FILE NAME: Colonial Sugar Refinery (CSR)

DATE: 1960

DOC#: CSR199

DOCUMENT DESCRIPTION: Dept of Health Letter to Mines Dept RE Asbestosis & Letter from the Kalgoorlie District Hospital with List of Asbestosis Cases & Relation to Work at Wittenoom

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Kwinana 8/2/61.

Department of Public H
Perth,

4th March, 1960.

Hon. Minister for Mines,
Mines Department,
PERTH.

As you are aware, this Department has developed a branch of Industrial Health, progressively in the care of Dr. Letham who is responsible to the Commissioner for Public Health.

In addition, all gold and asbestos miners have periodical x-ray examinations of the chest conducted by the Tuberculosis Control Branch, the films being reviewed by Dr. McNulty in Kalgoorlie who collaborates with Dr. Letham in this work in its industrial health aspects.

For a considerable number of years, the Commissioner of Public Health has been concerned with the hazard to workers at the Blue Asbestos Mine in Wittenoom, both to those working underground and those on the surface in association with the mill. A further survey of these workers was carried out last year and the results have now been analysed by Dr. McNulty. A copy of his report is attached.

As will be seen, the predictions of Medical Officers of this Department that the hazard at Wittenoom would produce cases of asbestosis and silicosis have been shown to have been well founded. Dr. McNulty's report is disquieting.

PLAINTIFF'S EXHIBIT 10376.0

The Commissioner for Public Health informs me that his responsibility for the health of mine workers is not clearly and unequivocally laid down in mining legislation. This is a matter for considerable concern to me and I am proposing that this matter be taken up between the Commissioner of Public Health and officers of your department in order that the position may be clarified. I would welcome your views.

MINISTER FOR HEALTH.

Adm. Min. 14/3/60

C O P Y

District Hospital,
KALGOORLIE.

13th January, 1960.

Dr. A. King,
The Director,
Tuberculosis Control Branch,
17 Murray Street,
PERTH.

Periodical chest x-ray examination of workers at the Australian Blue Asbestos in 1959 disclosed no new cases of Asbestosis, although there are several men whose x-rays must be considered suspect. Those whose x-rays are considered suspicious of Asbestosis will be examined again in 1960.

The length of exposure of workers contracting Asbestosis or Silicosis is much shorter than comparably employed men in the gold-mining industry and the extent of disease is greater. The small number of workers and the extremely high labour turnover make this less obvious.

There are a number of puzzling and disquieting features. In several instances Asbestosis has been diagnos in underground workers although the disease had been conside peculiar to the Mill. One member of the train crew underground, not usually at great dust risk, has what appears to be a mixture of Silicosis, Asbestosis and possibly Tuberculosis. An ex-underground shift boss, now an underground supervisor, has an abnormal chest x-ray and asbestos bodies in his sputum.

The Mines Department has permitted me to inspe the results of their periodical dust counts. It is obvious that the new Mill is a great improvement on the old Mill and that conditions underground have also improved. It is too early to tell whether the new Mill will be responsible for fresh cases of industrial chest diseases or not.

The disquieting features about the dust counts are two fold:-

1) The rock mined is apparently highly silicious and therefore particularly dangerous. The dust counts are on a par with the figures for the gold mines. Should they not have a much higher standard to aim at in view of the dangerously high silica content and the additional asbestos risk?

2) The dust counts are of particles only, the same instrument is used for detecting silica particles and asbestos fibres. The dangerous particle size in Silicosis is less than 5 microns, in Asbestosis the dangerous fibre length is between 20 and 40 microns. The dust counts are therefore of little value unless they show the number of fibres per cc within that range. I do not know whether there is an accepted national minimum fibre count for asbestos dust, either in England or America but it seems wrong that two completely different dust hazards should be estimated in the same way.

Many workers remain at Wittenoom for less tha one year and less than 50% of the work force, at any one time, have been continuously employed for more than four years. A very rough estimate of the percentage of workers with over 4 years exposure and suffering from industrial chest disease, is 12% (estimated by expressing the number of workers, detailed below, as a percentage of the number of workers examined in 1959 whose initial mining certificat was issued prior to 1955.

In recent years it would be unusual to diagno Silicosis in a gold miner with less than 10 years exposure. E.G. in 1958, there were no new cases of Silicosis in the 0-10 year group, 20 cases in the 10-20 year group and 29 cases in the 20-30 year group. Expressed as a percentage of the total number of mine workers this gives an annual incidence of Silicosis of approximately 1%. These percentage incidences are not very accurate and are not really comparable, but they do illustrate the grave hazard which existed at Wittenoom compared with the general mining industry.

The following are the particulars of cases of industrial disease detected at Wittenoom since 1958. The list is complete as far as our records go, but there may be a few cases diagnosed elsewhere who were not examined under either of the relevant Mining Acts and therefore not brough to our notice.

Some newly diagnosed cases of Silicosis are not included because of previous lengthy gold-mining histor which could reasonably be held responsible.

There have also been a few cases of workers developing pulmonary tuberculosis without Silicosis or Asbestosis, but their number does not suggest any particule hazard at Wittenoom, other than that associated with mining in general.

Case	Mining History	Diagnosis	Comment
G.	15 years gold mining U/G 5 years U/G. A.B.A.	?	Has definite radiological abnormality, more suggestive of Silicosis than Asbestosis. Sputum contains asbestos bodies. Denies symptoms and is unwilling to accept further investigation in hospital. For further examination at P.C.C. in February, 1960 when it is hoped to make a definite diagnosis.
H.	Draughtsman A.B.A. 12 years.	?	Definite radiological changes indistinguishable from Asbestosis but has a clinical history suggestive of bronchiectasis. Occupation not usually associated with dust hazard but apparently worked in the old Mill under very dusty conditions.
I.	5 years U/G gold mining. 1 year U/G. A.B.A. 11½ years Mill A.B.A.	Silicosis & Asbestosis.	Radiologically more like Silicosis than Asbestosis. Sputum containing asbestos bodies. Investigated R.G.H. in 1958.
J.	7 years U/G gold mining. 1 year surface gold mines. 7 years U/G. A.B.A.	Silicosis & Asbestosis	Sputum contains asbestos bodies. Investigated R.G.H. in 1958. Radiologically more like Silicosis than Asbestosis and the changes are extensive.
K.	Coal mining Germany 2½yr. U/G. A.B.A. 6½ years	Silicosis	Diagnosed active Silico-T.B. Extensive lung changes due to Silicosis.
L.	2½ years coal mining - Holland 7 years U/G. A.B.A.	Silicosis	Minimal x-ray evidence without disability. Has left industry.
M.	Radial driller England 20 years 1 year U/G. A.B.A. 6 years Mill A.B.A.	Silicosis	Minimal radiological evidence of silicosis. Radial drilling not associated (as far as I ascertain) with risk of Silicosis. No definite disability.