FILE NAME: Colonial Sugar Refinery (CSR)

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(94)

DDL/CT

20th September, 1961.

Dr. H. Maynard Rennie,
Macquarie Chambers,
183 Macquarie Street,
SYDNEY. N.S.W.

Dear Dr. Rennie,

Asbestosis - Wittenoom Caused

As you know, I have discussed with Dr. Bruce Hunt the incidence of pneumoconiosis in workers and ex-workers from the Australian Blue Asbestos Works at Wittenoom. I have been able to locate in Perth records of 12 cases of asbestosis, plus three probable cases, four cases of silicosis or silico tuberculosis, six cases of probable silicosis and one in which asbestosis and silicosis both appear to be prominent. Some of the cases of asbestosis also show evidence of silicosis. The total which I have given you is 26 cases. I believe that Dr. McNulty has several not on my list.

When it is known that the labour turnover at Wittenoom has been high, this is indeed a large number of cases. It is noteworthy that some of these have been diagnosed several years after leaving Wittenoom and it is not improbable that more will present in the future.

There is no doubt that early conditions at Wittenoom were appalling. I have had several eye witnesses' descriptions of the dust around the mill being so thick as to occlude vision for more than a few yards. When I visited Wittenoom in July, 1958, exhaust ventilation had been established in the old mill; the new mill had been built but was not operating. Certainly considerable attention had been given to exhaust ventilation in the new mill. At this time (July, 1958) the old

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mine had been closed down and the new mine was operating.

To me the important question appears not to be how much, however belatedly, has been spent on ventilation, but as to whether or not the ventilation is efficient enough to keep dust down to levels which appear to be safe (making due allowance for the limitations on our knowledge of safe levels). This requires an awareness and desire on the part of management of the need for protecting their employees from asbestosis.

It is essential that the management do not rest content with the fact that they have spent so many thousands of pounds on ventilation but that they should not rest content until they are satisfied that their employees are adequately protected. I am suggesting that the Company itself should take an active interest in measuring dust levels. If they are found to be consistently high then steps must be taken to lower the dust levels to those regarded as 'safe'. Surely this is the least that can be asked of a company with such a poor record of interest in the health of their employees.

It would be much appreciated if you would bring my point of view to the attention of the management.

Yours sincerely,

(D.D. Letham)
PHYSICIAN
OCCUPATIONAL HEALTH SECTION.