

Some Questions and Answers concerning Bulletin Cover Story

"Is there a killer in your home", July 6, 1974.

Q. Were Australian Blue Asbestos Pty. Ltd., and C.S.V. aware that a direct relationship was proved between crocidolite, or blue asbestos and a much rarer cancer called mesothelioma in the early 1960's up to the closure of Witterooma in 1966?

A. No. The medical literature refers to Wagner's paper in 1960 as the first to suggest a relationship between asbestos exposure and pleural mesothelioma. At a meeting of the New York Academy of Science published in December 1963, considerably more evidence emerged, although there was still some controversy. It was not until 1969 that the first health regulatory authorities (in the U.S.) tightened up regulations governing the handling of asbestos.

Q. Did a labourer die of mesothelioma at Witterooma in 1960?

A. No in 1961. Pleural mesothelioma caused the death of a man who had worked in the mill from 1947 to 1949. The case was described by Dr. McNulty in the Medical Journal of Australia in 1962.

Q. Did we know of this?

A. We have no evidence at present that A.B.L. were told of this at the time. A search is being made of A.B.L. records which have been stored at Cottesloe Railway.

Q. Was Dr. McNulty "always on (the Coy's) back"?

A. It is probably fair to say that McNulty was "always on their backs" with respect to the generally dusty conditions at Witterooma. However, McNulty of the U.A. Department of

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Public Health, and the other groups concerned such as the Mines Department and the State Government Insurance Office were mainly concerned with improving the dust reducing measures within the generally accepted standards of that time with respect to asbestosis.

Q. What were the contacts by these groups with Wittenoom?

A. There were periodic visits by various Department of Mines Inspectors. From 1948 the W.A. Department of Health introduced a system whereby each new employee was medically examined and x-rayed before being employed. Every twelve months a mobile clinic visited the mine and every employee was x-rayed. Any pneumoconiosis cases (includes asbestosis) were advised by Health Department and liability was vested in the State Government Insurance Office.

Q. Did A.B.A. take notice of these recommendations?

A. Yes, there were continuing improvements during the course of Wittenoom's history. Dust collection systems were installed in the old mill prior to its closure in the late 1950's and were built into the new mill which opened in 1959. However there were difficulties due to the abrasive nature of the dust and difficulties of maintenance.

Q. Were dust measurements made at Wittenoom?

A. Yes. In early 1963 a full time ventilations officer was appointed whose duties included this. An expert from the School of Public Health, Sydney, also surveyed the mine and mill in 1964. This work did show high concentrations of asbestos dust in air in the mill. Respirators were issued to all employees at operating stations in the mill although the heat limited their use.

Q. In what way do Mines Department files "hardly support" C.S.R.'s insistence that it did everything that was recommended?

A. A search is being made of A.B.A.'s records for specific correspondence on this. However, discussions with C.S.R. staff formerly employed at Wittenoom indicate that that the mill and mine worked under close Government and union inspections and that A.B.A. enforced the Mining Act and the controls under it to the limit.

Q. Did the Mines Department (Mr. Boyland) threaten to close the mine?

A. C.S.R. staff who formerly worked at Wittenoom believed that if the mine did not accord with Government standards it could be shut down at any time. A search of A.B.A.'s records should reveal any correspondence on this matter.

Q. Has C.S.R. renies in carrying on mining operations at Wittenoom (as Hall's article infers) in the light of the dangers of blue asbestos in causing mesothelioma?

A. It is only in the last few years that the particular dangers of blue asbestos with respect to mesothelioma are becoming generally accepted.

Even so, there is still some controversy over the question of dose-response and the types of asbestos responsible. The latter is not as cut and dried as Hall's article suggests. In the light of today's knowledge, it would have been renies, but at the time both the company and the Government regulatory authorities were endeavouring to work within limits set with respect to asbestosis, which are very different from those which would apply today with respect to mesothelioma.

