

Alice—A Fight for Life (1982) and the Public Perception of the Occupational Risks of Asbestos

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Summary

The aim of this contribution is to explore the historical influence of documentary films, in particular within the sphere of the public perception of the risks posed by asbestos. For this purpose, we study the British documentary *Alice—A Fight for Life*, the context in which it was produced, and the impact that its screening in 1982 had on British public opinion. The drama of the testimonies of some of the victims shown in the film and the visual treatment they received were determinant in heightening public awareness of asbestos risks. We also explore the effects of the documentary when it was shown in Spain in 1984.

Keywords: Documentary Film; Asbestos-Related Diseases, Occupational Health; Public Awareness of Risk.

1. Introduction

Marc Ferro, a pioneer in the study of the relationships between the cinema and history, has reiterated the role of the cinema as a historical agent. In the opinion of this French historian, documentary films based on the retrieval of memories and oral testimonies has often contributed to elaborating an official counter-history, exerting a role in the fostering of public awareness¹. The aim of this article is to analyse an example of this latter through an exploration of the documentary entitled *Alice—A Fight For Life* (1982), produced by the British director John Willis for Yorkshire Television. Based on the story of Alice Jefferson (figure 1), a 47-year-old woman who died of pleural mesothelioma caused by exposure to asbestos, the screening of the documentary on ITV in July 1982 generated a public reaction of unexpected dimensions. The showing of the film helped to activate social debate about the occupational and environmental hazards posed by the use of asbestos and completely changed the way British public opinion considered such risks.

We first address the context in which the film was incepted and its main effects on British society in

the mid-eighties. We then analyse the documentary and, finally, discuss the treatment given to this problem by Spanish society during the transition to democracy and the effects it had in Spain when shown in 1984.

2. Expert knowledge and the social perception of asbestos hazards

Medical historiography — especially in the western English speaking world — has often considered the problems of occupational and environmental health as “scandals” or “tragedies” of industrial societies. This approach to these problems converts scientific knowledge about the harmful effects of a production process or substance into the Gordian knot of the issue. Once “scientific certainty” has been attained, the solution will come from dissemination of the information to the exposed population, the technical control and regulation of the exposure, and compensations given to those affected. The reasons for the scandal would lie in the existence of subterfuge as regards the information made available to the public — both employees and the public in general — and an underestimation of the risks by experts, health professionals, government officials and, of



Figure 1: Alice Jefferson

course, industry managers. The final result is the delayed “eclosion” of the problem in the form of a scandal once the numbers of affected people and social pressure prevent the “lie” from being kept up any longer².

This historiographic model — excellently exemplified in the case of health and environmental asbestos hazards — is to a large extent an offshoot of the approach made by documentary films addressing the asbestos issue. In this sense, the referent is the British documentary *Alice—A Fight For Life*, screened on 20th July 1982 at prime viewing time on the British ITV, whose social impact, never attained by any of the many monographs published by historians since, led to an overturning of the public perception of the problem.

Scientific knowledge of the occupational hazards of asbestos derives from the beginnings of the twentieth century. In 1930, the British medical inspector of factories Edward Merewether established the causal link between asbestos exposure and asbestosis, leading to the adoption of the first asbestos industry regulations, which included the establishment of maximum exposure values and the recognition of asbestosis as an industrial disease in the United Kingdom in 1931. The adoption of preventive and compensating measures was limited to the textile industry and only some years later these were extended to other industrial sectors as the fibrocement industry or naval construction that included the “magic mineral” in their

production processes (figure 2). Evidence linking exposure to asbestos with the development of lung cancer was accumulated from the mid-thirties, although full medical consensus was not reached until 1955, after publication of the work of the British epidemiologist Sir Richard Doll. At the same time, a group of South African researchers led by the pathologist Christopher Wagner initiated a series of studies that culminated in 1960 with the establishment of the causal relationship between exposure to asbestos and diffuse pleural mesothelioma. Mesothelioma was finally recognised as an occupational disease in Great Britain in 1966³.

