23(b)

PLAINTIFF'S EXHIBIT

UC-3857

UNION CARBIDE

INTERNAL CORRESPONDENCE

SILICONES & URETHANE INTERMEDIATES P. O. BOX 8361, SOUTH CHARLESTON, WEST VIRGINIA 25303

To (Name) C. E. Fry
R. W. Holland, M.D.
A. A. Lang, M.D.
H. C. Lewinsohn, M.D.
L. E. McClure
J. B. Mickey
A. G. Olds
Division
Location
From F. M. Plechaty, R.N.

Date March 17, 1983

Originating Dept. Safety & Health

Subject Asbestos-Related Medical Issues

Copies: R. N. Bates
A. W. Boyd
L. F. Doyle
T. E. Lawrence
T. A. Lincoln, M.D.
R. G. Link
D. G. Moshier

I would like to convene a meeting of the addressees at South Charleston, Building 3005-228 at 10:00 a.m. on Tuesday, March 29th for the purpose of discussing asbestos-related medical issues. I hope that Art Olds' replacement will be able to attend, as well as Sistersville's contract physician, Dr. Boone.

It is my expectation that together, with technical assistance from Drs. Lewinsohn and Lang, we can develop agreement on procedures to be followed at our Division's two major plants with respect to the diagnosis and reporting of asbestos-related illnesses. Such procedures may then be reviewed by location and Divisional management for their approval and adoption at all S&UI facilities.

Dr. Holland at South Charleston has developed and has been following certain practices with respect to the diagnosis of asbestos-related disorders which seem to be adequate and appropriate. I would like to have us review these practices and assess their applicability to Sistersville and other S&UI locations.

Our discussion should include the following elements:

1. Review by Dr. Holland of current diagnostic practices at South Charleston. What is normal course of X-Ray reviews, what resources are employed, what decision-making process is followed in determining that an asbestos-related illness is to be reported?

2. Are South Charleston's diagnostic practices and resource employment appropriate for use at Sistersville and other S&UI locations? What amendments, if any, can be suggested?

3. What terminology is presently used in reporting asbestos-related disorders? What terminology should be employed to be medically accurate as well as supportable from an ER viewpoint? Dr. Lewinsohn will propose standardized reporting terminology for our consideration.

4. In conclusion, what practices or procedures related to the diagnosis and reporting of asbestos-related illnesses should be presented to our management for review and approval for general use within the Division?

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Asbestos, its hazards, and the variety of regulatory requirements attending the handling of this material are a very large and complex set of issues for discussion. Covering all the issues related to asbestos is beyond the scope of the proposed meeting. My hope is that we can deal effectively with the manner in which we should diagnose and report asbestos-related illnesses, leaving other asbestos issues to be dealt with separately.

We should be done with our meeting by lunchtime or early afternoon. I will arrange to have lunch brought in so that we can conclude our discussion as early as is possible.

Very truly yours,

J. S. Cornell

JSC:ke
Ext. 2618

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Pleural plaques (Thickening) must be reported to OSHA if they can be asbestos related.

History of adequate exposure.

OSHA log 200

Progression - X-ray will show progression.

No matter how you find out, you have to report abnormality. If later you rule out asbestos you can draw line through your entry in OSHA log 200.

Asbestosis: pleura (membrane) and lung

Affects lung - not pleura, pulmonary fibrosis.

A disappearing disease due to much improved handling and reduced use of asbestos.

Asbestos still present in some workplaces but the lungs and clothes.

Latent period 10-20 years: What is exposure to related workers. Follow up yearly or periodic basis.

Lung cancer - increase risk. Not a specific cancer. (15-30 years)

Smoking greatly increases the risk.

Mesothelioma - very rare - not only cause.

25 years +

UCC 013278

Dr. Holland describes 5/14. Advised to go to another Dr. & get confirmatory x-ray at employer expense.

To over 514 procedures

Work history - reconstruct work history

Progressive

Decreasing lung function

"At risk group" by law is to be followed annually.

We should get terminology straight and correct the present records.

We now call this thing "asbestosis"

Should call most of it "pleural pleuritis - unspecified cardiac related." Of course if it's really "asbestosis," say so.

