VP-10373

cc: P&IRD Managers*
Environmental Quality Committee

E. I. DU PONT DE NEMOURS & COMPANY
INCORPORATED
WILMINGTON, DELAWARE 19898

ENVIRONMENTAL QUALITY COMMITTEE

October 20, 1980

DEPARTMENTAL OCCUPATIONAL HEALTH MANAGERS

Asbestos Communication Package

As you are aware, Medical Division has initiated an intensified program to identify asbestos-related abnormalities among employees whose job assignments have involved possible exposure to asbestos.

To ensure consistency in administering and communicating about this program, the enclosed documents have been prepared and are recommended for use by departments.

The enclosed material includes:

1. A proposed letter to site management.
2. A copy of Medical Division's letter to plant physicians to be attached to the letter to site management.
3. A copy of the Corporate standby media statement.
4. A suggested standby media statement for site use.
5. A suggested communication to employees.
6. Questions and answers on the program.

Please transmit this information to your sites as soon as possible. Sites are requested not to initiate communication to employees before 8:00 a.m., October 29.

Employee Relations Department and this office would appreciate being advised promptly of any significant problems that may arise out of this program.

J. ROBERT GIBSON
DIRECTOR, HEALTH & SAFETY

JRG:jpb
Enclosures

765

*P&IRD Managers are responsible for communicating this information in Staff Departments.

DUP 0905976

BETTER THINGS FOR BETTER LIVING . . . THROUGH CHEMISTRY

B000443

SC-DP-06515

VP 13373

E. I. DU PONT DE NEMOURS & COMPANY
INCORPORATED
WILMINGTON, DELAWARE 19898

ENVIRONMENTAL QUALITY COMMITTEE

October 20, 1980

SITE MANAGEMENT

Medical X-Ray Review Program

As you may know, site physicians recently have been invited to Wilmington for a program to improve early detection of lung abnormalities which may be related to asbestos exposure. The attached communication, which will be sent from Medical Division to site physicians on October 27, asks them to review as soon as possible, but within six months, all x-rays of employees over forty with ten years' service and probable job-related exposure to asbestos. If your physician has not yet attended one of the review sessions, you are asked to facilitate his attendance. We also ask your support in checking with, and cooperating with, your physician in this review program.

Your help is especially appreciated in identifying those employees with possible exposure. Experience at other sites has indicated that all crafts in the Mechanical Department should be included as well as other individuals who may have come into contact with asbestos in manufacturing operations. We urge your reviewing this list with your plant physicians at the earliest convenient time.

Finally, because of the importance of this program, we ask that you discuss with your physician each item of the program in the letter to physicians and verify its completion to this writer by March 31, 1981.

Attached is a copy of a suggested communication and "questions and answers" which you may want to use in whole or in part to inform your supervision and employees of this medical activity. In determining the nature and extent of employee communications you should consider the highly sensitive, personal, and emotional nature of this matter. You should consider that union organizers and others may try to make an issue of Company practices concerning asbestos handling and may use the OSHA standard on access to medical records as a vehicle to accomplish this.

Sites are requested not to initiate communication with employees before 8:00 a.m., October 29.

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DUP 0905980

Also attached are a copy of the Corporate media standby statement on asbestos-related illnesses and a draft media standby statement that can be tailored to individual sites. Additional background information on asbestos and its related illnesses is being developed and will be distributed as soon as possible. Media questions about the Corporate program not covered in the questions and answers should be referred to Roger R. Morris (302) 774-9561 of the Corporate Public Affairs Staff.

If you have any questions regarding this medical program, please contact your departmental Occupational Health Coordinator.

