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THE WESTERN STATES
ASBESTOS HEALTH PLAN

OCCUPATIONAL HEALTH PROGRAM

WESTERN STATES
CONFERENCE
OF
ASBESTOS
WORKERS

ASSOCIATED
INSULATION
CONTRACTORS
OF THE
WESTERN STATES

OCTOBER 31, 1968

OCCUPATIONAL HEALTH PROGRAM FOR THE WESTERN STATES ASBESTOS HEALTH PLAN

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Trustees of the Western States Asbestos Health Plan, meeting in Seattle, Washington, on October 31, 1968, approved this program and entered into an agreement with Dr. Tabershaw for its implementation.

The Trustees, meeting in San Francisco on March 10, 1969, authorized that copies be made available for general distribution.

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WESTERN STATES ASBESTOS HEALTH PLAN

Western States Conference of Asbestos Workers	Associated Insulation Contractors of the Western States
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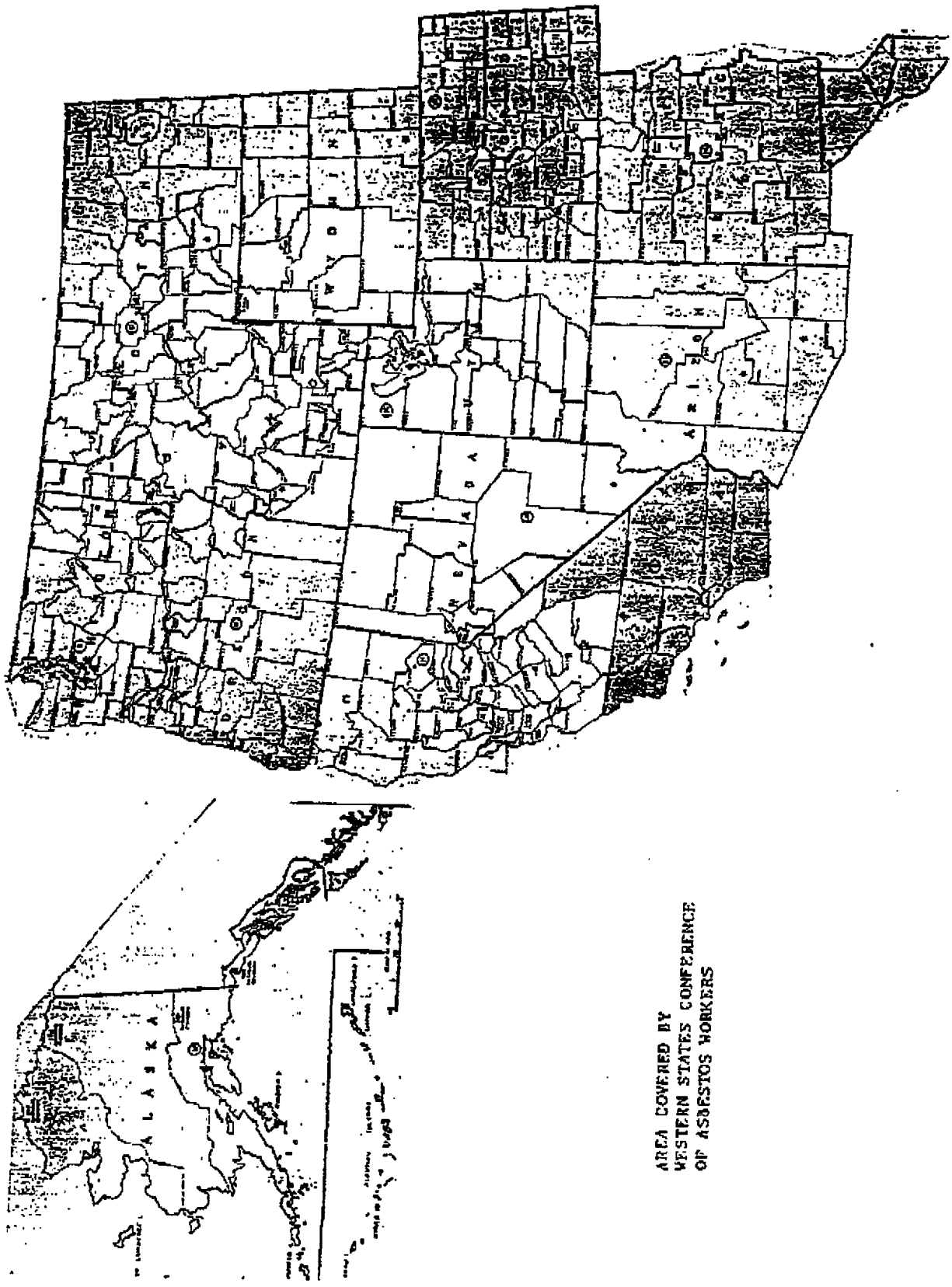
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AREA COVERED BY
WESTERN STATES CONFERENCE
OF ASBESTOS WORKERS

OCCUPATIONAL HEALTH PROGRAM

for

Asbestos Workers and Insulating Contractors
of the Western States

Irving R. Tabershaw, M.D., W. Clark Cooper, M.D.,
and
J. LeRoy Balzer, M.S.

October 31, 1968

INTRODUCTION

The establishment in 1966 of a supplemental Health and Welfare Fund for Occupational Health and Research by the Associated Insulation Contractors of the Western States and the Western States Conference of Asbestos Workers has made it possible to begin a coordinated program to prevent occupational disease in the insulating trade.

The need for such a program has been increasingly apparent. Insulating workers are subject to a number of specific hazards in their trade, the major ones arising from inhalable dusts in the fabrication, application, finishing, and tearing out of various insulating materials. Knowledge has been steadily accumulated as to methods of reducing exposures to dusts and to detect disease in men already affected. Work in the trade is stable; but frequent changes in work site and jobs, multiple employers, and a widely scattered work force make conventional medical surveillance and industrial hygiene difficult to apply.