These scientific developments coincided with an increase in the importation and manufacture of products containing asbestos in developed countries and with an intensification of public campaigns launched by the main industrial corporations of the sector emphasising safety in its use. In turn, the social pressure exerted by collectives of affected people and the efforts of the press, the radio and, outstandingly, the television contributed to eliciting a clear collective awareness of the risks of asbestos in Great Britain. In 1971 and 1975, for example, ITV and BBC emitted two programmes addressing the working conditions at the *Cape Asbestos* plant at Acre Mill, Yorkshire (figure 3). This eventually forced the Labour Government to

Figure 2: *Lady asbestos*; an allegory of asbestos designed by Bernard Partridge around 1918. Image used in the advertising by the Turner Brothers Asbestos Co. Ltd.

carry out a national survey in 1976 on the impact of asbestos on health (*Advisory Committee on Asbestos*), publishing the final report in 1979. This government initiative placated public opinion, although the lack of scientific research independent of the industrial sector conditioned some of the final recommendations (e.g., on reducing threshold values and on the search for products that could replace the mineral), which were very reconciling and had very little impact on working conditions. The threat of unemployment fostered by industries in the sector also played a role in delaying enactment of the recommendations³.



Figure 3: A view of the *Cape Asbestos* plant at Acre Mill (Yorkshire) around 1970. This is where Alice Jefferson worked

3. The documentary and its repercussions

This was the context in which John Willis, a producer working for Yorkshire Television and with experience in making documentaries of considerable impact, e.g., the Emmy-winning *Rampton, the Secret Hospital* (1979), took up the challenge of making a film in 1980 about the hazards of asbestos.

The report, narrated by Willis himself, lasts 90 minutes. It starts with a sequence filming Canadian asbestos mines and the process of extraction while describing the economic value of the mineral (“white gold”, as it was known to the local population). It then reports on the growth of imports to the UK “despite the health alarms in the mid-seventies” and the ubiquity of this mineral in industrial societies. While the narrator speaks of the deadly nature of the mineral, the image fades into impacting sequences showing the victims. The first account corresponds to Mary Johnson, a terminal cancer patient with advanced asbestosis in a state of emaciation who had to testify while laid out in bed and who, according to

the narrator, died the following day. The second witness, somewhat less dramatic, is Ray Price, a patient with asbestosis — “the traditional public image of asbestos disease” — who is shown having difficulties in walking up a slope and whose laboured respiration serves as a background to the sound track. The third patient to testify is Alice Jefferson, who had contracted a diffuse pleural mesothelioma, and through whom we learn that the disease is “invariably fatal”. In her youth (at 17) she had worked for 9 months at the *Cape Asbestos* plant at Acre Mill (Yorkshire). Interviewed in her own bed, Alice talks about the working conditions — she says it was like moving hay in a closed space; everything was covered by a thick white dust, which invades peoples’ ears, noses, eyes... it accumulated on the nostrils, and she describes the absolute lack of information and awareness about the risks (“We used to make wigs out of asbestos and put them on our heads”). The sequence ends with some dramatic close-ups of Alice while she is answering the interviewer about her reactions when she was told of her serious condition by her doctor:

“Well, I jumped around the room like a frog. I did. That’s what I did. I had a feeling that I had something serious by then, you know, because I wasn’t getting any better. And I just said, ‘You’ve come to tell me that I’ve had it, haven’t you?’ She says, ‘Yes’. I say, ‘How long have I got then?’ and she says, ‘three to six months’. And when you think that you know, that it’s the result of working, you know, for a paid wage, at a job that you didn’t think was dangerous, it never entered your head that it was dangerous, it makes me feel right bitter. Because I mean I know I am 47, but I had a little girl, you know, when I was 43, and I mean she’s only young, isn’t she, and they are telling me that I’ve only got six months to live. I’ve got a lot to feel bitter about really. I suppose it is selfish really, isn’t it. Because I worry about me not being able to see their best years, you know. Seeing our ..., I mean our Patsy is only five. I don’t know whether it’s a selfish thing or not, but I think every mother wants to watch her kids developed and I’d have like to have been there and watched over them”.

