SUBJECT TO
PROTECTIVE ORDER RE DISCOVERY MATERIALS
MARCH 30, 1983
HON. IRA A. BROWN, JR.
COORDINATION TRIAL JUDGE
SUPERIOR COURT OF THE STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO
JUDICIAL COUNCIL COORDINATION
PROCEEDING NO. 1702

CONFIDENTIAL

FILE

General Headquarters
February 17, 1971

J. B. Jobe
F. H. May
A. B. Morehead

J-M Retiree Study

Attached is copy of the report entitled "Mortality Patterns of a Group of Retired Asbestos Workers".

This study was undertaken in 1968 by Dr. P. E. Enterline, School of Public Health, University of Pittsburgh. The data includes those who retired prior to January 1, 1968, from plant locations in the U. S. and Canada (except Jeffrey Mine and Asbestos Plant) in which asbestos and silica are used in the products manufactured.

Dr. Enterline is currently expanding the study to include Jeffrey Mine and Asbestos Plant. In addition, and in order to have a non-exposed control population for direct comparison, Dr. Enterline is analyzing the data from our other locations--fiber glass, mineral wool, wood fiber, perlite operations, as well as sales offices and General Headquarters. A final comprehensive report will be made when this work is completed.

The study is a "first" in examining the mortality patterns of a group of people who attained the age of 65 after employment in a particular industry.

Certain perspectives should be kept in mind in reading the summary observations (p.123):

1. The fact that mean age at time of first employment with J-M was 39.8 years provides a basis for raising question as to what effect prior employment might have had in the observed mortality patterns.

2. Since the median length of employment was approximately 25 years and the median year of retirement was 1956 for production and 1957 for maintenance, the median potential exposure years would be roughly 1930 to 1939. This would indicate that the beneficial effects of the improved dust control over the last 10 years are not significantly reflected in this data. The degree to which they might modify the mortality patterns can only be determined by future studies.

3. The high risk association observed in the maintenance-service group raises question concerning the import of intermittent but possibly high, short duration exposures. Our industrial hygiene survey procedures in the past have not measured exposures of this type. With the personal sampling technique now used, it will be possible to do so, and the Environmental Control Department will incorporate such in its regular survey procedures.

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4. The estimates of exposure related to individual work records were based on our industrial hygiene survey data for the most recent 10 years. For the periods of time prior to that, estimates of exposure levels were determined by our consultation and discussion with plant management at each location, including review of dust control appropriations, plant equipment, process and product changes. Obviously, there are potentials for some error in this approach.

The study, therefore, does not provide any substantial basis for pinpointing a safe exposure level. High exposure scores (as defined) do, however, relate to the elevated standard mortality ratio for respiratory disease (pneumoconiosis).

Should you have comment or question, I would be glad to review the study with you in more detail.

H. M. Jackson

HMJ/ad
ccs:
G. P. Wright, M. D.
T. H. Davison, M. D.

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