Working conditions in the Scottish shipyards were notoriously hard and the asbestos risk needs to be contextualized within this prevailing work milieu. An insulation engineer could remember the primitive on-site accommodation that the ladders had to endure in the 1950s:

You went for your dinner and you went into a hut, and there were rolls of asbestos cloth. All kinds of asbestos. . . . They made mats, asbestos mats in the hut for round flanges and valves. That was all lying about.¹⁶

In a similar way a shipyard ladder recalled the nature of the work:

You opened the mat up and left enough so you could stitch it up. You filled it with asbestos . . . then you patted it all to try and make sure . . . it was all the same. And some times it was hard stuff so you got big lumps of wood and battered it. So you could just picture. . . . You worked in a fog making this up.¹⁷

Another Clyde shipyard worker explained:

We always knew we were working in asbestos environments, but nobody, absolutely nobody told us about the dangers behind the use and misuse of asbestos in yards, especially in shipyards, because of the type of setting you're in. You're in wide open spaces inside a hull of a ship so it could be eight, ten, twelve different trades working together in the same space.¹⁸

And a ladder recounted how his job frequently put other tradesmen in danger:

You used to saw the stuff. Well the, the, teased-up stuff and the dust just a' floated. It floated round and everybody got their share.¹⁹

A ship's plumber, now suffering from pleural thickening, remembered how he was exposed to asbestos every day in his work: "I was working in amongst it. Engine rooms, boiler rooms [. . .] it used to come down like snow."²⁰ This image of asbestos cuttings, dust, and dried-out "monkey dung," coming "down like snow," was a recurrent one among the interviewees who worked in the yards.

In this period there was a widespread lack of understanding among the workforce regarding the extreme health risks inherent in the material they were handling. Certainly in the 1930s through to the 1960s information about the hazards of contact with asbestos was withheld in many cases from the shipyard work-

force. John Ower, a Clyde shipyard worker, commented: "Nobody told us about the dangers. . . . There was absolutely no offers of protection or anything else and the dangers were never really highlighted. . . ."¹⁸

Oral testimony of the labor process and work conditions in the Clydeside asbestos factories also provides examples of serious malpractice in the manufacture of asbestos products in Scotland. According to the respondents, there was neglect of dust-suppression methods (including inadequate exhaust ventilation), lack of medical surveillance, and ineffective medical monitoring of at-risk workers, together with crude, outmoded work practices that maximized dust generation on the shop floor, as well as little provision of masks and respirators. A machine operator described very graphically conditions in the Turner & Newall plant in Clydebank in the mid-1960s:

I'll never forget till the day I die the first impression of that place. It was like walking into Dante's inferno without the fire. It was just hell [. . .] Dust was flying through the air everywhere, clouds of dust. . . . Nae masks, just overalls. Clouds of stoor everywhere. It just filled the air, and it was settling just as fast as they were sweeping it.²¹

Tragically, this respondent later died of asbestosis, and his wife has pleural plaques from contact with asbestos from washing his overalls.

Management in the asbestos factories also suppressed information, as in the case of blue asbestos in the Turner's warehouse in the 1960s, and misinformed workers that white asbestos was harmless. The oral testimony that we accrued in this respect was verified to a great extent by one of Turner & Newall's own medical advisers, Hilton Lewinsohn. He noted in 1969: "This company has been lulled into a false sense of security and has not appreciated in the past the number of employees who are being exposed to asbestos dust." A year later he was criticizing job-rotation practices at the plant because this spread the risk of mesothelioma, which was possible, he admitted, after only "minimal exposure."²¹ Criminal negligence and managerial malpractice were also reported by the respondents in building construction and asbestos stripping operations in Scotland. This ranged from not informing workers they were in contact with asbestos, to bringing in cheap casual labor, instructing workers to cut corners, offering large bonuses to strip "dry" and keep quiet, to failing to supply adequate exhaust ventilation (as at the infamous Red Road flats site in north Glasgow in the late 1960s).

