



The Society Newsletter

Seasonal Greetings to all members

Engineering Branch Development Update

The future capability of the Royal Navy in the Balance

The future of the Engineering branch is being decided by a few officers in a remote building within the Portsmouth Naval complex. It is remote because few people seem to be able to access the consultation that is at present underway.

The future capability of the Royal Navy to act effectively and independently is in the balance. The present explanation of the future training and progression from entry to Chief Petty Officer technician will lead to a reduction in the skill level of the entire engineering branch.

The fixed time scale for training to the point at which a technician would achieve recognition as an engineering technician by the EC^{uk} is an indication that expenditure on training is to be reduced regardless of the needs to

have a skilled workforce. The development team are intending to reduce the training given at the start of a career and space it so that, to receive the full training requires a full initial career. The final part of the training is

only received toward the end of that contract.

Where are the fully skilled personnel? The only fully skilled personnel will be due to leave within a few short years.

The expectation that retention will be increased because of the desire to complete the training is in the Society's opinion optimistic. The logic can be seen, it does, however, ignore a number of issues. It is to be expected that this approach will fail to attract sufficient high quality entrants, who can achieve the same training

and skills for less effort and in a shorter time in almost any other engineering environment. If a high quality entrant does enter they will be de-motivated by the lack of progress and take one of two routes – leave for a different life or gain the qualifications by their own efforts.

The present scheme does not seem to allow those that achieve additional skills, gained by their own efforts, to have the recognition within the Royal Navy. The change to an all technician branch is an ideal opportunity to enhance flexibility and reward effort, skill and dedication. Can you explain why there is going to be no attempt to improve the skills of the workforce?

The change to an all technician branch was explained as a requirement because of the need for a higher skilled workforce that remains motivated. Present plans will not deliver those expectations.

The Royal Naval Engineers' Benevolent Society has been in existence since 1872, for the promotion of the social, intellectual and general welfare of its members.

Asbestos and related illnesses

Asbestos is a naturally occurring fibrous mineral.

There are three types of Asbestos:

Chrysotile. This is white in colour. Due to the nature of these fibres they are more likely to get stuck on the lining of the bronchi and therefore coughed out of the mouth via the sputum.

Crocidolite. This is blue in colour. The fibres are needle like in shape and are very fine. They do not tend to get caught in the lining of bronchi and therefore find their way into the lungs.

Amosite. This is brown in colour. The fibres are thicker than the blue asbestos fibres and are also needle like in formation.

The finer the diameter of the needle like particles of Crocidolite and Amosite the more dangerous they are. Asbestos fibres are so small that they are invisible. It is imperative to understand that as asbestos is a naturally occurring substance, most people will have had some exposure, albeit of a relatively small nature, to asbestos fibres. Most people will not suffer any ill effect as a result. There is no clear pattern as to why certain people suffer from the effects of exposure while others with similar levels of exposure suffer no injury whatsoever.

Historical facts.

In 1880 the first asbestos factory was opened in France. In 1906 there was the first finding of an asbestos induced disease. In 1907 the first recorded case of asbestosis. In 1930 the Merryweather report was prepared. In 1931 the first set of asbestos regulations was produced to highlight the dangers of exposure to asbestos. In the 1930's the use of asbestos took off in Britain. Because of its toughness as a binding agent in cements and its fire resistant qualities, it had widespread use including ironing boards, hair dryers and brake linings. In the Second World War, the bulkheads of warships were sprayed with asbestos cement and the Navy chose blue asbestos because that is the Navy's colour!

This information was obtained from Russell Jones & Walker solicitors and the legal aspects relate to the situation for civilians. While this does not mean Armed Forces personnel are excluded additional restrictions will apply.

In 1949 the Chief Inspector of Factories raised the link of the risk of lung cancer with asbestosis. Up to this time it had been thought that asbestosis was the only disease that was likely to be caused by exposure to the fibres. In 1955 Sir Richard Dolls' report confirmed the link between asbestos and lung cancer from research of a factory in Rochdale. In 1960 a paper by Wagner established a link between asbestos exposure and mesothelioma. In 1969 regulations resulted from Wagner's paper and the use of blue asbestos within the United Kingdom was virtually banned.

The asbestos conditions that can result from exposure:

Asbestosis. This is fibrosis of the lung caused by exposure to asbestos dust. It usually develops after a prolonged exposure to asbestos of more than 20 years. It creates a progressive shortness of breath with clubbing of fingertips and abnormal chest sounds (known as basal crackles). You have suffered heavy amounts of exposure to asbestos fibres before risking contraction of this condition. It is investigated by means of chest x-ray, high resolution CT scan, pulmonary function tests and a bronchoalveolar lavage. The condition progresses slowly but very few patients die from the condition.

Diffuse pleural thickening. The pleura is the lining of the lung. This becomes thickened fibrosis causing

breathlessness on exertion. The chest expansion will also be reduced. Investigation of the condition is by x-ray and lung function tests but the condition does not affect life expectancy.

