DISTRICT HOSPITAL

KALGOORLIE.

JMcN.AW. Date 18th September, 1961.

Dr. H. Maynard Rennie,
Macquarie Chambers,
183 Macquarie Street,
SYDNEY.

Dear Dr. Rennie,

Dr. Hunt has kindly forwarded a copy of your reply to his letter concerning conditions at Australian Blue Asbestos, Wittenoom, W.A.

My approach to the problem is entirely medical, I am not an engineer and my concern for the health of the workers at Wittenoom, is caused by the number of men seriously affected by silicosis/asbestosis at relatively early ages and short exposures. These include a malignant pleural mesothelioma after two years as a shift boss in the mill. At considerable personal inconvenience, I have visited Wittenoom on two occasions, and in my opinion, conditions in the mill were worse in August, 1961 than in November, 1959. In certain levels when a light breeze stirred the dust, visibility was appreciably reduced. Running a hand along a rail, produced a mound of black dust containing coarse asbestos fibres. Hands, hair and clothes were filthy with dust after a short time, admittedly some of this dust is innocuous. Colour photographs show that the mill and surroundings are enveloped in a pretty but lethal blue haze. During my visit, most of the men were wearing respirators and this, in itself, is a confession of complete failure in dust control. I do not see how a man can work in near century summer heat wearing a respirator continuously; at any time his efficiency must be greatly reduced. Dust extracted from the mill finds its way into the main underground air intake. Dry ore residue is dumped a few hundred yards from the main workings and in a breeze, blows all over the place. Even in the township much of the road and path surfacing is [illegible] of waste material from the mine and blue asbestos fibres are obvious.

Mines Department inspectors have prepared reports on dust conditions at Wittenoom and I would refer you to them. During an inspection between August, 14th and August, 19th, 1961 dust counts of 1000 + P.P.C.C. were not uncommon in mine and mill. This is over three times the maximum permissible concentration of dust containing free silica and the rock mined is highly siliceous.

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The inspector commented that there were asbestos fibres in every underground sample (the Konimeter used for dust sampling is not a reliable instrument for counting asbestos fibres)/ Dust and fumes were obvious during the afternoon shift.

He quotes the following figures:-

Average dust count for day shift - June, '60 - 230 P.P.C.C.
" " " " " " - Nov. '60- 180 P.P.C.C.
" " " " " " - Aug. '61 - 420 P.P.C.C.

Average dust count for afternoon shift - Nov. '60 - 110 P.P.C.C.
" " " " " " - Aug. '61 - 630 P.P.C.C.

All these averages are very crude and the individual readings vary greatly.

The mine air seemed more dust laden than ever, due to increased production. Outside sources contribute, and the main Adit air is polluted by dust from the mill (130 P.P.C.C. in one instance).

In the Mill, figures were as follows:-

Average Dust count - June, '60 - 330 P.P.C.C.
" " " - Sept. '60 - 420 P.P.C.C.
" " " - Nov. '60 - 460 P.P.C.C.
" " " - Aug. '61 - 390 P.P.C.C.

At the primary crusher, figures of 1000 + P.P.C.C. were recorded.

These figures speak for themselves and do not suggest that conditions have improved over the last 3 years.

The statement in your letter concerning the lack of "a well developed conscience" did not come from me. I have always found Mr. Allan and Mr. Thomas courteous and helpful. One cannot help feeling that production comes first and that the health of the workers receives secondary consideration. The primary concern of a Company, is to produce a product profitably, but it has been shown, time and time again, that apart from gross exploitation of labour, this is best achieved where the interest and health of the workers is considered. The contrary, where the product is produced at the expense of the health of the worker, cannot be tolerated in a civilised community. If I thought that this state of affairs existed at Wittenoom, and I could not correct it or else close the mine, I would resign. What I do say, is that the dust hazard is not properly appreciated and that the companies attitude is ostrich-like. I am certain that working conditions are not ideal and have very grave

doubts concerning the statement that everything possible has been done. I have reason to belive that much of the dust extracting machinery is ineffective at times and, further, before extracting the dust, some means of disposing of it away from the workings should be discovered. Increased production should go hand in hand with ventilation and not precede it. Frankly, I do not think that the company (C.S.R. or A.B.A.) know how to control the dust.

In little more than 10 years the industry has produced 20 cases of industrial chest disease (including one proved cancer) and a number of suspected cases. As the years go on I have no doubt that many more will come to light. It should be remembered that many experts in this field claim that the asbestos fibre takes many years to produce significant pulmonary disease. If this is true, the men diagnosed now represent gross pathology and exposure, and the real nature of the hazard, in terms of disease, may not become apparent for another 10 years.

No one connected with this problem should rest until conditions at Wittenoom are ideal and the foregoing does not suggest that this stage has been reached. The known hazard is real enough but reading papers on pleural mesothelioma (notably J.C. Wagner, C.A. Sleggs & P.Marchand, British Journal Indust Med 1960, 17, 260)one is left with a suspicion that a combination of individual idiosyncrasy and minimal asbestos exposure, such as from road surfacing, may be dangerous.

I have written this letter because Dr. Hunt has assure me of your good faith and in the hope that your influence may effect an improvement in the working conditions of the asbestos workers which we have been unable to achieve through the regular channels in W.A.

Yours faithfully,

J. McNulty
CHEST PHYSICIAN