E. I. DU PONT DE NEMOURS & COMPANY
INCORPORATED
WILMINGTON, DELAWARE 19898

EMPLOYEE RELATIONS DEPARTMENT
MEDICAL DIVISION

May 11, 1981

COMPANY PHYSICIANS

ASBESTOS ABNORMALITY DETECTION PROGRAM
FOR PENSIONERS

Our present pensioner population consists of some 30,000 men and women, some of whom may have been exposed to asbestos during their active working years and may have developed pulmonary abnormalities.

A program to inform pensioners and to detect and evaluate pulmonary abnormalities will be implemented through the employment sites. The format will be similar to the detection program presently in effect for active employees. The program will be implemented in four phases:

- o Information
- o Detection
- o Review of Work History
- o Evaluation

The information phase will be accomplished by a letter to all pensioners describing our program and suggesting that they contact the appropriate employment site. The letter provides detailed information and instructions for making the contact. A copy of a sample letter is attached.

The second phase will involve the detection of possible abnormalities by a radiological chest exam. Provisions will be made for alternative sources of radiologic evaluation if employment sites are not available nor practicable. All radiographs will be interpreted by a board certified or qualified radiologist.

Phase three involves an examination of the Du Pont work history for those cases where abnormalities consistent with asbestos are detected. If there is significant exposure, further evaluation will be provided by Du Pont.

Pensioners will be informed of any abnormality detected whether or not asbestos related. Pensioners who have no detectable abnormality, but have been exposed to asbestos, should be advised to refrain from smoking and to be followed with annual chest radiographs by their personal physicians.

The evaluation phase will be provided by a pulmonary specialist if radiologic abnormalities compatable with asbestos exposure are detected and there had been significant Du Pont exposure. Abnormalities will be classified according to the Physician's Guidelines, Section T&U:

- o Benign asymptomatic
- o Benign symptomatic
- o Malignant illness

Pensioners with detected abnormalities will be managed as if active employees.

Pensioners who are participating in an annual physical examination program at a plant site should not be scheduled for additional radiological evaluations. The chest x-ray done as part of an annual examination is sufficient to screen for a possible asbestos abnormality.

Questions pertaining to this program should be addressed to your site management or if of a medical nature to the Medical Division, Wilmington, 302-774-5226.

MEDICAL DIVISION

Bruce W. Karrh, M.D.
Medical Director

STANDBY PRESS RELEASE

SITE

SITE MEDIA STANDBY STATEMENT
ASBESTOS SCREENING PROGRAM

The Medical Division of the _____plant is extending its current review of the medical histories of employees over 40 who may have been exposed to asbestos dust to include pensioners who may have worked with asbestos in insulating materials or in other manufacturing operations. The purpose of the review is to detect possible early signs of lung abnormalities.

These early signs, generally a thickening of lung tissues, may not normally be diagnosed in standard reading of x-rays by physicians and radiologists. All chest x-rays of employees in the group and pensioners will be reviewed by a consulting radiologist and, if the x-rays are inconclusive, additional x-rays will be taken. It should be stressed that an early positive reading on an x-ray does not necessarily mean that an employee has, or will develop asbestosis.

As is our medical policy, any employees or pensioners affected will be advised immediately and privately by his site physician. Any such work-related cases will be referred to a pulmonary specialist for evaluation, although no immediate medical treatment is required.

If new cases of early asbestos-related lung abnormalities are found, they would represent the result of exposure many years ago, at Du Pont or in previous employment, when the potential danger of handling asbestos insulation was not fully recognized. The use of new asbestos insulation on this site was discontinued in _____. We are confident that our present handling procedures for asbestos remaining on the site ensure an exposure level that is well within acceptable limits.