A coordinated program is timely. All insulating workers in the area receive medical care through health and welfare plans jointly supported by labor and management. The increasing age of the work force and rising costs of medical care are producing inevitable strains upon health, welfare and pension funds. At the same time, available knowledge on the prevention, diagnosis, and treatment of asbestos-related disease is not being applied. Leadership in both employer and labor groups is concerned not only about the personal effects of preventable illness but also about the ultimate effects on industry. They are therefore seeking effective and practical means of developing and applying modern occupational health practices under the particular conditions of their trade.

In the development of the present proposal, we have (1) reviewed all current health and welfare plans in the Western States, with emphasis upon preventive medicine and industrial hygiene; (2) considered the basic components of medical and environmental surveillance; (3) made specific recommendations upon such medical and environmental programs; and (4) reviewed the suitability and availability of local medical and environmental health resources, with specific recommendations where appropriate.

DISTRIBUTION OF WESTERN ASBESTOS WORKERS

Area Covered

The geographical area represented in the Western States Conference of Asbestos Workers covers California, Oregon, Washington, Idaho, Montana, Colorado, Nevada, Wyoming, Utah, Arizona, New Mexico (except six eastern counties), Texas (six western counties only), and Alaska. In these 13 States there are nearly 2,200 insulating workers. The approximate distribution of those presently working within the jurisdiction of their local, as shown in Table I, serves to illustrate the problem of providing a supervised medical and environmental program. "Travellers," working temporarily out of the jurisdiction of their locals, increase the total numbers in areas where construction is active.

TABLE I - Insulating Workers in Western States (Approximate)

ARIZONA		
Phoenix	(#73)	55
Tucson	(#73)	38
Total for State		93
ALASKA		
Anchorage	(#97)	78
Total		78
CALIFORNIA		
Los Angeles & Orange	(#5)	400+
San Diego	(#5)	60
Riverside	(#5)	35
San Fernando	(#5)	7
Ventura, SB	(#5)	13
Bakersfield	(#5)	7
Total		522+
East Bay	(#16)	260
Penins.	(#16)	50
San Francisco	(#16)	40
Stockton	(#16)	6
Sacramento	(#16)	50
Redding	(#16)	4
Chico	(#16)	2
Fresno	(#16)	15
Total		427
Total for State		949+
COLORADO		
Denver	(#28)	150
Durango	(#28)	2
Total for State		152
IDAHO		
Boise	(#69)	6
Idaho Falls	(#69)	10
N. Idaho	(#82)	
Total for State		16+
NEVADA		
Las Vegas	(#135)	35
Reno	(#16)	11
Total for State		46
NEW MEXICO		
Albuquerque	(#76)	50
Roswell	(#76)	2
Carlsbad	(#76)	2
Farmington	(#76)	2
Total for State		56
MONTANA		
Billings	(#82)	6
Total		6
OREGON		
Portland	(#36)	144
Total		144
TEXAS		
El Paso	(#76)	50
Total		50
UTAH		
Salt Lake City	(#69)	84
Total		84
WASHINGTON		
Seattle & Tacoma	(#7)	134
Spokane	(#82)	66
Total for State		200
WYOMING		
Cheyenne & Laramie	(#28)	6
Western Wyoming	(#69)	10
Total for State		16

Local Unions in Area

In Table II are listed the locals of the International Association of Heat and Frost Insulators and Asbestos Workers within the area covered by the Western Conference.

Members of the Associated Insulation Contractors of the Western States do not negotiate directly with all of the unions in the Western Conference. Contractors in Colorado, for example, are in the Midwest Association.

TABLE II

Local Asbestos Workers' Unions in Western States

Local Number	Headquarters	No. of Men	Health & Welfare Contribution	Periodic X-ray	Other Locals in Same H & W Plan
#5	Los Angeles, Calif.	522	0.21¢/hr.	yes	69,73,76,135
#7	Seattle, Washington	134	20¢	no	82,97
#16	San Francisco, Calif.	427	30¢	yes	
#20*	Long Beach, Calif.	---	--	---	
#28	Denver, Colorado	152	16¢	no	
#29*	Hunters Point, Calif.	---	--	---	
#36	Portland, Oregon	144	25¢	no	
#62*	Bremerton, Washington	---	--	---	
#69	Salt Lake City, Utah	94	21¢	yes	73,76,135
#70*	Mare Island, Calif.	---	--	---	
#73	Phoenix, Arizona	93	21¢	yes	5,69,76,135
#76	Albuquerque, N.M.	106	21¢	yes	5,69,73,135
#82	Spokane, Washington	66	20¢	no	7,97
#97	Anchorage, Alaska	78	20¢	no	7,82
#135	Las Vegas, Nevada	46	21¢	yes	5,69,73,76

*Starred locals are in U.S. Naval Shipyards which were not included in the present review.

Health & Welfare Plans

There are five health and welfare plans operating within the western states:

(1) Los Angeles, California. The Heat and Frost Insulators and Asbestos Workers Health and Welfare Fund provides medical and life insurance benefits to locals 5, 69, 73, 76, and 135. Operative since 1952 in Los Angeles, 1954 in Phoenix and Tucson, 1955 in Salt Lake City, 1964 in Las Vegas, and 1966 in Albuquerque and El Paso, this plan is currently financed by a 21c per hour contribution. It provides medical expenses and hospital benefits for non-occupational diseases to members and dependents, accident and sickness weekly benefits for occupational and non-occupational injury or sickness, and life insurance benefits. Dental expenses are not covered. Specific provision is made for an annual chest film performed by a number of designated radiologists, the cost not to exceed $15. This is not totalled in the maximum amount of permissible benefits. There is also a special provision for payment of medical benefits of up to $500 in a 12-month period for asbestosis or silicosis, if for any reason the member is not entitled to receive workmen's compensation. The insurance carrier for the plan is Occidental Life Insurance Company of California.

