

October 1, 1969

BE

MEMORANDUM TO: Mr. W. P. Raines  
Johns-Manville Corporation



SUBJECT: Hearings on Occupational Safety and Health Bills

As reported orally, both House and Senate labor subcommittee hearings have begun on the Administration's proposed Occupational Safety and Health Act of 1969 and other similar proposals. Thus far almost no news attention to these hearings have been noted (Washington papers are now on strike).

However, as reported, asbestos occupational health problems came in for discussion before the committee, along with problems of other industries by Charles C. Johnson, Administrator, Consumer Protection and Environmental Health Service, U.S. Public Health Service, Department of Health, Education and Welfare. You will recall that Johnson's jurisdiction includes the Environmental Control Administration, which covers the Bureau of Occupational Safety and Health, and also the National Air Pollution Control Administration and the Food and Drug Administration. He is directly under Dr. Roger Egeberg, the Assistant HEW Secretary for Health and Scientific Affairs.

Mr. Johnson's full testimony is of interest and copies are attached. Note especially the bottom of page 4 and top of page 5 where he cites data from Dr. Selikoff's work. Also on page 6 he refers to byssinosis among textile workers (but does not mention asbestos textile workers) and also to talc and diatomite. On page 7 he includes asbestos fibers along with cigarette smoke and coal dust. On page 9 he refers to studies underway in HEW on asbestos and to criteria being developed for an interim standard for exposure to asbestos, similar to that for bituminous coal dust.

Labor Secretary Shultz also is testifying for the measure, but most of his testimony is generally descriptive of the proposed legislation. His major references to health aspects were as follows:

"Many occupational diseases continue to baffle and elude us...job related illness represents a less explored frontier area in the field of occupational safety and health. Therefore, the Administration's bill places great stress on workplace health... (pages 4-5)

"Within two years after the Act's effective date, the Secretary of Health, Education and Welfare would be required to complete a comprehensive study and evaluation of occupational health problems and transmit a report on his findings and recommendations to the President and to the Congress." (page 18)

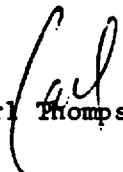
His full testimony is not of general interest but we are enclosing one copy for reference and files.

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There is no indication of witnesses that may emphasize the asbestos occupational health aspects (as Dr. Selikoff did last time). However, the schedule of witnesses is not complete for all hearing dates.

The House Committee has further hearings set for October 7 and 8 and 15 and 16. The Senate Committee, after opening hearings September 30, plans further hearings later but these are not scheduled yet.

We will continue to watch for developments but, as agreed, will not attempt to cover the actual hearings unless we learn of something specifically related to J-M's interests.

  
Carl Thompson

CT:sdd  
Enclosures

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NOT TO BE RELEASED UNTIL CLEARED  
BY SELECT SUBCOMMITTEE ON LABOR  
COMMITTEE ON EDUCATION AND LABOR  
U. S. HOUSE OF REPRESENTATIVES

STATEMENT OF  
MR. CHARLES C. JOHNSON, JR.  
ADMINISTRATOR, CONSUMER PROTECTION AND ENVIRONMENTAL HEALTH SERVICE  
UNITED STATES PUBLIC HEALTH SERVICE  
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

BEFORE THE  
SELECT SUBCOMMITTEE ON LABOR  
COMMITTEE ON EDUCATION AND LABOR  
UNITED STATES HOUSE OF REPRESENTATIVES

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Mr. Chairman and Members of the Committee:

I welcome this opportunity to offer the support of the Department of Health, Education, and Welfare for enactment of H.R. 13373, the Occupational Safety and Health Act of 1969.

As President Nixon pointed out in his August 6 message to the Congress, this Act "will go beyond the limited 'accident' orientation of the past, giving greater attention to health considerations, which are often difficult to perceive and which have often been overlooked." The President has expressed it succinctly.

Occupational health hazards have been too long neglected. But as our perception of these problems has increased, so has the demand for whatever changes are necessary to provide adequate protection for workers. Passage of H.R. 13373 will enable us to respond to this demand.

There are 80 million Americans who go to work each day. Their on-the-job environment is of vital concern to the Consumer Protection and Environmental Health Service. The Bureau of Occupational Safety and Health in our Environmental Control Administration is continually developing new information about job-related diseases and methods of control.

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But there must be a means to translate this knowledge into effective action to protect the health of workers.

Let me describe for you, if I may, Mr. Chairman, some of the elements of the occupational setting that we recognize today. There are, in reality, two facets of the problem:

On the one hand, we still have with us old problems-- health hazards that in some cases go back as far as the Bronze Age. Lead, zinc, mercury, silica sand, carbon tetrachloride, carbon monoxide, and many other industrial exposures have been well studied, and there is sufficient knowledge available to control them. But still they offer threats to workers. Control procedures break down, are ignored, or are allowed to deteriorate. Our occupational health people recently restudied lead and zinc smelters in one State, and found that controls instituted almost 20 years ago had deteriorated to the point where they were little better than those they had replaced. In other words, we have entered the Space Age without really solving some of the problems that first became widespread at the dawn of the Industrial Revolution.

At the same time, technology has created a whole new kind of work environment, with a whole new set of hazards

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and potential hazards. In this new world, the threats themselves are little understood and control technology, in many cases, is not perfected.

