

Extra-Congress Submission

15.4 PUSHED INTO SOCIAL EXCLUSION: ASBESTOS-RELATED DISABILITY AND RELATIVE POVERTY ON CLYDESIDE¹

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This article utilises the concepts of relative poverty and social exclusion to explore industrial disability on Clydeside using oral testimony.¹ Since the publication of Townsend's *Poverty in the U.K* in 1979 there has been an on-going debate surrounding the poverty in Great Britain.² Townsend's rediscovery of the existence of relative poverty in the late 20th century was achieved by surveying 2000 households and ascertaining details of amenities, fuel and light, diet, family support, etc. From this he arrived at a benchmark of 60 indicators against which deprivation could be measured. His main findings were that despite the existence of a welfare state, the resources of a significant number of individuals fell so far below the average that they were 'excluded from ordinary living patterns, customs and activities.'³ More recently it has been argued that poverty should incorporate factors other than just material deprivation, and Townsend's 1987 London study makes a distinction between material and social deprivation.⁴ The merits of such a methodology were quite convincingly demonstrated by the *Breadline Britain* research in 1983 and 1990.⁵ However, poverty still remains a difficult concept to pin down. Indeed, the present day DSS takes the view that poverty cannot be measured objectively,⁶ while the difficulty of determining 'quality of life' with any degree of accuracy – in both the medical and social spheres – has been written about at length.⁷

The term 'social exclusion' has been used more and more frequently to imply a depth of poverty beyond that caused by material deprivation, and is a much more useful concept.⁸ The government has recently launched an assault on social exclusion, and the initiation of the Scottish Parliament with its participative mandate should see more focus on this issue north of the border. Scotland's Social Exclusion Network was set up in December 1997; there are currently 47 Social Inclusion Partnerships in place across Scotland to tackle the problem at the local level - for example the Govan Partnership has a budget of £1.375 million over three years - and a Scottish Poverty Information Unit has been initiated, funded by the Nuffield and Joseph Rowntree Foundations, which clearly distinguishes between poverty and social exclusion.⁹ There is still a problem of definition, though, and at a recent meeting of the Social Exclusion Network the question arose of whether indicators of social exclusion should be chosen by government - in effect 'imposed' from above - or derived from the views of individuals or communities.¹⁰ It will be argued here that only self-perception-based indicators can reveal the extent and nature of social exclusion.

¹ For more detail see R. Johnston and A. McIvor, *Lethal Work: A History of the Asbestos Tragedy in Scotland* (Tuckwell Press, Scotland, 2000)

Our prime concern was the social effects of industrial disability, as a major omission from the poverty/social exclusion debate has been an investigation into what degree industrial illness is a causal factor. It has recently been estimated that one-in-ten British workers are incapacitated as a result of employment-related illness at a cost to the economy of £15 billion a year.¹¹ Despite this researchers have so far failed to examine this major cause of medical and social disability. For example, Alcock's *Understanding Poverty* (1993) offers a comprehensive account of the various factors underlying the problem of poverty. However, little attention is given to the fact that a significant degree of exclusion from the labour market is caused by unsafe working practices within the labour market itself.¹² A recent publication by the Child Poverty Action Group also concedes that disability and sickness is a major cause of poverty, but fails to acknowledge the importance of the workplace as a causal factor.¹³ Research by Hills has shown the extent to which low incomes shape patterns of social exclusion.¹⁴ A significant degree of low income across Britain, though, is caused by industrial disability, and this is especially relevant in the Scottish context where the working environment is more hazardous to workers' health than elsewhere in the UK.¹⁵

Asbestos

Our study focused upon the social effects of asbestos-related illness in the west of Scotland. Due to the heavy concentration of shipbuilding and engineering, the Clydeside region has had a long association with the use of asbestos - between 1920 and 1967 imports of the 'magic mineral' increased 30-fold, and asbestos was used across a wide swathe of Clydeside industries: such as in the building trade, shipbuilding, locomotive manufacture, and heavy engineering.¹⁶ As a direct consequence of this high exposure level, the Clydeside area now has one of the highest rates of asbestos-related disease in the world.¹⁷ Important research has been undertaken on the asbestos problem on Clydeside and beyond. However, this has tended to concentrate upon legal factors, and there has been no attempt so far to examine victims' testimony.¹⁸ Only by taking such a 'bottom up' approach, though, can the social impact of asbestos-related ill-health be accurately understood. Moreover, to make a more general point, only with such an approach can the changing nature and extent of social exclusion in Scotland be determined.