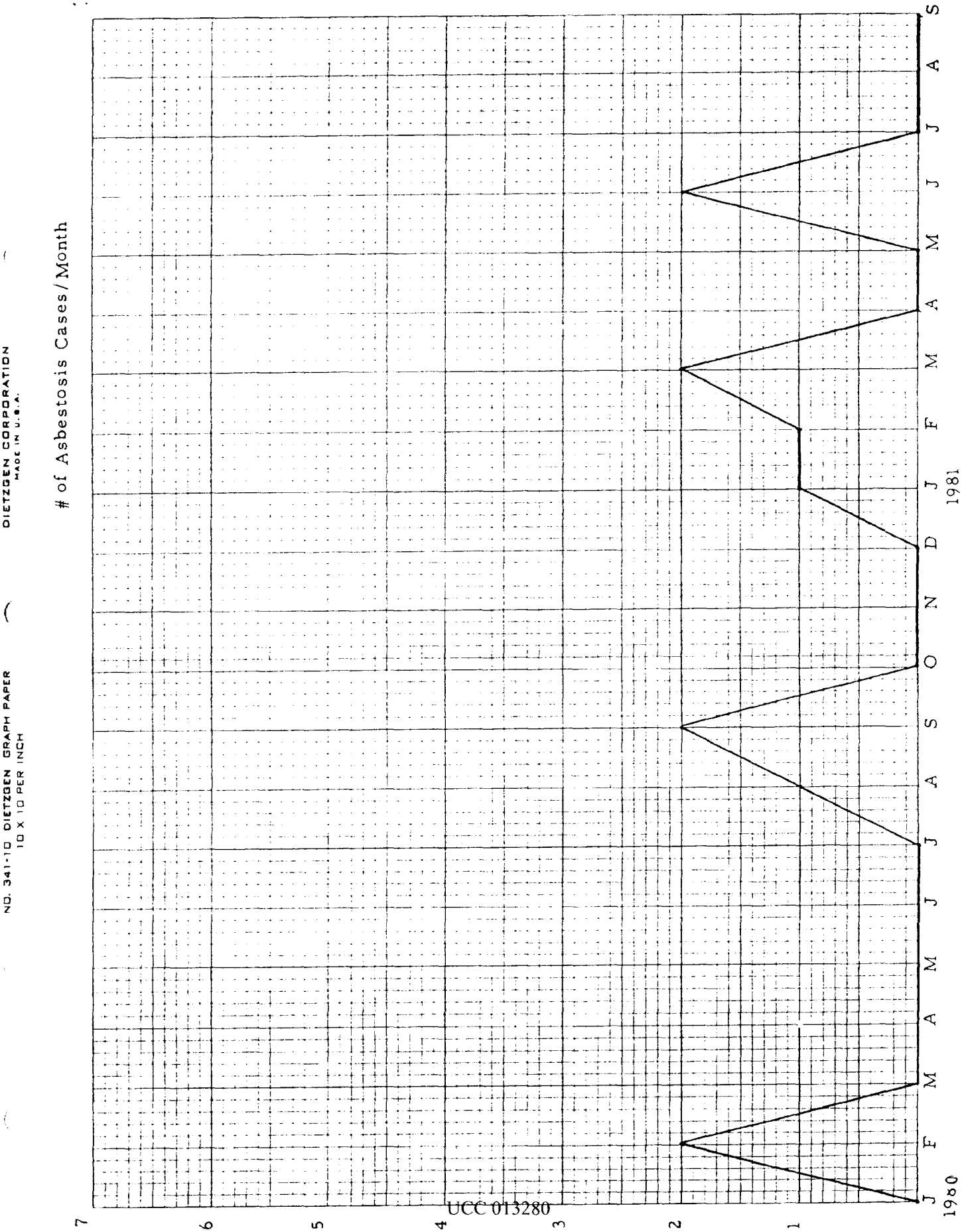
Remember any medical report which uses these words or others relating x-ray change + asbestos stimulates the inclusion of the case on the OSHA-200 form.

