PLAINTIFF'S EXHIBIT
UC-3898

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UCC 149-2

INTERNAL CORRESPONDENCE

METALS DIVISION

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To (Name) Mr. J. L. Myers
Division UCC - Metals
Location Niagara Falls, New York

Date November 7, 1979
Originating Dept. "Calidria" Asbestos
Answering letter date
Subject Visit with Dr. Fred Ottoboni California DOSHA, November 2, 1979

Copy to Messrs.
W. B. DeAtley
R. W. Rebholz
G. F. Rouse
J. J. Sibley
J. W. Whittlesey

Background

Dr. Ottoboni is currently the head of the Education Unit under the California Department of Occupational Safety and Health. He also serves on the Federal OSHA Construction Industry Advisory Committee and is Chairman of their Sub-committee which is drafting a proposed new asbestos standard for that industry. He is deeply involved with asbestos both in California and on the Federal level and may be in a position to influence policy. Although he has strong labor connections, his attitudes toward regulation are those of a professional industrial hygienist tempered by practical considerations. He also enjoys a great deal of industry support and respect. We try to maintain regular contacts.

California State Matters

DOSHA Reorganization

A fairly extensive reorganization of DOSHA is in progress. Fred's group (4) has been moved to report to the compliance program. This means that they can no longer do educational work with employers, only employees. The big compliance emphasis next year will be in the Electronics Industry and in hospitals.

Compliance Trends

Dr. Ottoboni feels that in California in particular and in the U.S. in general, there is a substantial and growing disenchantment among a number of unions concerning excessively restrictive standards. The Building Trade Unions were cited as a specific example. (Tony Mazzocki and Shelly Samuels were discussed as the other extreme.) These unions are nervous about having OSHA so deeply involved in labor-management decisions and are concerned about loss of jobs through extreme, unenforceable, and infeasible standards.

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The 0.1 Fiber/cc Action Level

After extensive discussion, the Standards Board adopted the 0.1 fiber/cc

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The 0.1 Fiber/cc Action Level (Cont'd.)

level but set up an Advisory Committee to study the entire matter. The extreme pressure to make this change originated from high level OSHA officials in Washington. (Note to Glen Rouse - let's discuss the desirability of having a representative on this committee.) This action was contrary to the staff recommendation written by Dr. Vanneman which suggested 1 fiber/cc. This staff report is a matter of public record and can be obtained through freedom of information procedures if necessary.

DOSHA Asbestos - Smoking Pamphlet

The Education Unit has prepared a pamphlet on asbestos and smoking. A copy is attached. Comments are solicited and I am sure will be given serious consideration. Anyone wishing to comment should have the information to me by December 1, 1979.

MSHA Asbestos Standards Committee

We discussed the recent visit to King City by the above-noted committee. He was not aware of this committee but did comment on the extreme intermural hassle between MSHA and OSHA re regulatory jurisdiction of construction work at mines and mills.

The Science Applications (EPA) Study

He sees Jeff Hahn regularly but the study has not been mentioned. Fred feels that the combination of basic wind direction and generally upwind population locations at the various mine and mill sites would make such a study useless. He will ask Jeff about it if an appropriate opportunity occurs.

Federal Matters

OSHA Asbestos Subcommittee

Dr. Bingham is not at all happy with Dr. Ottoboni as chairman of this important subcommittee. Apparently it was achieved as a result of very strong labor support. As a result, he meets individually with her on each visit to Washington. He has a very interesting and articulate basic position, i.e.:

1. The Subcommittee is not out to surprise or embarrass OSHA. There will be plenty of drafts in-house with opportunity for comment.

2. There are two basic problems with OSHA's current approach to standards which are just not practical in the construction industry and these must be addressed, not passed over lightly or ignored.

    a. The concept of monitoring, sending out samples, waiting for results, and deciding on environmental controls is unworkable.

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OSHA Asbestos Subcommittee (Cont'd.)

b. Medical examinations given now for chronic hazards where symptoms will not appear for 20 or more years are not a useful way to protect the worker. The preemployment physical is also not practical for construction and is extremely expensive. The role of medical examinations in worker protection should be sharply downgraded.