After the asbestos employers and management, the government also must bear a portion of the blame because of the limited coverage of the 1931 Asbestos Regulations, weak enforcement, and, crucially, the failure to extend the Regulations until the late 1960s to encompass the majority of workers at risk. These flaws

in the regulatory system were the result of many factors, including an under-resourced Factory Inspectorate, ineffective deterrents to factory crime, economic considerations, the failure of the medical profession to openly criticize asbestos manufacturing, and a muted response on the part of the trade unions to the asbestos issue prior to the 1970s. All this was very much evident in Scotland. Such evidence casts serious doubt on the effectiveness of voluntary industry regulation and statutory regulation to control exposure to asbestos, at least before the more comprehensive legislation of 1969 and the banning of blue asbestos in that year.

For many asbestos-disease victims chronic deterioration of health leading to death is the inevitable outcome of their affliction. For asbestosis victims this is invariably a long drawn-out process as the lungs become progressively clogged up, while for those with mesothelioma, death commonly occurs rapidly, and usually within a year of diagnosis. Victims, dependants, and their families have had to deal with the trauma of diagnosis, curtailment and loss of employment, physical deterioration, and, invariably, the deeper psychological implications of dependency and loss of self-esteem. The courage and quiet stoicism displayed during this ultimate crisis in people's lives is striking. Moreover, the oral testimonies of industrial disability sufferers in Scotland indicate quite clearly that contracting a progressively debilitating and potentially life-threatening asbestos-related disease invariably resulted in relative poverty, or what is now commonly called "social exclusion." One of our respondents noted: "Life has got to be lived in the slow lane with no exertions of any kind."²² Similarly, another commented:

I was no a bad dancer. I liked dancing and that. But you cannae dae that now because you're breathless. . . . Even getting out of bed in the morning you're breathless. Even washing and that. . . . Walking down and getting the papers you're breathless.²³

Social consequences and economic impact combined to severely alter life patterns and bring about social exclusion, and could affect relationships. A shipyard lagger made this clear:

You've got a different social life and things like that. Actually, it's depressing, you know. . . . I rare up. Frustration. You want to take it out on somebody so it's your wife. So she phones the police and you've got all that squabble. So that's why I've got this place.²⁴

A lorry driver/laborer with asbestos-damaged lungs observed:

The depression's bad. . . . You just want to greet your eyes out and everything, you know. Then you kind of sort of reminisce, all your past life. You know, as if you're going to die, you know. And you remember all

the good times. And you just think. . . . You can get a violent one. You just flash up stuff.²⁵

Another noted: "I keep thinking back. All my thoughts are negative. I cannae see a future."²⁶ Removed suddenly from the world of work, many people suffered a loss of dignity as well as missing the companionship of former colleagues. Physical impairment usually prevented dust-disease victims from pursuing former pastimes:

I have gone from one extreme to another [. . .] I led a very full social life. I went out regularly with my mates . . . used to go to parties, used to have friends round to the house. I no longer do that. I have shut myself off from life completely.²⁷

Incomes invariably dropped as a consequence of industrial disability, and only a small minority attained civil compensation settlements that enabled them to significantly improve their quality of life. Moreover, given the short time period between diagnosis and death, few mesothelioma victims achieved the peace of mind that came with a sense of justice being attained, knowledge that financial affairs could be settled and dependants would be secure. Thus, asbestos victims have found themselves let down by the social and medical services and have invariably had to face a gruelling struggle to attain compensation at a time when their health and capacity were being undermined—while "gasping for breath."

A PUBLIC HEALTH CRISIS: RECENT DEVELOPMENTS IN SCOTLAND

Despite the European Union's decision to ban further sale of asbestos, the historical legacy still takes its toll of the Scottish population today in three ways. First, through exposures of workers in workplaces where the material has been used as part of the work activity—for instance in engineering, shipbuilding, railway carriages, vehicle braking systems, and insulation in high-temperature processes. Second, where maintenance workers, demolition workers, network engineers routing cables, and others come into contact with asbestos in insulation in pipes and in building materials in houses, offices, public buildings, and factories. Third, there may be exposures of users, occupiers, or residents of buildings where asbestos products have been located: for example, within homes, workplaces, public buildings, and garages.