Alice ends by saying that that’s why she had her children: to be able to love and cherish them and see them grow up into adults. The whole situation was completely unfair for her.

The fourth testimony is from Georgina, a woman of 52 who had developed a lung carcinoma due to asbestos exposure during the two years she had worked in a London factory in her youth. Emaciated — she lost almost half her original weight — and wizened, Georgina tells of the terrible pains brought about by the cancer, stating that she never even imagined that there could exist pain such as hers and that when it started all she could do was to grit her teeth and shout.

The resource of using the testimonies of Mary, and particularly of Georgina and Alice, must have created a huge impact on the audience faced with the withered husks of these people, who in the collective imaginary could only have come from some nightmare concentration camp. After this explosive portrayal of the victims, the documentary presents the scientific and empirical evidence on asbestos hazards in the hands of the British Government and the industry from the early twentieth century. The testimony of the manager of a London factory — who used to keep a black tie in his desk in order to attend the frequent funerals of his employees: 110 in 12 years — and of a trades union representative from the Glasgow shipyards — who estimated that about 160 people had died from among his 600-700 colleagues — provides drama with a quantitative dimension.

A block of interviews with reputed experts serves to dismantle the supposed safety of white asbestos (chrysotile) — which use was most widespread — as compared with the harmful nature of blue asbestos (crocidolite). This was one of the claims reiterated during the seventies by the asbestos industry. The testimonies of David Gee — who qualified asbestos as “the biggest killer that we know of in the occupational health field” —, Barry Castleman, Paul Formby — a researcher at the Mount Sinai Hospital of New York — and of a Canadian journalist point to the concealing of data on occupational morbidity by the owners of Canadian mines, where a good part of the white asbestos was mined.

Different scenes showing the hardship of daily life and the worsening of the state of health of Georgina and Alice then lead on to an exploration of the problems of asbestos in the United States marked, according to the documentary, by governmental support to victims and the concession of important economic compensations to those affected. Ronald Mottley, a lawyer at an American firm specialised in the issue, and doctors Irving Selikoff — a true icon

of research on asbestos in the U.S. — and Oscar Auerbach report on the extent of the problem there. A quick presentation of cases, mainly of mesothelioma, reveals a very different situation from that prevailing in Britain: people belonging to upper classes with no occupational exposure; young professionals who contracted cancer after casual work to fund their university studies or actors such as Steve McQueen, who contracted the disease while serving as a marine (figure 4). Probably the most heart-rending case is that of Johnny Carson, who developed a fatal mesothelioma after helping his father to blow the white asbestos dust out of brake drums at the family workshop. After discovering the terrible agony and the state of emaciation her son was condemned to before dying, his mother, barely containing her rage, says: “Just for one day, one day, I’d like those asbestos manufacturers to have the pain and to have the cancer for one day. Just watch him. And I can guarantee they would never do it again”.

The fatal outcome in the case of Georgina, at 52, with images of her funeral and the refusal by the National Insurance to grant her a pension for her occupational disease just a few days before her death serves as an introduction to the problem of compen-



Figure 4: Steve McQueen (1930-1980), one of the most famous victims of asbestos-related diseases. His testimony was also included in the documentary

sation in Great Britain. The documentary offers a long list of cases as flagrant as that of Georgina in which the National Insurance refused to recognise the occupational origin of the suffering. All of them include confirmation of the occupational origin of the disease by the necropsy data. The cases that were recognised took a long time to be resolved and the compensation was minimal. For the cases that did go to trial, such as that of Alice, the pathway was very rough. Alice was more than indignant about the offer made by *Cape Asbestos*: “You know, for a week of this pain, what they offered me wouldn’t compensate; it wouldn’t”.