OCCUPATIONAL HEALTH MANAGER

Attachments

E. I. DU PONT DE NEMOURS & COMPANY
INCORPORATED
WILMINGTON, DELAWARE 19898

TEXTILE FIBERS DEPARTMENT

cc: W. C. Moser
E. M. Hicks, Jr.
E. S. Brinton
C. L. Henry
E. C. Jones, Jr.
M. R. Warden
J. M. Latimer
J. L. Ignar
W. E. Stephenson

October 21, 1980

D. E. JORDAN - ATHENS
C. F. MULLIKIN - CAMDEN
C. D. LIDDICOAT - CAPE FEAR
E. H. BENNETT - CHATTANOOGA
S. H. GRAY - CHESTNUT RUN
A. J. SILL - COOPER RIVER
H. A. KRESS - KINSTON
K. W. STUEBER - MARTINSVILLE
P. J. MEYERS, JR. - OLD HICKORY
J. J. SHIRREFFS, JR. - SEAFORD
G. B. FAIGLE - SPRUANCE
W. W. BARTHOLOMAY - WAYNESBORO

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Your help is especially appreciated in identifying those employees with possible exposure. Experience at other sites has indicated that all crafts in the Mechanical Department should be included as well as other individuals who may have come into contact with asbestos in manufacturing operations. We urge your reviewing this list with your plant physicians at the earliest convenient time.

Finally, because of the importance of this program, we ask that you discuss with your physician each item of the program in the letter to physicians and verify its completion to this writer by March 31, 1981.

767

DUP 0905982

6-1

Attached is a copy of a suggested communication and "questions and answers" which you may want to use in whole or in part to inform your supervision and employees of this medical activity. In determining the nature and extent of employee communications you should consider the highly sensitive, personal, and emotional nature of this matter. You should consider that union organizers and others may try to make an issue of Company practices concerning asbestos handling and may use the OSHA standard on access to medical records as a vehicle to accomplish this.

Sites are requested not to initiate communication with employees before 8:00 a.m., October 29. Prior to any communication, you should clear with your Production Manager with whom and how you plan to communicate.

Also attached are a copy of the Corporate media standby statement on asbestos-related illnesses and a draft media standby statement that can be tailored to individual sites. Additional background information on asbestos and its related illnesses is being developed and will be distributed as soon as possible. Media questions about the Corporate program not covered in the questions and answers should be referred to Roger R. Morris (302) 774-9561 of the Corporate Public Affairs Staff.

If you have any questions regarding this medical program, please contact the writer (774-3572).

ENVIRONMENTAL AFFAIRS - MFG. DIVISION

R. L. Rhodes

R. L. RHODES
MANAGER

ATTACHMENTS

DUP 0905983

G-2

FINAL

STOPPS LETTER STANDBY

Du Pont has reviewed carefully the actions taken by its Medical Division and others in response to Dr. Stopps' report of the 1964 seminar on asbestos. We are convinced that they acted responsibly in light of the knowledge available at that time.

Dr. Stopps' letter was quickly circulated to plant physicians, as were later articles on the subject of asbestos. Since techniques for monitoring and evaluating the effects of asbestos were very limited at that time, Du Pont developed pilot programs to determine whether the levels of asbestos exposure at Du Pont plants posed any health hazard to workers. Since that time, medical and scientific knowledge about asbestos has expanded greatly. As Du Pont learned more, both from internal and external sources, about asbestos and the problems it posed at Du Pont plants, we implemented and then upgraded programs to control the use of, and exposure to, asbestos.

cc: P&IRD Managers
Environmental Quality
Committee

C-00227

~~4. BCAT~~

~~2. CFR~~

E. I. DU PONT DE NEMOURS & COMPANY
INCORPORATED
WILMINGTON, DELAWARE 19898

PUBLIC AFFAIRS DEPARTMENT

October 23, 1980

DEPARTMENTAL OCCUPATIONAL HEALTH MANAGERS

STOPPS MEMO STANDBY

In 1964, Dr. G. J. Stopps of Haskell Laboratory attended a seminar on asbestos-related illnesses and later wrote a memo to the Company's Medical Director suggesting the chemical industry may have a problem with asbestos exposure. He cited concern raised at the seminar about the possible hazards with what had been thought safe exposure levels for those working with asbestos insulation.

The Stopps memo is now part of litigation related to one of our employees and has been used in at least one instance as part of an organizing effort. The contention made in both cases is that Du Pont should have followed recommendations in the Stopps memo, but did not.

This question may be addressed to your site management. As the issue is primarily of a corporate nature and an item of litigation, media inquiries can be referred to me for answering by either me or Dr. Bruce Karrh.