Q. Is it true that of 41 men dead by schultzy (the inference is in 1963) 14 died (of mesothelioma)?

A. No, in the context of Hall's article it is grossly misleading. The figures come from a paper presented by McNulty a few years ago. Of a total of 101 men who worked at Wittenoom and who have developed pneumoconiosis, 41 were mill workers who had not worked underground or in other mines. Of these, 14 have died but only one from mesothelioma and one from another type of lung cancer.

Q. What are the current facts with respect to deaths from mesothelioma of people formerly employed at Wittenoom?

A. A copy of a report written in 1973 by Dr. P. McGuire, medical officer of the W.A. Mines Department says that there are 142 cases of asbestosis and silicosis/asbestosis and six cases of mesothelioma amongst people who have worked at Wittenoom. A total of 27 men are known to have died, including 5 from mesothelioma and 7 from other lung cancer.

Of the five known to have died from mesothelioma one was the case diagnosed in 1960 who died in 1961. The others have been diagnosed since 1969. The time interval from exposure to blue asbestos and death was from 13 to 22 years.

Q. Are 10 to 15 percent of the 20,000 people who worked at Wittenoom at one time or another likely to contract mesothelioma as Hall suggests?

A. There is insufficient knowledge for anyone to even hazard a guess. A 1973 report from South Africa (the only other country which has commercially produced blue asbestos) shows 232 reported cases of mesothelioma. 78 of these

... exposure to blue asbestos from mining operations. South Africa has been producing blue asbestos since 1919 and at a rate in excess of 30,000 tons per year since 1950. Compare Wittenoom's production rate of between 10,000 to 15,000 tons annually between 1958-1966.

Q. What is being done to find out how many people employed at Wittenoom might contract mesothelioma?

A. Professor Michael Hobbs, Associate Professor of Epidemiology and Social Medicine at the University of Western Australia is carrying out a survey on health problems associated with people working with asbestos, in particular with respect to people who have worked at Wittenoom. Hobbs has told us that C.S.R. (through Mr. Laith in Perth Office) had been most co-operative and helpful by making personnel records available. Dr. Smythe (C.S.R. Research) is visiting Perth on 8th July to discuss our further support of Professor Hobbs' work with him.

Q. Is C.S.R. doing anything to assist employees who worked at Wittenoom who are now suffering or are likely to suffer from mesothelioma?

A. As a matter of course. A.B.A. Pty. Ltd. (the operating company of the day) has met its full legal obligations to any employees suffering as a proven result of service at Wittenoom. Compensation is handled by the U.A. Government Insurance Office under U.A. law. Whatever cases have come to our knowledge we have assisted in the course of events to help people obtain compensation. The matter is of continuing concern to us because of the possibility of new cases arising. We would certainly do whatever we could to assist people obtain compensation where a condition was clearly attributable to service at Wittenoom mine.

A. No blue asbestos is being used in any C.S.R. operations today. Other asbestos, mainly chrysotile and talc, in small quantities of amosite, are being used in Panderlich factories for the production of asbestos cement, and at Concord for the production of vinyl floor tiles and in small quantities for some jointing cements for Cyprock. These types of asbestos are considered less dangerous than crocidolite (blue asbestos) with respect to health.

Q. What precautions are being taken in these factories to protect employees?

A. In the Panderlich factories there has been a continuous liaison with the Department of Labour and Industry and the Division of Occupational Health to improve dust extraction and control equipment to ensure that any asbestos fibre in the work place is kept to an acceptable level in line with that now recommended by the National Health and Medical Research Council of Australia.

Regular dust level determinations are carried out under the supervision of a staff officer who is responsible for advising on general industrial hygiene.

A similar situation prevails at Concord and a program for further improvements to dust control measures is underway.

Q. Is there room for improvement in C.S.R.'s standards of occupational hygiene in its many factories?

A. Yes, although the company has always been concerned to operate its factories within the accepted standards of the day, there is scope for the appointment of an Industrial Hygiene Officer to give advice and recommendations concerning our work place conditions in the wide range of operations C.S.R. is involved in today. This matter is being currently pursued.