Not complete per Mary Petty

R. J. Sexton, M. D.
INSTITUTE PLANT

January 9, 1973

Mr. R. H. Steinberg
Mr. F. Williams
Mr. F. Shaffer/Mr. R. Neal
Mr. B. C. Koenig
Mr. R. J. DuBrul/Mr. D. F. Springer

Annual Examinations - Asbestos Fibers Exposure

Dear Dr. Sexton:

Listed below are the names of Construction personnel who have had opportunities for exposure to airborne asbestos. We shall attempt to keep your list up to date as the work force increases in number.

At the present time many of the insulators are working at Marietta, Ohio, and will not be easily available during the workweek.

Insulators	Employee No.	Insulators	Employee No.
R. B. Smith	405	D. C. Shamblin	1218
J. F. Samples	3839	R. Tanner	2420
H. L. Reveal	Salary	C. Miller	1189
C. R. Knight	1176	C. A. Turley	1217
W. S. Tincher	1180	G. C. Thompson, Jr.	1163
J. R. Bryant	1193	F. E. Sunderland	4077
E. Searls	1195	O. H. Oxley	0480
W. H. Crum	1204	D. L. Johnson	1200
J. F. Chandler	1209	S. Eggleton	1171
W. J. Erskine	1220	J. W. Pauley	0206
J. M. Levisay	3050	C. H. Smith	0620
P. W. Young	1174	J. R. Bays	3485
R. E. Coyner	1175	U. M. Britton	2301
W. S. Roberts	1178	D. M. Bourn	3053
C. D. Shamblin	1183	G. P. Hall	1097
D. L. Carpenter	1191	W. J. Erskine	1220
J. W. Lambert	1201	J. R. Bryant	1193
K. F. Cobb	1210	J. F. Chandler	1209
J. W. Bymside	1181		

Painters - Sandblasters	Employee No.
D. R. Quick	0350
D. C. Shamblin	0366
M. E. McClure	0371
H. L. Gandee	0395
A. P. Cole	0445
S. M. Smallridge	0912
E. Downey	2571
A. F. Urban	0360
J. L. Morris	0419
H. E. Chittum	0392
C. M. Wolfingbarger	0661
C. E. Riffle	2048

Insulation Fab. Shopmen	Employee No.
L. I. Mitchell	0327
W. J. Eggleton	1199
B. V. Delbert	0315
H. E. Samples	3204
D. E. Raines	3808
F. M. Saulton	4125
H. E. Witt	4081
W. L. Alford	3993

Laborers	Employee No.
M. C. Edwards	0907
S. E. Painter	3774
C. H. Snyder	3969
H. L. Moles	0399

Also, to meet OSHA requirements, we are requesting, by copy of this letter, the employee relations representative to schedule a physical examination for any of the employees listed should they decide to terminate employment, or be scheduled for layoff.

Very truly yours,

C. W. Corman/ebc

UNION CARBIDE

INTERNAL CORRESPONDENCE

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NOV 1 1972

CHEMICALS AND PLASTICS • INSTITUTE PLANT P. O. BOX 2231, CHARLESTON, WEST VIRGINIA 25330

R. H. STEINBERG

To (Name) Mr. R. H. Steinberg
Division Building 2009
Location Construction Department

Date 30 October 1972

Originating Dept. Medical Department - Plant 512

Answering letter date

Copy to

Subject Annual Examinations
Asbestos Fibers Exposure

For many years we have followed a group of D&C employees - sandblasters and insulators - with annual chest X-rays. This was accomplished usually in the early months of the year and in 1972 included employees. It is believed that this program was useful but it now must be broadened.

A new OSHA ruling requires that every employee exposed to airborne concentrations of asbestos fibers must have a comprehensive medical examination ANNUALLY consisting of the following: (1) A medical history to elicit symptomatology of respiratory disease, (2) Pulmonary function tests and (3) A posterior-anterior 14" x 17" chest X-ray. In addition, any employee who has worked in an occupation where he has been exposed to airborne asbestos fibers must have a comprehensive medical examination on termination of employment.

