CONOCO

Interoffice Communication

To L. N. Vernon, Saddle Brook

CS F

From W. R. Beaty, Ponca City

Date August 6, 1974

Subject Health Research Group Questionnaire (From a Nader Affiliate)

Attached is a copy of a letter from MCA and the questionnaire. Dr. Lembke has reviewed the attached information and feels that the information requested is confidential and should not be disclosed.

If the questionnaire has been received at other locations, Dr. Lembke requests that any responses be cleared through him prior to forwarding to the health research group.

If you disagree with Dr. Lembke, please contact him directly in order that the proper action can be taken on this questionnaire.

W. R. Beaty

W. R. Beaty
Director
Engineering Research
Chemicals Research Division
Research and Development Department

db
Enc
CC:
KLS RGW RTF RLL
EMS (RDG) FK CW

P.S. This questionnaire may have gone to other chemical plants. You might wish to check with them to be sure it is properly handled.

WRB

MANUFACTURING CHEMISTS ASSOCIATION

1825 CONNECTICUT AVENUE, N.W. WASHINGTON, D.C. 20009 (202) 483-6126

July 31, 1974

TO: OCCUPATIONAL HEALTH COMMITTEE

Subject: Health Research Group Questionnaire

Attached for your interest is a copy of a questionnaire now being distributed to plant physicians at a number of leading company plant locations, including those of several chemical companies that are MCA members, by an organization known as Health Research Group. This appears to be one of the Nader affiliates headed up by Dr. Sidney Wolfe. While we believe that the chemical industry is not the only industry receiving these inquiries, you may wish to alert your plants and their physicians to the possible receipt of these questionnaires, the nature of which appears self-evident.

A. C. Clark, Secretary
Occupational Health Committee

JGT:mpc

Attachment

Distribution C

HEALTH RESEARCH GROUP
2000 P Street, N.W.
Washington, D.C. 20036
202/872-0320

QUESTIONNAIRE TO PLANT PHYSICIANS

The Health Research Group is a public interest group funded by Public Citizen, Inc. The purpose of this questionnaire is to gather information for a report about the efficacy of occupational health services in this country. All surveyed plants will be listed in the final report and non-respondents will be listed as such. Feel free to comment or add any clarification that you feel necessary in response to the questions. Please return the questionnaire by August 10, 1974. (A copy of the final report will be mailed to cooperating physicians upon request.) Your participation is greatly appreciated.

Name of physician: _____

Title: _____

Years of employment (by present company): _____

Are you employed full-time or part-time? _____

Number of hours employed per week: _____

Name of company: _____

Your mailing address: _____

_____

_____

Name and local number of union at plant: _____

Where were you employed prior to your present job? _____

_____

How long were you employed there? _____

1. Please indicate your academic training and background by circling the appropriate answer or supplying the requested information.

   a. Date graduated from medical school: _____

   b. Academic residency in occupational medicine: None 1 year 2 years

   c. "In-plant" residency in a Board approved program: Yes No

   d. Certification by American Board of Preventive Medicine in Occupational Medicine: Yes No

   e. Please list other areas of residency training and indicate those in which you are Board-certified.

   f. Please list any other relevant training.

2. Do you think that there is enough attention given to occupational health in medical school? (Please circle answers) Yes No

--over--

3. Have you ever taken occupational health courses in a medical school, or a school of public health? Yes No

If yes, where, and for how many hours per year?

4. Is your plant or company responsible for insuring that new data on occupational health hazards is brought in your:

a. Medical surveillance program? Yes No

b. Industrial hygiene program? Yes No

If either of these is your responsibility, please send written materials relevant to the program.

If either of these is not your responsibility, please list the title or position of the person who is responsible:

a. _____

b. _____

5. Have you ever met with all employees to inform them of the health hazards they will encounter at work and the precautionary measures that need to be taken? Yes No

If yes, how often do you regularly meet with the employees to discuss occupational health?

6. Have you ever distributed to the employees any written information on occupational health hazards? Yes No

If yes, please include samples.

7. Are the workers in your plant given a list of all the chemical names of substances to which they are exposed? Yes No

8. Do you ask the employees to report all health problems to you, even if they aren't sure that the problems are occupationally-related? Yes No

9. Do you tour the plant to observe work practices and working conditions? Yes No

If yes, how often?

10. Do you check to make sure that the employees are actually taking the proper precautions, including the correct use of appropriate protective equipment? Yes No

If no, who (position) does? _____

11. At the plant where you are employed, is there ample opportunity for all employees who seek your services to do so during their work shift? Yes No

12. Do you treat all employees who report to you with medical problems, including those which are non-occupationally-related? Yes No

If no, how is it decided what health needs qualify for treatment by the company physician?

