

INTER ORGANIZATION COMMUNICATION

Raybestos  **Manhattan**

DIVISION and LOCATION

TO: Mr. John H. Marsh

August 22, 1978

SUBJECT: Asbestos International Association
The Most Important Points to be Included in an Industry
Statement on Asbestos and Health Problems

I have read Harry Rhodes' letter to you dated August 15, 1978 and note his concern about my attitude toward what triggers the medical surveillance of asbestos workers.

I have also re-read the sections in the Excerpts from the Asbestos Industry Response to OSHA dated April 9, 1976.

It is not my intention to insist upon unnecessary medical examinations, and I think that the insertion of the word "occupationally" in the 3rd line of item 6.3 on page 2 between "employees" and "exposed", will considerably narrow the field.

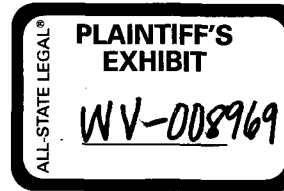
I am certain that the trigger for medical examinations should be "occupational exposure" and not over-exposure implied by limiting the surveillance to those "persons regularly exposed to airborne asbestos fibers in excess of the prescribed standards." The viewpoint expressed in the AIA document that it is unnecessary to keep under surveillance persons exposed to asbestos below the prescribed standard is not a valid one in the light of the acceptance by the industry that the exact level for the prevention of cancer has not been demonstrated. It is essential to build up data on low levels of exposure and, therefore, all "occupationally exposed" workers should be examined, regardless of fiber count. At the same time every effort should be made to insure that adequate records are made and kept, showing the type of exposure, duration of exposure and intensity of exposure for each individual to correlate with subsequent medical parameters analyzed. If the asbestos industry wanted to make a positive contribution, the development of a viable technique for auditing the applicability of the provisions of the standard to various jobs and operations would be of immense value to workers, industry and regulatory agencies alike.



Hilton C. Lewinsohn

/as

Copy to HBR 9/19



JHM 07704

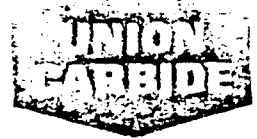
MEMO
from the desk of
DR. HILTON C. LEWINSOHN

J.H. Marsh

Note under 6.3 the insertion
of the word "occupationally". This
removes doubts about casual exposure
and defines the workers who should
be examined — i.e. those who
work with asbestos at whatever level
of exposure. Bill Reitze agrees + says
this is the J-H policy except in California
where there is an action level which
triggers medical examinations. HCL 8/17

JHM 07705

AUG 17 1978



Calidre ASBESTOS

UNION CARBIDE CORPORATION • METALS DIVISION • P. O. BOX 579 • NIAGARA FALLS, N.Y. 14302 • TEL: 716-278-3376

August 15, 1978

Mr. John Marsh
Raybestos-Manhattan
Corporate Headquarters
100 Oakview Drive
Trumbull, CT 06611

Dear John:

I see only one serious difficulty with Hilton's comments on my 7/31/78 Draft (attached), i.e., with Item 6.3. In their response to the October 9, 1975 OSHA Proposal, the AIA/NA took a strong position that there was a minimum exposure level below which medical examinations should not be required. This position was based on the lack of medical usefulness of such examinations, the inefficient use of limited medical resources that would be spent giving such examinations, and the practical infeasibility of actually providing the number of examinations annually which would be required.

It is my understanding that this is also to be our position in the forthcoming OSHA asbestos rulemaking. An industry position that all employees "exposed to asbestos" should be subject to routine periodic medical surveillance would seriously undercut this approach. If we have a problem here let's discuss it as soon as possible.

Regards,

A handwritten signature in cursive script, appearing to read "Harry".

Harrison B. Rhodes
Technology Manager

HBR/rmm
Attachment

JHM 07706

ASBESTOS INTERNATIONAL ASSOCIATION

THE MOST IMPORTANT POINTS TO BE INCLUDED IN AN INDUSTRY STATEMENT ON
ASBESTOS AND HEALTH PROBLEMS

1. Asbestos, like many other essential raw materials, ^{will not} ~~may~~ be a danger to health if it is ~~is~~ correctly used.
2. Cigarette smoking has a strong synergistic effect in increasing the ^{of lung cancer} health risk [^] from exposure to asbestos.
3. Industry believes that a time-weighted average exposure of 2 fibers/cc ^{industrial hygiene} ~~>5~~ is ~~a safe and~~ appropriate standard but recognizes that there is no conclusive evidence to either prove or disprove ^{the biological effects} ~~the appropriateness~~ ^{of} this level. As a consequence of this uncertainty, exposure should be controlled to the lowest practicable level.
4. There is a long time interval between exposure and appearance of disease and present cases are ^{usually} ~~are~~ associated with levels of exposure in the ^{which were} past [^] greatly in excess of those experienced in properly controlled modern operations.
5. Industry recognizes the need to control ~~worker~~ exposure to asbestos and favors strict enforcement of realistic regulations in cooperation with ^{government authorities, industrial hygienists, trades unions and the medical profession.} ~~public authorities, medical professionals, and trade unions.~~ ^{is taking and}
6. Industry [^] will continue to take all necessary actions to ensure safe and healthy working conditions. ~~and the avoidance of environmental pollution.~~
7. The user of asbestos-containing products is generally not at risk if there are no subsequent finishing operations which generate exposures above the limit noted in Item 2. If there are such finishing operations, ^{stipulated by the industry in its publications,} the necessary precautions must be taken. ^{There is no evidence in the literature that} [^]
8. [^] Asbestos in the ambient air ~~does not involve any documented health~~ ^{poses a} risk ~~to the community at large.~~