For example, high energy sources, such as lasers, which just a few years ago were tools of the scientist, are now commonplace in industry.

Beryllium, a highly toxic metal which was used in the manufacture of fluorescent light bulbs until chronic beryllium poisoning was recognized as a health hazard to workers, is now finding new applications, primarily in the atomic energy field and the space effort.

New processes and massive, high-speed, frequently automated, industrial machines have created possibilities for accidental injury that go far beyond the worker's capability for self-protection.

It is patently impossible for the worker to take responsibility for his own health and safety in this complex world of physical and chemical hazards which are little understood even by the experts.

The fact is that man has created a new environment but he has not created a new man. We are the products of a slow evolutionary process, and we still have the same physical

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characteristics that our caveman ancestors had. We still need clean air to breathe, clean water to drink, and are still helpless against unseen or uncontrollable hazards in the environment. We have developed no second sight that tells us when an invisible beam or a seemingly harmless vapor is doing insidious damage to our health.

Certainly every worker needs to be made aware of the hazards he confronts in the workplace and educated to exercise caution--to "watch his step," to wear earplugs and a hard hat and safety shoes where required.

But we must also create a working environment in which such a person, exercising reasonable care, can be assured that sudden death or the slow process of industrial disease will not be the wages of his work.

Certainly the occupational respiratory diseases, in terms of severity, represent one of our most important occupational health problems, and one in which adequate controls would pay big dividends, both in reduction of human suffering and in dollars and cents savings to the workers affected, to industry, and to the taxpayer.

Three and a half million American workers are exposed to asbestos in their jobs. They face a dual threat: not only

are they subject to the lung scarring pneumoconiosis of their trade, asbestosis, but they are endangered by lung cancer associated with the inhalation of asbestos fibers. Recent studies of asbestos insulators showed that one of every 5 deaths in this group were caused by lung cancer--7 times the expected rate. Half of the men who had worked in the trade had X-ray evidence of asbestosis. One in every 10 deaths were caused by mesothelioma, a cancer of the lung pleura, so rare that it strikes only 1 in 10,000 in the general working population.

Black lung, or coal miners' pneumoconiosis, is a term which has become very familiar to us in the past few months. This disease--which the British call simply "chronic bronchitis"--is caused by the inhalation of soft coal dust. It is a progressive, crippling lung disease, often complicated by emphysema in the later stages. The death rate from respiratory disease in soft coal miners is 5 times that of the general working population.

There are other industries whose workers run an extremely high risk of respiratory disease. Uranium mining, for example, presents a very serious problem. Of the 6,000 men who have

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been uranium miners, an estimated 600 to 1,100 will die of lung cancer within the next 20 years because of radiation exposure on the job.

Over 3,000 cases of silicosis are reported yearly from exposure to free silica--the major ingredient of all rocks, soils, sands and clay.

For years, we had the comfortable illusion that byssinosis, the lung disease caused by inhaling cotton dust, was not a problem for American textile workers. Even though British workers using American cotton came down with this crippling lung disease, we relied on a limited X-ray survey done years ago which did not reveal a byssinosis problem. Now, our scientists are discovering that America's 230,000 cotton textile workers are also threatened by this respiratory disease.

Talc, diatomite, carborundum, sugar cane fiber, even dust from moldy silage all produce their own form of lung damage, wherever dust control and worker protection are inadequate.

Our National record in preventing occupational respiratory disease is not a good one. We have allowed too many productive people to become disabled, and finally to die prematurely, because we have not paid attention to controlling the dust, fumes, and vapors to which they are exposed.

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We know by now, Mr. Chairman, that the chronic inhalation of any foreign material--cigarette smoke, polluted air, coal dust, of asbestos fibers and many others--can harm the lungs and cause disease. Since we also know that, for the most part, occupational respiratory diseases are preventable diseases, I believe we have a clear responsibility to take action to prevent them.

Up to now, unfortunately, there has been no systematic, sustained attack on either the job-related respiratory diseases or a variety of other occupational hazards.

It is true that during World Wars I and II, there were peaks of activity in connection with health hazards in the war industries. In the late 40's and early 50's, the Congress stimulated an expansion of State activities by earmarking categorical funds from the general grant-in-aid program for the development of State industrial hygiene programs.

Since then, however, we have lost ground. Many of the State programs which were quite active in the early 50's have been reduced to little more than token operations. There are still a number of highly effective State occupational health programs, but the majority require expansion and improvement.

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The Bureau of Occupational Safety and Health recently analyzed the status of occupational health programs of State and local governments and reviewed State occupational health legislation. I submit these reports for the record.

Deficiencies in the State programs are largely related to lack of funds, low salary scales, and lack of administrative and legislative support. The Occupational Safety and Health Act of 1969 can provide the means to correct these shortcomings and establish an effective Federal-State partnership for the control of occupational health hazards.

In addition, Mr. Chairman, H.R. 13373 will establish a mechanism at the national level for developing occupational health and safety standards and assuring uniform enforcement.

Under the Act, the Secretary of Health, Education, and Welfare is charged with the responsibility to conduct the research, experiments, and demonstrations which will assist in producing criteria that will enable the National Occupational Safety and Health Board to formulate safety and health standards.

