

30 March 1982

Medical Department
Charles H. Hine, M. D.
Medical Director

Sent to Sidlo at Ragland & Klomfas at Van Buren
To: CAPCO MANAGEMENT
Re: Medical Examinations for Persons Working with
Asbestos

Medical protection has been required under the Asbestos Standard promulgated by OSHA since 1976. This refers to certain prescribed medical evaluations which are to be offered annually by management to employees. Because of the serious nature of this disease, it is my medical recommendation that the evaluations not only be offered but required of all employees who have the exposure or potential exposure to asbestos. The reason for this recommendation is due to the serious nature of the three diseases which occur at increased frequency among workers exposed to asbestos.

Inhalation of asbestos fibers may give rise to one of three conditions, all of which are relatively serious in terms of the disease which they produce.

Asbestosis is a disease of the lung causing replacement of elastic tissue by non-elastic, fibrous tissue with resulting difficulty in breathing. This may progress to a marked shortness of breath even on rest, cough and secondary cardiac complications. Once the disease has occurred, it is irreversible. In certain numbers of persons, despite cessation of further exposure, there will be a progression until complete disability occurs.

Second, there is without question a significant increase in the amount of lung cancer which occurs among smokers who also work with asbestos. The magnification factor is at least tenfold over the incidence of cancer which occurs in heavy smokers not so exposed.

Third, there may occur a highly malignant tumor termed a mesothelioma which is found almost entirely only in those exposed to asbestos fibers.

As in other disease states, early detection holds a more favorable prognosis than does the recognition of the presence of the disease when it is advanced. All three diseases should be detectable by careful and repeated

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medical appraisals. Because of the disabling nature of these, the loss of productive work hours, and the probability of death at an earlier age and increase in mortality rates, I strongly recommend all persons working with asbestos be required to participate in the evaluations that would increase the probability of early detection of the presence of these associated diseases. Medical monitoring of this type is, of course, not a substitute for industrial hygiene control, but it is a second line of defense when there is the failure for any reason to prevent the inhalation of excessive quantities of asbestos fibers.

The medical examination is not time-consuming and would include just a chest x-ray and pulmonary function test in addition to appropriate history.

C. H. Hine
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