

TURNER & NEWALL PLC

MR. T. G. WARREN

PLAINTIFF'S EXHIBIT

MANCHESTER

FX-119

FROM

N.D.S. HARDIE

TO

ADB/JCTF/YMK/YL/MCP/CJMR/AIR/CJS/
JRS/WV/AHM/RIM/TGM

COPY TO

CNR/RONS/DAN/RXD

16th November 1982

CONFIDENTIAL

ASBESTOS AND HEALTH

The British Occupational Hygiene Society's study of TBA Rochdale provided the original epidemiological basis for the UK's 2 fibre standard adopted in the 1969 Regulations. This was a retrospective morbidity study and confined itself to the risk of asbestosis. It has been subsequently criticised for not addressing itself to the cancer risk but in the mid-1960's that risk was less apparent than it is today.

BOHS has continued to keep Rochdale under examination and decided in 1977 to update this study. The preliminary work for that update included the report by Dr. Geoffrey Morris, then Senior Medical Officer at TBA, on the first seven adverse effects of lung damage. This is the report which featured prominently in the 'Alice' programme when it was alleged that, as it showed that up to 20% of the workforce would develop asbestosis, it had been suppressed notwithstanding the fact that TBA had sent it to the Health & Safety Executive in March 1978.

The media criticism that such a valuable report had never seen the light of day has provoked BOHS into action and it is likely to appear in the January edition of the Annals of the BOHS. I have received a draft of the final report which is lengthy and I will send to you the full report when it is published as there may be changes from the current draft. In the meantime, I attach a copy of the abstract of the report. If you read the last paragraph you will see where Yorkshire Television picked up the data to support their statement that 20% of the workforce was likely to develop asbestosis if they had a cumulative dust exposure of 100 fibre years/mi. This is equivalent to a 2 fibres/mi exposure over a working life of 50 years. The first point to be made is that nobody at TBA is exposed to that level of dust today and that 50 years employment in a UK asbestos factory is impossible under the law unless service is extended beyond the normal retirement age of 65.

More important, however, is the fact that the occurrence of one of the seven defined adverse effects does not mean that the individual will develop asbestosis nor, as the abstract states in the final sentence, does the occurrence imply that asbestos does cause the effect. I understand that if an analysis was made of any factory workforce in the north of England one would probably find at least 15% having one of the seven adverse effects. The probability is that all cigarette smokers, whether in industrial employment or not, will suffer from one of those seven. When Carla Rappaport of the

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Financial Times visited TBA in August she volunteered to undergo a lung function test. Her poor result was such that TBA would have had serious doubts on employing her!

I mention all of this at this stage in case the media in your country or the Government enforcement agency obtains the report and quotes it to you.

In the report, Factory A is TBA Rochdale and Factory B is Scandura (BBA Group at West Auckland).



H.D.S. HARDIE

ABSTRACT

Radiological, physiological and clinical data from two asbestos factories have been examined in an effort to establish what cumulative exposure to asbestos dust is associated with the first signs of adverse pulmonary effects. Persons included in the present study had been exposed to asbestos for at least ten years and had all started work with asbestos after 1950, by which time regular recording of dust concentrations had become established. The type of asbestos involved was predominantly chrysotile, but in both factories, some crocidolite had been processed at some stage during the study period. Three physicians made independent assessments of 'early' and 'late' chest radiographs from 295 men from Factory A and 351 men and women from Factory B. Lung function and other medical data were supplied by the Medical Officers of the factories concerned. The dust data from Factory A made possible an assessment of the relationship of cumulative exposure to the onset of adverse pulmonary effects. The nature of the data from Factory B precluded such an exercise.

The radiological results from Factory A showed an association between the occurrence of parenchymal changes (profusion of combined opacities) and estimates of cumulative exposure and the evidence from Factory B generally supported this finding. Lung function measurements indicated that levels of FEV₁ and FVC among men who had accumulated relatively high exposures in Factory A were lower than for those who had received only low exposures and the correlations with dust exposure were significant at the 6% level.

Investigations were carried out into the relationships between dust concentrations measured by present-day methods and those used in earlier years. The estimated exposures involve many uncertainties but are probably the best available for such a retrospective study of asbestos related disease. They relate to static sampling, not personal sampling. Cancer risks were outside the scope of this (morbidity) study.

