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				13

Title of Report; end with space-hyphen-hyphen-space. Follow with Index Terms,
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1 2	61 62
Correlation of Community and Family Contact	21
Diseases With Single Source Infection	22
Emotions -- Critique, Proposal, DOL	23
	24

Source (Journal, Vol., Number, Pages, Date)

1 2	61 62
Research Proposal DOL/ASPER	31
	32

Brief Summary

1 2	10	61 62
SUMMARY:		61
		62
		63
		64

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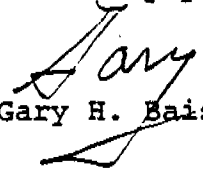
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Dear Jerry:

A report entitled "Correlation of Community and Family Contact Diseases with Single Source Industrial Emissions" has recently been brought to my attention. This report, which was prepared for OSHA, deals with ambient air issues as well. For your information, I am enclosing a copy of the abstract and executive summary. A review of the vinyl chloride material indicates that the report is relying on Infante's findings and does not suggest anything new as far as the PVC Safety Committee is concerned. This is the type of report EPA might wish to rely on as a basis for proceeding to revise the Vinyl Chloride Standard although my review of it would indicate that the technical data is weak.

In one of your next letters, you may wish to identify the fact that the report is available. If anyone on the PVC Safety Group wants a copy of it, I shall send it over to you.

Sincerely yours,


Gary H. Baise

GHB/tlc

Enclosures

R&S 112251

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5072-101 REPORT DOCUMENTATION PAGE		1. REPORT NO. ASPER/PUR-78/4665/A	2.	3. Recipient's Accession No. PB 80 130909								
4. Title and Subtitle Correlation of Community and Family Contact Diseases with Single Source Industrial Emissions			5. Report Date August 1979									
7. Author(s) Zoe Clayson			8. Performing Organization Report No.									
9. Performing Organization Name and Address Zoe Clayson 722 North Rose Street Baltimore, Maryland 21205			10. Project/Task/Work Unit No.									
12. Sponsoring Organization Name and Address U.S. Department of Labor/ASPER 200 Constitution Avenue, N.W. Washington, D.C. 20210			11. Contract(C) or Grant(G) No. (C) B-9-M-9-4665 (G)									
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16. Supplementary Notes			14.									
15. Abstract (Limit 200 words) The objectives of this report are to assess the state of the art in community studies of airborne industrial pollutants and to identify industrial toxic substances causing pulmonary and respiratory diseases for the families of workers and other community members. Data are gathered from data banks, literature searches, interviews and the academic resources of the John Hopkins University. The principle findings were 1) Asbestos, lead and vinyl chloride are well documented causes of family and community disease. 2) There is little quantitative data on industrial emissions. 3) Better data is needed to resolve conflicting interpretations of the health impairments caused by such criteria pollutants as sulfur dioxide. 4) A zero effect level cannot be assumed for community exposures to industrial toxic substances; synergistic effects are difficult to establish and individual polluters have not been identified. 5) Although the acute effects of pollution have been studied in detail, only a few studies exist on chronic respiratory impairment, a major health effect of industrial emissions. 6) Mortality data are useful for correlation of cancer rates with monitoring information if chronological accuracy is maintained. 7) Morbidity data, which are the most useful in assessing chronic impairments, are not presently available in the form necessary for correlation with surveillance data. 8) Existing data banks attempting to correlate mortality data with monitoring data are inadequate. This analysis provides a general overview of the magnitude of the problem of industrial emissions and indicates areas for further research.												
17. Document Analysis a. Descriptors <table border="0"> <tr> <td>Health</td> <td>Literature reviews</td> </tr> <tr> <td>Occupational diseases</td> <td>Air pollution</td> </tr> <tr> <td>Community</td> <td></td> </tr> <tr> <td>Industrial plants</td> <td></td> </tr> </table> b. Descriptor/Open-Ended Terms Occupational health and safety Environmental health Industrial pollution c. COSATI Field/Group 5C					Health	Literature reviews	Occupational diseases	Air pollution	Community		Industrial plants	
Health	Literature reviews											
Occupational diseases	Air pollution											
Community												
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R&S 112252

EXECUTIVE SUMMARY

OBJECTIVE

This report assessed the state of the art in community studies of airborne industrial pollutants; undertook a literature review; and identified industrial toxic substances causing pulmonary and respiratory diseases for the families of workers and other community members. The analysis and findings provide a general overview of the magnitude of the problem and indicate areas for further research.

FINDINGS

. There are few industrial emissions that have been studied at all and only a handful in any detail. Most data is qualitative.

. Asbestos, lead and vinyl chloride are well documented causes of family and community disease.

