B. W. Cu
J. F. McAllister/PAD
P. H. Wyche/PAD

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

PUBLIC AFFAIRS DEPARTMENT

June 5, 1981

PERSONAL AND CONFIDENTIAL

TO: BRUCE W. KARRH

FROM: GEORGE PALMER

Asbestos Communications Program

I. Situation: Du Pont has undertaken a screening program for employees and pensioners in the United States to identify asbestos-related lung abnormalities. Based on results to date, it is anticipated that between 1500-2000 individuals with asbestos-related abnormalities will be identified. While there is a significant positive side to Du Pont voluntarily undertaking the screening program, there is also a potential for negative employee reaction and negative publicity stemming from the identification of a high number of asbestos cases at this time. There are three primary areas of concern: 1) loss of employee confidence in the company's ongoing medical surveillance program; 2) steelworkers could use asbestos as a campaign issue during their organizing drive this summer; and 3) new class action law suits on asbestos may be filed by employees at several plants. To meet and diffuse these potential problem areas, our employee communication and media relations activities must be greatly expanded.

II. Background:

1. OSHA investigations at Repauno and Chambers Works in 1978-80 period led to the discovery of a high number of asbestos-related abnormalities in employees at these two sites.

2. Du Pont undertook an asbestos screening program of U. S. employees in late 1980 and pensioners in May 1981. The program is in the first of its type in the chemical industry. In fact, outside the asbestos manufacturers, only Exxon and U.S. Steel have undertaken asbestos screening programs.

3. The employee screening program is expected to identify about 1500-2000 individuals with asbestos-related abnormalities. Results of employee segment of the survey are expected by midsummer.

4. It is anticipated that about half of the individuals with asbestos-related abnormalities will be from the Chambers Works and Repauno plants. This might indicate that Du Pont's consultant radiologist in the Wilmington area reads the X-rays more critically than his colleagues in other parts of the country. Given the same stringent review, it is possible that the number of abnormalities identified at other plants might significantly increase. Unless Du Pont takes action to double check results (such as review by a "B" reader), our ability to state to employees and the public that the screening program has identified all or nearly all of the asbestos abnormalities will be severely weakened.

5. There are a variety of lung abnormalities that can result from asbestos exposure. These range from no symptoms, illness or progression of the abnormality to mesothelioma, a rare type of lung cancer. The differences in the abnormalities are complicated and no formal, companywide employee education program has been undertaken to date.

6. While the communications package on the screening program indicated that the state of the art in identifying asbestos-related abnormalities has advanced considerably in recent years, it is unlikely that this point was passed on or understood by the general employee audience. Since this point is critical to employees understanding why a large number of asbestos-related cases have been identified through the screening program, it should be a main element of future communication. Points such as improvement in X-ray equipment and film, better trained X-ray technicians (picture taker) and radiologist (film reader); and increased sensitivity to asbestos-related disease need to be emphasized.

7. USW is looking for a health issue to use in its organizing drive this summer. Asbestos has the potential to be that issue. To date, the USW has publicized the asbestos issue at only one plant -- Chattanooga -- where a class action suit was filed by a number of employees. USW attention to the issue will greatly increase the potential for regional or national press inquiries on the asbestos issue at Du Pont.

8. Du Pont has made no effort to background the press or appropriate government agencies about its screening program.

III. Recommendations:

1. Undertake an expanded employee communications program on asbestos aimed at increasing employee understanding of the nature of asbestos-related abnormalities; Du Pont's screening program and how it ties in with the ongoing medical surveillance program; steps Du Pont has taken to care for those affected; and steps to prevent additional exposure to asbestos. Components of the employee communications package are outlined in Attachment A.

2. Prepare plants for press contact on asbestos. Provide a media kit including fill-in-the-blanks standby statement, questions and answers and other background information. (Attachment B)

3. Prepare expanded corporate standby materials. (Attachment C)

4. Evaluate the benefits in initiating positive local and national press contacts on the asbestos screening program once data are in and evaluated on the employee portion of the program.

GP:dmb

ATTACHMENT A

EMPLOYEE COMMUNICATIONS PROGRAM:

1. Develop a model employee communications program for use by plants which provides information on asbestos and asbestos-related illnesses; screening programs; company-wide statistics on abnormalities; fill-in-the-blanks segment plant screening program results; and steps the company takes to provide compensation for those with impairments. (Timing - late-June)
2. Initiate employee briefing sessions aimed at illustrating the advancement of radiologic technology in recent years. These sessions would include review of actual normal and abnormal X rays. Sessions would initially be targeted for the employee community directly involved in screening program. (Timing - July)
3. Develop a Du Pont News article which would detail the technological advancements in the detection of possible asbestos-related abnormalities, details on the company's asbestos screening program, and results of the program. Dr. Bruce Karrh and a leading radiologist would be interviewed as part of the story. (Timing - August)
4. Prepare communications from medical to departments (plant management, plant physicians, first-line supervisors, plant employees) summarizing the results of the screening program of active employees. This communications should include an explanation on why about half of the abnormalities turned up two plants and further steps the company is taking to double-check the initial results outside the Wilmington area. (Timing - July)

5. Develop a Management Bulletin on the asbestos issue. (Timing - July)

6. Develop pilot occupational health seminars at several plant sites, which will focus on key health issues, including asbestos. These seminars would be tailored to the needs of the individual plant sites and will be aimed at employees and their families. (Timing - long-term)

7. Develop a videotape on the company's asbestos-detection program and why we have undertaken such an aggressive effort. Featured on the program would be the corporate medical director and a leading radiologist, explaining the "state of the art" today in asbestos detection. One or more plant managers would also be featured discussing his plant's screening program. (Timing - long-term)

6/5/81

ATTACHMENT B

LOCAL MEDIA COMMUNICATIONS PROGRAM:

1. Develop a model fill-in-the-blanks standby statement for plants which includes site-specific information on the number of individuals with abnormal X rays, job crafts involved, steps to provide for employees and pensioners affected by asbestos and Du Pont's ongoing program to prevent asbestos exposure. (Timing - mid-June)
2. Provide corporate question and answer package on the asbestos issue to PA Managers for plant use. (Timing - mid-June)
3. Develop a general media background information document on the asbestos issue including a chronology of Medical Division's activities in this area for use by plant management in responding to media inquiries and, where approporiate, in initiating media contacts. (Timing - late June)

6/5/81

CORPORATE COMMUNICATIONS PROGRAM:

1. Develop an expanded corporate standby statement on the corporate asbestos-detection program for use in responding to media queries. (Timing - mid-June)
2. Develop extensive corporate Q&A package on asbestos issue. (Timing - mid-June)
3. Identify an outside authority on radiology to collaborate that advances in the art of X-ray reading have made it possible to identify abnormalities in the lungs which would previously been overlooked. (Timing - late June)
4. Identify means to brief government authorities such as OSHA about our surveillance program so that they are aware of the program and supportive of our survey initiative. (Timing - end June)
5. Develop a letter for plant physicians to communicate to local area physicians reporting on the results of the corporate survey on asbestos-related abnormalities and explaining why we've undertaken this effort. (Timing - July)
6. Evaluate benefits of initiating a contact on the surveillance program with a major publication. (Timing - August)
7. Schedule a speech by Dr. Karrh before a leading occupational health symposium on the company's asbestos program and the importance of such an effort to the Du Pont Company. (Timing - long-term)

6/5/81