The main illnesses caused by asbestos exposure are asbestosis, pleural plaques, pleural thickening, lung cancer, and mesothelioma. Asbestosis is scarring of the lungs by asbestos fibres and may take 15-30 years before any symptoms are experienced. The disease is progressive and incurable, causes pain and disablement, and may lead to heart or lung failure. Thickening of the pleura - the membrane between the lungs and the rib cage - is also caused by inhalation of asbestos dust and causes progressive breathlessness. Pleural plaques are isolated thickened areas on the pleura and can be painful and debilitating, especially where another asbestos-related disease is present. Mesothelioma was, until fairly recently, a rare form of cancer, and is almost wholly related to asbestos - 85% of sufferers having been exposed to asbestos. Mesothelioma can present up to 40 years after the victim's first exposure to asbestos, results in a high degree of pain, and normally kills the sufferer within a year of diagnosis. Between 1968 and 1991, 1020 Scots have died of this condition. Finally, lung cancer caused through exposure to asbestos is now thought to be the most significant work-related

cancer in the world. The main difficulty, of course, is differentiating between cancer caused through cigarette smoking, and that due to asbestos. This is compounded by the fact that Scottish workers are 79% more likely to take time off for bad health than the rest of the UK, and that fatalities due to cancer are currently running 10% above the national average.¹⁹ Moreover, it has been estimated that cigarette smokers who have also been exposed to asbestos have 92-times more likelihood of contracting lung cancer than non-smokers.²⁰

Public awareness of the dangers of asbestos on the Clyde was first raised in the 1960s when insulating engineers - known as ladders - went on strike over fears for their safety. By 1957, 6 ladders employed by Newalls Insulation company spraying asbestos insulation had contracted asbestosis.²¹ Ten years later the number had jumped to 53, and 14 men had died.²² In the early 1980s the Health and Safety Executive's (HSE) mortality study - of workers whom the HSE thought were most risk from asbestos exposure - had revealed that 183 people in the survey group had died of mesothelioma since the 1970s. However, over the same period, the NHS had given 11000 people palliative care for this type of cancer.²³ The focus, then, had been far too narrow, and the HSE had failed to pick up the wider health implications of industrial exposure to asbestos - amongst such diverse trades as plumbers, electricians, plasterers, welders, and insulation engineers. The interface between the occupational health service and the NHS had proved to be inadequate, to the detriment of workers' safety.²⁴

Methodology and questionnaire results

Using the database of the principal support group for asbestos victims in the west of Scotland - Clydeside Action on Asbestos - 115 individuals were targeted who had suffered industrial disability over the 1945-1999 period. An attempt was made to select from three age cohorts - those exposed to asbestos between 1945-60; 1960-75; and between 1975 to the present. However, because of the long latency period of asbestos-related disease, most of our respondents fell into two broad categories: those exposed between 1945 and 1960, and between 1960 to present. The methodology comprised the initial dissemination of a short questionnaire that inquired into the extent to which industrial disability had changed the lives of the respondents. The response was encouraging, and clearly illustrates the utility of a more comprehensive future study. Of the 115 questionnaires sent out, 49 were returned, 47 of which were filled in; 30 respondents agreed to be interviewed, and 23 interviews were subsequently conducted.

Only 8 of the 47 respondents (17%) stated that they were in receipt of Industrial Disablement Benefit - currently £104 a week; 10 (21%) received Motability Allowance; 7 received Constant Attendance Allowance, while 22 were on Retirement Pension. Therefore, although 76% of the respondents were either retired or unemployed through ill health, only a minority of them had been compensated by Disablement Benefit. This ties in with a survey conducted by Clydeside Action on Asbestos which found that only 41% of those with an asbestos-related disease were in receipt of Industrial Disablement Benefit.²⁵ Moreover, it has been estimated that nation-wide only 25% of applications for this form of benefit are successful. The principal reason for this lies in the stringency of the DSS's authorisation procedure, in

which the claimant is required to undergo a chest x-ray - as opposed to the much more effective CT scan - to prove the presence of asbestosis, and ascertain the degree of pleural thickening. As a consequence of this, only 50 to 80 awards are made every year.²⁶

Thirty five (74%) of our respondents had made a civil claim for damages against their previous employer/employers. However, the time taken to deal with claims is illustrated by the fact that only 4 (11%) of the survey group have been successful in their litigation, and that 30 (86%) were still awaiting court action.²⁷ A good example to illustrate this is that of a 73 year-old retired joiner with pleural thickening who had worked with the SCWS for over 20 years. However, on attempting to pursue his claim he discovered that his employers were now denying that he had ever worked for them.²⁸

Our questionnaires incorporated a section where respondents were asked to give additional information regarding their circumstances, and several individuals provided graphic evidence of how the economic and the social consequences of disability prohibited them from playing their accustomed social roles. For example, a 56 year-old logger stated that he had to sell his house in Oxford and move back to Glasgow. He is now deeply in debt to credit card companies and his bank and cannot afford to socialise as much as he previously could.²⁹ Another case is that of a logger's widow who is living in a house for which the DSS is paying the interest on the mortgage while she and her mother struggle to pay the remainder.³⁰ And the 74 year-old widow of a ship's plater was forced to move in with her daughter when her husband's illness became serious. She continues to live there at her daughter's expense now that her husband has died.³¹

