C A M B R I D G E

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Personal & Confidential

TO: R. W. Sterrett (Zon/Chicago) DATE: January 25, 1968

FROM: Peter Kostic SUBJECT: Dust Controls

CC: W. L. Taggart
E. L. Mears
J. P. Cahalane
J. F. Murphy, Jr.

On January 22, 1968, I met at the home offices of Maryland Casualty with Dr. Robert F. Chenowith and Larry Park. Dr. Chenowith is their Medical Director and Park supervises their inspection department. The purpose of the meeting was to discuss some of the things I learned from the Johns-Manville people, to learn what I could from them (Maryland Casualty), and, since Park has been involved in the dust situation since our acquisition of Zonolite, to review the problem with him.

They agreed that an industrial hygiene survey, as recommended by J-M, would be desirable. They advised that we use good discretion in setting up and going through with the survey so as not to create undue alarm.

Dr. Chenowith did not go along with J-M's suggestion that all 32 employees showing abnormal chest X-rays be sent to a doctor specializing in pulmonary diseases for certain tests, chest X-rays and thorough physical examinations. He felt that (1) this might involve considerable unnecessary expense because all of these tests in all employees may not be indicated, and (2) the plan might be cause for undue alarm (might psychologically make some of the employees sick who are not now sick). As an alternative he suggested only chest X-rays on the 32 employees, and that the films be sent to him for interpretation by a Dr. Spicer at the University of Maryland. Dr. Spicer is supposedly one of the top men in the field. After he views the films, if Dr. Spicer feels that further examination or testing of any of the employees should be done, we should be guided accordingly. Dr. Chenowith estimated that Dr. Spicer's total charges for viewing the films and making recommendations would not exceed $200. Dr. Chenowith warned, however, that if the condition of any employee is found to be such that continued employment in a dusty environment would further jeopardize his health, it would be our obligation to tell the man.

They agreed with J-M's suggestion that a good work history be done on each of the 32 employees, and added the suggestion that the questions - Do you smoke - How much - How long - be included in the work history form.

They concurred with J-M's recommendation that our goal, insofar as dust counts are concerned, should be under 5mppcf. They differ, however, in particle size. J-M said that all particles under 10 microns in length should be counted. They (Maryland) recommended the counting of all particles over 5 microns. Their recommendation was backed up by a Dr. Anna Baetjer, an instructor at the Johns Hopkins School of Hygiene and Public Health, who is supposedly quite an authority on Asbestos dust. Park telephoned Dr. Baetjer while I was there and she confirmed the 5 micron size to Park. (Since there is a dispute here, I will check with the U.S. Public Service for their recommendation.)

At the conclusion of our meeting, Park concurred with my impression that perhaps the dust situation in the past had been looked at too lightly because of misunderstanding, disagreement and lack of sufficient knowledge. He did say, however, that considerable progress had been made in recent years in dust controls.

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