The medical examination in general and the preemployement physical in particular are sacred cows in the OSHA regulatory scheme and the broad attack, including that from a number of unions, is extremely disturbing. In essence, the physician giving the examination is in a very difficult position. If he notes something, regardless of what it is, that could put the worker at increased risk on the job, and tells the employer the worker may become unemployable. If he doesn't tell the employer and the worker becomes injured, the physician may be subject to legal action from either the employee, the employer, or both. The same type of choice must be made re telling the worker. The net result is that a lot of older workers who have acquired various disabilities, both from on and off the job causes, can become unemployable, even though quite capable of holding a job. Dr. Cooper expounded this same theme at the recent California hearing on the 0.1 fiber action level and Fred plans to have him testify at a future committee hearing.

Dr. Ottoboni has apparently told Dr. Bingham rather plainly that the preemployment and annual physical exam requirements do not give the worker any signficant measure of protection and, in fact, discriminate against the worker. His position re usefulness was supported by Dr. Selikoff's testimony (see attachment) saying that annual chest X-rays for people exposed to asbestos are "nonsense."

The overall approach that Dr. Ottoboni sees to solve the problem is the use of documented work practices and a substantial deemphasis on frequent medical examinations. He was told that this seems like a very reasonable and realistic approach that we would support wherever we could.

OSHA Intentions Re Revised Asbestos Standards

The Subcommittee has been told by Dr. Bingham to finish their work in three months. The response was that it will be more like nine months and it undoubtedly will. Asbestos is a very emotional issue around OSHA. No mention was made, however, of any plans for an ETS or how such an approach would impact on the work of the Subcommittee. Fred had not even heard of the Berry paper. He was also only vaguely aware of the EPA-TSCA actions.

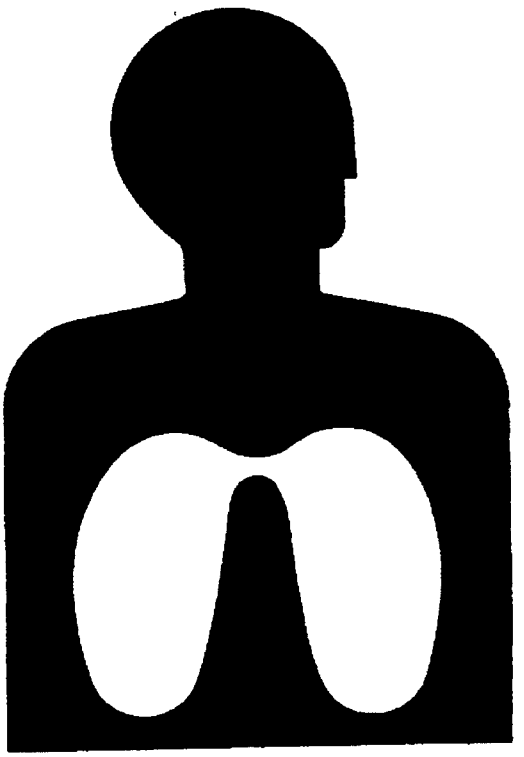
Conclusions

Dr. Ottoboni, the Subcommittee on Asbestos in Construction which he chairs, and the OSHA Construction Advisory Committee have the potential to exert a strong influence on whatever standard OSHA develops for construction. Continued, regular contacts both directly and through the AIA/NA are planned.

/rmm
Attachments

A08571
UCC 014041

H. B. Rhodes
Harrison B. Rhodes



ASBESTOS, SMOKING AND YOUR HEALTH

A08572

UCC 014042

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Edmund G. Brown Jr., Governor
State of California

Donald Vial, Director
Department of Industrial Relations

Special thanks to Cara Sugihara, Robin Baker, and the Employee Education Program

CAL OSHA

ASBESTOS + CANCER + SMOKE

PEOPLE WHO ARE EXPOSED TO ASBESTOS *AND* SMOKE HAVE *92 TIMES* MORE LUNG CANCER THAN THE GENERAL, NONSMOKING POPULATION.

The combined effect of cigarettes and asbestos is much more dangerous than either of these hazards alone. This pamphlet will explain about asbestos and its hazards, where smoking fits in; and what you can do, as an asbestos-exposed worker, to protect your health.

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UCC 014043

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What Is Asbestos?

Asbestos is a fibrous mineral that is mined and then processed into a variety of products. Its use has become widespread because of its durable chemical and physical properties (fireproof, acid-resistant and noncorroding).

Asbestos is found in many work places where millions of people come into contact with it. For example, asbestos is found in asbestos processing plants, on construction sites, in auto repair shops, in shipyards and in home or professional laundries where asbestos workers' clothes are washed.

What Are the Occupational Health Hazards of Asbestos?