The last part of the film explores the U.K. asbestos industry, which then encompassed some 800 companies. It was attempted to show the disparity between the records and testimonies of the industry and the evidence obtained by the research team of the programme as regards their compliance to industrial and environmental regulations and about the recognition of sufferers from asbestos-related diseases. The documentary targets *Turner & Newall*, a colossus in the sector in the U.K. The film focuses on the flagship of the company — the Rochdale factory — which was the largest textile asbestos plant in Europe and considered to be a national and international reference in terms of health and occupational safety. Despite the “modern working conditions”, the research team of the film provides a large body of evidence showing patients with mesothelioma of occupational and environmental origin. The documentary makers also emphasise the concealing of evidence pointing to occupational morbidity, questioning both the trustworthiness of industry managers on the capacity of the technical improvements introduced to solve the problems and the ethics of the managers themselves. The documentary even questions the veracity of the statements that the company made to the *Advisory Committee on Asbestos* in 1977. The investigation was extended to other factories of the firm in U.K., achieving similar conclusions, including gross negligence in fulfilling their environmental responsibilities in waste treatment. The documentary reports the unequal treatment offered by *Turner & Newall* between American victims, who on many occasions received copious compensations, and the paternalistic pay-outs received by British victims. Finally, mention is made of the “delocalisation” practices put into operation by the British multinational company, denouncing the working and environmental conditions that their employees faced in India.

The last-but-one sequence of the documentary shows the interview held with Alice at the Overgate Hospital in Yorkshire some weeks before her death, when she learned of the verdict concerning her compensation. Alice spoke of her disappointment and the need to carry on the fight. The film ends with panoramas of the same Canadian mines with which it began and informs viewers of the increasing world production of asbestos and the hope of mining managers that less social response to the issue might improve their expectations of increased profits.

The screening of the documentary on British television was a sensation and sparked immediate response. Apart from the solidarity of support for Alice and other asbestos victims — with thousands of calls and letters addressed to the producers offering help and support — there were also legal and economic effects. One week after the film’s showing, the British government responded by reducing the maximum level of exposure to asbestos by one half, as well as implementing the *Advisory Committee on Asbestos* recommendations, postponed since 1979. Furthermore, the testimony and evidence provided by the producer and his research team were heard at the Employment Committee of the House of Commons in 1983. Between 1983 and 1989, the British Government introduced stricter regulations and enacted new measures for victim compensation. Within the economic and occupational sphere, the repercussions were no less striking. The shares of *Turner & Newall* and other asbestos firms fell sharply on the stock market. There were strikes in some factories and a substantial increase in worker complaints concerning job conditions³⁻⁴. Furthermore, public perception of the risks of asbestos shifted radically, with an increase in social awareness. Thus, work to dismantle a London power station in 1983 had to be stopped due to complaints by neighbours who had been alerted to the spreading of asbestos fibres into the air.

4. The Spanish case

The broadcast of the documentary was forbidden or severely restricted in several countries. This was not the case in Spain, which at the time was in the final run towards democracy and with a population avid for transparency and the freedom of information. In 1984, Spanish State Television (TVE) included the film within the debate series *La Ventana Electrónica*, which offered documentaries produced by

other TV companies that had achieved a certain degree of recognition. Among other distinctions, *Alice—A Fight for Life* was awarded *The Broadcasting Press Guild Award* (1983). The directors, headed by Segundo López Soria, saw the film and in view of its social relevance and its ability to move hearts and minds decided to broadcast it. The format of their programme included the showing of the documentary and a debate lasting some 30 minutes, in a TV format resembling that of *La Clave* (TVE, 1976-1985).

What was the perception of Spanish society in 1984 about the occupational and environmental problems caused by asbestos? The testimony of Jill F. Drower, a British tourist who was a passionate visitor to our country during those years, is indicative of the differences with the situation in the U.K. Her intense awareness of the problem, to a large extent deriving from the fact that she had seen *Alice—A Fight for Life*, and the pressure from the media in her home country led her to become suspicious of blue dust that emerged from the ceiling of a Spanish Railway train in which she was travelling from Madrid to Algeciras every time the train jolted. Jill took samples of the dust for analysis a couple of weeks later at a British laboratory. It proved to be 95% crocidolite (blue asbestos)⁵.