A common thread running through the replies to the questionnaires - and in the interviews - was that the economic and social consequences of industrial disability frequently merge to compound the problem. A 64 year-old electrician wrote in his questionnaire: 'Up until now I thought trauma was a fad imported from America and reserved for the middle classes. I am now wiser.'³² A 69 year-old retired insurance salesman - exposed to asbestos while an apprentice fitter in the shipyards - said 'I cannot climb the smallest hill...life has got to be lived in the slow lane with no exertions of any kind.'³³ Similarly a one-time brickwork labourer wrote: 'I am unable to socialise since I have to avoid smoky atmospheres, and, in any case, I become very tired in the evenings.'³⁴ Similar sentiments were expressed by a 67 year-old retired labourer who said: 'I am unable to decorate or do very little around the house due to a lack of puff. Also I cannot do sport, which I liked, for the same reason. I sometimes become irritable and frustrated because of this. I have also put on weight due to lack of exercise.'³⁵ And an ex-heating engineer commented that he can no longer afford to go for a social drink and a game of snooker with his contemporaries.'³⁶

These volunteered comments illustrate that perceptions of social exclusion vary, and that there is much more to the problem of industrial disability than economic hardship alone. This was substantiated to a great extent by the oral history interviewees, and it is to this element of our study that we now turn.

Oral history evidence: Cohort 1 1945-1960

With one exception, all the interviews were conducted in the respondents' homes. A loose questionnaire format was utilised to ensure structure and coverage of the main themes, and to avoid leading questions. However, where possible the interviewer allowed the respondents themselves to set the agenda. The principal evidence to emerge from the interviews was that the social consequences of industrial illness were as pertinent as the financial effects, and that one factor compounded the other to ban individuals from following their accustomed lifestyles.

Several of the interviewees reported that their reduced income had no significant effect. All of these respondents, though, had passed retirement age when their industrial disability was diagnosed. A 68 year-old ships' plumber - who had first been exposed to asbestos when an apprentice in 1947 - stated that his industrial disability had not brought with it severe economic consequences. This, he maintained, was largely due to the fact that his wife still worked, they had been prudent with their savings, he had two pensions - Superannuation and an old age pension - was in receipt of Industrial Injury Benefit, and had been granted £7000 in civil compensation. He fully realised, though, that he was in a more favourable position than most sufferers:

It's been no bad. It's no got us at rock bottom. I would say that I'm better off than a normal guy if he's only got the one pension...If I was making a comparison with somebody across the road I'd say I would be a bit better off.³⁷

Similarly, a 72 year-old costing clerk - exposed to asbestos by routinely walking through a factory every day - was also stoical about his financial circumstances:

Due to the fact that I used money in the time I was earning to purchase my house, and I don't overspend. At the age of 70 I suppose I can't say I'm poorly, and my foresight probably bars me from benefits.³⁸

A 68 year-old retired marine engineer recently received a £10000 out of court settlement for lung damage caused by asbestos exposure over the course of his working life - he has pleural plaques. However, because he feels his disability does not adversely affect his life to any great extent - although he does tend to suffer more from colds and chest infections - he stated:

I still feel a fraud. I've got it, I mean there's no doubt about it. Eh, one of the consultants explained it as like, if I opened my, if my lungs were opened out like that, it's as if somebody had got a lighted candle and went like that down it, and its like candle grease...It is asbestos related but its at the lower scale.³⁹

He now finds himself in the fortunate position of being able to go on holiday more than he did before his industrial illness took effect.

A retired engineer suffering from shortness of breath - caused through exposure to asbestos in the shipyards in the 1960s - also has little to worry over finances. Having left his trade to go into the insurance business some time ago, he now lives in comfort in a middle-class area of Glasgow, and gets his full benefit entitlement - he also has a civil claim ongoing against an employer:

I've got that 30% disablement. That's in the bank. I get £125 a month. Eh, it helps to pay my standing orders for the electricity and the insurance and things

like that. I've got Motobility allowance. I don't see a penny of that, 'cause that pays for the car.⁴⁰

Others, though, have been less successful in attaining compensation for work-induced disability and complained bitterly at the treatment they received from the DSS. A 74 year-old logger's claim for Industrial Disability Benefit was turned down by the DSS:

