# THE DOCTORS AND THE DOLLARS[1]

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Since the first asbestos-related death was reported to the British Parliament by Dr. Montague Murray (1906), the contributions made by the medical profession in uncovering the human consequences of asbestos exposure have varied; doctors and researchers with ties to industry have been accused of putting commercial interests before workers' health. Medical historian Dr. Morris Greenberg expressed it thus:

> "While all physicians are presumed to have the best interests of their patients at heart, in the matter of giving advice on the hazards arising from occupation, an adversarial situation can arise in which physicians advising workers, interpret health data differently from physicians employed by industry. Under these circumstances, it requires more than scientific acumen to distinguish between physicians as 'Attorney of the Poor' or as 'Enemy of the People'."[2]

A labor activist, the late Alan Dalton, was more outspoken:

> "With very few exceptions doctors and scientists have not played a great part in the prevention of asbestos diseases. Most company doctors and scientists and many others concerned with the use of asbestos (for example architects and engineers) have accepted the mentality of industry so fully that they are not even aware of the problem. As we shall see, the aim of industry is production and profit for a few not health and safety. And those who pay the piper call the tune."[3]

The discussion which follows will consider the behaviour of government employees, private practitioners, company doctors and researchers in an attempt to ascertain which, if either, of the preceding views is correct.

## Asbestos Company Policy and Practices: United States, Australia, United Kingdom

### *United States*

The Johns-Manville Corporation (JM) was the biggest asbestos group in the United States. The company operated manufacturing facilities all over the country, including one in Manville, New Jersey. A survey conducted in the 1930s at that factory found that nearly a third of the employees, including 2 watchmen and 2 shipping clerks, had

[1] The title for this paper was based on one by Dr. Morris Greenberg (see below); permission was generously given by Dr. Greenberg for this adaptation.
[2] Greenberg M. *The Doctors and the Dockers*. Am. J. Ind. Med. 45:573-581,2004.
[3] Dalton A. *Asbestos Killer Dust*. London: BSSRS Publications Limited, August 1989: 87.

contracted pneumoconiosis.[4] In the early 1940s, JM's Attorney Vandiver Brown made the following disclosure:

> "Johns-Manville's physical examination program had, indeed, also produced findings of X-ray evidence of asbestos disease among workers exposed to asbestos … it was Johns-Manville's policy not to do anything nor to tell the employees of the X-ray findings… if Johns-Manville's workers were told, they would stop working and file claims against Johns-Manville… it was Johns-Manville's policy to let them work until they quit work because of asbestosis or died as a result of asbestos-related diseases."[5]

How could the doctors who examined the JM employees collude with a company which admitted to killing its workers? It seems in those days, asbestos company doctors had priorities other than their patients. According to an eminent expert on U.S. asbestos history, Dr. Barry Castleman:

> "Asbestos industry doctors and industrial hygienists came to serve increasingly as salesmen for the industry as it came under fire, trying to persuade customers that the scientific evidence wasn't so frightening." [6]

One person the industry felt it needed protection from was Dr. Irving Selikoff, a remarkable physician whose career in occupational medicine began in Paterson, New Jersey where he was a founding member of an early group medical practice. Treating patients from the nearby Unarco[7] plant enabled him to observe first-hand the adverse health effects of occupational asbestos exposure. Working with trade unions from New York and New Jersey, Dr. Selikoff studied personnel and medical records of 1,522 asbestos insulation workers and found: 339 cases of asbestosis, a high incidence of lung cancer deaths and several cases of mesothelioma. The results of Dr. Selikoff's research and the ways in which he disseminated them kick-started public awareness of the occupational and environmental asbestos hazard in the U.S. For his outspoken views on asbestos, Selikoff became the target of industry skulduggery which included attempts to discredit not only his work but the medical credentials he most certainly possessed. The American asbestos industry was openly hostile describing their most erstwhile critic as a "disturbing sore thumb."

### *Australia*

In 1948, Dr. Eric Saint, twenty-nine years old and fresh from the UK, arrived at the Wittenoom Crocidolite Mine in Western Australia as a new government medical officer. He was horrified by what he saw and described the living conditions as something out of the American Wild West: the place was "absolutely hideous." As for the medical facilities, he reported:

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[4] Castleman BI. *Asbestos: Medical and Legal Aspects*. 5th ed. New York: Aspen Publishers, 2005:609.
[5] Ibid:161.
[6] Ibid:110.
[7] UNARCO: formerly the Union Asbestos & Rubber Company. The UNARCO plant in Paterson, New Jersey opened in 1941 and manufactured "Unibestos" insulation.

