2) Dr.Murray -

(a) approach to the T.U.C. via a paper to be presented to the Social Insurance Committee at their next meeting in October.

(b) Dr.Murray will approach the Construction Industry Committee mentioned above.

(c) Following these two actions Dr.Murray will then circularise the respective Unions in order to obtain their independant views.

) A meeting is to be arranged in October between the interested parties to discuss the outcome of the above actions and the possibility of commencing the medical surveillance proposed.

) A tentative approach is to be made to the T.U.C. Centenary Institute at the London School of Hygiene and Tropical Medicine to enquire whether they are prepared to offer advice and assistance in the implementation of this service.

The role of the Department of Employment in the setting up of the service is to be ascertained by future discussion with Dr.Lloyd Davies.

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WSS/ELW. 23rd July, 1971.

Dr. Robert Murray,
Medical Advisor,
Trades Union Congress,
Congress House,
Great Russell Street,
London, W.C.1.

Dear Bob,

I had a few words on the telephone with Dr. McCowan this morning about the possibility of having certain laggers examined by the Pneumoconiosis Medical Panels.

In principle he was not averse to the idea, although he felt that further discussion would be required before he could give a definite opinion.

His reservations were largely on the following grounds -

1) The numbers concerned would need to be carefully selected. He feels it would be impossible to offer the service to all insulation workers, but accepts that only a few of these men might fall within the modern definition of asbestos workers as we conceive it.

2) It would be impossible for members of his panels to visit contract sites to carry out these examinations. However, these men could be examined at local panel offices.

3) The examination of these men, particularly the periodic examination, would require the panels to obtain the previous examination notes. For this purpose they would require adequate notice, and some kind of appointments system. With the nomadic nature of these men, the tracing of previous notes might be somewhat time consuming.

Dr. McCowan is in favour, in principle, of the idea of resuscitating the personal card, or book, of records of examinations which we envisaged.

As I said before, Dr. McCowan agrees that there is a need to offer these men medical supervision. His reaction to the idea was most favourable, although, of course, he could not commit himself, or his department, at this stage.

Yours sincerely,

W.S. Smither.