The provision of a voluntary annual chest film is the beginning of a medical surveillance program for members of locals 5, 69, 73, 76, and 135. A list of 34 approved radiologists who have agreed to take films for the Fund was set up in 1966. All are board-certified. There are 21 in greater Los Angeles and San Diego, two each in Tucson, Bakersfield and Albuquerque and 1 each in Santa Barbara, Riverside, San Diego, Salt Lake City, Boise and El Paso. Anteroposterior and lateral films are taken. The radiologist completes a form for the Administrator of the Health and Welfare Fund indicating whether or not the films show any abnormality for which further treatment or medical advice is advisable. This must accompany request for payment.

TABLE III

Participation in the program has been as follows (as of September 11, 1968):

Local	No. in Local	No. of Films Taken	% Having Films	% Reported Positive*
# 5	520	214	23%	13%
# 69	94	53	56%	0%
# 73	93	38	41%	5%
# 76	106	9	8%	0%
# 135	35	9	25%	3%

* Any abnormality requiring further study, not necessarily asbestosis.

We have no information on the conditions which led to request for further examination or medical care.

(2) Seattle, Washington. The Insulation and Asbestos Workers Welfare Trust of Seattle provides life insurance benefits for accidental death and dismemberment, and loss of time for non-occupational disease, medical care and hospital expense benefits to members and/or dependents of local 7 (Seattle and Tacoma), local 82 (Spokane and Billings) and local 97 (Anchorage). Occupational diseases are excluded from benefits if covered by workmen's compensation. Diagnostic check-up examinations not incident to or necessary for the diagnosis of a sickness or accidental injury are expressly excluded, if paid out of insurance. The monthly contribution is 20¢. The insurance carrier is New York Life Insurance Company.

(3) San Francisco, California. The Health and Welfare Plan of local 16 has been in operation since 1951 and now provides benefits for about 440 active and 30 retired members. Medical care, hospital benefits, and lost-time benefits are provided through Blue Cross; and life insurance coverage is by Standard Insurance Company of Portland, Oregon. The program is supported by a 30¢ per hour contribution. Since 1957, the health and welfare fund has provided annual chest films on a voluntary basis to all members, paying at first $10, now $12, to any of several designated radiologists for the service ($16.50 if two films are taken). This is separate from the insurance program, with chest film fees being billed directly to the Administrator of the Health and Welfare Fund, who also receives the films and interpretations. During the first year of the program, pulmonary function tests were performed on about 166 men; these were discontinued because of expense. Over a period of 10 years, nearly 2000 films have been taken in 390 men and have provided excellent serial evidence of changes. Expansion of the program to include annual screening examinations is under consideration.

(4) Denver, Colorado. Local 28 with 156 members has had a health and welfare program since about 1952. It is financed by a contribution of 16¢ an hour, with California Western Life Insurance Company as the insurance carrier. It is a cash indemnity program and does not permit periodic examinations in absence of illness. There have been films taken on a voluntary basis by the local tuberculosis program, but union officials do not know the extent of participation.

(5) Portland, Oregon. The Health and Welfare Plan of local 36 provides hospital, medical and surgical benefits through a choice either of direct benefits from the Kaiser Foundation or cash benefits through International Health and Life Insurance Co. of Portland. Life, accidental death and dismemberment, weekly income, dental benefits and major medical coverage under Kaiser Foundation are underwritten by Bankers Life Company of Des Moines, Iowa. The foregoing are paid for by a 25¢/hour contribution. Laboratory or other expenses involved in periodic examinations are provided under the Kaiser plan but not under the IHA coverage which pays only for necessary x-ray and laboratory procedures incident to the diagnosis or treatment of non-occupational injuries or illness. Dental coverage is for 50% of covered charges in excess of a $15 per annum deductible.

Portland has authorization for a periodic examination program and has been negotiating during the past two years for its implementation.

The Portland local participated in a program carried out by the State Health Department on March 8, 1968, during which 100 members were examined out of a total of about 145. Examinations included 70 mm chest films, vital capacity and forced expiratory measurements.

Environmental Control

No comprehensive industrial hygiene activities are evident. In Portland, Seattle, and Spokane, through labor-management agreement, approved respirators are being supplied to all insulators. Fitting and maintenance are each man's responsibility. Also, some individual contractors make approved respirators available. Nearly all contractors supply some form disposable respirators.

More fundamental aspects of industrial hygiene, such as ventilation, housekeeping, improving work practices, are not being systematically promoted.

In Oregon, the advice of the State Health Department has been requested by local 36; and recommendations are pending to reduce dust levels, with emphasis on marine construction.

Summary of Current Preventive Efforts

Preventing occupational disease in an industry requires knowledge of potential and actual hazards, surveillance and control of the work environment—coordinated with surveillance of the worker's health and medical care.

Industrial Hygiene. Responsibility for control measures in the entire construction industry has been unclear. In the insulating trade, efforts have so far been inadequate; and industrial hygiene programs have been difficult to organize, supervise, and regulate. Protection against dust exposures has been far down in the list of priorities. In the western states, organized efforts to control dust are rarely evident except in Navy installations. Individual contractors provide some exceptions.

Respirator programs are uneven and wearing them in dusty atmospheres is only occasionally obligatory. Because of the increased effort of breathing with most approved respirators and the variations in their effectiveness in keeping out fibers, choice of respirator is important and requires expert advice. Equally important are fitting and maintenance; there are no effective programs for this even in areas where respirators are furnished.