Indeed, the problems of occupational health linked to asbestos had received poor and delayed attention during Franco dictatorship. The first medical reports of asbestosis and asbestos-related lung carcinomas and mesotheliomas were not published until the mid-sixties, once asbestosis had been recognised as an industrial disease entitled to compensation (Decree 792/1961). In 1963, mandatory initial and regular medical examinations were established for all workers at risk. In 1961, the code of regulations on Potentially Harmful, Unhealthy, Noxious and Dangerous Activities fixed a limit of 175 particles per cubic centimetre, above which protective measures had to be taken. It was the same value established in 1938 by the *American Conference of Governmental Industrial Hygienists*. This code came to be added to the meagre General Regulations of Health and Safety and to regulations for the construction sector and the asbestos-cement industries, which were the only ones that contemplated preventive measures against asbestos dust⁶.

Since the end of the autarchic period, delay in the medical-legal recognition of the problem and lack of a preventive policy coexisted with an increasing

incorporation of asbestos in many production processes, particularly in the fibrocement sector, in the textile industry, in ancillary automotive sectors (brake and clutch manufacturers) and for insulation in naval construction and the railway industry. In the early seventies, Dr. López-Areal — director of the Hospital for Chest Disease in Bilbao — estimated the number of workers exposed to risk to be around 8,000, 70% of whom were working in the fibrocement industry. López-Areal calculated the number of workers with undiagnosed asbestosis in Spain at between 500 and 600, at a time when the number of cases of asbestosis recognised as occupational patients by the Compensating Fund for Occupational Disease barely reached a dozen⁶.

The seventies, marked by the recovery of civil rights and workers mobilization, were crucial in the stimulation of the awareness of Spanish medical practitioners and the public at large about the health problems posed by asbestos. The Pneumology Unit of the University Hospital in Barcelona became an active research centre on asbestos-related diseases. At the same time, it developed healthcare schemes, epidemiological and social protocols that were to increase public awareness about the issue. At the start of 1977, the health problems brought about by asbestos transcended the professional sphere and hit the public with full force. Non-compliance with safety and hygiene regulations by the *Uralita S.A* company in Cerdanyola led to the *Instituto Territorial de Higiene y Seguridad del Trabajo* in Barcelona ordering the temporary closure of one wing of the factory, in which some tasks involved concentrations of asbestos fibres well above legally established limits⁷. This conflict, which was widely covered by local and national press, became extended to other factories belonging to the same company, such as that located in Bellavista in Seville, clearly showing the weaknesses of regulation controls. The conflict also put into public awareness the issue of non-occupational asbestos exposure. Not surprising, in 1978 primitive bronchial and lung carcinomas and pleural or peritoneal mesotheliomas due to exposure to asbestos were recognised as occupational diseases (Royal decree 1995/1978 from 12 May)⁶.

The major unions, especially the *Comisiones Obreras* “Study-group on Occupational Health” took an active stance in promoting public denouncement and the dissemination of information, placing special emphasis on occupationally-derived cancer. Their demands proved effective, with the first legal

specifications on asbestos in Spain coming into force in 1982 (Law of 21 July 1982, and *Resolución de la Dirección General de Trabajo* of 30 September 1982, concerning conditions for work involving use of asbestos). The lowering of permitted exposure levels led the Association of Asbestos-Cement Products (AFAC, Spanish acronym) to demand a 5-year moratorium in its application from the government. However, media coverage of occupational health issues was reduced by the impact of the industrial restructuring process carried out by the first Socialist Government and the increase in unemployment figures, which in 1984 rose to more than 20%.

The 30-minute debate that followed the showing of the documentary also shed light on the perception of the problem in Spain. Apart from the presenter, Emma Tamargo, the following were invited: Peter Moore (member of the documentary research team), Manuel Torre Iglesias (director of the TVE programme *Usted, por Ejemplo* [*You, for example*]), José Baget i Herms (a critic from the newspaper *La Vanguardia*), Albert Lluch (Vice-President of the AFAC) and José L. Balibrea (Professor of General Thoracic Surgery of the Complutense University in Madrid).

