PLAINTIFF'S EXHIBIT

UC-3317

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ASBESTOS INTERNATIONAL ASSOCIATION

(Limited by Guarantee)

6& GLOUCESTER PLACE, LONDON W1H 3HL, ENGLAND

MEMORANDUM

TO: Medical Advisory Panel

FROM: Director General

OUR REF.:
AIA/20/1/23/HAS

2 August 1984

The Medical Surveillance of Asbestos Workers
(Draft AIA Information Memorandum No. 3/83)

You have received comments on the above draft (from Drs Lambert, Lewinsohn and Morin) since it was first circulated under cover dated 1 December 1983.

Please find enclosed some comments from Dr. Goffe which we send rather belatedly!

Also enclosed is a short note by Dr. Mansour on a related subject - training the asbestos worker in health awareness.

Would you please be prepared to consider the draft AIM 3/83 at the next MAP Meeting on 17/18 September, using as the discussion paper Dr. Lewinsohn's review sent to you under cover dated 24 January 1984.

TN Stack

Sir Neville Stack

Encs. 2

RECEIVED
AUG 6 1984
H. C. LEWINSOHN, M.D.

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(24e.)

Dr. T. R. P. Goffe,
Occupational Health Department.

Mr. H. Hardie,
Turner & Newall PLC,
Trafford Park,
Manchester.

THPG/ON

22nd December 1983.

THE MEDICAL SURVEILLANCE OF ASBESTOS WORKERS

Thank you very much for the opportunity to comment on this draft document. It seems to me that it does not contain anything new, probably not meant to, and as such is really a statement of current practice, give or take a procedural detail here and there.

My passing comments are:-

(a) 2.1 (d) After referring to "cessation of employment medicals", no details or guidance is offered as to the aims of carrying out this procedure. For example, my recommendation would be to provide a summary report for the G.P. with guidance for his further surveillance of the individual.

(b) There is no comment on the format of medical records. Standardised record card(s) might be helpful in standardising the medical surveillance procedures. In particular it is my own personal view that it is essential to have a recording procedure which allows easy comparison between current observations and previous ones to ensure immediate recognition of significant change. In current practice, this is not usually done.

(c) It would be useful to have a recommendation from the M.A.P. covering the recording on the medical records of exposure data. (Specifically asbestos exposure, but other occupational hazardous exposure should also be recordable). Again, a difficulty currently experienced is that this information is usually not available at the time of the medical screening.

(d) There is no discussion of collection of mortality data.

(e) There is no discussion of the value, advantages, drawbacks or general scope of computerisation of medical records.

Dr. T. R. P. Goffe

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بسم الله الرحمن الرحيم

[redacted]

Amiantit
MEDICAL CENTER
Tel 03 - 8573200

To: Dr. R.B.K. Tucker
18 Rockridge Road
Parktown, Johannesburg 2193
South Africa.

our ref. : CM-132/84 your ref. :

Dammam : 05 May 1984

[redacted]

Dear Ron,

Re: WORKER'S TRAINING

For the last 9 months I have been directly involved with worker's training in Amiantit Saudi Arabia.

The following program has been applied:

A. Pre-employment

1. Verbal worker information by the safety engineer and medical officer.

2. Leaflets in different languages explaining what is asbestos, its possible harmful effects, the increased risk of smoking and how to work safely with the material.

3. Audio visual training: A movie entitled "good housekeeping" is projected, then slides of different working conditions in asbestos cement manufacturing are shown and discussed. These slides include good and bad situations, acceptable and unacceptable working conditions. The emphasis is not only on what the worker should do but on what he is not allowed to do.

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DICAL CENTER

B. At periodical examination:

1 and 2 are repeated.

C. Audio visual training in itself never stopped. Once a week 50 workers are shown the slides and the film. The same workers will have the opportunity to have this training twice a year.

Fritz Baunach has sent me a set of interesting slides addressed to the worker. But they are directed more at the miner than the A/C worker. My feeling is that any audio visual should include:

1. General information

2. Specific information to the different asbestos industries.

Last September, I was approached by Camera Talks Limited of London for the production of an audio visual program specific to the asbestos cement industry. I referred them at the time to Mr. Crook of the Asbestos Information Centre - U.K.

I am sure the asbestos industry is "unfortunately" able today to provide us with slides of bad work practice which were supposed to have existed in the past but still exist in 1984 and could be used as a persuasive tool in a worker training program.

Yours sincerely,

Farid

DR. FARID MANSOUR

CC: Sir Neville Stack - AIA

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