PLAINTIFF'S EXHIBIT

UC-3610

UNION CARBIDE

INTERNAL CORRESPONDENCE

UNION CARBIDE CORPORATION SOUTH CHARLESTON PLANT
Silicones and Urethane Intermediates P.O. BOX 8004, SOUTH CHARLESTON, WV 25303

To (Name) Mr. Leon McClure
Division Building 82-3
Location SOUTH CHARLESTON PLANT
Area

Date November 9, 1983
Originating Dept.
Area

Copy to

Subject Asbestos

Dear Mr. McClure:

Pursuant to our discussion regarding asbestos and asbestos disease, I have listed definitions, what we do now at the South Charleston Plant, other options, procedures followed at other locations, and my recommendations. As you can see, the recommendations suggested are only slightly different from what we are now doing. I believe that this will give us adequate coverage in trying to accomplish our goal of detecting these cases in a timely manner.

I - DEFINITIONS

A. Pneumoconiosis - a chronic fibrous reaction (scarring) in the lungs caused by the inhalation of mineral dust.

B. Asbestosis - lung disease (pneumoconiosis) caused by inhaling particles of asbestos.

C. Pleura - a membrane covering the outside of the lungs and lining the inside of the chest wall.

D. Pleural Plaque - a scarring of the pleura. It may be calcified or not. It may be the sole manifestation of asbestos disease.

E. Asbestos Body - golden yellow bodies of various shapes which can be found in the lungs or sputum of people exposed to asbestos. Proof is lacking that these are derived from asbestos alone.

F. Mesothelioma - a primary malignant tumor of the pleura or peritoneum (lining of abdominal cavity).

II - WHAT WE DO NOW

1. Chest x-ray is made at plant in Medical Department.

2. Chest x-ray is interpreted by radiologist (a physician with special experience in this field).

   a. Chest x-rays of those currently potentially exposed to asbestos are interpreted by "B" reader radiologist. These x-rays are required by law but type of interpretation is not specified in the law.

   b. Chest x-rays other than those of currently exposed employees are read by radiologist - not necessarily a "B" reader. If changes are noted which are reported as suggestive of asbestos exposure, then the film is returned for "B" reader to interpret.

3. If the "B" reader reports changes which appear to be potentially related to asbestos, then the employee is questioned carefully to obtain exposure history.

4. If history of asbestos exposure is related by employee, then it is recommended that the employee consult a medical specialist in the field of pulmonary diseases. It is requested that the report of the findings be sent to us.

5. When the report is received, it is reviewed with the employee. If the employee is diagnosed as having asbestos disease, then an injury report is completed. Management and Safety Department are notified by means of this report. Safety Department handles recording on OSHA log. Employee is assisted in filling out Workmen's Compensation papers if requested.

III - OTHER OPTIONS

1. Send employees to office of radiologist for x-ray and have it interpreted.

2. Have x-rays read by two different groups of radiologists. Our films are now read by Kanawha Valley Radiologists at $4.95. Associated Radiologists would read for $10 each.

3. Have all x-rays read by "B" reader.

4. Have every x-ray read by radiologist and then again by "B" reader.

IV - PROCESS AT OTHER LOCATIONS

1. FMC - employees are sent to office of Kanawha Valley Radiologists for x-ray of chest and interpretation. Industrial hygienist has listed certain job classifications which might have resulted in

asbestos exposure. This is noted on request form and NIOSH forms for coding are completed. Chest x-rays are done annually now. No asbestos related abnormalities have been noted.

2. DuPont - x-rays are made in Plant Medical Department and sent to Kanawha Valley Radiologists for interpretation. If there has been asbestos exposure, it is noted on request and "B" reader interprets it. NIOSH form is completed. Employees who are noted to have abnormalities possibly related to asbestos exposure are referred to chest specialist for evaluation. DuPont pays for the evaluation regardless of findings. After report is received, the finding is entered on OSHA log if found to be asbestos related. All pensioners have been screened.

3. Tech Center - x-rays are made in the Medical Department and sent to Kanawha Valley Radiologists for interpretation. For those employees exposed, asbestos monitoring is noted on request form. The NIOSH sheet is completed on these. If pleural changes are noted, the employee is not sent out for evaluation by chest specialist, but case is logged on OSHA log.

   If asbestosis is diagnosed, the employee is advised to see a chest specialist. The Company pays for evaluation from a "slush fund." It is not paid for if findings are determined to be non-occupational. If the employee has asbestosis, he or she is advised of eligibility for Workmen's Compensation.

4. Institute - annual examinations were started in 1971 or 1972 for people who had worked in asbestos for 10 years or more prior to 1975. Other asbestos workers are examined every 2 years but are put on the annual list if abnormalities are found.

   The employee is given 2 hours of paid time off to go to Kanawha Valley Radiologists office for x-ray of chest. Request form is stamped for asbestos exam and NIOSH form is completed.

   Examinations are offered once a year to retirees of Institute Plant or Construction if they have any x-ray changes attributed to asbestos.

   If the x-ray shows findings consistent with asbestos disease, Dr. Avashia sees the employee and takes work history. Then he tells employee whether it is or is not asbestos disease. No referral is made to chest specialist.

   After this the employee completes the necessary forms and sees an outside physician, usually at Cabin Creek Clinic.

It is the procedure to await a determination by the Occupational Pneumoconiosis Board before logging on the OSHA log.

V - RECOMMENDATIONS

It is my recommendation that we continue to offer an annual physical examination and chest x-ray to the insulators, garage mechanics and sandblasters. These films should be interpreted by the "B" reader and NIOSH form completed.

At the time of periodic examinations for other employees, usually offered annually for in-plant workers, the chest x-ray should be offered. The x-ray technician will question the individual at the time the x-ray is taken to determine if there has been asbestos exposure in the past. If so, asbestos exam will be noted on the request form and the film will be interpreted by "B" reader and NIOSH form completed.

If findings are consistent with asbestos disease, the employee will be questioned to obtain a work history for exposure to asbestos. If the history is positive, then referral should be made to a chest specialist. The report should be sent to the Medical Department, and it should be reviewed with the employee. If asbestos disease is confirmed, the Company should pay for the examination by the chest specialist. If not, the examination should be at the employee's expense. If asbestos disease is confirmed, an injury report should be completed to advise the Safety Department and Management. The case should be entered on the OSHA log. If he chooses, the employee may file for Workmen's Compensation occupational pneumoconiosis benefits. We will assist in completing the forms as requested.

I would also advise that we offer an annual follow-up examination after retirement to those individuals who have had asbestos disease diagnosed.

Very truly yours,

R. W. Holland, Jr., M. D.

RWHJr:ecm