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As I indicated earlier, our Bureau of Occupational Safety and Health is already engaged in this kind of research. Studies currently underway relate to occupational hazards of asbestos, beryllium, coal, uranium, and noise. We have also had experience in developing criteria for standards. Last December, for example, the Department of Health, Education, and Welfare recommended an interim standard for bituminous coal dust to the Secretary of Interior. We are now developing a method for prescribing criteria to be used in recommending an interim standard for exposure to asbestos.

Such criteria, however, cannot protect a single worker from job-related diseases unless standards are promulgated and effectively enforced. This is what H.R. 13373 is designed to do.

Another responsibility of the Department of Health, Education, and Welfare under H.R. 13373 is to conduct a comprehensive study and evaluation of occupational health problems and to transmit a report, with recommendations, to the President and the Congress.

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This type of study is critically needed to give us better information than we have now on the incidence of occupational disease, to pinpoint problem areas, and to help us establish priorities in attacking these problems.

The Department of Health, Education, and Welfare also would have the responsibility under H.R. 13373 to conduct educational programs to provide an adequate supply of qualified personnel to carry out the purposes of this Act.

At the present time, there is a serious shortage of personnel in all areas of occupational health. There is an immediate need for approximately 28,000 additional industrial hygienists, physicians, nurses, and scientists to protect adequately the Nation's workforce.

TABLE I

OCCUPATIONAL HEALTH MANPOWER

| <u>Category</u>                     | <u>Needed</u> | <u>Available</u> | <u>Deficit</u> |
|-------------------------------------|---------------|------------------|----------------|
| Industrial Hygienists - All sectors | 2,335         | 1,335            | 1,000          |
| Industrial Physicians - All sectors | 6,000         | 2,900            | 3,100          |
| Industrial Nurses - All sectors     | 35,000        | 19,000           | 16,000         |
| Occupational Health Scientists      | <u>9,600</u>  | <u>1,600</u>     | <u>8,000</u>   |
| TOTAL:                              | 52,935        | 24,835           | 28,100         |

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Estimates for manpower needs in the several States are based on criteria using (a) data obtained from Statewide and citywide surveys, (b) analysis of on-going programs, and (c) the distribution of the working population in four Standard Industrial Classifications (SIC) categories.

We must stimulate programs to develop an adequate supply of manpower for inspection and control activities in the field of occupational safety and health.

The Bureau of Occupational Safety and Health has already developed a plan for an in-service training program to give recent college graduates an intensive course in occupational safety and health, including formal classroom instruction and on-the-job experience. This will enable the Department of Health, Education, and Welfare to meet its immediate need for personnel to carry out its responsibilities under the Act.

In considering the overall need for occupational health personnel, it is clear that if we are to use fully our present professionals, they must be freed from the sub-professional work which now consumes much of their time and energy. Para-professionals should be used to extend the effectiveness of the profession of industrial hygiene and occupational health nursing. Technicians should be trained to take samples, monitor

the effects of operation engineering controls, and conduct routine laboratory analyses.

Mr. Chairman, I have tried to touch upon the major provisions of H.R. 13373 that relate to the Department of Health, Education, and Welfare. This Department has been concerned with occupational hazards since the Office of Industrial Hygiene was established within the Public Health Service in 1914. In all the years that have passed since then, we have learned much about the health problems that exist in the workplace; we have also learned that we need a more effective instrument to attack these problems. The Occupational Safety and Health Act of 1969 will enable the Nation to get on with this important task.

My colleagues and I will be happy to respond to any questions you may have.

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JM - 83**

ED  
September 10, 1969

Mrs. James Kunschik  
5912 Stillwood Lane  
Austin, Texas 78758

Dear Mrs. Kunschik:

There is no evidence that I know of that would indicate that you have any cancer risk from asbestos under the circumstances you mention.

While it is true that some fibers may enter the air from brake linings, floor tiles, etc., these are scant in number. We have not identified any cancer risk with such levels of exposure and it is unwise to equate this exposure with the much heavier exposure - perhaps billions of times greater - to which asbestos workers are subject and with which risk is definitely associated.

Thus, I see no reason for your anxiety. I am pleased that you have written me and have given me this opportunity of clarifying the situation.

Sincerely yours,

Irving J. Selikoff, M.D.  
Professor

IJS:sa

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JM - 83

B5  
Mrs. James Kunschik  
8012 Stillwood Lane  
Austin, Texas 78758  
September 7, 1969

Dr. Irving Selikoff  
Environmental Sciences Laboratory  
Mt. Sinai School of Medicine  
100th Street and 5th Avenue  
New York City, New York 10029

Dear Dr. Selikoff:

About one and a half years ago some articles appeared in our local newspaper about asbestos being linked to cancer. Enclosed are copies of these articles. These articles have caused me to have a major nerve problem and I'm writing to you for you to tell me how seriously these articles should be taken. One of the articles reads in part:

"asbestos gets into the air from:  
Cars' brake linings, air conditioning  
systems in which it is used for filtering,  
insulating material used for heating ducts  
and wiring, plastic floor tile and many  
other common uses."

Does this mean that a person can get cancer from any finished asbestos product, or is it just the workers in asbestos mills that can get cancer? Since I've read the articles, I have been afraid of touching anything I thought was made with asbestos thinking it would cause me to get cancer. I've been told that you were an expert in this field and could help me. Please answer this letter because it is very important to me. Any information you can give me will be very much appreciated.