Both Listerville + 380 will use same local radiologist group. ~~Pitt~~ Tarrytown?

Rec't - Will get set of reading scales of x-rays from Levinson + will work with local radiol to get their agreement + evaluate this way.

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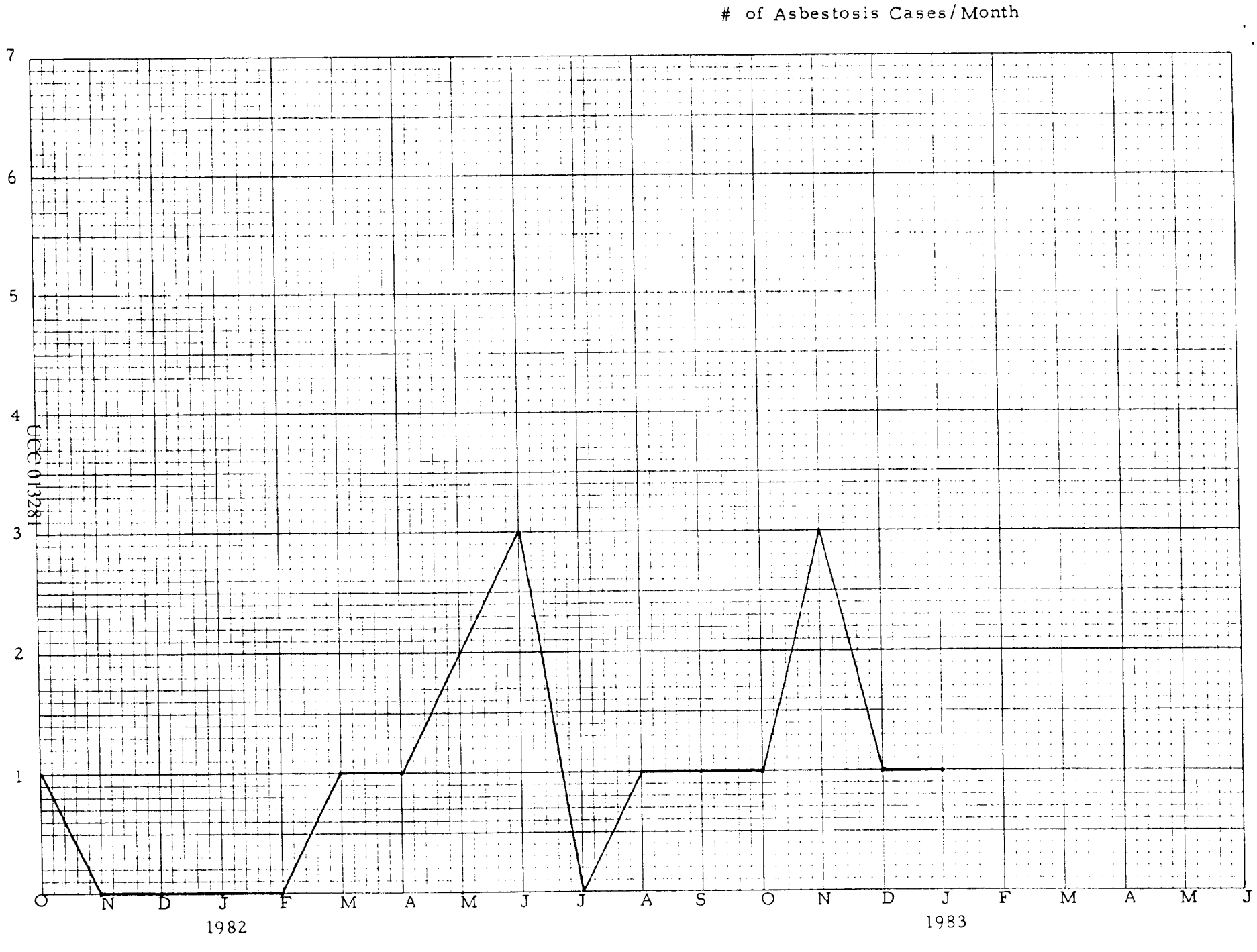