However, local management may be interested in seeing the attached corporate standby for information. There is no Q&A. There appears little to be gained by protracted discussion as to what was or was not done at individual sites in the 1960's to control asbestos exposure, as details, where they still exist, are always measured by today's knowledge and values. Obviously, that decision must be made at the local level.

The attached material complements the asbestos communication package of October 20 from J. R. Gibson.

Roger Morris

ROGER MORRIS

DUP 0905988

RRM:cf
Attach.

768

ER-7582 REV. 3-77

F. I. DU PONT DE NEMOURS & COMPANY
INCORPORATED
WILMINGTON, DELAWARE 19898

EMPLOYEE RELATIONS DEPARTMENT

cc: H. G. Smyth/C. DeMartino
Manufacturing Directors
P&IRD Managers
Occupational & Environmental Health Managers
Plant Managers
J. V. Piet, ERD
R. R. Morris, PA
G. A. Hapka, Legal
R. A. Harrington, Legal
B. W. Karrh, M.D.
J. C. Bonnett, M.D.
R. N. Ligo, M.D.
W. L. Sprout, M.D.
R. K. Whiting, M.D.
J. R. Gibson, Adm.

October 27, 1980

COMPANY PHYSICIANS

1. The Medical Division in Wilmington is conducting a series of meetings with Company physicians on the subject of asbestos-related x-ray abnormalities. We will schedule additional sessions for those physicians unable to attend previous meetings.

2. The purpose of the meetings is to:

(a) Increase the sensitivity of plant physicians, and through them our consulting radiologists, to asbestos-related abnormalities so that they can better detect them in our employees.

(b) Assure the quality of radiographs accomplished on our plants.

(c) Ensure that all asbestos exposed or potentially exposed employees will be identified for the radiologist.

(d) Ensure physician understanding of the provisions of Physicians Guidelines on Interpretation of X-Rays, Informing Employees of Abnormal Findings, and Asbestos-Related Medical Conditions.

(e) Notify all physicians that this subject will become a major item of interest during subsequent medical audits.

769

DUP 0905990

3. To date, four meetings have been held and some 53 physicians have attended. The program has been well received. Selected x-ray films from participating plants were reviewed by Dr. Olin Allen of X-Ray Associates, Wilmington, DE. A report of each plant's film interpretations has been sent to that plant.

4. At the conclusion of the meetings, all physicians were requested to:

(a) Discuss the program with their consulting radiologists and convey to them our concern for a critical interpretation of any asbestos-related abnormality.

(b) Review x-ray quality at the plant and, if appropriate, take action to improve radiology quality to include use of Photo Products' specialists and additional Wilmington training for nurses.

(c) Initiate a review of the x-rays of all personnel who have had a potential for asbestos exposure, who are over 40 years of age and have over 10 years' service. This group should include operations employees as well as mechanical department employees. All films of individuals in this group should be made available to the radiologist for his review.

(d) Repeat all x-rays interpreted as technically poor.

(e) If an abnormality is detected, notify the employee immediately. If it is possibly asbestos related, initiate a pulmonary evaluation as per the Physicians Guidelines.

5. It is requested that all plant medical departments comply with items (a) through (e) above as soon as possible but no later than March 31, 1981. Forward to the Medical Division, Attention Dr. Culpepper, the following:

(a) Number of employees and pensioners evaluated.

(b) Number of employees and pensioners with possibly asbestos-related x-ray abnormalities detected.

(c) Number of employees and pensioners referred for pulmonary evaluation.

(d) Number of employees and pensioners with asbestos-related abnormalities categorized as:

1. Benign asymptomatic abnormality
2. Benign symptomatic illness
3. Malignant illness

(e) Number of visits or consultations with Photo Products' technical representatives.

6. Attached is a letter model for communication with your consulting radiologist as you consider appropriate.

MEDICAL DIVISION

Bruce W. Karrh, M.D.
Medical Director

BWK/kcb
Att.

CORPORATE MEDIA STANDBY STATEMENT
ASBESTOS PROGRAM

Du Pont Company sites have begun a comprehensive review of medical histories of employees over forty who may have been exposed to asbestos dust through prior work with insulation material or in other manufacturing operations. The purpose of the company-wide review is to detect possible early signs of asbestos-related lung abnormalities. It should be strongly stressed that an early positive reading on an x-ray does not necessarily mean that an employee has, or will develop asbestosis.