Sincerely yours,

*Mrs. James Kunschik*

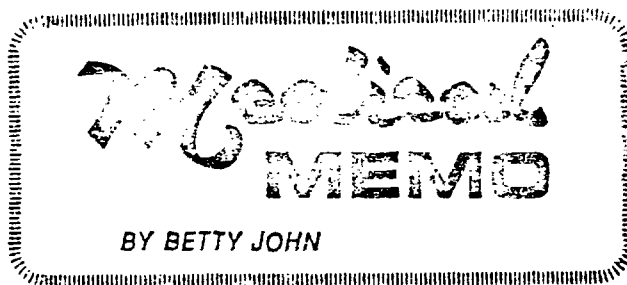
Mrs. James Kunschik

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GAINESVILLE, FLA.  
SUN  
D. 20,974 — S. 21,820  
GAINESVILLE METROPOLITAN AREA

JUL 28 1969



BY BETTY JOHN

## Asbestos Air Scare

Air pollution in urban industrialized areas is serious enough without people panicking needlessly. A case in point is a recent *Naderesque* warning that automobile brake linings throw enough asbestos dust into the atmosphere to cause lung diseases, including the cancer-like growth called pleural mesothelioma.

"Fears about the presence of asbestos seem exaggerated," says Dr. George W. Wright, chief of pulmonary research at St. Luke's Hospital in Cleveland. Industrial workers manufacturing asbestos products and asbestos miners are indeed subject to all kinds of chest ailments, just as coal miners are subject to black lung. But chances of asbestos poisoning among the general population are slim.

Less than 5 per cent of the U.S. asbestos goes into brake linings. Other uses for asbestos have grown in the last few years, but most of it goes into products which tightly bind the fibers, preventing their escape into the atmosphere. These include asbestos tile and cement. Fibers that might be released fall to the ground of their own weight and become bound to the soil, or are washed away by rain.

Many structures similar to asbestos bodies have been found in the lungs but no one has proved that they are indeed asbestos. There are according to Dr. Wright, at least 20 widely disseminated substances that are capable of forming these growths in the lungs, of which the most common are far more widely used is talcum powder.

St. Louis  
Globe-Democrat  
D. 303,586 SUN, 342,001

JUL 31 1969

E. Vetter  
63

## There's No Reason To Panic Over Asbestos Pollution

By BETTY JOHN

Air pollution in urban industrialized areas is serious enough without people panicking needlessly. A case in point is a recent warning that automobile brake linings throw enough asbestos dust into the atmosphere to cause lung diseases, including the cancer-like growth called pleural mesothelioma.

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### What's New In Medicine

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JUL 23 1959

*E. J. S.*

## Pollution No Call for Panic

(World Book Science Service)

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San Diego, Calif.  
United  
(Cir. D 131,691 - S 127,289)

## Smog Includes Strange Particles

PASADENA, Calif. (AP) — strange little particles, measuring in size from two-five millionths of an inch to two-five thousandths of an inch.

It is air, gas, and strange particles which "nobody has ever made an analysis of," says Dr. Sheldon Friedlander, Caltech professor of chemical and environmental health engineering.

Now, he says, with financing from the National Air Pollution Control Administration, the California Institute of Technology is going to make a study of these factories and other sources of

air pollution, Friedlander says.

"Among the particles we will especially look for are asbestos fibers and sulphuric acid droplets," says Dr. Peter K. Mueller, a state health official assisting Friedlander.

"Asbestos is hazardous to health when inhaled. Although there is not believed to be sufficient sulphuric acid in smog to harm living creatures, there may be enough to damage metallic surfaces."

A particle count of the air will evaluate how smog changes between day and night, clear days and smoggy days, on longer periods of time, Friedlander says.

He told newsmen he is confident the Caltech study not only will produce a better understanding of our air pollution problems but also will provide a useful technique to obtain a clearer picture of the smog pollution problem in the nation.

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## Danger Alert On Asbestos Played Down

By BETTY JOHN

World Book Science Service

CLEVELAND—Air pollution in urban industrialized areas is serious enough without people panicking needlessly. A case in point is a recent Naderesque warning that automobile brake linings throw enough asbestos dust into the atmosphere to cause lung diseases, including cancer-like growth called pleural mesothelioma.

"Fears about the presence of asbestos seem exaggerated," says Dr. George Wright, chief of pulmonary research at St. Luke's Hospital in Cleveland. Industrial workers manufacturing asbestos products and asbestos miners are indeed subject to all kinds of chest ailments, just as coal miners are subject to the black lung. But chances of asbestos poisoning among the general population are slim.

Less than five per cent of the U.S. asbestos goes into brake linings. Other uses for asbestos have grown in the last few years, but most of it goes into products which tightly bind the fibers, preventing their escape into the atmosphere.

These include asbestos tile and cement. Fibers that might be released fall to the ground of their own weight and become bound to the soil, or are washed away by rain.

Many structures similar to asbestos bodies have been found in the lungs, but no has proved that they are indeed asbestos. There are according to Dr. Wright, at least 20 widely disseminated substances that are capable of forming these growths in the lungs, of which the most common are far more widely used is talcum powder.

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Edmonton Journal, Alta.

