702

INTER ORGANIZATION COMMUNICATION

Raybestos RM Manhattan

DIVISION and LOCATION

TO: Mr. John H. Marsh

August 22, 1978

SUBJECT: Asbestos International Association
The Most Import Points to be Included in an Industry
Statement on Asbestos and Health Problems

I have read Harry Rhodes' letter to you dated August 15, 1978 and note his concern about my attitude toward what triggers the medical surveillance of asbestos workers.

I have also re-read the sections in the Excerpts from the Asbestos Industry Response to OSHA dated April 9, 1976.

It is not my intention to insist upon unnecessary medical examinations, and I think that the insertion of the word "occupationally" in the 3rd line of item 6.3 on page 2 between "employees" and "exposed", will considerably narrow the field.

I am certain that the trigger for medical examinations should be "occupational exposure" and not over-exposure implied by limiting the surveillance to those "persons regularly exposed to airborne asbestos fibers in excess of the prescribed standards." The viewpoint expressed in the AIA document that it is unnecessary to keep under surveillance persons exposed to asbestos below the prescribed standard is not a valid one in the light of the acceptance by the industry that the exact level for the prevention of cancer has not been demonstrated. It is essential to build up data on low levels of exposure and, therefore, all "occupationally exposed" workers should be examined, regardless of fiber count. At the same time every effort should be made to insure that adequate records are made and kept, showing the type of exposure, duration of exposure and intensity of exposure for each individual to correlate with subsequent medical parameters analyzed. If the asbestos industry wanted to make a positive contribution, the development of a viable technique for auditing the applicability of the provisions of the standard to various jobs and operations would be of immense value to workers, industry and regulatory agencies alike.

Hilton C. Lewinsohn

/as

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MEMO
from the desk of
DR. HILTON C. LEWINSOHN

J.H. Marsh

Note under 6.3 the insertion of the word "occupationally". This removes doubts about casual exposure and defines the workers who should be examined — i.e. those who work with asbestos at whatever level of exposure. Bill Reitze agrees + says this is the J-H policy except in California where there is an action level which triggers medical examinations. HCL 8/17

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Fiberfrax ASBESTOS

UNION CARBIDE

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August 15, 1978

Mr. John Marsh
Raybestos-Manhattan
Corporate Headquarters
100 Oakview Drive
Trumball, CT 06611

Dear John:

I see only one serious difficulty with Hilton's comments on my 7/31/78 Draft (attached), i.e., with Item 6.3. In their response to the October 9, 1975 OSHA Proposal, the AIA/NA took a strong position that there was a minimum exposure level below which medical examinations should not be required. This position was based on the lack of medical usefulness of such examinations, the inefficient use of limited medical resources that would be spent giving such examinations, and the practical infeasibility of actually providing the number of examinations annually which would be required.

It is my understanding that this is also to be our position in the forthcoming OSHA asbestos rulemaking. An industry position that all employees "exposed to asbestos" should be subject to routine periodic medical surveillance would seriously undercut this approach. If we have a problem here let's discuss it as soon as possible.

Regards,

Harry

Harrison B. Rhodes
Technology Manager

HBR/rmm
Attachment

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D R A F T
HBR-7/31/78

ASBESTOS INTERNATIONAL ASSOCIATION

THE MOST IMPORTANT POINTS TO BE INCLUDED IN AN INDUSTRY STATEMENT ON ASBESTOS AND HEALTH PROBLEMS

1. Asbestos, like many other essential raw materials, ~~may~~ will not be a danger to health if it is ~~not~~ correctly used.

2. Cigarette smoking has a strong synergistic effect in increasing the ~~health~~ of lung cancer risk from exposure to asbestos.

3. Industry believes that a time-weighted average exposure of 2 fibers/cc >5 is ~~a safe~~ and ~~is~~ appropriate industrial hygiene standard but recognizes that there is no conclusive evidence to either prove or disprove ~~the appropriateness~~ ~~of~~ biological effects of this level. As a consequence of this uncertainty, exposure should be controlled to the lowest practicable level.

4. There is a long time interval between exposure and appearance of disease and present cases are usually associated with levels of exposure in the past which were greatly in excess of those experienced in properly controlled modern operations.

5. Industry recognizes the need to control ~~worker~~ exposure to asbestos and favors strict enforcement of realistic regulations in cooperation with ~~public authorities~~ government authorities, ~~medical professionals~~ industrial hygienists, trades unions and the medical profession, and trade unions.