. Preliminary data on other substances, for example those contained in industrial wastes, points to health hazards of enormous magnitude being created for the community.

. There are conflicting interpretations of the health impairments caused by criteria pollutants. Sulfur dioxide, an important by-product of coal burning, is one example. Better data is needed.

. For community exposures to industrial toxic substances a zero effect level cannot be assumed; synergistic effects are difficult to establish; and individual polluters have not been identified.

. The acute effects of pollution have been studied in some detail. However, a major health effect of industrial emissions is chronic respiratory impairment. Only a few studies on chronic effects exist.

. Mortality data is useful for correlation of cancer rates with monitoring information if chronological accuracy is maintained.

. Morbidity data, which is the most useful in assessing chronic impairments, is not presently available in the form necessary for correlation with surveillance data.

. Existing data banks attempting to correlate mortality data with monitoring data are inadequate.

. Research needs are extensive and are enumerated in a later section.

POLICY RECOMMENDATIONS

Standard Setting:

- . Community exposure standards should continue to be substantially lower than workplace standards to protect the health of all members of the community.
- . Until more complete epidemiological studies are available, animal data should be utilized to establish standards.
- . Regulatory co-operation between OSHA and EPA should be increased.
- . Analysis of the impact of industrial toxic substances should include all exposure routes - air, water and soil.

Monitoring and Surveillance:

- . EPA and OSHA analytical and monitoring techniques should be standardized.
- . Siting of monitoring stations should be uniform.
- . The number of substances routinely monitored, particularly non-criteria pollutants, should be increased.
- . Variances in meeting emissions requirements by industry should be decreased.
- . There should be routine monitoring of toxic substances in the homes of workers exposed to dusty pollutants.

Community Study Designs:

- . Studies should use county data to find disease/emission clusterings and then follow-up with individual studies using census data.
- . Data sets from the National Health Survey and the Bureau of Labor Statistics should include occupational histories and length of residence information.
- . Morbidity as well as mortality data should be analyzed and correlated with monitoring information.

Research Needs:

- . Research needs are extensive and fall into two general categories:
 - . Studies to identify and assess the total environmental impact of targeted industries and/or substances to the community.
 - . Epidemiological and animal studies of health outcomes of low-dose long-term exposures.

METHODOLOGY

Data banks, literature searches, interviews, and academic resources of the Johns Hopkins University were utilized. A detailed description appears in the appendix.

R&S 112255



DOW CHEMICAL U.S.A.

MIDLAND, MICHIGAN 48640

August 22, 1980

Dr. Zoe Clayson
722 North Rose Street
Baltimore, Maryland 21205

Dear Dr. Clayson:

I recently became aware of the existence of an August 1979 report on "Correlation of Community and Family Contact Diseases with Single Source Industrial Emissions" which you authored. I have only seen the enclosed abstract which indicates that vinyl chloride is "well documented" as a cause of family and community disease.

To my knowledge this is not true. This claim was made in certain NIOSH reports alleging reproductive effects in employee wives and in neighborhoods near PVC plants. When re-studied by competent scientists from the CDC these allegations were found to be the result of improper design of epidemiological studies and to biases introduced by the investigators. Careful review by two independent groups were extremely critical of the quality of these NIOSH studies.

You should have been provided these reviews by either NIOSH or OSHA since they have received them on several occasions. In case they did not provide them to you, copies are attached. Unfortunately, bad publications are very difficult to correct, and these papers continues to surface and to be quoted. The authors have not chosen to withdraw, or defend their publication despite a request to do so as well as a chance to repond to page 610 of a recent article by Haas and Schottenfield which is attached (JOM 21, 607-13, (1979)).

Although there is no question that high industrial exposures in the vinyl chloride and polyvinyl chloride industry have caused injury and death, there are not to my knowledge any valid papers which demonstrate an adverse effect in people as a result of living near vinyl chloride plants. In fact, estimates by EPA (Kuzmack and McGaughy, Dec. 5, 1975) indicate that angiosarcoma (a marker disease) in residents living near PVC facilities was less than expected. As reported in May 1980 there has been no increase in reported angiosarcoma cases in the US since 1974 when the CDC started a registry of known cases.

R&S 112256

Dr. Zoe Clayson
Page 2
August 22, 1980

It is unfortunate that your abstract propagates the ill-founded conclusion of the NIOSH studies.

Sincerely yours,



Theodore R. Torkelson, Sc.D.
Health & Environmental Sciences, U.S.A.
1803 Building
(517) 636-5197

ej

Attachments

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Carol Stack, CMA
Bob Oubre, Oyster Creek

R&S 112257