These abnormalities, generally a thickening of the lining of the lung, may not have been detected in standard interpretations of x-rays by physicians and radiologists. All chest x-rays of employees in the group will be reviewed by a consulting radiologist and, if the x-rays are inconclusive, additional x-rays will be taken.

Any affected employee will be advised immediately and privately by his site physician, as is normal practice. Any such work-related cases will be referred to a pulmonary specialist for evaluation, although no immediate medical treatment is required for these abnormalities.

If new cases of early asbestos-related lung abnormalities are found, they would represent the result of exposure many years ago at Du Pont or in previous employment when the potential danger of handling asbestos insulation was not fully recognized.

The program, believed to be first of its kind in the chemical industry, will be completed in Spring of 1981.

* * * * *

SITE MEDIA STANDBY STATEMENT
ASBESTOS PROGRAM

The Medical Department of the _____ plant has begun a review of medical histories of employees over forty who may have been exposed to asbestos dust through prior work with insulation material or in other manufacturing operations. The purpose of the review is to detect possible early signs of lung abnormalities.

These early signs, generally a thickening of lung tissues, may not normally be diagnosed in standard reading of x-rays by physicians and radiologists. All chest x-rays of employees in the group will be reviewed by a consulting radiologist and, if the x-rays are inconclusive, additional x-rays will be taken. It should be stressed that an early positive reading on an x-ray does not necessarily mean that an employee has, or will develop asbestosis.

As is corporate medical policy, any employees affected will be advised immediately and privately by his site physician. Any such work-related cases will be referred to a pulmonary specialist for evaluation, although no immediate medical treatment is required.

If new cases of early asbestos-related lung abnormalities are found, they would represent the result of exposure many years ago, at Du Pont or in previous employment, when the potential danger of handling asbestos insulation was not fully recognized. The use of new asbestos insulation on this site was discontinued in _____. We are confident that our present handling procedures for asbestos remaining on the site ensure an exposure level that is well within acceptable limits.

* * * * *

SUGGESTED COMMUNICATION TO SUPERVISION AND EMPLOYEES

The Medical Department has initiated a program to review x-rays of employees over forty with ten years or more of Du Pont employment who have possibly had exposure to asbestos, primarily through handling of insulation. In some cases, new x-rays may be required. The objective of this program is to determine if there are any lung abnormalities that may be related to asbestos exposure. Other employees' x-rays will continue to be reviewed at the time of their regular physical examination.

The program is expected to be completed by March 31, 1981. As is our policy, employees will be informed immediately of any abnormality observed.

Physicians and radiologists traditionally have not specifically examined x-rays for minute, early signs of thickening of the lung lining (pleural thickening). Based on developments in and outside the Company during the past decade, medical knowledge and understanding of asbestos-related lung abnormalities have increased dramatically, making early identification of these abnormalities more feasible. Therefore, the current review program is being conducted in the light of this increased knowledge and understanding to identify and follow up on any abnormalities which may have been undetected under traditional methods.

The Medical Division began this year a program to better train Company physicians in early detection procedures. That training is now largely completed, and the physicians have begun their review program in conjunction with our consulting radiologists. Du Pont believes that it is the first company in the chemical industry to initiate such an extensive program.

It should be strongly stressed that an early positive reading on an x-ray does not necessarily mean that an employee has, or will develop, asbestosis. No medical treatment is required for asbestos-related abnormalities where no disease is present but all work-related cases will be referred to a pulmonary specialist at Company expense for evaluation and consultation.

We believe that our procedure for handling asbestos insulation has ensured a level of exposure well within acceptable limits. Therefore, no changes in handling procedures are anticipated. Any cases of asbestos-related abnormalities detected now would be the result of exposure many years ago, at Du Pont or in previous employment, at a time when low levels of exposure to asbestos were not known to be potentially harmful. The installation of asbestos insulation on this site was discontinued in 1972.

* * * * *

QUESTIONS AND ANSWERS
(to be used as needed by Site Supervision)

Q1. Are all Du Pont plants involved in this program?

A1. Yes, but to varying degrees depending on the extent of use of asbestos-containing materials.

Q2. Why was this program undertaken?

