

Investigating 'Community' through a History of Responses to Asbestos-Related Disease in an Australian Industrial Region

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Summary. The government of the State of Victoria has been slow to acknowledge the social costs of asbestos-related diseases (ARD) in the Latrobe Valley. Despite the emphasis on 'community' in the discipline of public health and in public health services since the 1970s, ARD was only recognised as a community-wide health problem because of the advocacy of people directly affected by it. An historical view of responses to ARD in a community established as an appendage to the publicly owned power industry and infused with an ethic of public service, shows that contests over the definition of 'community' lay at the heart of these responses. It also shows that such disputes did not arise only from the reluctance of authorities to acknowledge the problems resulting from the extensive use of asbestos in power stations. The paper highlights the political nature of the notion of 'community' and in doing so raises questions that have implications beyond its narrow regional focus.

Keywords: community; asbestos; occupational health; public health; social medicine

The terms 'community' and 'community participation' have become reference points in public health programmes worldwide following the 1978 Alma Ata Declaration.¹ Community participation in the formulation of responses to public health problems is a fundamental principle of the 'new public health'.² A recent evaluative interview study with the people most directly affected by asbestos-related disease (ARD) in the Latrobe Valley region of Victoria acknowledged that the 'participation of those most affected by problems in intervention development and implementation is as important as the intervention itself'.³ This study aimed to establish what these people thought about asbestos issues and what they thought could or should be done about them. It was the first step in developing a 'collaborative community-based' public health intervention to ARD, to complement the dominant emphasis on medical, scientific and insurance perspectives in earlier responses.⁴

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¹Lewis 2003, pp. 145–62; Raeburn and Macfarlane in Beaglehold (ed.) 2003, pp. 246–8.

²Baum 2002, pp. 342–4.

³LaMontagne and Walker 2005, p. 81.

⁴Walker and LaMontagne 2004, p. 2.

The focus on 'community', however, presents challenges for public health research and practice. The meaning of the term is often far from clear; in using 'community', public health practitioners can exhibit a plurality of meanings, switching continually between them and practitioners' understanding of the concept will often conflict with that held by members of the groups with whom they are engaging.⁵ A group of Spanish historians of medicine has highlighted the problems that arise when public health interventions are formulated around single factors of this kind.⁶ Drawing on the long-standing association between the discipline of public health and history, Perdiguero and colleagues propose addressing such problems through a long-term, contextualising and critical perspective on the conditions in which interventions are shaped and implemented. The historical emphasis on context, they claim, will enrich the public health understanding of health problems in specific populations, supporting the formulation of interventions that are appropriate for those populations.⁷

This paper will investigate the meaning of 'community' in the Latrobe Valley through a history of responses to ARD in that region. The aim is first to identify the particular characteristics that pervaded collective responses to common problems and needs in the Valley, to form the basis of 'community' as it was expressed in social networks, institutions and administrative structures.⁸ The slow recognition within this community of the harm done by asbestos will then be traced, and responses to ARD will be situated within the overall pattern of responses to illness in the Valley. The paper concludes by identifying the implications of 'community' as demonstrated in responses to ARD, for developing a 'collaborative community-based' public health response to ARD. In addition to addressing questions that have arisen around the use of this idea in public health interventions, the paper will also add another dimension to the asbestos literature by documenting the efforts of Latrobe Valley people directly affected by ARD to have asbestos disease acknowledged locally, and at the level of State government, as a community-wide health problem originating in the region's principal industry.

Responses to Common Problems and Needs

The Latrobe Valley is situated in Central Gippsland, 160 kilometres south-east of Melbourne (see Figure 1). White settlement began in the mid-nineteenth century with the establishment of large cattle runs. Only sporadic attempts were made to mine the brown coal deposits discovered in 1870, until the State Electricity Commission (SEC) was established in 1918 to use the coal to generate electricity.⁹ When General Sir John Monash was appointed Chairman in 1921, and work began on the first coal-fired power station on the site newly named Yallourn, the principal activities in this sparsely populated area on the banks of the Latrobe River were gold mining and farming.¹⁰

⁵Jewkes and Murcott 1996, pp. 558–62.

⁶Perdiguero *et al.* 2001.

⁷Perdiguero *et al.* 2001, pp. 670–1.

⁸Hagan and Lee (eds) n.d., pp. 3–4.

⁹Puffin 1975, p. 3.

¹⁰Legg 1992, chs 2 and 3; Fletcher 2002, pp. 16–17.



Fig. 1. Map of Victoria with the Latrobe Valley power generating region, 162 km south-east of Melbourne identified by shading. Produced by Dr Xiagang Chen from original data made available by the Department of Sustainability and Environment, Victoria and Geoscience Australia.

Brown coal has supported the development of the Latrobe Valley as an industrial enclave in a rural landscape. In the flush of the post-war development boom it was envisaged as becoming 'the Ruhr of Australia'.¹¹ This dream was never realised, although other uses were found for brown coal in the production of char (carbonized brown coal), cement and paper.¹² A series of government initiatives attracted various forms of light industry to the area to provide employment for the wives and children of men working in heavy industry. Overall, the generation of electricity emerged as the principal economic activity and the public sector the principal employer, through the SEC and other state and Commonwealth departments and statutory authorities.¹³

Power generation remains the backbone of the region's economy in the twenty-first century, complemented by paper manufacture, forestry and agriculture.¹⁴ The privatisation of the power industry in the 1990s and the diminished role of the public sector in the local economy were accompanied by high levels of unemployment which have since begun to decline. The population of the Valley has settled at 70,315 from a high of 74,600 in 1986.¹⁵ The now defunct SEC was established as a public corporation, a semi-autonomous body where government-appointed commissioners were responsible for formulating and implementing policy, with ministerial responsibility, according to the Westminster tradition, confined to monitoring expenditure.¹⁶ In the factional politics of the period following the shift from colony to state in 1855, the public

¹¹ McLaren 1958.