Comprehensive data specifically on current Scottish asbestos-disease figures are not readily available and even in the very recent past where they were available they lacked accuracy and completeness.³⁸ Of a cohort of some 55,000 people followed in the U.K. Health and Safety Executive asbestos mortality survey from the early 1970s to 1991 that aimed to cover "all workers with regular asbestos exposure," there were just 13

male mesothelioma deaths recorded in Scotland and five asbestosis deaths, and no female mesothelioma or asbestosis death.²⁹ Such surveys caught very small numbers of total mesothelioma deaths in the period in question. The section authors, in conjunction with staff at the Information Statistics and Division (ISD), have recently begun to extract additional data.

There are some specific exposure factors that can be identified in several Scottish towns and cities that experience above-average incidences of asbestos-related illness, including the building trades.³⁰ Shipbuilding, heavy industry, or asbestos manufacture is the experience of Clydebank and Glasgow. The Turners Asbestos Cement factory, built in Clydebank, operated from 1938 until 1970. The giant Singer sewing machine factory opened in the same town in 1884 and ceased production in 1980. Most asbestos victims are from the shipbuilding and heavy engineering industries, but there is a small, steady stream of people from other trades and professions, including school cleaners, firefighters, doctors and nurses, police officers, prison officers, teachers, and bus workers, coming to the attention of those campaigning against asbestos abuse.

Scottish asbestos research has been relatively limited for a region where the problem is so great. Past studies have also been problematic. The Asbestos Research Council (ARC), an asbestos industry-founded and funded body, by the 1970s was located mainly in Edinburgh University's Institute of Occupational Medicine. The ARC funded little large-scale epidemiologic research on asbestos and the industry vetted and even censored ARC publications.³¹ The West of Scotland Cancer Surveillance Unit confirmed that the Clydeside area has experienced one of the highest incidence rates of lung cancer in the world.³² Glasgow has the highest numbers of asbestos victims and cancer patients. The study quantified the relationship between lung cancer and exposure to asbestos in the West of Scotland between 1975 and 1984. Asbestos was responsible for an estimated 5.7% of all lung cancers found in men registered in the West of Scotland during that period: some 1,081 cases. Hence, clusters of asbestos-related-disease sufferers exist within areas that are already higher in percentage terms than the national U.K. average. It is not surprising that Clydeside Action on Asbestos is campaigning to have asbestos-linked lung cancer recognized by the Department of Work and Pensions (DWP) as a stand-alone prescribed industrial disease. This demand is included in the Convention of Scottish Local Authorities (COSLA) asbestos report recommendations.³³

Industrial pollution victims have the right to justice and reparation through the civil courts and through the social security system. This should not be seen as the apex of achievement on behalf of asbestos sufferers. Planning should also include allocation of resources that include welfare rights advice, social

work, and counselling for patients and family members wherever required, as well as the more obvious clinical care and hospice facilities.

Support for asbestos sufferers and their families is critical and on a national basis remains inadequate. Local initiatives such as those in the West Dunbartonshire area have been able to make some significant advances in improving the social and economic support for those with asbestos-related diseases. This progress has been made in spite of the continuing legal hurdles and barriers placed in the way of Scottish sufferers by asbestos-making and asbestos-using interests. Communities themselves have pressed for improvements with imaginative welfare rights workers and the support of a small number of very effective lawyers in the country on the compensation front.

There are a number of reasons for these advances within a process of change. Perhaps the most easily identifiable is the development of the Clydebank Asbestos Partnership, a group that has met regularly since February 1998.³⁴ The foundation members of the Partnership were Greater Glasgow Health Board, West Dunbartonshire Council, the Clydebank Health Issues Group, and the Clydebank Asbestos Group (CAG). They have been extremely active on asbestos issues in West Dunbartonshire since the inaugural meeting. This in turn has led to an increased workload for the volunteer-based Clydebank Asbestos Group. The events and publicity generated by Partnership activities have increased the numbers of people who have sought support, advice, or information in West Dunbartonshire. A number of successful initiatives have been organized to promote the work of Clydebank Asbestos Group. A full-time professionally staffed advice and information service replaced the volunteer-based facility available to asbestos sufferers in Clydebank: a major Partnership accomplishment. These and other positive steps could not have been taken without the efforts of local unpaid volunteers.