The results indicated that, at Factory A, the probability of occurrence of any one of seven defined Adverse Effects in association with a cumulative exposure of less than 25 fibre-years/ml, was less than 2%, based on static sampling by the membrane filter method. For exposures less than 50 fibre-years/ml the figure was 7% and for exposures up to 100 fibre-years/ml it was 17-20%. This does not necessarily imply that asbestos dust exposure caused the observed effects.

TURNER & NEWALL LIMITED

MANCHESTER

FROM

H.D.S. HARDIE

TO

ADB/JCTF/YNK/YL/MCP/CJMR/ANR/CJS
JRS/RV/AMM/RIM/TGM

COPY TO

CJN/RDMS/DWH/RKD

15th November 1982

I have recently received from James Hardie, Australia, a document on their Occupational Hygiene Programme. This includes a statement of their Safety and Health Policy. I attach a copy as you may find it of assistance in formulating your statement of policy.


H.D.S. HARDIE

JAMES HARDIE & COY. PTY. LIMITED1. SAFETY AND HEALTH POLICY.

1.1 James Hardie & Coy. Pty. Limited's Safety & Health Policy recognises that the Company has a primary responsibility in preventing accidents in the workplace and in the preservation of the health and wellbeing of the Company's employees. A responsibility also extends in a wider area such as, for example, the users of the Company's products and the general community.

1.2 In achieving this, James Hardie recognises its obligations in health and safety are:-

- to provide a safe and healthy place to work
- to ensure plant and equipment meets safety, hygiene, and environmental requirements
- to provide training for employees in safe operating practices
- to provide and maintain a surveillance service in occupational medicine
- to operate within all appropriate Statutory requirements
- to provide safe products and advice on the proper and safe use and installation of those products
- and to establish and communicate safety and health requirements to other persons who enter the Company's work area for working purposes.

1.3 All employees are required to perform their assigned duties safely in accordance with accepted safe working practices and to report all unsafe acts, practices and conditions, or, if within their authority, to correct unsafe acts, practices and conditions..

Safety is a primary responsibility of each employee regardless of his classification or job.

1.4 Having highlighted the joint responsibility of management and employees, it is only by our combined and continuing efforts that we can make our industry a safe and healthy place to work.

2. PRINCIPLES.

There are five basic elements on which this Policy is based. They are as follows:-

- 2.1 Concern for the quality of life.
- 2.2 The Company's management and all employees, regardless of classification or job, have a safety commitment and a duty of care to their fellow employees and also to the general community. Safety in this context includes accident prevention, hygiene and environmental control.
- 2.3 Safety requires continuing and ongoing approaches to minimize the possibility of accidents occurring.
- 2.4 The acceptance that safety and health training is an integral part of skill acquisition.
- 2.5 The insistence by the Company that all requirements covering safety, hygiene, occupational medicine and environmental matters are strictly adhered to.

3. SAFETY AND HEALTH COMMITTEES.

The Company's policy is to establish and maintain committees dealing with Safety and Health matters as they undertake important functions in the total safety and health programme. The committees play an integral part toward the necessary involvement of people in safety and health decisions by allowing consideration of their suggestions and by contributing to the promotion of safety in its broadest sense. They are also an effective channel for the dissemination of information and feed-back and provide an opportunity for:

3. a. demonstrating management's interest in safety control.
3. b. providing a medium through which decisions on safety matters can be made.
3. c. bringing together all levels of personnel to stimulate and motivate employee interest and awareness.
3. d. maintaining a receptive approach towards employee suggestions.
3. e. providing a forum for exploration of and discussion on all matters concerning safety and health.

3.1 Composition of Committees

3.1.1 Safety Committee (Factory)

The Chairman of the Committee should be at least Factory Manager level and never less than Senior Superintendent. The Safety Committee should be organised by factory site or by department or other relevant group. The Committee should comprise Superintendents, Foremen/Supervisors, Plant Engineer, Personnel Officer, factory employees, union safety representatives and Industrial Hygiene & Safety Superintendent or Safety Officer who may be the Minute Secretary. Factory employees and union safety representatives serving on the committee should be rotated at intervals to ensure maximum participation and involvement in safety and health matters.

(Refer 3.2 for scope of Factory Safety Committee)

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(Refer 3.2 for scope of Factory Safety Committee).