¹² Edwards 1969, pp. 142–3.

¹³ Puffin 1975, pp. 3, 24–5; Langley 1983, p. 4.

¹⁴ Latrobe City website <http://www.latrobe.vic.gov.au> (Last accessed 2006).

¹⁵ Brown 1997, pp. 1–2, 16–17; Gippsland Research and Information Service 2005, 5, 39.

¹⁶ Holmes 1976, pp. 41–3.

corporation was chosen by Victorian legislators as a means of developing the state's resources while reconciling business efficiency with public accountability.¹⁷ During the 1920s and after the Second World War, immigrants from Britain and Europe joined Australians drawn to the Latrobe Valley by secure employment.¹⁸ Between 1921 and 1961, the population expanded from 14,000 to 60,000.¹⁹ Community life was forged through the shared tribulations of successive cohorts of newcomers as they settled into towns clustered around the brown coal mines and power stations. Of these, Morwell, Traralgon and Moe were established before the SEC, others were built to accommodate workers, beginning in the 1920s with Yallourn. Valley people tended to identify 'community' with their town and municipal councils were the focal point of these communities.²⁰

Class was prominent in the formation of community in the Valley. Landed interests maintained their standing with the introduction of industrial production and as the SEC work-force grew the workplace hierarchy of 'staff' and 'worker' was transported into the social life of the Valley. The principal towns were clearly demarcated as places where either professional or working people lived. The strong rural bias in the Victorian electoral system, in a state with a relatively weak labour movement, reinforced such stratification, as did the divided workingman's vote after 1955 when, following a split in the Australian Labor Party (ALP) over responses to Communist activities in the union movement, the Democratic Labor Party (DLP) emerged as a competitor. Victoria's system of preferential voting supported the election of conservative candidates on the basis of DLP preferences.²¹

Although the Latrobe Valley community was class-ridden, riven by town rivalries and bureaucratic because of the prominence of government agencies, it exhibited a specifically local 'interest and identity'.²² It was rooted in the rationale for the Commission's existence: its responsibility to the Victorian Parliament—and through it to the people of Victoria—for the generation, transmission and distribution of electricity throughout the state. In meeting this responsibility 'engineers, administrators, technicians and workers of every trade and calling' created a monument in the SEC that was grounded in an ethos of public service.²³ The Latrobe Valley power stations were the centre-piece of this monument. As the interactions that supported this vital technical enterprise extended into the everyday life of the Valley towns, the ethos of service pervaded not only the work-place, but also the social life of the Valley in the form of the SEC's funding of town amenities, its benevolent employment policies and the subsidies it offered to assist workers in purchasing homes. SEC employment gave many families a previously unheard of level of security in work and home ownership.

In the Valley, 'community' was underpinned by the Commission's paternalism and a corresponding loyalty and dependence on the part of workers and their families.

¹⁷Holmes 1969, p. 21.

¹⁸Zubrzycki 1964, pp. 97–103.

¹⁹Puffin 1975, p. 4.

²⁰Gippsland Institute of Advanced Education 1975, pp. 33–5.

²¹Strangio in Costar *et al.* (eds) 2005, p. 31–7.

²²Hagen and Lee (eds) n.d., pp. 3–4.

²³Holmes 1976, p. 355.

Nevertheless, the over-riding interest in all transactions implicated in this ethos was the generation of electricity. Nowhere was this so clearly demonstrated as in the demolition of the township of Yallourn, built as a model town in the 1920s to house SEC employees. In 1961 the decision was made to sacrifice the town to open up the coal deposits beneath it, a decision adhered to in the face of vociferous protest.²⁴

Asbestos and Work in the SEC

Responding to a worker's complaint in 1945 about the level of dust in a power station, an SEC officer noted that dust was part of the 'ordinary conditions' of work in this environment.²⁵ Asbestos contributed abundantly to 'ordinary conditions', its insulating qualities ensured it was used extensively to minimise heat loss. Any component, from the smallest to the largest, was covered or plugged with asbestos lagging.²⁶ The draught raised in the operation of the power station, combined with the friability of dry asbestos, ensured asbestos dust was permanently suspended in the atmosphere. High pressure steam leaks on lagged piping spurted it into the air and the necessity to maintain production at the highest possible level meant that plant often operated with leaking flanged joints and valve spindles.²⁷ Maintenance work created fresh dust as lagging was removed, pulverised by hammers. Further dust was raised with the application of new lagging. Former SEC employees remember the Yallourn station in the 1960s as being 'notorious for having fibres in the air', 'you could walk into "A" station and you couldn't see the other end of the boilers'.²⁸ Like other workers who encountered asbestos, SEC employees regarded it as innocuous and tell similar stories of fooling around with it:

We used to climb over that [asbestos lagging], it was just like fluff and it used to blow up into the air and we used to throw it at each other and play in it and have a good old time. That was just normal.²⁹

It was also normal for ladders, the men who made and applied asbestos lagging, to go home with dust caked on to their overalls and exposed skin. As the dangers of asbestos became more widely known this was to cause them much unease. The widow of an SEC worker who died of ARD, remembers him coming home 'snow white'. He was 'a good dad' and kissed and cuddled his children as soon as he got home, something he felt 'really bad about ... in his last years'.³⁰

The founding of the SEC in the early 1920s coincided with the emergence of asbestos mining and manufacture as a profitable global enterprise which reached its height in the 1950s.³¹ Together with the expansion of asbestos production came the growth of

²⁴Fletcher 2002, ch. 7.