Significant local Scottish initiatives have been used to campaign on asbestos issues and move forward the struggle to address the needs of sufferers and their families. The examples below illustrate both the specificity and the effectiveness of these initiatives. For instance "Asbestos Awareness Day" took place in June 1998 in Clydebank. More than 140 people attended, with positive local and national press, television, and radio reports. Additionally, a number of local asbestos sufferers and their caregivers were given advice and assistance as a direct consequence of the Asbestos Awareness Day.

In June 1998, West Dunbartonshire Council (WDC) became the first Local Authority in the United Kingdom to support the call for a ban on chrysotile. All elected members supported a resolution that called for a U.K. ban on the manufacture and use of all asbestos.

The National Asbestos Conference took place in Clydebank Town Hall on 10 November 1998: a major

undertaking that was roundly supported by all members of the Partnership. The conference proved an overwhelming success, with over 240 delegates and observers from all corners of the United Kingdom in attendance. Significant media coverage resulted in increased requests for advice and information from asbestos sufferers and their families. The national focus of this conference ensured that a number of these requests came from asbestos sufferers living outside the immediate West Dunbartonshire area.

Clydebank Asbestos Partnership and the Local Health Care Co-operative (LHCC)—similar to primary care trusts elsewhere in the United Kingdom—arranged a series of seminars. These meetings were organized as general practitioner training sessions to raise awareness of the medical and legal problems that can be caused by the presence of asbestos-related illness. The seminars were aimed at health professionals who deliver primary care services to asbestos sufferers. Other groups and individuals attended, including practice nurses and social work staff. Sessions focused on diagnosis and the difficulties surrounding the question of early diagnosis; the problems faced by patients when trying to access compensation at civil litigation or through the state social security system; these difficulties were illustrated using case studies that had recently arisen in the local area. Such events demonstrate the need for a more systematic response to the problems faced by the victims of industrially-induced lung diseases, with a particular emphasis on asbestos-related illnesses and better linkage between primary care as well as social care services and rights (compensation) advice. Palliative care and pain-relief procedures are also a priority.

Community Information and Action has provided a major route for informing those likely to have been affected by asbestos exposure in Scotland and raising their awareness. Posters and information leaflets have been produced for use throughout West Dunbartonshire. These are distributed to health centers, hospitals, and social work and housing offices and through trade unions. Hundreds of posters and thousands of information leaflets are now in circulation. West Dunbartonshire Council met publication costs. Questionnaires were sent out to the total membership of Clydebank Asbestos Group to identify those members who might be entitled to Disability Living Allowance or Attendance Allowance but who had not submitted claims for these benefits. This exercise also gave some indication of the take-up of the main carer's benefit (Invalid Care Allowance) and was conducted using the Freepost facility provided by West Dunbartonshire Council.

COMMUNITY SCHOOL

The Clydebank Asbestos Partnership identified the need for developing a partnership with Braidfield High

(a new community school) to harness its knowledge and expertise in ways that increase young people's understanding of asbestos and its impact on their community. The project "Asbestos: A Cross Curricular Approach" emerged from these initial discussions. The objectives were to design and produce a high-quality, cross-curricular teaching and information pack for West Dunbartonshire Schools. The pack was designed to promote interactive, creative, and challenging learning opportunities. Materials, records, experience and other sources were developed by Clydebank Asbestos Group. These included, *Clydebank: Asbestos the Unwanted Legacy*, a book published by the Partnership. The professional PACE Theatre Company has produced *White Mice*, a play with an asbestos theme that involved school pupils in a performing arts setting. This resonant new work, relevant to the health industry and to education, and is now available in video format. The Partnership uses such initiatives to raise awareness of the dangers of asbestos and the legacy that it has left to the local community. Braidfield High School enthusiastically facilitated this project.

While professional assistance is utilized by Scottish groups including the Clydebank Asbestos Group (CAG), to meet the needs of their members, it is important to stress that this group is run by a volunteer-based management committee, similar to Clydeside Action on Asbestos. CAG has therefore been consistently developing the skills base of the volunteers. Counseling is an important aspect of these skills, and specially designed short courses have been run to equip asbestos group members with practical counseling knowledge.