3.1.2 Safety and Health Management Committee (Branch)

In some cases it may be desirable to establish a Safety and Health Management or Executive Committee either as an adjunct to the Safety Committee or separately, the members of which would be usually Branch departmental heads whose task is to plan and direct the total Branch health and safety function and to communicate to the individual Safety Committees matters of policy affecting all employees.

3.1.3 Head Office Safety Committee

The Head Office Safety Committee's prime task is to review individual Branch Safety performances and activities and to plan and direct the total Company safety function. The committee should be chaired by the Executive General Manager or General Manager and comprise Federal Managers representing production, personnel and safety.

3.1.4 The Environmental Control Committee (Head Office)

The Environmental Control Committee will plan, co-ordinate and review the overall Company efforts directed towards effective improvement in Industrial Hygiene, and other such matters as may be considered as likely to have an effect on the health and/or welfare of employees. The responsibility of the Company to users of its products and the general community to be kept under review.

The Committee will consider the appropriate Parliamentary enactments relating to the environmental standards affecting the Company's operations and will recommend to the Executive General Manager accordingly. It will establish a flow of useful information on industrial hygiene and environmental matters.

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3.2 Scope of Safety Committees (Factory)

The scope and function of the factory Safety Committees is as follows:

- 3.2.1 To receive reports on progress of actions outstanding from minutes of previous month's meeting.
- 3.2.2 To receive and review reports (e.g. number and nature of injuries, hazards, contractor/sub-contractor abidance, environmental conditions, training, new or amended legislation, employee suggestions etc.) concerned with the general state of safety, health and environmental matters.
- 3.2.3 To advise on provisions for safety and health protection.
- 3.2.4 To indicate action necessary and to require reports of action taken or investigations made (e.g. Accidents, Housekeeping, Lighting, Machine guarding, etc.).
- 3.2.5 To submit recommendations, reports and prescribed information to Management or to the Safety and Health Management or Executive Committee as appropriate.
- 3.2.6 To review and discuss the latest dust and noise counts.
- 3.2.7 To promote safety and hygiene by example and by communication.

3.3 Minutes

- 3.3.1 Minutes of all Committee Meetings will be taken and circulated to respective committee members and to branch management. Additionally Minutes of Factory Safety Committee Meetings should be placed on factory notice boards.
- 3.3.2 Minutes should contain an 'action' column and the appropriate person will report on any progress related to that 'action' at subsequent meetings.

3.4 Frequency of Meetings

- 3.4.1 Safety Committee Meetings (Factory/or Groups within a factory) will meet monthly and preferably on the same day each month.
- 3.4.2 Safety & Health Management or Executive Committee Meetings (Branch) should meet at a minimum of three monthly intervals.

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3.4.3 Head Office Safety Committee Meetings should meet monthly.

3.4.4 Environmental Control Committee Meetings should be held every second month.

3.5 Authority of Committees

3.5.1 The committees will determine actions which are within the ambit of responsibilities held by committee members.

3.5.2 Recommended action which is outside the responsibility of individual committee members serving on Factory Safety Committees will be included in the Minutes for discussion by Branch Management or the Safety & Health Management Committee.

3.6 General

3.6.1 The committees must have regard to the confidentiality and ethical nature of personal information supplied and discussed at its meetings and in regard to actions taken.

3.6.2 Factory Safety Committee meetings are for the purposes defined above and are not to be used as forums for the voicing of industrial grievances.

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MANCHESTER

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H.D.S. HARDIE

TO

ADB/JCTF/VNK/VL/MCP/CJMR/AMR/CJS
JRS/NV/AMW/RIW/TGM

COPY TO

DGC
RKO

30th November 1982

ONTARIO ROYAL COMMISSION ON ASBESTOS

The above Commission has been in session for about eighteen months taking public evidence on the asbestos and health issue. The AIA of North America briefed lawyers to attend the hearings and they (Messrs. Warren and Hardy of Kirkland & Ellis, Washington, DC) have produced a summary report on Phase II of the hearings which was concerned with health, monitoring and regulatory issues. Their report is a very lengthy one but it includes a fifteen page executive summary, a copy of which I enclose. The executive summary is a fair condensation of the full report and provides comfort to asbestos mining companies and their customers. However, I should point out that the report is not of the Royal Commission itself but of lawyers retained by the industry who attended all the hearings. There may therefore be some unintentional bias in the conclusions.


H.D.S. HARDIE