They didnae think pleural plaque was an incapacitating disease. So the brother-in-law, he phoned up and says...no an incapacitating disease? You want tae see this brother-in-law of mine, sitting here without a bloody breath tae draw. He gave them a few choice words...They turn around and tell you 'Aye, you're fit enough, fit tae work.' 'Oh Jesus Christ', I said, 'I wish tae God I was.' I wish their diagnosis was correct.⁴¹

A 71 year-old sheet iron worker, exposed to a lifetime of fumes and asbestos dust, was eventually diagnosed as suffering from asthma. Consequently – despite the fact that he was initially convinced his illness was asbestos-induced – he received no Industrial Disability payment or civil compensation from an employer. He looked back upon his years of toil with some remorse:

The filth that we worked in right fae 14 years of age. And being a man with no education, the only thing you had was the muscle in you arm and what experience you got with metal, and a very willingness tae work.⁴²

However, although struggling to make ends meet, he, like many damaged by the working environment, was more concerned about the impact upon his social life:

I've had no social life since about 1980. Eh, people unfortunately don't want to know you when you're, you're ill like, you know? And people stopped coming. I was very disappointed. They made the excuse that we were too far away and what have you. And we've been more or less on our own since then. Couldn't go tae pubs or clubs, cinemas, anywhere where they might smoke - I believe they don't smoke nowadays in them. And we're more or less hermits. With the exception of that car. As long as I can keep that car I can get out. We can get down to the esplanade, or we can get down tae Arrochar or something like that. If the ground is flat I can walk. As long as its not too cold or too warm, or the wind's not going, I can walk a reasonable, maybe a couple of hundred yards.⁴³

For this individual, then, the degree of social exclusion is reduced by having a partner, and by retaining the means of escaping from the house for a while.

The retired ships' plumber mentioned above, stated that although his finances had not been too severely hit, his social life had changed for the worse:

See my wife and I were great dancers. We used to love going to the dancing. Now if I dae one turn round the hall I'm bugged.

Similarly, when a 73 year-old boilermaker plater with pleural plaques was asked to describe the effect his bad health had had on his social life, one of his first reactions was to refer to the dance floor:

Well I was no a bad dancer. I liked dancing, but you canny dae that now. I'm breathless. Even bowls...your puffing and panting just walking up and doon. Even doing the garden. I could go out in the garden and work there a' day like and think nothing oh it. But now you've got tae sit down. Any moving or any

sudden jerks and that...Even getting out o' bed in the morning your breathless. Even walking down for the papers your breathless.

At the age of 62, three years before this man was due to retire, he had been fit enough - and competent enough at his job - to compete in the labour market and change employers. He was, therefore, looking forward to a long active retirement period. However, when the physical effects of his disability began to show he quickly found he was unable to continue working, even at a less physically demanding job:

Well, that wee firm I was wae, they were going tae send for me again, but I knew that I widnae be able to work. I've even tried a part-time job. I was even thinking about the lollipop men's job, but I realised that I coulndae dae it. If some child...If you had tae exert yourself at a certain speed you coulndae dae it.⁴⁴

A 73 year-old joiner was exposed to asbestos during the war when his employer - SCWS - substituted asbestos for increasingly rare wood in the making of utility furniture. Diagnosed with pleural plaques, he told us that although not on the poverty line, his condition nevertheless had significant financial consequences. His wife elaborated on this point:

Well, he cannae go out. He's all right sitting here. But if you'd have seen him last week it would have been a different story. But if he goes somewhere he's got tae take a taxi. And he's got tae take a taxi back. And I'm the same, I've got fibrosis in my lungs. That man in the asbestos place says 'you've probably got it as well.' If we're going shopping, if we go tae Asda we've got tae take a taxi and we've got tae take a taxi back.⁴⁵

The constant need for taxi fares, then, was proving a significant financial burden on the couple. However, he remarked on the good fortune that his disability had manifested itself only shortly before he was due to retire. Consequently, he said, he had never been unemployed, had managed to persistently avoid getting into debt, and had secured a full state pension and a smaller Superannuation pension - his main complaint was that his entitlement to a full pension negated him and his wife from claiming any social security benefits, or applying for a rent rebate. However, it was the effect which his disability had had upon his and his wife's social life that caused the couple the most inconvenience. Like the boilermaker plater above, this joiner had looked forward to a long, healthy, and active retirement. A life-time non-smoker, he had kept himself fit by cycling, swimming, golfing, amateur wrestling and judo - indeed he was fit enough at the age of 68 to restrain a hapless burglar in a double leg lock until the arrival of the police. However, whereas before his illness he and his wife had been 'out every night' at various clubs and functions - at which he was frequently called upon to sing - he was now practically confined to the house.⁴⁶

A 74 year-old who had been exposed to asbestos while working as a fitter in the shipyards told a similar story. Again, because he was retired when the illness took effect, he believed that the impact upon his finances has been 'practically nil.' However, he too lamented the curtailment of his social activities, and the fact that he can not enjoy the retirement to which he had been looking forward to:

I've always been a walker, I've walked all my life and I'm still a member of two clubs. But I cannae walk with them now; I coulndae walk with them at all.⁴⁷

Looking beyond our own survey, at least a third of pensioners in Scotland depend solely on state pensions for their income.⁴⁸ Many of these would have worked in occupations that have damaged their health in some way. These individuals, then, have to endure economic as well as social deprivation. Only by conducting interview-based research can strategies to improve their lot be formulated.

