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January 9, 1959

J. M. Gadway, Lompoc

Medical Communications Program

I heartily agree with your plans to offer employees factual medical information concerning potential dust and health hazards in your plant. It probably would not be necessary to go into much detail concerning the history of the dust problem. You might want to review it briefly as I have outlined it in the following paragraph. I am sure it would be advisable to check my historical impressions with Bob Newcomb and Mr. Westmont.

In 1932, Legge and Rosencrantz reported on a survey of a selected group of our employees at Lompoc. The purpose of this study was to find the incidence of tuberculosis among our Mexican employees. Pneumoconiosis was mentioned but there was nothing to indicate that this was a problem or had caused any disability.

In the early 1940's, we recognized that occupational pulmonary disease could be associated with inhalation of our dust. We spent considerable time and money in consultation with experts and on animal experiments. Unfortunately, the laboratory investigators at Saranac used only natural powders and reported no disease production. This was reported about 1945 and thoroughly confused our management and their doctors, for employees definitely were developing a disabling pulmonary disease. Further investigations were started but these were delayed due to the death of Dr. Gardner at Saranac. It was not until about 1950 or 1951 that we first were able to associate the disease with the conversion of amorphous silica in natural powders to crystobalite in the calcined products. Plans then were made to control dust and disease, and the U.S.P.H.S. was requested to help. The result of these plans and this help is reflected in the good health of our employees today.

The best medical picture of our disease problem, in my opinion, could be obtained from the annual review and report on the employees' chest x-rays. I have reviewed these reports each year for the past 4 or 5 years. They were compiled from data collected by Dorothy and Dr. Duncan. Attached to this letter is my review of the excellent report Dorothy made last year. You will note that it shows the number of employees with different x-ray readings according to length of service.

The fact that we had last year 401 out of 514 employees with negative x-rays should prove that we have no serious disease problem. Out of these 401 employees with negative x-rays, several men have worked up to 30 years with us. At the same time, there are only 17 cases with coalescent disease which some day may cause disability. The most significant fact, however, is that we are developing no new cases today and Dr. Duncan has seen practically no progression of disease on the x-rays. This suggests to me that the men have no further exposure in their work today which is very reassuring.

I certainly agree that you should include our relationship with the U.S.P.H.S. in any presentation. It might be diplomatic also to include the California State Department of Health in your remarks. You will be interested to know that Dr. Lewis

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Cralley will be visiting us on January 16 to review the published report of the survey of the diatomite industry. We have just received our first copy of this report. Additional copies can be obtained from the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D.C. They cost 55¢ apiece. The title is "Pneumoconiosis in Diatomite Mining and Processing", and the report is Public Health Service Publication No. 601. You might wish to have this report as part of your presentation.

I am sure that Dr. Duncan can be of great help in reviewing these thoughts and making further suggestions for your program. If there is any other way in which I can be of help, or if you have any further thoughts about the program, I wish you would contact me.

In other sessions of your Communications Program, do you plan to review the excellent progress you have made in the fields of accident prevention and industrial hygiene?

Kenneth W. Smith, M.D.

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