13. Please indicate to whom you regularly report significant occupationally-related medical findings and the numerical order in which you report them

__ Patient(s)
__ Employees' private physicians
__ Dept. of Labor
__ Employees----------)
__ Union)__ Assuming confidentiality
__ Management) of workers' names
__ Other companies-----)

14. Are workers given all results of their own medical surveillance tests? Yes No

15. Has there been a routine reporting of collective results of medical surveillance tests to the union in the plant? Yes No

To the workers in the plant? Yes No

16. In the past year what is the average number of hours per week that you spent doing the following:

Activity	Hours per week
Pre-employment exams	
Periodic exams (non-executive)	
Executive physical exams	
Back-to-work exams following absence for health reasons	
On-the-job accidents	
Treating illnesses	
Educational sessions for workers	
Personal counseling	
Administrative	
Research	
Business and Travel	
Industrial hygiene	
Other	
Total hours per week employed	

17. Is there a joint (labor and management) health and safety committee in your plant? Yes No

If yes, do you participate in meetings of this joint health and safety committee? Yes No

18. If you are employed part-time, who is in charge when you are not present? _____

19. Is a nurse employed by the medical department in your plant? Yes No

If yes, what are the nurse's responsibilities?

20. Does your plant medical program have (check answers):

__ Tuberculosis skin testing?
__ Pre-employment chest x-rays?
__ An industrial hygienist? __ Full time __ Part time
__ A consultant dermatologist?
__ A consultant psychiatrist?
__ Biochemical laboratory screening for executive physical exams?
__ Biochemical laboratory screening for non-executive physical exams?

21. Do you think that the size of your budget limits the effectiveness of the medical program for workers in your plant? Yes No

--over--

22. Has there ever been an occupational health hazard in the plant at which you are employed? Yes No

If yes, please list the hazards being as specific as possible. For each hazard, list any adverse effects [illegible] the workers, the date the effects were first observed, the medical surveillance procedures now employed and the frequency of their application. For example:

HAZARD	ADVERSE HEALTH EFFECTS OBSERVED	DATE	MEDICAL SURVEILLANCE
Noise	Hearing loss	1964	Annual audiometry
Beta-naphthyl-amine	Bladder cancer	1957	Annual cystoscopy; urine cytology - every 6 months

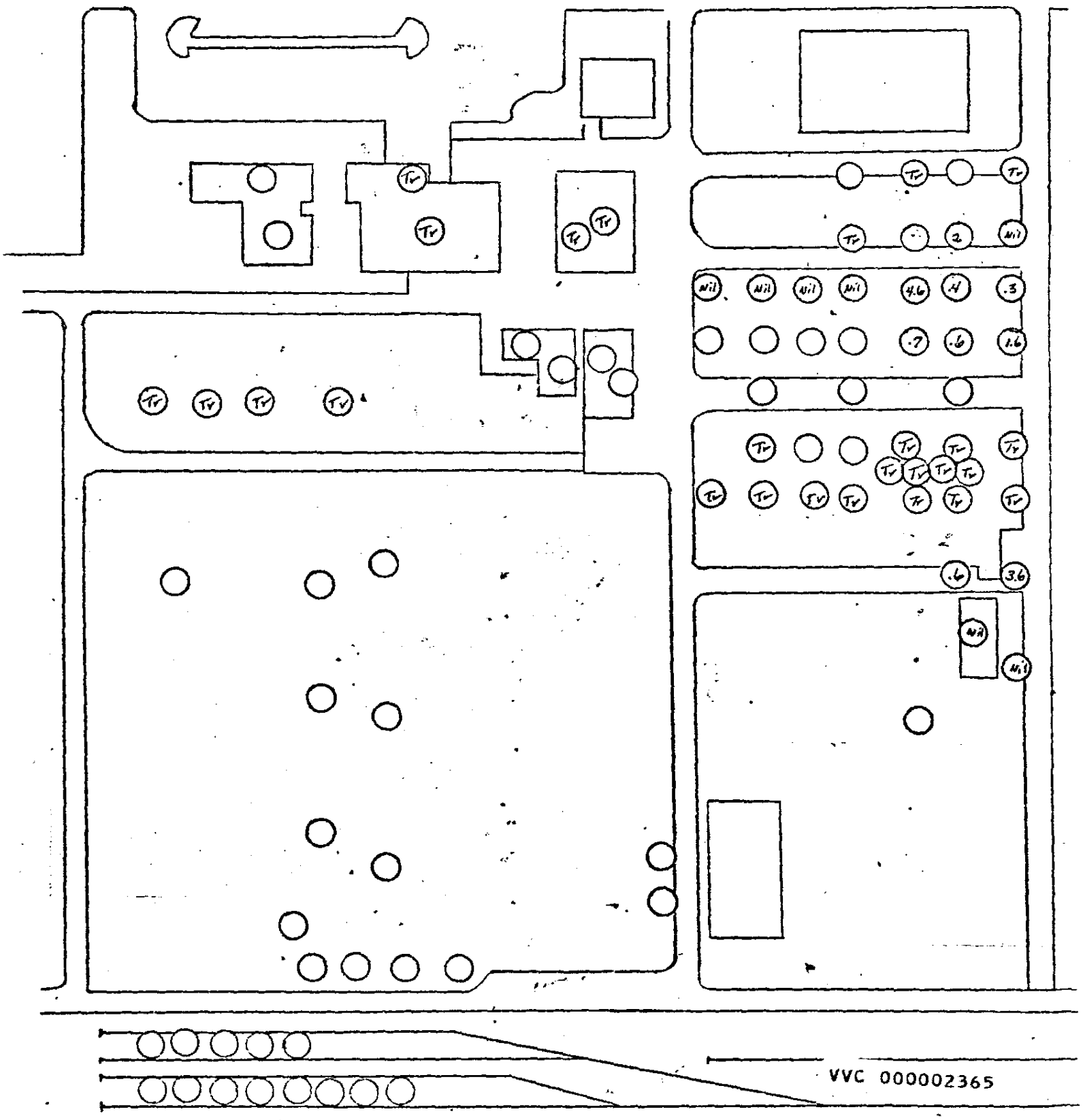
--(use additional pages if necessary)