²⁵Victorian Public Records Series (hereafter VPRS) 8916/P001/315/80/1.

²⁶Personal communication Harris-LaMontagne 2004.

²⁷*Ibid.*

²⁸Asbestos Project Interview no. 4, 4 June 2003.

²⁹Asbestos Project Interview no. 4. See Johnston and McIvor 2000, pp. 95–6 (Scotland), and Ravanese 1991 (USA).

³⁰Asbestos Project Interview no. 17, 14 August 2003. See also Ravanese 1991, p. 30.

³¹Tweeddale 2000, pp. 9–10; McCulloch 2002, ch. 1.

medical knowledge of the adverse effects of inhaling asbestos dust. In 1924, an association was established between inhalation of dust and asbestosis (scarring and stiffening of lung tissue). In the 1960s, the link between asbestos dust and lung cancer and mesothelioma was established.³² A publication issued by the Victorian Department of Health in 1939 shows that D. O. Shiels, doctor in charge of the Industrial Hygiene Division (IHD), was abreast of this information.³³ Shiels was surely responsible for the addition of asbestos to the authorised list of harmful substances in 1945, with a 'safe' level of dust defined as 5 million particles per cubic foot of air, opening up the possibility for prosecution of those responsible for premises where the level was exceeded.³⁴

In the 1940s and again in the 1950s, SEC officers in the Latrobe Valley were warned by IHD doctors about the unsafe level of asbestos dust in power stations.³⁵ Their advice was disregarded. As a statutory authority, the SEC was not subject to the authority of the IHD. IHD advice would be sought only when an SEC officer believed there was good reason and warnings about asbestos dust were not considered good reason.³⁶ Dust was an 'ordinary' condition of work in power stations and in the view of a senior SEC officer, this 'bogey' was 'raised only in the context of getting working hours reduced'.³⁷

The highly unionised SEC work-force in the Latrobe Valley appears to have been unaware of the dangers of asbestos dust in the 1950s. Other Victorian workers knew, including the men who participated in a survey of workers in dusty trades conducted by IHD doctor, G. D. L. Thomas.³⁸ Thomas advised each man he diagnosed with asbestosis to apply to the Workers' Compensation Commission for 'acceptance of his disability'.³⁹ In 1956, *The Age* newspaper reported Thomas' study, including his comments on the rising number of cases of ARD.⁴⁰ Melbourne-based members of the Australian Railways Union also knew about the dangers. In 1958 the union, whose members were less beholden to their employer than power station workers in the Latrobe Valley, demanded an IHD assessment of workers' health and conditions in the workshops where blue asbestos was sprayed on the carriages of the 'blue' trains. The practice ceased in 1962 after IHD officers warned the Railways Commission (a statutory body similar to the SEC) and unionists, that it endangered workers' health.⁴¹ IHD doctors continued investigating ARD into the 1960s, producing two studies to contribute to a small, but significant, body of literature on ARD in Australian workers.⁴² Valley unionists first heard about the dangers of asbestos dust in the mid-1960s from Geoffrey Danger, a general practitioner at Yallourn. Danger, an Englishman with a postgraduate qualification in industrial hygiene and the experience to recognise the effects on workers' lungs of breathing

³²Castleman 1996, pp. 72–5, 125–7.

³³Leigh *et al.* 2002; Shiels 1939a, 1939b, pp. 1655–65.

³⁴Department of Health Victoria, 1945, p. 721.

³⁵VPRS 8916/P0001/315/80/1; Australian Broadcasting Corporation 2001.

³⁶VPRS 8916/P0001/315/80/1.

³⁷Haigh 2006, p. 74.

³⁸VPRS 8916/P0001/315/80/1.

³⁹Thomas 1957.

⁴⁰*The Age*, 13 January 1956, p. 10.

⁴¹Benson 1981, p. 59; De Silva 2000, pp. 155–7.

⁴²Gandevia 1967, pp. 420–7; Milne 1969; McNulty 1962; Longley 1969; Elder 1967.

asbestos dust, began writing sick certificates citing exposure to asbestos as a cause of his patients' illnesses. In 1965, he recorded asbestos dust as a contributing factor in the death of an SEC employee. The SEC rejected these certificates, refusing to discuss the matter.⁴³ Danger communicated his concerns to the Gippsland Trades and Labour Council (GTLC). Subsequently, his information was supported by a report on conditions in the Yallourn power station by IHD officers called in by GTLC in 1965 to investigate leaking gases. A footnote to the report stated that the level of asbestos dust in the air was cause for concern.⁴⁴

Thirty years later, George Wragg, GTLC president in 1965, recorded that when he sought clarification from the IHD medical officer who wrote the report, he received only a perfunctory reply about the dangers of dust in general.⁴⁵ The difference in approach on the part of IHD doctors to asbestos in the Victorian Railways and in the SEC can only be a matter for speculation in the light of limited evidence, as was Wragg's apparent ignorance of the Railways Union's experience with asbestos. If SEC officers were reluctant to see asbestos dust as a hazard to workers' health, so too were power station workers. Wragg reported that when the GTLC began to receive International Labour Organization literature in the late 1960s, which happened to include information on asbestos, workers derided any suggestion that such a commonplace feature of their working environment could endanger their health.

