



CONFIDENTIAL

Subject: 1968 Asbestos X-Ray and Medical Survey

This week we received the first batch of a series of annual reports on Asbestos employees, in which Dr. Wells gave his clinical and X-ray impressions at the conclusion of the 1968 Asbestos X-ray and physical ~~exams~~ examinations.

Dr. Wells had informed John Alexander previously that several more Asbestos employees were now early asbestosis "suspects," and he named one case as very suspicious. He is a picker tender who has worked in the Asbestos Plant continuously for approximately 11 years 6 months. Heretofore, we have experienced no asbestosis cases in persons employed in the Asbestos Plant since 1949. All the cases, except one, had been exposed to relatively high dust concentrations during the 1940's, when dust counts as high as 30 millions particles per cubic foot, and higher in isolated cases, were recorded in some areas, particularly in the Opening & Picking Department.

Therefore, it came as a surprise and shock to find an asbestosis case in an employee who has worked in an area where dust counts varied from a high of 3.8 million in 1957 and 1958 to the present lows of less than 1.0 MPPCF. However, we find that this man has worked on the third shift where he has had to work on a number of jobs with heavy dust exposure, including making bed mixes by hand, operating pickers and the pre-carder, cleaning out the Dust House, cleaning out the stock room, sweeping, blowing off machinery, and ^{downy} a lot of week-end cleaning. If he failed to wear his respirator at any time while carrying out the duties ~~xxxxxxx~~ listed, he could have inhaled harmful quantities of asbestos dust. Dr. Wells is of the opinion that this is an isolated case, which should not be viewed with alarm.

It is comforting to realize that a number of the above dust hazards have either

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been eliminated altogether or greatly improved. The Wheelabrators have eliminated the Dust House, the new Blending System has eliminated the necessity of making bed mixes by hand, the pickers, and the pre-carder. Exposure remains on a few jobs where it is imperative that respirators be worn. Rigid enforcement of our present policy in regard to the use of respirators will preclude harmful exposure.

A brief summary of our experience with asbestosis is shown in Attachment (A). Actual compensation cases are summarized in Attachment (B). In the latter, under "Compensation Awarded," the amounts set were based on agreements made between the individuals concerned and the Company, wherein the per cents of disability due to asbestosis were made on recommendations given in Dr. Wells' findings.

To date, employees affected have been willing to accept Dr. Wells' evaluations, but in each case the full amount would have been awarded had the individual seen fit to file a claim through his attorney. The attorney's fee would have reduced the ~~xxxx~~ amount by about ~~32 2/3~~ 30 per cent, or even ~~32 2/3~~ 33-1/3 per cent. The full amount in each case to which we were exposed is shown under "Maximum Exposure" in Attachment (B).

With our exposure increasing at the rate of \$50 a month, we cannot help but view our exposure to future asbestosis cases with growing concern.

Reyonne C. Hunt
Manager

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