> "wounds go septic for no other reason than the fact that all they have is a ghastly room with filthy dressings, in which a badly-trained orderly (a filthy nailed son-of-a-bitch with a St. John's ticket) tries his best to give all his patients septicaemia, tetanus and gangrene."[8]

The working conditions in the asbestos mine were deplorable and Dr. Saint found that many of the men he examined were already showing signs of chest disease. He warned the site manager, who he described as "a miniature Goebbels," that "asbestos was an extremely dangerous and obnoxious fibre… (that) those who were exposed for periods of six months or longer would sooner or later contract asbestosis." So concerned was Dr. Saint that he immediately despatched a detailed letter to the head of the Department of Public Health (Perth) in which he stated:

> "I've an eye to the future of the asbestos mill at Wittenoom… (it) operates without any sort of dust extractor whatsoever; and since the 'incubation period' of asbestos is so much less than (silica), in a year or two ABA (Australian Blue Asbestos) will produce the richest and most lethal crop of asbestosis in the world's literature."

For over a decade, the Flying Doctor Service to which Dr. Saint was contracted remained the only medical care in Wittenoom; attempts to hire a full-time on-site doctor proved unsuccessful due to the harsh conditions and isolation. In the early 1960s, Dr. Gordon Oxer accepted the post, having been persuaded by the high level of fees he would be allowed to charge as the sole private practitioner in Wittenoom. Unfortunately, the financial arrangements and his employment status affected his ability to fulfil his duties:

> "(Oxer's) salary was in part guaranteed in an agreement between ABA and the Department of Public Health… Dr. Oxer's independence was further eroded by the practice in which ABA collected fees directly from his patients, presumably with the costs being deducted from the miner's wages. Under such circumstances, it would have been difficult, if not impossible, for the town physician to question the company's hygiene practices."[9]

Alas, in the absence of a company medical officer with the power to initiate improvements, Dr. Saint's predictions were fully realized; the incidence of asbestos-related disease in Western Australia is amongst the worst in the world.

***United Kingdom***

Throughout the 20th century, Turner & Newall Ltd. (T&N) was the dominant force in the UK asbestos industry; its nickname – the "Asbestos Giant" – reflected its position. From very early on, T&N's medical officers defended the company's reputation and worked conscientiously to minimize the company's asbestos-related liabilities. In the late 1930s, T&N's doctors routinely attended post-mortems of workers; although "they were

[8] Hills B. *Blue Murder*. Melbourne: Sun Books, 1989: 25.
[9] McCulloch J. *Asbestos – Its Human Cost*. Queensland: Queensland Press, 1986:96-97.

not allowed to wield the knife," they were permitted to take specimens away for examination prior to the coroner's inquest.[10] Industrial historian Dr. Geoffrey Tweedale summed up the behaviour of medical professionals in the UK asbestos industrial sector as follows:

> "Doctors have traditionally been reluctant to become involved in court proceedings, except on behalf of companies. They also seem to have played a limited role in alerting patients or their relatives to their rights…"[11]

Working people confronted within the formal setting of a coroner's inquest by a wall of solicitors, pathologists and medical officers representing an important local employer which wielded significant political and economic clout were at a distinct disadvantage; the fact that few of the bereaved families were legally represented on these occasions made the situation even more unfair. There is little doubt that T&N's company doctors and medical consultants were pivotal to the company's success at escaping liability for the asbestos-related deaths it undoubtedly caused.

In 1964, TBA (Turner Brothers Asbestos, a T&N subsidiary) appointed Dr. William Kerns, a GP recently qualified in occupational health, as its Medical Officer. Kerns, whose predecessor Dr. John Knox had been with TBA since 1949, was a new broom; he was "quite appalled at the amount of asbestos dust that was lying around and in the air" when Knox showed him around the TBA factories.[12] After a relatively short-time, Kerns decided that TBA suffered from "tunnel vision." TBA's manipulation of statistical data relating to the incidence of mesothelioma was of concern and the company's refusal to let Kerns publish a paper detailing 3 cases of suspected mesothelioma amongst the workforce, which the company disputed, was a disappointment. After just 18 months, Kerns resigned, a decision perhaps made less difficult because of the other small consultancies he had fortuitously retained to supplement his part-time employment at TBA.