Health professionals' acknowledgement of a link between asbestos dust and lung cancer in the 1960s saw the ill-effects of exposure receive greater publicity in Britain and America.⁴⁶ The effect of these developments on the other side of the world on attitudes and practices within the SEC is not clear. Former employees have conflicting recollections about whether asbestos dust was recognised as a problem at this time.⁴⁷ One remembers using replacement insulation material, another that he was told nothing and continued working with asbestos.⁴⁸ Another remembers being told that blue asbestos was most dangerous but that at his power station the asbestos was either brown or white.⁴⁹ Yet another former employee in the same station recalls that, 'blue asbestos was invariably used' on the turbine cylinders.⁵⁰ In 1974, the SEC's Chief Safety Officer wrote to his counterpart at the Central Electricity Generation Board in England seeking information on replacement material for asbestos lagging. At the same time, a memo from the Personnel Manager (the department responsible for health and safety), maintained that 'exposure to certain levels of asbestos dust ... can be tolerated for a lifetime without harmful effects'.⁵¹

In Australia, the dangers of asbestos dust began to be publicised in the late 1960s. In Victoria in 1977, railway unionists concerned about the exposure of workers modifying

⁴³*Sunday Herald Sun*, 3 June 2001, p. 11.

⁴⁴Wragg 1995, pp. 32–5.

⁴⁵Wragg 1995, p. 37.

⁴⁶Tweedale 2000, pp. 181–2.

⁴⁷Personal communication, Harris-LaMontagne 2004.

⁴⁸Asbestos Project Interview no. 4, 4 June 2003, and Interview no. 2, 4 June 2003.

⁴⁹Asbestos Project Interview no. 2, 4 June 2003.

⁵⁰Personal Communication, Harris-LaMontagne 2004.

⁵¹VPRS 81916/P0001/315/80/1 Part 2.

asbestos-insulated trains to prepare them for use on the proposed underground railway, again called for an IHD inspection.⁵² Unionists were now supported by the Workers Health Action Group (WHAG), a small group of professionals and unionists formed to develop and organise the technical and medical expertise necessary to deal with occupational hazards.⁵³ The Australian Broadcasting Commission made a radio series on asbestos that became available in book form.⁵⁴ The state government, following a nation-wide movement, enacted specific legislation governing the management of asbestos dust, replacing the 1945 regulations. The Labour and Industry (Asbestos) Regulations, 1978, were based on the acceptable threshold of exposure enshrined in British legislation passed ten years previously.⁵⁵

In February 1979, the *Latrobe Valley Express* reported that a ban had been placed on handling asbestos at all Valley power stations by the union representing the majority of SEC workers, the Federated Engine Drivers and Firemen's Association (FEDFA).⁵⁶ In the same edition, the SEC was reported as introducing 'strict regulations' in all its power stations to control work with asbestos. A joint union—management task force was established to oversee the identification and removal of asbestos, develop procedures for handling it safely, find substitutes and educate workers about the hazards of asbestos dust.⁵⁷ The SEC established a screening programme, the Lung Function Program (LFP), to monitor the health of those workers who volunteered to participate.⁵⁸

Why were SEC workers so slow to respond to the asbestos problem when it is clear that at least from the late 1960s, there was some awareness that asbestos was dangerous? Low levels of unionisation have been linked to the exposure of other workers to asbestos dust but SEC workers were known for their 'spirit and determination' in pursuing claims relating to working conditions.⁵⁹ SEC records show that unions took the lead in calling for investigations into hazardous substances, a state of affairs decried in the 1960s by the Medical Officer, and again in the 1970s by an SEC chemist.⁶⁰ In 1965, when the GTLC called in the IHD, SEC officers agreed only when stop-work action was threatened.⁶¹ In contrast to the transient and relatively unskilled work-force at Wittenoom, where dusty conditions were endured only so long as it took a worker to build up savings, SEC workers were, on the whole, life-long employees, many of them achieving a technical knowledge and competence not possible for non-professionals in other work-places.⁶²

⁵²Benson 1981, p. 60.

⁵³Gillespie n.d., p. 52; Personal Communication, Kilpatrick-Hunter 2005.

⁵⁴Peacock 1978.

⁵⁵The Asbestos Industry Occupational Hygiene Committee was involved. It met at the premises of James Hardie Proprietary Ltd. in Sydney. See De Silva 2000, pp. 158–62.

⁵⁶*Latrobe Valley Express*, 22 February 1979, p. 2.

⁵⁷Wragg 1995, pp. 37–8.

⁵⁸*Latrobe Valley Express*, 22 February 1979, p. 2.

⁵⁹Layman 1983, p. 2; Benson and Goff 1979, p. 217.

⁶⁰VPRS 8916/P0001/315/80/1 and 8916/P0001/132/57/78.

⁶¹Wragg 1995, p. 34.

⁶²Asbestos Project Interviews no. 44 June 2003; no. 2, 4 June 2003, no. 1, 16 May 2003.

