ER-8582 REV. 3-77

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

EMPLOYEE RELATIONS DEPARTMENT

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October 27, 1980

COMPANY PHYSICIANS

1. The Medical Division in Wilmington is conducting a series of meetings with Company physicians on the subject of asbestos-related x-ray abnormalities. We will schedule additional sessions for those physicians unable to attend previous meetings.

2. The purpose of the meetings is to:

(a) Increase the sensitivity of plant physicians, and through them our consulting radiologists, to asbestos-related abnormalities so that they can better detect them in our employees.

(b) Assure the quality of radiographs accomplished on our plants.

(c) Ensure that all asbestos exposed or potentially exposed employees will be identified for the radiologist.

(d) Ensure physician understanding of the provisions of Physicians Guidelines on Interpretation of X-Rays, Informing Employees of Abnormal Findings, and Asbestos-Related Medical Conditions.

(e) Notify all physicians that this subject will become a major item of interest during subsequent medical audits.

3. To date, four meetings have been held and some 53 physicians have attended. The program has been well received. Selected x-ray films from participating plants were reviewed by Dr. Olin Allen of X-Ray Associates, Wilmington, DE. A report of each plant's film interpretations has been sent to that plant.

4. At the conclusion of the meetings, all physicians were requested to:

(a) Discuss the program with their consulting radiologists and convey to them our concern for a critical interpretation of any asbestos-related abnormality.

(b) Review x-ray quality at the plant and, if appropriate, take action to improve radiology quality to include use of Photo Products' specialists and additional Wilmington training for nurses.

(c) Initiate a review of the x-rays of all personnel who have had a potential for asbestos exposure, who are over 40 years of age and have over 10 years' service. This group should include operations employees as well as mechanical department employees. All films of individuals in this group should be made available to the radiologist for his review.

(d) Repeat all x-rays interpreted as technically poor.

(e) If an abnormality is detected, notify the employee immediately. If it is possibly asbestos related, initiate a pulmonary evaluation as per the Physicians Guidelines.

5. It is requested that all plant medical departments comply with items (a) through (e) above as soon as possible but no later than March 31, 1981. Forward to the Medical Division, Attention Dr. Culpepper, the following:

(a) Number of employees and pensioners evaluated.

(b) Number of employees and pensioners with possibly asbestos-related x-ray abnormalities detected.

(c) Number of employees and pensioners referred for pulmonary evaluation.

(d) Number of employees and pensioners with asbestos-related abnormalities categorized as:

1. Benign asymptomatic abnormality
2. Benign symptomatic illness
3. Malignant illness

(e) Number of visits or consultations with Photo Products' technical representatives.

6. Attached is a letter model for communication with your consulting radiologist as you consider appropriate.

MEDICAL DIVISION

Bruce W. Karrh, M.D.
Medical Director

BWK/kcb
Att.

SUGGESTED COMMUNICATION TO SUPERVISION AND EMPLOYEES

The Medical Department has initiated a program to review x-rays of employees over forty with ten years or more of Du Pont employment who have possibly had exposure to asbestos, primarily through handling of insulation. In some cases, new x-rays may be required. The objective of this program is to determine if there are any lung abnormalities that may be related to asbestos exposure. Other employees' x-rays will continue to be reviewed at the time of their regular physical examination.

The program is expected to be completed by March 31, 1981. As is our policy, employees will be informed immediately of any abnormality observed.

Physicians and radiologists traditionally have not specifically examined x-rays for minute, early signs of thickening of the lung lining (pleural thickening). Based on developments in and outside the Company during the past decade, medical knowledge and understanding of asbestos-related lung abnormalities have increased dramatically, making early identification of these abnormalities more feasible. Therefore, the current review program is being conducted in the light of this increased knowledge and understanding to identify and follow up on any abnormalities which may have been undetected under traditional methods.

The Medical Division began this year a program to better train Company physicians in early detection procedures. That training is now largely completed, and the physicians have begun their review program in conjunction with our consulting radiologists. Du Pont believes that it is the first company in the chemical industry to initiate such an extensive program.

It should be strongly stressed that an early positive reading on an x-ray does not necessarily mean that an employee has, or will develop, asbestosis. No medical treatment is required for asbestos-related abnormalities where no disease is present but all work-related cases will be referred to a pulmonary specialist at Company expense for evaluation and consultation.

We believe that our procedure for handling asbestos insulation has ensured a level of exposure well within acceptable limits. Therefore, no changes in handling procedures are anticipated. Any cases of asbestos-related abnormalities detected now would be the result of exposure many years ago, at Du Pont or in previous employment, at a time when low levels of exposure to asbestos were not known to be potentially harmful. The installation of asbestos insulation on this site was discontinued in _____.

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QUESTIONS AND ANSWERS
(to be used as needed by Site Supervision)

Q1. Are all Du Pont plants involved in this program?

A1. Yes, but to varying degrees depending on the extent of use of asbestos-containing materials.

