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ASBESTOS INFORMATION ASSOCIATION
NORTH AMERICA
1835 K Street, N.W., Washington, D.C. 20006 • (202) 223-4885

PLAINTIFF'S EXHIBIT
tabbies
UC-1603

6 January 1977

Statement Regarding NIOSH Document to OSHA Dated December 1976 "Re-examination and Up-date of Information on the Health Effects of Occupational Exposure to Asbestos"

From preliminary review of the NIOSH document, "Re-examination and Update of Information on the Health Effects of Occupational Exposure to Asbestos," dated December 1976 and transmitted to the Department of Labor December 15, the following comments are made:

. Studies cited in the NIOSH document do not define the levels of airborne asbestos dust to which individuals were exposed. The levels of exposure were most probably much higher than those now being experienced in the workplace. There is no evidence to support the proposition that the present OSHA standard for occupational exposure to asbestos--viz 2 f/cc of air longer than 5 microns in an eight-hour time-weighted average with a ceiling limitation against any exposure in excess of 10 f/cc is not safe for exposed populations.

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. Contrary to the NIOSH statement, state of the art and practical considerations rule out sampling and analytical

functions at a 0.1 f/cc level --the standard level recommended by NIOSH to OSHA -- by phase contrast microscopy at 400 - 450x magnification.

Asbestos is a generic term used for several fibrous minerals found in many areas of the earth's crust. Chrysotile, a serpentine mineral fiber, is the most common form of asbestos. Because of extraordinary fire and heat resistance, strength and stability and other unusual physical properties along with availability at relatively low cost, asbestos is used in a wide variety of domestic products and industrial applications, in many cases without practicable substitute. In most products wherein asbestos is a vital ingredient, the fibers are bonded or locked in as with asbestos cement, plastics, millboard and hundreds of other products. The risk of exposure to respirable particles of asbestos from normal use of these products is negligible. Spraying of asbestos for insulating purposes, once a fairly common practice, is prohibited by federal regulation.

The absence of proper dust control procedures particularly in the World War II period and before when little was known as to the effect of excessive exposures of asbestos dust on worker's health led to the incidence of asbestos-related disease following now known latency periods. With the knowledge of risks to health from asbestos dust that the medical community began to recognize in the 1930s and 1940s, the asbestos industy -- mining, milling and product manufacture -- has spent millions

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of dollars on medical research and engineering systems for dust control.

The asbestos industry continues its extensive efforts to eliminate worker exposure to asbestos dust through engineering controls and disciplined work practices. Concurrently, the tempo of investigation into the many questions surrounding the highly publicized asbestos-health relationship -- including research and analysis of evidence of asbestosis, lung and GI cancer and the rare disease mesothelioma -- has accelerated in world-wide effort to develop thorough scientific information on which to base sound, unemotional judgment on the issues of asbestos and health.

Conformance with the present OSHA regulatory standard, a challenging job, is being accomplished.

Comments on the proposed revision to the OSHA standard for occupational exposure to asbestos, from 2 f/cc to 0.5f/cc (29CFR Part 1910), submitted by this Association on behalf of the asbestos industry April 9, 1976 are available for review. The asbestos industry, after in-depth study of medical literature, technical feasibility and economic impact by independent consultants has recommended to OSHA adoption of a permanent standard of 2 f/cc of air time-weighted average, with a peak of 10 f/cc, using the membrane filter test method, phase contrast microscopy at 400-450 x magnification.

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In its written comment to OSHA on behalf of the asbestos industry the Asbestos Information Association/ North America stated:

> " Since there is no new evidence to indicate that the 2 f/cc TWA standard adopted in 1972 does not adequately protect the health of the working population, it would be grossly inequitable and a denial of due process to lower the standard at this time."

This statement continues to reflect the studied opinion of the asbestos industry.

R. H. Mereness, Executive Director, AIA/NA

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