Space does not allow a through examination of the conditions that shaped the response of SEC unionists to the asbestos problem but, as Johnston and McIvor show in the case of Scottish workers, the situation was complex.⁶³ The SEC had a poor record in occupational health and safety.⁶⁴ While unions were active in drawing attention to work-place hazards in the face of an uncooperative management, until WHAG was established they lacked expert advice. Distance from Melbourne played a part. In addition, as GTLC representatives found in 1968, it was difficult to convince men of the dangers of a substance whose effects were so long delayed and unlikely to be diagnosed by local medical practitioners inexperienced in work-related illness. Politics, too, were involved. When information about asbestos became more freely available in the 1960s, the SEC's Latrobe Valley work-force was divided by antagonisms engendered by the ALP split in 1955. Warnings about asbestos dust conveyed by a union official with connections to the Communist Party of Australia were received with scepticism by men who distrusted that official's politics.

It was, however, workers' involvement in an industry vital to the well-being of the people of Victoria that was most telling. Workers at Wittenoom responded to suspicions that asbestos dust was harmful by leaving the mine.⁶⁵ The public service environment in which SEC workers encountered asbestos was very different. A retired worker sums up his position in the 1960s and 1970s:

[asbestos] was probably one day going to kill us ... we still worked with it. Why? [I] don't know what else could you have done. ... The SEC were frantically building power stations because they didn't have enough power. I can remember ... if something was broken down and they wanted it, you just stayed there until it was fixed. ... I can remember we got behind on the turbine maintenance, and when you strip a turbine down, ... people come in and remove the asbestos ... we would do the maintenance on the turbine and then they would come back and put the cladding, the asbestos back on ... they desperately wanted the machine, so desperate that while we were finishing it off, they were there spraying the asbestos on. Unbelievable now when I think about it. But the SEC, ... the government, were tight for power ... and you would just work there for 24 hours if it had to be to get a machine back.⁶⁶

Asbestos Disease and Responses to Illness

In the early 1980s, sporadic reports in the *Latrobe Valley Express* marked the slow movement of asbestos issues into the public arena. In view of the number of workers who had been substantially exposed to asbestos dust, estimated in 2002 at around 6,000, this was a most understated appearance of a potentially serious community health problem.⁶⁷

⁶³ Johnston and McIvor 2000, pp. 158–72.

⁶⁴ It was 1949 before a Safety Organisation was established in the SEC. A 1971 review of the section noted that accident rates in the SEC were higher and more severe than in other Australian electrical utilities and well above private industry; VPRS 8892/P1/437.

⁶⁵ Cappelletto and Merler 2003.

⁶⁶ Asbestos Project Interview no. 2, 4 June 2003.

⁶⁷ *Herald Sun*, 17 April 2002, p. 1.

None of the occasional reports of lapses in the control programme, or the FEDFA's activities in supporting people with ARD in relation to workers' compensation claims, elicited editorial comment. The most newsworthy aspect of ARD, it appears, were the sums of money awarded in damages. The health problems experienced by exposed workers and their families were never mentioned. There was no response to a report of the FEDFA's demand for local diagnostic and treatment services to save ARD sufferers from travelling to Melbourne.

Medical practitioners were silent on ARD. Dr Danger left the Valley around 1970 and there were no public signs that his colleagues shared his interest in work-related illness. Their apparent lack of interest may have been a reluctance to challenge the SEC. It was, however, consistent with a professional training which accorded occupational health little importance and a professional hierarchy in which occupational health ranked low.⁶⁸ The Australian medical profession, like its British counterpart, preferred to treat disease in the context of the family, not the work-place. There was no local parallel to the industry-driven medical knowledge about occupational disease that developed in the USA in the 1920s and 1930s.⁶⁹ Despite the industrial connotations of its title, *Healthcare in the Valley of Power*, the history of the principal hospital in the Valley makes no reference to work-related illness.⁷⁰

Public silence on the presence of ARD in the Latrobe Valley community was consistent with a view shared by professionals and the community at large, that work-related illness could be dealt with through the provision of general health services and monetary compensation. At the same time, this view was embedded in a community whose underlying rationale was challenged by the appearance of ARD. Calling attention to the needs of people affected by ARD drew public attention to a blatant contradiction of the SEC's claim to have looked after its workers.

Any reluctance on the part of the SEC or Victorian health authorities to confront the effects of exposure to asbestos on the health of Valley residents was readily subsumed within prevailing approaches to personal health services. The same proved to be the case in public health responses to illness in the Valley population. In 1977, two years before the dangers of asbestos dust were publicly acknowledged, the health of the Valley population received extensive publicity. Monash University academics, epidemiologist John Powles and sociologist Robert Birrell, published a study of rates of death in Victoria according to locality. The report included a supplement on the Latrobe Valley because the region stood out for having death rates above the state average. Working-age males in particular showed high rates of heart disease, lung and stomach cancer, and respiratory diseases listed as bronchitis, emphysema and asthma.⁷¹

The *Latrobe Valley Express* reported on Powles's and Birrell's findings extensively.⁷² There was no comment from local unions connecting working conditions, including

⁶⁸Gandevia 1971, pp. 220–2; Quinlan and Bohle 1991, pp. 37–8.

⁶⁹Weindling in Weindling (ed.) 1985, p. 13; Graebner in Rosner and Markowitz (eds) 1987, pp. 140–59; Rosner and Markowitz 1991, pp. 178–90.

⁷⁰Walshe 1996.

⁷¹Powles and Birrell 1977.