Pleural plaques. These are raised areas of transparent fibrous tissue which can be seen lining the pleura. They are caused by regular exposure to asbestos fibres. They do not cause impairment of the lungs and investigation is by chest x-ray and CT scan. They have no effect on life expectancy. You may have pleural plaques but until an X-ray of the lungs is taken you will be unaware.

Mesothelioma. This is a tumour arising from

mesothelial cells. Mesothelioma of the pleura is the most common of the conditions and arises from exposure to asbestos from between 10 and 50 years prior to the condition commencing. It creates a chest pain and shortness of breath which progressively becomes worse. The investigation is by chest x-ray, CAT scan, pleural fluid aspiration and thorascopic biopsy. The condition is extremely serious and research is continuing into its treatment.

Lung cancer. This is the commonest complication of asbestosis. Many of those suffering from asbestosis will develop lung cancer and this is particularly so in relation to sufferers who have smoked.

What to do if exposed to asbestos fibres?

The majority of people who have been exposed to asbestos fibres during the course of their working or home lives will suffer no adverse effects whatsoever.

If however, you feel that your health has been affected, seek the advice of your general practitioner. Speak to your GP about your worries and request treatment from the chest clinic of your local hospital, where x-rays and CT scans can be performed. If indeed you have a chest condition then you will be put under the care of a specialist chest consultant.

If you are informed that you have a chest condition caused by exposure to asbestos then you should contact your local DSS office to enquire as to which benefits you will be entitled. There

are a number of prescribed diseases from which you may be suffering and which entitle you to benefit; these include Pneumoconiosis, Diffuse Mesothelioma, Primary Carcinoma of the Lung with evidence of asbestosis and/or bilateral diffused pleural thickening and Bilateral Diffuse Pleural Thickening.

Seek legal advice on the prospects of pursuing a claim for compensation from a lawyer with expertise in this area. In terms of asbestos exposure at the workplace, it has been known since the beginning of the century that asbestos exposure can cause illness and certainly in terms of the larger employers, their knowledge of the

dangers is now more than 50 years old. It is highly likely therefore that at the time of exposure your employers knew of the dangers.

Additionally you can claim compensation if you have had exposure in the home environment to asbestos fibres either from being exposed to the substance whilst living in your locality (environmental cases), or from exposure to relatives by a worker having worked with asbestos, coming home in overalls covered with asbestos fibres. Please note that all asbestos exposures should be investigated because the majority of cases will have reasonable prospects of success in terms of obtaining compensation for the injured person.

A claim for compensation. In asbestos cases there are four points to establish in order to have prospects of gaining compensation. These are:

- It must be shown that the victim is suffering from an asbestos related disease. This can be confirmed by a report from a medical expert.
- The disease has been caused by his/her exposure from that defendant, which in most cases will be the employer. This can be shown by producing evidence of the nature of the exposure to asbestos in the years when it occurred and confirmed by the medical expert.

• It should have been foreseeable to the employer that at the time that the employee was exposed he/she could suffer from an asbestos related condition. As described, most employers have known of the dangers of

asbestos for over 50 years.

- The employer was negligent in the manner in which the employee was exposed to asbestos fibres. Most employers did not warn their employees of the dangers of asbestos exposure, provide them with masks, provide extraction equipment etc....

It is sadly predicted that illnesses arising out of asbestos exposure will continue into the next century. Asbestos exposure may have taken place over 50 years before the victim suffers any injury.

At present the Society recommends its members approach The Royal British Legion initially. Pensions Department, The Royal British Legion, Pall Mall, London SW1Y 5JY. E-mail: claims@britishlegion.org.uk

The Society and You - News

FRUIT CAKE.

This is a favourite recipe for fruit cake passed down for generations through the family. It is especially good at Xmas time and can be enjoyed at any time of the year (especially at times of sorrow).

INGREDIENTS.

- 1 cup of water
- 1 cup of sugar
- 4 large eggs
- 2 cups of dried fruit (mixed)
- 1 tsp of baking soda
- 1 cup of butter
- 1 tsp of salt
- 1 cup of brown sugar
- 1 tsp of lemon juice
- 1 cup of mixed nuts
- 1 bottle of whisky

METHOD.

Sample the whisky to test for quality. Take a large bowl. Check whisky again to be sure it is of the highest quality. Repeat as necessary. Turn on electric mixer and beat one cup of butter in a large fluffy bowl. Add 1 cup of sugar and beat again.

Make sure whisky is still OK. Cry another cup. Turn off mixer. Break two eggs and add to the bowl and chuck in the cup of dried fruit. Mix on the turner, if the dried fruit gets stuck in the beaters, pry loose with a drawscraper.

Sample the whisky again to check for ton-sisticity. Next sift two cups of salt or somesh-ing. Who cares? Check the whisky again. Now sift the lemon juice and strain yours nuts. Add one tablespoon of shugar or somethink, whatever you can find.

Greashe the oven and turn on the cake tin to 350 degrees. Don't forget to beat off the turner. Throw the bowl out of the window. Check the whisky, drink whash left again and go to bed.

Origin unknown

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