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23rd November, 1967

PRIVATE AND CONFIDENTIAL

Visit to Surgeon Commander Harries

Plymouth Naval Dockyard

on 22nd November, 1967

I travelled to Plymouth in the Company of Mr. Marks and Dr. Donaldson, which afforded me a good opportunity to learn the background to the situation which has developed in the Submarine welding section. This incident as well as the health aspect has apparently prompted these welders to reject asbestos cloth in any shape or form, and has been seized upon by Mr. Empson to justify his ban on the use of all asbestos cloth in the Plymouth Naval Dockyard. Dr. Harries feels that Mr. Empson may be under some pressure from the Admiralty's legal section as there are some 50 writs at Common Law pending, alleging negligence by the Admiralty, by men suffering from asbestosis.

Dr. Harries is engaged in a survey of Plymouth Dockyard workers, and is studying in detail the occupational histories, working environment, and clinical state(including X-rays and lung function tests)of workers not necessarily regarded as asbestos workers. During the course of this survey he has diagnosed a large number of cases of asbestosis and believes that in the next five years or more the number of asbestosis cases and mesothelioma cases will continue to increase. At the present time there has been one case of asbestosis in a welder who has subsequently died, and there are at this moment two welders in hospital suffering from asbestosis, two suffering from mesothelioma, and two dying of lung cancer. It is this situation which has precipitated the action taken by the men in the Submarine section. These men have been kept working as a group by management in order to prevent their views from affecting the other 250 or more welders not involved.

Dr. Harries wishes to make further tests of the dustiness on a typical welding job using ordinary cloth. He feels that if the dust levels are satisfactory there is no reason why the men should not continue to use this cloth. As Dr.Harries himself put it to me 'I don't want to obstruct, as the work in the dockyard has to continue and has to be done'. What Dr.Harries does insist upon however, is that the work is done in good conditions, and that until he is reasonably satisfied that the cloth is usable under these conditions he will not be able to recommend it. He believes that the British Occupational Hygiene Society's proposed threshold limit values for chrysotile are quite adequate if they can be applied.

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Dr. Harries points out that in spite of the large number of cases of asbestosis which have been diagnosed since 1966(and compensated)work still continues in the dockyard because of the good relations which he has established with management, the men, and their Trade Unions. He has not refrained from explaining the health risk where necessary, and believes, as I do, that this is essential if safety precautions are to be effective. I noted with interest that notices have been put up in certain areas which read "DANGER - ASBESTOS AREA - WEAR YOUR RESPIRATOR". Dr. Harries informs me that a discomfort allowance of 4d per hour is paid to these men to encourage them to wear their respirators!

Dr. Harries believes that the explanation for the increase in asbestosis which has occurred and which he predicts will continue for many years at the rate of about 15 or more cases per year, can be attributed to the fact that prior to 1950 most lagging contained mainly magnesia and only about 12% asbestos, but that since 1950 asbestos lagging has consisted of 95% amosite. He feels that this accounts for the men who are not laggers being diagnosed as asbestosis cases, because they were exposed in engine and boiler rooms to high concentrations of amosite during stripping and re-lagging. He has measured dust concentrations and finds that where calcium silicate sections are being removed he obtains counts in the range of about 20-40 fibres per cc., but where amosite lagging is being stripped counts range up to 1000 fibres per cc. He also feels that what was not previously realised is that movement inside these confined spaces tends to increase convection currents and disperse fibre throughout the ship.

Dr. Harries is also engaged in an epidemiological survey of all ex-dockyard workers comparing their ages at death with the male population of Plymouth as a whole and also comparing causes of death in dockyard workers and the male population as a whole with particular reference to lung cancer and other cancers, heart disease, and respiratory diseases. His findings are not yet available for discussion, but will probably be published in about 18 months time.

It is interesting to note that not a single case report has appeared in the Plymouth newspapers as yet. Dr.Harries believes that this is because of the excellent relations he has with the local Coroner. All asbestos workers' lungs are examined by the P.M.P. in Cardiff who obtain Dr. Wagner's opinion.

Whilst talking to Dr. Harries I mentioned to him that the A.R.C. and the M.R.C. P.R.U. were to hold a joint meeting in the future. He would be very keen to participate and pointed out his work was being done with P.R.U. equipment and assistance.

There are obviously items which were discussed by us which we feel should be kept off the record, and therefore I have not quoted actual figures for the instance of asbestosis in the dockyards etc.

H C Lewinsohn

Dr. H.C.Lewinsohn.