FILE NAME: ALCOA (ALC)

DATE: 1964 Aug 21

DOC#: ALC052

DOCUMENT DESCRIPTION: Letter to Johns Manville

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August 21, 1964

Dr. K. W. Smith
Johns-Manville Corp.
Twenty-two E. Fortieth Street
New York 16, New York

Dear Dr. Smith:

As you doubtlessly are aware, there exists in Alcoa a continuously expanding group with interests in the industrial hygiene aspects of Johns-Manville's product, Marinite. For a considerable period we have been confused by conflicting stories about the composition of this material. Recent correspondence has deepened our confusion and stimulated our already-aroused curiosity. We would certainly appreciate any clarification that you are able to provide.

Our problem is with Marinite dust associated with sawing and machining operations. The usual complaint is upper respiratory irritation. Several men have complained to their foremen that they "experience some discomfort on account of clogging of sinus and difficulty in breathing". One indicated it irritated the skin on his arms and face. Another, at the start of his work with Marinite, indicated some respiratory discomfort and his face was dry and red. Unfortunately we had no opportunity to get a medical evaluation on any of the affected men.

Because of our workers' complaints we rechecked with Johns-Manville and were advised that an epoxy resin was present. We were satisfied because the effects were compatible with epoxies and we recommended control measures accordingly. Recently and intermittently, however, we have been told that there is no epoxy present. If this is truly the case, it leaves some of our questions still unanswered. (Were it not for the fact that this has become something of a Federal case among our people, we would perhaps be willing to leave them unanswered).

We are presently aware of the presence of asbestos, diatomaceous earth and an inorganic binder (perhaps a silicate) in Marinite. Having this knowledge, we now wonder if our reported cases are bona fide or if our knowledge of the composition is incomplete. What we would like to know is if we should be handling it differently than we would asbestos alone. Need we be concerned with factors other than pneumoconioses? Are there (or were there) present materials that are likely to present other respiratory complications or dermatological problems? What precautionary measures does Johns-Manville observe when handling this material?

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I'm sorry if our interest may appear disproportionate to the problem. However, through a series of unfortunate events we have bred and nurtured a Frankenstein monster. With understandable bias, I would prefer that the monster be eliminated. Can you help us out with this problem?

Sincerely,

T. B. Bonney
Asst. Chief Industrial Hygienist

TBB:DB

cc: Mr.M.J.Caprio

GHF