The debate focused on two issues: the situation of the problem in Spain and the journalistic treatment and repercussions of a documentary of this nature. Manuel Torre Iglesias, a well-known figure on Spanish television and responsible for programmes such as *Escuela de Salud* [*Health School*] (1976-1979), *Voces sin Voz* [*Unheard Voices*] (1981-1982) and *Usted, por Ejemplo* (1983-1984), maintained the most critical stance. In his first turn to speak he reported that, tangentially, the problem had been addressed some months previously in *Usted, por Ejemplo*, based on a letter sent by workers in the sector. Manuel Torre was pessimistic and his tone was marked by mention of the permanent aggression to the health of thousands of workers and the generalised delay in implementing norms and scant monitoring of safety measures. He also spoke of some of the aspects addressed by the documentary, such as the location of risky production processes in poorer countries and the recognition (or failure thereof) of victims as occupational patients and their pitiful compensations. He also introduced one of the key factors for understanding the attitude of workers towards their occupational risks, mentioning the two million unemployed in Spain and the dangers of job loss.

Regarding the possible alarmist or sensationalist treatment (in the context of the times) emerging from the document, José Baget stated that he thought the documentary was quite sober. This clashed violently with the opinion of the representative from the AFAC, Albert Lluch, who when asked by the host replied in so many words:

“Well, yes, really, and without recognising the dangers that the inhalation of asbestos may bring if suitable precautions are not taken...., in my opinion,..... perhaps I am not being as objective as I might, but... the film seems a bit melodramatic, very tendentious, with an extraordinary emotional charge, and able to spark a situation of huge alarm in the public at large and I would understand — I would say — that it is not justified by the real situation and the knowledge we now have in 1984”.

The AFAC knew about the documentary in advance and, given the impossibility of vetoing its broadcasting in Spain, attempted to discredit it and questioned its veracity at the National Asbestos Commission. Lluch’s argument, given generous time in the debate, revolved around the occupational nature of the problem and a denial of its environmental dimension. He also highlighted the close collaboration of workers, unions, government officials and employers in Spain in addressing the problem, limiting the damage to that caused by exposures under the “old conditions”:

“Well, I’m proud, and I say so in all sincerity, that in this matter the cases of asbestosis, cancers and possible patients with mesotheliomas stem from a period 15, 20 or 30 years ago when, [since we were] unaware of these dangers, not all the precautionary measures now in force were taken. That is the pure truth”.

Despite the critical comments of Manuel Torre and Balibrea and some remarks made by Peter Moore — to a large extent incomprehensible owing to the appallingly bad translation —, Lluch managed to give the impression of “business as usual” in the Spanish fibrocement sector, light years away from the British situation, limiting the problems to that “inherited from the past”. A past that was, however, imprecisely defined, with no link to the chronology of scientific evidence on the harmful nature of asbestos available since the thirties. This argument has traditionally been used by government officials and British

employers in the middle of the twentieth century to explain the persistence of cases of asbestosis despite the industrial regulations introduced in the U.K in the early thirties⁸.

We have been unable to determine the evaluation that the broadcasting of the documentary received in the “programme acceptance panel” (audience evaluation), the instrument used by TVE to check the impact of its programmes. Neither have we explored the repercussions of the programme in the general press. At the expense of carrying out a detailed study, it seems feasible to conclude that the document had a much lower impact on Spanish public opinion than on the British. Quite another issue is how the programme was received by the exposed and affected population. The testimonies that we have managed to obtain from some workers and union representatives from the *Uralita* factory in Bellavista confirm the desolation and increasing concerns that the film generated in the workers and their families, although there were no protests made at the factory during the days after the film was screened, unlike in Great Britain.

Nevertheless, at the end of 1984 the Socialist Government enacted a stricter law — the Regulation of Work with Asbestos — and banned the use of blue asbestos (crocidolite) in our country (Ministerial Act of 31 October), homologating Spain with the European setting⁹. This directive had been under consideration for some time and essentially responded to the imminent need to assume European directives and bow to union pressure. To know whether *Alice—A Fight for Life* might have had any additional effects on the passing of that Act would require further research.

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