[illegible] Officers

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June 22, 1959

Dr. William T. Marr, Industrial Hygienist
Long Beach Naval Shipyard
Medical Department
Long Beach 2, California

Dear Dr. Marr:

Please accept my apologies for the long delay in replying to your letter of May 5. I have been away from the office for a considerable period of time.

Your question concerning the validity of present techniques for evaluating asbestos contamination is well founded. There is still much to be learned about the etiology of asbestosis itself, as well as the area of measurement and evaluation.

In our Johns-Manville operations, we sample for and evaluate both the dust and fiber. By dust we mean the spherical particles less than 10 microns in size and our definition of fiber is an elongated particle greater than 10 microns in length. We apply threshold limits of five million particles per cubic foot for the dust and one million fibers per cubic foot for the fiber. Our procedure for dust and fiber counting is attached for your reference.

The one million fiber threshold limit is based on the experimental work done at Saranac and reported in "Experimental Studies of Asbestosis", a copy of which is attached. Our clinical experience tends to confirm this arbitrarily selected standard.

Your reference to asbestosis arising out of insulation operations is of considerable interest. I am aware of only two cases of asbestosis arising out of exposures involving the installation of asbestos insulations. Usually the fellows in the insulation field are exposed to a variety of dusts: diatomite, magnesia, refractory cements, which might contribute to and complicate the pulmonary picture.

Another area in which there is a lack of knowledge is that of the [illegible] of short duration massive exposures. I would assume that in shipboard installations, a part of the work, at least, would be performed in confined spaces which might result in heavy concentrations for short periods of time.

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Our approach to control utilizes the standard techniques, that is, ventilation control of the dust at its source, vacuum cleaning of settled dust, use of respirators in areas incapable of being otherwise controlled.

Our health maintenance program is tied into the other preventive measures and the periodic physical examination results are used as an additional evaluation of the work environment. There are some problems in differential diagnoses of asbestosis and some of the reprints I have attached touch on that point.

If after reviewing the attached references, there are further questions, I would be glad to try to answer them.

Yours very truly,

H. M. Jackson, Manager
Industrial Health Program

Attchs.

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