Circ. 150,130

August 8, 1969

## Tar, asphalt roads linked to cancer

J-705  
SYDNEY, Australia (Reuters) — Tar and asphalt road surfaces may contain cancer-causing agents, a scientist says.

Dr. D. F. Martyn, chairman of the United Nations committee for the peaceful uses of outer space, said U.S. research showed such surfaces contained carcinogens — cancer-causing agents — which can be stirred up to pollute the atmosphere.

The main danger exists in all forms of asbestos. It contains billions of particles which caused incurable lung diseases including a form of cancer, he said.

"A wife, who brushed down her husband's work coat every day for 20 years, died from mesothelioma—a disease similar to cancer. Her husband worked at an asbestos plant."

Regina Leader Post, Sask.

Circ. 60,345

August 7, 1969

## Asbestos cancer danger

J-705  
SYDNEY, Australia (Reuters)

— Tar and asphalt road surfaces may contain cancer-causing agents, a scientist says.

Dr. D. F. Martyn, chairman of the United Nations committee for the peaceful uses of outer space, said Wednesday U.S. research showed such surfaces contained carcinogens—cancer-causing agents—which can be stirred up to pollute the atmosphere.

The main danger exists in all forms of asbestos. It contains billions of particles which caused incurable lung diseases including a form of cancer, he said.

Martyn in an address to the Australian Society of Accountants said:

"The public is generally not aware of the dangers of asbestos."

"A wife, who brushed down her husband's work coat every day for 20 years, died from mesothelioma—a disease similar to cancer. Her husband worked at an asbestos plant."

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Los Angeles, Calif.  
(City D 131 0-1 277,297)

Los Angeles, Calif.  
May 1953

## Scientists Study Smog Particles

PASADENA, Calif. (AP) — Most of the ache in Los Angeles smog comes from its gaseous ingredients. But there are particles too, and scientists hope intensive testing of this little-studied dust will lead to better pollution standards.

The particles—from two-five millionths of an inch to two-five thousandths of an inch in diameter—have never been analyzed precisely.

Now, with money from the National Air Pollution Control Administration and new instruments developed at the University of Minnesota, scientists plan to count and sort the particles.

Information showing that particles carry harmful chemicals

into the lungs could result in stricter controls on air pollution sources, says Dr. Sheldon Friedlander of the California Institute of Technology, where the testing will be done.

"Among the particles we will especially look for are asbestos fibers and sulphuric acid droplets," says Dr. Peter Mueller, a state health official assisting Friedlander.

"Asbestos is hazardous to health when inhaled. Although there is not believed to be sufficient sulphuric acid in smog to harm living creatures, there may be sufficient to damage metallic surfaces."

The research may settle the question of what turns smoggy air brown, Mueller said. Some researchers blame particles, others nitric oxides.

Scientists estimate that 41 per cent of the dust in smog comes from automobiles.

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JULY 1969  
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# ASBESTOS FEARS ALLAYED

**F**EARS that over 100 people working with asbestos at factories in Milford Haven and Newcastle Emlyn might be subject to health hazards from the material have been allayed. The fears follow nationwide publicity about the dangers from asbestos dust.

A spokesman for the Croydon Asbestos Company—Mr. G. B. Humphreys, Sales Manager at their Redhill, London, plant—revealed this week that the asbestos used at their two West Wales factories was entirely different from the type which could present dangers.

"The publicity has been 100 per cent correct when dealing with the lower grades of asbestos used in the ship-building and rail coach building industries," he said. "This grade is only used for brake linings and lagging work and the rejects are of no commercial use."

"We use the white form at our factories," continued Mr. Humphreys, "which is in a long fibred state. It is the top grade asbestos used for textile work and the fabric is treated with a dust suppressant. It will not emit dust in a sufficient quantity to give rise to a health worry."

"The disease asbestosis is predominant in industries using the more dangerous Cape Blue asbestos for lagging work, in confined areas."

## 'ALL CLEAR'

Mr. Humphreys concluded: "If you shake our material you will find no dust whatever. It is already in a refined form before it reaches us. It is the milder white asbestos, and not treated with dust suppressors for added safety."

The Milford Haven factory manager, Mr. Jim Knowles said that factory inspectors had already visited the plant and had given the premises an 'all clear'. The factory was tested with a dust counter, he pointed out.

When it arrives at Milford, the asbestos is in a finished form and is used for the production of protective clothing. The C.A.C. products have received world-wide acclaim. Any waste material from the factories is disposed of by the local authority.

MANCHESTER EVENING NEWS

16th August 1969.

## Dust menace

Last Thursday, August 7, the BBC highlighted the hazards of tipping asbestos dust, and the ministries' subsequent controls on the Twenty Four Hours programme.

I was disappointed that no mention was made of Buxworth, a small village near Chapel-en-le-Frith.

For it was here four years ago, that the residents woke up to find themselves being enveloped in clouds of asbestos dust. The residents called for action. Local authorities were pestered, the MP for the High Peak, then Mr H Walder, was pressed to assist in the abatement of this nuisance. No success came from these quarters so the ratepayers in this area decided to form their own ratepayers association.

Funds were collected, and a campaign organised to prove to the authorities the dangers of airborne asbestos dust. The committee achieved much, and were most fortunate in getting the legal services of Mr H Hartley of Buxton, a man well known for his interest in local affairs.

