UNION CARBIDE

INTERNAL CORRESPONDENCE

PLAINTIFF'S EXHIBIT

UC-1759

SILICONES & URETHANE INTERMEDIATES P. O. BOX 8361, SOUTH CHARLESTON, WEST VIRGINIA 25303

To (Name) B. H. Avashia, M.D.
Division R. E. Crum
Location C. E. Fry
R. W. Holland, M.D.
A. A. Lang, M.D.
H. C. Lewinsohn, M.D.
L. E. McClure
J. B. Mickey
F. M. Plechaty, R.N.
G. L. Wharton

Date March 30, 1983

Originating Dept. Safety & Health

Subject Asbestos-Related Medical Issues

Copies: R. N. Bates
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R. G. Link
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This is an attempt to summarize the results of our South Charleston meeting on March 29th to discuss asbestos-related medical issues.

- Following an excellent review of the health effects of exposure to asbestos by Dr. Lewinsohn, Dr. Holland reviewed South Charleston's process of chest X-ray review and asbestos-related abnormality reporting (copy attached). It was concluded that the steps taken therein were adequate and proper. It was suggested that initial recording of asbestos-related abnormalities on the OSHA 200 Log should take place within five days of the initial diagnosis plus evidence of work exposure, rather than waiting for confirmatory diagnosis. The log could be subsequently changed if further diagnosis did not confirm the initial findings.

- Sistersville will consider using the same radiology service employed by South Charleston and the other KV locations.

- Dr. Lewinsohn agreed to furnish both locations with recommended diagnostic terminology for discussion and U/A with the contract radiology service. Dr. Holland will be the contact to convey this information to the service.

- There was agreement that asbestos-related abnormalities should not be generalized on the OSHA 200 Log as "asbestosis" unless the diagnosis was specifically asbestosis. Other manifestations of asbestos exposure are to be logged as diagnosed together with an appropriate reference to asbestos as the causative factor.

- South Charleston will review its recorded cases of "asbestosis" and revise the OSHA 200 Log as appropriate to reflect the specific diagnoses involved.

- John Cornell will review the results of the meeting with the S/H Managers of the other petrochemical divisions for their consideration and action as they deem appropriate.

I wish to thank all the meeting attendees for their active participation, particularly Drs. Lang and Lewinsohn for their technical advice and service.

Very truly yours,

J. S. Cornell

JSC:ke
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Attachment

SOUTH CHARLESTON CHEST RADIOGRAPH PROTOCOL

(1) X-RAY OF CHEST

(2) X-RAY READ BY RADIOLOGY SERVICE. IF ABNORMALITIES SUGGESTIVE OF ASBESTOS EXPOSURE ARE REPORTED, X-RAY SENT BACK FOR EVALUATION BY "B READER".

(3) IF "B READER" CONCURS THAT ABNORMALITIES APPEAR TO BE ASBESTOS EXPOSURE-RELATED, EMPLOYEE IS INTERVIEWED TO OBTAIN EXPOSURE HISTORY.

(4) IF HISTORY OF ASBESTOS EXPOSURE IS OBTAINED, X-RAY IS SENT TO INTERNAL MEDICINE SPECIALIST IN THE FIELD OF PULMONARY DISEASES.

(5) IF INTERNAL MEDICINE SPECIALIST CONCURS IN DIAGNOSIS OF ASBESTOS-RELATED ABNORMALITIES:

- EMPLOYEE IS INFORMED OF MEDICAL DIAGNOSIS
- INJURY REPORT IS FILED AND BROUGHT TO MANAGEMENT ATTENTION FOR RECORDING OF ILLNESS

(6) RECORDING OF ILLNESS TAKES PLACE ONLY IF:

- B READER AND PULMONARY DISEASE SPECIALIST CONCUR ON DIAGNOSIS, AND
- EMPLOYEE HAS HISTORY OF ASBESTOS EXPOSURE