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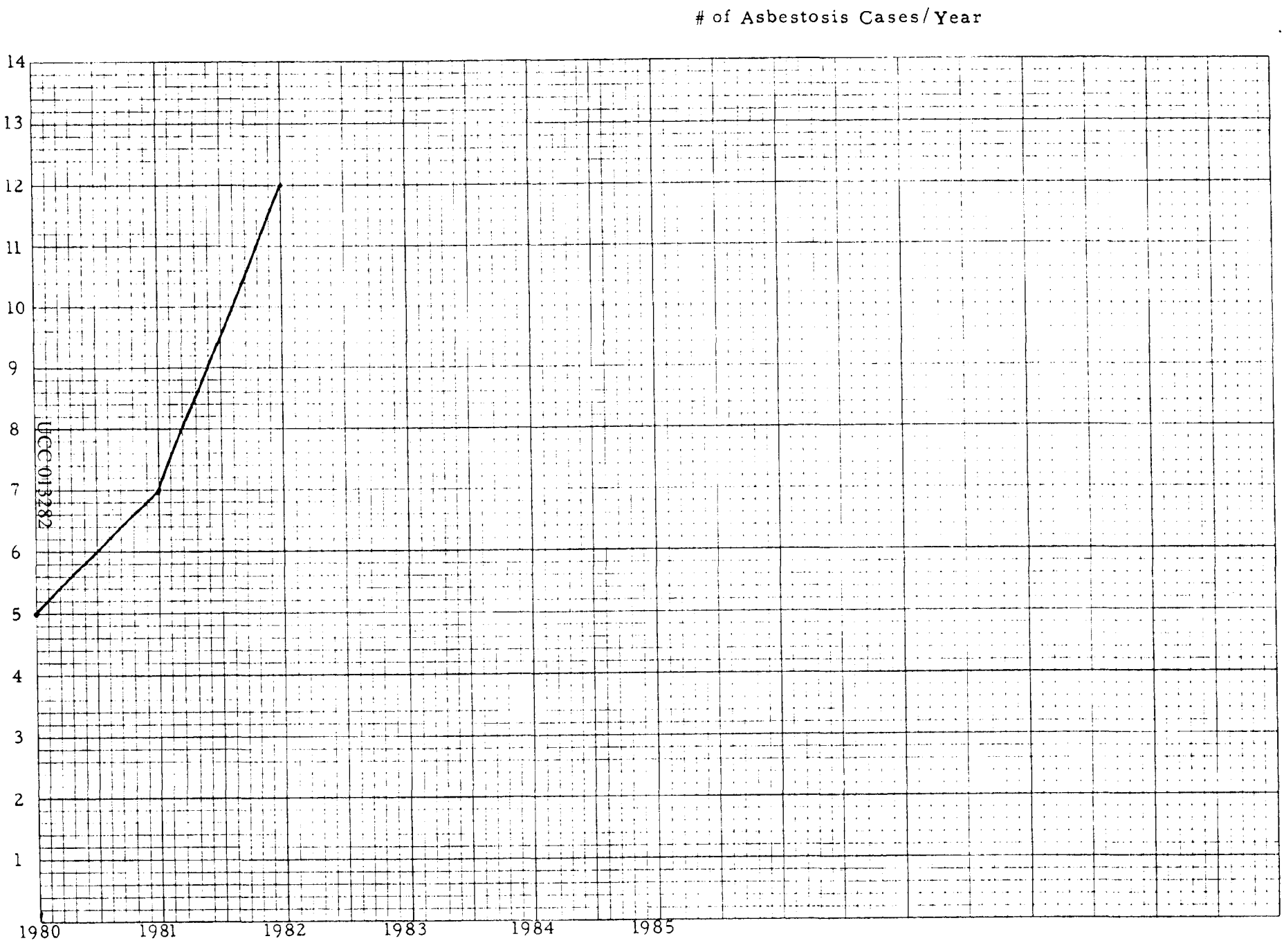
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Asbestosis

what is heavy exposure?
monitor for specific jobs
[illegible]

(1) Putting on metal covers
(i.e. top of asbestos)

(2) Stripping [illegible]

(3) Slitting roofing paper off asbestos insul

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