23. List the dates of any investigations or studies that have been undertaken by you or your company on the hazards you have reported in question #22. (If a study was done, list the dates under the appropriate heading).

Hazard	Animal study-dates	Human study-dates

File

VCM SURVEY RESULTS



DATE 8-1-74 WEATHER DATA COMMENTS

TIMES	Temp	wind	
0900 – 1500	72–86→69	variable (generally from North) (7-8)	cloudy with intermittent Rain
1500 – 2300	69 → 74	variable (7-8 mph)	partly Cloudy

Bomb Samples

Sample Point

COLUMN WRITE

	3	4	5	6	7	8	9	10
	Date	Time	Ethylene	Propylene	Vinyl Chloride	Ethyl Chloride	Ethylene Dichloride	
1	8-1	1100			tr	5	tr	
2	"	"			tr	trace	tr	
3	"	"			tr	Trace	tr	
4								
5					tr	7	Tr	
6								
7	8-1	1300			2	trace	trace	
8	"	"			trace	trace	trace	
9	"	"			trace	trace	trace	
10	"	1500			Nil	Nil	nil	
11	"	"			Nil	Nil	nil	
12	"	"			Nil	Nil	nil	
13	"	1700			4.6	1.5	1.7	
14	"	"			0.42	1.6	0.78	
15	"	"			0.24	1.2	1.3	
16	"	1900			1.4	trace	47	
17	"	"			0.02	nil	3.5	
18	"	"			0.74	nil	1.4	
19								
20								
21								
22								
23								
24								
25								
26	8-1-74	2300			tr	tr	4.6	
27	"	"			tr	tr	2.9	
28	"	"			tr	Nil	nil	
29	"	2400			tr	nil	nil	
30	"	"						
31	"	"			tr	tr	tr	
32	"	"			tr	tr	5.2	
33								
34								
35	8-1	1200			tr	nil	tr	
36	"	"			tr	tr	nil	
37	"	"			tr	nil	nil	
38	"	1400			tr	nil	nil	
39	"	"			tr	nil	nil	
40	"	"			tr	nil	nil	

PLANT GRID
Bomb Samples

	3	4	5	6	7	8	9	10	
	Date	Time	Ethylene	Propylene	Vinyl Chloride	Ethyl Chloride	Ethylene Dichloride		
41	8-1-74	1400			TR	nil	nil		1
42	"	"			TR	nil	nil		2
43	"	"			3.6	nil	nil		3
44	"	1500			2.6.0	TR	nil		4
45	"	"			nil	nil	nil		5
46	"	"			nil	nil	nil		6
47									7
48									8
49									9
50									10
51									11
52									12
53									13
54									14
55									15
56									16
57									17
58									18
59									19
60									20
61									21
62									22
63									23
64									24
65									25
66									26
67									27
68									28
69									29
70									30
71									31
72									32
73									33
74									34
75	8-1	1000			tr.	nil	nil		35
76	″	″			tr.	nil	nil		36
77	″	″			tr.	nil	nil		37
78	″	″			tr.	nil	nil		38
79									39
80									40

