Johns-Manville

Internal Correspondence

To: Paul Kotin, M.D. Date: March 25, 1980

From: W. R. Paul, M.D.

Copies: File

Subject: DISCUSSIONS WITH WAUKEGAN PLANT EMPLOYEES -- NIOSH REPORT

Meetings were held on March 11 at 6, 7, 8:30, and 10 a.m. and 2 p.m. March 12 meetings were held at 6, 7, 8 and 10 a.m. and at 1:45 and 4 p.m.

My presentation (15 min.) dealt with:

1) An explanation of lack of comprehension by the newspaper reporter in reference to the x-ray readings.

2) The fact that the report indicated employee notification has been routine and prompt in the past two years.

3) J-M has kept up to date with OSHA standards on pulmonary function testing for asbestos workers. I explained the difference between recommendation and standards.

See rough copies of presentations.

Tuesday Meetings

All groups (70-90 in each group) were generally hostile led mostly by shop steward or aspirant to union position. The main complaints were:

1) Why wasn't Joe, Jim or Mary told. A review of the files revealed why there might have been a misunderstanding.

2) Lack of faith in x-ray readings.

3) Many inquired could they have the x-rays sent to a radiologist of their doctor's choice.

4) Some were told by NIOSH their x-rays were normal whereas we have classified them as asbestosis.

5) Will the government study all the x-rays of Waukegan employees.

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6) What are you going to do with the cases who have asbestosis.

7) Majority of employees die soon after retirement.

8) Anecdotal complaints against the medical department:
- Re service
- Inadequate examinations
- Missed diagnosis
- No follow-up on cases sent out for test
- Some not counseled

9) Much criticism re working conditions in the plant:
- Use of blow off hoses in the RF department
- Use of brooms
- Lack of vacuums
- Dissatisfied with the response of supervisor to recommendations to clean up an area

<u>Wednesday Meetings</u>

Again, 60-8[illegible] in each group. They were a totally different group. They listened, asked good questions and were not hostile.

1) Many dissatisfied with newspaper stories. Wondered why J-M didn't fight back more strenuously - NIOSH should be confronted.

2) Why didn't NIOSH follow the protocol.

3) Concern that NIOSH would send letters to individuals indicating a "serious lung problem" based on the review of one x-ray.

4) Why does J-M wait for a crisis before calling meetings such as this.

5) Why don't we have meetings like this more often.

6) Can my x-rays be sent to my own physician.

7) [illegible] the statement "RF not a problem since they are ceramic".

I made several points with this group:

- I was able to explain the long latent period for asbestosis.

- Cancer can appear suddenly with very little warning.

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- X-ray and pulmonary function are the only good screening methods.

- The CAT scan is not a useful screening tool and why this is so.

- J-M picked up x-ray evidence of disease that was missed by NIOSH.

The Waukegan plant population is unusual. About half have 25 years or more seniority. The other half have 5 years or less. The older group have seen their fellow workmen develop asbestos-related disease. The younger are frightened. The majority of the plant population are "good people" and were obviously embarrassed by the remarks of their more vocal fellow employees.

John Szygielski was exceptional throughout the sessions. Either he or I answered most of the questions or remarks. Those we could not answer were noted by John and will be answered individually as soon as possible.

Main Items

1) Employees do not trust any x-ray readings.

2) All employees are very concerned about the employees who have pneumoconiosis and are still working.

3) Complaints concerning the medical department.

4) Remarks concerning conditions in the plant.

5) Statements reflecting poor communications between supervisors and hourly employees.

6) J-M response to NIOSH.

Follow-Up

1) I met with Chuck Culmer and Fanny Fortuna regarding the complaints which concerned the medical department. We found their system re counseling and follow-up has deficiencies which will be corrected. A review of the files revealed the majority of complaints were unjustified. I recommended closer communications between plant manager, employee relations and the medical department. Possibly in the form of monthly meetings where complaints, observations, and suggestions can be aired and reduce the possibility of a build-up occurring in the future.