6. Industry is taking and will continue to take all necessary actions to ensure safe and healthy working conditions. and the avoidance of environmental pollution.

7. The user of asbestos-containing products is generally not at risk if there are no subsequent finishing operations which generate exposures above the limit noted in Item 2. If there are such finishing operations, the necessary precautions stipulated by the industry in its publications must be taken.

8. There is no evidence in the literature that Asbestos in the ambient air ~~does not involve any documented health~~ poses a risk to the community at large.

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ASBESTOS INTERNATIONAL ASSOCIATION

DETAILED STATEMENT OF THE INDUSTRY'S POSITION IN RELATION TO ASBESTOS AND HEALTH PROBLEMS

1. THE RISK TO HEALTH

1.1 Asbestos dust may represent a danger to health if it is inhaled.

2. ASBESTOSIS

2.1 If "sufficient concentrations" of fibrous dust are inhaled ~~over prolonged periods~~, fibrosis of the lung (asbestosis) may result many years later

~~2.2 Cigarette smokers who are exposed to asbestos are more susceptible to this risk than non-smokers.~~ Only one study showed changes in X-ray diagnoses in smokers > non-smokers

3. LUNG CANCER

3.1 Asbestos workers who smoke are 90 times ~~do not seem to be~~ more susceptible to lung cancer than other people ~~unless they~~ who neither smoke. nor work with asbestos.

3.2 The industry believes that Asbestos workers ~~are advised~~ should not ~~to~~ smoke or ~~to~~ should reduce their smoking to a minimum because smoking (particularly heavy smoking) considerably increases the risk of developing lung cancer.

4. MESOTHELIOMA

4.1 There appears to be a ~~dose~~ dose-response relationship between exposure to asbestos and the incidence of mesothelioma, ~~but~~ Not all cases of mesothelioma can be associated with exposure to asbestos.

4.2 While some medical authorities take a positive stand, there is by no means general agreement about the alleged ~~specific~~ greater role of crocidolite and amosite in the causation of this disease.

4.3 The majority of Association members who currently use ~~it~~ amphibole asbestos, take the view that ~~crocidolite~~ amphibole can ~~continue to~~ be used provided that the precautions set out in the Association's publications are strictly observed. governmental regulations or

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5. REGULATIONS AND THRESHOLD VALUES

5.1 The industry accepts the need for statutory regulations designed to ensure that asbestos is used safely.

5.2 It is the industry's policy to ~~reduce~~ (~~voluntarily~~) control exposure to airborne asbestos fiber during manufacture to the lowest practicable level but in any case not to exceed the 2 fibers/cc limit.

5.3 In the absence of regulations in any country, the Association recommends that the precautions set out in its publication "The Control of Asbestos Dust" should be observed.

6. MANUFACTURE

6.1 Asbestos may be used in industry provided that the dust control measures recommended by the International Association are observed.

6.2 It is the industry's policy that all of its employees should be fully informed of the level of risk to which they may be exposed.

6.3 It is the industry's policy to ensure that areas where asbestos is used are monitored in accordance with the regulatory requirements of the country of use and that all employees occupationally ~~at whatever level above the statutory level~~ should be subject to routine periodic medical surveillance.

7. USERS

7.1 If there are no subsequent finishing operations on products which release significant quantities of airborne fiber, it is generally acknowledged that there are no health risks to the users of the products.

If finishing operations are undertaken, appropriate precautions must be taken to reduce levels of exposure to below 2 fibres/cc. ~~consistent with the level of fiber released must be observed~~.

7.2 Full information about possible hazards should be given to users of asbestos products.

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7. USERS (Continued)

7.3 As yet there is no uniform policy concerning the use of warning labels on asbestos products but many members now believe that the industry should voluntarily label products where a possibility of significant user exposure exists.

8. MEASUREMENT OF AIRBORNE DUST

8.1 It is the industry's policy to take the lead in the development and standardization of reliable techniques for this purpose.

8.2 The industry recommends that the membrane filter method be retained as the standard method of measurement of airborne asbestos concentrations until better alternatives have been tried, proven and correlated with it.

9. GENERAL PUBLIC

9.1 The general public is not at risk from asbestos or asbestos products.

9.2 Persons living near asbestos factories are not at risk provided the precautions issued by the International Association are properly observed.

10. RESEARCH

10.1 The industry supports research into medical and scientific questions associated with asbestos and asbestos-related disease.

10.2 The industry encourages publication of the results of this research irrespective of whether these results are favorable to the industry or not.

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