Oral history testimony: Cohort 2, 1960-present

So far we have highlighted how those diagnosed as having an industrial disease after retirement age coped with their disability; and it would appear from their responses that the economic consequences are important, but are not the paramount concern. This is likely to be at least partly the product of reduced financial expectations. The interview evidence suggests, though, that when industrial disability strikes *during* working life, there is more likelihood of palpable financial disruption, as well as severe curtailment of social activities.

For example, a 60 year-old logger's earnings suddenly dropped from £300 a week to just £65 a week - on this income he says he could no longer afford new clothes or buy household goods as often as he would like.⁴⁹ In a similar way a 63 year-old painter had to use up all his retirement savings when he became unemployed and is now, for the first time in his life 'completely dependent upon social security.' Consequently, he says, he can no longer renew his car as much as previously – indeed, he cannot afford to spend much on petrol.⁵⁰

A 59 year-old marine engineer had worked his way up to a consultative position when the effects of his exposure to asbestos - some 20 years earlier in the shipyards – became serious. He gave a graphic description of events when asked to describe the financial effects:

Devastating Ronnie, devastating. As I said I lived in a beautiful detached bungalow in Crookston very comfortably. My wife and I lived...company cars, steaks all the time, used to the good life, used to a good comfortable life. From that we went out in the street. I had to sell my house, get rid of my car, give up my job obviously because of my ill health. My wife went to stay with her parents and there was no room for me there. I had to live out of the car for several days. I then scraped myself up enough money to get myself into a wee hotel. Then fortunately I found a pal who had room to put me up for three months. I did get another job, but I was never comfortable in the job because my health was going down the hill. They paid me off. I couldn't blame them, and I wasn't surprised.

What is interesting here is that despite being in receipt of state disability benefits his financial circumstances remained dire:

Financially we are up to our ears in debt, because for the last 18 months the lawyers have told me that my claim is just about to come up, and we've been borrowing frantically from the bank, my wife and I. We now owe, and I'll say the figure, we now owe about £12000 to the bank...Financially I'm crippled Ronnie. But I've got. I'm in a crazy situation. I'm disabled. I get Disability Living Allowance, disability this, disability that. I'm on Income Support. Basically I can't complain as far as the state's concerned. We manage my wife and I. We manage to scrape by. I have credit cards. We rob Peter to pay Paul.

When asked to comment upon the social consequences he was equally graphic:

Again devastating, and I'll use the word devastating. Ronnie I have gone from one extreme to another. My wife, if she was here, would tell you the reason she married me. The expression she used for me was 'happy go lucky.' That's exactly the kind of bloke I was. But up until this, when I lost my job through illness, 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.

This was the same story with a 64 year-old electrician who had recently undergone a large operation for mesothelioma, He too lamented on the changes to his living patterns that his illness had brought about:

Saturday night we had two couples, we went tae the tavern across the road, had a meal out and three, three drinks each, and a wind up.⁵¹

His wife takes up the story:

And we had a meal and a talk. And then they come back here and had a coffee and had a blether. That was fae July and we've never been out fae July. Never been out the house. We've had no social life. Nothing.

This couple's sudden cutting off from normal social patterns was made worse by the fact that they even had to avoid family gatherings:

We were invited tae our niece's 21st birthday, she's at university. Having a big party, but we couldnae go, because if somebody was smoking we couldnae go near the smoke. And obviously he isn't able tae go. It's just been one thing after the other for 6 months. We've had no social life, nothing, everything has just been crying every day, every day. 'Cause I keep thinking back, all my thoughts are negative. I cannae see a future.⁵²

Another 60 year-old who had worked at Turner and Newall's asbestos factory in Dalmuir in the 1960s, also related how the sudden shock of his marked drop in earnings compounded the physical effects of his disability. What makes things worse for this particular family is that both husband and wife suffer from an asbestos-related disease - she having sustained lung damage by washing her husband's overalls on a regular basis in the late 1960s:

We used to live in reasonable comfort. We're living just sort of on the poverty line I would say. It's difficult. [My wife] is very *very* good at making ends meet. We get three different lots of money. This is absolute lunacy but this is the way it goes. We get Supplementary Benefit. The second one is Industrial Injuries, and then the wee monthly pension. So the Industrial Injuries and my works pension get taken off the Supplementary Benefit. So I've got three lots of money coming in, but it all amounts to the same as though I'm getting Supplementary Benefit.⁵³

At this point the interviewee expressed his anger at what he saw as the unfairness of the system:

And I feel a wee bit annoyed at that. 'Cause I feel I got the way I am through working for an employer; working dam hard tae earn a living. That employer did something wrong tae me and [My wife], and because I'm living below a certain limit I can only get Supplementary Benefit, so they take that off of me rather than let me have it. Now the government colluded in me getting' in tae that bloody state, why should they not be paying for it?