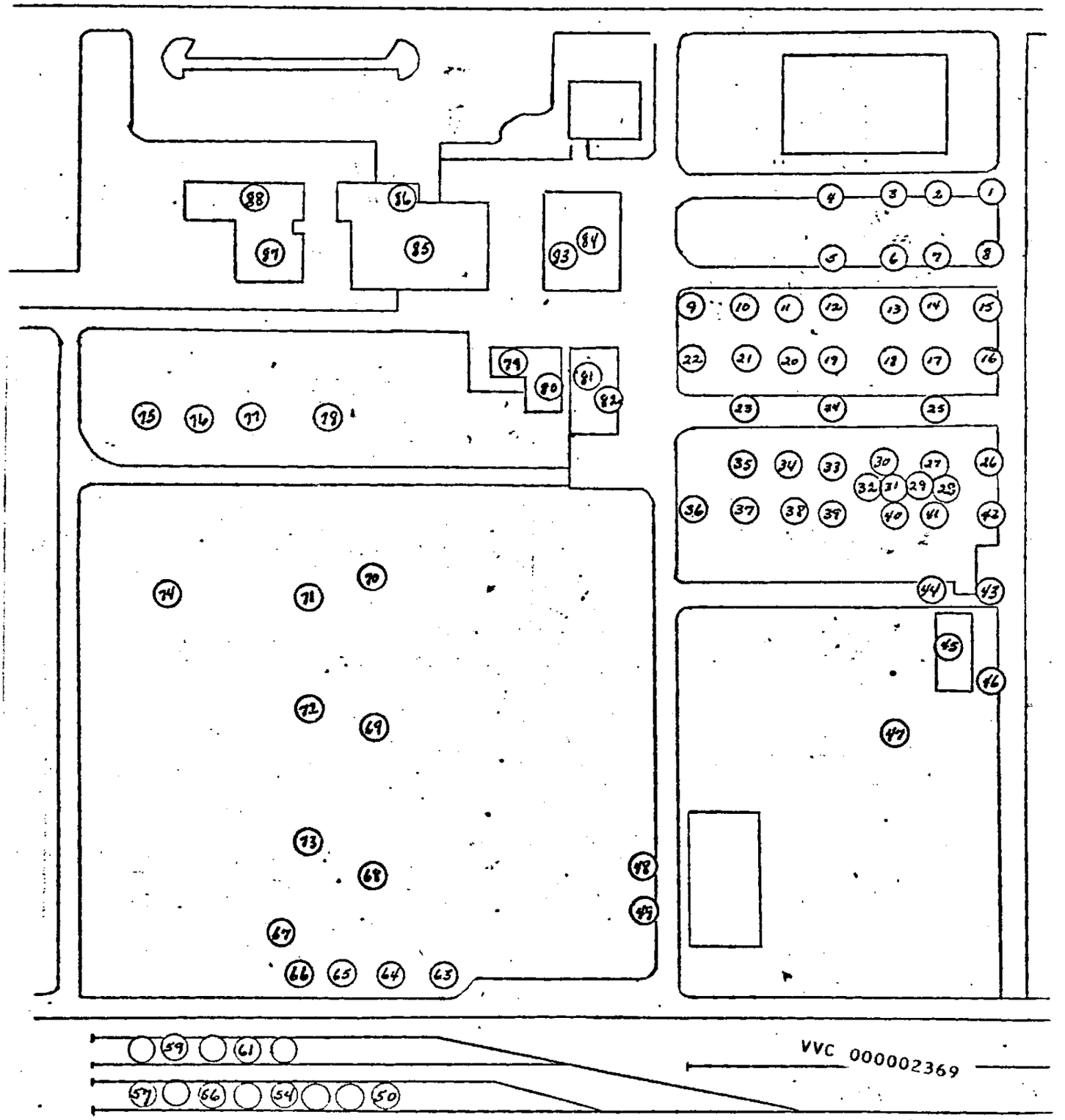
VVC 000002367

PLANT GRID

Bomb Samples

Sample Point	Date	Time	Ethylene	Propylene	Vinyl Chloride	Ethyl Chloride	Ethylene Dichloride		
COLL WRITE ⊕									
B1									
B2									
B3	8-1	0900			tr	tr	nil		
B4	↙	↙			tr	tr	nil		
B5	↙	↙			tr	nil	nil		
B6	↙	↙			tr	nil	nil		
B7									
B8									

VVC 000002368



VVC 000002369

DATE_____ WEATHER DATA COMMENTS

TIMES