



INTERNAL
CORRESPONDENCE

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UNION CARBIDE CORPORATION

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MAY 28 1987

R. D. ONDOCSIN

To (Name): A. L. Barefoot
Division: EM & TS
Location: 803
Area: So. Charleston

Date: May 28, 1987
Originating Dept: Chemicals & Plastics
Area: P2

Copies to: R. E. Bollinger
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M. N. Duvall, Esq.
J. Evans
R. E. Graebert
D. Liebeskind
D. McCauley
R. D. Ondocsin
S. W. Turicchi

Subject: Employee Pulmonary Problems

PLAINTIFF'S
EXHIBIT

UC-834

I have just received a copy of your memorandum on the above subject based upon some of the remarks which I made at a recent meeting on Asbestos and the OSHA Standard. The particular remark which you have quoted is, although accurately reported, subject to misinterpretation by persons not present at the meeting.

The thrust of my remarks was that, in my opinion as a physician, persons diagnosed as having asbestosis with evidence of pulmonary impairment should not be employed in areas or occupations where they could potentially be exposed to airborne asbestos fibers. The basis for this opinion is that any additional lung burden could aggravate the progression of the disease. I qualified my remarks by stating that this only applied to persons with the medically confirmed diagnosis of asbestosis, but that there were circumstances in which persons with asbestosis without pulmonary impairment could continue to work in the same job because they were adequately protected from potential exposure by engineering methods or personal protective equipment, i.e. below the action level of 0.1 fibers per cubic centimetre.

I should like to emphasize that my remarks relate to situations involving confirmed cases of asbestosis. Other lung conditions that do not result in pulmonary impairment, for example pleural plaques, do not necessitate that employees be removed from their jobs if the asbestos counts are below the PEL(0.2f/cc). However, such persons should be kept under medical surveillance and told of the findings. Should any change take place in their health a medical opinion should be obtained as to the desirability of continuing to work in an area or occupation with potential for exposure to low levels of asbestos, i.e. below the PEL.

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You may wish to reconsider your suggested actions on the basis of the foregoing comments. For your consideration I am attaching what I consider to be an appropriate procedure to address the situation.

I hope that this background information further clarifies my position. Please do not hesitate to call me if I can be of further help in clarifying this issue.



Hilton C. Lewinsohn, MB.BCH., F.C.C.P.
Chairman, Council of Scientific Affairs

HCL/pml
attachment
1103E

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UNION CARBIDE CORPORATION
Engineering, Manufacturing & Technology Services

1300 Hercules Avenue - Suite 202
Houston, Texas 77058

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MAY 2 1987

H. C. LEWINSOHN, M.D.

B U S I N E S S C O N F I D E N T I A L

Date: May 4, 1987

To:	Eric Baumann	Zulma Boroughs
	Jim Dement	Broward Gable
	J. M. McBride	George Wulfert
	Robert Gauvin	Duke Gossage
	Roger Hampson	George LeBlanche'
	Doug Pridgen	John Turner
	Victor Vega	Stan Illikainen
	Burl Mallory	

Copy to: L. E. Calvert H. C. Lewinsohn

From: A. L. Barefoot

Subject: EMPLOYEE PULMONARY PROBLEMS

At a recent OSHA/Asbestos meeting in Danbury, Dr. H. C. Lewinsohn, Corporate Medical, indicated "employees with asbestosis or other severe pulmonary problems should not work with asbestos materials either on or off the job".

I would suggest you take the following actions:

- a. If you don't already know your potential problem areas, have location medical personnel view and "flag" employee medical records indicating pulmonary problems.
- b. Have appropriate personnel review with location doctor; if pulmonary problem is asbestosis related or is severely impairing, then:
 - i. Involve location Employee Relations personnel.
 - ii. Consult Corporate Medical Department.
 - iii. Take the appropriate action to protect the individual and UCC from further harm.

If I can be of assistance, call UNICOM 529-6437 or (713)+486-6437.

Thanks,

A. L. Barefoot

A. L. Barefoot

ALB/6293L/cc

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