Even by the late 1960s, there was no "systematic medical surveillance and monitoring" of the workforce of another T&N subsidiary, Turners Asbestos Cement (TAC). Few of the workers at the Dalmuir TAC facility (Scotland) were able to see the general practitioner who came into the factory an hour a week "if required"; the qualifications of the local doctors employed by TAC to carry out the examinations were doubtful according to Dr. Hilton C. Lewinsohn, the Chief Medical Officer of T&N:

> "None of these gentlemen are particularly interested in factory hygiene and I do not believe that they are expected to contribute greatly to the running of the factories… I believe that the medical officers at present employed by the company provide a

[10] Tweedale G. *Magic Mineral to Killer Dust.* Oxford: Oxford University Press, 2000: 90.
[11] Ibid: 175.
[12] The world's first asbestos mill, which began operations in 1879, grew into the largest asbestos textile factory in the world; TBA's headquarters were located on this 100 acre site. Asbestos was processed at the Rochdale facility for 115 years; production levels increased throughout the 1960s and well into the 1970s. According to a company publication, TBA was producing 2,250,000 yards of asbestos cloth and 5,500,000 miles of asbestos yarn a year.

> very superficial service and do not in fact practice industrial medicine in the true sense of the word." [13]

Lewinsohn, a specialist in respiratory medicine, was highly critical of TAC's practice which made employees' medical records "freely available to the Personnel Department." The repercussions of this lack of confidentiality meant workers, fearful for their jobs, concealed significant details about their illness. There is no doubt that Dr. Lewinsohn tried to improve conditions; he made proposals for a £500,000 program to:

- modernize dust prevention equipment and revamp dust suppression measures;
- overhaul the company's medical services;
- appoint a permanent medical officer for the asbestos-cement group;
- ensure confidentiality of workers' medical records;
- initiate a program to provide periodic and comprehensive medical physicals to the workforce.

Despite new legal obligations imposed by the 1969 Asbestos Regulations, the company did not follow-up on Lewinsohn's recommendations and he resigned "in disgust" in 1976.[14]

UK asbestos company doctors played a prominent role in furthering their employers' agendas at meetings with government agencies and regulators. The input of Dr. WJ Smither, the medical officer of Cape Asbestos and Drs. Knox and Lewinsohn from T&N were pivotal in discussions on the British Occupational Hygiene Society (BOHS) Asbestos Standard:

> "The domination of the 1966 standards committee by industry employees, and the presence of independent members not unsympathetic to industry, together with the BOHS philosophy of the need to accommodate industry, ensured that the 1968 standard had a care for the interests of industry. A subsequent review of the health data revealed that the committee had been too sanguine about the health interests of exposed workers. The departure from the committee of the few disinterested members whose scientific rigor precluded facile standard setting did not help matters…"[15]

**Industry & Research**

> "The asbestos industry…systematically developed and then suppressed information on the carcinogenicity of asbestos… as a result, millions of workers were exposed to the carcinogen and hundreds of thousands died."[16]

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[13] Johnston R., McIvor A. *Lethal Work: A History of the Asbestos Tragedy in Scotland*. East Lothian (Scotland): Tuckwell Press, 2000: 73.
[14] Ibid: 74.
[15] Greenberg M. *Revising the British occupational Hygiene Society Asbestos Standard: 1968-1982*. Am J Ind Med 49:577-604 (2006):577-604.
[16] Lilienfeld DE. *The Silence: The Asbestos Industry and Early Occupational Cancer Research – A Case Study*. Am J Public Health.1991;81:791-800.

The commissioning and manipulation of scientific research has consistently been regarded as a fundamental marketing tool by industry stakeholders; by funding researchers, industry maintained control over the publication of findings which had the potential to affect customer behaviour. Several incidences of scientific censorship by industry donors have been exposed involving work carried out at the Saranac Laboratory in New York State, the leading research center on industrial and infectious pulmonary disease in the U.S. In the 1940s, Director Leroy Gardner was surprised by preliminary results of animal studies which showed:

> "a small group of 11 white mice that had been inhaling asbestos dust from 15 to 24 months showed an excessive incidence (81.8%) of pulmonary cancer."[17]

Gardner was eager to expand this study, but his application for government funding was rejected. Although the asbestos industry had an established commercial relationship with the laboratory, Gardner was reluctant to seek their sponsorship having been forced to sign a contract in 1936 under similar circumstances which stated:

> "The Saranac Laboratory agrees that the results of these studies shall become the property of the contributors and that the manuscripts of any reports shall be submitted for approval of the contributors before publication."[18]

The results of Gardner's research were not publicly disclosed during his lifetime[19] due to industry interference; months before he died, Dr. Gardner "was very much distressed because he said Johns-Manville wouldn't allow him to publish his findings." After years of consultation with industry sponsors including the Quebec Asbestos Producers Association, Keasbey & Mattison, Turner & Newall, Canadian Johns-Manville, Johns-Manville (U.S.), the Asbestos Textile Institute[20] and numerous reworkings by various authors, a heavily censored version of Gardner's findings was published in 1951. The fifteen year exercise by the asbestos industry to erode Gardner's unpalatable cancer findings had been successful. Johns-Manville's Attorney, Vandiver Brown wrote: "I believe we are entitled to conclude that the project was worthwhile."