Two years elapsed during which time the ratepayers association continued to be active, and always pressing for a public inquiry. Eventually a breakthrough was achieved via Mr Crossman, then Minister of Housing, and Mr Kenneth Robinson, Minister of Health, for a public inquiry to be set up. The result of the inquiry was a victory for the ratepayers. The hazard was accepted and the Government laid down conditions to prevent any future tipping. Those self-same conditions form the basis of today's legislation.

I am sure, had it not been for the ratepayers of Buxworth who paid out of their own pockets for the evidence, people up and down the country would still be exposed to the danger of lung cancer from airborne asbestos dust.

It G Blackwell,  
60 Western Lane,  
Buxworth.

LUTON EVENING POST

25th August 1969.

## NO CAUSE FOR ALARM

SIR — On August 7, you reported the remarks of the chairman of a United Nations committee about a risk to health from road surfaces, because they contain particles of asbestos. This could cause alarm.

Asbestos has not been used in this country in mixes for road surfaces, nor is this contemplated. There is, in any case, no medical evidence that the use of asbestos in this way elsewhere has caused lung disease.

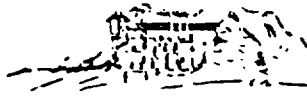
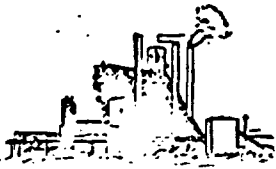
Secretary W. P. Howard  
Asbestos Information  
Committee

# Occupational Health

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## ACTIVITIES



U.S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE

PUBLIC HEALTH SERVICE.

CONSUMER PROTECTION AND ENVIRONMENTAL HEALTH SERVICE

Environmental Control Administration  
Bureau of Occupational Safety and Health

August 1969

Cincinnati, Ohio

**EDITOR'S NOTE:** To expedite publication of "Occupational Health Activities," please submit triple-spaced copy for succeeding issues to Robert H. Roach, Information Officer, Bureau of Occupational Safety and Health, 1014 Broadway, Cincinnati, Ohio 45202. The next issue will be distributed in late fall. Items for this issue should be submitted by October 15. Personnel items should include brief biographical information or position descriptions for individuals. We appreciate your continuing cooperation in the publication of this newsletter.

### PROGRAM HIGHLIGHTS

**REORGANIZATION:** As part of the recent reorganization of the Public Health Service, the former Occupational Health Program has now become the Bureau of Occupational Safety and Health. It is one of five bureaus of the Environmental Control Administration (ECA), Consumer Protection and Environmental Health Service, U.S. Department of Health, Education, and Welfare. Chris A. Hansen is ECA Commissioner.

Dr. Marcus M. Key is the new Director of the Bureau, and Stanley J. Reno is Assistant Director. They are headquartered, with a small staff of assistants, in Rockville, Maryland. The remainder of the staff is still located in Cincinnati. Dr. Murray Brown, former Program Chief, has been named Special Assistant to the Commissioner of ECA.

The Bureau is now divided into three major divisions--the Division of Epidemiology and Special Services, the Division of Occupational Injury and Disease Control, and the Division of Criteria and Standards Development. Dr. Lewis J. Cralley is Director of the Division of

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feet deep) and a main intake shaft (36 feet in diameter and 900 feet deep) will be required.

Burns and other injuries in the plastics industry: A study was made among certain plastic industries to determine harmful effects to the hands of workers who handle phenol-formaldehyde or phenol-melamine plastics that are heated to a temperature between 150° and 160° F.

When removing the plastics, the tips of the fingers are exposed to the hot material for a few seconds. Time of contact varies according to skill. Although workers wear cotton gloves (sometimes several pairs), some complain of skin dryness and numbness that persists a few days. In addition, spilling of the plastic often causes skin burns to the arm above the gloves. In some instances, examination of the employees revealed slight cracking of the fingertips and occasional skin peeling.

As a result of the study, a program of better protection for exposed fingers was recommended. Although there appears to be no connection between these cases and the reports of bone injuries to the hands of certain workers who are engaged in the manufacture of polyvinyl chloride, further studies by x-ray are being considered.

New committee on laser safety: At the request of the Governor, the Massachusetts Department of Labor and Industries and Department of Public Health have set up a Committee on Laser Safety. With the cooperation of representatives from the U.S. Public Health Service, industry, and educational institutions, the ad hoc committee was appointed to develop a registration form and rules and regulations for the control of laser hazards.

Personnel note: Mr. Robert F. Cashins, formerly with the Occupational Medical Service at the Massachusetts Institute of Technology, has joined the Engineering Section, Division of Occupational Hygiene, Massachusetts Department of Labor and Industries.

### Oregon

Name change: The Oregon State Board of Health has announced that its Occupational Health Section will henceforth be known as the Environmental Health Section.

Asbestos survey: Major asbestos suppliers for shipyard work were surveyed. Upon the recommendations of Environmental Health Section surveyors, 70 percent of the Amosite (a type of asbestos fiber used in insulation) has been replaced by a fiberglass substitute. Other exposures to asbestos are being investigated, and discussions on other changes in work procedures have been initiated.