Medical Surveillance. All members are protected against routine and major medical expenses for themselves and their dependents with variations in completeness. It is not the purpose of this report to compare or evaluate medical coverage as such. There is in all locals a consciousness of the need for improved preventive programs. These have been difficult to provide in the context of existing insurance programs and in the absence of any one employer having a large enough proportion of the work force to provide occupational health services.

Periodic chest films, although highly desirable, are not enough in themselves to establish physical status of the worker. Their value is further reduced when x-rays are taken by many different radiologists using different criteria, unrelated to clinical histories, working experience, and knowledge of the insulators' environment. Private physicians see too few men with common working experience to deal consistently with their problems arising out of asbestos exposure.

WORKMEN'S COMPENSATION

Although a separate study would be required to cover workmen's compensation provisions within the 13 States of the Western Conference, information supplied in Table IV shows the important variations in the 14 jurisdictions involved (thirteen States and United States Government). Equally important are the interpretations applied within the various jurisdictions. There are differences in benefits for medical care, temporary total disability, permanent partial disability, permanent total disability, and death, provisions for waiver of compensation, subsequent injury funds (in all jurisdictions except Nevada), provisions for extraterritoriality, allocation of costs to last employer or prorating over all employers considered to be contributory to disease.

The U.S. Department of Labor last year financed a study of the problems of compensation in beryllliosis and asbestos-related disease. This study, by the firm of Woodward and Fondiller in New York City, has not yet been released.

TABLE IV - Compensation in the Western States

JURISDICTION	TYPE OF LAW	EMPLOYER TO INSURE THROUGH: STATE FUND	PRIVATE COMPANY	SELF	EMPLOYERS EXEMPT WHO EMPLOYED FEWER THAN	COVERAGE	SUBSEQUENT INJURY FUND
Alaska	Compulsory	No	Yes	Yes	-	Full	Yes
Arizona	Compulsory	Competitive	Yes	Yes	3	Schedule[36]	Yes
California	Compulsory	Competitive	Yes	Yes	-	Full	Yes
Colorado	Elective	Competitive	Yes	Yes	4	Schedule[47]	Yes
Idaho	Compulsory	Competitive	Yes	Yes	-	Schedule[11]	Yes
Montana	Elective	Competitive	Yes	Yes	-	Schedule[23]	Yes
Nevada	Compulsory	Exclusive	No	No	2	Full	No
New Mexico	Elective	No	Yes	Yes	4	Schedule[32]	Yes
Oregon	Compulsory	Exclusive	No	No	-	Full	Yes
Texas	Elective	No	Yes	No	3	Schedule[45]	Yes
Utah	Compulsory	Competitive	Yes	Yes	-	Full	Yes
Washington	Compulsory	Exclusive	No	No	-	Full	Yes
USA (FECA)	Compulsory	Appropriation	No	No	-	Full	Yes
Wyoming	Compulsory	Exclusive	No	No	-	Schedule[1]	Yes

Footnote: Figures 36, 11, etc., under coverage indicate number of conditions listed in schedule.

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RECOMMENDED PROGRAM

The needs of the insulating industry and its workers can best be met by a coordinated occupational health program responsive to both management and labor through the trustees of the participating health and welfare plans. In such a program, the Medical Advisor of the Occupational Health Plan of the Western States, in conformity with guidelines approved by the trustees, would coordinate and supervise medical and industrial hygiene activities as follows:

I. Medical Program

A. Negotiate with appropriate clinics or physicians in each major area to perform periodic examinations on members.

B. Establish content of such examinations.

C. Establish frequency of such examinations.

D. Maintain central file of medical abstracts on members.

E. Maintain central file of duplicate chest films on members.

F. Periodically provide the trustees, contractors and union members with statistical evaluation of physical health status of membership, without revealing individual company or member's name.

G. Provide medical information on asbestos-related diseases and other occupational health problems to participating clinics and physicians, personal physicians, radiologists, and pathologists, with particular emphasis on diagnostic criteria and on relative hazard or safety of work environment.

H. Work directly with local radiologists and pathologists to improve differential diagnosis of asbestos-related diseases.

I. Advise trustees upon workmen's compensation aspects of asbestosis and other asbestos-related diseases.

J. Provide health educational material for distribution to contractors, local unions, and members.

K. Maintain close liaison with members of the medical profession interested in and responsible for the health of the insulator.

L. Keep informed on worldwide research as it pertains to the detection, prevention and treatment of medical problems important to insulating workers, and translate this information into appropriate action.

II. Industrial Hygiene Program

A. Develop manuals of hygienic practice, with the help of the organized health and safety committees in each area, for consideration by trustees and by local union leaders and contractors.

B. Develop educational material for distribution by local health and safety committees.

C. Recommend local industrial hygiene resources, and act as intermediaries in acquainting them with the needs of the industry and in interpreting their findings to management and labor.

D. Maintain liaison with research throughout the United States and the world relating to the improvement of the work environment of the insulating worker.

A guiding principle in the foregoing would be that the medical findings in any individual are to be held in confidence between him and his physician unless he has given his written consent for its release. Medical information in the files of the Medical Advisor will be handled in this way. The periodic medical examination would not be expected to interfere with each man having his own personal physician. Dust counts or other environmental findings identifying individual jobs or contractor would not be released without appropriate clearances by those involved.

MEDICAL EXAMINATIONS

Content. It is impossible to begin a program of this kind without knowledge of the health status of the work force and without periodic revaluation of the health status of the individual union members. The following examination is recommended for all men at the start of the program and upon beginning employment.