Like the previous interviewee, this asbestos factory worker then went on to relate how his social life had been drastically curtailed by his illness:

Well the health aspect has had more impact than the financial aspect actually. The health aspect has stopped us going anywhere and dain things. We used to be running about all over Scotland. Everywhere we went we made friends. We could still dae that even though we're skint; but we cannae dae it because of the ill health.

His wife added: 'we liked to dance, we cannae dance now.' And he went on to say: Och aye we had a lot of fun. And we've got a lot of memories, and in here I'm still waiting to dae a' these things but I cannae dae them. [My wife's] the same. On a day like this I'd had been up at Arrochar or something...

Clearly, then, a significant degree of social exclusion, as well as economic hardship results from industrial ill health, and this was a common problem amongst those whose working life had been curtailed by asbestos exposure. Even when in receipt of full state benefits for industrial disability – and this applies to only a minority of our survey group – social exclusion was normally brought about by a cutting off from the social sphere.

A 60 year-old heating engineer told his story:

I can go back tae 1990, I could clear, I was doing seven days, 12 hour shifts. I was working away fae home, we were taking in the region of £400 to £500 a week. And then when I was off you were taking about £48 a week. A normal year up until I stopped was maybe £17000 to £20000 a year. I was on £48 for six months then they put me up tae £57. But off of the £57 they wanted rent.⁵⁴

As a consequence of this the respondent's living pattern had been suddenly changed: I cannae go any holidays, that's finished you know... You can live but you cannae go over the score... You don't socialise with a freedom, you socialise with strings on the purse. Everything's different. When I get up in the morning I can be full of energy for a couple of hours, but in the afternoon I'm tired you know.⁵⁵

Similarly, a 54 year-old joiner who suffers from a range of industrially-linked ailments – including arthritis, industrial deafness, and lung damage caused through asbestos inhalation – told us that only the fact that his wife had a part-time job were the couple able to have some sort of social life:

If my wife wisnae working I wouldnae have a social life. Its as simple as that 'cause I coulnae afford it. With my wife working we go out maybe one night a week. Some weeks we don't get out.⁵⁶

The sudden shock of having to adjust to a drop in income was also noted by a 68 year-old logger who suffered a heart attack while working on the rigs – earning around £600 a week – and was later diagnosed as suffering from pleural plaques.⁵⁷ And the logger who had to sell his house in Oxford and move to a small flat in East Kilbride told us that his drop in income was compounded by the fact that the DSS suddenly stopped paying him the Mobility Allowance and Care Allowance upon which he had come to depend:

They'd been paying it intae my bank account. They never even sent me a letter saying your benefit's stopped or anything... I pay my poll tax through the bank

account and I just happened tae day a check and that's when I found out it wissnae going in.

This mix up resulted in a drop of earnings of over £200 a month. The interviewee also stated that he was becoming increasingly dependent upon debt to make ends meet.

Oh I'm up tae the eyeballs aye. I owe them about what is it? I think I owe them about five and a half grand. Well I thought I could balance it out. You think you can balance it out you know...I was trying tae work it you know. Get a lone, pay off the credit cards... But it dissnæ work that way you know.

Consequently the £5000 which his employers' insurance company has at long last decided to offer him will only pay off his debt. Once again, therefore, the social consequences and the economic impact combine to severely alter habitual life patterns and produce social exclusion:

Well I mean I don't have the same standard of life as what I had, put it that way you know. Cannæ go out for meals or different things like that you know...Don't dae much oh that. A lower standard of living if you want tae put it that way you know.⁵⁸

This interviewee's disillusionment with the benefit system was echoed by many of our respondents. For example, a 53 year-old who had been exposed to asbestos while working in demolition - and is now suffering from diffuse pleural thickening - told of his struggle to secure state welfare for his disability while, at the same time, trying to come to terms with its medical effects. One of the most difficult things, he said, was the constant pressure of having to prove that his disability was severe enough to get state allowances. He had fought for five years to get Motobility Allowance, and had this to say about the system:

I went up tae a panel one time and there's three sitting there, and they're no supposed tae tell you the decision you know when your there, but they just turned round and says 'are we agreed with this' - now this was only 'cause it was dinner time - and the one at the end went like that. [thumbs down] Now they're no supposed tae tell you till you go out and they discuss it. And he turned round after it and said 'I'll need tae go out and put money in my car.' That's all he was worried about you know, getting booked.

