April 23, 1969

Lewis J. Cralley, M.D.
Occupational Health Program
National Center for
Urban-Industrial Health
1014 Broadway
Cincinnati, Ohio 45202

Asbestos Industry Study

Dear Lewis:

This will confirm our telephone discussion of April 14 in which you advised me that "only significant data" would be forwarded to the personal physician indicated by our participating employees.

Because of the unique situation in New Jersey relative to the Workmen's Compensation procedure, the fact that there are definite categories of plaintiff and respondent doctors, and the fact that we have been experiencing mass filing of Workmen's Compensation claims for occupational disease whether or not there is X-ray evidence of such or any measurable pulmonary disability make us peculiarly alert to the implications of information forwarded gratuitously to an employee's personal physician.

You indicated that you would forward to us, and I am again requesting that you do, the definitions of what constitutes "significant data" for review and discussion prior to the dissemination of any such information.

You indicated that it was the desire of the study to advise the personal physician about the presence of a pneumo- .is. Presumably, such advice would be predicated on the interpretation of the X-ray, and it is of considerable interest to us to know the bases on which such interpretation is to be made. For example, are the new U.I.C.C. criteria to be employed, and if so, what degree of involvement will be judged as representing the presence of a pneumoconiosis?

I would also like to know, since advice to the physician will be based on interpretation of results obtained in the examination procedures, whether the individuals making such interpretations will be available to explain the bases for their judgment and substantiate their findings in Workmen's Compensation hearings predicated on the communications from the Division of Occupational Health.

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I would strongly urge that the division reconsider its policy prohibiting the dissemination of findings and interpretations to company-related physicians. This policy may have had some validity years ago, but in companies with a health counseling program of the stature of ours, the plant physician has on a continuing basis a much more intimate and effective role as health counselor than do the vast majority of family doctors.

As you are aware, we have set to this time incorporated pulmonary function studies as a part of our periodic health examination procedures. The results of this facet of your examination procedures would be of particular interest to our plant physicians in their role as health counselors to our employees.

It is of considerable importance that we have opportunity to review and discuss with you the definitions of "significant data" prior to the June meeting of the Asbestos Textile Institute. I am sure that the other cooperating companies will want to know these in detail since this area of the program design has not been completely spelled out in previous discussions.

Sincerely yours,

H. M. Jackson
Director of Industrial Relations

bc: C. L. Sheckler

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