## Pennsylvania

Reorganization: Due to a recent reorganization within the State Department of Health, the Bureau of Environmental Health has now been split into three bureaus under a Deputy Secretary of Environmental Protection. The new bureaus are: Sanitary Engineering, Housing and Environmental Control, and Air Pollution. The Division of Occupational Health functions under the Housing and Environmental Control Bureau. The division has four sections: Industrial Hygiene, Plant Health Services, Laboratory, and Employee Health Services. The Radiological Health Section was removed from the division and given the status of an Office under the Deputy Secretary.

Asbestos Labeling: It was recently learned that Canadian, Johns-Manville Asbestos Limited, Asbestos, Quebec, will begin labeling all bags of chrysotile asbestos fibre as follows: "Caution: This bag contains chrysotile asbestos fibre. Persons exposed to this material should use adequate protective devices as inhalation of this material over long periods may be harmful."

Firms who normally handle asbestos have been sent letters from Johns-Manville explaining why the label is needed. Of interest is the company's statement that "health protection is just as important (as safety devices) and should include appropriate practices and equipment as collectors, ventilators, masks, etc., to prevent inhalation of fumes and particle matter."

Laser Registration: Registration of laser systems got off to a good start with various industries requesting multiple sets of the registration forms (some asking for as many as 30). Returns have been good in some instances and slow in others. To date, 90 systems have been registered. Through follow-up visits, the Regional Industrial Hygienists will check on those who have not returned the forms. In connection with laser registration, a report from one of our Regional representatives indicates that some laser manufacturers feel the greatest hazard associated with laser use is not exposure to the beam but to the vaporized materials that are produced as a result of the operation. A manager of a local laser operation said that beryllium is vaporized from the bricks that are used for back stops and chlorine is released when polyvinylchloride is laserized, requiring exhaust hoods.

Mercury Survey: A follow-up survey was conducted at a chemical company which manufactures a mercuric chloride-carbon catalyst. On a previous visit, significant mercury levels ranging from 0.06-0.10 milligrams per cubic meter of air ( $\text{mg}/\text{m}^3$ ) were found, but the source of the mercury could not be traced. Because of the intermittent nature of the operations, arrangements were made to return to the plant during the next run of the catalyst. During this visit, high levels--1.5 -

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September 18, 1969

MEMORANDUM TO: Mr. W. P. Raines  
Johns-Manville Corporation

SUBJECT: Identity of Dr. D. F. Martyn, Australia

You will recall the speech by Dr. Martyn, reported in the British press and referred to on the British television's hour on asbestos early in August, concerning the community dangers of asbestos.

Dr. Martyn is a member of the Australian delegation to the United Nations, and is chairman of the Scientific and Technical Sub-committee of the Committee on the Peaceful Uses of Outer Space. He is a physicist. More importantly, he is also president of the Australian Academy of Science.

We still don't know why he chose to talk about asbestos as a health hazard to an audience of accountants.

  
Carl Thompson

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TO: POLICY COMMITTEE

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TO: C. B. Burnett  
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ASBESTOS/HEALTH

Attached are documents on this subject accumulated during the month of September.

I. MEDICAL PAPERS OF SOME INTEREST (Evaluation Sheets Only)

1. "Cancer Prevention and Competitive Risks," ARCHIVES OF ENVIRONMENTAL HEALTH, September, 1969, E. Cuyler Hammond.

II. MEDICAL PAPERS OF MINOR INTEREST

(List Only)

III. SPEECHES

1. Full text of statement made by C. C. Johnson of HEW at House hearings on Occupational Safety and Health Bill. Memo from Hill & Knowlton on importance of Johnson's statement is also attached.

IV. VARIOUS ITEMS

1. Letter written to Dr. Selikoff by a Texas housewife expressing her concern that she may be subject to cancer from brake lining dust, etc., and Dr. Selikoff's reply assuring her of no danger.
2. Series of press clips quoting Dr. Wright as calling "exaggerated" the fears of danger to the general public from asbestos.
3. Occupational Health Activities newsletter distributed by HEW.
4. Two clips quoting Dr. D. F. Martyn of Australia on asbestos/health dangers and memo from Hill & Knowlton identifying Dr. Martyn. (Additional clips quoting Dr. Martyn appeared in the August mailing.)
5. Various other clips.

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## SUMMARY AND EVALUATION

Subject: General discussion of environmental cancer. Asbestos mentioned.  
Of some interest.

Evaluation: In this seven-page discussion, a half-page is devoted to the asbestos-cancer association. The author cites his study with Selikoff on smoking and asbestos and says that the findings suggest "that asbestos dust acts as a powerful co-carcinogenic agent for the production of lung cancer among asbestos workers." He goes on to say that the three diseases, asbestosis, lung cancer and mesothelioma, "are in competition, as it were, to claim the life of a person exposed to asbestos dust. There is evidence that, with extremely heavy occupational exposure, asbestosis develops quite rapidly and the individual is likely to die of this cause or secondary pulmonary infection long before he reaches the age at which cancer is likely to occur. In one experience -- and this was an extremely bad occupational situation -- over 50% of the workers died of asbestosis within two years." There is no indications as to where and when this "experience" occurred.

Author: Hammond, E. C.

Journal: Archives of Environmental Health, September 1969.

Title: "Cancer Prevention and Competitive Risks."

Summary: "This paper is divided into three parts. The first part deals with methods of cancer control now available to us. The second part deals with cancer prevention. The third part deals with competitive risks for cancer and other important diseases."