Findings from other studies which related asbestos exposure to both asbestosis and cancer were also suppressed by the asbestos industry and insurance companies often with assistance from leaders in occupational medicine.[21] On many occasions, non-disclosure descended into outright fraud with the deletion of, in industry's opinion, contentious passages or phrases. In his seminal paper on this subject, Dr David Lilienfeld expressed his concern at:

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[17] Castleman BI. *Asbestos: Medical and Legal Aspects*. 5th ed. New York: Aspen Publishers, 2005:49.
[18] Ibid:52.
[19] Dr. Gardner died unexpectedly in October 1946.
[20] The sponsors concurred that the cancer section of the paper should be removed: "The January 31, 1949, draft of the report had the section entitled 'Neoplasm' marked through with the word 'out.'"
[21] McCulloch J. *Mining and Mendacity, or How to Keep a Toxic Product in the Marketplace*. Int J Occup Environ Health 2005; 11:398-403.

> "The degree to which scientific fraud permeated published reports… The activities described suggest that fraud in non-governmentally supported research occurs, and that it has potentially great impact on health policy. However, unemployment or withdrawal of research support may be the ultimate 'reward' for those who do not participate in such activities."

The misuse of science and the commissioning of spurious research by asbestos stakeholders such as the Chrysotile Institute (Montreal) continue; propaganda, masquerading as "science" is promoted to support industry's assertion that chrysotile asbestos can be used safely under "controlled conditions."[22] After analyzing decades of asbestos studies conducted by researchers at McGill University, Canada, Dr. David Egilman concluded that:

> "The Canadian mining industry has a long history of manipulating scientific data to generate results that support claims that their product is 'innocuous.' Researchers complicit in this (industry) manipulation seem to be motivated by a variety of interests, including a desire to support an important national industry and a pre-existing ideological commitment to support corporate interests over worker or community interests. Conducting industry-friendly research can also anchor an academic career by guaranteeing the steady stream of funding necessary to stay afloat in the 'publish or perish' environment of the university."[23]

When more subtle means have failed, asbestos defendants made use of their substantial financial resources to co-opt influential names.[24] In 1979, Dr. Christopher Wagner believed that all types of asbestos caused asbestosis, mesothelioma and lung cancer; he also believed that low levels of exposure to Canadian chrysotile caused mesothelioma.

> "Ironically, as evidence linking chrysotile to mesothelioma continued to accumulate, Wagner changed his mind. In May 1990, Wagner testified in a court case involving the U.S. conglomerate Raymark, formerly Raybestos-Manhattan. Under oath he endorsed the three pillars of the industry position on mesothelioma: the disease is always dose related, even heavy exposure to chrysotile does not cause mesothelioma, and 20% of mesotheliomas are not caused by asbestos. He also disputed the toxicity of amosite. Under cross examination, Wagner admitted to providing monthly reviews of the current literature to a lawyer named Shaw, but he could not remember how much he was being paid for his services. He admitted to having sent Shaw and his colleagues drafts of work he was doing with another

[22] Kazan-Allen L. *Chrysotile Asbestos: Hazardous to Humans, Deadly to the Rotterdam Convention.* BWI/ IBAS 2006. http://www.bwint.org/pdfs/chrysotileasbestos.pdf

[23] Egilman D, Fehnel C, Rankin Bohme S. *Exposing the "Myth" of ABC, "Anything But Chrysotile": A Critique of the Canadian Asbestos Mining Industry and McGill University Chrysotile Studies.* Am. J. Ind. Med. 44:540-557, 2003.

[24] See: Castleman B, *Controversies at International Organizations over Asbestos Industry Influence*. Int J of Health Services, 2001;Vol. 31, Nu. 1: 193-202., Egilman DS, Rankin Bohme S. *Corporate Corruption of Science*. Int J Occup Environ Health 2005;11:331-337.