1. Medical history
2. Occupational history
3. General physical examination
4. Chest roentgenogram, postercanterior and lateral
5. Pulmonary function
   a. Forced vital capacity
   b. Forced expiratory volume (1 second)
   c. Diffusing capacity (if available in area)
6. Blood analyses: sugar, uric acid, SGOT, cholesterol
7. Electrocardiogram
8. Urinalysis
9. Collection of spurum sample
10. Audiogram (test of hearing)
11. Tonometry (to detect glaucoma)

Frequency. There is no need to repeat such an examination every year for every man. Our present recommendation is that all men with 20 or more years since joining the trade should have examinations annually; those with 10 to 20 years should have them every two years; those with less than 10 years in the trade should have them every three years, unless there are special indications. Table V indicates the current distribution of workers in 5 major locals in terms of years since joining the trade.

TABLE V

Distribution of Asbestos Workers in Five Major Locals Based on Years Since Entering Trade

Local	10 or less	10-20	Over 20	Total
#5	123 (23%)	220 (42%)	183 (35%)	526 (100%)
#7	25 (16%)	69 (45%)	60 (39%)	154 (100%)
#16	134 (31%)	115 (27%)	178 (42%)	427 (100%)
#36	29 (22%)	30 (23%)	74 (56%)	133 (100%)
#82	29 (17%)	57 (33%)	85 (50%)	171 (100%)
	340 (24%)	491 (35%)	580 (41%)	1411 (100%)

Site and Costs. It is important that the examinations be done by one physician or clinic in each major area, using forms prescribed by the Occupational Health Plan. Discussions with representative clinics in the areas have indicated that an examination as outlined would cost about $50, as of mid-1968. This would involve individual negotiation and perhaps local modifications of some parts of the examination. Scheduling examinations every two or three years in some members would release funds for special studies indicated for others. Health and welfare funds should appropriate funds equivalent to $50 per member to cover the examination program.

Supervision. The Medical Advisor would supply participating clinics with specific information on the currently accepted criteria for the diagnosis of asbestosis and systems for classification of chest roentgenograms. Representative films for radiologists to review would be circulated to apprise them of diagnostic criteria.

Similarly, pathologists in each area would be kept advised of current information on the pathologic diagnosis of asbestosis with the aim of discouraging either over- or under-diagnosis.

Medical Records. A duplicate chest film and a summary of each member's medical record would be kept on file in the office of the Medical Advisor, with the consent of the man examined. The medical staff would be available for consultation (or to suggest appropriate consultation) in difficult diagnostic situations.

INDUSTRIAL HYGIENE

Although asbestos has been the major concern that has forced consideration of improved industrial hygiene in the insulating industry, an industrial hygiene program must consider other insulating materials such as fibrous glass. Proper use of solvents and control of noise, heat, humidity, and accidents are all within the scope of a complete industrial hygiene program. Nevertheless, initial emphasis must be upon dust control, through ventilation, good housekeeping, proper work practices and use of effective and comfortable respirators under appropriate circumstances.

To carry out the foregoing in specific terms, it is recommended that a code of hygienic practices be adopted in each local area, with the advice of the Medical Advisor and his staff and the help of a local health and safety committee. Such practices should be consistent with recommendations at the national level and in accord with changes in technology, as related to materials, packaging, tools, respirator developments, etc.

Industrial hygiene resources in each area will be located and conducted by the Medical Advisor and his staff. Latest equipment for measuring fibrous dust exposures will be demonstrated. Literature on environmental evaluation in the trade would be made available to local industrial hygienists.

Periodic visits will be made to each area to review environmental problems. Upon request of contractors in participating plans, special surveys would be carried out.

RELATIONSHIPS WITH INTERESTED GROUPS

In carrying out the foregoing roles, the following principles would govern communications with various interested parties:

I. Trustees of the Western States Occupational Health Plan.

The Trustees are responsible for expenditure of funds of the Western States Occupational Health Plan. They must approve the plans and contemplated relationships under discussion. They would receive periodic reports on the preventive program efforts and periodically re-evaluate its progress and course.

II. Trustees of Local Health and Welfare Plans.

Under guidelines of the general plan, the Medical Advisor and his staff would work with trustees, or designated administrators, of participating local health and welfare plans in the implementation of preventive medical or industrial hygiene activities. The role of the trustees would include:

A. Advice in negotiation with local physicians or medical clinics for periodic physical examinations.

B. Review and evaluation of periodic reports on the extent of participation by union membership, and statistical data on findings (without identification of individuals by name).

C. Providing and approving specific suggestions for industrial hygiene practices.

D. Suggesting contacts with local pathologists, radiologists, industrial hygienists, as needed.

III. Contractors.

A. Associated Insulation Contractors of the Western States:

1. Would be regarded as source of information on general problems and needs of the insulating contractor.

2. Would periodically receive information on preventive medical and industrial hygiene efforts.

3. Would receive scientific and educational material on the control of hazards in the insulating trade.

4. Would be apprised in advance of possible recommendations for industrial hygiene that might prove unduly expensive or burdensome.

5. Would be kept advised on compensation legislation.

B. Individual contractors, in addition:

1. Would receive interpretation of environmental findings made by local industrial hygienists.

2. When feasible would be given assistance in industrial hygiene surveys, with specific recommendations.

3. Would receive detailed environmental data relating to their individual work sites (names of contractors, or identifiable jobs would not be made public without written consent of the contractor involved).

IV. Insulating Workers.

A. International Union - There would be full cooperation with educational and research efforts of the international union, subject only to restrictions on confidentiality of information.