Scottish asbestos groups have also been involved in recent campaigns around Chester Street, Federal Mogul, and supported the Clydeside Action on Asbestos petition to the Scottish Parliament on this matter. During the Chester Street scandal, finances were made available by West Dunbartonshire Council to enable a group of asbestos sufferers to travel to lobby the Scottish Labour Party Conference in Inverness. This proved to be a highly effective operation. Helen Liddell, Secretary of State for Scotland, met a Clydebank delegation that briefed her on the issues and the need for government action. Every Local Authority in the United Kingdom was contacted by West Dunbartonshire Council in the run-up to a demonstration and protest rally in Clydebank Town Hall. Trade Unions, community groups and all political parties in Scotland were asked to give support. These efforts resulted in over 2,000 people marching through the town of Clydebank. The demonstration had a significant impact on the eventual Chester Street outcomes. In addition to the Clydebank demonstration, contact was made through a local councillor with the Construction, Forestry, Mining & Engineering Union (CFMEU) in Melbourne, Australia. Over 4,000 building workers from several unions stopped work and marched to the

offices of QBE, the Australian company that now owns Iron Trades' Insurance. This outstanding example of international working class solidarity can be seen in a 15-minute video film that was sent to the Clydebank Asbestos Group by their supporters in Australia.

One other important Scottish initiative started in 2001 is Petition PE336 (Justice for Asbestos Victims), being examined by Scottish Justice 2 Committee. Gordon Jackson, a Scottish lawyer and also a Member of the Scottish Parliament (MSP), along with colleagues Duncan McNeill, MSP, and Des McNulty, MSP, supported the basic complaints contained in the petition; that there is an injustice to Scottish asbestos victims because the system fails to properly focus on the real issues in asbestos cases. This has led to delay and denial of adequate compensation that would otherwise enable asbestos sufferers to achieve accountability for their injuries, improve their quality of life, and provide them and their families with financial security. The petition requests that the Scottish Parliament, as a matter of urgency and priority, review the procedure and powers of the Court of Session to ensure that the real issues between pursuers and defenders are identified, delay is minimized, and interim payments and jury trials are made available to asbestos victims on the basis of the real issues between the parties.

The petition put forward by Clydeside Action on Asbestos and Frank Maguire, Solicitor Advocate, is supported by all asbestos campaigners in Scotland. One of the most striking concerns is the fact that it is still extremely unusual for a mesothelioma victim to have his or her civil damages settled while still alive. Current settlements are so low perhaps because they are based on judge-made precedents. The petition calls for jury trials in asbestos cases to be available and for the level of damages to be arrived at with more transparency than is currently available.

Compensation is critical and all too often deficient for vulnerable patients who have contracted asbestos-related diseases and their families. There are three main routes to compensation for people who have been exposed to asbestos at work

1. Department of Work and Pensions. State benefits are paid in respect of a prescribed industrial disease through the Industrial Injuries Scheme
2. State "No Fault" Compensation Scheme. This is a single-payment scheme that makes payments to asbestos victims under Workmen's Compensation Act 1979
3. Civil Claims for Damages. These are ordinary "common law" claims (for damages)

It is not unknown for the period of litigation prior to settlement in an asbestos case to last four years, or longer, before a payment is made. That is, assuming, of course, that the case is successful. Many personal injury

claims do not succeed. The welfare benefits system administered by the Department of Work and Pensions (DWP) can provide a regular source of weekly income for people who are suffering from disabling conditions because of industrial accidents or prescribed industrial diseases. It could be argued that in situations of the Chester Street type that create uncertainty in respect of civil damages the state benefit system is the only barrier against social exclusion for many asbestos victims.

A recent change assists mesothelioma sufferers who were exposed to asbestos in the course of their employment. Statutory Instrument 2002 No. 1717 is a brief, but very effective, piece of legislation. It allows the DWP to fast-track mesothelioma sufferers within the welfare benefits system. From 29 July 2002 it has no longer been necessary for mesothelioma sufferers to be examined by a DWP-appointed doctor before the Industrial Injuries Disablement Benefit (IIDB) is awarded. On confirmation of the diagnosis from a claimant Consultant IIDB will automatically be paid at the maximum rate based on an assessment of 100% disablement. At the same time, a claim for Disability Living Allowance (DLA) can be processed under the special rules using form DS 1500. This much-welcomed development emerged only after a long campaign led by the House of Commons, All Party Parliamentary Group on Occupational Health & Safety, sub-committee on asbestos.