This is a request to provide as soon as possible a list of the names of D&C employees who are presently working in occupations where they are exposed to airborne concentrations of asbestos fibers. If employees in work classifications other than sandblasters and insulators are exposed to asbestos fibers, please also include their names. These examinations must be completed by 31 Jan 73.

Very truly yours,

R. J. Sexton, M.D.
Plant Medical Director

RJS:gh

cc: DTS
BCK

Table 2. Continued

					1973						1974						
					"A" Reader			"C" Reader			"A" Reader			"C" Reader			
#	Emp. Init.	PR #	Time at Risk	Craft	Code*	Type	Diagnosis	Code*	Type	Diagnosis	Code*	Type	Diagnosis	Code*	Type	Diagnosis	Impression
25	CPE	00438	23	PS	Not Examined			Not Submitted			0/1 0/1	q s	Probably Pneumoconiosis	0/1	s	Uncertain	Uncertain
26	JLM	00419	22	PS	1/2	p	Pneumoconiosis	2/2	t	Complicated Pneumoconiosis	1/2	t	?	0/0	-	No Pneumoconiosis	Uncertain
27	SWS	00912	2	PS	0	-	?	0/1	s	Questionable Asbestosis	0	-	Normal	0/0	?	Asbestosis	Probably Pneumoconiosis
28	AFU	54884	32	PS Sup	1/0	s	Asbestosis	0/0	?	Pleural Disease	0	-	Normal	0/0	?	Possible Asbestosis vs. Pleural Disease	Uncertain
29	CMW	00661	13	PS	2/2	q	Pneumoconiosis	2/3	s	Pneumoconiosis	2/2	q	Pneumoconiosis	2/2 1/0	p s	Silicosis rather than Asbestosis or CW Pneumoconiosis	Definitely Pneumoconiosis
30	CHAS	03969	$2\frac{1}{2}$	L	1/1	p	?	2/2	t	Pneumoconiosis	2/1	t	Simple Pneumoconiosis	2/2	t	Asbestosis	Definitely Pneumoconiosis

In - Insulator Sup - Supervisor PS - Painter Sandblaster L - Laborer IFS - Insulation Fabrication Shop
? - No answer reported for the entry in the table.

* Radiographic appearances of pneumoconiosis (including asbestosis) are classified into four categories: 0, 1, 2 and 3 and subclassified into codes. Thus Category 0 includes 0/-, 0/0 and 0/1. The number left of the slant mark is the Category and the number to the right, the degree or extent. Category 1 includes 1/0, 1/1, and 1/2, Category 2 includes 2/1, 2/2 and 2/3 and Category 3 is graded into 3/2, 3/3 and 3/4. Types represent the size of the opacity; i.e., rounded opacities are graded as p, q or r and irregular opacities are graded s, t or u.

or implied a diagnosis of pneumoconiosis in 17 (20% of the 85) of the 30 cases sent to him. The author studied the radiographic pneumoconiosis classifications and diagnoses advanced by the "A" and "C" readers for the two surveys. This led to the column titled "Impression" in Table 2 and represents the author's conclusions.

A concise summary of the data in Table 2 is contained in Table 3.

Table 3. Summary Classifications of Diagnoses of 30 Employees at Risk

Diagnosis	#	Case #'s (from Table 2)
Definitely Pneumoconiosis	14	1, 3, 5, 6, 10, 11, 12, 16, 17, 21, 22, 23, 29, 30
Probably Pneumoconiosis	3	18, 19, 27
Normal or Probably Normal	7	2, 4, 7, 8, 9, 15, 24
Other Disease	1	20
Uncertain	5	13, 14, 25, 26, 28
Total	30	

The data in Tables 2 and 3 show that as a minimum 17 of the 85 employees at risk have been diagnosed as definite or probable pneumoconiosis. Of this group, 13 are insulators with many years at risk, one is an Insulation Fabrication Shop insulator, two are painter-sandblasters and the remaining one is a laborer. To the author, it is not surprising that insulators with more than 20 years at risk have developed pneumoconiosis. It is also not surprising that the Insulation Fabrication Shop insulator has developed pneumoconiosis after 25 years of exposure. However, it is certainly surprising that other insulators working in this same shop have not developed pneumoconiosis.

