

PLAINTIFF'S
EXHIBIT

U-519



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
NATIONAL INSTITUTES OF HEALTH
BETHESDA, MARYLAND 20014

NATIONAL CANCER INSTITUTE
732 Blair Building

MAY 6 - 1976

MAY 05 1976

Mr. Anthony Mazzocchi
Director
Citizenship-Legislative Department
Oil, Chemical and Atomic Workers
International Union
1126 Sixteenth Street, NW
Washington, D.C. 20036

Dear Mr. ^{Tony} Mazzocchi:

This is in response to your letter of February 26, 1976, which summarized the points we discussed at our meeting of January 21. I have tried to respond to your statements in the order that they were given in your letter. Based on our meeting, Dr. Robert Woolridge, Chief, Prevention Branch, Division of Cancer Control and Rehabilitation, and Project Officer of the Tyler contract, has been in touch with the Directors in Tyler at the Chest Hospital to raise these concerns and to find remedies to solve those which could be substantiated.

Dr. Lee Grant, Medical Director, Pittsburgh Plate Glass Company, did contact the East Texas Chest Hospital regarding the Tyler Asbestos Workers' name lists and participation in the program. Dr. Hurst refused Dr. Grant's request and sent him a letter to this effect. Attached is a copy of Dr. Hurst's letter dated December 9, 1975, to Dr. Grant.

Medical care for chest diseases and smoking have been given to those asbestos workers who requested it from the East Texas Chest Hospital. The hospital medical staff has been giving advice on all other problems as well as various types of counselling on their current physical condition. The East Texas Chest Hospital also assists in getting the workers into another hospital for special treatment and/or surgery.

When the asbestos workers joined the medical demonstration program, lectures were given from an orientation module which explained in detail all facets of the program. (See attached). The workers were told what to expect on the first and succeeding visits. They were informed

that the first three or four visits would be at six-month intervals. At their first and each succeeding visit, the physical examination and the various procedures they could expect were discussed. Currently, the length of time between each physical examination is being reviewed.

The date, length and type of exposure, and current laboratory and clinical findings and the physical conditions of each worker may alter the number and length of time between each medical examination for each person in the future. This will be reviewed on an annual basis and changes in time between examinations adjusted accordingly. All changes in procedures, time between examinations and any appointment changes are explained to the workers by a nurse and/or social worker.

From September to December 1975 there were 250 plus outpatient visits by the asbestos workers for further diagnosis and treatment which were in addition to their regular scheduled visits. From December 1975 to the present, asbestos workers are coming into the outpatient clinic for additional treatment at the rate of 25 or more each week. The social workers and nurses explain to each worker at the time of their examinations that provisions are available for all of them to discuss the results of their physical examinations with a social worker, nurse or physician at any time it is convenient. In each case, the type of medical treatment administered is left to the discretion of the attending physician. Drugs prescribed by the physician are available free of charge at the hospital for those who cannot pay. Those who have insurance and/or medicare - medicaid, the hospital staff requests permission to use it. If the worker agrees, the hospital files for a claim; however, if the worker objects, the hospital then gives free treatment.

The subject of attitude of the staff at the East Texas Chest Hospital and waiting times for worker examinations was reviewed with the Tyler Asbestos Program staff. When the asbestos worker leaves the asbestos program staff and enters the hospital for the last part of his clinical examinations, he is given a number and is put in line with the rest of the state hospital patients. The Superintendent of the hospital has been alerted and will implement different procedures in an attempt to remedy the situation.

Since I talked with you in January, it seems that the best approach to deal with the medical situation in Tyler is to use the peer review mechanism to evaluate the effectiveness of the program there. As you know, DCCR is committed to the use of non-government experts to aid us in the objective assessment of our programs. Meanwhile, our staff will continue to monitor this contract and to assure that the best available professional practices are being used, including the points you raised. Dr. Woolridge will and has used experts to assist him in these interim assessments. Such assessments are transmitted back to the Tyler staff with time for appropriate modification. By late summer or early fall, the DCCR Office

Mr. Anthony Mazzocchi

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of Committee and Review Activities will have worked out proper merit review procedures. The total Tyler program will be subjected to Merit Review by the DCCR Intervention Review Committee. To us this objective assessment will be of the most benefit to those of our greatest concern: the workers and others who were exposed to asbestos in Tyler, Texas.

Your concerns, and ours, can, I believe, be resolved through the utilization of the NIH peer review model. I very much appreciated our meeting and hope that I convey to you the very concern that DCCR has over the points you raised. Please keep in close touch. Let me know if you disagree with this approach.

Best personal regards.

Sincerely yours,



Diane J. Fink, M.D., Director
Division of Cancer Control
and Rehabilitation

Attachment

Robert L. Woolridge, D.Sc.

George A. Hurst, M. D.
Superintendent
East Texas Chest Hospital
Tyler, Texas 75701

Appropriate action

Appropriate action, advise this office

Your information and file

Your information, please return

Draft a reply

December 9, 1975

Lee Grant, M. D.
Medical Director
Pittsburgh Plate Glass
Pittsburgh, Pennsylvania

Dear Lee:

Doctor Spivey and I have discussed our recent conversation with you concerning participation of workers in the Tyler Asbestos Workers Program. Federal requirements concerning confidentiality preclude release of the names of patients in the program. Moreover, we believe that the interest of the program and the patients are best served by continuing our current emphasis on voluntary participation.

Sincerely,

George A. Hurst, M. D.
Principal Investigator

GAM/mc