⁷²*Latrobe Valley Express*, 17 August 1977, p. 1, 2 September 1977, p. 1.

exposure to asbestos dust, and the Valley's health problems. From early 1977, unionists were embroiled in a dispute with the SEC over the wages of maintenance workers which was to take them into the longest strike in the history of the Commission.⁷³ Overall, public responses to the study focused on air pollution as the likely explanation for the Valley's high death-rate. The association was suggested by the two researchers and Valley residents, for whom dirty air was a constant feature of everyday life, did not contest it.⁷⁴

The focus on contaminated air reflected a heightened awareness of atmospheric quality among Victorians in the 1970s and the targeting of the SEC for special attention. The Environmental Protection Authority (EPA) was established in 1971, with responsibility for regulating the emission of toxic substances through issuing licences to public and private bodies.⁷⁵ Previously, the SEC monitored its own emissions. When the Powles and Birrell report became public, the SEC was engaged in a contested process to obtain the licences necessary to operate a new power station close to the centre of Melbourne which may have heightened the Commission's sensitivity to criticism.⁷⁶ In August 1980, the SEC announced that one million Australian dollars had been allocated to develop a programme to monitor air quality in the Valley.⁷⁷ It also proposed to fund a study, in cooperation with the Department of Health, to investigate the connection between air pollution and the poor health of the Valley population.⁷⁸ The focus on contaminated air may have obscured any contribution made by working conditions to the poor health of the Valley population but it was also clearly a response to community concerns at this time.

Working conditions were acknowledged as potential contributors to the Valley's high death rate at this time. At a seminar on 'The Incapacitated Worker', John Powles noted that the men whose work brought them into contact with various forms of dust, including asbestos, were those most at risk of premature death in the Valley.⁷⁹ However, in 1980, when the Department of Health announced a public health response to problems in the Valley, working conditions were not mentioned. Reportedly acting on the advice of health professionals in local Community Health Centres (CHC), the Department agreed to fund a two-year smoking cessation programme.⁸⁰ The decision may have been influenced by English research showing that the direct effects of industry played a lesser part in the incidence of illness than workers' personal habits.⁸¹ Conditions in Australia may have been similar to those in England but the total lack of information on the contribution made by working conditions to the health of the Australian population made any conclusion on this issue doubtful.⁸²

⁷³Benson and Goff 1979.

⁷⁴Powles and Birrell 1977, p. xxi; Gippsland Institute of Advanced Education 1975, pp. 29–30.

⁷⁵Gilpin 1978, pp. 54–5.

⁷⁶VPRS 8196/P0001/314/79/1783; Gilpin 1980, pp. 53–71.

⁷⁷*Latrobe Valley Express*, 26 August 1980.

⁷⁸*Ibid.*; VPRS 8916/P0001/458/80/1241.

⁷⁹*Latrobe Valley Express*, 19 October 1977, pp. 10–11.

⁸⁰*Latrobe Valley Express*, 11 March 1980, p. 4.

⁸¹Powles in Birrell *et al.* (eds) 1982, p. 78.

⁸²Ferguson 1981; Mathews 1983.

The development of the discipline of public health in Australia did not encourage the recognition of work-related illness as a public health problem, even in regions of high industrial activity. After a brief period in the 1920s when the newly established Commonwealth Department of Health began to foster state-based divisions of occupational hygiene as part of a broad approach to public health, the effects of work on the health of the population received little attention.⁸³ Even the 'profound' changes in legislation relating to occupational health in Victoria in the 1980s did not encompass the greater integration of occupational and public health.⁸⁴ The short-lived movement within the discipline of public health during this decade, to address the social and economic constituents of illness, failed to include occupation.⁸⁵

Furthermore, in Victoria in the 1980s, the capacity of CHCs to address local problems was limited by changes introduced into the administration of health services. In an attempt to secure greater control over the use of funding by health service committees of management, the state government introduced a system of funding for hospitals and CHCs which had the effect of equating accountability with efficient and effective management.⁸⁶ A local focus in services came to be viewed as inefficient and the activities of CHCs were gradually subordinated to departmental direction. The disciplinary development of public health and the conditions in which public health services operated in Victoria, combined to ensure that 'community' in relation to the organisation of public health services referred to a geographically defined administrative region inhabited by a population of decontextualised individuals.

Asbestos Disease—A Community Health Problem

In 1990, the long-awaited report on the Latrobe Valley Health Study was released.⁸⁷ A statement issued by the Victorian Health Department noted that the uneven spread of deaths in the Valley precluded any association between air pollution and the high death-rate in the region.⁸⁸ Community health professionals responded by initiating a process of first identifying concerns, and then developing a health promotion campaign around them.⁸⁹ The venture was notable for the presence on the steering committee of a unionist and an occupational health medical practitioner (both employed by the SEC). If the published responses are any guide, work-related injury and disease were included in the concerns identified in 250 replies to a questionnaire. These were not, however, reflected in the Better Health Program that was introduced where nutrition and the prevention of injury in general were emphasised.

The consignment of ARD to the private lives of affected individuals was challenged, not by health professionals or unionists, but by the people who, in the course of their

⁸³Gillespie in Attwood and Kenny (eds) 1986.

⁸⁴Mathews 1985, pp. 24–6. Occupational health and safety legislation enacted in Victoria at this time, and in the other states, was based on recommendations of the Robens Committee of Inquiry in Britain, which reported in 1972.

⁸⁵Lewis 2003, p. 171.

⁸⁶Murphy in Considine and Costar (eds) 1992, pp. 173–6.

⁸⁷Adena 1990.

⁸⁸Health Department Victoria, n.d. 'A Brief Report on the Latrobe Valley Health Study', Melbourne.

