* If OSHA concludes that an employee complaint alleges a violation of an OSHA st[andard] designed to protect against physical harm, an inspection will be conducted.

* In response to nonformal complaints (other than written complaints by employee representative), OSHA will inspect only in the case of "imminent danger." Previously, OSHA [inspected] of both "imminent danger" and "extremely serious" conditions. However, the distinctio[n between] terms led to confusion among OSHA field staff, since experience shows that the two terms are closely related in regard to workplace health and safety conditions. Therefore, in its revised policy, OSHA will delete the term "extremely serious" from its criteria for inspecting nonformal complaints.

* In response to field staff requests for more time to properly process employee complaints, OSHA will slightly lengthen the time it has set to respond to certain complaints from three to five days for alleged serious violations and from 20 to 30 days for alleged other-than-serious violations.

OSHA said it will continue to spot-check by inspection every tenth company which responds satisfactorily to the agency's written request for abatement of an alleged violation. Further, anonymity will continue to be guaranteed to complainants who request it. Complaints of alleged violations of OSHA standards likely to result in physical harm to employees may be reported by telephone or in writing to the nearest OSHA area office.

REP. OBEY WANTS NIOSH DIRECTOR TO BE ORDERED TRANSFERRED TO ROCKVILLE:

Rep. David Obey (D-Wis.), an influential member of the House Labor-HEW appropriations subcommittee, wants the new Surgeon General to order Dr. J. Donald Millar, Director of NIOSH, transferred from Atlanta to Rockville, Md. "to assume his property duty position."

Dr. Millar continues to remain in the Atlanta headquarters of the Centers for Disease Control, parent organization of NIOSH, while the Administration apparently continues its effort to transfer the Rockville headquarters personnel to Atlanta. The appropriations committees in Congress blocked that transfer last year by specifying that no money could be spent for such a move.

A letter from Obey to newly confirmed Surgeon General C. Everett Koop urged him to transfer Dr. Millar, an officer of the Commissioned Corps of the U.S. Public Health Service. Such officers hold simulated military ranks and can be transferred anywhere in the manner of military personnel.

"Like other Public Health Service officers, he receives significant additional pay and benefits to compensate for the possibility of frequent moves and hardship assignments," Obey wrote. "Dr. Millar's total yearly salary, in fact, is $12,000 more than the salary of the Secretary of the Department of Health and Human Services. If Dr. Millar is going to accept the benefits of the Commissioned Officer Corps, he should also accept the inconveniences that go with the job."

Obey said that many persons believe the move from Rockville to Atlanta was designed to accommodate Dr. Millar, who wanted to remain in Atlanta. CDC officials, including Dr. Millar, have denied this.

"I think the Commissioned Officer Corps of the Public Health Service has a distinguished history of invaluable service to this country and to people around the world," Obey wrote. "More than a thousand young doctors and nurses in the Public Health Service serve on Indian reservations throughout the United States. Frequently, they work in the midst of some of the worst poverty and disease problems found in this country. Their assignment may require them to live in remote locations and under the most difficult of situations. I think if we consider the sacrifices these men and women are making, it is not too much to ask of Dr. Millar to move to Rockville."

[No] answer from Dr. Koop, but Obey will have a chance to ask it again when the Department witnesses appear before his subcommittee for their money.

Note: There is no question that NIOSH faces technical and morale problems as a result of the split between Atlanta and Rockville. But we're not at all sure that ordering Dr. Millar to move to Rockville by the Surgeon General is the way to solve them.

EVIDENCE OF BENIGN ASBESTOS PLEURAL EFFUSION IN WORKERS REPORTED:

Three medical investigators from Boston University School of Medicine and Harvard Medical School have surveyed 1,135 workers from six facilities with varying degrees of exposure to asbestos and found a

high incidence of benign effusion with one case of mesothelioma six years after effusion.

The investigators cautioned physicians that asbestos exposure should be carefully searched for in patients with "idiopathic" pleural effusion. They found a prevalence of 3.1 benign effusions in the 1,135 workers, which should be measured against estimates of between 2 million and 6 million persons with significant asbestos exposure in the United States.

Their findings were reported in the Journal of the American Medical Association (Feb. 5) by Drs. Gary R. Epler and Edward A. Gaensler of Boston University School of Medicine, and Dr. Theresa C. McLoud of Harvard Medical School and Massachusetts General Hospital. The study was supported in part by the National Heart, Lung and Blood Institute, NIH.

The 1,135 workers came from the following facilities: Shipyard A for new ship construction (93 directly exposed pipecoverers and 74 indirectly exposed shipfitters first seen in 1965, where asbestos had been used regularly since 1930); Shipyard B for new submarine construction and refitting (315 employees including directly exposed pipecoverers and sweepers and indirectly exposed welders, lead bonders seen annually since 1976, with asbestos in use from 1952 to 1975); fireproofing product manufacturing plant (144 employees, some heavily exposed since the early 1930s, seen annually for the last 10 years); specialty paper mill (90 employees heavily exposed to crocidolite in manufacturing filter paper between 1952 and 1956, and 126 employees with slight exposure, seen since 1971); specialty paper mill (211 employees manufacturing filter paper and gaskets with slight but strictly monitored exposure since 1968; specialty paper mill (80 employees exposed to "bonded asbestos" used for electrical insulation since 1930 and seen for the last three years).

The control group consisted of faculty and employees of a large university, where serial films dating back to 1940 were available because of a school rule requiring x-rays of new employees. All persons who had been exposed to asbestos or beryllium at the university were excluded from the study, leaving 717 controls.

The workers being studied had answered a respiratory questionnaire, had a physical examination, screening pulmonary function studies consisting of forced vital capacity and its time derivatives, including a forced expired volume in 1 s, and also a single-breath diffusing capacity. Occupational histories included a listing of all past jobs and exposures, present job description, year first exposed, and total years exposed. Dust exposure had been monitored with variable consistency and duration. Thus, for the study, employees were assigned to one of three exposure levels that were based in part on job description, in part on dust or fiber counts, and in part on personal observation.

Benign asbestos effusion was defined by (1) exposure to asbestos, (2) confirmation by roentgenograms or thoracenteses, (3) no other disease related to pleural effusion, and (4) no malignant tumor within three years.

There were 340 benign effusions among the 1,135 exposed workers compared with no otherwise unexplained effusions among the 717 control subjects. Prevalence was dose-related, with 7%, 3.7% and 0.2% effusions correlated with severe, indirect and peripheral exposure, respectively. The latency period was shorter than for other asbestos-related disorders, the investigators said.

Benign effusion was the most common asbestos-related abnormality during the first 20 years after exposure. Most effusions were small, 28.6 percent recurred and 66 percent were asymptomatic, the investigators reported. In addition, one mesothelioma was found six years after effusion.

"Our study suggests that in the general population, effusions without immediately apparent cause have been considered rare, while in the asbestos exposed, they are relatively frequent," the authors wrote. "In our [illegible] practice, asbestos exposure has become the most common cause of pleural effusion. Most [illegible] presents the principal differential diagnostic problem in benign asbestos effusion. Our experience and those of others suggest that benign effusion often occurs relatively soon after initial exposure, sometimes within ten years and in two thirds within 20 years, while mesothelioma usually is seen more than 20 and often 30 to 40 years later.

"Pleuritic pain is the most frequent symptom in both conditions though benign effusion goes entirely unnoticed by more than one-half of patients. Roentgenographic signs of other asbestos-related disease such as [illegible] parenchymal fibrosis (asbestosis) may be absent in both benign effusion and mesothelioma and the presence of plaques or asbestosis is not helpful in differentiating between the two."