> scientist, E. B. Ilgrin, thereby suggesting the research was commissioned. Wagner denied that in the previous year he had worked for any asbestos company."[25]

A confidential relationship between Dr. Wagner and U.S. asbestos defendant Owens-Illinois (O-I) may be relevant to the change of opinion of this formerly revered scientist:

> "beginning in 1986 O-I made regular payments to Wagner through its legal firm Nelson, Mullins, Riley and Scarborough… the arrangement continued for more than 15 years and in total Wagner probably received in excess of $300,000. That income compares to the £30,000 per year salary typical for medical researchers in the UK at that time. Neither Wagner nor O-I ever acknowledged Wagner's employment at the numerous conferences Wagner attended during the period his association with the asbestos company remained secret. It was an association that he even denied under oath. It is equally significant that Wagner's stance on chrysotile (white asbestos) shifted at a time when the evidence linking all types of asbestos to mesothelioma had become overwhelming."[26]

The esteem in which Wagner was held for his early work on mesothelioma assured him a "strategic position" from which to "mediate the reception of knowledge about asbestos disease." Industry lobbyists used Wagner's vacillation on chrysotile to create doubt and confusion; capitalizing on the uncertainty that ensued, asbestos stakeholders continue to profit from chrysotile sales.

**Concluding Thoughts**

There were multiple warnings which, if heeded, could have prevented the global asbestos epidemic. Alas, there is no foreseeable end to the asbestos catastrophe; the use of chrysotile asbestos is currently increasing in some parts of Asia, Eastern Europe and Latin America and asbestos-containing products hidden within infrastructures endanger populations in scores of developed countries. Even now, doctors in asbestos-producing countries deny the hazardous nature of chrysotile in order to preserve the income stream generated by the exploitation of this valuable natural resource.

The part played by individual doctors and researchers in this sorry tale does not reflect well on their professions. Dr. Castleman summed it up as follows:

> "The history of physicians in industry, certainly in the asbestos industry, indicates that they were a self-select, management-oriented group. They served at the pleasure of higher management for the purpose of controlling employers' costs for injuries and illness at work. They also gave respectability to the primacy of the physicians' role as maintaining the individual in good *working* order …

[25] McCulloch J. *Saving the Asbestos Industry 1960 to 2006*. Public Health Chronicles. September-October 2006/ Vol. 121: 609-614.
[26] Ibid

> The physicians in industry either understood or learned on-the-job about the limits of management receptiveness to health-promoting recommendations not cost-effective to *management*…
>
> Corporate medical men were called upon to testify as management 'expert witnesses' in compensation and legislation arenas, in addition to muddying the waters of the published scientific literature with misleadingly mild or simply unsupported, benign evaluations of the hazards in industry…. In this climate of corporate control of the field of industrial medicine, the industrial physician virtually had to either go along with unethical practices or get out of the speciality altogether."[27]

There were company doctors who believed that changes could be made; they soon learned, to their cost, that they could not compete with the entrenched greed of powerful corporations. It is lamentable that the medical community did not rise to the challenge; those who did, such as Dr. Irving Selikoff, were attacked and investigated "as relentlessly as the FBI ever investigated Dr. Martin Luther King, Jr."[28] Drs. Egilman et al concluded their editorial in defence of Dr. Selikoff as follows:

> "We cannot help but be reminded of German physician Rudolf (Carl) Virchow's statement from another century: 'Medicine is a social science and politics [is] nothing but medicine on a grand scale…' Dr. Selikoff understood this maxim and knew that the truth about the devastating effect of asbestos on workers would attract political attacks. But he also believed, as did Virchow, that he could not shrink from this responsibility, and that 'doctors are the natural advocates of the poor, and social problems are largely within their jurisdiction'."[29]

If we are to prevent similar public health tragedies, mechanisms must be put in place to ensure that medical professionals charged with protecting occupational and public health are allowed to exercise their duties solely according to their consciences and free from political and commercial interference. The fundamental human right to live and work in a healthy environment will only be achieved with the full support of government, industry, trade unions and civil society. As the "natural advocates of the poor," and with a remit which includes "social problems" doctors have an important part to play.

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[27] Castleman BI. *Asbestos: Medical and Legal Aspects*. 5th ed. New York: Aspen Publishers, 2005:221-222.
[28] Egilman D, Tweedale G., McCulloch J et al. *P.W.J. Bartrip's Attack on Irving J. Selikoff.* Am J Ind Med 46:151-155 (2004).
[29] Ibid