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DU PONT

E. I. DU PONT DE NEMOURS & COMPANY
WILMINGTON 98, DELAWARE
EMPLOYEE RELATIONS DEPARTMENT

HASKELL LABORATORY
FOR
TOXICOLOGY AND INDUSTRIAL MEDICINE

November 2, 1964

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EMPLOYEE RELATIONS DEPARTMENT
N-11400

I am enclosing a copy of my trip report on the asbestos meeting held in New York.

This meeting underlined the fact that diseases due to asbestos are no longer chiefly found in workers in asbestos mines and textile mills where the risks have been recognized and guarded against. The risks now are among the secondary users, such as the manufacturers and installers of insulation, but the risks are highest where the environmental conditions are most difficult to control. Such jobs as the ripping out of old insulation or the mixing of the dry ingredients for asbestos cement must result in the production of a dusty, asbestos-containing atmosphere. In such situations personal, well-fitted, respiratory protective devices are the most effective means of protecting the workers.

The Du Pont Company spends between 3 to 7 per cent of the cost of new construction on insulating materials, much of which contains asbestos. Roughly 200,000 pounds of pipe insulation are used every year and approximately 70 per cent of this insulation is asbestos. With figures of this magnitude it is not difficult to visualize a real health hazard existing just in this one use of asbestos.

Because of the long time lag from first exposure to diagnosis (the mean period is about 40 years), the potential respiratory disease problem is liable to grow in size. This is particularly true of the nylon plants which are big users of asbestos insulation on their "Dowtherm" lines, all of which have been installed in the last 26 years. The compensation aspects of this problem speak for themselves and point to the need for adequate pulmonary function studies on all workers exposed to a definite risk of respiratory damage.

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THROUGH CHEMISTRY

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Asbestos exposure only highlights a need for closer attention to pulmonary function studies throughout the Company. Claims are being made against many companies on the basis of an alleged exposure to toxic materials in the air of the work place and the subsequent development of pulmonary emphysema or some other chronic pulmonary disease. At this time the incidence of chronic respiratory disease is second only to cardiovascular disease in cases receiving disability allowances through social security, and about 7 per cent of adult males have been diagnosed as having pulmonary emphysema. If this trend to making more claims continues and the number of persons in a position to make claims continues to rise, the problem could be a serious one for the Company. One answer to this problem is to know the pulmonary function status of all employees in the same way that the hearing status of all employees is documented. Without a baseline pulmonary function evaluation the Company would be in a difficult position if chronic pulmonary disease is finally diagnosed in an employee to state that the work environment played no part in its causation. It is my belief that for less money than would be involved in the loss of a single court suit an effective pulmonary function testing program can be set up and operated for a trial period of five years.

I shall be glad to present a concrete proposal along these lines.

ORIGINAL SIGNED BY
G. J. STOPPS

G. J. Stopps, M.B.,B.S.
Chief, Physiology Section

GJS/dyb
Enclosure

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