JHM 07707

D R A F T

HBR-7/31/78

ASBESTOS INTERNATIONAL ASSOCIATION

DETAILED STATEMENT OF THE INDUSTRY'S POSITION IN RELATION TO
ASBESTOS AND HEALTH PROBLEMS

1. THE RISK TO HEALTH

1.1 Asbestos dust may represent a danger to health if it is inhaled.

2. ASBESTOSIS

2.1 If "sufficient concentrations" of fibrous dust are inhaled ~~over~~ ^{many years} ~~prolonged periods~~, fibrosis of the lung (asbestosis) may result, ^{later.}

Only the study shows X-Ray changes in smokers > non-smokers
~~2.2 Cigarette smokers who are exposed to asbestos are more susceptible to this risk than non-smokers.~~

3. LUNG CANCER

who smoke are 90 times
3.1 Asbestos workers ~~do not seem to be~~ more susceptible to lung ² cancer than other people ^{who neither} ~~unless they~~ smoke. nor work with asbestos.

The industry believes that should
3.2 Asbestos workers ~~are advised not to~~ smoke or ~~to~~ ^{should} reduce their smoking to a minimum because smoking (particularly heavy smoking) considerably increases the risk of developing lung cancer.

4. MESOTHELIOMA

dose-response
4.1 There appears to be a ~~close~~ ^{relationship} between exposure to asbestos and the incidence of mesothelioma. ~~but~~ ^{not} all cases of mesothelioma can be associated with exposure to asbestos.

4.2 While some medical authorities take a positive stand, there is by no means general agreement about the alleged ~~more potent~~ ^{specific greater potency} ~~role~~ of crocidolite and amosite in the causation of this disease.

amphibole
4.3 The majority of Association members who currently use ~~it~~ ^{amphibole asbestos}, take the view that crocidolite can ~~continue to be~~ ^{government/regulatory or} used provided that the precautions set out in the Association's publications are strictly observed.

JHM 07708

5. REGULATIONS AND THRESHOLD VALUES

5.1 The industry accepts the need for statutory regulations designed to ensure that asbestos is used safely.

5.2 It is the industry's policy to ~~reduce~~ ^{(statutory) control} exposure to airborne asbestos fiber during manufacture to the lowest practicable level but in any case not to exceed the 2 fibers/cc limit.

5.3 In the absence of regulations in any country, the Association recommends that the precautions set out in its publication "The Control of Asbestos Dust" should be observed.

6. MANUFACTURE

6.1 Asbestos may be used in industry provided that the dust control measures recommended by the International Association are observed.

6.2 It is the industry's policy that all of its employees should be fully informed of the level of risk to which they may be exposed.

6.3 It is the industry's policy to ensure that areas where asbestos is used are monitored in accordance with the regulatory requirements of the country of use and that all employees ^{occupationally} exposed to asbestos ~~at whatever level~~ ^{should be} ~~above the statutory level~~ are subject to routine periodic medical surveillance.

7. USERS

7.1 If there are no subsequent finishing operations on products which release significant quantities of airborne fiber, it is generally acknowledged that there are no health risks to the users of the products.

If finishing operations are undertaken, appropriate precautions ~~must be taken to reduce levels of exposure to below 2 fibers/cc.~~
~~consistent with the level of fiber released must be observed.~~

7.2 Full information about possible hazards should be given to users of asbestos products.

7. USERS (Continued)

7.3 As yet there is no uniform policy concerning the use of warning labels on asbestos products but many members now believe that the industry should voluntarily label products where a possibility of significant user exposure exists.

8. MEASUREMENT OF AIRBORNE DUST

8.1 It is the industry's policy to take the lead in the development and standardization of reliable techniques for this purpose.

8.2 The industry recommends that the membrane filter method be retained as the standard method of measurement of airborne asbestos concentrations until better alternatives have been tried, proven and correlated with it.

which one?
ARC
NIOSH
Australian
Finland
country
fields
yashai

9. GENERAL PUBLIC

considered by the industry to be

9.1 The general public is not at risk from asbestos or asbestos products.

9.2 Persons living near asbestos factories are not at risk provided the precautions issued by the International Association are properly observed. *and the emission of dust to the general environment is prevented.*

10. RESEARCH

10.1 The industry supports research into medical and scientific questions associated with asbestos and asbestos-related disease.

10.2 The industry encourages publication of the results of this research irrespective of whether these results are favorable to the industry or not.