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2) Chuck Culmer and I met with Eugene Pitts, M.D., the local radiologist. He has read the NIOSH report and is completely aware of all the recent events at the Waukegan plant. He is a conscientious and capable person. He agreed to continue to review our films. I recommended he avoid using ILO/UICC symbols on any of the reports.

3) Complaints regarding plant conditions and indifferent attitude of the supervisors were prominent at each meeting.

   a) I suspect there is a need for education of staff, managers on down, regarding the health aspects of the materials used at Waukegan.

   b) I believe we should find a system to reward a well-run clean department and punish a poor one.

   c) Can we stimulate supervisors, foremen, etc. to pay attention to suggestions before they become complaints.

4) I believe a review of the retirement program is in order.

5) The NIOSH report has succeeded in:

   a) Discrediting the "B" reading program.

   b) Discrediting Dr. Pitts.

   c) Writing a report that could only lead to misrepresentation of the facts.

   d) Failing to live up to the letter of the protocol.

   e) Unduly frightening many individuals.

I reiterate this is irresponsible conduct and NIOSH must set the record straight.

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WAUKEGAN STUDY

- J-M failed to detect 2 out of 3 stricken with incurable asbestos-induced lung disease.
- 60% of workers were found to have abnormalities in their lungs.
- 35% of x-rays were positive.
- Company had rated only 11% as positive.
- Company called 11% of the films positive whereas the prevelance by median reading was 21%.

Actual Findings:

This is what happens when someone who is not acquainted with a scientific report attempts to interpret it.

The report also shows the difference between a study done for the purpose of showing how consultants do report when they do not have all the facts. These "B" readers "one" film of each of 319 employees at the Waukegan plant. They knew nothing about the employee but the x-ray they were looking at.

There is a great difference as to what one sees on a "x-ray" when one does not know the work history.

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- The past x-rays.
- How much the person has smoked.
- Has the person other diseases.
- What was found on examination.

There is also a difference when a doctor is on the front line and be absolutely certain what he tells the individual is the absolute truth as he sees it.

Whereas a doctor reading an x-ray in California, Virginia - looking at one x-ray not knowing the person and will not likely ever be consulted about the x-ray every again.

"B" reader- what is a "B" reader — explain.

Report:

1) 1% unreadable - quality not good. NIOSH allows 5% maximum unreadable films.

2) X-rays taken by a trained technician.

3) Explain profusion - category 0/0 . . . 3/3. 0/1 - 1/0 - 1/1 - 1/2.

All Opacities:

- At 1/0 - the medican "B" (average) reading was 35% (28% - 40% - 46%).

- Claim company reading was 11%.

- At 1/1 medican B 11%. Company reader 11%.

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Irregular Opacities:

- At 1/0. Median B reader 21%. 28-22-36. Claim company reader 11%.
- At 1/1 median B reader 7%. Company reader 11%.

Pleural Thickening:

- Company reader 22%. NIOSH government readers. B median 48%. 25%, 34%, 87%.

Cancer:

- Median B reader 3, 6, 14.
- Company reader 4.
- 3 readers read cancer. Company reader did not.
- Company reader read cancer. 3 readers did not.

Notification:

Newspaper referred to lag time between notification of employee in the case of the "red tag" cases. 2 months, 3 months, etc.

- Difficult to determine these criticisms by reading a chart. Report states it might take 3-6 months to rule out a disease that may resemble asbestosis.

Report:

Employee notification has been routine and prompt in the past two years.

Employees with pleural thickening are notified of its presence.

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Pulmonary Function Testing:

- Said equipment and standards outdated.
- J-M has kept up to date with the OSHA standards for asbestos workers.
- NIOSH made recommendations but they had not been accepted for asbestos workers to date.
- Equipment is up to date - Lindemyer.
- Change in graph paper and timing device on the machine.
- Each employee should serve as his/her own control - explain.

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