

EX-6642 REV. 2-77



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

EMPLOYEE RELATIONS DEPARTMENT

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Book

September 19, 1980

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MANAGER
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ASBESTOSIS DETECTION PROGRAM

Reference your September 2, 1980 letter, I share your concern that asbestos related abnormalities may remain undetected in our plant personnel. However, I don't entirely agree with your conclusion that our proposed program addresses only the long range aspects of the problem. It was anticipated that our efforts, directed through our plant physicians in the form of education and sensitization to the problem, would enable us first to:

- a) Increase the awareness of our physicians,
- b) Enlarge the scope of differential diagnosis for our plant associated radiologists,
- c) Define the magnitude of the problem.

This could be done without interfering with the trust and professional relationship that is essential between our physicians and the contract radiologists used by the majority of our plants.

Your contention that any improvements resulting from the proposed program would be "slow and inconsistent" presumes an approach that is immediately available and consistently uniform in quality. I don't think such a program exists in medicine. Our present situation evolved over many years and there is not, to my knowledge, an immediate cure.

Dr. Allen and X-Ray Associates have responded to the problem of x-ray quality control and sensitivity to asbestos related abnormalities. Their advice and cooperation has enabled us to better define our needs and goals to resolve the problem. There is no satisfactory immediate solution because human, professional, and

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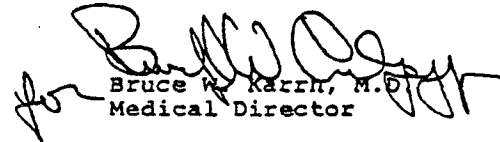
interpretative factors are involved. X-ray films of variable quality are not subject to consistent interpretation by any radiologist. Therefore our program of rigid quality control is consistent with our proposed program.

The majority of our contract radiologists are competent, board certified physicians in their specialties. With proper stimulation and the support of our plant physicians, we can begin to evaluate the problem in a systematic and productive manner, define its magnitude, and develop corrective procedures and policies that will insure the health and welfare of our employees.

Your suggestion for visitations by Medical Division personnel to local plant radiologists certainly has merit and is being incorporated into our plant audit procedures. I also agree with your contention that mechanic personnel over age forty constitute a high risk group for asbestos abnormalities. This group is the subject of x-ray review in our proposed program.

I suggest that our present program proceed without significant modification until the outline and magnitude of our problem can be more clearly defined. If we do have a significant problem in our plants, it is imperative that we identify it for management rather than outside agencies.

MEDICAL DIVISION


for Bruce W. Karrh, M.D.
Medical Director

BWK/kcb

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