⁸⁹*Latrobe Valley Better Health Project: Report on Planning Stage*, 1992.

everyday lives had to deal with disability and premature death as a consequence of exposure to asbestos dust. In October 1991, the *Latrobe Valley Express* published a letter which, for the first time, drew attention to the experiences of people directly affected by ARD. The author, a woman whose father died as a result of ARD, wrote that people in this situation found it difficult to get any information about their condition and, reiterating the point made by unionists a decade earlier, asked why their health needs could not be met locally. She also questioned the exclusion of retired SEC workers from the SEC's surveillance programme.⁹⁰

Earlier experience with community health services led the letter-writer to approach a local Moe CHC worker, Di Ford, for help in establishing a support and advocacy group. Ford was ready to assist and her manager approved. A public meeting was held and the letter-writer and a retired SEC worker were elected secretary and president respectively of a group named Gippsland Asbestos Diseases Support Network (GARDS). Moe CHC provided facilities for meetings. Ford was successful in getting small grants to support GARDS' activities including funding for the part-time employment of GARDS' secretary as a Community Development Worker.⁹¹ What had changed during the decade following the first subdued official acknowledgement that asbestos dust was dangerous to health? ARD was still not evident in local health services. Affected people continued to travel to Melbourne for diagnosis and treatment and no doubt some continued to be misdiagnosed. By 1991, however, ARD was clearly apparent in local neighbourhoods. Residents became aware of the growing number of 'asbestos widows' and retired SEC workers realised their ranks were thinning faster than might be expected.⁹²

In addition, attitudes towards publicising ARD were beginning to shift. The instigator of GARDS was one of three women who were to play an important part in bringing ARD into the public arena in the Valley, women who had their counterparts in other parts of Australia and overseas.⁹³ Her willingness to go against a widely held view in the Valley, that ARD amongst the SEC work-force was better kept quiet to avoid stirring up trouble, represented a generational shift, fuelled by education and by the social movements of the 1960s and 1970s which engendered an environment favourable to the questioning of longstanding attitudes. Despite significant differences in their approaches, these three women are notable for being prepared to draw public attention to a facet of everyday life in the Valley that many older people were reluctant to speak about.

GARDS established a range of support and advocacy activities directed towards the needs of carers as well as ARD sufferers. The group also began to raise awareness in the Valley, not only of ARD as a community problem, but also of the dangers posed by asbestos in work and domestic settings. Their successes were evident in the slow increase in referrals from solicitors and medical practitioners and occasional reports of the group's activities in the *Latrobe Valley Express*. However, the group also faced significant

⁹⁰*Latrobe Valley Express*, 29 October 1991, p. 24. The name of the letter-writer has been withheld in accordance with her wishes.

⁹¹Personal Communication, Ford-Hunter 2004.

⁹²Walker and LaMontagne 2004, p. 19.

⁹³Tweedale 2000, p. 288.

obstacles as became clear in 1993 when the Melbourne media turned its attention to ARD in the Valley.

A newspaper report captioned 'Death Valley', quoting a local solicitor, presented ARD as being of epidemic proportions.⁹⁴ Angry responses ensued. Local councillors objected to the picture of the Valley conveyed by a story they said was based on 'untruths and generalizations'. The solicitor in question was accused of drumming up business. A retired SEC officer detailed the SEC's 'exemplary' response to the asbestos problem, omitting to note its tardiness in acting.⁹⁵ Another commentator castigated the solicitor for 'aiding and abetting irresponsible sectors of the media' in 'devaluing our region's assets'.⁹⁶ The founder of GARDS received a phone call late at night from a local politician, warning her off drawing attention to ARD.⁹⁷ GARDS is notable among asbestos advocacy groups worldwide, for seeking redress for the neglect of victims of ARD by working within conventional health services.⁹⁸ This may suggest a degree of naivety on the part of the group's founders, but more importantly it shows that GARDS saw its task as gaining recognition of ARD as a community problem, not one confined to the workplace. This is demonstrated by the call for the extension of surveillance to retired workers, in GARDS' efforts to improve local medical services, and through the provision of specific forms of support by community health services for people affected by ARD.

The threat posed by GARDS to the equanimity of Valley leaders soon receded into the background. In 1992, a change of government brought a Conservative administration to power and it set about implementing a radical programme of reform inspired by market-driven economic rationalism. The SEC was disbanded and the power industry sold off to private companies. Many state government department offices were closed down. In the process, the ethos of public service which was the foundation of the Latrobe Valley community was destroyed. ARD became just one of many problems alongside the collapse of businesses and unemployment.

With the gradual revival of the social and economic life of the Valley in the late 1990s, GARDS found a space in which to gradually gain legitimacy as the representative of an important health and social problem. The return of an ALP government in 1999 brought a degree of recognition for GARDS at the level of state government, and the group has been successful in integrating asbestos issues into the 'modes of behaviour and organizations' that are shaping the twentieth-first-century Latrobe Valley community.⁹⁹ A memorial service for the victims of asbestos, first held as a candlelight vigil in 1993, has become an annual event. The organisation has good relations with local unions, and municipal authorities in the management of domestic asbestos removal and disposal. GARDS contributed to changes in legislation to allow the estates of affected workers to claim compensation, it may also view the state government's decision to establish local cancer treatment services as vindication of its advocacy work.

⁹⁴*The Age*, 2 May 1993, p. 8.

⁹⁵*Latrobe Valley Express*, 18 May 1993, p. 9.