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# MEDICAL PAPERS OF MINOR INTEREST

The following medical papers have been screened and filed, but judged of insufficient interest to warrant full summary and evaluation:

Turletti, G., Trompeo, G. and Braja, M., "Asbestos as a Component of Atmospheric Particulate Pollution: Consideration of Some Public Hygiene Aspects," Proceedings of the Study Conference on the Pathology of Asbestos, Turin, Italy, June 21, 1968. In Italian. An analysis of dust collected in various parts of the city of Turin revealed the presence of small quantities of asbestos in each sample. However, the authors concluded that the amounts were too small to constitute an important health hazard.

Rubino, G. F., Concina, E. and Scansetti, G., "Population Research on Calcified Pleural Plaques as a Radiological Sign of Exposure to Asbestos (Chrysotile)," Proceedings of the Study Conference on the Pathology of Asbestos, Turin, Italy, June 21, 1968. In Italian. Three pleural plaques were found among 720 residents of the area in the vicinity of the chrysotile mine near Turin. One plaque was found among 1,549 persons in the general population of Turin.

Vigliani, E. C., Maranzana, P. and Ghezzi, I., "Frequency of Asbestosis and Causes of Death Among Compensated Asbestotics in the Province of Turin," Proceedings of the Study Conference on the Pathology of Asbestos, Turin, Italy, June 21, 1968. In Italian. A preliminary report which was later expanded and published and which has been summarized. Reports a high incidence of mesothelioma and lung cancer among asbestosis patients.

d'Errico, T., "Technical Prevention Developed by the Medical Service of Turin for the Asbestos Industry," Proceedings of the Study Conference on the Pathology of Asbestos, Turin, Italy, June 21, 1968. In Italian. Discussion of dust control measures in factories and mines.

Cappa, A. P. M., Anglesio, E. and Panero, M., "Problems Connected with Epidemiological Research on the Influence of Exposure to Asbestos Dust on Pulmonary Cancer," Proceedings of the Study Conference on the Pathology of Asbestos, Turin, Italy, June 21, 1968. In Italian. Because of many factors in the environment it is difficult to obtain certain knowledge of the effect of any one factor, such as asbestos dust. A tumor registry should be maintained, giving complete environmental information when such information may be reliable -- at the time of onset of the cancer, not at the time of mortality when the retrospective data are imprecise.

Peacock, P. R., Biancifiori, C. and Bucciarelli, E., "Asbestos in the Lungs," Proceedings of the Study Conference on the Pathology of Asbestos, Turin, Italy, June 21, 1968. In Italian. Identical with the previously published paper showing asbestos bodies in only one out of a hundred autopsied lungs in Perugia.

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Concina, E., Gaglio, L. and Lacquanti, A., "Incidence of Pulmonary Asbestosis Among Trades in the Province of Turin in Asbestos-Using Industries," Proceedings of the Study Conference on the Pathology of Asbestos, Turin, Italy, June 21, 1968. In Italian. A total of 1,315 workers (11% from asbestos-cement industry; 5% from chemicals and electro-chemicals; 40% from brake linings; 11% from insulation; 33% from asbestos textiles) were studied for incidence of asbestosis. Of subjects at least partly disabled by asbestosis, 5.3% worked in asbestos-cement, 4.6% in chemicals and electro-chemicals, 5.2% in brake linings, 11.7% in insulation and 15.4% in textiles.

Concina, E., Bernabo Silorata, A., Mussa, L. and Peyrot, E., "Experience of the Antituberculosis League of Turin in the Diagnosis of the Pulmonary Pathology of Asbestos," Proceedings of the Study Conference on the Pathology of Asbestos, Turin, Italy, June 21, 1968. In Italian. Clinics of the Antituberculosis League diagnosed 64 cases of asbestosis during the period 1951-67.

Ferrari-Sacco, A. and Carrata, Thomes, A., "Meeting on the Pathology of Asbestos," Minerva Medica (Italy), 59(78), 1968. In Italian. A summary of the Study Conference on the Pathology of Asbestos, Turin, June 21, 1968.

Beadle, D. G., "Dust -- Recent Developments in Australia, U.S.A., Canada, Great Britain and South Africa," Mine Ventilation Journal (South Africa), April 1969. Despite the sweeping title, this article runs only a page and a half. The author refers to the hygienic standard for chrysotile, adopted by the British Occupational Hygiene Society as "the most advanced standard in the world for pneumoconiosis producing dust. For the first time the essential element of time is mentioned in the standard."

Schilling, R. S. F., "Changing Concepts in Occupational Health," American Journal of Public Health, August 1969. A discussion of the changes that have made occupational medicine "a broader and more challenging discipline." Asbestos mentioned as one example: "mesothelial tumors from exposure to crocidolite."

Pasini, G., "Asbestosis," Minerva Medica (Italy), 59(78), 1968. In Italian. A two-page discussion of the subject emphasizing the importance of dust control.

Alexander, L., and Liberman, S., "Deaths from Poisoning -- Massachusetts -- 1955 to 1964," Lex et Scientia (The International Journal of Law and Science), October-December 1968. Statistics on deaths from poison in Massachusetts. 3,512 cases recorded. Included were five deaths from Asbestosis under the heading of "Industrial Deaths."

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