A2. To take advantage of improved techniques to identify lung abnormalities which may have been undetected by the traditional evaluation methods.

Q3. Do you anticipate that you will find many cases of undiscovered lung disease or asbestosis?

A3. While it is premature to predict results, we believe there may be some previously undiagnosed cases of lung abnormality, some of which may be asbestos-related.

Q4. What medical treatment will be prescribed?

A4. No medical treatment is generally indicated for asbestosis or asbestos-related abnormalities but all work-related cases will be referred to a pulmonary specialist at Company expense for evaluation and consultation. It is also strongly advised that smokers with an asbestos-related abnormality or asbestosis should stop smoking immediately.

Q5. What is asbestosis?

A5. Asbestosis is a condition of the lungs caused by exposure to asbestos dust. The condition involves structural changes that can be seen on chest x-ray films as well as changes such as impaired pulmonary (lung) function, cough, and labored breathing. Asbestosis is frequently a progressive illness.

Q6. Why does it take 10 to 15 years for an abnormality to develop?

A6. The precise answer to this question is unknown at present. However, the latency seems to be related to the amount of exposure and to the rate of migration of asbestos fibers through lung tissue.

Q7. What is the probability of a lung abnormality developing into asbestosis?

A7. This is difficult to answer. Assuming that the detected lung abnormality is due to asbestos exposure, we can state the following facts:

- Present medical knowledge considers such an abnormality to be irreversible, but not necessarily one that will develop into asbestosis.

- Development of and the progression of asbestos-related abnormalities are dependent upon such factors as dose, age, and life style. For example, smoking increases the possibility of asbestos-related disease, particularly cancer.

Q8. What is the difference between asbestosis and cancer?

A8. Simply stated, asbestosis does not involve a cancerous condition. A rare form of cancer called mesothelioma is found in some persons who have been exposed to asbestos. Mesotheliomas are far more frequent among smokers exposed to asbestos than among non-smokers so exposed.

Q9. Can you ensure me that our current asbestos work practices will prevent me from developing any lung abnormalities?

A9. Because of the latency period, previous exposure may yet cause a future abnormality to become evident. However, we are confident following present work practices will protect any worker from damaging exposures to asbestos.

Q10. Why are new x-rays being taken in the case of some employees?

A10. The early abnormalities for which our physicians and radiologists are searching are detectable only if a high quality x-ray film is obtained. In certain cases, we have found that while our x-rays are perfectly acceptable for most diagnostic purposes, some are of insufficient quality for detecting early asbestos-related changes.

Q11. Will I be eligible for Workers' Compensation or other benefits?

A11. If any work-related illness or impairment develops, the Company will accept responsibility for appropriate related medical costs, make an appropriate Workers' Compensation settlement offer and assist the employee or his family in obtaining other benefits to which they may be entitled.

Q12. Have the Steelworkers or asbestos suits prompted Du Pont's program?

A12. No.

Q13. Has the discovery of asbestos-related medical cases at Chambers Works and Repauno had a bearing on this program?

A13. Yes, we learned from that experience; however, that was not the sole consideration in establishing the program.

Q14. Does Du Pont plan to release the results of this review?

A14. The purpose of this detection program is to identify existing abnormalities and ensure that our physicians are highly sensitive to them in the future. This detection program is not a controlled epidemiology study and consequently there are no plans to publish any findings. Affected employees, of course, will be promptly advised by our physician.

* * * * *

DO NOT POST

QUESTIONS AND ANSWERS
(TO BE USED AS NEEDED BY SUPERVISION)

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Q11. Will I be eligible for Workers' Compensation or other benefits?

A11. If any work-related illness or impairment develops, the Company will accept responsibility for appropriate related medical costs, make an appropriate Workers' Compensation settlement offer and assist the employee or his family in obtaining other benefits to which they may be entitled.

Q12. Does this program include pensioners?

A12. We are evaluating the best way to include pensioners in this program.

Q13. Does Du Pont plan to release the results of this review?

A13. The purpose of this detection program is to identify existing abnormalities and ensure that our physicians are highly sensitive to them in the future. This detection program is not a controlled epidemiology study and consequently there are no plans to publish any findings. Affected employees, of course, will be promptly advised by our physician.