⁹⁶*Latrobe Valley Express*, 25 May 1993, p. 13.

⁹⁷Personal Communication, Ford-Hunter 2004.

⁹⁸Kazan-Allen 2003.

⁹⁹Hagan and Lee (eds) n.d., pp. 3–4.

There were, however, limits on GARDS' achievements. The group had succeeded in integrating ARD into the post-SEC Latrobe Valley community but it was a form of integration that presented ARD as just another in the range of illnesses experienced by Valley people—comparable, for example, to stroke, heart disease or diabetes. There was still no acknowledgement that, 'this wasn't just a disease that went through here; [it] was an industrial epidemic'.¹⁰⁰ Indeed, the community-wide extent of ARD was confirmed in a study published by the Department of Health in 2001 which showed that, using the incidence of mesothelioma as a marker, the level of ARD in the Valley was the highest of any region in Victoria.¹⁰¹

GARDS' efforts to gain recognition of the industrial nature of ARD were supported in February 2001 by the televising of *Power without Glory*, in which people affected by ARD as a consequence of exposure to asbestos in SEC workplaces, told their stories in a highly regarded national public affairs programme.¹⁰² Later that year, the Victorian government agreed to fund a proposal developed by GARDS and submitted through the CHC, for the appointment of an asbestos education and community development officer. By this time Moe CHC, along with the other town-based CHCs, had been amalgamated into a single Latrobe Community Health Service (LCHS). Disagreement over management of the project led to GARDS being displaced from LCHS. The immediate establishment of another asbestos support group, Latrobe Asbestos Disease Support (LADS), under the auspices of LCHS, showed a persisting and significant division of opinion amongst people affected by exposure to asbestos dust. It also highlighted the limits placed on a support group's advocacy activities by an association with community health services.

The departure of GARDS from LCHS may have arisen from a desire on the part of the State government to control responses to ARD. At the same time the limits placed on GARDS could be accounted for by the conditions under which the community health centres operated.¹⁰³ Subsequent events, however, support the former interpretation. In 2001, the Victorian government announced a formal review of the health status of asbestos-exposed individuals in the Latrobe Valley. Information was already available showing the extent of ARD in the region in a 2001 Department of Health study but the proposed review was based on a much narrower body of knowledge.¹⁰⁴ When the SEC was disbanded, the Victorian Managed Insurance Authority (VMIA), acting as agent of the state of Victoria, assumed responsibility for meeting claims for compensation from workers who contracted ARD as SEC employees. In carrying out this responsibility, VMIA funded the Lung Function Program established by the SEC in 1979. It was this insurance-related information that was selected as the focus of the review, a form of recognition that suggested ARD was confined to only those former SEC employees who had volunteered to participate in the LFP. It excluded men employed by contractors and exposed to asbestos dust in the course of work on SEC projects, and SEC workers who had been exposed but who had not been involved in the programme, and the

¹⁰⁰Walker and LaMontagne 2004, p. 27.

¹⁰¹Begg *et al.* 2001.

¹⁰²Australian Broadcasting Corporation 2001.

¹⁰³Lewis and Walker 1997, pp. 41–8.

¹⁰⁴Begg *et al.* 2001.

families who were exposed to dust taken home by their men-folk. In December 2003, a report on the LFP was presented to the public by the Minister for Finance and the Minister for Health, an alliance unusual in health matters, and one suggesting that once again the interests of the Latrobe Valley community came second to the industry and state government interests that dominated community life there from the 1920s onwards.¹⁰⁵ Despite its achievements, GARDS has failed to dislodge the state government as the principal actor in defining 'community' in the Latrobe Valley in relation to ARD.

Conclusion

The story of SEC workers' exposure to asbestos dust is similar to that of workers in other fields in that their health came a poor second to their employer's interest, the generation of electricity. The difference is that workers were readily incorporated into the ethos of public service that underpinned the employer's interest, an ethos that pervaded both the work environment and workers' home lives. The harm done through exposure was amplified by workers' readiness to make their employer's interests their own. The refusal of the SEC and the Victorian government to acknowledge this by recognising the industrial origin of ARD in the Latrobe Valley has compounded the injury.

Two challenges confront the practitioner in establishing a 'collaborative, community-based' public health response to ARD. One is to build a basis for collaboration by securing acceptance for an approach which presents work-related illness as a public health issue. No precedent for such an approach exists in the Valley, either in ideas about illness or health service organisation. The second challenge lies in the alliance between the professional and the community. The obvious partner for the public health professional in this venture is GARDS because both parties aim to secure recognition of ARD as an industrial disease. As this paper has made clear, in its efforts to gain recognition of ARD as a community-wide health problem, GARDS has been involved in a contest concerning the meaning of 'community' in the Valley. Any professional collaborating with the group will necessarily be caught up in this contest. However, while the paper highlights the potential difficulties involved in establishing a 'collaborative, community-based' response to ARD, it also suggests that these are not insurmountable. Intelligent negotiation on the basis of understanding the factors that have shaped the meaning of 'community' in this region may prove to be the key to recognition of ARD as an industrial disease and a public health problem to be addressed through a collaborative, community-based public health approach. Some progress in implementing such an approach has been made, in part on the basis of understanding the historical context presented in this paper.¹⁰⁶

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¹⁰⁵Clinical Epidemiology and Health Service Evaluation Unit 2003.

¹⁰⁶LaMontagne *et al.* 2008, pp. 14–18.

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