5 December 1975

Mr. Kenneth W. Nelson, Vice President
Environmental Affairs
New York Office

Comments on OSHA's Medical Surveillance for Occupational Exposure to Asbestos

In accordance with our discussion of 2 December, I have prepared a statement regarding the proposed medical surveillance which appears in the Department of Labor Notice of Proposed Rulemaking on Occupational Exposure to Asbestos. The statement is attached.

It is my understanding that you wish to include this in ASARCO's reply to the proposed rules. Please use as you see fit.

CHH

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attachment: as above, 2 pages

cc: DHSoutar, MOVarner

PLAINTIFF'S EXHIBIT

ASA-645

The Assessment of Proposed Medical Surveillance for Persons with Occupational Exposure to Asbestos

Section (j), Paragraphs 1-7 deals with medical surveillance of employees "exposed to asbestos." These paragraphs, among other items, define the type of examination which must be performed. "Minimum examination" requirements are described as including a history to elicit symptoms of respiratory disease, pulmonary function tests, chest x-ray (14"x 17"), and a sputum cytology examination. The examinations pertain to pre-placement, annual, and separation. The sputum examination is to be carried out only after certain years of exposure (10) or upon reaching a specific age (45). An objection is raised to the inclusion of the sputum cytology examination. This objection is based on the lack of sufficient data to support the conclusion that this diagnostic procedure is of sufficient value to warrant its inclusion. The present state of the art is not sufficiently developed so that this furnishes the diagnostician any real assistance in predicting the presence of cancer. It is improbable that the procedure would yield positive results in the absence of other simpler findings, i.e., positive x-ray findings or positive signs and symptoms. The test has use in clinical medicine, but as a confirmatory, not a prognostic, tool. Further, it may give a false sense of security to the employee whose measurement does not indicate the presence of malignant or suspicious cells. The present technique has a large "background noise" as far as classification of other than malignant cells are concerned. There are not enough well trained cytologic technicians or laboratories to process the tremendous numbers of samples which would be needed by following this requirement. Finally, unfortunately the salvage potential would not justify the cost, even at $15-20 per cytologic evaluation.

A second point of disagreement is the definition of an "exposed" person. Under the new regulations, this would include persons with as little exposure as 0.5 fibers/cc of air. This requirement would mean the necessity of subjecting almost all employees who work in any area where asbestos is used to the examination. The inclusion of every person who works in an area where there is a minute quantity of asbestos does not seem to be in keeping with what is reasonable in occupational medicine. It is my medical opinion that this is not required and that the present level of 2 fibers/cc better defines the group which would profit from medical surveillance.

A third objection is made to the material contained under Paragraph 6. Clarification should be made of what constitutes a written "opinion." If a format can be devised in which a check-off system, initialed by the physician, can be utilized, this

does not pose an undue demand on the physician's time; if the statement truly has to be written, then there is unnecessary wastage of time and additional cost involved in the operation.

Finally, reference is made to the maintenance of medical records which appears under Paragraph (n), sub-paragraph (2) Medical Records. A requirement is made for maintenance of records for 40 years, or longer periods if the employee's employment exceeds this. This will result in an unwieldly and unnecessarily complicated procedure for storage. Provision should be made for condensing the records on a ten-year, or some other reasonable, basis.

I severely question whether the epidemiologic data quoted substantiates the conclusion that there is a doubling of the rates for cancer of the stomach and rectum. Perhaps we can reply to this in greater detail at a later time. Further, of course, is the question as to whether or not the data which was obtained on persons exposed at concentrations of fibers of 15-50/cc is really relatable to present day exposures.

Charles H. Hine, M.D., Ph.D.

CHH:jdg
5 December 1975