B. Western Conference

1. Would receive periodic reports on the status of preventive medical efforts and industrial hygiene efforts.

2. Would receive scientific and educational material on the control of hazards in the trade.

3. Would be kept advised on trends in compensation.

C. Local Unions - Would receive foregoing information as it pertained to the local union.

D. Individual Asbestos Workers

1. Each man would receive a letter describing the new program.

2. Follow-up letters describing local implementation would be sent by local Health and Welfare Plan.

3. Would receive a report of the result of each examination in general terms, with specific recommendations as needed.

4. Would receive, through union channels, periodic information on health protection, including hazards from smoking.

5. Would have the advice of the Medical Advisor when requested through union channels or through his own physician.

V. Physicians.

A. Designated local physician or clinic - The clinic or physician chosen to perform physical examinations in each area would do it with the understanding that certain minimum studies will be done and that a standardized summary, with duplicate AP chest film, will be sent to the Medical Advisor. Professional communications relating to individual medical examinations would be between the Medical Advisor and the examining clinic, with release to others only upon written consent of the worker.

B. Personal physicians - If the worker's personal physician were someone other than the one doing the periodic examination, it is expected that this physician would receive a summary copy of the foregoing examination; he would be urged to keep the Medical Advisor informed of medical events of importance to his patient.

C. Radiologists, pathologists, etc. - Summaries of current literature, classification of films and lung disease as related to asbestosis would be sent periodically to radiologists and pathologists likely to be seen by asbestos workers.

VI. Industrial Hygienists and Others Interested in Occupational Health.

A. State and local industrial hygiene departments - The Medical Advisor would write each of the foregoing, informing him of the Occupational Health Plan and enclosing literature on current practices and sources for consultation.

B. Articles would be written in technical and trade journals describing the existence of the plan and its operations.

SUMMARY

After review of (1) the medical and industrial hygiene needs of the insulating industry in the Western states, (2) the distribution of insulators and contractors, (3) the current health and welfare plans and environmental control efforts, and (4) available medical and environmental resources, a regional occupational health program is suggested, with the objective of improving and coordinating efforts to control occupational disease and thereby lessen the human and economic effects of preventable illness in the insulating trade:

I. A permanent Medical Advisor should be appointed to work with the Western Conference of Insulating Workers and the Associated Insulating Contractors of the Western States, to develop and carry out medical policies.

II. The Medical Advisor would be responsible to the Trustees of the Western States Occupational Health Plan and would work with trustees of local health and welfare plans in the improvement and implementation of preventive health activities.

III. The asbestos workers and contractors would support, through local health and welfare programs or special assessment, periodic physical examinations of all members, with content and frequency based upon recommendations of the Medical Advisor.

IV. Such examinations should be performed in each local area by a clinic or physician chosen by the local health and welfare plan with the advice of the Medical Advisor.

V. Estimated cost of initial and periodic examination is $50 per man per annum (as of mid-1968).

VI. Abstracts of periodic examinations and duplicate chest films would be sent to the Medical Advisor's central file.

VII. The Medical Advisor and his staff would prepare, for local distribution, health education material.

VIII. Each local area would be urged to form a health and safety committee, with labor and management representatives, to supervise local environmental controls.

IX. The Medical Advisor and his staff would prepare detailed industrial hygiene information and, in cooperation with local health and safety committees, develop local educational and enforcement programs.

X. The Medical Advisor and his staff would provide liaison with national programs working toward improved occupational health for the industry.

WESTERN STATES ASBESTOS HEALTH FUND

MINUTES OF MEETING
of
BOARD OF TRUSTEES
October 16, 1969
Holiday Inn,
Salt Lake City, Utah

The meeting of the Board of Trustees of the Western States Asbestos Health Plan was called to order by the Chairman, Frank Calegory at 9:30 a.m. on October 16, in the Holiday Inn at Salt Lake City, Utah. Those present were as follows:

FOR THE EMPLOYER	FOR THE UNION
K. M. McCaffree	Frank Calegory
Don Bradshaw	Don Bruner
A. D. Schinnerer	Earl Kirkland
Lee Sweetser	Ed Lontz

In addition Administrator Glen Slaughter, Legal Counsel Phil Smith, and the medical consultants Dr. Irving Tabershaw, Dr. Clark Cooper, and Mr. LeRoy Balzer.

It was moved, seconded, and passed that the minutes of the meeting of July 10 be approved as written and distributed.

The Administrator presented his Operations Report. It was noted that commitments to the Trust were $45,250 and that expenses to date had amounted to $38,772. Cash on hand was in excess of $14,000. Thus the expected surplus as of October 31 was between $7,000 and $8,000. These funds were sufficient to carry the program on its present basis until December 31.

It was moved, seconded, and passed that the Operations Report of the Administrator be accepted.

It was moved, seconded, and passed that the checks issued by the Finance Committee since the last meeting of the Trustees be approved.

The Chairman noted that the item on pre-retirement and disability benefits scheduled for discussion in connection with the health plan had been considered by the Trustees of the pension plan on the preceding day and no further discussion was necessary at this point.

Administrator Slaughter asked that the minutes show that the 5¢ increase in contributions on August 1, 1969 was to be held in separate accounting and the 2¢ for operations of the Occupational Health Plan be shown in a separate report.

The report of the medical consultants was then asked for. Dr. Tabershaw, Dr. Cooper and Mr. Balzer presented details of their activities since the last meeting. Dr. Cooper had attended a meeting in Japan which concerned the area of lung diseases and which he did in connection with other business. He reported that unfortunately there were no real breakthroughs in the field of scientific knowledge. Mr. Balzer reported some of his work on the testing of masks. Unfortunately there were no new products at this meeting to report. He demonstrated the use of a plastic bag in the use of mixing various kinds of materials. Tabershaw pointed out that there was considerable Congressional action directed towards the construction industry for the control of noise, silicosis, and asbestosis.

Dr. Tabershaw then gave the written report of their activities, indicating a number of examinations of persons have been completed in Portland and Seattle. He gave a brief statistical breakdown on the consequences of exams in Seattle. These were discussed by the Board.

