

**Shell Oil Company**
Interoffice Memorandum

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DECEMBER 7, 1984

FROM: CORPORATE MEDICAL DIRECTOR, HS&E

TO: R. M. KEMBALL-COOK

SUBJECT: WORKLOAD PROJECTION - DEER PARK MEDICAL DEPARTMENT

Subsequent to our talk on December 4, I have held discussions with other members of Corporate Medical staff regarding the medical workload at Deer Park and our view of changes in the workload which may occur in the next three to four years. The following summarizes these discussions.

I believe, on the basis of personal discussions and monitoring of the Quarterly Activity Reports, that the present workload at Deer Park Medical is already approaching the maximum that can be accomplished, given the current staffing. I further believe that during the next three to four years the demands on Deer Park Medical will increase rather than decrease. The factors which lead to these projections are as follows:

1. Under our revised asbestos program, it appears that Deer Park will add a minimum of 300 and possibly as high as 500 asbestos exams per year.
2. The conclusion of the Deer Park All-Cause Mortality Study in mid 1986 will increase demands on the medical department in responding to inquiries regarding the inevitable questions which will fall out of this study.
3. The excess leukemia already observed at Deer Park seems unlikely to diminish in the next three to four years and will result in some increased activity in Deer Park Medical.
4. The current problem of peripheral neuropathy in the lubes dewax area already presents an increasing workload and this is projected to continue probably through 1985.
5. It is anticipated that OSHA will promulgate a new benzene standard during 1985 which could increase our activity in the area of benzene examinations. In addition, it is likely that OSHA will promulgate some additional standards which will affect our exam load in the next three to four years.

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6. Additional medical effort will be required under the revised Voluntary Periodic Examination Program which greatly broadens Shell's preventive medicine and wellness promotion activities. A large part of this increased activity will fall to Shell nurses.
7. The Shell Extended Medical Surveillance Program provides post-retirement examinations to former ECH workers. The possibility that this program might be extended to other retirees remains an open question.
8. There is a developing industry trend toward post-retirement follow-up of former employees who were diagnosed as having an occupational disease during employment. This is particularly true in the area of asbestos related disease. Deer Park already has 10 or more cases of possible or probable asbestosis and one mesothelioma death. It appears likely that we will initiate a program of post-retirement follow-up in this area during 1985.
9. Lifestyle trends indicate an increasing incidence of drug-related problems with employees. As these problems increase, additional medical support will be required.
10. An emerging problem is that of central nervous system neurotoxicity which, basis Scandinavian research, may be attributed to exposure to solvents. Increased activity in this area is anticipated and medical response will likely follow.
11. Gasoline has been shown to produce nephropathy in animal experiments. The question of possible nephropathy among employees exposed to gasoline and other solvents will require increasing medical activity in the next three to four years.
12. The currently unresolved question of possible pulmonary problems due to exposure to bisPhenol-A at Deer Park will require additional investigation.
13. As a part of the All-Cause Mortality Study at Deer Park, we will develop an update of the previous study of lube dewax employees. The previous study raised questions regarding incidence of cancer of the prostate. If these questions persist in the update, additional medical work will be required.
14. The recent Union Carbide incident in India will stimulate study of our industry's capability and plans regarding the handling of mass casualties. External pressures may force restudy of our activities in this area.

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15. It is anticipated that as the question of reproductive risk continues to emerge in industry, Deer Park's medical personnel will be increasingly involved in assessment of such risks in female employees of Deer Park.
16. Some additional medical activity is anticipated in development of inquiries from workers as a result of the OSHA Hazard Communication Standard.

The questions raised in the above listing are those which can be clearly identified at this time. There remains the likelihood that others may develop which are unrecognized at this time. I hope that these known issues as well as the unknowns will receive consideration as your assessment of staffing needs continues.



R. E. Joyner, M.D.

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