It is equally not surprising that painter-sandblaster employees who work regularly at sandblasting have developed pneumoconiosis but again it is surprising that there are a large number of painter-sandblasters who have not developed pneumoconiosis. One painter-sandblaster's data is of special interest (Table 2, #29). This employee's x-ray interpretation by the local radiologist in both 1973 and 1974 indicated that the radiologist believed this employee had pneumoconiosis. In 1973 the "C" reader was not told which x-ray films were those of insulators and which were painter-sandblasters, but this was done in 1974. The "C" reader was told erroneously that CMW (Table 2, #29) was an insulator. The "C" reader in 1974 advised that CMW did have pneumoconiosis but it was silicosis rather than asbestosis or coal worker's pneumoconiosis. The "C" reader was correct. This painter-sandblaster should have silicosis, not asbestosis.

Table 2 shows that nine of the entries (#'s 1, 5, 7, 10, 11, 18, 19, 20 and 22) were included in the 1973 medical surveillance program but their chest x-ray films and examination findings did not warrant the "C" reader interpreting their x-ray films. Two of the entries (#'s 6 and 25) in Table 2 were not listed on the 1973 roster and were not included at all. In 1974 some of the chest films of the above 11 employees were now interpreted as pneumoconiosis by the local radiologists but there were also some x-ray reports that included some abnormality in the radiologist's interpretation that made them "suspect" and thus warranted their review by the "C" reader.

The reader of this report, who studies Table 2 carefully, will probably be surprised to note that the "C" reader (the same "C" reader was used in 1973 and 1974) completely reversed his diagnosis in several of the 1974 diagnoses when compared to his diagnoses of 1973; e.g. #'s 4, 14, 15 and particularly 26. Because of the late writing of this report, there was not sufficient time to again submit the films to the same "C" reader for re-evaluation. However, in the 1975 survey the 1973-74 "C" reader will be requested to pay particular attention to these cases and they will also be referred in consultation to other "C" readers for diagnosis. Eight of the eleven cases were diagnosed by the "C" reader as pneumoconiosis (#'s 1, 5, 6, 10, 11, 18, 19 and 22).

After reviewing the classifications; i.e., codes and types, advanced by both the "A" and "C" readers in the years 1973 and 1974, the author decided that a final diagnostic impression should be included. This lead to the column titled "Impression" and further lead to the summary information contained in Table 3. There are many features included in the individual x-ray interpretations that were not included in Table 2 because of lack of space and these features are not pathognomonic in themselves. Inclusion of all of these findings would be lengthy and would only confuse the layman. However, there are x-ray findings and also findings on physical examination that would be of interest to both the physician and the layman that can be described in case histories. Therefore, three selected case histories are presented in detail to emphasize pertinent findings that may be of interest to both business administrators and physicians.

CASE HISTORIES

Case No. 1 - ECS (33489) (Table 2, #17), is a 53-year-old insulator supervisor who has had approximately 30 years at risk to materials containing asbestos. His medical history reveals that he has never used tobacco, that he has never had any serious illnesses, and until 1973, his chest x-rays have been normal. His pulmonary function testing results were excellent; i.e., his Vital Capacity is 98% of predicted and his $FEV_{1.0}$ is 94% of predicted. He has no complaints except that recently he has noticed an intermittent non-productive cough. As he terms it, "dry and hacking."