He maintained that a general disagreement among health professionals over the severity of his disability seriously affected his benefit entitlement, and had added significantly to the stress levels he was already enduring:

One will no agree with this, and then one will no agree with that, then back tae another, then another year tae wait. During that time the wife got put off on the sick: 19 months. So all we got then was £84 for the two of us, plus our £20 pension...It's the doctors that does it. You go tae the doctor at the Southern and they give you a' the tests, and put you on this walking thing...You've got tae be crippled before you can get that mobility money you know.⁵⁹

Interestingly, one of our respondents, who had been diagnosed with pleural plaques, had worked with the DSS for 32 years. He was, therefore, in a position to reflect upon the system from the other side of the desk.

I think first of all the rates are ludicrous, ludicrously low. If you suffer an industrial accident and contracted a prescribed disease as they call it. So what they do is then, they'll examine you and say 'right, your disability is 20%.' So in 1986 you'd get £19.86 a week. If they say its 40% you'd get about £40. So

I'd say A: its ludicrously low, and B: I would just say its a very judgmental eh, finding. In other words its a doctor looking at that and saying you've got 40%. I mean how does he know? And I think it's too hard for people. I mean, I worked in there for 32 years and I'd like to I think I've got enough malum. After the first time I was knocked back by the medical appeal tribunal I was finished. And I consider myself quite a strong character. I gave up. So I'm just trying to figure out how many poor people who are probably not that *au fae* with paper work get on.

The interviewee also thought entry into the system was getting harder:

I've heard of people who have applied, like a 75 year-old man who was registered blind, who has suffered a stroke, was knocked back for attendance allowance because he said 'oh I can do all these things.' So the system there has failed. The old man's too independent to admit that he cannae dae certain things. So I felt that someone, the Welfare Rights should have done something. The doctor asks you questions. And the questions this old man was asked was 'can you turn on the cooker yourself?' 'Oh aye.' But sometimes he can't.⁶⁰

Conclusions

Several conclusions can be drawn from this oral history study of industrial disability and social exclusion in the Clydeside region. Firstly, it is clear that the unexplored correlation between industrial disability and relative poverty deserves more detailed investigation. None of our respondents had been plunged into absolute poverty by their experiences. However, the general consensus has been that the sudden drop in income has placed severe limitations on their lifestyles. Therefore, within their own frame of reference, the changed social and economic status of these individuals pushes them into Townsend's criteria of being 'excluded from ordinary living patterns, customs and activities.'⁶¹

The concept of 'social exclusion' is more useful in relation to our survey group than that of poverty or relative poverty, as it more accurately sums up the accumulative effect – and constant interplay - of the financial, physical, and emotional, factors that underlie work-induced disability. However, the difficulty still lies in determining when and to what extent individuals and groups are socially excluded, as individual perceptions, family and community support networks, and coping strategies, differ widely. Recent plans by the Social Exclusion Network, then, to conduct 2700 household interviews on an annual basis are along the right lines, as such longitudinal research should make us more aware of these different perceptions - as well as illustrating how the workplace impacts upon health. There was also a suggestion that a more direct experience of social exclusion would be achieved by policy makers if selected individuals were encouraged to keep a diary and take photographs.⁶² Such 'bottom up' style of social investigation should also be encouraged.

The evidence provided by this study also suggests that DSS industrial compensation procedure regarding asbestos-related disease – in which the onus is on the claimants to prove they have been affected to a significant degree by asbestos exposure – needs to be re-appraised. All the respondents were involved with Clydeside Action on Asbestos, and most of them praised this organisation's tenacity in pursuing their DSS claims. However, the fact that there is fairly a low success rate, even among Clydeside

Action's own members, indicates that the system is in need of serious re-appraisal. Unfortunately, such a re-appraisal cannot be undertaken by the new Scottish Parliament as the powers of the DSS and the Employment Service still remain with Westminster. This is also the case with occupational health and safety, and it is to be lamented that Scotland's new holistic approach to government cannot as yet encompass these important fields.

Finally, all our respondents took part into the taped interviews with great enthusiasm, and several told us that they were anxious that their testimony should be made available to policymakers. They were all very forthcoming regarding their work history, their illness, and the effect this has had upon their finances, their family lives, and social lives. This enthusiasm on the part of the respondents to participate, and the evidence generated by our pilot study, suggests the utility of a larger project that investigates the degree to which industrial disability in general causes social exclusion in an urban area. More importantly, this study illustrates the worth of an oral history methodology as a tool for investigating crucial contemporary social issues.