Attention was given to the status of the examining program in other areas. The Trustees of the Health and Welfare Fund in Southern California and the southern States have yet to approve the expenditures specifically to cover the examinations under the Occupational Health Plan. Accordingly no examinations have taken place in Utah, Arizona, New Mexico or Southern California.

Dr. Tabershaw reported progress in developing contacts in Los Angeles and San Francisco with respect to carrying out these examinations if and when funds became available.

A review was made of the various prices being charged for the exams throughout the Western States. Dr. Tabershaw was specifically instructed to go ahead and set up clinics and connections in California, since Locals #5 and #16 have now joined the Occupational Health Plan. Dr. Tabershaw talked briefly about the problem of referrals to them and from other physicians and of referrals by them to family physicians. He discussed the problem of the Workmen's Compensation laws as these differ from state to state and indicated that their organization was reviewing this in terms of the problem related to the health plan. He also reported on general communications from and to the Conference, to contractors and others.

Dr. Tabershaw then turned to a discussion of the industrial hygiene program. Mr. Balzer demonstrated paper coveralls and discussed some of the problems in their use. He reported the technical symposium at the Puget Sound Naval Shipyard where they were attempting to implement some of the recommendations which the Tabershaw-Cooper Associates had previously presented to the Trustees for discussion.

There was discussion of the development of a mobile and industrial hygiene lab which could be used by the health plan. Dr. Cooper also presented a syllabus for the seminar program that is being scheduled for the various

areas to discuss the problems related to industrial hygiene. He also called attention to the fact that publications would be occurring in the IDCNA Outlook every couple of months on activities which they were doing.

It was agreed to send 150 copies of the Occupational Health Plan to the IDCNA headquarters at the Mountain Shadows resort at Scottsdale for distribution to the delegates at that convention.

The attention of the Trustees was turned to the budget. Dr. Tabershaw briefly outlined the personnel, office, travel, and program costs plus potential expenditure of some $10,000 as capital costs for a mobile laboratory. These totalled in excess of $70,000. The Trustees felt on the basis of their present experience that this was a budget larger than could be accommodated by the Occupational Health Plan. After further discussion of the matter, it was moved, seconded, and passed that the Trustees extend the present arrangements with Tabershaw-Cooper Associates for two months at $2,750 per month plus an additional amount of $2,000 for travel and with the intent expressed to agree to extend the contract for one year, and accordingly to direct Tabershaw-Cooper Associates to prepare a budget and program of effort in the range of $60,000.

There being no further items for discussion at this time, it was moved, seconded, and passed that the meeting adjourn at 11:55 a.m.

Respectfully submitted,

Kenneth M. McCaffree, Secretary

WESTERN STATES ASBESTOS
OCCUPATIONAL HEALTH PLAN

OPERATIONS REPORT
November, 1969

I.	TRUST FUND BALANCE AS OF OCTOBER 31, 1969		$ 9,795.39
II.	INCOME		
	Employer contributions rcvd. in August		2,744.61
	September		10,815.13
			$13,559.74
III.	DISBURSEMENTS		
	A. Administration		
	Glen Slaughter and Associates (October)	$ 153.14	
	B. Other		
	I. R. Tabershaw, M. D.	$2,750.00	
	Trustee expense	102.93	$ 3,006.07
IV.	NET TO TRUST FUND		$10,553.67
V.	NEW TRUST FUND BALANCE AS OF NOVEMBER 30, 1969		$20,349.06
	Savings Account $20,529.06		
	Checking Acct. [180.00]		$20,349.06

COMMITMENTS

	TOTAL	TO DATE	DISBURSEMENTS TO DATE
Professional Service 19 months	$23,750.00	$22,500.00	$22,500.00
Plus $18,000.00	$18,000.00	$15,000.00	$15,000.00
Expenses	$ 9,000.00		
Addtl. $2,000 (10/16/69)	$ 2,000.00	$ -0-	$ 7,348.86
TOTAL	$52,750.00	$37,500.00	$44,848.86

BALZER

FROM: GLEN SLAUGHTER AND ASSOCIATES

TO: WESTERN STATES ASBESTOS HEALTH PLAN

Statement for Month Ending November 30, 1969

OPERATING CHARGES

I. Management Fee:

No Contributions

II. Reimbursement of Gen. Adm. Costs Incurred:

1) Direct Charges

None

2) Share of Pooled Operating Charges

3 3/4 App. hours @ $7.65		28.69	28.69

III. Reimbursement of Data Processing Costs Incurred:

Machine Time	$56.00	
PERSONNEL:		
Programming	-0-	
Operator, Key Punch & Clerical	40.16	
Supplies:		
Cards	-0-	
Paper	-0-	
Supervision Pro-rated	12.02	
	108.18	108.18

IV. TOTAL OPERATING CHARGES $136.87

BALZER

WESTERN STATES ASBESTOS
OCCUPATIONAL HEALTH PLAN

OPERATIONS REPORT
December, 1969

I.	TRUST FUND BALANCE AS OF NOVEMBER 30, 1969		$20,349.06
II.	INCOME		
	Employer contributions rcvd. in October will show on January report		-0-
III.	DISBURSEMENTS		
	A. Administration		
	Glen Slaughter and Associates (November)	$ 136.87	
	B. Other		
	I. R. Tabershaw, M. D.	$3,525.61	
	Don Bruner (stamps)	90.00	
	Transfer to checking account	100.00	
IV.	NET FROM TRUST FUND		(-) $ 3,852.48
V.	NEW TRUST FUND BALANCE AS OF DECEMBER 31, 1969		$16,496.58
	Savings Account	$16,396.58	
	Checking Account	100.00	$16,496.58

