PLAINTIFF'S EXHIBIT 71-Ex

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NORTH CHARLESTON, S. C. 29406

September 19, 1974

Mr. John Marsh
Raybestos-Manhattan, Inc.
Bridgeport, Connecticut

Re: Biological Effects of Asbestos Meeting in Philadelphia

Dear John:

The exchange of ideas and mortality and morbidity data was very beneficial to all concerned.

The goals was accomplished without extended debate and non-productive discussion. Of the subjects outlined in the agenda, there are three things that are of significant importance to me in my observations of what was said at this meeting. 1) condition on the part and present 2) what the prognosis is 3) future of the industry from a medical standpoint.

It is fairly obvious to anyone who visits any of the plants that there is a marked improvement since the 1930's and 1940's when the introduction of dust controls were instituted to the present date. It is remarkable that there has not been an appreciable change in the past 20 years as far as the dust counts are concerned. The point of situation is such that the dust counts have still not, in many areas, gotten to 2 fibers per cc level, but remain in the neighborhood between 5 and 12. This seems to be consistent throughout all the plants in Lebanon and Charleston.

A review of the incidence of new cases of pneumoconiosis and [illegible] for a period of 20 years from 1957 to 1974 shows that there is an absolutely [illegible] graph. Incidence of pneumoconiosis go from 10 to 12 cases to 5 in every [illegible] from [illegible] ago to the present date, indicating to me that there is no appreciable [illegible] the incidence of asbestosis, fibrosis or diagnosed pneumoconiosis. This is [illegible] due to a lack of change in the concentration of the dust, reflected in the [illegible] counts of the present day. The incidence of fibrosis actually is somewhat less from the period of the early 1970's and has shown a slight tendency to decrease in 1973 and the early part of 1974.

[illegible] I believe that with the new method of introducing asbestos into the [illegible] area and with adequate spanning that we could get down to 2 fibers per cc and [illegible] problem.

A partial observation of data in an asbestos cement plant which revealed a marked reduction in fibrosis disease in that only two people out of 300 showed up over a [illegible] year period with only fibrosis indicating that a control of a level below 2 would control the pneumoconiosis or asbestosis.

[illegible]

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I note now that the instances of bronchogenic carcinoma is in this industry at the present time, because of the short duration of function of this particular plant. This plant runs on the average of 1½ to 2 fibers, and in 90% of the plant, it is less than ½ fiber per cc. This indicates to me that a reflection in the incidence of pneumoconiosis is directly related to the fibers per cc found in the respirable air.

An intense effort must be made to reduce the concentration of dust in the atmosphere to below 2 fibers per cc in all plants.

I am sure that the same situation exists in both Kaukauna and Charleston. The criticism that I would have of the Kaukauna plant program and the Stratford program are made only in a constructive sense. I feel that the offering of the program, in Kaukauna, the offering of a physical examination and not an insistence upon the fact that it must be done to comply with OSHA regulations is leaving the door wide open for real criticism because there are certain people who do not care, particularly to have the x-rays done or the pulmonary functions done. It is my understanding that OSHA requirements of a chest x-ray and PFT are mandatory. In Stratford, the fact that they only examine approximately 150 people out of the 1,500 employed there, makes me feel that they are diluting their statistics somewhat; but, moreover only, are not covering those people who are exposed to asbestos dust. I feel that a Solicitor would be very critical of only utilizing a 2 fiber level as those who were exposed to respirable dust.

I do believe in Stratford that some investigation should be done as to the reason of the large amount of bronchogenic carcinoma without the preceding pneumoconiosis being present.

The statistics were not available at this meeting, but perhaps they are available at this time.

I was very much impressed with Dr. Roberge and Dr. Kreider and found both the gentlemen extremely interested in the welfare of the employees and, also, the welfare of the corporation. These criticisms of the programs that they had are only meant to be constructive.

The interchange of x-rays was very interesting to me in that the majority of our films have been read by two very competent radiologists and the similar x-ray readings were found in both instances. However, the majority of our films sent to the radiologists elsewhere were found to be unsatisfactory films, and no reading was attempted. I cannot understand this, and I will again submit these x-rays to the radiologist here to get an opinion as to the quality of the x-ray. Since the time of these x-rays, some of them were quite old, we have now had an automatic processor in and the quality of the x-rays must be much better than they were say 5 years ago.

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Dr. Joseph L. Goodman to John H. Marsh on the Philadelphia Meeting on Biological Effects of Asbestos (1974) Published by AsbestosClaims.Law
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I think that a constant exchange of random films is always good, and I also feel that anyone who has an x-ray that shows a positive pneumoconiosis should have another radiologist's opinion. This is our usual procedure in Charleston to substantiate the finding of pneumoconiosis by an independent radiologist's viewpoint and a complete respiratory workup.

The third difficulty is what is the prognosis and future of the industry from a medical standpoint. It appears to me that there is some progress in the area of engineering, but a great deal is left to be desired. Looking at the 20 year retrospective graphs of pneumoconiosis and fibrosis and seeing no substantial drop or change in the past 20 years, the cleanliness of the plants is reflected according to these statistics. It is my opinion, therefore, that a substantial improvement in the engineering and cleaning up of the plants is necessary.

A more comprehensive and unified physical examination program and medical evaluation program in all plants with statistics derived from the unity and uniformity of the medical evaluation programs would be of great benefit statistically in the future.

Education of the employee is of great importance. This can be done by film strip and/or any other visual educational means. Indoctrination of the new employees by a full presentation and orientation would reduce the attrition that I have noticed in this industry, for some time.

Summary: We find the following effects that warrent immediate attention. 1) better engineering and reduction of respirable dust 2) a uniformed medical program throughout the corporation 3) reporting of statistics that would be consistant throughout the corporation 4) double checking or double blind studies of x-rays to be a continuing practice 5) education of employees as to their working conditions, hazards and the means of controlling these hazards should be a prime concern at this time 6) freeflow of ideas and suggestions should be constant between all divisions.

It is apparent to me that all is not lost and that a substantial drive in the direction that I have started in the above recommendations would in my opinion change the vicious cycle that we find ourselves in at this time.

Sincerely yours,

Joseph L. Goodman, M.D.

JLG/pb

XC: Messrs. R. Gordon
W. Simpson

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