Airborne asbestos dust is a serious health hazard. Dangerous exposure can be direct (worker exposed on the job) or indirect (family exposed to contaminated clothing at home).

Tiny fibers of asbestos, invisible to the naked eye, can get trapped in the lungs. This can lead to serious lung disorders: asbestosis and lung cancer. In addition, asbestos can cause cancer at various other sites such as the larynx, stomach, intestine, colon and rectum. The most common of these diseases are:

1. **Asbestosis** – a disorder of the lung which causes difficulty in breathing. This is a result of excessive exposure to asbestos. Scar tissue is formed around inhaled fibers embedded in the lung. It usually takes 10 to 20 years after the first occupational exposure to asbestos for the clinical symptoms to be detected. A lung scarred by asbestosis is less able to cope with simple colds or other minor respiratory infections so that such minor problems may develop into serious, life-threatening diseases. Asbestosis is not a form of cancer, but may be present with cancer in some cases. It is often fatal.

2. **Mesothelioma** – cancer of the cells that line the lung, chest or abdominal cavity. It is extremely rare, appearing almost exclusively among people who have been occupationally exposed to asbestos. It usually takes 20 to 40 years after the first exposure to be detected. Most victims die of mesothelioma within one year after the first symptoms appear.

3. **Lung Cancer** – one of the more common types of cancer. People exposed to asbestos have a greater chance of developing lung cancer than the general population. The risk is greatly increased if the asbestos worker smokes. A person with lung cancer rarely experiences any symptoms until the disease is in an advanced state. The cure rate is less than 10 percent. Lung cancer also appears 20 to 40 years after asbestos exposure.

What Can You Do?

If you are a smoker who is exposed to asbestos, you should try to eliminate *both* of these risks to your health. *Only* you can stop smoking. Quitting is often difficult, but it is essential to your well being. And it is *your* choice. Asbestos-exposed workers can work together to encourage and support each other in efforts to stop smoking.

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Smoking and Asbestos Exposure

Smoking has little, if any, effect on the asbestos worker's risk of developing asbestosis or mesothelioma. However, smoking greatly *increases the worker's risk of developing* lung cancer.

Smoking carries with it many adverse health effects and is known to increase the risk of heart disease, bronchitis and emphysema, stomach ulcers, and cancers of the mouth, larynx, bladder and pancreas, as well as the lung.

Since both smoking and asbestos exposure increase the chance of developing lung cancer, the combination is obviously dangerous. Cancer of the respiratory system is *eight* times as common in asbestos workers as in the general population. An even more striking fact is that *lung cancer is about 90 times more frequent in asbestos workers* who smoke than in the general, nonsmoking population.

There are both federal and state laws which guarantee the right of employees to a safe and healthy work environment. Knowing the precautions required for working with asbestos can help you protect your health. Cal/OSHA has regulations regarding occupational exposure to asbestos:

1. Employers must report any use of asbestos and asbestos-containing products to Cal/OSHA.

2. No worker can be exposed to concentrations of asbestos higher than the established legal limits.

3. Exposure to asbestos must be controlled by engineering methods, such as isolation, enclosure, exhaust ventilation and dust collection.

4. Good work practices must be followed – asbestos must be worked *wet* whenever possible (to avoid dust); asbestos spills must be cleaned up promptly; and anything contaminated by asbestos must be disposed of in sealed and labeled containers.

5. If engineering measures and work practices cannot sufficiently control asbestos in the air, appropriate respirators, protective clothing and change rooms must be supplied.

6. The employer must monitor the employees' asbestos exposures. Records of the results must be kept and any worker found to have been excessively exposed to asbestos must be notified.

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7. The employer must provide medical examinations for all workers exposed to asbestos before they start on the job and once each year thereafter. Records of these results must be kept also.

8. Caution signs must be posted in any work area where the airborne level of asbestos may be higher than the established standard. All materials that contain any asbestos that could become airborne must be properly labeled.

9. Special precautions must be taken in the transport and laundering of asbestos-contaminated clothing. The employer must inform the laundry of these precautions.

For more information about asbestos and your legal rights, contact:

Occupational Cancer Control Unit
Division of Occupational Safety and Health
455 Golden Gate Avenue
San Francisco, California 94102

(415) 557-2706

For more information and help to stop smoking, contact:

- The American Cancer Society
- The California Lung Association
- Other Community Health Agencies
- Local Health Departments

CAL/OSHA Communications Unit
455 Golden Gate Avenue - Room 7220
San Francisco, California 94102

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