

Exhibit # 48

Certain-teed Products Corporation

FOR Ambler DATE June 13, 1966 FROM Ambler Pipe Plant OFFICE

ATTENTION OF Mr. R. L. Lanz SUBJECT Chest X-Ray Program

ANSWERING YOURS

dictated BY L. F. Kaas/cm *L.F. Kaas*

cc - Mr. L. D. Horowitz

* The present practise at the Ambler Plant is to:

1. Have a chest X-Ray taken on every new male and female employee (including temporary summer help), and if the Plant Doctor and Radiologist determine there is any abnormalities we do not hire them.
2. All employees (male and female, hourly and salaried) have a chest X-Ray taken as part of the required annual "physical". Any abnormalities or changes from previous X-Rays are made known to the employee's personal physician, including copies of the X-Rays if that physician requests them.
3. Any changes in the chest X-Rays of lungs which indicate a potential problem are brought to my attention by a letter from the Plant Doctor who at that time may recommend a job change. In all cases the recommendation is followed without question.

The X-Rays are taken by Dr. D. S. Bantley located in the Maple Glen Medical Center where our Plant Doctor (Dr. D. J. Donald) also has his offices. Dr. Bantley is a fully qualified and actively practising Radiologist with the latest equipment. He personally "reads" all X-Rays taken as part of the pre-employment or regular annual "physical" given as noted above and reports his findings to Dr. Donald.

If you have any other questions, please let me know.

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PLAINTIFF'S EXHIBIT

CT-754

June 6, 1960

Ambler Pipe Admin.

See below

Chest X-ray Program

R. L. Lanz - Springfield

To: Mr. A. J. Angstadt - Riverside
 Mr. William Carl - Santa Clara
 Mr. L. F. Kain - Auburn
 Mr. D. E. Miloney - St. Louis
 Mr. Herman Rhodes - Lilliboro

cc: Mr. L. D. Horowitz - Ambler

The Travelers Insurance Company wants to be assured that 14" x 17" chest X-rays are obtained at pre-employment physical examinations and at least two-year intervals thereafter. They want these X-rays interpreted by a competent radiologist and want you to act on the results of these interpretations.

New employees found to have potential lung problems at the pre-employment examinations should be screened out.

Regular employees found to have beginning lung complications at the biennial check-ups should be moved to jobs with reduced exposure.

We are exploring the possibility of having a centrally controlled program wherein all X-rays would be interpreted by the same radiologist. This would also provide for a uniform method of informing employees of the results without alarming them.

Please advise me as to your present practice insofar as X-rays are concerned. We must be assured that X-rays are being obtained for new employees and biennially for all employees.

12-10-64

Exhibit # 48 F
Certain-teed Products Corporation

FOR Ambler DATE Dec. 2, 1964 FROM Ambler Pipe Plant OFFICE
ATTENTION OF Mr. H. C. Davis SUBJECT Medical Program
ANSWERING YOURS DICTATED BY R. E. Jander/cm

Dr. Donald was kind enough to send me a copy of the letter he sent you on November 24, 1964. I just want to take this opportunity to state that I concur heartily with the Doctors' recommendations. Also the fact that ~~that program he set at Ambler has worked out extremely well~~, and I think will result in very definite monetary savings to the Company in the long run.

Additional, I would certainly like to recommend that Dr. Donald be appointed on some basis or other as the Divisional Medical Director. I am sure he would be amenable to this thought as long as it is not on a full time basis, and I am sure he would prove very worthwhile in coordinating our program in the other plants. Dr. Donald has an excellent knowledge of what goes on in our plants as he makes all his weekly visits to our Ambler plant. He is familiar with the product and the process and equipment. In addition, he has had considerable industrial experience prior to opening his practice here in the Ambler area. At all times he has been extremely cooperative with us and has worked very closely with the Union as well.

I realize this is a little bit out of my area of operations but I do feel that Dr. Donald has presented us with a very well worthwhile program and, therefore, I would not hesitate to recommend it for the rest of the pipe division plants. If there are any questions you have concerning this, I would certainly be happy to talk with you about them.

CTD006746

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DELMAR J. DONALD, M. D.

MAPLE BLVD PROFESSIONAL CENTER
MAPLE BLE, PA

UNION MEETING HALL
BLUE BELL, PA

TELEPHONE MI 6-0648

November 24, 1964

Dear Mr. Davis:

During recent weeks I have had discussions with Mr. Leon Horowitz in regard to a ~~chest x-ray program~~ ~~for the pipe division of Grinnell Products~~. I have been asked to ~~make recommendations~~ as to designing a successful, yet economical program for carrying out these x-rays. This request has apparently been prompted by the recent publicity regarding adverse effects of asbestos in the lungs and other body organs.

During the last year, in co-operation with Mr. Lander at the Ambler Plant, a chest x-ray program has been carried out and it seems to meet the requirements and needs of the company and has also been useful to foster employee morale and relationships. I would recommend that a similar program be carried out on a company-wide level; for hourly employees of the pipe division. Briefly the program would be as follows:

1. Yearly chest x-ray would be taken by radiologists in the vicinity of the various plants. The x-rays would be read by the radiologist and

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would than be sent to a central location at our office in Ambler.

2. All x-rays that show normal readings or that show no radical change over the previous years would be reported directly to the employee by mail, informing him of the fact that he has had a normal chest x-ray.
- 3.. All x-rays that show any abnormalities of a pulmonary, cardiac, or other nature would be reviewed by the radiologist at our medical center. The employee would be notified that the results of his x-rays were being forwarded to his family physician for evaluation and suggestions. At the same time, in consultation with our radiologist, we would prepare a report to be sent to the private physician outlining the abnormalities found and making available to him by request, the chest films for his inspection.
4. In cases where there are signs of asbestosis or a fibrotic disease, which could be worsened or agrivated by the employees current occupation,

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suggestions would be made to the plant manager for a change in work environment.

We have followed this plan during the past year at Ambler with apparent success and without any major complications arising. One-hundred-forty chest x-rays were taken during 1964 and 34 abnormalities were found. The above procedure was followed in each case and the response from both the employees and from the private physicians was gratifying. It was unnecessary to make any changes of occupation in any of the abnormal cases since they were not over-exposed to dust or asbestos.

I feel strongly that accurate and honest reporting of chest x-rays avoids, rather than encourages claims of asbestosis against the company. I believe that the chest x-ray program conducted in the manner outlined satisfies management, avoids exposure of specific individuals to possible occupational hazards and serves as a great morale booster for the employees.

Of necessity, such a program entails additional expenses to the company which initially shows itself as over-head; but which will, over the course of a few

TELEPHONE MI 6-0442

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years justify the outlay. One compensation case can cost the company more than the price of carrying this program out for many years. The cost of interpretation of abnormal films by our radiologist would be \$5 per film; if all plants were to participate in this program it would be unlikely that more than 50 films would have to be reviewed and this number would become progressively lower as the regular yearly programs were carried out. The secretarial costs, the cost of storage of films, and the professional time consumed in establishing this program from our office is difficult to evaluate on a per-case basis. It would seem to me that some type of retainer would be in order, and that this retainer should be mutually agreed upon and should be flexible enough to include the handling of other medical problems that are bound to arise throughout the pipe division.

I would be happy to discuss this matter with you more fully at your convenience and to expand or delete from this program as you see necessary.

Sincerely yours,

Delmar J. Donald

Delmar J. Donald, M.D.

DJD/dsp

CTD006750