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AIA/NA

June 2, 1978

TO: Messrs. T. A. Dougherty
G. G. Gabrielson
D. Poutiatine
H. B. Rhodes
K. Schwarz
E. W. Zacharias

At the April meetings of the AIA Executive Committee and the Governing Council, Mr. van der Rest suggested it would be useful to have a standard industry position, agreed to by all members, on important points relating to asbestos and health. He also distributed a draft giving his thoughts as to appropriate responses on various points and asked all members to review his draft and make recommendations.

The principal purpose of having agreed upon views on various points is to insure that industry worldwide speaks with a single voice, if possible, when addressing the news media or other interested parties.

Dr. Lewinsohn and I have reviewed the original document and have prepared a revised version (copy enclosed) which I intend to forward to Mr. Cross as the U.S.A. version if you approve.

You will note that the document is in two parts. First, brief statements on nine important points. Secondly, brief but somewhat more detailed statements on the various types of asbestos related disease, the industry's position with respect to regulations, measuring techniques, research, etc.

I would appreciate your comments at the June meeting.

Sincerely,

(signed) John H. Marsh

/as

Enclosure

CC: Mr. R. H. Kereness

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DRAFT
JUNE 1, 1978
(U.S.A.)

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 be a danger to health if it is incorrectly used.

2. The industry is constantly seeking information to enable it to determine if there is any danger to health of workers exposed to fiber concentrations below 2 fibers/cc, and accepts that until this can be conclusively demonstrated. The objective must be to aim at the lowest possible level with a TLV (threshold limit value) of 2 fibers/cc (TWA 8 hrs.).

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

4. Industry is in favor of regulating the use of asbestos, including the prohibition of certain applications such as spraying where control is difficult or impossible.

5. Industry favors strict and realistic enforcement of regulations, in cooperation with public authorities, medical professionals, trade unions, etc.

6. Industry will continue to take all necessary actions to ensure safe and healthy working conditions.

7. Substitutes for asbestos will be considered if:
   a. they are less dangerous
   b. they are equal to the task of replacing asbestos in the particular uses envisaged for them.

8. The user is generally not at risk if there are no subsequent finishing operations. If there are finishing operations, the necessary precautions must be taken (See item 2).

9. Asbestos in the ambient air does not involve any documented health risks 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.

2.2 Cigarette smokers who are exposed to asbestos are more susceptible to this risk than non smokers.

3. LUNG CANCER

3.1 Asbestos workers do not seem to be more susceptible to lung cancer than other people unless they smoke.

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

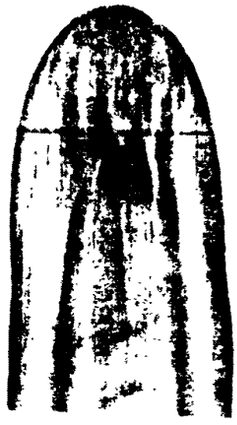
4. MESOTHELIOMA

4.1 There appears to be a 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 allegedly specific role of crocidolite and amosite in the causation of this disease.

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

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5. REGULATIONS AND THRESHOLD VALUES

5.1 The industry is in favor of statutory regulations designed to ensure that asbestos is used safely.

5.2 It is the industry's policy to reduce dust during manufacture to the lowest possible level and 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 warned of even the slightest 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 according to internationally agreed standards and that all employees exposed to asbestos are subjected to routine periodic medical surveillance.

7. USERS

7.1 If there are no subsequent finishing operations on products, it is generally acknowledged that there are no health risks to the users of the products.

If finishing operations are undertaken, precautions must be observed when working in confined spaces or when power operated tools are used.

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

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 its products.

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8. MEASUREMENT OF AIRBORNE DUST

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

8.2 It is recognized that a combination of counting methods and the use of automatic indicators is desirable.

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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ASBESTOS INTERNATIONAL ASSOCIATION

DRAFT
JUNE 1, 1978
(U.S.A.)

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[redacted] ASSOCIATION

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