PLAINTIFF'S EXHIBIT
DUP-239

E-2

cc: C. F. Reinhardt

February 10, 1967
C-CC227

MEMORANDUM

TO: J. A. Zapp, Jr.
J. W. Clayton, Jr.

FROM: G. J. Stoppa

THE MEDICAL ASPECTS OF THE USE OF ASBESTOS
AND ASBESTOS PRODUCTS WITHIN THE DU PONT COMPANY

A memorandum with the above title was prepared in early November 1966 reporting the discussions held at Haskell Laboratory on October 25.

Certain of the proposals made at that meeting are being carried out by the Engineering Department, but in general the medical recommendations have not been implemented.

A survey of plant physicians by letter suggests that at least we do not have an epidemic of respiratory disease among those with an obvious exposure to asbestos, but I regard this as only useful preliminary information - not the end of the investigation. There are four reasons why the proposals made in the memorandum should be implemented.

1. The data developed to date is suggestive but not conclusive, and both from the humanitarian and legal points of view the data must be convincing not only to ourselves but if necessary to a court of law. We must be able to demonstrate that not only do we not have a health problem due to asbestos, but that the research methods used were such that a problem would have been uncovered if it existed.

2. The long 'incubation period' that may exist between asbestos exposure and the development of cancer requires that we focus our attention on the exposures occurring to employees in the period 1942-1952. At that period the number of employees was smaller (1930, 37,000 employees; 1940, 53,000 employees; 1950, 80,000 employees) and the potential exposure may have been much less.

1981

3. Because of Point 2 above, it is reasonable to postulate that due to the increase in the use of asbestos and the size of the population at risk that it will be in the years ahead that the problem will develop rather than necessarily being present at this time.

4. If we can demonstrate that at present there is no undue incidence of carcinoma due to asbestos, this will be very gratifying; but it does not mean that the study should end. It will be important to continue monitoring the exposed populations and a suitable control group to see whether (because of Point 3) an occupational disease develops at a later date.

If we considered the points made at the meeting in October 1966 valid, then they remain valid today and we should put them into operation subject always to modification in the light of further information.

ORIGINAL SIGNED BY
G. J. STOPPS

GJS/dyb