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Occupational Health Center

ST. FRANCIS
OCCUPATIONAL HEALTH CENTER

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September 2, 1988

Norm Roberts
Copeland Corp.
500 Conrad C. Harcourt Way
Rushville, IN 46173

Dear Mr. Roberts:

I am writing to send you the results of my recent asbestos surveillance examinations on 69 employees. Please note that we have not examined completely the 4 employees mentioned in Ms. Bachmann's letter of August 29, 1988.

I am happy to tell you that I was unable to find any signs of asbestos related disease in your workers. Please realize, however, that given the long latency of the risk for working with asbestos, this is not surprising. Although lung changes do to asbestos can occur as early as five years, it is more common for them to take 15 to 20 years to show up.

You will notice on the medical forms which I am returning to you, that there is a statement on each workers asbestos surveillance sheet regarding the lack of any signs of any asbestos related disease. I have also made assorted other recommendations on these sheets, primarily dealing with cigarette smoking, but also dealing with other medical problems. I would recommend that you share these recommendations with the employees. The second report which you will have on each employee is a statement about whether or not they would be able to wear a protective respirator. Where I have limited respirator wear, I have given the reasons.

One finding which was surprising from dealing with your workers was the high prevalence of cigarette smoking. Approximately 50% of your male employees are cigarette smokers, and close to 60% of your female employees are cigarette smokers. This is especially worrisome, since many of these employees are also very heavy cigarette smokers. This rate of cigarette smoking is much higher than the national average. There are two reasons why this should be a great concern to you. The first is that employees who

are heavy cigarette smokers tend to miss much more work due to illness than non-smokers. Thus, if you could decrease the amount of cigarette smokers in your employment, the efficiency of their work should improve. The second, and more important reason, is that the risk of lung cancer is significantly increased in cigarette smokers, especially in heavy cigarette smokers. Since your company is also concerned about liability due to asbestos exposure, it will be in your interest to help the employees decrease their smoking habits to decrease your liability. For example, you would have a difficult time defending the company if an employee claimed that his lung cancer was due to asbestos exposure.

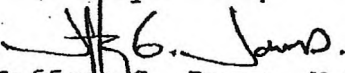
Of course, employees who are able to stop smoking could expect to decrease their risk of developing not only cancers, but heart disease and emphysema. Thus, I think there are a number of reasons why it is in your company's interest to help your employees stop smoking. I would encourage you to consider an on-site smoking cessation program, since many of your employees expressed an interest in this during the physical examinations. Please contact us if you would be interested in getting more information about helping you to set up a program in your facility.

Although the federal standard does not require surveillance if measured levels are below the action level, I would encourage you to continue to have surveillance, at least on an intermittent basis. The reason for this is that at least some of your employees have potentially long term exposure to asbestos at unknown air concentrations. Thus, even though the concentrations are below the action level now, there is no indication of what they were 5 years ago. Surveillance examinations done on an every 3 year basis would be my recommendation, until you reach a point of 15 years latency, and then to have an annual examination.

In conclusion, of the 69 employees which we have full evaluations on, there are no signs of any asbestos related disease. This is not surprising given the relatively short time period since initial exposure to asbestos. I would strongly encourage you to develop a smoking cessation program for your employees, since this is likely to improve their health in work efficiency, but also to lessen their chances of developing lung cancer. As you are no doubt aware, there is a multiplying effect of risk of any asbestos exposure and cigarette smoking for the chances of developing lung cancer. I would also recommend that you have continued asbestos surveillance examinations on an every 3 year basis until the employees are 15 years past their initial exposure, and then on annual basis.

I hope you find this report useful. Please contact me should you have any questions regarding its contents.

Sincerely Yours,


Jeffrey G. Jones, M.D.

JGJ/tln

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