Q2. Why was this program undertaken?

A2. To take advantage of improved techniques to identify lung abnormalities which may have been undetected by the traditional evaluation methods.

Q3. Do you anticipate that you will find many cases of undiscovered lung disease or asbestosis?

A3. While it is premature to predict results, we believe there may be some previously undiagnosed cases of lung abnormality, some of which may be asbestos-related.

Q4. What medical treatment will be prescribed?

A4. No medical treatment is generally indicated for asbestosis or asbestos-related abnormalities but all work-related cases will be referred to a pulmonary specialist at Company expense for evaluation and consultation. It is also strongly advised that smokers with an asbestos-related abnormality or asbestosis should stop smoking immediately.

Q5. What is asbestosis?

A5. Asbestosis is a condition of the lungs caused by exposure to asbestos dust. The condition involves structural changes that can be seen on chest x-ray films as well as changes such as impaired pulmonary (lung) function, cough, and labored breathing. Asbestosis is frequently a progressive illness.

Q6. Why does it take 10 to 15 years for an abnormality to develop?

A6. The precise answer to this question is unknown at present. However, the latency seems to be related to the amount of exposure and to the rate of migration of asbestos fibers through lung tissue.

Q7. What is the probability of a lung abnormality developing into asbestosis?

A7. This is difficult to answer. Assuming that the detected lung abnormality is due to asbestos exposure, we can state the following facts:

- Present medical knowledge considers such an abnormality to be irreversible, but not necessarily one that will develop into asbestosis.

- Development of and the progression of asbestos-related abnormalities are dependent upon such factors as dose, age, and life style. For example, smoking increases the possibility of asbestos-related disease, particularly cancer.

Q8. What is the difference between asbestosis and cancer?

A8. Simply stated, asbestosis does not involve a cancerous condition. A rare form of cancer called mesothelioma is found in some persons who have been exposed to asbestos. Mesotheliomas are far more frequent among smokers exposed to asbestos than among non-smokers so exposed.

Q9. Can you ensure me that our current asbestos work practices will prevent me from developing any lung abnormalities?

A9. Because of the latency period, previous exposure may yet cause a future abnormality to become evident. However, we are confident following present work practices will protect any worker from damaging exposures to asbestos.

Q10. Why are new x-rays being taken in the case of some employees?

A10. The early abnormalities for which our physicians and radiologists are searching are detectable only if a high quality x-ray film is obtained. In certain cases, we have found that while our x-rays are perfectly acceptable for most diagnostic purposes, some are of insufficient quality for detecting early asbestos-related changes.

Q11. Will a person who has an illness be eligible for Workers' Compensation or other benefits?

A11. If any illness or impairment develops and it is determined that it resulted from exposure at Du Pont, the Company will accept responsibility for appropriate related medical costs, make an appropriate Workers' Compensation settlement offer, and assist the employee or his family in obtaining other benefits to which they may be entitled.

Q12. Have the Steelworkers or asbestos suits prompted Du Pont's program?

A12. No.

Q13. Has the discovery of asbestos-related medical cases at Chambers Works and Repauno had a bearing on this program?

A13. Yes, we learned from that experience; however, that was not the sole consideration in establishing the program.

Q14. Does Du Pont plan to release the results of this review?

A14. The purpose of this detection program is to identify existing abnormalities and ensure that our physicians are highly sensitive to them in the future. This detection program is not a controlled epidemiology study and consequently there are no plans to publish any findings. Affected employees, of course, will be promptly advised by our physician.

Q15. If I have additional x-rays, do they of themselves represent an added health risk?

A15. X-ray dose exposure is very low and risk to health from this source is diminimus.

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CORPORATE MEDIA STANDBY STATEMENT
ASBESTOS PROGRAM

Du Pont Company sites have begun a comprehensive review of medical histories of employees over forty who may have been exposed to asbestos dust through prior work with insulation material or in other manufacturing operations. The purpose of the company-wide review is to detect possible early signs of asbestos-related lung abnormalities. It should be strongly stressed that an early positive reading on an x-ray does not necessarily mean that an employee has, or will develop asbestosis.

These abnormalities, generally a thickening of the lining of the lung, may not have been detected in standard interpretations of x-rays by physicians and radiologists. All chest x-rays of employees in the group will be reviewed by a consulting radiologist and, if the x-rays are inconclusive, additional x-rays will be taken.

Any affected employee will be advised immediately and privately by his site physician, as is normal practice. Any such work-related cases will be referred to a pulmonary specialist for evaluation, although no immediate medical treatment is required for these abnormalities.

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 program, believed to be first of its kind in the chemical industry, will be completed in Spring of 1981.

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SITE MEDIA STANDBY STATEMENT
ASBESTOS PROGRAM

The Medical Department of the _____ plant has begun a review of medical histories of employees over forty who may have been exposed to asbestos dust through prior work with insulation material 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 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 corporate medical policy, any employees 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.

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