

SCOPE FOR FII MEDICAL SURVEILLANCE

Study has identified several FII work stations that constitute potential, or uncertain threats to human health. About 3200 workplace assignments are included in the high exposure categories. Additionally, some measure of occupational health risk is felt by virtually all FII employees. The attachment entitled "PRIORITY LIST OF HEALTH EXPOSURES" presents a complete analysis of work assignments arranged by exposure severity.

Moral and prudent reasons dictate that FII monitor the health of all employees. The frequency and testing content, however, should be variable and approximately proportional to exposure severity.

The recommendation is for FII to offer base line medical examinations to all employees at a low frequency, say once every five years plus providing more specific and frequent medical testing (e.g., annually) for the employees falling in the high exposure categories.

Standardizing the existing medical test activity with the objective of incorporating results into a central computer is included. Examples of existing tests include: preemployment physicals, management medical examinations, and specific OSHA mandated tests such as the asbestos workers' chest x-rays. Morbidity and mortality data associated with existing and retired employees would also be captured and retained.

The attachment entitled "MEDICAL SURVEILLANCE PROGRAM ELEMENTS" presents the detail program as it is presently envisioned. The plan is to develop firm specifications during the next six months.

Hiring of the additional staff would occur in the latter half of 1980 and selective medical testing could commence following the staff acquisition. Computer programming is scheduled for 1981. The full project should be in place the following year (1982).

Total cost estimates for FII medical surveillance are summarized in the attachment under that same name.

JUSTIFICATION FOR FII MEDICAL SURVEILLANCE

Moral

The typical FII plant uses about 100 different chemicals or chemical mixtures in volume quantities. Bags, drums, and bulk containers are discharged into the work areas where their contents are stirred, agitated, and dispersed. Attendant vapors, dusts, mists, and pyrolysis products are evolved and eventually condense or settle. Employees inhale these products, touch and ingest them, get them on their clothes and body surfaces and carry them home where their families may also be affected.

Even though industrial hygiene monitor data indicate no compliance problems exist opposite the OSHA permissible exposure limits (PEL's), we cannot be certain that our people are not being exposed to serious hazards. Most of the PEL's were arbitrarily arrived at and bear no quantifiable relation to health severity. Further, only about half of the actual FII hazards are covered by the PEL's. Finally, the interaction between the various substances hopelessly confounds the task of relating exposure to health risk.

In the face of such uncertainties, responsible manufacturers seek to identify exposures and reduce potential severity by providing safe workplace controls. FII does as much. Medical surveillance is also practiced by the responsible manufacturers to confirm the validity of their safety programs and detect program inadequacies in the early stages. FII follows such an approach for noise exposure. It needs to be expanded to include general health surveillance as well.

Prudent

The above discussion describes the moral reason why FII needs to supplement its present safety practice with comprehensive medical surveillance. Prudent reasons also apply. A medical surveillance program will provide:

Defense against claims that a worker's poor health was caused by workplace exposure when, in fact, the problems started before the individual began work with FII (e.g., byssinosis).

Defense against claims that employee health problems were work related when, in fact, they developed independently. (e.g., 25% of the population contracts cancer, alcoholics experience liver disease, etc.)

Defense against claims by handicapped workers that their employment contributed to the continuing deterioration of their handicap.

Reduction in workman's compensation claims as employees reach the end of their useful work life. Age related illnesses will be identified early on and the employees would then be counseled to follow a course of remedial action rather than to blaming the employment.

Reduction in time off the job and retraining cost because the worker's general health will be improved.

An effective mechanism for managing maternal disability. This also applies to managing other real or alleged reproductive or teratogenic situations.

Defense against unfounded assertions of adverse health characteristics in our products or major raw materials. In house epidemiological studies may be used to refute charges such as the recent claim of carcinogenicity of DMT.

Good agreement exists among the Celanese Corporate and FII health specialists for offering medical surveillance to the employees in the high exposure zones. Even though the case for the remaining employees is not so compelling, the specialists are agreed that these employees should receive periodic, base line testing for the following reasons:

Difficulties with tracking workers who move from high to low exposure zones can be resolved by a program that includes all employees.

Questions of fairness versus "hazardous duty" pay between those receiving medical examinations and those who do not will be minimized if all participate in the testing program.

Need for control cohorts to facilitate trend analysis studies can be satisfied by using the low exposure employees as the control.

A final point relates to how we are perceived and what is expected. Our surveys have concluded that several of the FII work areas approximate a typical chemical plant for severity of workplace health exposure. The regulatory agencies, the courts, the labor unions, and even our own employees will perceive us as belonging to the chemical industry and expect us to follow the health surveillance norms of that industry. Studies show that all our major competitors practice comprehensive medical surveillance. To do less opposite the various legal, moral, and prudent aspects of responsible business practice leaves us in a jeopardized position.