For asbestos victims, claiming state benefits can be difficult even in the best of circumstances. For some disabled persons who have no experience of the social security system, it can very often appear complex and confusing (perhaps because it is). There is evidence that this uncertainty can actually discourage people from claiming in their time of greatest need. Accurate and up-to-date information backed up with competent advice and assistance can result in increased regular (weekly) income, improving the disabled person's quality of life and helping to reduce financially driven social exclusion.

The asbestos victims' support group is the most effective vehicle for pursuing justice and achieving political or legal change. Organizations that have the victims' interests at their core are best placed to galvanize and unite combinations of supporting bodies. These may include trade unions, community organizations, and sympathetic locally-elected (municipal) Councils. Such partnership organisations can lead to a broader and more effective pressure group, which can be utilized to challenge less committed public bodies. The wide-ranging experience of asbestos campaigners internationally can be extremely useful despite divergent customs, laws, and regulations in place to address the problems caused by asbestos in the workplace and in the community.

Finally, there are innovative moves to address several Scottish asbestos-related human and economic prob-

lems. The Convention of Scottish Local Authorities (COSLA) is the representative organization for local government in Scotland. COSLA promotes local government's collective interests in three main areas: securing funding for local authorities to deliver their services; negotiating workforce pay and conditions on behalf of local authorities as employers; and influencing policy and legislation affecting the Scottish local authorities, at all other levels of government in Scotland, the United Kingdom, and the European Union.

The political structures of COSLA reflect the balance of representation of the political parties in the local authorities. The Short Life Working Group on Asbestos (SLWG) was established by COSLA in April 2001 in Clydebank and reported in 2002.³⁷ This project is led and facilitated by West Dunbartonshire Council. Terms of Reference and the Initial Work Plan were adopted at the inaugural meeting on 23 August 2001 in Edinburgh. The group considered the ill health, social impairment, and economic legacy of asbestos use in Scotland and local government's involvement in tackling problems arising from asbestos use. It reviewed arrangements and considered local authority best practice in asbestos-related matters and finally made the case for the health care, social, and economic burdens of asbestos to be adequately met through external funding from the Scottish Executive and (or) other sources as relevant.

This was done by addressing the impact of asbestos on communities and providing information about welfare benefits, health information, and external advice for asbestos sufferers and their caregivers. General information about civil compensation for asbestos-related illness was examined. Issues surrounding the surveying and health and safety and the immediate asbestos management policies in buildings were explored, including identifying best practice in key areas, such as the requirements for contractors who apply to carry out asbestos-related work for local authorities, and checking that the appropriate licence is held for the type of asbestos-related work being carried out. Scrutiny of contractor-related issues should help to provide a more consistent set of standards in Council contracts. The COSLA group additionally investigated costs of surveying for asbestos-containing materials. A major task is to establish total asbestos-related expenditure of Local Authorities in Scotland. Development of a model for quantifying total costs incurred to local authorities through asbestos surveying, removal, and general management as well as additional expenditures is currently under examination.

CONCLUSION

The occupational and environmental health threats of asbestos in Scotland remain significant, although recent European Union and U.K. decisions to ban fur-

ther use of asbestos should help to reduce that threat. There remain major problems relating to control, removal, and disposal of asbestos within the country, though the situation has been alleviated somewhat by new laws and new approaches developed by the Health and Safety Executive, the U.K. enforcing authority (health and safety is not an issue devolved to the Scottish Executive).

Effective campaigns run by victims' support groups, trade unions, and sympathetic local councils have helped counter some of the worst legal and economic threats to asbestos disease sufferers and their families in Scotland. Collaborative work embraced by COSLA and other agencies, including trade unions and the HSE, should ensure fewer workers and their families are exposed to asbestos dust in the future. The eloquent testimony of those Scots who have suffered from mesothelioma and asbestosis, described above, has helped to inform many of the efforts that have been put forth. Improved support systems for affected families have resulted, but much work remains to be done in order to reduce the number and plight of asbestos-exposed workers in the future.

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End Notes

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22. Interview A7
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