COMMITMENTS

	TOTAL	TO DATE	DISBURSEMENTS TO DATE
Professional Service 19 months	$23,750.00	$23,750.00	$23,750.00
Plus $18,000.00	$18,000.00	$16,500.00	$16,500.00
Expenses	$ 9,000.00		
Addtl. $2,000 (10/16/69)	$ 2,000.00	$ -0-	$ 8,124.47
TOTAL	$52,750.00	$40,250.00	$48,374.47

BALZER

FROM: GLEN SLAUGHTER AND ASSOCIATES

TO: WESTERN STATES ASBESTOS HEALTH PLAN

Statement for Month Ending December, 1969

OPERATING CHARGES

I. Management Fee:

1% of $16,127.40	161.27	
1% of $10,815.13	108.15	269.42

II. Reimbursement of Gen. Adm. Costs Incurred:

1) Direct Charges

None

2) Share of Pooled Operating Charges

4 App. Hrs. @ $7.36 =	29.44	29.44

III. Reimbursement of Data Processing Costs Incurred:

Machine Time	15.50	
PERSONNEL:		
Programming	-0-	
Operator, Key Punch & Clerical	11.04	
Supplies:		
Cards	.20	
Paper	.30	
Supervision Pro-rated	3.51	31.55

IV. TOTAL OPERATING CHARGES $330.41

BALZER

WESTERN STATES ASBESTOS
OCCUPATIONAL HEALTH PLAN

OPERATIONS REPORT
January, 1970

I.	TRUST FUND BALANCE AS OF DECEMBER 31, 1969		$16,496.58
II.	INCOME		
	Employer contributions rcvd. in October		$16,127.40
III.	DISBURSEMENTS		
	A. Administration		
	Glen Slaughter and Associates (December)	$ 330.41	
	B. Other		
	I. R. Tabershaw, M. D.	$2,875.41	$ 3,205.82
IV.	NET TO TRUST FUND		$12,921.58
V.	NEW TRUST FUND BALANCE AS OF JANUARY 31, 1970		$29,418.16
	Savings Account $29,318.16		
	Checking Account 100.00		$29,418.16

	COMMITMENTS TOTAL	TO DATE	DISBURSEMENTS TO DATE
Professional Service 19 months	$23,750.00	$23,750.00	$23,750.00
Plus $18,000.00	$18,000.00	$18,000.00	$18,500.00
Expenses	$ 9,000.00		
Addtl. $2,000 (10/16/69)	$ 2,000.00	$ -0-	$ 9,499.88
TOTAL	$52,750.00	$41,750.00	$51,749.88

BALZER

FROM: GLEN SLAUGHTER AND ASSOCIATES

TO: WESTERN STATES ASBESTOS HEALTH FUND

Statement for Month Ending January 1970

OPERATING CHARGES

I. Management Fee:

Basis - 1/2% of November - $21,377.02	$106.89		
1/2% of December - $19,967.44	99.84		$206.73

II. Reimbursement of Gen. Adm. Costs Incurred:

1) Direct Charges

	Ck. No.	Date	Amount	
Postmaster - Oakland	1286	1/22/70	$2.00	$2.00

2) Share of Pooled Operating Charges

Gen. Adm. 18 hrs @ $7.49	$134.82		$136.82

III. Reimbursement of Data Processing Costs Incurred:

	Gen. Adm.	
Machine Time	$93.05	
PERSONNEL:		
Programming		
Operator, Key Punch & Clerical	135.19	
Supplies:		
Cards	1.60	
Paper	4.95	
Supervision Pro-rated	29.35	
	$264.14	$264.14

IV. TOTAL OPERATING CHARGES $607.69

BALZER

CHECKS ISSUED BY FINANCE COMMITTEE SINCE
OCTOBER, 1969
WESTERN STATES ASBESTOS HEALTH PLAN

	CHK #	AMOUNT
OCTOBER, 1969		
Glen Slaughter & Associates (September)	32	$ 253.94
Touche, Ross & Company (1968 Audit & Tax Returns)	33	750.00
I. R. Tabershaw, M. D. (Fee & Expenses)	34	3,325.98
E. B. Kirkland (Meeting Expense)	35	35.00
F. Calegory " "	36	35.00
D. Bruner " "	37	35.00
Ed Lentz " "	38	35.00
L. E. Sweetser " "	39	35.00
K. M. McCaffree " "	40	35.00
A. D. Schimmerer " "	41	35.00
D. Bradshaw " "	42	35.00
NOVEMBER, 1969		
Phil Smith (Meeting Expense)	43	35.00
Void	44	
Glen Slaughter & Associates (October)	45	153.14
I. R. Tabershaw, M. D. (Fee)	46	2,750.00
Holiday Inn (Trustee Meeting)	47	67.93
DECEMBER, 1969		
Glen Slaughter & Associates (November)	48	136.87
I. R. Tabershaw, M. D. (Fee & Travel)	49	3,525.61
Don Bruner, Local #5 (Three Rolls Stamps @ $.00)	50	90.00
JANUARY, 1970		
Void	51	
I. R. Tabershaw, M. D. (Fee & Travel)	52	2,875.41
Glen Slaughter & Associates (December)	53	330.41
	TOTAL	$14,574.24

BALZER

WESTERN STATES ASBESTOS
OCCUPATIONAL HEALTH PLAN

TRUSTEES MEETING
February 18, 1970
Sir Francis Drake Hotel
San Francisco, Calif.

AGENDA

1. Roll
2. Minutes
3. Administrators Reports
   - Operations Report
   - Statements
   - Authorization of Disbursements
4. Report of Tabershaw-Cooper
   - Proposed Program & Budget
   - Report of activities since October Meeting
5. Luncheon
6. Disability Benefits
   - Plan of Benefits
   - Question of which Trust (Attorney's Report)
7. Other Business

BALZER