¹ The authors would like to thank the Nuffield Foundation and the Thriplow Trust for sponsoring this research project.

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³ Quoted in S. Hutton 'Testing Townsend', in Baldwin et al, *Quality of Life Perspectives and Policies* (1990), p. 180. For a more recent use of a similar methodology see J. Mack and S. Lansley., *Poor Britain* (1985)

⁴ P. Townsend, 'Deprivation', *Journal of Social Policy*, 16 (2), pp. 125-46

⁵ Gordon and Pantanzi, *Quality of Life*

⁶ D. Gordon and C. Pantazi *Breadline Britain* (Aldershot, 1997), p. 8.

⁷ L. Fallowfield, *Quality of Life: the Missing Measurement in Health Care* (1993); P. Kind, 'Issues in the design and construction of a quality of life measurement', in Baldwin *et al* *Quality of Life* (1994).

⁸ See K. Duffy, *Social Exclusion and Human Dignity in Europe* (1995)

⁹ Scottish Local Government Information Unit *Bulletin*, March 1998, p. 2.

¹⁰ Social Inclusion Strategy, Evaluation Framework Action Team Progress Report, June 1999, p. 3.

¹¹ Tolley, *Social Security and State Benefits* (1998)

¹² P. Alcock, *Understanding Poverty* (1993), pp. 174-190

¹³ C. Oppenheim and L Harker, *Poverty the Facts* (1996), pp. 57-67

¹⁴ J. Hills, *Joseph Rowntree Enquiry into Income and Wealth* (1995).

¹⁵ M. Beck and C. Woolfson. Unpublished paper delivered to 'Hidden Hazards of Work' conference at Glasgow Western Infirmary, April 1999.

¹⁶ G. H. Roberts, Necropsy studies of asbestos bodies in Glasgow and a clinico-pathological study of pleural mesothelioma. Medical Thesis, University of Wales (1968), p. 80.

¹⁷ J. Lenaghan, *Victims Twice Over* (no date) p. 13.

¹⁸ N Wikely, Turner and Newall: Early Organisational Responses to Litigation Risk, *Journal of Law and Society*, Vol. 24, 2, June (1997), pp. 252-275. See also T. Gorman, A Case Study of the Settlement Process, in *Sourcebook of Asbestos Diseases* (1992).

¹⁹ M. Beck, Unpublished paper given at 'Hidden Hazards of Work' conference, Western Infirmary Glasgow, April 1999.

²⁰ H. De Vos Irvine, Unpublished paper, *ibid*.

²¹ Chase Manhattan Papers, Newalls Insulation Company Ltd., Asbestos Cases 1930-1957, Clydeside Action on Asbestos, Glasgow.

²² *Glasgow Herald*, 24 Feb., 1967, p. 24.

²³ HSE, *Occupational Health Decennial Supplement* (1997), p. 2.

²⁴ This factor is given detailed attention in the authors' 'Falling like snow: Workers' experiences of the asbestos tragedy on Clydeside', *Oral History* forthcoming.

²⁵ Lenaghan, p. 4.

²⁶ De Vos Irvine, 'Hazards.'

²⁷ See Gorman, 'A Case Study'

²⁸ Respondent A8

²⁹ *ibid.*, A16

³⁰ *ibid.*, A25

³¹ *ibid.*, A26

³² *ibid.*, A13

³³ *ibid.*, A15

³⁴ *ibid.*, A7

³⁵ *ibid.*, A48

³⁶ *ibid.*, A46

³⁷ *ibid.*, A14

³⁸ *ibid.* A38

³⁹ *ibid.*, A11

⁴⁰ *ibid.*, A15

⁴¹ *ibid.*, A79

⁴² *ibid.*, A1

⁴³ *ibid.* A49

⁴⁴ *ibid.*, A3

⁴⁵ *ibid.*, A8

⁴⁶ *ibid.*, A8

⁴⁷ *ibid.*, A5

⁴⁸ SLGIU *Bulletin*, March 1998, p. 2.

⁴⁹ Respondent A14

⁵⁰ *ibid.*, A30

⁵¹ *ibid.*, A13

⁵² *ibid.*, A13

⁵³ *ibid.*, A19

⁵⁴ *ibid.*, A14

⁵⁵ *ibid.*, A17

⁵⁶ *ibid.*, A17

⁵⁷ *ibid.*, A14

⁵⁸ *ibid.*, A7

⁵⁹ *ibid.*, A7

⁶⁰ *ibid.*, A7

⁶¹ Quoted in S. Hutton 'Testing Townsend', in Baldwin et al, *Quality of Life Perspectives and Policies* (1990), p. 180

⁶² This will be a Booster Sample of the British Household Panel Survey. Evaluation Framework Action Team Progress Report, Annex B, pp.2-3.